

April 1, 2016

Sent via email: March 31, 2016

Dr. Sharon Lewis Program Manager Government of the District of Columbia Department of Health 899 North Capitol St., N.E 2nd Floor Washington, D.C. 20002

Dear Dr. Lewis:

Enclosed you will find the Plan of Correction for a life safety Code survey conducted by a surveyor from the Department of Health (DOH), Health regulation and Licensing Administration on March 8, 2016 at Deanwood Rehabilitation and Wellness Center.

Please accept this letter, Plan of Correction and credible evidences as our allegation of compliance. If you have any questions or need additional information please feel free to contact me at (202) 399-7504 ext. 535.

Sincerely,

Ámilia Alcema Dual BS, MBA, LNHA

Administrator

PRINTED: 03/25/2016 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1	E CONSTRUCTION 21:- MAIN BUILDING 01	COMPLETED			
		095019	B. WING		03/08/2016		
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	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERÊNCED TO THE APPROPRI DEFICIENCY)			
K 000 K 018 SS≑E	Life Safety Code In 2016. NFPA 101 LIFE SA Doors protecting or required enclosure hazardous areas s those constructed wood, or capable of minutes. Clearance floor covering is no sprinklered smoke to resist the passar impediment to the devices that releas pulled are permitte means suitable for doors meeting 19.3 frames shall be lab materials in complications are prohibit health care facilities. This STANDARD is Based on observations, it was a doors failed to clost tested and double prevented from cloobservations. NFF were observed in the findings included.	Ings were observed during the ispection conducted March 8, AFETY CODE STANDARD orridor openings in other than is of vertical openings, exits, or hall be substantial doors, such as of 13/4 inch solid-bonded core of resisting fire for at least 20 is between bottom of door and it exceeding 1 inch. Doors in fully compartments are only required ge of smoke. There is no closing of the doors, Hold open in when the door is pushed or individually door shall be provided with a keeping the door closed. Dutch 3,6,3,6 are permitted. Door cled and made of steel or other ance with 8,2,3,2,1. Roller ted by CMS regulations in all is 19,3,6,3 is not met as evidenced by: Ions during the Life Safety Code determined that double and single in eight (9) of 25 is 19,3,6,3.6. These findings the presence of the Director of laintenance Services in the condition of the director of laintenance Services in the condition of the director of laintenance Services in the condition of the director of laintenance Services in the condition of the director of laintenance Services in the condition of the director of laintenance Services in the condition of the director of laintenance Services in the condition of the director of laintenance services in the condition of the director of laintenance services in the condition of the director of laintenance services in the condition of the director of laintenance services in the condition of the director of laintenance services in the condition of the con	K 018	DEANWOOD REHABILITATION A WELLNESS CENTER DISCLAIME Facility submits this plan of correction under procedures established by the Department of Health In order to conditions which the Department all are deficient under state Regulation relating to long term care. This shound be construed as either a waiver Facility's right to appeal and to challenge the accuracy or severity of the alleged Deficiencies or any admission of any wrongdoing. K 018 Corrective action for resident affer 1. Rear hallway double doors at the entrance to the Dietary Department repaired by an outside vendor to close an latch into frames. Double doors at the entrance to 2 was repaired on 3/08/16 to close an latch into frames. The entrance door to Room 319 was repaired on 3/08/16 The single swinging stairwell door located at the entrance to the Laundry Room making contact with the floor was repaired on 3/08/16.	emply hange leges s s lid of the 4-19-16 ected: will be bse and North id		
ABORÂTORY	DIRECTOR'S OR PROVIDE	R/SUPPLIER REPRESENTATIVE'S SIGNATURE		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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		095019	B. WING			03/	08/2016
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K 018	Dietary Department tested in one (1) of on March 8, 2016. 2. Double doors at a close and latch who observations at 12:4. 3. Double doors at a close and latch into observations at 4:1. 4. The entrance dowithout assistance 2:35 PM on March 6. 5. The single swing entrance to the Lauthe floor and failed one (1) of one (1) of March 8, 2016. 6. Double doors loc Laundry washer are the bottom of one doottom of the other observations at 11: 7. The entrance doc Department was obbetween the top of door failed to close when tested in two 11:24 AM on March 8, Double doors loc 8.	the entrance to 2 North failed to en tested in one (1) of three (3) 40 PM on March 8, 2016. The entrance to 5 North failed to frames in one (1) of three (3) 5 PM on March 8, 2015. To Room 319 failed to close in one (1) of ten observations at 8, 2016. Ing stairwell door located at the ndry Room made contact with to close without assistance in bservation at 10:28 AM on ated at the entrance to the ea was held open with a board at oor and piece of metal under the door in one (1) of three (3) 05 AM on March 8, 2016. For of the Rehabilitation served with a ½ inch opening the door and the frame. The and latch without assistance (2) of two (2) observations at	K	018	K018 6. Board was removed at the bottom of double doors located at the entrance to the Laundry washer are piece of metal under the bottom of to other door was removed. Education provided to housekeeping staff. 7. The entrance door of the Rehabilitation Department was repaired on 3/11/16. 8. Double doors located at the entrance was repaired on 3/08/16 to close and latch into frames properly. No residents were identified as affected: K018 Identification of others with the potential to be affected: Residents residing in the facility have the potential to be affected. Director of Engineering and the Maintenance team conducted housewide environmental audit on 3/13/16 to ensure that double and single doors are closing and latching into frames properly and double doors are not being blocked and prevented from closing. Any issues found during the inspection have been addressed properly to ensure the facility stays compliance.	ea and the cted.	.4-19-16

