

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

PRINTED: 03/05/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095024	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/11/2019
NAME OF PROVIDER OR SUPPLIER BRIDGEPOINT SUBACUTE AND REHAB NATIONAL HARBOR			STREET ADDRESS, CITY, STATE, ZIP CODE 4601 MARTIN LUTHER KING JR AVENUE SW WASHINGTON, DC 20032	
(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 A Life safety Code survey was conducted at your facility February 8 and February 11, 2019. The following deficiencies are based on observation, interview and record review.	K 000	K 000-Preparation and/or execution of this plan of correction do not constitute admission or agreement by provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because the provisions of federal and state law require it. This plan is submitted as evidence of our compliance.	
K 363	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	<p>K 363</p> <p>1. Corrective action for resident</p> <p>Doors to rooms #321, 330, 333, 334, and 343 have repaired so that they latch when closed.</p> <p>The double doors leading to the 3 West unit have been repaired so that they latch when closed.</p> <p>The double doors leading to the 3 East unit has been repaired so that it fully closes and latches when closed.</p> <p>2. Identify other residents</p> <p>All residents have the potential to be affected.</p> <p>3. Systemic changes</p> <p>Plant operations staff have been educated on the importance of environmental rounds/inspections and subsequent follow up. The doors will be checked during the environmental rounds. The Director of Plant Operations will be responsible for validating environmental rounds/inspections and subsequent follow up on findings.</p>	

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

TITLE

(X6) DATE

Washington UNHA Administrator *3/15/19*

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, access doors to five (5) of 40 resident's rooms were inadequately maintained to ensure proper latching in the event of an emergency.</p> <p>Findings included...</p> <p>1. During a Life Safety Code inspection on February 8, 2019, at approximately 10:00 AM, Entrance doors to resident's rooms #321, 330, 333, 334 and 343 did not latch into frame To protect residents, staff and the public from smoke in case of a fire emergency.</p> <p>2. One (1) of one (1) double door to the unit on 3 West did not latch into frame when tested.</p> <p>3. During a simulated fire drill on February 11, 2019, at approximately 10:30 AM, one (1) of one (1) double-door leading to the resident care unit on 3 East did not latch and failed to fully close to prevent the passage of smoke in the event of a fire in one (1) of five (5) observations.</p> <p>Employee #8 acknowledged the finding during a face-to-face interview on February 11, 2019, at approximately 11:00 AM.</p>	K 363	<p>4. Monitor corrective actions</p> <p>The Director of Plant Operations will complete monthly audits of the environmental rounds and subsequent follow up. The results will be reported to the QAPI Committee monthly x 3 months for review and recommendations.</p> <p>The QAPI Committee is responsible for the on-going monitoring for compliance.</p> <p>The facility's date of alleged compliance is March 25, 2019.</p>	

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K 372 SS=E	<p>Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101</p> <p>Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and staff interview, penetrations were identified above ceiling surfaces in three (3) of six (6) observations. Penetrations in ceiling surfaces would allow smoke to penetrate through smoke barrier walls in the event of a fire.</p> <p>Findings included ...</p> <p>1. During a Life Safety Code inspection on February 8, 2019, at approximately 10:00 AM, A penetration of approximately 4 x 2 inches was identified above the double door next to resident room #319 on 3 east, and two (2) penetrations from piping with communication wires were also located in the same area.</p> <p>In addition, a penetration was observed above the double door leading to the resident care unit on 3 East and another was found above the</p>	K 372	<p>K 372</p> <p>1. Corrective action for resident</p> <p>The penetration above the double door next to resident room #319 on 3 East and two penetrations from piping with communication wires in the same area were repaired.</p> <p>The penetrations above the double doors leading to the resident care areas on 3 East and 3 West were repaired.</p> <p>The half inch gap between the two middle doors on 3 West was corrected.</p> <p>2. Identify other residents</p> <p>All residents have the potential to be affected.</p> <p>3. Systemic changes</p> <p>Plant operations staff have been educated on the importance of environmental rounds/inspections and subsequent follow up. The areas prone to penetrations and smoke barrier doors will be checked during the environmental rounds. The Director of Plant Operations will be responsible for validating environmental rounds/inspections and subsequent follow up on findings.</p>		

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K 372	Continued From page 3 double door leading to the resident care unit on 3 West. 2. A half-inch gap was observed between two (2) of two (2) middle doors located on the resident care unit on 3 West. This deficient practice could affect all 29 residents on 3 West as well as staff and visitors, if harmful smoke particles and gases were to enter and spread through the unit in a fire emergency. Employee #8 acknowledged the finding during a face-to-face interview on February 8, 2019, at approximately 2:30 PM.	K 372	<p>4. Monitor corrective actions</p> <p>The Director of Plant Operations will complete monthly audits of the environmental rounds and subsequent follow up. The results will be reported to the QAPI Committee monthly x 3 months for review and recommendations.</p> <p>The QAPI Committee is responsible for the on-going monitoring for compliance.</p> <p>The facility's date of alleged compliance is March 25, 2019.</p>		