PRINTED: 03/29/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING	01 - MAIN BUILDING 01	
	095005	B. WING		02/02/2011
NAME OF PROVIDER OR SUPPLIER THE WASHINGTON HOME		37	EET ADDRESS, CITY, STATE, ZIP CODE 720 UPTON STREET NW /ASHINGTON, DC 20016	
PREFIX (EACH DEFICIENCY MUST I	TEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY ITIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLÉTION
conducted at your fact Based on observation interview the following NFPA 101 LIFE SAFI Corridors are separated constructed with at learning. In sprinklered required to resist the non-sprinklered build above the ceiling. (Constituted by Code. Of waiting areas, dining may be open to the conspecified in the Code from corridors by non is fully sprinklered.) This STANDARD is a Based on observation Inspection, it was detobserved above walls areas in five (5) of 11 were observed in the Facilities Employee # The findings include: First Floor	y Code Inspection was cility on February 1, 2011. n, record review and staff g deficiencies were cited. ETY CODE STANDARD ted from use areas by walls east ½ hour fire resistance I buildings, partitions are only passage of smoke. In ings, walls properly extend corridor walls may terminate at angs where specifically Charting and clerical stations, rooms, and activity spaces corridor under certain conditions off the shops may be separated in the gift shop 19.3.6.1, 19.3.6.2.1, 19.3.6.5 In the during the Life Safety code ermined that penetrations were in hallways and common observations. These findings presence of the Director of	K 000	The Washington Home makes its be operate in substantial compliance will Federal and State law. Submission of Correction (POC) does not constitute admission or agreement by any part board, officers, directors, employees as to the truth of the facts alleged or of the conditions set forth on the State Deficiencies. The following Plan of constitutes the facility's written credict allegation of compliance. It is prepare executed solely because it is required Federal and State law. First Floor 1. The 2-3 inch penetrations in wis surfaces around BX cable outsing approved fire stopping of the conditions are approved in the importance of observing ceiling penetrations. Wall and penetrations are apart of the life safety rounds conducted be operations. 4. These areas will be monitored the maintenance technicians are reported to supervisory staff. 5. Compliance Date Second Floor I 1. The 6 inch opening in wall surroom 262 on the second floor resealed using approved fire scompound.	ith both of this Plan tute an y, its sor agents the validity tement of Correction ble red and/or ed by vall side of 1A resealed compound. ooms/ airs s retrained g wall/ ceiling monthly y plant I daily by and 4/8/2011

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.

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU	JLTIP	LE CC	DNSTRUCTION	(X3) DATE SUF COMPLET	
		*	A. BUILI	DING	ì	01 - MAIN BUILDING 01		
		095005	B. WING	3 <u></u>			02/0	2/2011
	OVIDER OR SUPPLIER			37	720 U	DDRESS, CITY, STATE, ZIP CODE IPTON STREET NW HINGTON, DC 20016		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFI) TAG	K		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
K 017	surfaces around BX Unit 1 A near the So three (3) observation 2011. Second Floor 1. A 6 inch opening onear room 262 on the observations between February 2, 2011 in observations. 2. A 3 " inch opening of the second floor communication wires 220 in one (1) of 10	ation was observed in wall cable outside of the entrance to iled Holding Room in one (1) of its at 9:40 AM on February 2, was observed in wall surfaces e second floor in one (1) of four en 10:00 Am and 10:30 AM on one (1) of three (3) g was observed around sover ceiling tiles near room observations at 11:00 AM on g was observed in wall surface that passes through floor ric Closet near room 262 in one roations at 11:30 AM on	ΚO		4. 5. <u>Sec</u> 1. 2. 3.	Wall penetrations in all other rinspected and repairs schedul indicated. The Plant Operations staff waretrained on the importance of wall/ceiling penetrations. Wall ceiling penetrations are a part monthly life safety rounds complant operations. These areas will be monitored the maintenance technicians a reported to supervisory staff. Compliance Date cond Floor II The 3 inch opening around contion wires over ceiling tiles near 220 was resealed using approstopping compound. Wall penetrations in all other rinspected and repairs schedul indicated. The Plant Operations staff was on the importance of observing ceiling penetrations. Wall and penetrations are part of the masafety rounds conducted by ploperations. These areas will be monitored the maintenance technicians a reported to supervisory staff. Compliance Date cond Floor III The 6 inch opening in wall sur around conduit pipe that passe floor surfaces in the Electric C room 262 was resealed using	ded as as as as f observing and of the ducted by I daily by and mmunica- ar room oved fire ooms were ded as as retrained g wall/ ceiling onthly life ant I daily by and face es through loset near	4/8/2011 02/04/11.
	those constructed of wood, or capable of	1¾ inch solid-bonded core resisting fire for at least 20 prinklered buildings are only				fire stopping compound:		02/04/11.

