

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

PRINTED: 10/11/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095027	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 08/13/2019
NAME OF PROVIDER OR SUPPLIER BRIDGEPOINT SUB-ACUTE AND REHAB CAPITOL HILL			STREET ADDRESS, CITY, STATE, ZIP CODE 223 7TH STREET NE WASHINGTON, DC 20002		
(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 August 8 and August 9, 2019. The following deficiencies are based on observation, interview and record review.	K 000			
K 353 SS=E	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on observations and staff interview, fire sprinkler heads and escutcheon plate fittings were not maintained to ensure proper operation in the event of an emergency. This deficient practice could prevent the fire sprinkler from discharging in a fire emergency and corrosion, dust or debris on escutcheon plate fittings could affect sprinklers from operating as expected.	K 353	K 353 SS=E 1. The Maintenance team toured all SNF floors with paint remover and dust cloths and cleaned all of the fire sprinkler escutcheons 2. The Maintenance team checked 20% (23 rooms) 23/23 were in compliance. 3. The Maintenance team performs monthly monitoring and random room checks. 4. Monthly PM findings are reported during the Bi-monthly EOC committee.	9/20/19 10/16/19 10/16/19 10/1/19	

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

TITLE

(X6) DATE

A. Gerald Brown, RNHA

Administrator

10/24/2019

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 353	Continued From page 1 Findings included ... 1. During a Life Safety Code inspection on August 8, 2019, at approximately 10:15 AM, fire sprinkler heads and escutcheon rings mounted to the ceiling at the entrance of resident's rooms #5130, #5132, #5157, #6129, #6132, #6133, #6135, #6143, #6149 and #6156 were marred with paint and/or rust, 10 of 117 resident's rooms. 2. Fire sprinkler heads located across from resident room #4149, #5127, #5135, #6102 and mounted to the ceiling at the entrance of two (2) of 117 resident rooms (#6128 and #6130) were soiled with dust, lint or debris. 3. Four (4) of eight (8) fire sprinkler lines and two (2) of six (6) fire sprinkler heads located above the tilt skillet and the grill in the kitchen were soiled with grease stains. Employee #17 acknowledged the findings during a face-to-face interview on August 8, 2019, at approximately 12:00 PM.	K 353			
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	K 363	K 363 SS=E A. Entrance doors to resident's rooms did not latch 1. The Maintenance team corrected all doors. 2. The Maintenance team checked 20% (23 rooms) 23/23 were in compliance 3. The Maintenance team has implemented monitoring and random room checks. 4. Monthly PM findings are reported during the Bi-monthly EOC committee.	9/26/19 10/16/19 10/16/19 10/1/19	

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K 363	<p>Continued From page 2</p> <p>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 frames in window assemblies.</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p> <p>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 resident's rooms were inadequately maintained to ensure proper latching in the event of emergency and double doors in resident care units failed to latch or close as intended during a mock fire drill. These</p>	K 363	<p>B. Corridor – Double doors failed to close</p> <p>1. The Maintenance team corrected all doors.</p> <p>2. The Maintenance team checked all double doors 12/12 were in compliance.</p> <p>3. The Maintenance team has implemented monthly monitoring of all double doors.</p> <p>4. Monthly PM findings will be reported during the Bi-monthly EOC committee.</p>	<p>9/27/19</p> <p>10/16/19</p> <p>10/16/19</p> <p>10/20/19</p>	

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K 363	Continued From page 3 deficient practices could affect all residents assigned to these units as well as staff and visitors, if smoke were to enter these areas in a fire emergency. Findings included... During a Life Safety Code inspection on August 8, 2019, at approximately 11:00 AM, the following were observed: 1. Entrance doors to resident's rooms did not latch into frame as expected in 12 of 117 observations, specifically in rooms #4115, #4129, #4138, #4145, #5145, #5149, #6123, #6128, #6129, #6133, #6138 and #6139. 2. Double-doors on three (3) of three (3) resident care units located on the fourth, fifth and sixth floor failed to close entirely to prevent the passage of smoke in the event of a fire in seven (7) of 12 observations: a. Across from resident room #4102 b. Between resident rooms #4116 and #4118 c. Between resident rooms #4143 and #4144 d. Across from resident room #4157 e. Between resident rooms #5143 and #5144 f. Across from resident room #6102 g. Between resident rooms #6116 and #6118 During a face-to-face interview on August 8, 2019, at approximately 2:30 PM, Employee #17 confirmed the findings.	K 363			
K 712 SS=F	Fire Drills CFR(s): NFPA 101	K 712	K 712 SS=F 1. A night shift fire drill was conducted immediately after the survey was completed. 2. No other areas or residents were impacted by not having the night shift fire drill.		8/16/19 8/16/19

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K 712	<p>Continued From page 4</p> <p>Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, it was determined that the facility failed to comply with applicable provisions of the 2012 edition of the Life Safety Code of the National Fire Protection Association (NFPA) as evidenced by the lack of fire drills for the night shift between January 2019 and July 2019. This deficient practice could delay response in a real fire emergency if staff were hesitant to react.</p> <p>Findings included...</p> <p>The 2012 Edition of NFPA 101 section 21.7.1.6 states "...Drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions".</p> <p>In addition, section 21.7.1.7 states "When drills are conducted between 9:00 p.m. and 6:00 a.m. (2100 hours and 0600 hours), a coded announcement shall be permitted to be used instead of audible alarms."</p>	K 712	<p>3. A. A calendar for fire drills per quarter has been developed and approved for implementation by the QAPI committee.</p> <p>B. Calendar will be reviewed for approval by the EOC committee and QAPI committee.</p> <p>C. A meeting and in-service were conducted with various members of the EOC team to discuss fire drill frequency on each shift per quarter and the need for corresponding evaluation.</p> <p>4. Monitoring is on-going. Data will be collected and reported to Patient Care and Safety under EOC section and finding will be reported to QAPI monthly and at the bi-monthly EOC meeting. Governing Board bi-annually with the following data:</p> <p>N= number of night shift fire drills held during reporting period</p> <p>D= number of fire drills required to have been completed during same reporting period.</p> <p>Goal 100%</p>	<p>8/13/19</p> <p>11/1/19</p> <p>10/1/19</p> <p>11/1/19</p>	

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K 712	Continued From page 5 A review of the fire drills logs on August 9, 2019, at approximately 9:22 AM showed that fire drills for the night shifts (10:00 PM and 6:30 AM) were lacking during the first and second quarters of the year 2019. During a face-to-face interview on August 9, 2019, at 9:35 AM, Employee #18 revealed that drills were not done during the night shift to avoid disrupting the residents. Employee #18 acknowledged the findings during a face-to-face interview on August 9, 2019, at approximately 9:35 AM.	K 712			