

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

Printed: 11/17/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505470	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/17/2014
NAME OF PROVIDER OR SUPPLIER COLUMBIA LUTHERAN HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 4700 PHINNEY AVENUE NORTH SEATTLE, WA 98103		
(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>INITIAL COMMENTS</p> <p>An unannounced Life Safety Code Survey was conducted at Columbia Lutheran Home, Seattle Washington, on November 17, 2014 by staff from the Washington State Patrol, Fire Protection Bureau, WSP- Bellevue District Office.</p> <p>The 2000 existing section of the Life Safety Code was utilized for the survey in accordance to 42 CFR 483.70: Requirements for Long Term Care.</p> <p>Columbia Lutheran Home is a 116 bed facility with a census of 107 consisting of a Type II (111); 2 story structure built in 1961 and has 2 basements. 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>There were deficiencies identified during this survey, all were corrected at time of survey. The facility is in substantial compliance with the Life Safety Code 2000 Edition as adopted by CMS.</p> <p>The Surveyor was:  Phil Cane Deputy State Fire Marshal</p>	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Jerry Lewis</i>	TITLE <i>President / Adm.</i>	(X6) DATE <i>11/17/2014</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.

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 505470	DATE SURVEY COMPLETE: 11/17/2014
NAME OF PROVIDER OR SUPPLIER COLUMBIA LUTHERAN HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 4700 PHINNEY AVENUE NORTH SEATTLE, WA. 98103	

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
K 012	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>This Standard is not met as evidenced by: Based upon observations the facility has failed to maintain the fire resistance rating of the of the structure.</p> <p>During the facility tour on November 17, 2014 from 0900 to 1200 the following deficiency was found:</p> <p>1) Second floor storage room, penetrations in the ceiling requiring fire resistant caulking. CORRECTED AT TIME OF SURVEY.</p> <p>These findings were acknowledged by Maintenance Director.</p>
K 062	<p>NFPA 101 LIFE SAFETY CODE STANDARD</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: Based upon observations the facility has failed to maintain the proper clearance from the ceiling in storage rooms, allowing the installed sprinkler system to perform as designed.</p> <p>During the facility tour on November 17, 2014 from 0900 to 1200 the following deficiency was found:</p> <p>1) Main floor copier room has items stored too close to the ceiling, preventing the sprinkler system to perform as designed. CORRECTED AT TIME OF SURVEY.</p> <p>These findings were acknowledged by Maintenance Director.</p>
K 147	<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: Based upon observations the facility has failed to ensure the proper use of multiplug adapters.</p>

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The above isolated deficiencies pose no actual harm to the residents

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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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K 147

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During the facility tour on November 17, 2014 from 0900 to 1200 the following deficiency was found:

I) Basement level, Dietary Managers office there were two multiplug adapters daisy chained together. CORRECTED AT TIME OF SURVEY.

These findings were acknowledged by Maintenance Director.

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