

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

PRINTED: 09/21/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 504002	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - FEDERAL LSC EXISTING B. WING _____		(X3) DATE SURVEY COMPLETED 09/09/2013
NAME OF PROVIDER OR SUPPLIER BHC FAIRFAX HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 10200 NE 132ND STREET KIRKLAND, WA 98034		
(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>This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at Fairfax Hospital in Kirkland, WA on 09/09/2013 by a representative of the Washington State Patrol Fire Protection Bureau. The survey was conducted in concert with the Washington Department of Health survey team.</p> <p>The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70.</p> <p>The campus under this hospital license consists of one hospital building with an Alcohol - Drug Treatment Center and a Psych Unit. The building is of Type V (111) construction built in 1967. It is a single story with all exits to grade. All of the exits for the wards are on card-lock doors that drop on alarm (releasing patients into contained courtyards).</p> <p>The hospital is protected throughout by a Type 13 Automatic Fire Sprinkler Systems and an Automatic Fire Alarm System with corridor smoke detection and manual pull stations at the exits.</p> <p>The hospital is licensed for 133 beds. The average census for the survey was 80.</p> <p>The facility is not in substantial compliance with the 2000 Life Safety Code as adopted by the Centers for Medicare and Medicaid Services.</p> <p>The Surveyor was:</p> <p>Doug DeGraff Deputy State Fire Marshal Life Safety Code Inspector</p>	K 000			

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

TITLE

(X6) DATE

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 000	Continued From page 1 28239 The Surveyor was from: Washington State Patrol Fire Protection Bureau 2803 156th Ave SE Bellevue, WA. 98007 Telephone: (425) 401-7731 FAX: (425) 401-7842	K 000			
K 027	Doug DeGraff, DSFM 28239 NFPA 101 LIFE SAFETY CODE STANDARD Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7 This STANDARD is not met as evidenced by: During the survey tour of 09/09/2013, between the hours of 1415 and 1600, while accompanied by the Facilities Director, through observation and staff interview, it was discovered that the facility has failed to maintain the smoke barrier doors so that they close and latch as to resist the passage of smoke upon release from the	K 027			

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K 027	Continued From page 2 approved hold open device. The failure of the doors to close in a position that would resist the passage of smoke would allow smoke to travel from one smoke compartment to another. These findings were acknowledged by the Facilities Director. The findings include but are not limited to: 1. The double fire doors in the North Cafeteria hallway failed to close and latch when tested. *Doors were repaired prior to exit.	K 027			
K 062	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: Based upon staff interview, observation and record review during the survey of the facility on 09/09/2013, between the hours of 1300 and 1600, while accompanied by the Facilities Director, it was discovered that the facility has failed to maintain the automatic fire sprinkler system in a reliable operating condition as required by NFPA 25. This could result in a failure of the proper operation of the automatic fire sprinkler system with the potential of fire spreading unchecked, placing patients, visitors and staff at risk. This finding was acknowledged by the Facilities Director. The findings include but are not limited to:	K 062			

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K 062	Continued From page 3 1. The annual confidence test of the automatic fire sprinkler system was due by 06/25/2013 and has yet to be completed. 2. The facility has no documentation for the second quarter inspection (last quarterly completed 01/28/2013).	K 062			