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

(wine 11/15/07

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

(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 B. WING_ 095005 10/11/2007 NAME OF PROVIDER OR SUPFLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3720 UPTON STREET NW THE WASHINGTON HOME WASHINGTON, DC 20016 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) IO (EACH DEFINENCY MUST BE PRECEDED BY FULL REGULATOR) OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PRÉFIX DATE TAG DEFICIENCY) K 000 INITIAL COMMENTS K 000 The annual Lity Safety Code inspection was conducted on October 11, 2007. The following deficiencies were based on observations. Corrective Action(s) NFPA 101 LIF SAFETY CODE STANDARD K 017 K 017 The one (1) Inch openings observed under pipes SS=E penetrating through wall surfaces near C145 and in 10/11/07 Corridors are apparated from use areas by walls the storage room in four of six observations has constructed with at least 1/2 hour fire resistance since been repaired. rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In The two (2) openings 1-2 inches in diameter non-sprinklere buildings, walls properly extend observed in wall surfaces around metal pipes near room C145 and C165 has since been above the ceiling. (Corridor walls may terminate repaired. at the underside of ceilings where specifically permitted by Clide. Charting and clerical stations, The opening approximately 3-4 inches observed waiting areas, lining rooms, and activity spaces in the laundry room wall around a water pipe near may be open to the corridor under certain the washers has since been repaired. conditions spellified in the Code. Gift shops may be separated from corridors by non-fire rated The 1-2 inch openings observed around the walls if the gift shop is fully sprinklered.) 19:3.6.1, 19:3.6.5 conduit pipes that pass through the floor to the lower level in the electrical closel near B218 was corrected immediately. 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. The 1-2 inch opening observed around the This STANDAFID is not met as evidenced by: standpipe that passes through the floor near Based on obse vations during the Life Safety the entrance to unit 2A has since been corrected. Code inspection, it was determined penetrations The 1-2 inch openings observed around the were observed in smoke barrier walls which condult pipes that pass through the floor to the would not prevent the passage of smoke in the I lower level in the electrical closel A366 has event of a fire. These observations were made in since been corrected. the presence of the Employees #4 and 5. The 4 inch opening observed in the wall surface The findings include: around communication wires and the one inch opening observed around BX cables in the First Floor electric closel near room A366 has since been corrected... LABORATORY DIRECTOR'S OR PI VIDER SUPPLIER REPRESENTATIVE'S SIGNATURE (XB) DATE Taministra

program participation.

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 sufficier 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 doc ments are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

FORM CMS-2567(02-89) Previous Verilions Obsolete

Event ID: WUZV21

Facility ID: WASHHOME

If continuation sheet Page 1 of 6

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		DENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION L BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED -	
				G		10/	11/2007	
	PROVIDER OR SUPPLIER SHINGTON HOME			372	ET ADDRESS, CITY, STATE, ZIP CODE 0 UPTON STREET NW SHINGTON, DC 20016			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
K 017	pipes penetrating the C145 and the storal observations betwee October 11, 2007. Two (2) openings 1 observed in wall sunear room C164 and (3) observations at	ngs were observed around nrough wall surfaces near ge room in four (4) of six (6) en-9:10 AM and 9:15 AM on -2 inches in diameter were rfaces around metal pipes d C165 in three (3) of three 9:20 AM on October 11, 2007.	К0	17	2. Identification of Deficient Prace & Corrective Actions: Other wall surfaces with pipe or wire penetrations have the potential to be a The environmental observation tool had expanded to include weekly inspection pipe or wire penetrated walls for ongoinspection, repair, and preventative mather than the director of plant operations and mill audit the entire facility to identify a Any negative findings will be corrected of discovery and reported to the QA Corrected.	affected. as been as of ng aintenance. aintenance sks. at time	10/15/07	
	observed in the laur pipe near the washe observations at 9:30. Openings approxim observed around cothe floor to the lowe two (2) of seven (7). October 11, 2007. Second Floor. Openings approxim observed around cothe floor to the lower near B218 in two (2). 10:25 AM on October An opening was obsinches around the sinches around the sinches.	served approximately 1-2 tandpipe that passes through			3. Systemic Change(s): The facility has reviewed its' currently pand procedure. The environmental obstool has been expanded to include wee inspections of pipe or wire penetrated wfor ongoing inspection, repair, and prevmaintenance. The Director of Plant Opand maintenance staff will be inserviced by the Administrator on the provisions of 101 Life Safety Code Standards specific maintaining smoke barrier walls without penetrations. 4. Monitoring: The Director of Plant Operations and /or designee is responsible for maintaining compliance. The QA Program includes and expanded observation tool for week inspections / preventative maintenance walls penetrated by pipe / wire. Finding will be reported to the QA Committee for recommendations for changes in current policy or provides and the pened for further	ervation kly valls entative erations f NFPA cally	11/2/07	
	(1) observation at 16Third FloorAn opening approximation	mately 1-2 inches was nduit pipe passing through			policy or practice and the need for furthe audits and or action plans. 5. Date of Compliance: 11/09/07			

