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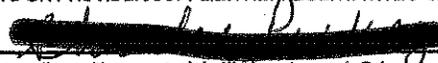
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>50A260</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>12/19/2013</b>
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NAME OF PROVIDER OR SUPPLIER <b>FIRCREST SCHOOL, PAT N</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>15230-15TH NORTHEAST SEATTLE, WA 98155</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>Surveyor: 28239 This report is a result of an unannounced Fire and Life Safety re-certification survey conducted on November 14, 2013 at Fircrest School PAT N, located at 15230 15th Ave. NE, Shoreline, WA, 98155, 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>The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. This facility is a campus setting of 6 single story structures of Type II (111) construction with basements. Exiting from the SNF is through direct exits to grade level. Exiting from the basement is through rated stair enclosures. Support services include administrative offices, a commercial kitchen and a commercial laundry, all in completely separate buildings. The census today is 86 with a capacity for 102. The SNF buildings are all protected throughout by a Type 13 Automatic Fire Sprinkler System and an Automatic Fire Alarm System with resident room and corridor smoke detection. Manual pull stations are located at the exits.</p> <p>The facility is not in compliance with the Life Safety Code 2000 Edition as adopted by C.M.S.</p> <p>The Surveyor was: [Redacted] Deputy State Fire Marshal Life Safety Code Inspector [Redacted]</p>	{K 000}		12/19/13
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Director</i>	(X8) DATE <i>12/24/13</i>
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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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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Printed: 12/19/2013  
FORM APPROVED  
OMB NO. 0938-0391

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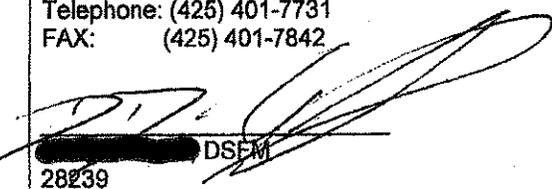
NAME OF PROVIDER OR SUPPLIER <b>FIRCREST SCHOOL, PAT N</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>15230-15TH NORTHEAST SEATTLE, WA 98155</b>
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{K 000}

Continued From page 1  
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

{K 000}



DSEM  
28239

{K 027}  
SS=E

NFPA 101 LIFE SAFETY CODE STANDARD  
Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1 1/4-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7

{K 027}

This Standard is not met as evidenced by:  
Surveyor: 28239  
During the facility survey of 11/14/2013 between the hours of 0900 and 1330, while accompanied by the Safety Officer, through observation and staff interview, it was noted that the facility has failed to maintain the smoke barrier doors so that they close and latch as to resist the passage of smoke upon release from the approved hold open device. The failure of the doors to close in a position that would resist the passage of smoke would allow smoke to travel from one smoke

11/20/13

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{K 027}	Continued From page 2 compartment to another. These findings were acknowledged by the Safety Officer.  The findings include but are not limited to:  1. Building 55; The fire door separating the Activity Area from the Left Side Dorm failed to close and latch when tested. 2. Building 56; The fire door into the Dining Room failed to close and latch when tested. 3. Building 56; The fire door into the Service Corridor (laundry and soiled linen areas) failed to close and latch when tested. 4. Building 57; The fire door separating the Activity Area from the Left Side Dorm failed to close and latch when tested (binding - will not close).  #2 corrected 11/20/13; remainder still not corrected	{K 027}	<i>0058501/WO*13122000082</i> Door has been corrected by CM&O. <i>0058502/WO*13122000084</i> Door has been corrected by CM&O. <i>0058503/WO*13122000085</i> ✓ Door has been corrected by CM&O. <i>0058504/WO*13122000086</i> Door has been corrected by contractor.	
{K 062} SS=F	NFPA 101 LIFE SAFETY CODE STANDARD  Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5  This Standard is not met as evidenced by: Surveyor: 28239 During the facility survey of 11/14/2013 between the hours of 0900 and 1330, while accompanied by the Safety Officer, through record review, observation and staff interview, it was noted that the facility has failed to maintain the automatic fire sprinkler system in a reliable operating condition as required by NFPA 25. This could	{K 062}		9/13



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{K 144}	<p>Continued From page 4 of the emergency power supply to operate in the event of a power outage. These findings were acknowledged by the Safety Officer.</p> <p>The findings are as follows:</p> <ol style="list-style-type: none"> <li>Generator is past due for Annual Testing / Service (last: 05/11/2012). There is no battery back-up lighting in the Gen-Set room: 5-3.1 The Level 1 or Level 2 EPS equipment location shall be provided with battery-powered emergency lighting. The emergency lighting charging system and the normal service room lighting shall be supplied from the load side of the transfer switch.</li> </ol>	{K 144}	<p>Work Request/Work Order</p> <p><del>_____ / No _____</del></p> <p><del>_____ / No _____</del></p> <p>Contractor obtained, work scheduled for 12.26.2013. Electrician will be purchasing emergency lights with battery back-up and installing on the load side of the transfer switch.</p>	
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