

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505469	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/21/2014
NAME OF PROVIDER OR SUPPLIER THE TERRACES AT SKYLINE		STREET ADDRESS, CITY, STATE, ZIP CODE 715 9TH AVENUE SEATTLE, WA 98104		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>An unannounced Life Safety Code Survey was conducted at The Terrace at Skyline, Seattle Washington, on July 21, 2014 by staff from the Washington State Patrol, Fire Protection Bureau, WSP- Bellevue District Office.</p> <p>The 2000 existing section of the Life Safety Code was utilized for the survey in accordance to 42 CFR 483.70: Requirements for Long Term Care.</p> <p>The Terrace at Skyline is a 34 bed facility with a census of 29. The facility consisting of a Type I (332); 13 story structure built in 2009 and has a below grade parking structure. The facility is fully sprinkled with an automatic fire alarm system in place. Exit discharge points are to grade and have an all-weather surface and lead to a public way.</p> <p>There were deficiencies identified during this survey. The facility is in substantial compliance with the Life Safety Code 2000 Edition as adopted by CMS.</p> <p>The Surveyor was:  Phil Cane Deputy State Fire Marshal</p>	K 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

 Alex SARVIN Director of Facilities 07-21-14

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.