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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095005	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	12/04/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE WASHINGTON HOME	3720 UPTON STREET NW WASHINGTON, DC 20016

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 inspection was conducted on December 4, 2006. The following deficiencies were based on observations made in the presence of the Director of Maintenance.	K 000	**K 048 – NFPA Life Safety** Code Standard **Corrective Action(s):** A corrected copy of the facility's evacuation route drawing has since been displayed in the hallways of the facility.	
K 048 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code inspection, it was determined that evacuation route drawings in the hallways failed to match the actual layout of the facility. These findings were observed in the presence of the Director of Maintenance. The findings include: Evacuation route drawings had directions for exit stairways and call stations that failed to match the actual layout of the facility in the following areas: Second Floor near 216A, 2B dayroom and 238B in three (3) of six (6) observations between 4:14 PM and 5:10 PM on December 4, 2006. Third Floor near room 308B and 316A in two (2) of (2) observations between 5:50 PM and 6:30 PM on December 4, 2006.	K 048	**Identification of Deficient Practices & Corrective Action(s):** All other hallways may potentially affected. The Director of Maintenance conducted a facility tour to identify noncompliance. Any/all noncompliance was corrected at time of discovery. **Systemic Change(s):** The facility safety committee and the Director of Maintenance was inserviced on this requirement utilizing the provision of 19.7.1.1. **Monitoring:** The Administrator is responsible for maintaining compliance. The Administrator and / or designee will conduct random audits to monitor compliance. Findings will be reviewed and analyzed for changes in administration, policy, procedure, and or facility practice. **Compliance Date: January 7, 2007**	
K 072 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained free	K 072		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Adriane K. Olivo-Thomas, Interim Administrator — TITLE — (X6) DATE: 12/26/06

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.

PRINTED: 12/11/2006
FORM APPROVED
OMB NO. 0938-0391

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K 072 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained free	K 072		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Adrian Olivia Thomas — TITLE: Interim Admin — (X6) DATE: 1/5/07

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K 072	Continued From page 1 of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code inspection, it was determined that an egress route was obstructed. This finding was observed in the presence of the Director of Maintenance . The findings include: The egress area at the bottom of the stairwell on the 2B south side exit to the outside was covered with leaves and weed growth on the exterior of the building in one (1) of one (1) observation at approximately 4:30 PM on December 4, 2006.	K 072	K072 1. All leaves and weed growth has been removed from the 2B Southside exit. 2. All fire exits leading to outside of building were reviewed to ensure that all others were compliant. 3. Facility Maintenance staff will complete weekly reviews of all fire exits leading to the outside to ensure compliance. 4. Findings from the weekly review of outside fire exits will be reported to facility Performance Improvement Committee monthly. K130 1. All the areas cited for peeling paint on metal plates under stairwell exits number 2, 3, 5, and 7 have been repainted. 2. Facility maintenance staff performed 100 percent audit of all fire exit stairwell to ensure that they were compliant. 3. Facility Maintenance staff will complete monthly reviews of all fire stairwells to ensure ongoing compliance. 4. Findings from monthly stairwell reviews will be presented to facility Performance Improvement Committee monthly.	12/5/06 12/11/06 1/3/07 1/7/07 12/20/06 12/22/06 1/3/07 1/7/07
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code inspection, it was determined that peeling paint was observed under stairwells. These findings were observed in the presence of the Director of Maintenance.	K 130		

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K 130	Continued From page 2 The findings include: Peeling paint was observed on metal plates under stairwell exits number 2, 3, 5 and 7 in four (4) of 15 observations between 4:30 PM and 6:40 PM on December 1, 2006.	K 130		