

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

461

Printed: 01/16/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505439	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/16/2013
NAME OF PROVIDER OR SUPPLIER BAYVIEW MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 11 WEST ALOHA STREET SEATTLE, WA 98119		
(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>Surveyor: 28239</p> <p>This report is a result of an unannounced Fire and Life Safety re-certification survey conducted on January 16, 2013 at Bayview Manor SNF located at 11 W Aloha St., Seattle, WA by a representative of the Washington State Fire Marshal. This inspection was conducted in cooperation with the Survey Team from the Washington State Department of Health and Human Services (DSHS).</p> <p>This survey is in response to a waiver request (granted 11/09/2012) for additional time to comply with K-144 (generator annunciator panel). The waiver timeline for completion is 12/30/2012. Upon observation and staff interview, it is determined that the generator annunciator panel is installed and functioning properly.</p> <p>The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. This facility is a 3-story structure of Type II (111) Construction with support facilities located on the first floor. Exiting from the upper 2 stories is through 1 hour rated stair enclosures with direct exits to grade level at floors 1 and 2 (sloped site). The census today is 142 with a capacity for 150. The building is protected throughout by a Type 13 Automatic Fire Sprinkler System and an Automatic Fire Alarm system with corridor smoke detection as well as single-stage smoke detection in the patient rooms of the SNF. Manual pull stations are located at exits.</p> <p>The facility is now back in compliance with the Life Safety Code 2000 Edition as adopted by C.M.S.</p>	K 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE Facilities Director (X6) DATE 1-16-13

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.

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K 000	Continued From page 1 The Surveyor was: [REDACTED] Deputy State Fire Marshal Nursing Home Surveyor 28239 The Surveyor was from: Washington State Patrol Fire Protection Bureau 2803 156th Ave SE Bellevue, WA. 98007 Telephone: (425) 401-7731 FAX: (425) 401-7842 [REDACTED] [REDACTED], DSFM 28239	K 000		

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