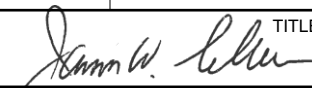


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/26/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>095027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/14/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRIDGEPOINT SUB-ACUTE AND REHAB CAPITOL HILL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>700 CONSTITUTION AVE. NE WASHINGTON, DC 20002</b>	
(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		
K 018 SS=D	<p>The following findings are based on observations, record review and staff interview during the Life Safety Code survey conducted on September 14, 2015.</p> <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observations during the Life Safety Code Inspection, it was determined that doors failed to close and latch into frames and prevent the passage of smoke in the event of a fire in 17 of 28 observations. These findings were observed in the presence of the Maintenance Director.</p>	K 018	Response begins on page 2	

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



TITLE  
**CEO**

(X6) DATE  
**11.6.2015**

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  The findings include:  During a tour of the facility it was determined that single and double doors failed to close and latch into frames to prevent the passage of smoke in the event of a fire in the following instances.  1. The entrance doors to resident rooms, 5138, 4102, 4115, 4117, 5102, 5138, 6117, 6129, 6133 and 6156; and the entrance door to the 5th Floor Clean Utility Room failed to close and latch into frames in 11 of 18 observations between 9:10 AM and 11:45 AM on September 14, 2015.  2. A Double swinging fire door located in the hallway on the fourth floor near Room 4157 failed to fully close and latch into the frame when tested, to prevent the passage of smoke in one (1) of four (4) observations at 9:10 AM on September 14, 2015.  3. Double smoke barrier doors on the East and West Sides of the Fourth and Fifth Floors near the Nurses Stations failed to fully close during the Pull Station Test in four (4) of four (4) observations at 3:35 PM on September 14, 2015.  4. A Double smoke barrier door near rooms 4116 and 4118 failed to fully close when tested in one (1) of two (2) observations 11:15 AM on September 14, 2015. NFPA 19.3.6.3.6	K 018	Response to K018, #1-4  1. The entrance doors to residents rooms 5138, 4102, 4115, 4117, 5102, 5138, 6117, 6129, 6133, 6156, 5th floor cleaning room, the swinging and smoke barrier doors were repaired and tested to ensure the doors closed and latch into frames.  2. EOC rounds conducted by the Plant Operations Director and Maintenance Supervisor on 9/24 to identify potential areas. Any additional areas found out of compliance were repaired and/or placed on maintenance repair program utilizing the electronic work order system. There were no resident affected by this deficiency.  3. The Maintenance Supervisor or designee, the Safety Officer or designee, the Infection Preventionist or designee and unit Nurse Manager will conduct environmental rounds monthly in resident care areas of each unit (to include, 4th/5th/6th Floors/Rehab) to evaluate the effectiveness of previously implemented activities and proactively, identify and address potential environment of care concerns.  The EOC rounds checklist was revised to include monitoring of single and double doors of all rooms and hallways to ensure they close and latch properly. Any areas found out of compliance will be placed on maintenance repair program through the electronic work order system.  4. The Plant Operations Director or designee will provide a summary of EOC rounds and completed/outstanding work orders related to resident care areas to the Environment of Care Committee monthly and Quality Assurance Committee quarterly.	11.10.2015
K 025 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are	K 025		

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K 025	<p>Continued From page 2</p> <p>protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observations during the Life Safety Code Inspection, it was determined that penetrations were observed in wall surfaces which would not impede or prevent the passage of smoke in the event of a fire in 11 of 14 observations. These findings were observed in the presence of the Maintenance Director.</p> <p>The findings include:</p> <p>During the Life Safety Code Inspection, it was determined that penetrations were observed in smoke barrier walls above ceiling tiles and wall surfaces in common areas, which would not contain the passage of smoke in the event of a fire.</p> <ol style="list-style-type: none"> <li>1. A 3 X 3 inch penetration was observed in wall surfaces above double doors on the 6 West hallway near Elevator #4 in one (1) of two (2) observations at 9:10 AM on September 14, 2015.</li> <li>2. A 2 inch opening was observed around a plastic pipe that penetrates through the ceiling and around a Condit Pipe that passes through the ceiling in the Pantry Room at 9:20 AM on</li> </ol>	K 025	See Page 4 for response to K025	

