



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,

A handwritten signature in black ink, appearing to read 'Amilia Alcema Dual', written in a cursive style.

Amilia Alcema Dual BS, MBA, LNHA
Administrator

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

PRINTED: 03/25/2016
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 03/08/2016	
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	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 018	<p>Continued From page 1</p> <ol style="list-style-type: none"> 1. Rear hallway double doors at the entrance to the Dietary Department failed to close and latch when tested in one (1) of one (1) observation at 10:45 AM on March 8, 2016. 2. Double doors at the entrance to 2 North failed to close and latch when tested in one (1) of three (3) observations at 12:40 PM on March 8, 2016. 3. Double doors at the entrance to 5 North failed to close and latch into frames in one (1) of three (3) observations at 4:15 PM on March 8, 2015. 4. The entrance door to Room 319 failed to close without assistance in one (1) of ten observations at 2:35 PM on March 8, 2016. 5. The single swinging stairwell door located at the entrance to the Laundry Room made contact with the floor and failed to close without assistance in one (1) of one (1) observation at 10:28 AM on March 8, 2016. 6. Double doors located at the entrance to the Laundry washer area was held open with a board at the bottom of one door and piece of metal under the bottom of the other door in one (1) of three (3) observations at 11: 05 AM on March 8, 2016. 7. The entrance door of the Rehabilitation Department was observed with a ¼ inch opening between the top of the door and the frame. The door failed to close and latch without assistance when tested in two (2) of two (2) observations at 11:24 AM on March 8, 2016. 8. Double doors located at the entrance to Unit 5 North failed to close and latch into frames at 3:55 	K 018	<p>K018</p> <p>6. Board was removed at the bottom of double doors located at the entrance to the Laundry washer area and piece of metal under the bottom of the other door was removed. Education provided to housekeeping staff.</p> <p>7. The entrance door of the Rehabilitation Department was repaired on 3/11/16.</p> <p>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.</p> <p>K018</p> <p>Identification of others with the potential to be affected:</p> <p>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 in compliance.</p>	4-19-16.

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K 018	Continued From page 2	K 018	Measure to prevent recurrence: Housekeeping ,laundry and maintenance staffs have been in-serviced on the importance of ensuring that double and single doors are closing and latching into frame properly and double doors are not being blocked and prevented from closing. K018 Monitoring Corrective action: Random Environmental audits will be conducted by the Director of Engineering or designee weekly times 3 then monthly times 3. Findings will be reported to the Quality Assurance Performance Improvement Committee monthly for the next 3 months. K 025 Corrective action for resident affected: 1. 1-2 inch circular penetration around the wall surface of the linen chute in the Laundry ' s soiled linen receiving area in one (1) of one (1) observation at 10:55 AM on March 8, 2016. 2. 1-5 inch penetration in the wall above the entrance door of the Laundry in one (1) of one (1) observation 11:05 AM on March 8, 2016. 3. 1-2 inch penetration was observed in wall surfaces above the ceiling near the Admissions Department entrance door in one (1) of one (1) observation at 11:20 AM on March 8, 2016.	4-19-16
K 025 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers shall be constructed to provide at least a one half hour fire resistance rating and constructed in accordance with 8.3. Smoke barriers shall be permitted to terminate at an atrium wall. Windows shall be protected by fire-rated glazing or by wired glass panels and steel frames. 8.3, 19.3.7.3, 19.3.7.5 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection, it was determined that penetrations were observed in smoke barrier walls above ceiling tiles and around sprinklers in eight (8) of ten observations. NFPA 19.3.7.3. These findings were observed in the presence of the Maintenance Director. The findings include: 1. A 1- 2 inch circular penetration was observed around the wall surface of the linen chute in the Laundry ' s soiled linen receiving area in one (1) of one (1) observation at 10:55 AM on March 8, 2016. 2. A 1-5 inch penetration was observed in the wall above the entrance door of the Laundry in one (1) of one (1) observation 11:05 AM on March 8, 2016. 3. A 1-2 inch penetration was observed in wall surfaces above the ceiling near the Admissions Department entrance door in one (1) of one (1) observation at 11:20 AM on March 8, 2016.	K 025		

