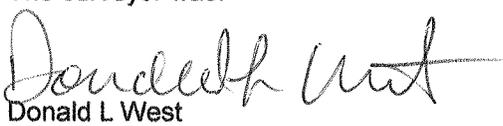


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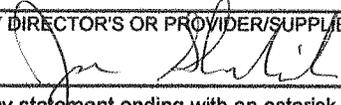
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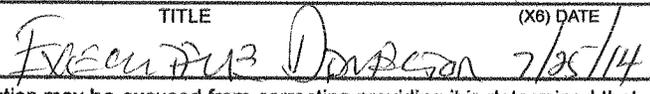
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NAME OF PROVIDER OR SUPPLIER <b>FIDALGO CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1105 27TH STREET ANACORTES, WA 98221</b>		
(X4) ID PREFIX TAG <b>K 000</b>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG <b>K 000</b>	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
<b>K 018 SS=E</b>	<p><b>INITIAL COMMENTS</b></p> <p>Surveyor: 19192 This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at Fidalgo Care Center located at 1105 27th Street Anacortes WA, 98221 on 7/18/2014 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>The facility has a total of 44 beds and at the time of this survey the census was 37.</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 single 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 compliance with the 2000 Life Safety Code as adopted by the Centers for Medicare &amp; Medicaid Services.</p> <p>The surveyor was:  Donald L West Deputy State Fire Marshal</p> <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p>	<b>K 018</b>	<p><b>RECEIVED</b></p> <p><b>AUG 07 2014</b></p> <p>FIRE PREVENTION DIVISION</p>	

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

TITLE

(X6) DATE



 **Eric R. D. Donahon** 7/25/14

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 018	<p>Continued From page 1</p> <p>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 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>	K 018	<p>The double doors into the Garden and Baker dining rooms were adjusted by a professional vendor on 7/18/14 and now close to meet required guidelines. Doors to clean linen and housekeeping closet were also adjusted and checked by professional vendor and now close to meet required guidelines.</p> <p>The facility Maintenance Director (MD) will monitor compliance and Administrator will oversee compliance.</p>	7/18/14 & On-going

  
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K 018	Continued From page 2 This requirement is not met as evidenced by:  Based upon observations and staff interviews on 7/18/2014 between approximately 0800 and 1030 hours the facility has failed to maintain doors 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.  The findings include, but are not limited to:  1. The double doors into the Baker dining room failed to close and latch. 2. The door to the clean linen room across from the nurses station failed to close and latch. 3. The double doors into the Garden room failed to close and latch. 4. The door to the Housekeeping room across from the nurses station failed to close and latch.  The above was discussed and acknowledged by the facility maintenance director.	K 018		
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper	K 056		

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K 056	Continued From page 3 switches, which are electrically connected to the building fire alarm system. 19.3.5  This Standard is not met as evidenced by: Surveyor: 19192 If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5  This requirement is not met as evidenced by:  Based upon observations and staff interviews on 7/18/2014 between approximately 0800 and 1100 hours the facility has failed to provide fire sprinkler protection to all required areas of the facility. This could result in a fire not being contained to the area of origin and could endanger residents, staff and/or visitors.  The findings include, but are not limited to:  1. There is no spare sprinkler head wrench in the spare head box.  The above was discussed and acknowledged by the facility maintenance director.	K 056	A spare sprinkler head wrench was placed in the spare head box the day of the inspection 7/18/14. MD will monitor for compliance.	7/18/14 And On-going
K 062	NFPA 101 LIFE SAFETY CODE STANDARD	K 062		

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K 062 SS=D	<p>Continued From page 4</p> <p>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</p> <p>This Standard is not met as evidenced by: Surveyor: 19192 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</p> <p>This requirement is not met as evidenced by:</p> <p>Based upon observations and staff interviews on 7/18/2014 between approximately 0800 and 1100 hours the facility has failed to maintain the fire sprinkler system as required. This could result in the failure of the fire sprinkler system to operate properly in the event of a fire and allow the fire to increase in size and intensity which would endanger the residents, staff and/or visitors within the facility.</p> <p>The findings include, but are not limited to:.</p> <ol style="list-style-type: none"> <li>1. In the Clean linen closet there are pillows stacked to close to the sprinkler head.</li> <li>2. In the riser room there is storage obstructing the sprinkler riser.</li> </ol> <p>The above was discussed and acknowledged by the facility maintenance director.</p>	K 062	<p>Pillows stacked close to sprinkler head in clean linen room were removed the day of the inspection. Laundry staff was in-serviced on the requirement to have an appropriate clearance for sprinkler head. Housekeeping Supervisor will monitor and Administrator will oversee compliance.</p>	7/18/14 & On-going

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K 072 K 072 SS=F	<p>Continued From page 5</p> <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10</p> <p>This Standard is not met as evidenced by: Surveyor: 19192 Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10</p> <p>This requirement is not met as evidenced by:</p> <p>Based upon observations and staff interviews on 7/18/2014 between approximately 0800 and 1100 hours the facility has failed to maintain the exit access corridors free of obstructions and impediments to full and instant use in the event of an emergency. This could result in the delays in smoke compartment evacuations or full evacuation of the building due to a fire or other emergency which would endanger the residents, staff and/or visitors within the facility.</p> <p>The findings include, but are not limited to:</p> <p>1. Throughout the egress corridors there are wheelchairs and lifts stored in the corridors.</p> <p>The above was discussed and acknowledged by</p>	K 072 K 072	<p>Facility will educate staff of the need for clearance in hallways. Alternate storage areas for facility lifts will be explored. Wheelchairs will be stored in resident rooms while not in use. Director of Nursing, Housekeeping Supervisor and MD will monitor and Administrator will oversee compliance.</p>	8/20/14 And On- going

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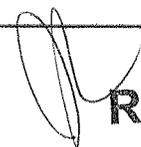
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K 072	Continued From page 6 the facility maintenance director.	K 072		
K 144 SS=D	<b>NFPA 101 LIFE SAFETY CODE STANDARD</b>  Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.  This Standard is not met as evidenced by: Surveyor: 19192 Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.  This requirement is not met as evidenced by:  Based upon observations and staff interviews on 7/18/2014 between approximately 0800 and 1100 hours the facility has failed to have the emergency generator meet the requirements of the Fire Safety Code. This could result in conditions that would result in the failure of the emergency generator that would not be detected by staff in a timely manner which would endanger the residents, staff and/or visitors within the facility.  The findings include, but are not limited to:  The above was discussed and acknowledged by the facility maintenance director.	K 144		



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