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

Printed: 08/29/2013
FORM APPROVED
OMB NO. 0938-0391

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
	505416		07/16/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOSS HOME & VILLAGE	13023 GREENWOOD AVENUE NORTH SEATTLE, WA 98133

(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		

Surveyor: 28239
DSHS Nursing Home Complaint
Intake ID:2843977
Stove Fire

Investigated 07/16/2013

This report is the result of a Fire and Life Safety complaint survey conducted at Foss Home and Village SNF, 13023 Greenwood Ave. N., Seattle, WA by a representative of the Washington State Fire Marshal's Office. The purpose of this survey is to confirm that the fire alarm and suppression systems functioned as planned and the staff followed emergency protocols.

Through record review, observation and staff interviews with the Maintenance Director and his assistant between the hours of 1000 and 1100 today, it is determined that the fire alarm and suppression systems functioned as planned and the staff followed emergency protocols, initially extinguishing the fire, shutting-off the natural gas feed and then following fire department instructions for follow-up.

The facility is found to be in compliance with the 2000 edition of the Life Safety Code.

Refer to FDM report for specific details.

RECEIVED
OCT 02 2013
FIRE PROTECTION BUREAU

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Tim Teale
TITLE: Director of Environmental
(X6) DATE: 7/16/3

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.