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

PRINTED: 09/04/2009 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI	LTIPL	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILC	DING	01 - MAIN BUILDING 01		
		095034	B. WING			08/1	3/2009
	OVIDER OR SUPPLIER L MANOR NURSING 8	REHAB		72	EET ADDRESS, CITY, STATE, ZIP CODE 25 BUCHANAN ST., NE (ASHINGTON, DC 20017		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES I BE PRECEDED BY FULL REGULATORY INTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOULD B REFERENCED TO THE APPROPRIATE DE	E CROSS-	(X5) COMPLETION DATE
K 000	INITIAL COMMENT	S	K 0	00	Start Typing Here:		
K 000 K 018 SS=E	A Life Safety Code is conducted at your fat following deficiencies and staff interview. NFPA 101 LIFE SAID Doors protecting consequired enclosures hazardous areas are those constructed of wood, or capable of minutes. Doors in significant to the required to resist the no impediment to the are provided with a door closed. Dutch permitted. 19.3.6. Roller latches are parallel health care facility. Roller latches are parallel health care facility. Roller latch and soiled Life doors and entrallatch when tested at Room and Soiled Life (7) observations on	recertification survey was acility on August 18, 2009. The is are based on observations FETY CODE STANDARD rridor openings in other than of vertical openings, exits, or esubstantial doors, such as f 1% inch solid-bonded core resisting fire for at least 20 inchildred buildings are only espassage of smoke. There is esclosing of the doors. Doors means suitable for keeping the doors meeting 19.3.6.3.6 are 3 rohibited by CMS regulations in ites.	KO		Carroll Manor Nursing and Rehabilitation Center makes it effort to operate in substantial compliance with both Federal laws. Submission of this Plan Correction (POC) does not compare a deficiency, directors, elegants of the validity of the case forth on the statement of deficiencies. This Plan of Correction (POC) is prepared and/or execute because it is required by the statement of deficiencies.	and State of nstitute any mployees acts onditions rection	
I ABOBATORY	door to room 533 fa	Linen Room and the entrance iled to latch into			TITLE		(X6) DATE
III IUU II VII UIT	property of the trouble		V)				

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.

Facility ID: CARROLLMANO

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		095034	B. WING			08/1	3/2009
NAME OF PE	ROVIDER OR SUPPLIER			STREET	ADDRESS, CITY, STATE, ZIP CODE	1 00/10	3/2003
CARROL	L MANOR NURSING 8	REHAB		726 E	BUCHANAN ST., NE SHINGTON, DC 20017		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD I REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
K 018	frames in three (3) of East entrance door latch into door frame seven (7) observation door located near the latch when tested in Four West Dining Reentrance to the unit tested in one (1) of of West, Three West Flocated near the enticlose and latch into two (2) of two (2) obto latch when tested Cafeteria, Staff Rest in three (3) of seven swinging fire doors I unit failed to latch in (1) of one (1) observed Conference Center, Room failed to close into frames when tested to close without assistations (6) observations to the Dishwasher a failed to close and latwo (2) of ten observed The findings include	of four (4) observations, Five to room 511 failed to close and a when tested in one (1) of ons, Four West Dining Room the entrance failed to close or one (1) of one (1) observation, own door located near the failed to close or latch when one (1) observation, Three Pantry and Dining Room doors rance to the third floor failed to the door frames when tested in servations, single doors failed at the entrances to the transport Room (7) observations, double ocated at the entrance to the to frames when tested in one ration, entrance doors to the Two West Cafeteria and Clean without assistance and latch sted in three (3) of eight (8) as smoke barrier doors located Marta Rehab Center failed to ance when tested in one (1) of and basement entrance doors atch into frames when tested in vations.	K	118			