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	ULTIPLE LDING	E CONSTRUCTION 01 - MÁIN BUILDING 01	(X3) DATE SURVEY COMPLETED	
		095005	B. WIN	B. WING		10/	11/2007
	PROVIDER OR SUPPLIER SHINGTON HOME			3720	T ADDRESS, CITY, STATE, ZIP CODE DUPTON STREET NW SHINGTON, DC 20016	:	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
K 017	the floor in the electrone (1) of seven (7) at 12:15 PM on Ser Openings approximobserved in wall su wires and one (1) ir around BX cable wi	tric closet near room A366 in observations of conduit pipes otember 11, 2007. nately four (4) inches were rfaces around communication inch openings were observed re in the electric closet near 4) of five (5) observations at	ΚC	917			
K 018 SS=D	findings at the time NFPA 101 LIFE SA Doors protecting corequired enclosures hazardous areas ar those constructed owood, or capable of minutes. Doors in sequired to resist the no impediment to the are provided with a the door closed. Do are permitted.	rohibited by CMS regulations	K 0	18	1. Corrective Action(s) The double doors located near A164, and 3A have were corrected immediated. The single doors located near A240 and A335 were corrected immediately. 2. Identification of Deficient Prace Corrective Actions: Other double and single doors that are to close without assistance have the post tool has been expanded to include were inspections of double and single doors should close automatically when tested Maintenance and engineering have inspected to a single doors for proper operation. Any / all negative fir were corrected at time of discovery and the single doors of the corrected at time of discovery and the single doors of the corrected at time of discovery and the corrected as time of discovery and the corrected at time of discovery and the corrections.	ely. tices e otential servation ekly thal d. spected or dings	10/11/07
	in all health care factors. This STANDARD is	not met as evidenced by:			reported to the QA Committee. 3. Systemic Change(s): The facility has reviewed its' currently pand procedure. The environmental obtool has been expanded to include were inspections of automatic single and do door closures. The Director of Plant O and maintenance staff will be inservice by the Administrator on the provisions 101 Life Safety Code Standards specifications are specificated to the provision of the provisions specification of the provisions automatic door closures.	policy servation ekly uble perations id	10/19/07

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION NG 01 - MAIN BUILDING 01	(X3) DATE S	
		095005	B. Wil	NG _		10/1	1/2007
NAME OF PROVIDER OR SUPPLIER THE WASHINGTON HOME				3	REET ADDRESS, CITY, STATE, ZIP CODE 8720 UPTON STREET NW WASHINGTON, DC 20016		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
K 018	Based on observation Code inspection, it swinging fire doors close when tested observed in the pre The following obser 9:30 AM and 12:45 The findings include 1. Double doors fail when tested near research.	ons during the Life Safety was determined that double and single doors failed to These findings were sence of Employees #4 and 5. vations were made between PM on October 11, 2007.	K	018	4. Monitoring: The Director of Plant Operations and Jor 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	! **	1/9/07
K 050 SS=E	when tested near ro (2) of 18 observation. Employees #4 and a findings at the time NFPA 101 LIFE SAI. Fire drills are held a varying conditions, at The staff is familiar that drills are part of Responsibility for plansing and to exercise conducted between announcement may alarms. 19.7.1.2	of the observations. FETY CODE STANDARD It unexpected times under at least quarterly on each shift with procedures and is aware sestablished routine. In anning and conducting drills is in petent persons who are leadership. Where drills are 9 PM and 6 AM a coded be used instead of audible	К 0	50	1. Corrective Action(s) An unannounced fire drill was conducted on all units and all shifts immediately follow the observation. Appropriate observation a documentation was completed as well. The Director of Plant Operations and Maintenan Staff were inserviced immediately. Appropriately log books were assembled for futurially and documentation maintenance.	nd e ce iate	10/18/07
		not met as evidenced by: ons during the Life safety					

