DEPARTMENT OF HEALTH AND HUM SERVICES CENTERS FOR MEDICARE & MEDICAL SERVICES

PRINTED: 12/22/2009 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED			
		095024	B. WING	-		11/20	0/2009	
NAME OF PROVIDER OR SUPPLIER SPECIALTY HOSPITAL OF WASHINGTON - HADLEY SNF				46	EET ADDRESS, CITY, STATE, ZIP CODE 601 MARTIN LUTHER KING JR AVENUE S VASHINGTON, DC 20032			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG			<	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD E REFERENCED TO THE APPROPRIATE DI	ECTIVE ACTION SHOULD BE CROSS- COMPLÉTION		
K 000	The Life Safety Co	de Inspection was conducted at ember 20, 2009, the following	ΚO	000	Start typing here A) Ceiling surface penetrations near the 3 East entrance were r		11/20/09.	
K 017 SS=B	Corridors are separ	rated from use areas by walls least ½ hour fire resistance	ΚO	117	B) No other penetrations were fexamining wall surfaces with pip cables.		11/20/09.	
	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 clencal 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				C) Door PMs will include checking for penetrations above the doors. A new policy will be introduced by 1/22/10 that all who do work above the ceiling will need to fill out a form involving the area ar type of work to be performed. This will include an area for maintenance to sign when wor is completed that all things are up to code.		de	
	Based on observati Inspection it was de observed in ceiling entrance to Unit 3 8	s not met as evidenced by: ons during the Life Safety Code etermined that penetrations were surfaces in the hallway near the East in two (2) of two (2)			The maintenance department we checking for penetrations in door Tighter monitoring of vendors a personnel by use of a ceiling part prevent further penetrations that The findings will be discussed a QA meetings. Checking for penetrations will be PM procedure for doors and will to the PM list. Anyone that need the ceiling will need a ceiling partindings will be fixed immediately	or PMs. Ind facility Iss can It go unfixed It EOC and It be added Is to work in It ss. All It y by		
	observations. The findings include	e:			maintenance staff and reported Administrator and to QA commi		1/22/10	
	pipes and cable wir surfaces over doub	observed in wall surfaces around e that pass through wall le doors at the entrance to			D) PMs are reported to the EOC QA committees.	C and		
ABORATORY	DIRECTOR'S OR PROVIDER	USUPPLIER REPRESENTATIVE'S SIGNATURE		1	TITLE		(X6) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safaguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of sufficient 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.

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

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

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(X2) MULTIPLE CONSTRUCTION

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(X3) DATE SURVEY

7	F CORRECTION	IDENTIFICATION NUMBER:	A. BUI	LDING	01 - MAIN BUILDING 01	COMPLETE	י ט		
		095024	B. WIN	G		11/20) /2009		
NAME OF PROVIDER OR SUPPLIER SPECIALTY HOSPITAL OF WASHINGTON - HADLEY SNF			STREET ADDRESS, CITY, STATE, ZIP CODE 4601 MARTIN LUTHER KING JR AVENUE SW WASHINGTON, DC 20032						
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K 017	Unit 3-East in two (2 PM on November 20 This finding was obs Employee #22	e) of two (2) observations at 2:35 0, 2009.		017					
SS=D					A) Entrance door to Day room, rand double doors by nursing starepaired. B) Maintenance rounds checked doors for latching and found no C) The Maintenance department door closing and obstructions in and environmental rounds. The include the unit manager, hous staff, maintenance supervisor accontrol nurse. A rounds checklist with this item utilized to identify any damages in the rooms. All findings will be immediately and reported to the Administrator. D) The Maintenance Supervisor deficient findings noted from rou EOC Committee and SNF QA Maintenance Supervisor deficient findings noted from rou EOC Committee and SNF QA Maintenance Supervisor deficient findings noted from rou EOC Committee and SNF QA Maintenance Supervisor deficient findings noted from rou EOC Committee and SNF QA Maintenance Supervisor deficient findings noted from rou EOC Committee and SNF QA Maintenance Supervisor deficient findings noted from rou EOC Committee and SNF QA Maintenance Supervisor deficient findings noted from rou EOC Committee and SNF QA Maintenance Supervisor deficient findings noted from rou EOC Committee and SNF QA Maintenance Supervisor deficient findings noted from rou EOC Committee and SNF QA Maintenance Supervisor deficient findings noted from rou EOC Committee and SNF QA Maintenance Supervisor deficient findings noted from rou EOC Committee and SNF QA Maintenance Supervisor deficient findings noted from rou EOC Committee and SNF QA Maintenance Supervisor deficient findings noted from rou EOC Committee and SNF QA Maintenance Supervisor deficient findings noted from rou EOC Committee and SNF QA Maintenance Supervisor deficient findings noted from rou EOC Committee and SNF QA Maintenance Supervisor deficient findings noted from rou EOC Committee and SNF QA Maintenance Supervisor deficient findings noted from rou EOC Committee and SNF QA Maintenance Supervisor deficient findings noted from rou EOC Committee and SNF QA Maintenance Supervisor deficient findings noted from rou EOC Committee and SNF QA Maintenance Supervisor d	d all other problems. It will includ the safety rounds will ekeeping and infection will be or concern fixed executed will present ands to the	S		
	Based on observation Inspection it was det fire doors failed to la						1/22/10		

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K 018 K 021 SS=D	Continued From particles of the passing through the detection system; as a continued from particles of the passing through the detection system; as a continued from particles of the passing through the detection system; as possible particles are passing through the detection system; as possible particles are passing through the detection system; as possible passing through the passing through the detection system; as possible passing through the passin	ge 2 e doors and entrance doors to ailed to close and latch into stance when tested. the Day Room, 335 and double he Nurses Station failed to latch ested in three (3) of seven (7) aren 2:30 PM and 4:00 PM on 3. served in the presence of FETY CODE STANDARD passageway, stairway all exit, smoke barrier or closure is held open only by a automatically close all such roughout the facility upon automatically detect smoke a opening or a required smoke and rinkler system, if installed.	K	018	A) The trash can in room 331 ar at the day room were moved to part of the room the day of the set. B) Maintenance rounds found n doors affected by this practice. C) The Maintenance department Safety Officer will watch for doo obstructions during the Safety at Environmental rounds. The rour include the unit manager, house supervisor, maintenance supervinfection control nurse. Items for obstructing egress from rooms of will be discussed with the staff at moment and will be reported to Administrator. Educating the ember more conscious of this will be by the SNF Educator. D) The Safety Officer will do rou	nd the chair another survey, o other and the rand swill ekeeping visor and und or corridors at that the facility aployee to e performed ands. Any	11/20/09.	
	Based on observati	s not met as evidenced by: ons during the Life Safety Code etermined that doors			deficient findings will be reporte EOC Committee and SNF QA M Staff in-service will be complete	deeting.	11/20/09	

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K 021	from closing in the e (8) observations and (1) observation. The findings Include 1. The entrance to re trash receptacle whi closure from releasir (1) of eight (8) obser November 20, 2009. 2. A chair was obser way at the entrance one (1) observation a 2009.	levices that would prohibit doors vent of a fire, in one (1) of eight if Day Room in one (1) of one : com 331 was held open by a ch would prevent the dooring in the event of a fire in one vations at 2:40 PM on	K	021				