

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

Printed: 01/10/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505098	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/10/2014
NAME OF PROVIDER OR SUPPLIER SHUKSAN HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1530 JAMES STREET BELLINGHAM, WA 98225		
(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	INITIAL COMMENTS An unannounced Life Safety Code Survey was conducted at Shuksan Healthcare Center, Bellingham, Washington, on January 10, 2014 by staff from the Washington State Patrol, Fire Protection Bureau, Oak Harbor Detachment. The 2000 existing and new edition of the Life Safety Code was utilized for the survey in accordance to 42 CFR 483.70: Requirements for Long Term Care.	K 000		
K 062 SS=D	The LTC 52 bed facility with a census of 46, consisted of a Type V-111, 1 story structure built in 1960 with a basement area that is used for staff offices and storage. The facility added a new wing in 2009 which is built on slab, Type V-111, single story structure. 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. The deficiencies identified during this survey are listed below. The facility is not in compliance with the Life Safety Code 2000 Edition as adopted by C.M.S.  Deputy State Fire Marshal 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	K 062		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE Administrator (X6) DATE 1/20/14

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.

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K 062	Continued From page 1 This Standard is not met as evidenced by: Based on observations, the facility failed to maintain the proper operational condition of the sprinkler system. This has the potential of having a non-functional sprinkler system that would expose residents to a fire or smoke environment. The findings are as follows: During the facility tour on January 10, 2014 from 9:30 AM to 12:00 PM the following deficiencies were found: 1. Sprinkler head in freezer is in block of ice. These findings were acknowledged by the Maintenance Director.	K 062	K 062 Sprinkler head in freezer will be replaced. Sprinkler will be checked daily by dietary staff to ensure no ice builds up. Sprinkler head in freezer will be checked daily by kitchen staff and on Maintenance Directors weekly rounds to ensure problem does not recur.	
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 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: During the facility tour on January 10, 2014 from 9:30 AM to 12:00 PM the following deficiencies were found: 1. Main Dining Room - refrigerator plugged into multi plug device 2. Social Service Office - refrigerator plugged into multi plug device 3. Resident Room - corded multi plug device	K 147	Maintenance Director and/or dietary staff will immediately notify Administrator if ice builds up and facility will repair immediately. Corrective action complete February 5, 2014. Administrator to ensure correction.	2/5/14 81

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505088	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/10/2014
NAME OF PROVIDER OR SUPPLIER SHUKSAN HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1530 JAMES STREET BELLINGHAM, WA 98225		
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K 147	Continued From page 2 in use 4. Resident Room  - corded multi plug device in use. These findings were acknowledged by the Maintenance Director	K 147	K 147 Multi plug adapters no longer in use with refrigerators or in resident rooms  or  .	
			Mult plug adapters have been replaced with grounded outlet in-wall adapters with resettable circuit breakers. Maintenance Director will check all rooms weekly to monitor compliance. Corrective action complete February 5, 2014. Maintenance Director to ensure compliance.	<i>2/5/14</i> 