Event ID: Q2JR21

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED		
		095034	B. WIN	G		08/18	3/2009	
NAME OF PROVIDER OR SUPPLIER CARROLL MANOR NURSING & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 725 BUCHANAN ST., NE WASHINGTON, DC 20017					
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES F BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOULD B REFERENCED TO THE APPROPRIATE DE	E CROSS-	(X5) COMPLETION DATE	
K 018	Five West Single doors failed to entrances to the Bar Room in two (2) of s AM on August 18, 2 Five North The Clean Linen, So entrance door to roof frames in three (3) of 9:25 AM on August Five East The entrance door to latch into door frames seven (7) observed 2009. Four West The Dining Room do four west failed to cl (1) of one (1) observed 10, 2009. Three West 1. The Pantry and Do the entrance to the to latch into the door from (2) two observed do 2009. 2. Double swinging for the seven in the swinging for the entrance to the tolerance to the tolerance 2009.	o latch into frames at the thing Room and Soiled Linen seven (7) observed doors at 9:05 009. billed Linen Room and the om 533 failed to latch into of four (4) observed doors at 18, 2009. o room 511 failed to close and e when tested in one (1) of doors at 9:35 AM on August 18, or located near the entrance to ose or latch when tested in one yed doors 9:50 AM on August ining Room doors located near hird floor failed to close and ames when tested in two (2) of ors 10:00 AM on August 18, fire doors located at the	K	018	K018 – NFPA 101 Life Safety Code Standard a) Corrective work orders were and issued for these door(s) (all where the door(s) failed to prope b) Other related areas were surve a result of the indicated deficient indicators or deficient practice to this improvement plan c) Deficient practices will be more monthly environmental rounds a annual; EOC Rounds. d) Deficiencies revealed during the logged, corrected and repair the QI committee on a quarterly assure a minimum of 95% compared to the committee of the logged of	locations) erly latch. reyed, as cy, for other include in hitored via and semi hese round orted to basis to	9/30/09	
		failed to latch into frames when						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	PLE CONSTRUCTION 6 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED	
		095034	B. WING		08/11	3/20 <u>0</u> 9
	OVIDER OR SUPPLIER L MANOR NURSING &	REHAB	7:	EET ADDRESS, CITY, STATE, ZIP CODE 25 BUCHANAN ST., NE VASHINGTON, DC 20017		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD E REFERENCED TO THE APPROPRIATE DI	E CROSS-	(X5) COMPLETION DATE
K 130 SS=D	at 10:30 AM on Auginary 3. Single doors failed entrances to the Cafe Clean Linen Room observed doors at 16 Two West The entrance doors Cafeteria and Clean assistance and latch three (3) of eight (8) August 18, 2009. First Floor West Double smoke barrithe Marta Rehab Ce assistance when tess observed doors at 12 Basement The entrance doors Belongings Rooms frames when tested at 1:00 PM on August 1:00 PM	d to latch when tested at the reteria, Staff Rest Room and in three (3) of seven (7) 0:40 AM on August 18, 2009. Ito the Conference Center, Room failed to close without into frames when tested in observed doors at 11:15 AM on er doors located the entrance to nter failed to close without ted in one (1) of six (6) 2:45 PM on August 18, 2009. Ito the Dishwasher and Resident ailed to close and latch into in two (2) of ten observed doors at 18, 2009. Ith the Safety Officer and remployees # 30 and #31, code tour (on August 18, 2009) observations were confirmed. ANEOUS	K 018	K130 (1) NFPA101 Miscellanee a) Corrective work orders were and issued for the ceiling tiles. b) Other related areas were sur a result of the indicated deficient indicators or deficient practice to this improvement plan c) Deficient practices will be momonthly environmental rounds a annual; EOC Rounds. d) Deficiencies revealed during will be logged, corrected and rethe QI committee on a quarterly assure a minimum of 95% compared to the committee on a quarterly aresult of the indicated deficient indicators or deficient practice to this improvement plan c) Deficient practices will be momonthly environmental rounds a annual; EOC Rounds. d) Deficiencies revealed during will be logged, corrected and rethe QI committee on a quarterly assure a minimum of 95% compared to the QI committee on a quarterly assure a minimum of 95% compared to the process of the process of the process of the QI committee on a quarterly assure a minimum of 95% compared to the QI committee on a quarterly assure a minimum of 95% compared to the QI committee on a quarterly assure a minimum of 95% compared to the QI committee on a quarterly assure a minimum of 95% compared to the QI committee on a quarterly assure a minimum of 95% compared to the QI committee on a quarterly assure a minimum of 95% compared to the QI committee on a quarterly assure a minimum of 95% compared to the QI committee on a quarterly assure a minimum of 95% compared to the QI committee on a quarterly assure a minimum of 95% compared to the QI committee on a quarterly assure a minimum of 95% compared to the QI committee on a quarterly assure a minimum of 95% compared to the QI committee on a quarterly assure a minimum of 95% compared to the QI committee on a quarterly assure a minimum of 95% compared to the QI committee on a quarterly assure a minimum of 95% compared to the QI committee on a quarterly assure a minimum of 95% compared to the QI committee on a quarterly assure a minimum of 95% compared to the QI committee on a quarterly assure a minimum of 95% compared to the	generated veyed, as cy, for other of include in nitored via and semi these round ported to basis to obliance ous generated urfaces. veyed, as cy, for other of include in nitored via and semi these round outed to basis to	9/18/09
	OTHER LSC DEFIC	IENCY NOT ON 2786				

