

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

Printed: 10/03/2013  
FORM APPROVED  
OMB NO. 0938-0391

1960

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505223</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/03/2013</b>
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NAME OF PROVIDER OR SUPPLIER <b>AVAMERE BELLINGHAM HEALTH CARE &amp; RE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1200 BIRCHWOOD AVENUE BELLINGHAM, WA 98225</b>
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(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
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K 000	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced Life Safety Code Survey was conducted at Avamere Bellingham Health Care and Rehabilitation, Bellingham, Washington, on October 3, 2013 by staff from the Washington State Patrol, Fire Protection Bureau, Oak Harbor Detachment. The 2000 existing edition of the Life Safety Code was utilized for the survey in accordance to 42 CFR 483.70: Requirements for Long Term Care.</p> <p>The LTC 84 bed facility with a census of 68, consisted of a Type V-111, 1 story structure, with a basement (mechanical usage) and was built in 1972. 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.</p> <p>The deficiencies identified during this survey are listed below.</p> <p>The facility is in compliance with the Life Safety Code 2000 Edition as adopted by C.M.S.</p> <p> <i>[Signature]</i> Deputy State Fire Marshal</p>	K 000		
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OCT 09 2013  
FIRE PROTECTION BUREAU

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE <b>ADMINISTRATOR</b>	(X6) DATE <b>10/3/2013</b>
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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.

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # <b>505223</b>	DATE SURVEY COMPLETE: <b>10/03/2013</b>
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NAME OF PROVIDER OR SUPPLIER <b>AVAMERE BELLINGHAM HEALTH CARE &amp; REHAB SERV</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1200 BIRCHWOOD AVENUE BELLINGHAM, WA. 98225</b>
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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**K 012** NFPA 101 LIFE SAFETY CODE STANDARD

Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1

This Standard is not met as evidenced by:

Based upon observations and staff interviews on October 3, 2013 between approximately 11:35 AM and 3:00 PM has failed to maintain fire resistive construction of the building capable of resisting the passage of smoke and fire into other compartments. This could allow the toxic product of combustion to move out of a room and into the exit access corridor and the smoke compartment which would endanger the residents, staff and/or visitors within the facility.

The findings include, but are not limited to:

1. A quarter size hole was observed behind the corridor door to the soiled linen side of the laundry room.
- The above was discussed and acknowledged by the Maintenance Director.

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BUREAU**

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The above isolated deficiencies pose no actual harm to the residents