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,			NSTRUCTION	(X3) DATE SUR COMPLETE	
			A. BUII	LDING	3	01 - MAIN BUILDING 01		
		095005	B. WIN	IG			02/02	2/2011
	ROVIDER OR SUPPLIER SHINGTON HOME			37	720 UI	DDRESS, CITY, STATE, ZIP CODE PTON STREET NW INGTON, DC 20016		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREF TAG			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPERTION OF THE APPROPERTIES OF THE A	D BE	(X5) COMPLETION DATE
K 018	no impediment to the are provided with a redoor closed. Dutch permitted. 19.3.6.	e passage of smoke. There is e closing of the doors. Doors means suitable for keeping the doors meeting 19.3.6.3.6 are 3	К	018	 3. 4. 5. 	Wall penetrations in all other reinspected and repairs schedul indicated. The Plant Operations staff was on the importance of observing ceiling penetrations. Wall and penetrations are a part of the relife safety rounds conducted be operations. These areas will be monitored the maintenance technicians a reported to supervisory staff. Compliance Date The 2' foot X 18" penetration in	ed as s retrained g wall/ ceiling monthly y plant I daily by and	4/8/2011
	Based on observation Inspection, it was de doors failed to close tested in six (6) of 27 open by door stops in observations, closet from closing while in 20 observations. The presence of Direct The findings includes 1. Entrance doors to close, latch into frame when tested at the e 220 Shower Room, 2	ons during the Life Safety Code etermined that residents rooms and latch into frames when observations, doors were held in three (3) of three (3) doors impeded entrance doors the open position in six (6) of less findings were observed in ector of Facilities Employee #8.			 3. 4. 	surface over the entrance to U resealed using approved fire s compound. Wall penetrations in all other reinspected and repairs schedul indicated. The Plant Operations staff was on the importance of observing ceiling penetrations. Wall and penetrations are a part of the relife safety rounds conducted b operations. These areas will be monitored the maintenance technicians a reported to supervisory staff. Compliance Date	Jnit 3 was stopping ooms were ed as s retrained g wall/ ceiling monthly y plant daily by	02/04/11.
2	2. French double do	ors located at the entrance to						

		IDENTIFICATION NUMBER:	A. BUILDING	01 - MAIN BU	JILDING 01	COMPLETI	ED
		095005	B. WING			02/03	2/2011
	OVIDER OR SUPPLIER		3	EET ADDRESS, CITY, S 720 UPTON STREE ASHINGTON, DO	T NW	02/02	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	(EACH COF	ER'S PLAN OF CORRECTI RRECTIVE ACTION SHOUL ERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
K 038 SS=D	the first floor were he three (3) of three (3) and 11:30 AM on Fe 3. Closet doors imperciosing when they were the entrances to roo and 355 in six (6) of AM and 3:30 PM on NFPA 101 LIFE SAFExit access is arrang accessible at all time 7.1. 19.2.1 This STANDARD is Based on observation in the stairwes with ice and accumulate were observed in the Facilities Employee of the landing area and stairwell, near Room	aing Room and the Chapel on eld open by a door stops in observations between 9:AM bruary 1, 2011. Reded entrance doors from ere held in the open position, at ms 112, 128, 144, 220B, 334B 20 observations between 9:50 February 1, 2011. FETY CODE STANDARD ged so that exits are readily es in accordance with section not met as evidenced by: ns during the Life Safety Code termined that the landing area ell near 216B was obstructed lated leaves. These findings a presence of the Director of #8.	K 018	into the dod doors to re close or we entrances to Shower Ro. 2. Door close inspected, were notice on the importance of	Operations staff wan ortance of inspectings on all rated doors om doors. Observating relations are a part as safety rounds as will be monitored an ance technicians a supervisory staff.	ted on failed to at the 220 /04/11. s were concern s retrained ag/observing to include tions of of the well as plant	4/8/2011
K 048 SS=E	1, 2011. NFPA 101 LIFE SAF	etions at 11:30 PM on February EETY CODE STANDARD an for the protection of all	K 048				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING	G 01 - MAIN BUILDING 01	10
	d _e	095005	B. WING		02/02/2011
NAME OF PR	ROVIDER OR SUPPLIER	7	STF	REET ADDRESS, CITY, STATE, ZIP CODE	n
THE WAS	SHINGTON HOME			3720 UPTON STREET NW WASHINGTON, DC 20016	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
K 048	Continued From pag	je 4	K 048	³ K018 #2	
	emergency. 19.7.			1. Automatic door closers were the maintenance department. French double doors located entrance to the rooms A170, I Room and the Chapel on the	for the at the Dining
	Based on observation Safety Code Inspect Evacuation Routes in and residents to the emergency lacked in Pull Stations, Fire Exphones to call Operatin six (6) of 18 observations	not met as evidenced by: on and interview during the Life ion, it was determined that in the hallways that direct staff nearest exits during a fire information on the locations of extinguishers and the locations of eator "O" as listed on drawings evations. These findings were lence of the Director of Facilities		that were held open by door s stops to be removed and insta work to be scheduled for com the maintenance technicians 2. Door stops in all other areas of the were noticed. 3. The Plant Operations staff was on the importance of inspecting door stops on all rated doors to resident room doors. Observations are a part monthly life safety rounds as a code red drills conducted by proper door closers are a part monthly life safety rounds as a code red drills conducted by proper door closers.	etops. Door allation pletion by 04/8/2011 were concern as retrained ag/observing to include ations of of the well as
K 062 SS=E	direct staff and resid fire drills and emerge locations, location of locations of Operato hallways near the Sc 170, 216B, 331, 351 observations between February 1, 2011. NFPA 101 LIFE SAF Required automatic continuously maintait condition and are ins 19.7.6, 4.6.12, NFPA	located in the hallways that ent 's to the nearest exit during encies; lacked Pull Station Fire extinguishers and the r "O" on drawing in the biled Linen Room on Unit 1A, A and 334 in six (6) of 18 en 9:50 AM and 3:30 PM on ETY CODE STANDARD sprinkler systems are ned in reliable operating spected and tested periodically. A 13, NFPA 25, 9.7.5	K 062	operations. 4. These areas will be monitored the maintenance technicians a reported to supervisory staff. 5. Compliance Date K018 #3 1. Closet doors that impeded ent from closing when they were lopen position at the entrances	d daily by and 04/8/2011 rance doors neld in the sto rooms ad 355 had ed and technicians ent rooms removed as s retrained ng/observing pors that