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K 025	Continued From page 3 September 14, 2015 in two (2) of two (2) observations.  3. A 2 inch opening was observed around three (3) pipes passing through the floor and a 1 inch penetration was observed around a ceiling tile and the sprinkler head in the 5th Floor Telephone Room in four (4) of four (4) observations at 10:20 AM on September 14, 2015.  4. Penetrations approximately 1 X 1 inches in size were observed in wall surfaces above the double doors near Rooms 4102 and 4144 in two (2) of two (2) observations at 10:30 AM on September 14, 2015.  5. Two (2) ½ X ½ inch penetrations were observed in Day Room (4126) ceiling surfaces in one (1) of two (2) observations at 9:30 AM on September 14, 2015.  6. A ½ X ½ inch penetration was observed in the wall surface above double doors near room 5102 in one (1) of two (2) observations at 9:45 AM on September 14, 2015. NFPA 101-2000 19.3.7.3, 19.3.7.3.	K 025	Response to K025, #1-6  1. The wall penetrations observed in smoke barrier walls above ceiling tiles and wall surfaces in areas identified during life safety observations were repaired.  2. EOC rounds conducted by the Plant Operations Director and Maintenance Supervisor on 9/24 to identify additional potential areas of deficiency. Any additional areas found out of compliance were repaired and/or placed on maintenance repair program utilizing the electronic work order system. No resident affected by this deficiency.  3. All outside contractors will be required to repair/seal any penetrations that occurred during the project. The Plant Operations Director or designee will perform inspections of areas to ensure penetrations are sealed upon completion of the project.  The Maintenance Supervisor or designee, the Safety Officer or designee, the Infection Preventionist or designee and unit Nurse Manager will conduct environmental rounds monthly in resident care areas of each unit (to include, 4th/5th/6th Floors/Rehab) to evaluate the effectiveness of previously implemented activities and proactively, identify and address potential environment of care concerns.  The EOC rounds checklist was revised to include monitoring of wall and ceiling penetrations to ensure compliance. Work orders will be submitted through the electronic system for assignment and tracking purposes.	
K 050	NFPA 101 LIFE SAFETY CODE STANDARD  Fire drills are held at 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. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2	K 050	4. The Plant Operations Director or designee will provide a summary of EOC rounds and completed/outstanding work orders related to resident care areas to the Environment of Care Committee monthly and Quality Assurance Committee quarterly.	11.10.2015

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K 050	Continued From page 4  This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection, it was determined that Fire Drills were not conducted on each shift during each quarter as required in one (1) of three (3) observations.  The findings include:  Through observation and interview it was determined that, Fire Drills were not held at unexpected times, at least quarterly on each shift as required. Documentation was not available to support testing during the third shift (between 11:00 PM and 7:00 AM) for the fourth quarter, months of October 2014, November 2014 and December 2014 in one (1) of three (3) observations at 3:30 PM on September 14, 2015. NFPA 101-2000, 19.7.1.1.	K 050	Response to K050  1. Immediately upon notification, a review of the fire drills for third shift for fourth quarter months were located (Attachment A).  2. An audit of all 2015 (January – October) fire drill observation sheets were performed by the Director of Safety/Security. The audit found all fire drills/actual fire emergencies were conducted per shift per quarter. There were no residents affected by this deficiency.  3. The Fire Drill Observation sheet was revised to differentiate actual fire emergencies from fire drills to ensure compliance. The security staff were educated on the revised form and the fire drill schedule by the Director of Safety/Security.  4. The Director of Safety/Security will provide a compliance summary regarding fire drills conducted to Environment of Care committee monthly and Quality Assurance Committee quarterly.	11.10.2015
K 056 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5	K 056	See Page 6 for response to K056	

