

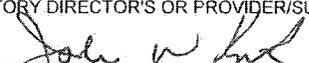
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 08/25/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505204	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2014
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NAME OF PROVIDER OR SUPPLIER QUEEN ANNE HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 2717 DEXTER AVENUE NORTH SEATTLE, WA 98109
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(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 Queen Anne Health Care 2717 Dexter Ave North, Seattle, Washington on August 25, 2014 by staff from Washington State Patrol Office of the State Fire Marshal. The 2000 Existing Edition of the Life Safety Code was utilized for this survey, in accordance to 42 Code of Federal Regulations, Part 483.70: Requirements for Long Term Care Facilities.</p> <p>The LTC 120 bed facility with a census today of 110, consisted of a Type V (111) construction built in 1960. The structure is fully sprinkled and has an automatic fire and smoke alarm system. There are no Life Safety Code waivers in effect at this time.</p> <p>All critical systems are in service with appropriate documentation supporting required maintenance and inspections. The facility is conducting one fire drill per shift per month and has all documents supporting the activity.</p> <p>There were no Federal deficiencies identified during this survey. The facility is in compliance with the Life Safety Code 2000 Edition as adopted by CMS.</p> <p>The surveyor was:  Phil Cane Deputy State Fire Marshal Washington State Patrol</p>	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE ADMINISTRATOR	(X6) DATE 8-25-14
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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.