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K 018 K 025 SS=E	observations. NFPA 101 LIFE SAI Smoke barriers shall least a one half hour constructed in accor shall be permitted to Windows shall be proby wired glass pane 8.3, 19.3.7.3, 19.3.7. This STANDARD is Based on observations observed in smoke I and around sprinkle observed in the presolirector. The findings include 1. A 1-2 inch circurd the wall surfacturing 's soiled liming one (1) observation 2. A 1-5 inch penetral above the entrance one (1) observation 3. A 1-2 inch penetral surfaces above the operatment entrance.	ETY CODE STANDARD I be constructed to provide at a fire resistance rating and dance with 8.3. Smoke barriers a terminate at an atrium wall, otected by fire-rated glazing or is and steel frames. To the terminate as evidenced by: ons during the Life Safety Code atermined that penetrations were coarrier walls above ceiting tiles are in eight (8) of ten 19.3.7.3. These findings were sence of the Maintenance	K 018	Housekeeping ,laundry and	nes 3 be	4-19-16	
				Department entrance door was sealed on 3/08/16.			

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K 062 SS=E	4. A 2 X 2 inch penesurfaces beneath the hallway on the First observations at 12:35. A 1 - 2-inch open communication wire hallway near the First of two (2) observations at 12:3016. 6. A penetration was surfaces above the in one (1) of one (1) March 8, 2016. 7. A 1-2-inch penetration wire Room in one (1) of on March 8, 2016. 8. A 1-inch penetration bundle of communication wire Room in one (1) of on March 8, 2016. NFPA 101 LIFE SA Required automatic continuously maintacondition and are in 19.7.6, 4.6.12, NFP. This STANDARD is	etration was observed in wall e security camera located in the floor in one (1) of two (2) 60 PM on March 8, 2016. Ing was observed around is above ceiling tiles in the st Floor Dining Room in one (1) ons at 2:50 PM on March 8, s observed in ceiling tile elevator in the 4 North hallway observation at 3:15 PM on ation was observed around is in the Telephone Equipment one (1) observation at 3:20 PM ion was observed around a cation wires that pass through 4 North Telephone Equipment one (1) observation at 3:10 PM FETY CODE STANDARD sprinkler systems are ined in reliable operating spected and tested periodically. A 13, NFPA 25, 9.7.5 not met as evidenced by: ions during the Life Safety Code etermined that the sprinkler		0.000	4. 2 X 2 inch penetration in wall surfaces beneath the security camera located in the hallway on the First floor was sealed on 3/08/16 5.1 - 2-inch opening observed around communication wires above ceiling tiles in the hallway near the First Floor Dining Room was sealed on 3/08/16. 6. penetration observed in ceiling tile surfaces above the elevator in the 4 North hallway was sealed on 3/08/16. 7.1-2-inch penetration was observed around communication wires in the Telephone Equipment Room was sealed on 3/08/16. 8. 1-inch penetration was observed around a bundle of communication wires that pass through floor surfaces in the 4 North Telephone Equipment Room was sealed on 3/08/16. No residents were identified as affected. Identification of others with the potential to be affected: Director of Engineering and the Maintenance team conducted house wide environmental audit or 3/31/16 to ensure the facility walls and ceiling areas were sealed as required 3/31/16. Identified areas with penetrations were corrected immediately.	i	4-19-16

