BRIDGE+POINT
SUB-ACUTE AND REHABILITATION

September 1, 2016

Ms. Veronica Longstreth, RN, MSN
Interim Program Manager
Department of Health-HCFD/HRLA
899 North Capitol Street, N.E.
2nd floor
Washington, D.C. 20002

Dear Ms. Longstreth:

Bridge Point Sub-Acute and Rehabilitation Capitol Hill received its Life Safety Survey on 7/12/16. Enclosed you will find our Plan of Correction in response to the Statement of Deficiencies.

If you have any questions regarding the Plan of Correction, please do not hesitate to contact me on (202) 546-5700 ext#5464.

Respectfully Submitted.

Keysha Dale, NHA

cc: Ms. Cassandra Kingsberry, RN, Supervisory Nurse Consultant

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095027	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	07/12/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGEPOINT SUB-ACUTE AND REHAB CAPITOL HILL	700 CONSTITUTION AVE. 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 The following findings were observed during the annual Life Safety Code Inspection conducted July 12, 2016.	K 000		
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 13/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Clearance between bottom of door and floor covering is not exceeding 1 inch. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Doors shall be provided with a means suitable for keeping the door closed. 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 8.2.3.2.1. Roller latches are prohibited by CMS regulations in all health care facilities. 19.3.6.3 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection, it was determined that five (5) entrance doors and one (1) double door failed to close and latch into frames without assistance; and one (1) entrance door was missing a latch and would not close; these doors would not prevent the passage of smoke in the event of a fire in seven (7) of 33 observations. These findings were observed in the presence of the Maintenance Director. The findings include:	K 018	1.The entrance doors to Rooms 5102, 5106, 5103, 6139, 6154, 6152 and double door near Room 6127 were all repaired and tested to ensure the doors close and latch into frames. 2. EOC rounds were conducted by the Director of Plant Operations on 8/30/16 to identify potential areas. Any additional areas found out of compliance were repaired. There were no residents affected by this finding. 3. The Director of Plant Operations re-educated the Engineering staff on doors closing and latching into frames without assistance. The Director of Plant Operations or designee will conduct monthly facility Environment of Care (EOC) rounds to ensure that doors close and latch into frames without assistance. The EOC rounds checklist was revised to include monitoring of door latches to ensure they close and latch properly. 4. The Director of Plant Operations or designee will provide a summary EOC Round findings to the Quality Assurance Committee for three months and then quarterly.	8/30/16 8/30/16 9/1/16 9/16/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: NHA | (X6) DATE: 9/1/16

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 018	Continued From page 1 1. The entrance doors to Rooms 5102, 5106, 5193, 6139, 6154, failed to latch into frames and one (1) isolated door to Room 6152 was missing a latch. None of the doors remained closed when tested in six (6) of 29 observations between 9:30 AM and 12:40 PM on July 12, 2016. 2. A Double door located near Room 6127 failed to close and latch into the frame when tested in one (1) of four (4) observations on July 12, 2016. NFPA19.3.6.3 The observations were made in the presence of the Maintenance Director who acknowledged the findings.	K 018		
K 025 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers shall be constructed to provide at least a one half hour fire resistance rating and constructed in accordance with 8.3. Smoke barriers shall be permitted to terminate at an atrium wall. Windows shall be protected by fire-rated glazing or by wired glass panels and steel frames. 8.3, 19.3.7.3, 19.3.7.5 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection, it was determined that penetrations were observed in wall surfaces and/or smoke barrier walls above ceiling tiles; which would not prevent the passage of smoke in the event of a fire in 14 of 16 observations. These findings were observed in the presence of the Maintenance Director. The findings include:	K 025	1.The penetrations located in walls surfaces and/or smoke barrier walls above the ceiling tiles observed near the entrance door of Rm 6116, 6th floor Pantry Room, Room 5-200 , near Rm 5202, Mechanical Room, 4th floor pantry and 4th Floor Men's toilet Room were repaired. 2. EOC rounds were conducted by the Director of Plant Operations on 8/30/16 to identify potential areas. Any additional areas found out of compliance were repaired. There were no residents affected by this observation. 3. The Director of Plant Operations re-educated the Engineering staff on Life Safety Code Smoke Barriers Standards. The Director of Plant Operations or designee will conduct monthly facility EOC rounds to ensure that wall surfaces and/or smoke barrier walls above the ceiling tiles do not have penetrations. The EOC rounds checklist was revised to include monitoring of wall surfaces. 4. The Director of Plant Operations or designee will provide a summary EOC Round findings to the Quality Assurance Committee for three months and then quarterly.	8/30/16 8/30/16 9/1/16 9/16/16

