STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED
	505409		06/23/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMITVIEW HEALTHCARE CENTER	3801 SUMMITVIEW AVENUE YAKIMA, WA 98902

(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	INITIAL COMMENTS	K 000		

This report is a result of an unannounced Federal Life Safety re-certification survey conducted at Summitview Healthcare Center, 3801 Summitview Avenue, Yakima WA, on June 23, 2013 by staff from the Washington State Patrol, Fire Protection Bureau, Union Gap Detachment. This inspection was conducted in cooperation with the Survey Team from the Washington State Department of Social and Health Services (DSHS).

The 2000 existing edition of the Life Safety Code was utilized for the survey in accordance to 42 CFR 483.70: Requirements for Long Term Care.

The Long Term Care 78 bed facility, census of 70 was provided by the Maintenance Director and verified by the Administrator. The facility consisted of construction type III (211) one story building. The facility is fully sprinkled with an automatic fire alarm system in place.

This facility has a waiver in place for K147 power strips that expires April 25, 2015.

The facility is in substantial compliance with the Life Safety Code 2000 Edition as adopted by C.M.S.

The Surveyor was:

Maria C. Valladares
Deputy State Fire Marshal
Nursing Home Surveyor
28058

The Surveyor was from:
Washington State Patrol
Fire Protection Bureau

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Dennis Wolgemuth	Administrator	6/23/14

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	(X3) DATE SURVEY COMPLETED
	505409		**06/23/2014**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMITVIEW HEALTHCARE CENTER	**3801 SUMMITVIEW AVENUE YAKIMA, WA 98902**

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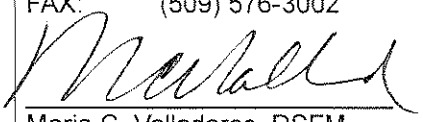
K 000	Continued From page 1 2715 Rudkin Road Union Gap, WA. 98903-1795 Telephone: (509) 575-2190 FAX: (509) 576-3002  Maria C. Valladares, DSFM 28058	K 000		