

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

Printed: 04/22/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 50G019	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2014
NAME OF PROVIDER OR SUPPLIER BEDFORD GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 12461 NE 173RD PLACE WOODINVILLE, WA 98072		
(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: 19192 This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at Bedford Group Home located at 12461 NE 173 rd Place Woodenville WA 98072 on 4/22/2014 by a representative of the Washington State Patrol, Fire Protection Bureau. The survey was conducted in concert with the Washington State Department of Social and Health Services (DSHS) health survey teams.</p> <p>This facility has a total of 6 beds and at the time of this survey the census was 6.</p> <p>The existing section of the 2000 Life Safety Code chapter 33 for existing board and care was used in accordance with 42 CFR 483.70.</p> <p>The facility is a two story structure of Type V-A construction with exits to grade. The facility is protected by a Type 13 fire sprinkler system throughout and an automatic fire alarm system with corridor smoke detection. All exits are to grade with paved exit discharges to the public way.</p> <p>The facility is not in substantial compliance with the 2000 Life Safety Code as adopted by the Centers for Medicare & Medicaid Services.</p> <p>The surveyor was:  Donald L West Deputy State Fire Marshal</p>	K 000		
K0018	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD	K0018		

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

TITLE

(X6) DATE

 Bruce DUTTON

QIDP

5/2/2014

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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K0018	<p>Continued From page 1</p> <p>Doors are provided with latches or other mechanisms suitable for keeping the doors closed. No doors are arranged to prevent the occupant from closing the door. 32.2.3.6.3, 32.2.3.6.4, 33.2.3.6.3, 33.2.3.6.4</p> <p>Doors are self-closing or automatic closing in accordance with 7.2.1.8</p> <p>Exception: Door closing devices are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.1 and 33.2.3.5.2.</p> <p>This Standard is not met as evidenced by: Surveyor: 19192 Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This requirement is not met as evidenced by:</p> <p>Based upon observations and staff interviews on 4/22/2014 between approximately 0930 to 1145 hours the facility has failed to maintain doors</p>	K0018		

cont. ↓

Don 5/2/14

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K0018	<p>Continued From page 2</p> <p>without impediments to their closing and latching. This could result in a delay in getting the door to the room closed in the event of a fire. This could result in toxic products of combustion getting into the room and into the exit corridor which would endanger the residents, staff and/or visitors within the smoke compartment.</p> <p>The findings include, but are not limited to:</p> <ol style="list-style-type: none"> 1. The door to bathroom #2 in the basement failed to close and latch. 2. The door to the storage room next to resident room #7 failed to close and latch. <p>The above was discussed and acknowledged by the facility manager.</p>	K0018	<p>BOTH DOORS HAVE BEEN REPAIRED AND OPERATE WITHOUT IMPEDIMENTS TO THEIR CLOSING AND LATCHING BY MAINTENANCE PERSON.</p> <p>THE DOORS WILL ALL BE CHECKED TO ENSURE THEY ARE OPERATING PROPERLY WITH THE MONTHLY FIRE EXT. & FIRE DRILL, WHICH NOW ALL 3 WILL BE DONE ON THE SAME, ANY MAL-FUNCTIONS WILL BE REPORTED TO THE MAINTENANCE PERSON ASAP.</p>	<p>5/2/14</p> <p>5/2/14</p>

Don 5/2/14