

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

PRINTED: 02/13/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095031	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/26/2015
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NAME OF PROVIDER OR SUPPLIER BRINTON WOODS HEALTH & REHAB CENTER AT DUPONT CIRC	STREET ADDRESS, CITY, STATE, ZIP CODE 2131 O STREET NW WASHINGTON, DC 20037
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(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
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K 000 INITIAL COMMENTS

K 000

The following findings are based on observations, record review and staff interview during the Life Safety Code survey conducted on January 26, 2015.

K 025 NFPA 101 LIFE SAFETY CODE STANDARD
SS=E

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 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

This STANDARD is not met as evidenced by:

Based on observations during the Life Safety Code Inspection on January 26, 2014, it was determined that penetrations were observed in surfaces above ceiling tiles in the hallways, which would not prevent the passage of smoke in the event of a fire in eight (8) of 12 observations. These findings were observed in the presence of the Maintenance Director.

The findings include:

Penetrations were observed in the following locations:

The Rehabilitative Therapy Department located

K 025 *1. Two Smoke penetrations on the first floor at The Rehab. location, The storage room on the 4th floor, and The 6th floor East stairwell were repaired January 29, 2015 All repairs were checked by the Dir. of Maintenance for compliance on 1.29.2015.* 3/13/2015

2. All ceilings throughout the facility have been checked by the director of Maintenance to insure compliance. Ceilings throughout the facility will be checked Quarterly for compliance.

3. Ceilings will be checked Quarterly during PM Rounds, and deficient practices noted in the PM log book. Maintenance staff were in-serviced 1.29 2015 on Ceiling Penetrations.

4. Problems relating to Ceiling Penetrations will be reported to the Director of Maintenance un to the Administrator for remedial action and discussed in the Quarterly QA meeting.

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

Donald Clark

TITLE

Administrator

(X6) DATE

2/19/2015

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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on the first floor:

- A three inch penetration was observed around a sprinkler pipe.
- An 8 inch penetration was observed over and adjacent to communication wires passing through wall surfaces.

Two (2) of two (2) penetrations were observed at 2:10 PM on January 26, 2015 in the presence of facility engineering staff who acknowledged the findings.

The storage room on the 4th floor:

- A penetration approximately 1 - 2 inches in size was observed around the sprinkler head in one (1) of 5 observations on January 26, 2015

The 6 floor, East stairwell:

- Penetrations were observed around five (5) sprinkler pipes ranging in size from 3 inches to 12 inches in five (5) of five (5) observations 2:20 PM on January 26, 2015.

The aforementioned observations were made in the presence of facility engineering staff who acknowledged the findings.

3/13/2015

K 062 NFPA 101 LIFE SAFETY CODE STANDARD
SS=E

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

K 062

1. Documentation for the quarterly test of mechanical water flow switches, alarm initiating devices such as Tamper and Flow switches and Supervisory valves were provided on February 10, 2015. New recording documentation is being provided from our Life Safety Vendor Tyco/Simplex Grinell for review by the Facility and the Dept of Health.

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K 062 Continued From page 2
25, 9.7.5

This STANDARD is not met as evidenced by:
Based on observations during the Life Safety Code Inspection on January 26, 2014, it was determined the facility failed to conduct quarterly reviews of sprinklers and Alarm Initiating Devices; such as Mechanical Water Flow Switches, Tamper and Flow Switches, Supervisory valves as required in accordance with the National Fire Protection Association [NFPA] regulations 25: Section 5.3.3.1 and 5.2.6.

The findings include:

During the Life Safety Code Inspection, facility staff failed to provide documented evidence of quarterly inspection, for the period of January 1, 2014 to December 31, 2104 of: Mechanical Water Flow Devices, Supervisory Valves, Tamper and Flow Switches.

The following items were provided and reviewed:

Sprinkler System Inspection Reports for May 29, 2014 and November 4, 2014 (only two [2] for the year).

Only one Fire Alarm Inspection and Testing Report was provided dated October 24, 2014 at 6:00AM that documented testing of: Manual Fire Alarm Boxes 47 devices; Photo Detectors 127 (two numbers were inscribed over the other); Heat Detectors 4 devices; Waterflow Switches 12 devices; and Supervisory Switches 8 devices. The inspection report lacked notation of the test result.

K 062

2. All Sprinkler quarterly test documentation for the facility will be checked by the director of Maintenance to ensure compliance Preventative maintenance regarding quarterly sprinkler

Inspections will be scheduled, performed, and recorded quarterly in the facilities preventative maintenance log book.

3. Quarterly sprinkler test will be documented in the PM log book quarterly and deficient practices noted in the PM log book. maintenance staff were in-serviced on quarterly sprinkler inspections and documentation on 2/10/2015.

4. Problems relating to quarterly sprinkler test will be reported to the Director of Maintenance unto the Administrator for remedial action and discussed in the quarterly QA meeting.

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K 062

Alarm Initiating Devices are required to be tested quarterly as stated in NFPA 25; Section 5.3.3.1 and Section 5.2.6. Complete quarterly test reports were not available for review. The May 2014, October 2014 and November 2014 reports failed to show Alarm Device Test results, in three (3) of three (3) records reviewed between 9:20 AM and 4:30 PM on January 26, 2014. The findings were reviewed and confirmed with the facility engineer staff.