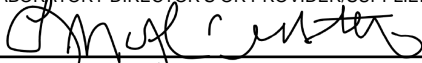


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/18/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095034	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2021
NAME OF PROVIDER OR SUPPLIER ASCENSION LIVING CARROLL MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 725 BUCHANAN ST., NE WASHINGTON, DC 20017	
(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	INITIAL COMMENTS	K 000	Carroll Manor Nursing & Rehabilitation Center makes its best efforts to operate in substantial compliance with both Federal and State laws. Submission of this Plan of Correction (POC) does not constitute an admission or agreement by any party, it's officers, directors, employees or agents as the truth of the facts alleged or the validity of the conditions set forth on the statement of the deficiencies. This plan of correction (POC) is prepared and/ or executed because it is required by State and Federal laws.	
K 363 SS=E	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or	K 363	K 363 1.The following doors were adjusted to ensure that they latched when tested on July 20, 2021: Double doors: 5 west entrance, 4th floor unit entrance, 4 west entrance, and 2nd floor entrance. The 4th floor dining room door and entrance door to resident room # 245/247 were also adjusted to ensure that they latched when tested on July 20, 2021. 2.Facilities maintenance associates made rounds to ensure that doors latch when tested. There were no new findings. 3.The Director of Facilities Maintenance or designee will re-educate the maintenance associates on ensuring that doors are maintained to ensure that they latch. The facilities maintenance associates will randomly observe one unit of doors on a monthly basis times 3 months to ensure that the doors latch when tested. 4.The results from the observations will be reviewed during the monthly QAPI meeting times 3 months and then re-evaluated to determine if further monitoring is indicated. 5. September 17, 2021	9/17/2021 9/17/2021 9/17/2021 9/17/2021

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



TITLE

Executive Director

(X6) DATE

08-26-2021

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 363	<p>Continued From page 1 frames in window assemblies.</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and staff interview, double doors to resident care units, fire doors, and the entrance door to one (1) of 165 resident rooms were inadequately maintained to ensure proper latching in the event of an emergency.</p> <p>The findings include:</p> <p>During a Life Safety Code inspection of the facility on July 19, 2021, at approximately 3:30 PM, the following were observed:</p> <ol style="list-style-type: none"> 1. One (1) of one (1) double-door located at the entrance of wing 5 West, did not latch into frame when tested on one (1) of three (3) observations. 2. The double-door at the entrance of the fourth-floor unit failed to latch in one (1) of three (3) observations. 3. Fire doors to the dining room on the fourth floor failed to latch in one (1) of two (2) observations. 4. One (1) of one (1) double-door located at the entrance of wing 4 West did not latch into frame when tested. 5. One (1) of one (1) double-door located at the 	K 363		

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K 363	<p>Continued From page 2</p> <p>entrance of the second-floor unit failed to latch when tested in one (1) of three (3) observations.</p> <p>6. The entrance door to resident room #245/247 on wing 2 West did not latch into frame in one (1) of 11 observations.</p> <p>This deficient practice could affect residents, staff, and visitors, if smoke were to spread from a hazardous area through occupied, common areas in the facility.</p> <p>During a face-to-face interview on July 20, 2021, at approximately 11:30 AM, Employee #7 acknowledged the findings.</p>	K 363		