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K 050	staff failed to condu- each shift on a qual were observed in the and 5. The findings included Documentation was unannounced fire deregular basis. Second Quarter Unannounced fire dearing the 3:00 PM 11:00 PM to 7: 00 A June 30, 2007 in two on October 11, 2000 Third Quarter Unannounced fire dearing the 11:00 PM July 1 and Septembra	was determined that facility act unannounced fire drills afterly basis. These findings are presence of Employees #4 e: s not available to show that rills were conducted on a rills were not conducted to 11:00 PM shift and the M shift between April 1 and to (2) of three (3) observations	K	050	 Identification of Deficient Praces Corrective Actions: An unannounced fire drill was conduct on all units and all shifts immediately fithe observation. Appropriate observation documentation was completed as well Director of Plant Operations and Maint Staff were inserviced immediately. Apquarterly log books were assembled for drills and documentation maintenance. Systemic Change(s): The facility has reviewed its' currently pand procedure. The Administrator will inservice the Director of Plant Operation and Maintenance staff on the provision NFPA 101 Life Safety Code Standard, will observe and review documentation all fire drills for appropriateness. Monitoring: The Administrator is responsible for macompliance. The QA Program now inclimonitoring loof for maintaining compliance QA Director / or designee will all audit / fire drills for maintaining compliance. A negative findings will be reported to the Committee for recommendations for chacurrent policy or practice and the need faudits and or action plans. Date of Compliance: 11/09/07 	ed collowing ion and The enance propriate or future colicy ns s of QA of intaining udes a nce. The observe ny / all QA anges in	10/18/07
K 130 SS=D	during the first, second cotober 1 and Dece three (3) observation NFPA 101 MISCELI	rills were not conducted ond or third shifts between ember 31, 2006 in three (3) of ns on October 11, 2007. LANEOUS CIENCY NOT ON 2786	K 1	30			

PRINTED: 10/22/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED 01 - MAIN BUILDING 01 A. BUILDING B. WING 095005 10/11/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3720 UPTON STREET NW** THE WASHINGTON HOME WASHINGTON, DC 20016 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) K 130 Continued From page 5 K 130 Corrective Action(s) The metal divider observed in the hallway near room 164 was repaired immediately. This STANDARD is not met as evidenced by: The water supply line in stairwell #2 was Based on observations during the Life Safety has since been repaired by the Sprinkler Code inspection, it was determined that a metal Maintenance Contractor and the rust divider in the hallway floor was damaged and a Observed around the fitting has been pipe was leaking in the stairwell. These findings removed and repaired. were observed in the presence of Employees #4 and 5. Identification of Deficient Practices & Corrective Actions: The findings include: Other metal hallway dividers and water supply lines have the potential to be at risk. Maintenance will inspected 100% of the metal hallway dividers 1. During the Life Safety Code inspection it was and the water supply lines in each stairwell to determined that a metal divider in the hallway identify risks. Any/all negative findings will be near room 164 was damaged and not secured to corrected at time of discovery. floor surfaces in one (1) of one observation at 10:00 AM on October 11, 2007. 3. Systemic Change(s): The facility has reviewed its' currently policy 2. The water supply line in stairwell #2 was and procedure. The Administrator will leaking and rust formation was observed around inservice the Director of Plant Operations the fitting in one (1) of one (1) observation at and Maintenance staff on the provisions of NFPA 101 Life Safety Code Standard. The 10:40 AM on October 11, 2007. environmental observation tool has been expanded to include metal hallway divider Employees #4 and 5 acknowledged the above and the water supply line monitoring. findings at the time of the observations. 4. Monitoring: 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.

Date of Compliance: 11/09/07