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K 025	Continued From page 3 4. A 2 X 2 inch penetration was observed in wall surfaces beneath the security camera located in the hallway on the First floor in one (1) of two (2) observations at 12:30 PM on March 8, 2016. 5. A 1 - 2-inch opening was observed around communication wires above ceiling tiles in the hallway near the First Floor Dining Room in one (1) of two (2) observations at 2:50 PM on March 8, 2016. 6. A penetration was observed in ceiling tile surfaces above the elevator in the 4 North hallway in one (1) of one (1) observation at 3:15 PM on March 8, 2016. 7. A 1-2-inch penetration was observed around communication wires in the Telephone Equipment Room in one (1) of one (1) observation at 3:20 PM on March 8, 2016. 8. A 1-inch penetration was observed around a bundle of communication wires that pass through floor surfaces in the 4 North Telephone Equipment Room in one (1) of one (1) observation at 3:10 PM on March 8, 2016.	K 025	K 025 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.	4-19-16
K 062 SS=E	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 the sprinkler heads were not maintained to ensure	K 062	Identification of others with the potential to be affected: Director of Engineering and the Maintenance team conducted house wide environmental audit on 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.	

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K 062	Continued From page 4 proper operation in the event of an emergency as evidenced by paint, dust and/or rust on the surfaces of sprinkler heads, shaft surfaces and escutcheon rings in 34 of 41 observations. NFPA 18.7.6, 19.7.6, and 4.6.2. These findings were observed in the presence of the Maintenance Director. The findings include: 1. During a tour of the Laundry Area, it was determined that sprinklers were soiled with dust accumulation on the shaft and head surfaces in three (3) of four (4) observations at 10:30 AM on March 8, 2016. 2. Sprinkler heads in the Basement Electrical Equipment room were soiled with dust in three (3) of three (3) observations at 10:20 AM on March 8, 2016. 3. Rust was observed on escutcheon ring surfaces in three (3) of four (4) observations and sprinkler heads were soiled with dust in three (3) of four (4) observations in the First Floor hallway near the Main Kitchen at 10:40 AM on March 8, 2016. 4. Sprinkler head and shaft surfaces were soiled with dust accumulation in the 2 North Nourishment Room in one (1) of one (1) observation at 11:50 AM on March 8, 2016. 5. Sprinkler heads and shaft surfaces were soiled with accumulated dust in the 2 North Patient Dining Room in two (2) of four (4) observations at 11:55 AM on March 8, 2016. 6. Sprinkler escutcheon rings were rusty in the 2	K 062	K025 Measure to prevent recurrence: Facility's maintenance staff has been in-serviced on penetrations in walls and ceiling areas, the possible hazards associated with penetration, and the requirement to maintain the integrity of the walls and ceilings to ensure compliance. Monitoring Corrective action: Random Environmental audits will be conducted by the Director of Engineering or designee weekly times 3 then monthly times 3. Findings will be 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 3/08/16 2. Sprinkler heads in the Basement Electrical Equipment room were cleaned on 3/08/16. 3. Escutcheon ring surfaces and sprinkler Heads in the First Floor hallway near the Main kitchen will be replaced by a outside vendor by 4/15/16 4. Sprinkler head and shaft in the 2 north nourishment room were cleaned on 3/08/16 5. Sprinkler head and shaft surfaces on 2 North Patient Dining Room were cleaned on 3/8/16. 6. Sprinkler escutcheon rings in the 2 North Shower/Bathroom will be replaced on 4/15/16.	4-19-16