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K 056	Continued From page 5  This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection, it was determined that (Sprinkler Alarm Devices: such as Flow and Tamper Switches) including Supervisory Signal Device and Water Gong Test results were not available for review on quarterly Log Sheets in one (1) of four (4) observations and documentation was not available to show the locations of devices tested in two (2) of four (4) observations. These findings were observed in the presence of the Maintenance Director.  The findings include:  1. Documentation was not available during the survey, to show that Sprinkler Alarm Devices: such as Flow and Tamper Switches, Supervisory Signal Devices and Water Gongs, were tested during the Fourth Quarter (October 2014, November 2014 and December 2014 in one (1) of four (4) observations at 3:50 PM on September 14, 2015.  2. Documentation was not available on the Second Quarter Reports (April 2015, May 2015 and June 2015) and Third Quarter (July 2015, August 2015 and September 2015) to show the location of devices tested such as: Flow and Tamper Switches, Supervisor Signal Devices and Water Gongs in two (2) of four (4) observations at 4:20 PM on September 14, 2015. NFPA 2000-101 19.3.5.	K 056	Response to K056, #1-2  1. Immediately upon identification, a review was performed of the 2014 Sprinkler Alarm Device testing report to verify findings. The 2015 second and third quarter reports of the Sprinkler Alarm Device tests were presented 9/14/2015.  2. There were no resident affected by this deficiency.  3. The Plant Operations Director will continue to work with the Fire Maintenance vendor to ensure Sprinkler Alarm Devices are tested per standards. Document for all building tests will be readily available in the Plant Operations Director.  4. The Plant Operations Director or designee will report any findings from the Sprinkler Alarm Device testing, to include corrective actions and/or process changes to Environment of Care committee and Quality Assurance Committee quarterly.	11.10.2015
K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD	K 062		

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K 062	<p>Continued From page 6</p> <p>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</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observations during the Life Safety Code Inspection, it was determined that sprinklers were not maintained to ensure that heads, shafts and escutcheon ring surfaces were maintained and free of dust and corrosion in six (6) of nine (9) observations. These findings were observed in the presence of the Maintenance Director.</p> <p>The findings include:</p> <p>Through observation and interview, it was determined that sprinkler heads, shafts and escutcheon rings were laden with dust and corrosion in the following areas:</p> <ol style="list-style-type: none"> <li>Sixth Floor Hallway near Room 6145 1 in one (1) of two (2) observations at 9:20 AM on September 14, 2015</li> <li>Showers Room 6124 in one (1) of one (1) observation at 9:30 AM on September 14, 2015</li> <li>Sixth Floor Nurses Work Station, two (2) of four (4) observations at 9:45 AM on September 14, 2015</li> <li>Sixth Floor Men's and Ladies Toilet Room in two (2) of two (2) observations at 10:15 AM on September 14, 2015. NFPA 18.7.6, 19.7.6, 4.6.2.</li> </ol>	K 062	<p>Response to K062, #1-4</p> <ol style="list-style-type: none"> <li>Immediately upon notification, the sprinkler heads were clean on 9/14/2015.</li> <li>There were no residents affected by this deficiency</li> <li>The EVS Supervisor re-educated the staff 11/5 and is ongoing regarding the proper techniques to perform high dusting, to include sprinkler heads.</li> </ol> <p>The Director of EVS or designee will conduct bi-weekly environmental rounds in resident care areas of each unit (to include, 4th/5th/6th Floors resident rooms, hallways, soiled/clean utility rooms/Rehab Dept.) to ensure compliance and to proactively, identify and address potential environment of care concerns.</p> <p>The EVS rounds checklist will be designed to include monitoring of sprinkler dusting.</p> <ol style="list-style-type: none"> <li>The Director of EVS or designee will provide a summary of ongoing monitor of EVS related activities in resident care areas, to include corrective actions and/or any process changes, to the Environment of Care Committee monthly and Quality Assurance Committee quarterly.</li> </ol>	11.10.2015

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K 062	Continued From page 7  The sprinklers were not maintained to ensure proper operation in the event of an emergency. The findings were acknowledged by the Director of Maintenance at the time of the observation.	K 062		



