

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

Printed: 06/19/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505092	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/19/2012
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NAME OF PROVIDER OR SUPPLIER ALDERWOOD PARK CONV CTR LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2726 ALDERWOOD AVENUE BELLINGHAM, WA 98225
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K 000	<p>INITIAL COMMENTS</p> <p>An unannounced Life Safety Code Survey was conducted at Alderwood Park Convalescent Center, Bellingham, Washington, on June 19, 2012 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 102 bed facility, consisted of a Type V-111, 1 story structure, built in 1962 and has no basement. 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><i>Paul V. Schroer</i> Paul V. Schroer Deputy State Fire Marshal</p>	K 000	<p style="text-align: center;">RECEIVED JUL 12 2012 FIRE PROTECTION BUREAU</p>	
K 025 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p>	K 025	The wall behind the washers has been sealed.	6/22/2012

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Chief Administrator</i>	TITLE <i>Administrator</i>	(X6) DATE <i>7/5/2012</i>
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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.

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K 025	Continued From page 1 This Standard is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain the integrity of smoke barriers. This potentially allows the spread of smoke to other areas of the facility, exposing residents to a smoke or fire environment. The findings are as follows. During the facility tour on June 19, 2012 from 10:55 AM to 2:00 PM penetrations were observed in the following location(s) 1. In the laundry room behind the washing machines is a space where repair/upgrade work has been done and requires the space to be sealed from fire/smoke spread. These findings were acknowledged by the Maintenance Director.	K 025	<p style="text-align: center;">RECEIVED JUL 12 2012 FIRE PROTECTION BUREAU</p>	
K 048 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1 This Standard is not met as evidenced by: Based on record review, the facility failed to maintain a written plan for the protection of all residents and for their evacuation in the event of an emergency in accordance with the Life Safety Code. Findings include: An examination of the facility ' s emergency plan on June 19, 2012 at 12:55 PM revealed that the plan has not been updated/reviewed since 2009	K 048		The sheet showing it was reviewed in 2011 was missed placed now with disaster plan book.

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K 048	Continued From page 2 These findings were acknowledged by the Maintenance Director.	K 048		
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	K 064	All the fire extinguishers needing to be recharged will be on the on the annual inspection.	<i>July 30, 2012</i>

This Standard is not met as evidenced by:
Based on observation and record review, the facility failed to assure fire extinguishers are properly maintained. This potentially delays a quick response to contain a fire from spreading, exposing residents to fire in the environment.

During the facility tour on June 19, 2012 from 10:55 AM to 2:00 PM, observed fire extinguishers in the following locations out of service:

1. Extinguisher #3, which is located near Resident Rm 76 is in need of recharging

The Maintenance Director acknowledged the findings.

K 073
SS=D
NFPA 101 LIFE SAFETY CODE STANDARD
No furnishings or decorations of highly flammable character are used. 19.7.5.2, 19.7.5.3, 19.7.5.4

This Standard is not met as evidenced by:
Based upon observation and staff interviews the facility has failed to prohibit the use of furnishings or decorations of flammable material.

All the fire extinguishers needing to be recharged will be on the on the annual inspection.

All flammables will be removed from light fixtures.

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JUL 12 2012
FIRE PROTECTION BUREAU

July 13, 2012

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K 073	<p>Continued From page 3</p> <p>During the facility on June 19, 2012 from 10:55 AM to 2:00 PM, it was observed:</p> <p>The following Resident Rooms had small stuff animals sitting on the fluorescent light fixture above the Resident's bed area above their heads:</p> <ol style="list-style-type: none"> 1. Rm 61 2. Rm 79 <p>This was acknowledged by the Maintenance Director.</p>	K 073	<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">JUL 12 2012</p> <p style="text-align: center;">FIRE PROTECTION BUREAU</p>	
K 130 SS=D	<p>NFPA 101 MISCELLANEOUS</p> <p>OTHER LSC DEFICIENCY NOT ON 2786</p> <p>This Standard is not met as evidenced by: Based on observations, the facility failed to maintain the proper signage and protection for the facilities back up generator fuel source. The findings are as follows:</p> <p>During the facility tour on June 19, 2012 from 10:55 AM to 2:00 PM, the following deficiencies were found:</p> <ol style="list-style-type: none"> 1. Propane tank does not have identifying placard 2. Barrier does not meet height requirement for safety impact. <p>These findings were acknowledged by the Maintenance Director.</p> <p>3003.5.2 Physical protection. Compressed gas containers, cylinders, tanks and</p>	K 130		<p>The tank has labels on it stating it is propane gas. The barrier height has been approved by the City of Bellingham Police Department. It is to be moved after the permit expires.</p>