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K 062	proper operation in the evidenced by paint, of sprinkler heads, strings in 34 of 41 obs 19.7.6, and 4.6.2. The presence of the The findings include 1. During a tour of determined that spring accumulation on the three (3) of four (4) of March 8, 2016. 2. Sprinkler heads in Equipment room we three (3) observation 2016. 3. Rust was observed in three (3) of four (4) heads were soiled wobservations in the FMain Kitchen at 10.4 4. Sprinkler head an with dust accumulating Room in one (1) of con March 8, 2016. 5. Sprinkler heads at with accumulated during Room in two (2) of for AM on March 8, 2016.	he event of an emergency as dust and/or rust on the surfaces haft surfaces and escutcheon ervations. NFPA 18.7.6, hese findings were observed in Maintenance Director. If the Laundry Area, it was nklers were soiled with dust shaft and head surfaces in observations at 10:30 AM on the Basement Electrical re soiled with dust in three (3) of as at 10:20 AM on March 8, and on escutcheon ring surfaces by observations and sprinkler with dust in three (3) of four (4) First Floor hallway near the 10 AM on March 8, 2016. If the Laundry Area, it was not shaft surfaces were soiled on in the 2 North Nourishment one (1) observation at 11:50 AM and shaft surfaces were soiled ast in the 2 North Patient Dining our (4) observations at 11:55	K	062	Measure to prevent recurrence: Facility's maintenance staff has been in-serviced on penetrations in walls and ceiling areas, the possible haza associated with penetration, and the requirement to maintain the integrity the walls and ceilings to ensure compliance. Monitoring Corrective action: Random Environmental audits will be conducted by the Director of Engineering or designee weekly time then monthly times 3. Findings will reported to the Quality Assurance Performance Improvement. Committee monthly for the next 3 months. K 062 Corrective action for resident affected: 1. Sprinkler heads and shaft in the laundry area were cleaned on 3/08/2. Sprinkler heads in the Basement Electrical Equipment room were clean 3/08/16. 3. Escutcheon ring surfaces and sprint Heads in the First Floor hallway near Main kitchen will be replaced by a out vendor by 4/15/16 4. Sprinkler head and shaft in the 2 no nourishment room were cleaned on 3.5. Sprinkler head and shaft surfaces 2 North Patient Dining Room were clean 3/8/16. 6. Sprinkler escutcheon rings in the 2 North Shower/Bathroom will be replaced on 4/15/16.	ords ords ords ords ords ords ords ords	4-19-16

