



March 9, 2017

Sent via email: March 9, 2017

Cassandra Kingsberry
Supervisory Nurse Consultant
Government of the District of Columbia
Department of Health
899 North Capitol St., N.E 2nd Floor
Washington, D.C. 20002

Dear Ms. Kingsberry:

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 February 10, 2017 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,

Amilia Alcema Dual BS, MBA, LNHA
Administrator

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

PRINTED: 02/28/2017
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 02/10/2017
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	K 000		
K 353 SS=E	<p>The following findings were identified during the Life Safety Code survey conducted February 9th and February 10, 2017.</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing</p> <p>Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by:</p> <p>Based on observations conducted February 10, 2017, it was determined that the sprinklers were not maintained to ensure proper operation in the event of an emergency as evidenced by the following: sprinklers had dust, paint, and/or a dark brownish film on the shaft and head surfaces in 85 of 123 observations of resident rooms and common areas.</p> <p>The findings include:</p>	K 353	<p>DEANWOOD REHABILITATION AND WELLNESS CENTER DISCLAIMER.</p> <p>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.</p> <p>K353 Corrective action for resident affected:</p> <p>1.Dust on Sprinkler heads shaft and escutcheon ring in the following rooms, Second floor activity room room #229;room #335; room # 423; room #432; room #518; and room #530 Were all cleaned on 3/2/17.</p> <p>2. Paint on the shaft, head and escutcheon ring surfaces on the second Floor Toilet Training Room and room #231 toilet will be repaired by a outside vendor By 3/15/17.</p> <p>3. Sprinklers having Dark brownish film on the head and shaft Surfaces</p>	3/15/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

LNHA

(X6) DATE

3-9-17

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 353	<p>Continued From page 1</p> <p>1. During a tour of the facility, it was determined that the sprinkler systems were not maintained to ensure proper operation in the event of an emergency.</p> <p>Dust was observed on head, shaft and escutcheon ring surfaces of the sprinklers as follows:</p> <p>Second floor activity room in 4 (four) of 10 (ten) observations; room #229 in 2 (two) of 4 (four) observations; room #335 in 2 (two) of 2 (two); room # 423 in 1 (one) of 2 (two); room #432 in 2 (two) of 2 (two); room #518 in 1 (one) of 2 (two) and room #530 in 1 (one) of 2 (two) observations. These observations were made between 12:05am and 4:30pm on February 10, 2017 in 14 of 26 observations.</p> <p>2. Paint was observed on the shaft, head, and escutcheon ring surfaces between 10:00am and 11:30 am on February 9, 2017 as follows:</p> <p>Second Floor Toilet Training room in 1 (one) of 1 (one) observation and Room #231 Toilet in 1 (one) of 1 (one) observation.</p> <p>3. Sprinklers in residents' rooms and common areas were observed to have a dark brownish film on the head and shaft surfaces, which could affect the operation of the sprinkler in the event of an emergency. These observations occurred in the following areas:</p> <p>Second floor, room # 203 in 4 (four) of 10 (ten) observations; #220 in 2 (two) of 4 (four); #231 in 1 (one) of 2 (two); the pantry 1 (one) of 1 (one); soiled linen room in 1 (one) of 2 (two) observations. These observations were made</p>	K 353	<p>K353</p> <p>These observations occurred in the</p> <p>Following Areas:</p> <p>Second floor areas</p> <p>room # 203; #220; #231 The pantry; and soiled linen room will be repaired by a outside vendor By 3/15/17.</p> <p>Third floor areas:</p> <p>room #301; room # 302; room #312; room #332 room #327; room # 333; room #335; Pantry; and clean utility Which will be repaired by a outside vendor By 3/15/17</p> <p>Fourth Floor areas:</p> <p>Day room; room #401; room #402; room #411; room #420; Hallway near room#420; room #425; and room #429 will be repaired by a outside vendor By 3/15/17.</p> <p>Fifth floor areas:</p> <p>room# 502; room #508; room# 523; room #530; room #532; room #536; Day Room; Dining room; Pantry and clean utility .will be repaired By a outside vendor By 3/15/17. The facility is unable to retroactively Provide quarterly testing for sprinkler System flow valves.</p>	3/15/17

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K 353	<p>Continued From page 2 between 11:58 AM and 1:40 PM on February 9, 2017, in 17 of 27 observations.</p> <p>Third floor areas: Room #301 in 1 (one) of 2 (two) observations; room # 302 in 1 (one) of 2 (two); room #312 in 1 (one) of 2 (two); room #332 in 1 (one) of 2 (two); room #327 in 2 (two) of 2 (two); room 333 in 2 (two) of 2 (two); room #335 in 2 (two) of 2 (two); Pantry in 1 (one) of 1 (one); and clean utility in 2 (two) of 2 (two) observations. These findings were observed between 1:45pm and 3:05pm on February 9, 2017, in 14 of 19 observations.</p> <p>Fourth Floor areas: Day room in 4 (four) of 4 (four) observations; room #401 in 2 (two) of 4 (four); room #402 in 4 (four) of 4 (four); room #411 in 5 (five) of 5 (five); room #420 in 3 (three) of 4 (four); Hallway near room#420 in 3 (three) of 4 (four); room #425 in 1 (one) of 2 (two); and room #429 in 2 (two) of 4 (four) observations noted. These findings were observed between 12:30pm and 1:10 pm on February 10, 2017, in 30 of 37 observations.</p> <p>Fifth floor areas: Room# 502 in 1 (one) of 2 (two) observations; room #508 in 2 (two) of 2 (two); room# 523 in 1 (one) of 2 (two); room #530 in 1 (one) of 2 (two); room #532 in 2 (two) of 2 (two); room #536 in 2 (two) of 2 (two); Day Room in 1 (one) of 1 (one); Dining room in 1 (one) of 4 (four); Pantry in 1 (one) of 1 (one) and clean utility in 2 (two) of 2 (two) observations noted. These findings were observed between 1:20pm and 3:50pm on February 10, 2017, in 15 of 22 observations.</p> <p>Based on a review of facility records and through</p>	K 353	<p>K353 Tamper and Water Flow Alarm Switches have been tested on 10/5/16 and Will get retested by 3/15/17.</p> <p>The Maintenance director or designee will monitor the completion of facility quarterly Fire alarm/sprinkler device inspections And testing reports as well as confirmed the Inspection contract provides for quarterly Sprinkler testing on flow switches. The Alarm Company will provide a report On All devices not functioning during the Test.</p> <p>Identification of others with the Potential to be affected: All residents residing in the facility have the potential to be affected.</p> <p>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 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>Maintenance staff will be in serviced on fire Alarm system inspections and testing form documentation.</p>	3/15/17

