April 14, 2015

Ms. Sharon Williams Lewis
Program Manager
Government of the District of Columbia
Department of Health
Health Regulations Administration
899 North Capitol St., N.E. 2ND Floor
Washington, D.C. 20002

Dear Ms. Lewis:

Enclosed is the Plan of Correction for the deficiencies cited during our annual survey from February 4, 2015 through February 20, 2015 by surveyors here at Deanwood Rehabilitation and Wellness Center for K-Tags.

Should you have any questions, please feel free to contact me at (202) 399-7504, ext. 535.

Respectfully submitted,

Rose Marie Gilliam, BS, MHSA, LNHA
Administrator

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095019	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**02/12/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEANWOOD REHABILITATION AND WELLNESS CENTER	**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 The following findings are based on observations, record review and staff interview during the Life Safety Code survey conducted on February 12, 2015.	K 000	Please begin typing your responses here: K-Tag 018	
K 018 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection, it was determined that double fire doors failed to close and latch into frames when tested in four (4) of 21 observations and doors were impeded from closing in four (4) of 10 observations. These findings were observed in the presence of the Maintenance Director.	K 018	1. The double swinging fire doors located at the entrances to units 2 north, 3 south, and the first floor double doors near the snack bar were repaired on February 12th ,2015. The resident room entrance doors in rooms 211, 503, 510, 514 and 536 were repaired on February 13th 2015. 2. A weekly tour will be done by the Director of Maintenance/Designee to ensure that all fire doors and resident room doors will be operating and maintained properly any deficient areas will be repaired immediately by the director of maintenance and or a designee . 3. A monthly audit tool was initiated and implemented by the director of maintenance and or designee to ensure all doors protecting corridor openings will be operating and maintained properly. The audit tool will be reviewed by the director of maintenance and or designee. Any required maintenance on the fire doors will be repaired immediately upon the deficient findings.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kane Cullen	Administrator	4/14/15

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 The findings include: Double swinging fire doors failed to close and latch into frames when tested at the entrances to Units 2 North, 3 North, 3 South, and the First Floor double doors near the Snack Bar in four (4) of 21 observations made between 9:45 AM and 1:30 PM on February 12, 2015. Resident room entrance doors were impeded from closing when bathroom doors were in the open position in five (5) of 25 observations. Bathroom door handles latched onto the entrance doors, impeding the doors from closing in rooms #211, 503, 510, 514 and 536. The findings were acknowledged by the facility engineer at the time of observation on February 12, 2015 between 9:40 AM and 1:30 PM.	K 018	4. Results of audits will be reviewed by the Director of Engineering/Designee and brought through the QAPI Committee monthly. K-Tag 025 1. Penetrations observed during survey tour : A.2-3 inch penetration was observed in wall surfaces above the double doors near the contractor shop it was repaired on February 12, 2015 B. 2 inch penetration was observed in wall surfaces above the first floor dining room door it was repaired on February 12, 2015. 2. Engineering staff conducted a facility wide inspection to ensure that there are no more penetrations in smoke barrier walls. No more were identified. All residents have the potential to be affected by this deficient practice.	
K 025 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD 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	K 025		

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K 025	Continued From page 2 Code Inspection, it was determined that penetrations were observed in wall surfaces above ceiling tiles in the hallways in two (2) of five (5) observations. These findings were observed in the presence of the Maintenance Director. The findings include: Penetrations were observed in wall surfaces above ceiling tiles in the following areas: A 2-3 inch penetration was observed in wall surfaces above double doors near the Contractor ' s Construction Area in one (1) of three (3) observations at 9:45 AM on February 12, 2015. A 2 inch penetration was observed in wall surfaces above the First Floor Dining Room door in one (1) of two (2) observations at 10:30 AM on February 12, 2015.	K 025	3. Engineering staff will be in serviced on life safety code standard in regards to fire wall and penetration free environment. When outside contractors come in to do repairs, engineering staff will go around after they have left to ensure no penetrations. Engineering Director/Designees will conduct monthly rounds to ensure compliance on smoke barrier walls that there are no penetration. 4. Engineering Director will report any negative findings to the Administrator immediately. Results of finding by the Engineering Director/designee will be brought through the QAPI Committee monthly.	
K 062 SS=F	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 that the facility failed to conduct quarterly alarm testing of the Sprinkler System; Alarm Initiating Devices, Mechanical Flow Switches, Water Flow Switches, Tamper, Flow Switches and Supervisory Valves as required in accordance with the National Fire	K 062	K-Tag 062 1. The facility is unable to retrospectively provide quarterly testing for sprinkler system flow valves as it was not done. All residents have the potential to be affected by this deficient practice.	

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K 062	Continued From page 3 Protection Association (NFPA) 25: Section 5.3.3.1 and 5.2.6 in four (4) of four (4) observations. These findings were observed in the presence of the Maintenance Director. The findings include: During the Life Safety Code Inspection, facility staff failed to provide documented evidence of a full report of quarterly inspections of sprinklers and alarm initiating devices. The documents provided included inspection reports for March 31, 2014, October 7, 2014 and January 5, 2015. There was no evidence of quarterly testing conducted between the months of March and October 2014, a period of approximately seven (7) months lapsed between inspections. Alarm Initiating Devices are required to be tested quarterly as stated in NFPA 25; Section 5.3.3.1 and Section 5.2.6. The findings were acknowledged by the building engineer at the time of the review of records on February 12, 2015 between 3:30 PM and 4:45 PM.	K 062	2. Engineering Director will monitor the completion of facility quarterly fire alarm/ sprinkler device inspections and testing reports. The facility will have the alarm company (ATS) update the current contract to provide quarterly sprinkler testing on flow switches. Alarm Company will provide a report on all devices not functioning during the test. 3. Engineering staff will be in serviced on fire alarm system inceptions and testing form documentation. 4. Engineering Director will report any negative findings to the Administrator immediately. Results of finding by the Engineering Director/designee will be brought through the QAPI Committee monthly.	