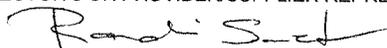


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 12/09/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505438</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/09/2014</b>
NAME OF PROVIDER OR SUPPLIER <b>SEATTLE KEIRO</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1601 EAST YESLER WAY SEATTLE, WA 98122</b>		
(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><b>INITIAL COMMENTS</b></p> <p>Surveyor: 09338 This report is a result of an unannounced Fire and Life Safety re-certification survey conducted on December 9, 2014, at Seattle Keiro SNF located at 1601 Yesler Way 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 Social and Health Services (DSHS).</p> <p>The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. This facility is a three story structure of Type II (111) Construction with support facilities located on the first floor. Exiting from the upper two stories is through one hour rated stair enclosures with direct exits to grade level at floors one and two (sloped site). The census today is 140 with a capacity of 150. The building is protected throughout by a Type 13 Automatic Fire Alarm System with corridor smoke detection in the patient rooms of the SNF. Manual pull stations are located at exits.</p> <p>No deficiencies were cited for this survey. The facility is found to be in compliance with 42 CFR Part 483. "Requirements for Long Term Care Facilities".</p> <p>The Surveyor was:</p>  <p>Michael L. Sturgeon Deputy State Fire Marshal Life Safety Code Inspector</p>	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

ADMINISTRATOR

(X6) DATE

12/9/14

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.