

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

PRINTED: 10/22/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  095005	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  10/11/2007
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NAME OF PROVIDER OR SUPPLIER  THE WASHINGTON HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3720 UPTON STREET NW WASHINGTON, DC 20016
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATOR 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
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K 000	INITIAL COMMENTS	K 000		
K 017 SS=E	<p>The annual Life Safety Code inspection was conducted on October 11, 2007. The following deficiencies were based on observations.</p> <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Corridors are separated from use areas by walls constructed with at least ½ hour fire-resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5</p> <p>This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code inspection, it was determined penetrations were observed in smoke barrier walls which would not prevent the passage of smoke in the event of a fire. These observations were made in the presence of the Employees #4 and 5.</p> <p>The findings include:</p> <p>First Floor</p>	K 017	<p><b>1. Corrective Action(s)</b></p> <p>The one (1) inch openings observed under pipes penetrating through wall surfaces near C145 and in the storage room in four of six observations has since been repaired.</p> <p>The two (2) openings 1-2 inches in diameter observed in wall surfaces around metal pipes near room C145 and C165 has since been repaired.</p> <p>The opening approximately 3-4 inches observed in the laundry room wall around a water pipe near the washers has since been repaired.</p> <p>The 1-2 inch openings observed around the conduit pipes that pass through the floor to the lower level in the electrical closet near B218 was corrected immediately.</p> <p>The 1-2 inch openings observed around the conduit pipes that pass through the floor to the lower level in the electrical closet was corrected immediately.</p> <p>The 1-2 inch opening observed around the standpipe that passes through the floor near the entrance to unit 2A has since been corrected.</p> <p>The 1-2 inch openings observed around the conduit pipes that pass through the floor to the lower level in the electrical closet A366 has since been corrected.</p> <p>The 4 inch opening observed in the wall surface around communication wires and the one inch opening observed around BX cables in the electric closet near room A366 has since been corrected.</p>	10/11/07

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Dr. Richter* TITLE *Administrator* (X6) DATE *11/9/07*

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 when 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 017	<p>Continued From page 1</p> <p>One (1) inch openings were observed around pipes penetrating through wall surfaces near C145 and the storage room in four (4) of six (6) observations between 9:10 AM and 9:15 AM on October 11, 2007.</p> <p>Two (2) openings 1-2 inches in diameter were observed in wall surfaces around metal pipes near room C164 and C165 in three (3) of three (3) observations at 9:20 AM on October 11, 2007.</p> <p>An opening approximately 3-4 inches was observed in the laundry room wall around a water pipe near the washers in one (1) of four (4) observations at 9:30 AM on October 11, 2007.</p> <p>Openings approximately 1-2 inches were observed around conduit pipes that pass through the floor to the lower level in the electric closet in two (2) of seven (7) observations at 10:20 AM on October 11, 2007.</p> <p>Second Floor</p> <p>Openings approximately 1-2 inches were observed around conduit pipes that pass through the floor to the lower level in the electric closet near B218 in two (2) of seven (7) observations at 10:25 AM on October 11, 2007.</p> <p>An opening was observed approximately 1-2 inches around the standpipe that passes through floor near the entrance to unit 2A in one (1) of one (1) observation at 10:45 AM on October 11, 2007.</p> <p>Third Floor</p> <p>An opening approximately 1-2 inches was observed around conduit pipe passing through</p>	K 017	<p>2. Identification of Deficient Practices &amp; Corrective Actions: Other wall surfaces with pipe or wire penetrations have the potential to be affected. The environmental observation tool has been expanded to include weekly inspections of pipe or wire penetrated walls for ongoing inspection, repair, and preventative maintenance. The director of plant operations and maintenance will audit the entire facility to identify risks. Any negative findings will be corrected at time of discovery and reported to the QA Committee.</p> <p>3. Systemic Change(s): The facility has reviewed its' currently policy and procedure. The environmental observation tool has been expanded to include weekly inspections of pipe or wire penetrated walls for ongoing inspection, repair, and preventative maintenance. The Director of Plant Operations and maintenance staff will be inserviced by the Administrator on the provisions of NFPA 101 Life Safety Code Standards specifically maintaining smoke barrier walls without penetrations.</p> <p>4. Monitoring: The Director of Plant Operations and /or designee is responsible for maintaining compliance. The QA Program includes and expanded observation tool for weekly inspections / preventative maintenance of walls penetrated by pipe / wire. Findings will be reported to the QA Committee for recommendations for changes in current policy or practice and the need for further audits and or action plans.</p> <p>5. Date of Compliance: 11/09/07</p>	10/15/07	11/2/07	11/9/07

