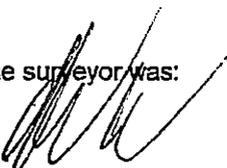


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 08/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505223	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/05/2015
NAME OF PROVIDER OR SUPPLIER AVAMERE BELLINGHAM HEALTH CARE & RE		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 BIRCHWOOD AVENUE BELLINGHAM, WA 98225		
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K 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 35231 This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at the Avamere Bellingham Health Care and Rehabilitation on 08/03/2015 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 84 beds and at the time of this survey the census was 57.</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 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.</p> <p>The facility is not in substantial compliance with the 2000 Life Safety Code as adopted by the Centers for Medicare & Medicaid Services.</p> <p>The surveyor was:  Nicholas D. Wolden Deputy State Fire Marshal</p>	K 000		
K 022 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Access to exits is marked by approved, readily visible signs in all cases where the exit or way to</p>	K 022	<p>NE gate and emergency exit courtyard gate in memory care. Emergency exit with sign stating "Not an exit for</p>	8/7/15

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

TITLE

(X6) DATE



Administrator

8/14/15

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.

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K 022	Continued From page 1 reach exit is not readily apparent to the occupants. 7.10.1.4 This Standard is not met as evidenced by: Surveyor: 35231 Based upon observations and staff interviews on 08/05/2015 between approximately 08:30 and 11:30 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: NE gate leading to the public way is not readily apparent to the occupants. Emergency exit courtyard gate in memory care is not readily apparent to the occupants. Emergency exit has sign placed over door stating "Not an exit for emergency use only" The above was discussed and acknowledged by the Maintenance Director.	K 022	emergency use only" has been removed. Added signage directing towards exit. Facility Maintenance Director will monitor exit signs on a semi-annual basis. This will also protect residents in future similar situations and to ensure that the solutions are sustained.	8/7/15
K 038 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1	K 038	K 038 NE gate locks from outside of gated area have been moved to the inside for resident and employee access. Courtyard gate accessed from emergency exit of Daisy fixed to swing out in direction of travel.	

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K 038	Continued From page 2 This Standard is not met as evidenced by: Surveyor: 35231 Based upon observations and staff interviews on 08/05/2015 between approximately 08:30 and 11:30 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: NE gate locks from outside of gated area. Unable to unlock gate from within gated area. Emergency exit at NE gate shall be paved with impervious surface to the public way. Courtyard gate accessed from emergency exit of daisy hallway fails to swing in direction of travel. West unit 2 door 1 egress shall be paved with an impervious surface to public way. The above was discussed and acknowledged by the Maintenance Director.	K 038	We are requesting an extension impervious surfaces that need to be paved on the West Unit exit and NE gate exit as this needs to be reviewed and approved by Construction Review. Facility Maintenance Director will monitor all exits on a semi-annual basis. This will also protect residents in future similar situations and to ensure that the solutions are sustained.	10/30/15
K 062 SS=D	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 This Standard is not met as evidenced by: Surveyor: 35231 Based upon observations and staff interviews on 08/05/2015 between approximately 08:30 and 11:30 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	K 062	Fire sprinkler escutcheon ring in resident care manager office has been fixed and put back in place. Preventive maintenance is done annually by a certified sub-contractor. Facility Maintenance Director will monitor fire sprinklers semi-annually to ensure that solution is sustained and does not recur.	8/7/15

[Handwritten notes and stamps]

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K 062	Continued From page 3 would endanger the residents, staff and/or visitors within the facility. The findings include, but are not limited to: Fire sprinkler esutcheon ring in resident care manager office loose. The above was discussed and acknowledged by the Maintenance Director.	K 062		
K 064 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 This Standard is not met as evidenced by: Surveyor: 35231 Based upon record review and observation on 08/05/2015 between approximately 08:30 and 11:30 hours the facility has failed to assure proper maintenance of the facilities portable fire extinguishers. This potentially delays a quick response to contain a fire from spreading which could expose and endanger residents, staff and/or visitors within the facility. The findings include, but are not limited to: Portable fire extinguisher blocked with food cart near room 30/janitors closet. The above was discussed and acknowledged by the Maintenance Director.	K 064	K 064 The portable fire extinguisher blocked by a food cart has been removed. Facility maintenance director will monitor portable fire extinguishers semi-annually so that problem does not recur and to ensure that solution is sustained. New hires will be in-service staff on blocking access to portable fire extinguishers.	8/7/15
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.	K 144	K 144 Facility needs to install an external emergency remote stop switch for the facility generator outside the room	

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K 144	<p>Continued From page 4</p> <p>This Standard is not met as evidenced by: Surveyor: 35231 Based upon observations and staff interviews on 08/03/20152 approximately 15:00 and 16:00 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.</p> <p>The findings include, but are not limited to: The facility has failed to provide a emergency remote stop switch for the emergency generator. The above was discussed and acknowledged by the Maintenance Director.</p> <p>NFPA 110 1999 Edition 3-5.6 All level 1 and 2 installations shall have a remote manual stop station of a similar type to a break-glass station located outside the room housing the prime mover, where so installed or located elsewhere on the premises where the prime mover is located outside the building.</p> <p>A-3-5.5.6 For level 1 and level 2 systems located outdoors, the manual shutdown should be located external to the weatherproof enclosure and</p>	K 144	<p>housing the prime mover. Facility will request for a temporary waiver as we need approval from Construction Review before proceeding with the work.</p>	10/30/15

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K 144	Continued From page 5 should be appropriately identified.	K 144		
K 147 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This Standard is not met as evidenced by: Surveyor: 35231 Based upon observations and staff interviews on 08/05/2015 between approximately 08:30 and 11:30 hours the facility has failed to restrict the use of multi-plug outlets (power strips) to providing power to permitted electrical equipment. This could result in a fire from overheating of the plug strip due to the heavy power draw endangering the residents, staff and/or visitors within the facility.</p> <p>The findings include, but are not limited to: Residential care manager west power strip plugged into powerstrip. Residential care manager west office has none approved powerstrip, no overcurrent protection Lobby non approved multi used, no over current protection. Medical records director power strip plugged into powerstrip. Non approved multi plug adapter in medical records directors office, no overcurrent protection. West nurse station non approved powerstrip above printer, no overcurrent protection. Non approved multi-plug adapter adjacent to fire alarm panel at nurses station. Extension cord used in Executive Directors office for fan. The above was discussed and acknowledged by the Maintenance Director.</p>	K 147	<p>K 147</p> <p>Residential Care manager west office had a power strip plugged into a power strip which has been removed. The west RCM office power strip has been replaced with a resettable power strips with overcurrent protection. Lobby multi plug has been removed. Medical Records office power strip plugged into a power strip removed. Multi plug adapter in Medical Records office without overcurrent protection was removed. West nurse station power strip replaced with approved power strip and GFCI. Multi-plug adapter adjacent to fire alarm panel was removed and replaced with approved power strip. Extension cord used in Executive Directors office for fan has been replaced with approved power strip.</p>	8/7/15

CLERK
AUG 11 2015
NOTIFICATION
BY MAIL

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