

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>095005</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/02/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE WASHINGTON HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3720 UPTON STREET NW WASHINGTON, DC 20016</b>	
(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	The Washington Home makes its best effort to operate in substantial compliance with both Federal and State law. Submission of this Plan of Correction (POC) does not constitute an admission or agreement by any party, its board, officers, directors, employees or agents as to the truth of the facts alleged or the validity of the conditions set forth on the Statement of Deficiencies. The following Plan of Correction constitutes the facility's written credible allegation of compliance. It is prepared and/or executed solely because it is required by Federal and State law.	
K 017 SS=D	<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:</p> <p>Based on observations during the Life Safety code Inspection, it was determined that penetrations were observed above walls in hallways and common areas in five (5) of 11 observations. These findings were observed in the presence of the Director of Facilities Employee # 8.</p> <p>The findings include: First Floor</p>	K 017	<p><u>First Floor</u></p> <ol style="list-style-type: none"> <li>The 2-3 inch penetrations in wall surfaces around BX cable outside of 1A near soiled holding room were resealed using approved fire stopping compound.</li> <li>Wall penetrations in all other rooms/ areas were inspected and repairs scheduled as indicated.</li> <li>The Plant Operations staff was retrained on the importance of observing wall/ ceiling penetrations. Wall and ceiling penetrations are a part of the monthly life safety rounds conducted by plant operations.</li> <li>These areas will be monitored daily by the maintenance technicians and reported to supervisory staff.</li> <li>Compliance Date</li> </ol> <p><u>Second Floor I</u></p> <ol style="list-style-type: none"> <li>The 6 inch opening in wall surfaces near room 262 on the second floor was resealed using approved fire stopping compound.</li> </ol>	<p>02/04/11.</p> <p>4/8/2011</p> <p>02/04/11.</p>

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

*Alfred H. Boyle*

TITLE

*Administrator*

(X6) DATE

*4/8/11*

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 017	Continued From page 1  1. A 2-3 inch penetration was observed in wall surfaces around BX cable outside of the entrance to Unit 1 A near the Soiled Holding Room in one (1) of three (3) observations at 9:40 AM on February 2, 2011.  Second Floor  1. A 6 inch opening was observed in wall surfaces near room 262 on the second floor in one (1) of four observations between 10:00 Am and 10:30 AM on February 2, 2011 in one (1) of three (3) observations.  2. A 3 " inch opening was observed around communication wires over ceiling tiles near room 220 in one (1) of 10 observations at 11:00 AM on February 1, 2011.  3. A 6 " inch opening was observed in wall surface around conduit pipe that passes through floor surfaces in the Electric Closet near room 262 in one (1) of three (3) observations at 11:30 AM on February 1, 2011.  Third Floor  1. A 2 ' foot X 18 " inch penetration was observed in wall surfaces over the entrance to Unit 3 A in one (1) of five (5) observations at approximately 3:30 PM on February 2, 2010.	K 017	2. Wall penetrations in all other rooms were inspected and repairs scheduled as indicated. 3. The Plant Operations staff was retrained on the importance of observing wall/ceiling penetrations. Wall and ceiling penetrations are a part of the monthly life safety rounds conducted by plant operations. 4. These areas will be monitored daily by the maintenance technicians and reported to supervisory staff. 5. Compliance Date <u>Second Floor II</u>  1. The 3 inch opening around communication wires over ceiling tiles near room 220 was resealed using approved fire stopping compound. 2. Wall penetrations in all other rooms were inspected and repairs scheduled as indicated. 3. The Plant Operations staff was retrained on the importance of observing wall/ceiling penetrations. Wall and ceiling penetrations are part of the monthly life safety rounds conducted by plant operations. 4. These areas will be monitored daily by the maintenance technicians and reported to supervisory staff. 5. Compliance Date <u>Second Floor III</u>	4/8/2011	02/04/11.
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only	K 018	1. The 6 inch opening in wall surface around conduit pipe that passes through floor surfaces in the Electric Closet near room 262 was resealed using approved fire stopping compound.	4/8/2011	02/04/11.



