

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

PRINTED: 12/15/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>095024</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/22/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRIDGEPOINT SUBACUTE AND REHAB NATIONAL HARBOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4601 MARTIN LUTHER KING JR AVENUE SW WASHINGTON, DC 20032</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	<b>INITIAL COMMENTS</b> The following findings were identified during the Life Safety Code inspection conducted November 22, 2016.	K 000		
K 353 SS=E	<b>NFPA 101 Sprinkler System - Maintenance and Testing</b>  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  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 STANDARD is not met as evidenced by:  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 sprinkler head and/or escutcheon rings that were soiled and escutcheon rings that failed to fit securely around sprinkler heads in six (6) of 8 observations. Additionally, 10 of 10 Ansul Hood filters in the Main Kitchen were soiled with dust and grease and four (4) of four (4) sprinkler heads located under the cooking hood in the Main Kitchen were soiled with dust and grease. These findings were observed in the presence of the Maintenance Director.	K 353	1. The surface of the sprinkler head in room 323 that was soiled with dust in one of two observations were cleaned at the time of survey. The six escutcheon rings that were soiled and failed to fit securely around the sprinkler heads located in the third floor Respiratory Storage area, rooms 320, 321 and the third floor East Soiled Utility room were cleaned and adjusted at the time of the survey. The Ansul hood filters located over the cooking areas that were soiled with grease and dust as well as the sprinklers under the cooking hood that were soiled with grease and dust in the main kitchen was cleaned and adjusted as needed.  2. All other sprinklers, escutcheon rings and Ansul hood filters located in noted areas were checked and were cleaned and adjusted as needed.  3. The maintenance Director or designee will monitor the condition of these noted items during weekly environmental rounds.	

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

TITLE

(X6) DATE

*[Handwritten Signature]* Administrator 12-21-16

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.