ATTACHMENT A:  
FIRE DRILL DOCUMENTATION  
4TH QUARTER, THIRD SHIFT



**CODE "RED" DRILL OBSERVER'S EVALUATION FORM**  
ALL DRILLS ARE UNANNOUNCED

DAY/DATE: 11/20/2014 TIME: 2:00am SHIFT: 11-7am

AREA/LOCATION OBSERVED: 1st fl,

LOCATION OF PULL STATION/SMOKE DETECTOR ACTIVATED: Floor: 3 Zone: 5 Pull Station #: \_\_\_\_\_

1. Was alarm heard?  Yes No
2. All corridor doors closed?  Yes No
3. Number in area: Staff: 3 Patients/Residents: NO
4. Did employees know what to do?  Yes No
5. Were staff, patients and residents moved to another area?  Yes No

**Post Drill Education:**

1. Did staff have knowledge of R.A.C.E.?  Yes No
2. Did staff have knowledge of P.A.S.S.?  Yes No
3. Internal emergency phone number?  Yes No

4. Observer's evaluation:                      Excellent                      Good                      Fair                      Poor

5. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Observer's Name: (Print) Tempy Briscoe (Sign) Tempy Briscoe

Names of participants on rear >





# SPECIALTY HOSPITAL of WASHINGTON

## CODE "RED" DRILL OBSERVER'S EVALUATION FORM ALL DRILLS ARE UNANNOUNCED

DAY/DATE: 11/20/14 TIME: 2:20 SHIFT: 1P 7.4 Nights

AREA/LOCATION OBSERVED: 2 floor

LOCATION OF PULL STATION/SMOKE DETECTOR ACTIVATED: Floor: 3 Zone: 5 Pull Station #: \_\_\_\_\_

1. Was alarm heard?  Yes  No

2. All corridor doors closed?  Yes  No

3. Number in area: Staff: 10 Patients/Residents: 22

Did employees know what to do?  Yes  No

5. Were staff, patients and residents moved to another area? Yes  No

### Post Drill Education:

1. Did staff have knowledge of R.A.C.E.?  Yes  No

2. Did staff have knowledge of P.A.S.S.?  Yes  No

3. Internal emergency phone number?  Yes  No

4. Observer's evaluation:                      Excellent                       Good                      Fair                      Poor

5. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Observer's Name: (Print) JI (Sign) [Signature]

Names of participants on rear >





**CODE "RED" DRILL OBSERVER'S EVALUATION FORM**  
ALL DRILLS ARE UNANNOUNCED

DAY/DATE: 11/20/09 Thursday TIME: 2:30 AM SHIFT: 11-7 NIGHTS

AREA/LOCATION OBSERVED: ZONE FIVE 3<sup>rd</sup> FL

LOCATION OF PULL STATION/SMOKE DETECTOR ACTIVATED: Floor: 2 Zone: 8 Pull Station #: \_\_\_\_\_

1. Was alarm heard?  Yes  No

2. All corridor doors closed?  Yes  No

3. Number in area: Staff: 6 Patients/Residents: 12

Did employees know what to do?  Yes  No

Were staff, patients and residents moved to another area? Yes  No

**Post Drill Education:**

1. Did staff have knowledge of R.A.C.E.?  Yes  No

2. Did staff have knowledge of P.A.S.S.?  Yes  No

3. Internal emergency phone number?  Yes  No

4. Observer's evaluation: Excellent  **Good**  Fair  Poor

5. Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Observer's Name: (Print) [Signature] (Sign) [Signature]

Names of participants on rear >

Alarm Co. contact person/time before test: Jan #3

Alarm Co. contact person/time after test: \_\_\_\_\_

Time alarm activated: \_\_\_\_\_ Time Alarm Co. contacted desk: \_\_\_\_\_  
Must be within 90 seconds of alarm activation

Where the elevators recalled to main floor?      Yes    No

### List of participants Names

Name	Department
Emmanuel Adlo	
Uso Francis	Rehab
Kalyani Desai	Rehabs.
Marcia King-Bailey	3N
Kathy Hansen	Infectr Prevent