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K 018	<p>Continued From page 2</p> <p>required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observations during the Life Safety Code Inspection, it was determined that residents rooms doors failed to close and latch into frames when tested in six (6) of 27 observations, doors were held open by door stops in three (3) of three (3) observations, closet doors impeded entrance doors from closing while in the open position in six (6) of 20 observations. These findings were observed in the presence of Director of Facilities Employee #8.</p> <p>The findings include:</p> <p>1. Entrance doors to resident 's rooms failed to close, latch into frames and were difficult to close when tested at the entrances to rooms 103, 128, 220 Shower Room, 230, 302B in six (6) of 27 observations between 9:45 AM and 3:20 PM on February 1, 2011.</p> <p>2. French double doors located at the entrance to</p>	K 018	<p>2. Wall penetrations in all other rooms were inspected and repairs scheduled as indicated.</p> <p>3. The Plant Operations staff was retrained on the importance of observing wall/ ceiling penetrations. Wall and ceiling penetrations are a part of the monthly life safety rounds conducted by plant operations.</p> <p>4. These areas will be monitored daily by the maintenance technicians and reported to supervisory staff.</p> <p>5. Compliance Date</p> <p>1. The 2' foot X 18" penetration in the wall surface over the entrance to Unit 3 was resealed using approved fire stopping compound.</p> <p>2. Wall penetrations in all other rooms were inspected and repairs scheduled as indicated.</p> <p>3. The Plant Operations staff was retrained on the importance of observing wall/ ceiling penetrations. Wall and ceiling penetrations are a part of the monthly life safety rounds conducted by plant operations.</p> <p>4. These areas will be monitored daily by the maintenance technicians and reported to supervisory staff.</p> <p>5. Compliance Date</p>	4/8/2011	02/04/11.
				4/8/2011	

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K 018	Continued From page 3 the rooms A170, Dining Room and the Chapel on the first floor were held open by a door stops in three (3) of three (3) observations between 9:AM and 11:30 AM on February 1, 2011.  3. Closet doors impeded entrance doors from closing when they were held in the open position, at the entrances to rooms 112, 128, 144, 220B, 334B and 355 in six (6) of 20 observations between 9:50 AM and 3:30 PM on February 1, 2011.	K 018	<u>K018 #1</u> 1. Closers were readjusted and the latches into the doorframes were refitted on doors to resident's rooms that failed to close or were difficult to close at the entrances to rooms 103, 128, 220 Shower Room, 230, 302B. 02/04/11. 2. Door closers in all other rooms were inspected. No other areas of concern were noticed. 3. The Plant Operations staff was retrained on the importance of inspecting/observing door closers on all rated doors to include resident room doors. Observations of proper door closers are a part of the monthly life safety rounds as well as code red drill s conducted by plant operations. 4. These areas will be monitored daily by the maintenance technicians and reported to supervisory staff. 5. Compliance Date	4/8/2011
K 038 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1  This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection, it was determined that the landing area outside of the stairwell near 216B was obstructed with ice and accumulated leaves. These findings were observed in the presence of the Director of Facilities Employee # 8.  The findings include:  The landing area and sidewalk area outside of the stairwell, near Room 216B was observed to be obstructed with accumulated leaves and ice in one (1) of four (4) observations at 11:30 PM on February 1, 2011.	K 038		
K 048 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  There is a written plan for the protection of all	K 048		



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FORM CMS-2567(02-99) Previous Versions Obsolete      Event ID: 3XUF21      Facility ID: WASHHOME      If continuation sheet Page 5 of 9

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K 062	Continued From page 5 Sprinkler heads were observed to be soiled with dust and were not maintained on a regular basis to ensure that sprinklers are operational in the event of an emergency in 13 of 22 observations. These findings were observed in the presence of the Director of Facilities Employee #8.  The findings include:  1. Sprinkler heads were soiled with dust in the following areas; near room 104A in one (1) of three (3) observations;  2. Hallway outside of the Gift Shop in three (3) of (4) observations;  3. Hallway near rooms 223 and 224 in three (3) of four (4) observations,;  4. Open areas adjacent to the Nurses Station on Unit 2B in one (1) of three (3) observations;  5. Areas adjacent to the Nurses Station and hallway near room 351B in three (3) of five (5) observations;  6. Hallway near 313B in two (2) of three (3) observations between 9:50 AM and 3:30 PM on February 1, 2011.	K 062	Observations of proper door closers are 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 <u>K038</u> 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 concern were noticed. 3. The Plant Operations staff was retrained on the importance of inspecting/observing 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 <u>K048</u>	02/11/11  02/03/11.
K 130 SS=E	NFPA 101 MISCELLANEOUS  OTHER LSC DEFICIENCY NOT ON 2786  This STANDARD is not met as evidenced by: Based on observations and interview during the Life Safety Code Inspection it was determined	K 130	1. The location of fire extinguishers and the location of Operator "O" were corrected and updated at the identified Evacuation Routes.	4/8/2011



