

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

PRINTED: 10/30/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>095034</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02 - LOCATED AT PROVIDENCE HOSP 5 EAST</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/29/2017</b>	
.NAME OF PROVIDER OR SUPPLIER  <b>CARROLL MANOR NURSING &amp; REHAB</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>725 BUCHANAN ST., NE WASHINGTON, DC 20017</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	<p><b>INITIAL COMMENTS</b></p> <p>The following findings were observed during the Life Safety Code Inspection at your facility on September 29, 2017.</p>	K 000		
K 353 SS=D	<p><b>NFPA 101 Sprinkler System - Maintenance and Testing</b></p> <p>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.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>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:</p> <p>Based on observations during the Life Safety Code Inspection, the sprinklers were soiled with dust and not maintained in a manner to ensure proper operation in the event of an emergency in 14 of 23 observations. The facility's Engineer was present at the time of observations.</p> <p>The findings include:</p>	K 353	<p>K353</p> <p>1. The 14 noted sprinkler heads were dusted. 10/30/17</p> <p>2. Facilities Management conducted rounds to ensure that remaining sprinkler heads were free of dust and/or debris. 10/30/17</p> <p>3. Staff will receive education on ensuring that sprinkler heads are free from dust and/or debris. 11/15/17</p> <p>4. Facilities Management Director or Designee will conduct bi-weekly random audits of 15 sprinkler heads to ensure that they are free of dust, Audits will be conducted for three months and reported at the quarterly QA/QI meeting. 10/30/17</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: *Exec Dir* (X6) DATE: *11/2/17*

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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NAME OF PROVIDER OR SUPPLIER  <b>CARROLL MANOR NURSING &amp; REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>725 BUCHANAN ST., NE WASHINGTON, DC 20017</b>	
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K 353	Continued From page 1 During a tour of the facility on September 29, 2017, between 2:45 PM and 5:20 PM, dust was observed on the following sprinkler heads and shafts:  1. Two (2) of two (2) sprinklers over the dishwasher in the Main Kitchen. 2. One (1) of four (4) sprinklers in the food preparation areas of the Main Kitchen in two (2) of two (2) observations; 3. Three (3) of three (3) sprinklers in the Main Kitchen Storage Room 4. Four (4) of four (4) in the basement loading dock; 5. One (1) of four (4) first-floor housekeeping storage room, 6. One (1) of four (4) in the main physical therapy room 7. One (1) of four in first-floor bathing room  The findings observed in the presence of the Facility Engineer were acknowledged.	K 353	K371:  1a. The ceiling tile with a penetration located near the loading dock was replaced. (1b.) A new escutcheon ring was placed around the sprinkler head in the gift shop.	10/30/17
K 371 SS=D	NFPA 101 Subdivision of Building Spaces - Smoke Compar  Subdivision of Building Spaces - Smoke Compartments 2012 EXISTING Smoke barriers shall be provided to form at least two smoke compartments on every sleeping floor with a 30 or more patient bed capacity. Size of compartments cannot exceed 22,500 square feet or a 200-foot travel distance from any point in the compartment to a door in the smoke barrier. 19.3.7.1, 19.3.7.2 Detail in REMARKS zone dimensions including	K 371	2. Facilities Management conducted rounds to ensure that no other penetrations were present in ceiling tiles or any additional missing escutcheon rings.	10/30/17

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K 371	<p>Continued From page 2</p> <p>length of zones and dead-end corridors. This STANDARD is not met as evidenced by:</p> <p>Based on observations during the Life Safety Code Inspection, the facility failed to ensure smoke barrier walls above ceiling tiles were free from penetrations to prevent the passage of smoke in the event of an emergency in two (2) of four (4) observations. The facility's Engineer was present at the time of observations.</p> <p>The findings include:</p> <p>During the Life Safety Code Inspection on September 29, 2017, at 3:15 PM the observations showed penetrations in smoke barrier walls above ceiling tiles and around and escutcheon ring. The penetrations allow for the passage of smoke between compartments in the event of a fire. The penetrations were noted as follows:</p> <ol style="list-style-type: none"> <li>1. One (1) of two (2) penetrations around the sprinkler near the exit area to the loading dock</li> <li>2. One (1) of two (2) Missing escutcheon ring around a sprinkler head in the Gift Shop, creating a potential for smoke to travel in areas above ceiling tiles</li> </ol> <p>The facility's Engineer acknowledged the findings.</p>	K 371	<ol style="list-style-type: none"> <li>3. Staff will receive education on ensuring that areas around sprinkler heads do not have penetrations as well as reporting missing escutcheon rings.</li> <li>4. Facilities Management Director or Designee will conduct bi-weekly audits of sprinkler heads and ceiling tiles to ensure that there are no penetrations and that all escutcheon rings are present. Audits will be conducted for three months and reported at the quarterly QA/QI meeting.</li> </ol>	<p>11/15/17</p> <p>10/30/17</p>