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K 025	Continued From page 2 1. A penetration approximately 1-inch in diameter was observed in a wall surface near the entrance door in Room 6116 in one (1) of one (1) observation at 9:45 AM on July 12, 2016. 2. A penetration approximately 1-inch in diameter was observed around the sprinkler escutcheon ring and three (3) penetrations approximately 2-3 inches in diameter were observed around a ½ inch pipe in the Sixth Floor Pantry Room in four (4) of four (4) observations on July 12, 2016 between 9:30 AM and 12:40 PM. 3. A penetration approximately 2-inches in diameter was observed around a bundle of communication wires on the floor in Room 5-200 in one (1) of one (1) observation at 9:45 AM on July 12, 2016. 4. A penetration approximately 2 1/2 inches in diameter was observed in a wall surface around communication wires above double doors and ceiling tiles in the hallway near Room 5202 in one (1) of four (4) observations at 9:50 AM on July 12, 2016. 5. A penetration approximately 2-3 inches in diameter was observed in the ceiling in the Mechanical Room in one (1) of one (1) observation at 9:55 AM on July 12, 2016. 6. Three (3) penetrations approximately 2-3 inches in diameter were observed in ceiling surfaces around pipes in the Fourth Floor Pantry Room in three (3) of three (3) observations at 10:00 AM on July 12, 2016. 7. Two (2) penetrations approximately 1 inch in diameter were observed around sprinklers in the	K 025		

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K 025	Continued From page 3 Fourth Floor Men ' s Toilet Room in two (2) of two (2) observations at 12:15 PM on July 12, 2016. NFPA 19.3.7.3 The observations were made in the presence of the Maintenance Director who acknowledged the findings.	K 025		
K 062 SS=E	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:	K 062	1.The identified sprinkler heads were dusted, removal of paint and rust on 8/29/16. 2. There were no residents affected by this observation. EOC rounds were conducted by the Director of Plant Operations on 8/30/16to identify potential areas. 3. The Director of Plant Operations re-educated the Engineering staff on shaft surfaces are not soiled with dust, paint or rust. The Director of Plant Operations or designee will conduct monthly facility EOC rounds in resident care areas of each unit. The EOC rounds checklist was revised to include Monitoring of sprinkler heads. 4. The Director of Plant Operations or designee will provide a summary EOC Round findings to the Quality Assurance Committee for three months and then quarterly.	8/29/16 8/30/16 9/1/16 9/16/16
	Based on observations during the Life Safety Code Inspection, it was determined that sprinklers were not maintained to ensure proper operation in the event of an emergency, as evidenced by dust, paint and/or rust on the shaft and head surfaces in 13 of 37 observations. These observations were made in the presence of the Maintenance Director. The findings include: 1. Sprinkler head and shaft surfaces were soiled with dust accumulation on the head and shaft surfaces in Rooms 6106, 5142, 5133, 5127, 4147, 4135, 4131 and 4123 in eight (8) of 16 observations between 9:30 AM and 1:30 PM on July 12, 2016. 2. Paint and rust was observed on sprinkler shaft, head and escutcheon rings, which could potentially affect the effectiveness of sprinkler operation in the event of an emergency, in Rooms 6103, 5142, 5106, 4147 and 4115 in five			

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K 062	Continued From page 4 (5) of 21 observations between 9:30 AM and 1:30 PM on July 12, 2016. NFPA18.7.6 and NFPA 13. The observations were made in the presence of the Maintenance Director who acknowledged the findings.	K 062		