Brinton Woods
Health & Rehabilitation Center at Dupont Circle

February 22, 2016

Sharon Williams Lewis, DHR, RN-BC,CPM
Interim Senior Deputy Director
District of Columbia Department of Health
899 North Capitol Street, NE., 2nd Floor
Washington, DC 20002

Dear Ms. Lewis

Enclosed is our plan of correction which constitutes our written and credible allegation of compliance based on the deficiencies cited during our January 27,2016 annual Life Safety Code Survey.

At Brinton Woods Health & Rehabilitation Center at Dupont Circle, we are grateful to you and your staff for the professional guidance we received during the survey process. Again, thank you for helping us serve our seniors.

Sincerely,

Olayinka Oyekoya,
Administrator

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095031	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**01/27/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRINTON WOODS HEALTH & REHAB CENTER AT DUPONT CIRC	**2131 O STREET NW WASHINGTON, DC 20037**

(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 are based on observations, record review and staff interview during the Life Safety Code survey conducted on January 27, 2016.	K 000	Please begin typing here:	
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 entrance doors to resident rooms failed to close and latch into frames and when tested in three (3) of 20 observations. NFPA 19.3.6.3.6. The findings include: During the Life Safety Code Inspection between 1:45 PM and 4:20 PM on January 27, 2016, it was determined that entrance doors to resident	K 018	1a. The entrance doors that fails to close and latch into frames in resident rooms 507, 511 and 410 are scheduled to be repaired or replaced no later than 3/30/16. 1b. MC Warner Contracting Inc., has been contacted to repair or replace above mentioned doors on 2/18/16. 2. Other entrance doors to resident rooms throughout the facility were checked on 1/29/16 by the Director of Maintenance and none were found with this deficient practice. 3a. Maintenance staff were in-serviced on entrance doors that fail to close and latch into frames on 1/29/16 and the need to maintain these within compliance. 3b. The Director of Maintenance/Designee will conduct weekly rounds for ninety days to ensure compliance. 4. Further findings will be discussed in the weekly, monthly, and quarterly QA meetings for six months.	2/25/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Olayinka Oyekoya	Administrator	2/22/2016

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 rooms failed to close and latch into frames when tested in the following areas: Fifth Floor Rooms 507 East 511 East Fourth Floor Room 410 East The findings were confirmed by the Maintenance Director who was present during the observations.	K 018		
K 050 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. 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 9:00 PM and 6:00 AM a coded announcement may be used instead of audible alarms. 18.7.1.2, 19.7.1.2 This STANDARD is not met as evidenced by: Based on a review of four (4) of four (4) fire drill logs during the Life Safety Inspection, it was determined that Fire Drills were not conducted at unexpected times during the fourth quarter as required in one (1) of four (4) records reviewed. These findings were observed in the presence of the Maintenance Director. The findings include:	K 050	1. An unexpected fire drill was conducted on the third shift on 1/2/16 by the Chairman of the Life Safety Committee. 2. An audit was conducted on 1/28/16 of the other shifts and none was found with this deficient practice. 3a. The Chairman of the Life Safety Committee was in-serviced on 2/24/16 on the importance of unexpected fire drills being performed quarterly on all shifts. 3b. The Chairman of the Life Safety Committee will perform quarterly audits to sure compliance. 4. Further findings will be discussed in the weekly, monthly, and quarterly QA meetings for six months.	2/25/16

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K 050	Continued From page 2 During a review of Fire Drill Logs, it was determined that unexpected drills were not conducted during the fourth quarter on the third shift under varying conditions as required to ensure that staff are familiar with procedures and are aware that drills are part of the established routine in one (1) of four (4) observations. NFPA 18.7.1.2 and 19.7.1.2.	K 050		
K 062 SS=D	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: Based on observations during the Life Safety Code Inspection, it was determined that sprinklers were not maintained to ensure reliable operation during an emergency, as evidenced by dust accumulation on sprinkler head and shaft surfaces which could potentially affect the operation of sprinklers in the event of an emergency in three (3) of four (4) observations on 1 of 5 floors. These findings were observed in the presence of the Maintenance Director. The findings include: During a tour of the facility between 3:15 PM and 4:30 PM on January 27, 2016, it was determined that sprinklers in resident rooms and common areas were not maintained to ensure proper operation, as evidenced by dust accumulation on the shaft and head surfaces of sprinklers in the following areas:	K 062	1. Dust on shafts and sprinkler heads located 1-south soiled utility room, 1-south room 115A and 1-south room 115B were cleaned with compressed air on 1-29-16. 2. Shafts and Sprinkler heads throughout the facility were checked on 1/29/16 by the Director of Maintenance and none was found with this deficient practice. 3a. The maintenace staff was in-serviced on 1/29/16 to check for dust accumulation on shafts and sprinkler heads within the facility. 3b. The Diretor of Maintenance/Designee will conduct weekly rounds for ninety days to ensure compliance. 4. Further findings will be discussed in the weekly, monthly, and quarterly QA meetings for six months.	2/25/16

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K 062	Continued From page 3 1. 1 South Soiled Utility Room one (1) of one (1) observation 2. 1 South Room 115 A in one (1) of 3 sprinkler heads observed 3. 1 South Room 115 B in one (1) of 3 sprinkler heads observed The findings were confirmed by the Maintenance Director who was present during the observations.	K 062		