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K 062	North Shower/Bathro observations at 12:0 7. Sprinkler head an with dust in the 2 So (1) of one (1) observed the 2 South Janitoria 8, 2016 in one (1) of 9. Paint was observed sprinkler in Toilet are one (1) observation 10. Paint was observed and escutcheon ring Linen Room in two (3:10 PM on March 8) 11. Paint was observed the 4 North Female (2) observations at 3:12. Rust was observed observations at 3:20 13. Paint was observed the (1) observation at 3:20 14. Paint was observed the (1) observation at 3:20 15. Paint was observed the (1) observation at 3:20 16. Paint was observed the (1) observation at 3:20 17. Paint was observed the (1) observation at 3:20 18. Paint was observed the (1) observation at 3:20 19. Paint was observed the (1) observation at 3:20 19. Paint was observed the (1) observation at 3:20 19. Paint was observed the (1) observation at 3:20 19. Paint was observed the (1) observation at 3:20 19. Paint was observed the (1) observation at 3:20 19. Paint was observed the (1) observation at 3:20 19. Paint was observed the (1) observation at 3:20	oom in three (3) of three (3) 15 PM on March 8, 2106. It shaft surfaces were soiled buth Nourishment Room in one vation at 12:29 PM on March 8, and on sprinkler head surfaces in al Closet at 12:30 PM on March one (1) observation. It is a compact of a sea of Room 323 in one (1) of at 2:55 PM on March 9, 2016. It is a compact of the shaft surface of a sea of Room 323 in one (1) of at 2:55 PM on March 9, 2016. It is a compact of the shaft surface of a sea of Room 323 in one (1) of at 2:55 PM on March 9, 2016.	K 062	K 062: Continued From page 5 7. Sprinkler head and shaft surface In the South Nourishment Room will cleaned on 3/08/16. 8,9,10,11,12,13, 14. Sprinkler heads the South Janitorial Closet, shaft sure of Sprinkler in the toilet area in Room sprinkler head and escutcheon ring in north-soiled linen, Sprinkler Head surface of the North Female Locker Room, the escurings in the 4 North locker Room, the head surface of Sprinkler in the Toile of room 404 and Sprinkler head and surface in the 4 South Janitorial close will be replaced on 4/15/16. Escutcheon rings in the North Shower Room will be replaced on 4/15/16. 15. Sprinkler heads and escutcheon in the 4 South Female Locker Room with replaced on 4/15/16. 16. Escutcheon ring located in the 4 In Janitorial Closet will be replaced on 4/15/16. 17. Escutcheon ring located in the 4 In Janitorial Closet will be replaced on 4/15/16. 18. Escutcheon ring located in the 5-18. Escutche	vere in inface i 323 i 3 face 4 itcheon it area shaft et er ings in ill be Vorth V15/16. South V15/16.	4-19-16	

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	and escutcheon ring Room in four (4) of four March 8, 2016. 16. Paint was observe scutcheon ring local Closet in one (1) of con March 8, 2016. 17. Paint was observe scutcheon ring local 504 in one (1) of one March 8, 2016. 18. Paint was observe scutcheon ring local Closet in one (1) of one March 8, 2016. 19. Paint was observe surfaces of sprinkler escutcheon ring in R	res observed on sprinkler heads in the 4 South Female Locker our (4) observations at 3:40 PM and on the surface of an ated in the 4 North Janitorial one (1) observation at 3:45 PM and on the surface of an ated in the toilet area of Room (1) observation at 3:55 PM on ated in the 5 South Janitorial one (1) observation at 4:00 PM ared on the head and shaft is and rust was observed on the loom 531 in two (2) of two (2) PM, on March 8, 2016.	K 06	Identification of others with the potential to be affected: All residents residing in the facility potential to be affected. An inspect throughout the facility has been conducted to inspect sprinkler head escutcheon ring and shaft surfaces for their working condition, to assurproper covers are in place. Any issues found during the house wide inspection have been addressed to assure that the sprinkled heads are maintained to ensure properation in the event of an emerg. Measure to prevent recurrence: Maintenance staffs have been insample assure that the sprinkler heads are maintained to ensure properation in the event of an emerg. Monitoring Corrective action: Random Environmental audits will conducted by the Director of Engineering or designee weekly ting them monthly times 3 to assure that sprinkler heads are maintained to exproper operation in the event of an emergency. Findings will be reported to the Quality Assurance Performance Improvement Committee monthly for the next 3 months.	ion ds; s re kler oper ency. erviced oper ency. be nes 3 t the ensure	4-19-16	