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI	JLTIP	TIPLE CONSTRUCTION (X3) DATE SU COMPLE	
			A. BUIL	DING	NG 01 - MAIN BUILDING 01	
		095005	B. WIN	G	02/6	2/2011
	COVIDER OR SUPPLIER		•	37	TREET ADDRESS, CITY, STATE, ZIP CODE 3720 UPTON STREET NW WASHINGTON, DC 20016	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 130 SS=E	Sprinkler heads were dust and were not mensure that sprinkler an emergency in 13 findings were observed birector of Facilities. The findings include 1. Sprinkler heads we following areas; near (3) observations; 2. Hallway outside or observations; 3. Hallway near room four (4) observations 4. Open areas adjace Unit 2B in one (1) of 5. Areas adjacent to near room 351B in the 6. Hallway near 3131 observations between February 1, 2011.	e observed to be soiled with naintained on a regular basis to rs are operational in the event of of 22 observations. These yed in the presence of the Employee #8. : ere soiled with dust in the r room 104A in one (1) of three If the Gift Shop in three (3) of (4) ms 223 and 224 in three (3) of (5); ent to the Nurses Station on three (3) observations; the Nurses Station and hallway hree (3) of five (5) observations; B in two (2) of three (3) en 9:50 AM and 3:30 PM on		062	a part of the monthly life safety rounds as well as code red drills conducted by plant operations. 4. These areas will be monitored daily by the maintenance technicians and reported to supervisory staff. 5. Compliance Date K038 1. The landing area and sidewalk area outside of the stairwell near Room 216B was cleared of all snow and debris. 2. All exterior landing areas and sidewalks were observed. No other areas of concerver noticed. 3. The Plant Operations staff was retrained on the importance of inspecting/observir exterior landing areas and sidewalks for obstructions and icy conditions. Observation of landing areas and sidewalks are a part of monthly life safety rounds as well as immediately observed during inclement weather conditions. 4. These areas will be monitored daily by the maintenance technicians and reported to supervisory staff. 5. Compliance Date K048 1. The location of fire extinguishers and the location of Operator "O" were	02/11/11 02/03/11. Ing
	Based on observation	not met as evidenced by: ons and interview during the Life ion it was determined				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING 01 - MAIN BUILDING 01 B. WING_ 095005 02/02/2011 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 (X4) ID (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE DATE OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) K 130 | Continued From page 6 K 130 All evacuation route maps were that the emergency generator odometer failed to observed, corrections documented and display the exercise times in tenths in one (1) of one are replaced. (1) observation and it was difficult to determine the 4/8/2011 actual run times after reviewing the log book to 3. The Plant Operations staff was retrained meet the minimum requirement of one exercise per on the importance of observing month at 30% of the plate load for 30 " minutes in evacuation route maps. Evacuation route six (6) of 10 observations. These findings were maps are observed as a part of the observed in the presence of the Director of Facilities monthly life safety rounds conducted by Employee #8. plant operations. These areas will be monitored daily by The findings include: the maintenance technicians and reported to supervisory staff. During a survey of the Emergency Generator and 5. Compliance Date 4/8/2011 the Emergency Generator log, it was determined that the Generator odometer lacks a dial to K062 determined the actual run times in tenths of an hour. Sprinkler heads in the observed areas After reviewing the log book it was difficult to were cleaned by housekeeping staff. 02/01/11. determine the actual run times of the generator 2. Sprinkler heads throughout the facility under load and no-load conditions as evidenced by were observed. No other areas of the following observations. concern were noticed. The Plant Operations staff was retrained 1. On August 30, 2010 the generator was exercised on the importance of observing highfor one hour from 8:30 AM to 9:30 AM under load dusting areas, especially sprinkler heads. conditions with a final odometer reading of 620; on Observations and corrections of clean-September 13, 2010 the generator was exercised liness of sprinkler heads are a part of the for 20 minutes between 8:00AM to 8:20 AM, under monthly life safety rounds conducted by no load conditions, the final odometer reading plant operations. remained at 620 after a one and a half hours of 4. These areas will be monitored daily by operation which is inaccurate for that period. the maintenance technicians and reported to supervisory staff. 2. On September 30, 2010 the generator was 5. Compliance Date 4/8/2011 exercised for one hour from 9:00 AM to 10:00 AM K130 under load, the final odometer reading was 621 which is inaccurate and should have been higher at 1. Plant Operations has ordered a control the end of this exercise rendering the exercise to be board component that includes a digital invalid. readout displaying times to the second. 4/8/2011 2. Generator load testing completed at no less than one hour minimum.

