

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

PRINTED: 04/23/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095019	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/22/2019
NAME OF PROVIDER OR SUPPLIER DEANWOOD REHABILITATION AND WELLNESS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5000 BURROUGHS AVE. NE WASHINGTON, DC 20019	
(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 A Life safety Code survey was conducted at your facility on March 20 and March 21, 2019. The following deficiencies are based on observation, interview and record review.	K 000		
K 932	Features of Fire Protection - Other CFR(s): NFPA 101 Features of Fire Protection - Other List in the REMARKS section any NFPA 99 Chapter 15 Features of Fire Protection requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 15 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, one (1) of one (1) junction box attached to the ceiling of one (1) of one (1) walk-in refrigerator in the kitchen was not secured with a cover to prevent access to its electrical components. Findings included ... During a walkthrough of the main kitchen on March 18, 2019, at approximately 9:00 AM, a junction box attached to the ceiling to one (1) of one (1) walk-in refrigerator in the main kitchen lacked a cover to prevent exposure to its electrical components. This deficiency could pose an electrical hazard to dietary staff who store and retrieve foods from that unit throughout the day.	K 932	DEANWOOD REHABILITATION AND WELLNESS CENTER DISCLAIMER. Facility submits this plan of correction under procedures established by the Department of Health In order to comply With the Department's directive to change Conditions which the Department alleges are deficient under state Regulations Relating to long term care. This should not be construed as either a waiver of the Facility's right to appeal and to Challenge the accuracy or severity Of the alleged Deficiencies or any Admission of any wrong doing. K932 Corrective action for the residents affected: Identification of others with the potential to be affected. All residents residing in the facility have the Potential to be affected. An inspection was Done by the director of maintenance on 4/29/19 to ensure that all junction boxes in walk inboxes are covered.	5/17/19

TITLE

(X6) DATE

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 932	Continued From page 1 During a face-to-face interview on March 18, 2019, at approximately 11:00 AM, Employee #13 confirmed the finding and on March 26, 2019, at approximately 3:05 PM, Employee #14 acknowledged the above finding.	K 932	<p>Measures to prevent recurrence:</p> <p>Staff Development will provide education to Food service and maintenance staff to Ensure that all door gaskets, mechanical, Electrical and patient care equipment in safe Operating condition.</p> <p>Monitoring corrective action:</p> <p>The Director of Maintenance or designee Will Complete house wide assessment / Audit of all junction boxes within walk in refrigerator to ensure they are covered weekly times 3, then monthly times 3.</p> <p>Findings will be reported to the Quality Assurance Performance Improvement Committee monthly for the next 3 months</p>	5/17/19	