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FORM CMS-2567(02-99) Previous Versions Obsolete      Event ID: WUZV21      Facility ID: WASHHOME      If continuation sheet Page 3 of 6

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K 018	Continued From page 3 Based on observations during the Life Safety Code inspection, it was determined that double swinging fire doors and single doors failed to close when tested. These findings were observed in the presence of Employees #4 and 5. The following observations were made between 9:30 AM and 12:45 PM on October 11, 2007.  The findings include:  1. Double doors failed to close without assistance when tested near rooms A164, B118 and 3A conference room in three (3) of 18 observations.  2. Single doors failed to close without assistance when tested near rooms A240 and A335 in two (2) of 18 observations.  Employees #4 and 5 acknowledged the above findings at the time of the observations.	K 018	4. Monitoring: The Director of Plant Operations and /or designee is responsible for maintaining compliance. The QA Program includes and expanded observation tool for weekly inspections / preventative maintenance of automatic door closures. Findings will be reported to the QA Committee for recommendations for changes in current policy or practice and the need for further audits and or action plans.  5. Date of Compliance: 11/09/07		11/9/07
K 050 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2  This STANDARD is not met as evidenced by: Based on observations during the Life safety	K 050	1. Corrective Action(s) An unannounced fire drill was conducted on all units and all shifts immediately following the observation. Appropriate observation and documentation was completed as well. The Director of Plant Operations and Maintenance Staff were inserviced immediately. Appropriate quarterly log books were assembled for future drills and documentation maintenance.		10/18/07

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K 130	<p>Continued From page 5</p> <p>This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code inspection, it was determined that a metal divider in the hallway floor was damaged and a pipe was leaking in the stairwell. These findings were observed in the presence of Employees # 4 and 5.</p> <p>The findings include:</p> <p>1. During the Life Safety Code inspection it was determined that a metal divider in the hallway near room 164 was damaged and not secured to floor surfaces in one (1) of one observation at 10:00 AM on October 11, 2007.</p> <p>2. The water supply line in stairwell #2 was leaking and rust formation was observed around the fitting in one (1) of one (1) observation at 10:40 AM on October 11, 2007.</p> <p>Employees #4 and 5 acknowledged the above findings at the time of the observations.</p>	K 130	<p><b>1. Corrective Action(s)</b> The metal divider observed in the hallway near room 164 was repaired immediately.</p> <p>The water supply line in stairwell #2 has since been repaired by the Sprinkler Maintenance Contractor and the rust Observed around the fitting has been removed and repaired.</p> <p><b>2. Identification of Deficient Practices &amp; Corrective Actions:</b> Other metal hallway dividers and water supply lines have the potential to be at risk. Maintenance will inspect 100% of the metal hallway dividers and the water supply lines in each stairwell to identify risks. Any/all negative findings will be corrected at time of discovery.</p> <p><b>3. Systemic Change(s):</b> The facility has reviewed its' currently policy and procedure. The Administrator will inservice the Director of Plant Operations and Maintenance staff on the provisions of NFPA 101 Life Safety Code Standard. The environmental observation tool has been expanded to include metal hallway divider and the water supply line monitoring.</p> <p><b>4. Monitoring:</b> Maintenance is responsible for maintaining compliance. The QA Program now includes a monitoring tool for maintaining compliance. Maintenance and/or designee will conduct weekly audits for maintaining compliance. Any / all negative findings will be reported to the QA Committee for recommendations for changes in current policy or practice and the need for further audits and or action plans.</p> <p><b>5. Date of Compliance: 11/09/07</b></p>	<p>10/11/07</p> <p>10/11/07</p> <p>10/25/07</p> <p>11/9/07</p>	