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K 130	<p>Continued From page 6</p> <p>that the emergency generator odometer failed to display the exercise times in tenths in one (1) of one (1) observation and it was difficult to determine the actual run times after reviewing the log book to meet the minimum requirement of one exercise per month at 30% of the plate load for 30 " minutes in six (6) of 10 observations. These findings were observed in the presence of the Director of Facilities Employee #8.</p> <p>The findings include:</p> <p>During a survey of the Emergency Generator and the Emergency Generator log, it was determined that the Generator odometer lacks a dial to determined the actual run times in tenths of an hour. After reviewing the log book it was difficult to determine the actual run times of the generator under load and no-load conditions as evidenced by the following observations.</p> <p>1. On August 30, 2010 the generator was exercised for one hour from 8:30 AM to 9:30 AM under load conditions with a final odometer reading of 620; on September 13, 2010 the generator was exercised for 20 minutes between 8:00AM to 8:20 AM, under no load conditions, the final odometer reading remained at 620 after a one and a half hours of operation which is inaccurate for that period.</p> <p>2. On September 30, 2010 the generator was exercised for one hour from 9:00 AM to 10:00 AM under load, the final odometer reading was 621 which is inaccurate and should have been higher at the end of this exercise rendering the exercise to be invalid.</p>	K 130	<p>2. All evacuation route maps were observed, corrections documented and are replaced. 4/8/2011</p> <p>3. The Plant Operations staff was retrained on the importance of observing evacuation route maps. Evacuation route maps are observed as a part of the monthly life safety rounds conducted by plant operations.</p> <p>4. These areas will be monitored daily by the maintenance technicians and reported to supervisory staff.</p> <p>5. Compliance Date</p> <p>4/8/2011</p> <p><u>K062</u></p> <p>1. Sprinkler heads in the observed areas were cleaned by housekeeping staff.</p> <p>2. Sprinkler heads throughout the facility were observed. No other areas of concern were noticed.</p> <p>3. The Plant Operations staff was retrained on the importance of observing high-dusting areas, especially sprinkler heads. Observations and corrections of cleanliness of sprinkler heads are a part of the monthly life safety rounds conducted by plant operations.</p> <p>4. These areas will be monitored daily by the maintenance technicians and reported to supervisory staff.</p> <p>5. Compliance Date</p> <p>4/8/2011</p> <p><u>K130</u></p> <p>1. Plant Operations has ordered a control board component that includes a digital readout displaying times to the second.</p> <p>2. Generator load testing completed at no less than one hour minimum.</p> <p>4/8/2011</p>	<p>4/8/2011</p> <p>02/01/11.</p> <p>4/8/2011</p> <p>4/8/2011</p>	

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K 130	<p>Continued From page 7</p> <p>3. On October 14, 2010 the generator was exercised for twenty minutes from 8:00 AM to 8:20 AM, the final odometer reading was 624 and rendering the time of the exercise to be invalid.</p> <p>4. On October 28, 2010 the generator was exercised for one hour from 9:00 AM to 10:00 AM, the final odometer reading was 624, which is the same as the final reading for previous exercise rendering the time of the exercise to be invalid.</p> <p>5. On November 17, 2010 the generator was exercised for twenty minutes from 9:10 AM to 9:30 AM under load the final odometer reading was 625 which is higher than the previous reading on October 28, 2010, rendering the time of the exercise to be invalid.</p> <p>6. On November 30, 2010 the generator was exercised under load from 9:00 AM to 9:50 AM for fifty minutes, the final odometer reading was 626 which is reasonably accurate.</p> <p>7. On December 15, 2010 the generator was exercised from 8:00 AM to 8:25 AM for 25 minutes without a load, the odometer remained at 626 which is inaccurate for that time period.</p> <p>8. On January 2, 2011 the generator was exercised for one hour under load from 6:45 PM to 7:45 PM, the final odometer reading was 628 which is reasonably accurate for that period.</p> <p>9. On January 12, 2011 the generator was exercised without a load from 10:00 AM to 10:25 AM, the final odometer reading remained at 628 which is inaccurate for that time period.</p>	K 130	<p>3. The engineer staff was retrained on conducting load tests at time intervals no less than one hour. Load tests are conducted once monthly. Observations of generator load testing are a part of the monthly generator load test conducted by engineering.</p> <p>4. These areas will be monitored monthly by the engineers and reported to supervisory staff.</p> <p>5. Compliance Date</p>	Ongoing	4/8/2011



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K 130	Continued From page 8 a. The emergency generators odometer lacked a dial to record generator exercises in tenth of hours to ensure accurate exercise times in one (1) of one (1) observation at 4:20 PM on February 1, 2011.  b. Based on observation and record review it was determined that odometer readings from the emergency generator odometer were not accurate to determine if exercises under load for 30 " minutes under load and no load conditions; on September 30, 2010; October 28, 2010; November 17, 2010; November 30, 2010, December 15; 2010 and January 12, 2011 in six (6) of 10 observations.	K 130			