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K 353	Continued From page 3 interview it was determined that Tamper and Water Flow Alarm Switches were not tested on a quarterly basis in one (1) of 3 quarters reviewed. The findings include: A review of the Water Flow Sprinkler Reports revealed that during the third quarter; July 15, 2016, water flow devices were not tested as required. Only visual inspections were conducted instead of water flow testing, to determine if Tamper and Water Flow devices are operational in 1 (one) of 3 (three) observations on February 10, 2017 at 4:30pm National Fire Protection Association - NFPA25.	K 353	K353 Monitoring Corrective action: Random Environmental audits will be Conducted by the Director of Engineering or designee 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.	
K 372 SS=D	NFPA 101 Subdivision of Building Spaces - Smoke Barrie Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection, it was discovered that there were penetrations in ceiling surfaces in 5 (five) of 10 (ten) observations. Penetrations in ceiling surfaces would not stop the passage of smoke	K 372	K 372 Corrective action for resident affected: Penetration surrounding copper pipe in soiled laundry room and in ceiling tile in the soiled laundry room have been repaired on 3/3/17. Penetrations in ceiling surfaces around sprinkler heads and escutcheon rings in room # 224; Toilet room #226; and the Fifth Floor Day Room have been repaired on 3/3/17. Penetration in the ceiling surface around The Exit sign adjacent to room #401 The above penetrations have been repaired on 3/3/17. Identification of others with the potential to be affected: Director of Engineering and the Maintenance team conducted a	3/15/17

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K 372	Continued From page 4 through smoke barrier walls in the event of a fire. These findings were observed in the presence of the Director of Maintenance. The findings include: Penetrations of approximately 3-4 inches were observed in ceiling surfaces surrounding copper pipes on the soiled side of the laundry room. Also, penetrations in the ceiling tiles in the soiled laundry room were noted above the hand sink in 1 (one) of 1 (one) observation at 10:20 am on February 9, 2017. Penetrations were observed in ceiling surfaces around sprinkler heads and escutcheon rings in room # 224 in 1 (one) of 2 (two) observations; Toilet room #226 in 1 (one) of 1 (one) observation; and the Fifth Floor Day Room in 1 (one) of 5 (five) observations completed on February 9, 2017 between 12:15pm and 12:45pm. A penetration approximately 2-3 inches in diameter was observed in the ceiling surface around the Exit sign adjacent to room #401 in 1 (one) of 1 (one) observation at 12:45pm on February 9, 2016	K 372	K372 house wide environmental audit on 3/6/17 to ensure the facility ceiling areas were sealed as required. Identified areas with penetrations were corrected immediately. 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.	3/15/17
K 918 SS=D	NFPA 101 Electrical Systems - Essential Electric System Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this	K 918	K 918 Corrective action for resident affected: The Emergency Generator was not exercised under load for at least 30 minutes each month.	

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K 918	<p>Continued From page 5</p> <p>capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked and readily identifiable. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on a review of facility records and through interview, it was determined that the Emergency Generator was not exercised under load for at least 30 minutes each month to ensure proper operation in the event of an emergency as required in 3 (three) of 12 (twelve) months reviewed. These findings were observed in the presence of the Maintenance Director.</p> <p>The findings include:</p> <p>During a review of the Emergency Generator Log;</p>	K 918	<p>K918</p> <p>Identification of others with the Potential to be affected:</p> <p>Director of engineering will ensure that our Engineering contractor conducts A full 30 min load test on the Generator and get a report from our Engineering contractor that it is Operating with no issues under Load during a full 30 min test.</p> <p>Measure to prevent recurrence:</p> <p>Director of Engineering will in-service our Engineering contractor on the importance of running a load test for a full 30 min 12 times a year in 20-40 day intervals</p> <p>Measure to prevent recurrence:</p> <p>Director of Engineering will audit the Generator logs monthly for 3 months Findings will be reported to the Quality Assurance Performance</p> <p>Improvement Committee monthly for the next 3 months.</p>	3/15/17

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K 918	<p>Continued From page 6</p> <p>it was determined that the Emergency Generator was not exercised under load each month for at least 30 minutes in the following instances:</p> <p>On April 3, 2016 the beginning odometer reading was 303.21 with the final reading of 303.57, which is 21.6 minutes.</p> <p>On June 5, 2016 the beginning odometer reading was 309.06 with the final reading of 309.48, which is 24.2 minutes.</p> <p>On August 14, 2016 the beginning odometer reading was 313.33 with the final reading of 18.6 minutes.</p> <p>The above exercises were less than the required 30 minutes of testing for each month in 3 (three) of 12 (twelve) observations noted at 4:15pm on February 10, 2017. NFPA 99-6.4 and 6.5.4</p>	K 918		3/15/17	