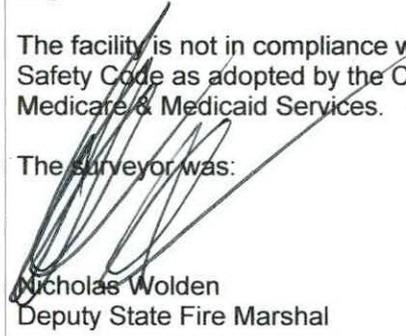


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 01/05/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505484</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02 - MAIN BUILDING 02</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/05/2016</b>
NAME OF PROVIDER OR SUPPLIER <b>NORTHWOODS LODGE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2321 SCHOLD PLACE NORTHWEST SILVERDALE, WA 98383</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 Northwoods Lodge on 01/05/2015 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>The facility has a total of 47 beds and at the time of this survey the census was 38.</p> <p>The New 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 five 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>Nicholas Wolden Deputy State Fire Marshal</p>	K 000		
K 062 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25,</p>	K 062		

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

TITLE

(X6) DATE

*Kula Jensen*

*Administrator*

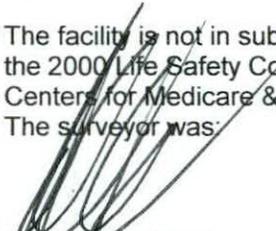
*1/8/16*

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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NAME OF PROVIDER OR SUPPLIER <b>NORTHWOODS LODGE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2321 SCHOLD PLACE NORTHWEST SILVERDALE, WA 98383</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>Surveyor: 35231 This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at the Northwoods Lodge on 01/05/2015 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>The facility has a total of 47 beds and at the time of this survey the census was 38.</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 2 story story structure of Type five 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 &amp; Medicaid Services. The surveyor was:</p> <p> Nicholas D. Wolden Deputy State Fire Marshal</p>	K 000		
K 038 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p>	K 038		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Kate Agnew* TITLE *Administrator* (X6) DATE *1/8/16*

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 038	Continued From page 1  This Standard is not met as evidenced by: Surveyor: 35231 Based upon observations and staff interviews on 01/05/2015 between approximately 11:00 and 12:00 hours the facility has failed to maintain the exit discharge free of obstructions. This could cause an inability or delay in the evacuation of residents in the event of an emergency which would endanger residents, staff and/or visitors.  The findings include, but are not limited to: The facility failed to maintain proper emergency exiting access in old west stairwell. A live plant in a 24 inch pot was found at the top landing of the emergency stairwell near room 43. The Environmental Services Director states that the plant was placed there temporarily because the facility recently had a Christmas tree. The Environmental Service Director states that the plant will be moved right now. The plant was moved before the conclusion of the inspection. The above was discussed and acknowledged by the Executive Director.	K 038	Deficiency corrected on 1/5/16 during Fire Safety inspection/survey.  Northwoods Lodge will ensure all proper emergency exit access is maintained and nothing is stored in stairwell.  Northwoods Lodge will educate staff that nothing is to be stored in stairwells.  The Maintenance Department will conduct weekly checks to ensure stairwells are unobstructed.	1/5/16
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: Surveyor: 35231 Based upon observations and staff interviews on 01/05/2015 between approximately 11:00 and 11:45 hours the facility has failed to maintain all electrical junction boxes This could result in the	K 147	James Dixon, Environmental Service Director is responsible for the correction	1/5/16