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,			DNSTRUCTION	(X3) DATE SUP COMPLET	
		*	A. BUII	DING	6	01 - MAIN BUILDING 01		
		095005	B. WIN	G			02/0	2/2011
	ROVIDER OR SUPPLIER			3	720 L	ADDRESS, CITY, STATE, ZIP CODE IPTON STREET NW HINGTON, DC 20016		10
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFI TAG			PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
K 130	3. On October 14, 20 exercised for twenty AM, the final odome rendering the time o 4. On October 28, 20 exercised for one hot the final odometer resame as the final rearendering the time o 5. On November 17, exercised for twenty AM under load the fi which is higher than October 28, 2010, reto be invalid. 6. On November 30, exercised under load fifty minutes, the final which is reasonably 7. On December 15, exercised from 8:00 without a load, the ois inaccurate for that 8. On January 2, 20 for one hour under load the final odometer reasonably accurate 9. On January 12, 20 exercised without a load the final odometer reasonably accurate	2010 the generator was minutes from 8:00 AM to 8:20 ter reading was 624 and for the exercise to be invalid. 2010 the generator was pur from 9:00 AM to 10:00 AM, reading was 624, which is the reading for previous exercise for the exercise to be invalid. 2010 the generator was minutes from 9:10 AM to 9:30 read odometer reading was 625 the previous reading on rendering the time of the exercise deform 9:00 AM to 9:50 AM for all odometer reading was 626 reaccurate. 2010 the generator was AM to 8:25 AM for 25 minutes dometer remained at 626 which time period. 2011 the generator was exercised or from 6:45 PM to 7:45 PM, reading was 628 which is for that period. 2011 the generator was oad from 10:00 AM to 10:25 ter reading remained at 628	K	130		The engineer staff was retrain conducting load tests at time in less than one hour. Load to conducted once monthly. Obsof generator load testing are at the monthly generator load test conducted by engineering. These areas will be monitored by the engineers and reported supervisory staff. Compliance Date	intervals ests are servations a part of st d monthly	Ongoing 4/8/2011

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1.				B) DATE SURVEY COMPLETED	
		095005	B. WIN	G	· ·	02/0	2/2011	
2000 1000 000 000 000 000 000 000 000 00	ROVIDER OR SUPPLIER			372	ET ADDRESS, CITY, STATE, ZIP CODE 20 UPTON STREET NW ASHINGTON, DC 20016	0270.	2/2011	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
K 130	a. The emergency g dial to record genera to ensure accurate e (1) observation at 4:	enerators odometer lacked a ator exercises in tenth of hours exercise times in one (1) of one 20 PM on February 1, 2011.	К	130				
	determined that odo emergency generate to determine if exerc minutes under load a September 30, 2010 17, 2010; November	ation and record review it was meter readings from the or odometer were not accurate cises under load for 30 " and no load conditions; on 0; October 28, 2010; November or 30, 2010, December 15; 2010 11 in six (6) of 10 observations.					v	