

PRINTED: 01/06/2009
FORM APPROVED
OMB NO. 0938-0391

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

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.

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095031	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 12/15/2008
NAME OF PROVIDER OR SUPPLIER ROCK CREEK MANOR NURSING CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 2131 O STREET NW WASHINGTON, DC 20037		
(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 018	Continued From page 1 position. The findings include: It was observed at approximately 12:00am to 2:30pm on December 12 thru December 15, 2008, that the facility doors were held open with improper devices in the following areas. Fire doors to elevator control rooms Freight and passenger doors Basement vertical opening doors Kitchen door leading from dinning room It was observed at approximately 12:00am to 2:30pm on December 12 thru December 15, 2008, that the facility doors do not close and latch in the frame in the following areas. 107 east wing Lobby resident lounge entrance door Door #6 Fire door leading to exit door #5 Basement door to elevator pit Machine room door basement Ground level equipment room (panels not latching)	K 018			
K 130	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: 2000 Life Safety Code-4.6.12.1 Maintenance and Testing (Sprinklers) Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provision of this Code, such device, equipment, system, condition, arrangement, level of protection, or other feature shall thereafter be continuously maintained in	K 130			

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K 130	<p>Continued From page 2</p> <p>accordance with applicable NFPA requirements or as directed by the authority having jurisdiction. Based on observation the entity failed to ensure all components of the automatic sprinkler system are continuously maintained in proper operating condition.</p> <p>The findings include:</p> <p>It was observed at approximately 12:00am to 2:30pm on December 12 thru December 15, 2008, that the facility sprinkler control valve is obstructed by storage no access.</p> <p>It was observed at approximately 12:00am to 2:30pm on December 12 thru December 15, 2008, that the facility sprinkler head in the kitchen wash area is starting to corrode.</p> <p>2000 Life Safety Code-4.5.1 Multiple Safeguards The design of every building or structure intended for human occupancy shall be such that reliance for safety to life does not depend solely on any single safeguard. An additional safeguard (s) shall be provided for life safety in case any single safeguard is ineffective due to inappropriate human actions or system failure.</p> <p>Based on observation the entity failed to ensure no fire or life safety hazards exists in the facility.</p> <p>The findings include:</p> <p>It was observed at approximately 12:00am to 2:30pm on December 12 thru December 15, 2008, that the facility has wall or ceiling penetration in the following areas.</p> <p>Above north wing separation door Resident care coordinator 4 west Ceiling Medical records room</p> <p>It was observed at approximately 12:00am to 2:30pm on December 12 thru December 15, 2008, that the facility had wall lockers not secure to the wall in the following areas.</p> <p>Behind social room door</p> <p>It was observed at approximately 12:00am to</p>	K 130	<p>Immediately to the Director of Maintenance and to the Administrator for remedial action and discussed in Monthly and Quarterly Quality Assurance meetings.</p> <p>1. Sprinkler head in kitchen washing area will be replaced no later than 2/30/09 by contractors.</p> <p>2. All other sprinkler heads in kitchen were checked by Director of Maintenance and found to be in compliance, on 12/15/08.</p> <p>3. Sprinkler heads through out the kitchen area will be checked weekly by Director of Maintenance for proper functioning condition.</p> <p>4. Deficient sprinkler heads will be reported immediately to Director of Maintenance and to the Administrator for remedial action and discussed in the Monthly and Quarterly Quality Assurance meetings.</p> <p>1. Penetration in Resident Care Coordinator's offices and medical records room was sealed 12/16/08.</p> <p>2. The Director of Maintenance checked all Resident Care Coordinators' offices and other areas in the facility for penetrations and found them to be in compliance.</p> <p>3a. Ceilings and walls will be checked during weekly grand rounds for any penetration and deficiencies will be recorded for repairs.</p>	2/15/09	
				1/12/09	

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K 130	<p>Continued From page 3</p> <p>2:30pm on December 12 thru December 15, 2008, that the facility dinning room electrical closet not ID</p> <p>It was observed at approximately 12:00am to 2:30pm on December 12 thru December 15, 2008, that the facility exit access obstructed by mop buckets.</p> <p>It was observed at approximately 12:00am to 2:30pm on December 12 thru December 15, 2008, that the facility has appliances not stored properly in the following areas.</p> <p>Lawn mower stairwell</p> <p>Helium tanks in dinning room</p> <p>It was observed at approximately 12:00am to 2:30pm on December 12 thru December 15, 2008, that the facility had portable extinguishers not on hangers in the following areas.</p> <p>Basement electrical closet</p> <p>Laundry room</p> <p>Maintenance room basement</p> <p>It was observed at approximately 12:00am to 2:30pm on December 12 thru December 15, 2008, that the facility surge protectors were not mounted in the following areas.</p> <p>Resident care coordinator next to 219</p> <p>Dinning room were TV is located</p> <p>MDS office</p> <p>Maintenance room</p> <p>It was observed at approximately 12:00am to 2:30pm on December 12 thru December 15, 2008, that the facility had extension cords use for Permanente wiring in the following areas.</p> <p>Maintenance room</p> <p>It was observed at approximately 12:00am to 2:30pm on December 12 thru December 15, 2008, that the facility has open junctions box with exposed wiring in basement therapeutic storage room above door.</p> <p>It was observed at approximately 12:00am to</p>	K 130			

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K 130	Continued From page 4 2:30pm on December 12 thru December 15, 2008, that the facility electrical safety box are has improper wiring connected to it in the laundry room It was observed at approximately 12:00am to 2:30pm on December 12 thru December 15, 2008, that the facility has laundry carts stored in the corridor basement.	K 130			