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K 130	Continued From page 4 systems which could be exposed to physical damage shall be protected. Guard posts or other approved means shall be provided to protect compressed gas containers, cylinders, tanks and systems indoors and outdoors from vehicular damage and shall comply with Section 312. 3003.4.1 Stationary compressed gas containers, cylinders and tanks. Stationary compressed gas containers, cylinders and tanks shall be marked with the name of the gas and in accordance with Sections 2703.5 and 2703.6. Markings shall be visible from any direction of approach. 312.3 Other barriers. Physical barriers shall be a minimum of 36 inches (914 mm) in height and shall resist a force of 12,000 pounds (53 375 N) applied 36 inches (914 mm) above the adjacent ground surface.	K 130	<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">JUL 12 2012</p> <p style="text-align: center;">FIRE PROTECTION BUREAU</p>	
K 144 SS=D	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. This Standard is not met as evidenced by: Based on observation, the facility failed to assure that a Remote Annunciator Panel for the generator was installed in accordance with NFPA 99 3-4.1.1.15 and NFPA 110 3-5.6.1 and 3-5.6.2, which would alert staff to operating conditions of	K 144		As stated in write-up this K tag is under a waiver and it is being worked on to have a generator that meets the codes.

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K 144	<p>Continued From page 5</p> <p>the generator. This potentially exposed residents to loss of emergency power during power outages. Findings include:</p> <p>During the facility tour on June 19, 2012 from 10:55 AM to 2:00 PM, observed no remote annunciator panel for the generator in a location that is monitored by staff on a 24 hour basis.</p> <p>This finding was acknowledged by the Maintenance Director.</p> <p>THIS K TAG WAS PREVIOUSLY CITED AND PAST SURVEY AND HAS BEEN GRANTED A WAIVER BY CMS TO CORRECT THE CITATION.</p> <p>NFPA 110 at 3-5.6.1 states: 3-5.6 Remote Controls and Alarms. 3-5.6.1 A remote, common audible alarm powered by the storage battery shall be provided as specified in 3-5.5.2(d). This remote alarm shall be located outside of the EPS service room at a work site readily observable by personnel. 3-5.6.2 An alarm-silencing means shall be provided, and the panel shall include repetitive alarm circuitry so that, after the audible alarm is silenced, it is reactivated after clearing the fault condition and must be restored to its normal position to be silenced. Exception: In lieu of the requirement of 3-5.6.2, a manual alarm silencing means shall be permitted that silences the audible alarm after the occurrence of the alarm condition, provided</p>	K 144		
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K 144	<p>Continued From page 6 such means do not inhibit any subsequent alarms from sounding the audible alarm again without further manual action.</p> <p>In addition NFPA 99 states:</p> <p>3-4.1.1.15 + Alarm Annunciator. A remote annunciator, shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station (see NFPA 70, National Electrical Code, Section 700-12.) The annunciator shall indicate alarm conditions of the or auxiliary power source as follows:</p> <p>(a) Individual visual signals shall indicate the following: of power.</p> <ol style="list-style-type: none"> 1. When the emergency or auxiliary power source is operating to supply power to load 2. When the battery charger is malfunctioning <p>(b) Individual visual signals plus a common audible signal to warn of an engine-generator alarm condition shall indicate the following:</p> <ol style="list-style-type: none"> 1. Low lubricating oil pressure 2. Low water temperature (below those required in (3-4.1.1.9) 3. Excessive water temperature 4. Low fuel -when the main fuel storage tank contains commence and less than a 3-hour operating supply 5. Overcrank (failed to start) 6. Overspeed (f)* <p>Where a regular work station will be unattended periodically, an audible and visual derangement signal, shall be established at a continuously monitored location. This derangement signal shall activate when any of the conditions in</p>	K 144	<p style="text-align: center;">RECEIVED JUL 12 2012 FIRE PROTECTION BUREAU</p>	

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K 144	Continued From page 7 3-4.1.1.15(a) and (b) occur, but need not display bypass shall operate similarly to the bypass in 3-4.2.1.4(a). these conditions individually.	K 144	<p>RECEIVED JUL 12 2012 FIRE PROTECTION BUREAU</p>	

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