Event ID: Q2JR21

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A. BUILDING 01 - MAIN BUILDI		01 - MAIN BUILDING 01					
		095034	B. WIR		· · · · · · · · · · · · · · · · · · ·	08/1	B/2009
NAME OF PROVIDER OR SUPPLIER CARROLL MANOR NURSING & REHAB				7	REET ADDRESS, CITY, STATE, ZIP CODE 125 BUCHANAN ST., NE VASHINGTON, DC 20017	33333	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOULD B REFERENCED TO THE APPROPRIATE DE	E CROSS-	(X5) COMPLETION DATE
K 130	B ased on observation in spection it was detected and failed to for observations, elevated a collection of debrist three (3) observation basement hallway in improper storage of surfaces in three (3)	one met as evidenced by ons during the Life Safety Code termined that ceiling tiles were it into grids in five (5) of 18 or pit # 1 was observed to have son pit surfaces in one (1) of his, damaged floor tiles in the one (1) of one (1) observation, boxes and supplies on floor of three (3) observations and none (1) of one (1) observation.	K	K130 (3) NFPA101 Miscellaneous a) Corrective work orders were general and issued for the damaged floor tile b) Other related areas were surveyed a result of the indicated deficiency, for indicators or deficient practice to including improvement plan c) Deficient practices will be monitor monthly environmental rounds and sannual; EOC Rounds. d) Deficiencies revealed during these will be logged, corrected and reported the QI committee on a quarterly basic assure a minimum of 95% compliance.			
	fit into grids in reside 5 North Soiled Utility Room, Basement ha hallway areas near t Management Storag observed locations to on August 18, 2009. 2. The elevator pit straccumulated leaves surfaces in one (1) of at 1:40 PM on August 1:40 PM on A	urfaces were observed to have and paper products on pit floor of three (3) observed elevators at 18, 2009. asement hallway near the tank to be to be damaged, uneven floor surfaces in one (1) of one			K130 (4) NFPA101 Miscellaned a) Corrective work orders were sissued and completed for the imstored boxes of supplies. b) Other related areas were surve a result of the indicated deficient indicators or deficient practice to this improvement plan c) Deficient practices will be more monthly environmental rounds a annual; EOC Rounds. d) Deficiencies revealed during the QI committee on a quarterly assure a minimum of 95% comp	generated, nproperly reyed, as cy, for othe include in nitored via nd semi chese round borted to basis to	

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NAME OF PROVIDER OR SUPPLIER CARROLL MANOR NURSING & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 725 BUCHANAN ST., NE WASHINGTON, DC 20017					
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOULD BI REFERENCED TO THE APPROPRIATE DE	TION SHOULD BE CROSS-		
K 130	storage area) at 1:33 5. Wall surfaces in the observed to be dample corner surfaces in or at 1:45 PM on August Through interview with Maintenance Director during the life safety	o PM on August 18, 2009. The Cart Wash Room were aged and tiles were missing on the (1) of one (1) observed area	K	130	k130 (5) NFPA101 Miscellaned a) Corrective work orders were gand issued for the wall surfaces damaged. b) Other related areas were survaresult of the indicated deficient indicators or deficient practice to this improvement plan. c) Deficient practices will be more monthly environmental rounds at annual; EOC Rounds. d). Deficiencies revealed during will be logged, corrected and repthe QI committee on a quarterly assure a minimum of 95% company.	generated that were reyed, as cy, for othe include in nitored via nd semi these roun ported to basis to		