

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

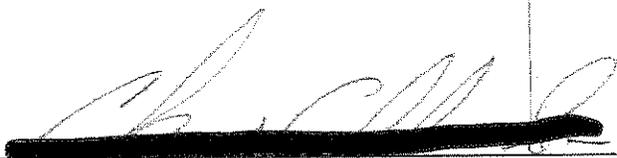
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Printed: 02/21/2014  
FORM APPROVED  
OMB NO. 0938-0391

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  02/21/2014
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NAME OF PROVIDER OR SUPPLIER <b>BAYVIEW MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>11 WEST ALOHA STREET SEATTLE, WA 98119</b>
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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
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K 000	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced Life Safety Code Survey was conducted at Bayview Manor, Seattle, Washington, on February 21, 2014 by staff from the Washington State Patrol, Fire Protection Bureau, Oak Harbor Detachment. 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.</p> <p>The LTC 50 bed facility with a census of 45, consisted of a Type I-443, 7 story structure, built in 1994 with a basement. The skilled nursing facility is located on the third floor. The basement area is used for environmental services, administrative functions as well as physical therapy for the residents. 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>The deficiencies identified during this survey are listed below.</p> <p>The facility is in compliance with the Life Safety Code 2000 Edition as adopted by C.M.S.</p> <p> Deputy State Fire Marshal</p> <p></p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 505439	DATE SURVEY COMPLETE: 02/21/2014
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NAME OF PROVIDER OR SUPPLIER <b>BAYVIEW MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>11 WEST ALOHA STREET SEATTLE, WA. 98119</b>
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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K 147	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This Standard is not met as evidenced by: Based on observations, the facility failed to maintain proper electrical conditions per NFPA 70, National Electrical Code. This has the potential to expose staff and patients to a fire environment. The findings are as follows:</p> <p>During the facility tour on February 21, 2014 from 10:00 AM to 12:45 PM the following deficiencies were found:</p> <ol style="list-style-type: none"> <li>1. Extension cord powering water cooler in wellness center</li> <li>2. Extension cord powering balancing exercise machine in the wellness center.</li> </ol> <p>These findings were acknowledged by the Maintenance Director</p> <p>THESE ITEMS WERE CORRECTED IMMEDIATELY BY STAFF.</p>
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The above isolated deficiencies pose no actual harm to the residents