

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

Printed: 01/27/2016  
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 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  01/26/2016
NAME OF PROVIDER OR SUPPLIER <b>COLUMBIA LUTHERAN HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4700 PHINNEY AVENUE NORTH SEATTLE, WA 98103</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 Columbia Lutheran Home on January 26, 2016, 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>Columbia Lutheran Home has a total of 116 beds and at the time of this survey the census was 98.</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 two story structure not including a lower level 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. 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>Blaine D. Gunkel Deputy State Fire Marshal</p>	K 000	<p>"This Plan of Correction is submitted as required under Federal and State statutes and regulations. This Plan of Correction does not constitute an admission of liability on the part of the facility, and such liability is hereby denied. The submission of this plan does not constitute agreement by the facility that the state surveyor's findings or conclusions are accurate, that the finding constitute deficiencies, or that the scope and severity determinations regarding the alleged deficiencies were correctly applied".</p>	
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

TITLE

(X6) DATE

*Blaine D. Gunkel*

*President/Administrator 2-11-16*

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: This requirement is not met as evidenced by:  Based upon observations and staff interviews on January 26, 2016, between approximately 10:00 a.m. and 11:30 a.m. Columbia Lutheran Home 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: 1. The delayed access stairwell door on the second floor near the northwest corner of the building failed to operate when tested. The above was discussed and acknowledged by the maintenance director and president/administrator.	K 038	<b>K 038</b> <b>NFPA 101 Life Safety Code Standard</b> I. NW corner second floor stairwell door egress magnetic lock position sensors were adjusted 1-27-16 and release properly at 15 seconds. II. Stairwell door egress will be tested quarterly. III. This will be reviewed during our quarterly CQI for 12 months to evaluate its effectiveness. IV. The Director of Environmental Services will assure compliance.
K 056 SS=E	<b>NFPA 101 LIFE SAFETY CODE STANDARD</b>  If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5	K 056	

*Det 2-11-16*

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K 056	Continued From page 2  This Standard is not met as evidenced by: This requirement is not met as evidenced by:  Based upon observations and staff interviews on January 26, 2016, between approximately 10:00 a.m. and 11:30 a.m. Columbia Lutheran Home has failed to provide fire sprinkler protection to all required areas of the facility. This could result in a fire not being contained to the area of origin and could endanger residents, staff and/or visitors.  The findings include, but are not limited to: 1. The facility failed to provide current documentation of the five year internal pipe examination of the emergency sprinkler system. The above was discussed and acknowledged by the maintenance director and president/administrator.	K 056	<b>K 056</b> <b>NFPA 101 Life Safety Code Standard</b> I. Five year internal pipe examination of the emergency sprinkler system was completed 1-27-16 and pipes were clean. II. Internal pipe examination of the emergency sprinkler system will be completed every five years. III. This will be reviewed during our quarterly CQI for 12 months to evaluate its effectiveness. IV. The Director of Environmental Services will assure compliance.	

*DK 2-11-16*