  
**SPECIALTY HOSPITAL  
of WASHINGTON**

**CODE "RED" DRILL OBSERVER'S EVALUATION FORM**  
**ALL DRILLS ARE UNANNOUNCED**

DAY/DATE: 11/20/2014 TIME: 2:00am SHIFT: Night 11-7am

AREA/LOCATION OBSERVED: 4th fl

LOCATION OF PULL STATION/SMOKE DETECTOR ACTIVATED: Floor: 3 Zone: 5 Pull Station #: \_\_\_\_\_

1. Was alarm heard?  Yes No
2. All corridor doors closed?  Yes No
3. Number in area: Staff: 10 Patients/Residents: 37
4. Did employees know what to do?  Yes No
5. Were staff, patients and residents moved to another area?  Yes No

**Post Drill Education:**

1. Did staff have knowledge of R.A.C.E.?  Yes No
2. Did staff have knowledge of P.A.S.S.?  Yes No
3. Internal emergency phone number?  Yes No
4. Observer's evaluation:                      Excellent                       Good                      Fair                      Poor
5. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Observer's Name: (Print) Ceceilia Aiken (Sign) C Aiken

Names of participants on rear >







# SPECIALTY HOSPITAL of WASHINGTON

## CODE "RED" DRILL OBSERVER'S EVALUATION FORM ALL DRILLS ARE UNANNOUNCED

DAY/DATE: 11/20/2014 TIME: 2:00am SHIFT: 11-7am

AREA/LOCATION OBSERVED: 5th fl

LOCATION OF PULL STATION/SMOKE DETECTOR ACTIVATED: Floor: 3 Zone: 5 Pull Station #: \_\_\_\_\_

1. Was alarm heard?  Yes No
2. All corridor doors closed?  Yes No
3. Number in area: Staff: 10 Patients/Residents: 39
4. Did employees know what to do? Yes No
5. Were staff, patients and residents moved to another area? Yes No

### Post Drill Education:

1. Did staff have knowledge of R.A.C.E.?  Yes No
2. Did staff have knowledge of P.A.S.S.?  Yes No
3. Internal emergency phone number?  Yes No

4. Observer's evaluation:                      Excellent                      Good                      Fair                      Poor

5. Comments: \_\_\_\_\_

\_\_\_\_\_

Observer's Name: (Print) Marion Montgomery (Sign) Marion Montgomery

Names of participants on rear >



  
**SPECIALTY HOSPITAL  
of WASHINGTON**

**CODE "RED" DRILL OBSERVER'S EVALUATION FORM**  
**ALL DRILLS ARE UNANNOUNCED**

DAY/DATE: 11/20/2014 TIME: 2:00 am SHIFT: 11-7am

AREA/LOCATION OBSERVED: 6th fl

LOCATION OF PULL STATION/SMOKE DETECTOR ACTIVATED: Floor: 3 Zone: 5 Pull Station #: \_\_\_\_\_

1. Was alarm heard?  Yes No
2. All corridor doors closed?  Yes No
3. Number in area: Staff: 10 Patients/Residents: 35
4. Did employees know what to do?  Yes No
5. Were staff, patients and residents moved to another area? Yes No

**Post Drill Education:**

1. Did staff have knowledge of R.A.C.E.?  Yes No
2. Did staff have knowledge of P.A.S.S.?  Yes No
3. Internal emergency phone number?  Yes No
4. Observer's evaluation:                      Excellent                       Good                      Fair                      Poor

5. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Observer's Name: (Print) Joyce Ford (Sign) Joyce Ford

Names of participants on rear >

Name/Signature	Department
STEVE NEWTH, RELAB, 6 <sup>TH</sup> FL	6 <sup>M</sup>
Ricardo M. Myles	1
COMFORT PANDA NP	1
ShellyAnn Henry	1
Alicia Deluchi	
Hayza Berme	
Bernadette Dickerson	
MARLENE POLLARD	6th floor Nuss
Evelyn Crabtree	6th floor IV Sec
Lorraine Williams	A <sup>N</sup> F100 ✓
Joyce Ford	6th floor