

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

Printed: 10/16/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505393</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/16/2015</b>
NAME OF PROVIDER OR SUPPLIER <b>NORTH CASCADES HEALTH AND REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4680 CORDATA PARKWAY BELLINGHAM, WA 98226</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>This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at Northwest Cascades Health and Rehabilitation on October 16, 2015, 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>Northwest Cascades Health and Rehabilitation has a total of 122 beds and at the time of this survey the census was 94.</p> <p>The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70.</p> <p>The facility is a two story structure of Type V 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 compliance with the 2000 Life Safety Code as adopted by the Centers for Medicare &amp; Medicaid Services.</p> <p>The surveyor was:</p>  <p>Blaine D. Gunkel Deputy State Fire Marshal</p>	K 000		
K 043 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Patient room doors are arranged so that the patient can open the door from inside without using a key. (Special door locking arrangements</p>	K 043		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

*Blaine D. Gunkel* Deputy State Fire Marshal 10-16-15

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  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 10/16/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505393</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/16/2015</b>
NAME OF PROVIDER OR SUPPLIER <b>NORTH CASCADES HEALTH AND REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4680 CORDATA PARKWAY BELLINGHAM, WA 98226</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 043	Continued From page 1 are permitted in mental health facilities.) 19.2.2.2.2  This Standard is not met as evidenced by: Based upon observations and staff interviews on October 16, 2015, between approximately 8:00 a.m. and 10:00 a.m. Northwest Cascades Health and Rehabilitation failed to maintain the ability of delayed egress exit doors signage to for instructions to open without utilizing the keypad. This could cause an inability or delay in the evacuation of residents in the event of a non-fire related emergency which would endanger residents, staff and/or visitors.  The findings include, but are not limited to: 1. Two delayed egress doors near the northwest hall were not posted with the proper notice regarding 15 second delay. The deficiency was corrected during survey. The above was discussed and acknowledged by the maintenance director.	K 043		
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.  (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.  (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4	K 076		

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

Printed: 10/16/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505393</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/16/2015</b>
NAME OF PROVIDER OR SUPPLIER <b>NORTH CASCADES HEALTH AND REHABILIT/</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4680 CORDATA PARKWAY BELLINGHAM, WA 98226</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 076	Continued From page 2  This Standard is not met as evidenced by: Based upon observations and staff interviews on October 16, 2015, between approximately 8:00 a.m. and 10:00 a.m. Northwest Cascades Health and Rehabilitation failed to properly maintain the storage of medical gas in the facility. This could result in the rapid spread of smoke and fire in the event of ignition which could potentially endanger the residents, staff and/or visitors within the facility.  The findings include, but are not limited to: 1. Three free standing oxygen tanks were observed in the oxygen storage room near the second floor nurses desk. The deficiency was corrected during survey. The above was discussed and acknowledged by the maintenance director.	K 076		