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K 062	Continued From page 5 North Shower/Bathroom in three (3) of three (3) observations at 12:05 PM on March 8, 2106. 7. Sprinkler head and shaft surfaces were soiled with dust in the 2 South Nourishment Room in one (1) of one (1) observation at 12:29 PM on March 8, 2016. 8. Paint was observed on sprinkler head surfaces in the 2 South Janitorial Closet at 12:30 PM on March 8, 2016 in one (1) of one (1) observation. 9. Paint was observed on the shaft surface of a sprinkler in Toilet area of Room 323 in one (1) of one (1) observation at 2:55 PM on March 9, 2016. 10. Paint was observed on sprinkler head surfaces and escutcheon rings located in the 3 North Soiled Linen Room in two (2) of four (4) observations at 3:10 PM on March 8, 2016. 11. Paint was observed on the escutcheon rings in the 4 North Female Locker Room in one (1) of two (2) observations at 3:15 PM on March 8, 2016. 12. Rust was observed on escutcheon rings in the 4 North Shower Room in two (2) of two (2) observations at 3:20 PM on March 8, 2016. 13. Paint was observed on the head surface of a sprinkler in the Toilet area of room 404 in one (1) of one (1) observation at 3:25 PM on March 2016. 14. Paint was observed on a sprinkler head and shaft surface in the 4 South Janitorial Closet in one (1) of one (1) observation at 3:30 PM on March 8, 2016.	K 062	K 062: Continued From page 5 7. Sprinkler head and shaft surfaces in the South Nourishment Room were Cleaned on 3/08/16. 8,9,10,11,12,13, 14. Sprinkler heads in the South Janitorial Closet, shaft surface of Sprinkler in the toilet area in Room 323 sprinkler head and escutcheon ring in 3 north-soiled linen, Sprinkler Head surface and escutcheon rings located in the 4 North Female Locker Room, the escutcheon rings in the 4 North locker Room, the head surface of Sprinkler in the Toilet area of room 404 and Sprinkler head and shaft surface in the 4 South Janitorial closet 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 rings in the 4 South Female Locker Room will be replaced on 4/15/16. 16. Escutcheon ring located in the 4 North Janitorial Closet will be replaced on 4/15/16. 17.Escutcheon ring located in the toilet area of Room 504 will be replaced by 4/15/16. 18. Escutcheon ring located in the 5 South Janitorial Closet will be replaced on 4/15/16. 19. Escutcheon ring in Room 531 will be replaced by 4/15/16.	4-19-16

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K 062	<p>Continued From page 6</p> <p>15. Paint and dust was observed on sprinkler heads and escutcheon rings in the 4 South Female Locker Room in four (4) of four (4) observations at 3:40 PM on March 8, 2016.</p> <p>16. Paint was observed on the surface of an escutcheon ring located in the 4 North Janitorial Closet in one (1) of one (1) observation at 3:45 PM on March 8, 2016.</p> <p>17. Paint was observed on the surface of an escutcheon ring located in the toilet area of Room 504 in one (1) of one (1) observation at 3:55 PM on March 8, 2016.</p> <p>18. Paint was observed on the surface of an escutcheon ring located in the 5 South Janitorial Closet in one (1) of one (1) observation at 4:00 PM on March 8, 2016.</p> <p>19. Paint was observed on the head and shaft surfaces of sprinklers and rust was observed on the escutcheon ring in Room 531 in two (2) of two (2) observations at 4:05 PM, on March 8, 2016.</p>	K 062	<p>K 062: Continued From page 6</p> <p>Identification of others with the potential to be affected: All residents residing in the facility have the potential to be affected. An inspection throughout the facility has been conducted to inspect sprinkler heads, escutcheon ring and shaft surfaces for their working condition, to assure proper covers are in place. Any issues found during the house wide inspection have been addressed to assure that the sprinkler heads are maintained to ensure proper operation in the event of an emergency.</p> <p>Measure to prevent recurrence: Maintenance staffs have been in-serviced To assure that the sprinkler heads are maintained to ensure proper operation in the event of an emergency.</p> <p>Monitoring Corrective action: Random Environmental audits will be conducted by the Director of Engineering or designee weekly times 3 then monthly times 3 to assure that the sprinkler heads are maintained to ensure proper operation in the event of an emergency. Findings will be reported to the Quality Assurance Performance Improvement Committee monthly for the next 3 months.</p>	4-19-16