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PRINTED:	12/16/2009
FORM	APPROVED
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		AND HUMAN SERVICES				FOR	M APPROVED
STATEMENT O	IS FOR MEDICARE	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095020	(X2) MU A. BUILL B. WINC	DING	ONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE S COMI	ALETED
	OVIDER OR SUPPLIER	095020	<u> </u>			11/	04/2009
	RD BAPTIST NURSIN	GHOME		1818	ADDRESS, CITY, STATE, ZIP CODE NEWTON ST. NW HINGTON, DC 20010		
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	November 4, 2009 determine complian the 2000 edition of was conducted thro and exterior of the I with the staff.	survey was completed on of this 3 story building to the with applicable provisions of the Life Safety Code. The survey ugh observations of the interior building and through interviews					
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	Inspection it was de observed in smoke communication cab and walls near exit		ſ				
LABORATORY	RECTOR'S OF PROVIDER	VEDARLIER REPRESENTATIVE'S SIGNATURE) /	Hom	installar 1	2/29/00	(X8) DATE

Any deficiency statement ending with an asterist of 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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Fadlity ID: STODDARD

If continuation sheet Page 1 of 6

CENTERS FOR MEDICARE & MEDICALD SERVICES OMB NO. 0938 Intratestor to performation (A1) PRODUBSTUPUENTAL (A2) NULTR-LE CONSTRUCTION (A3) NULTR-LE CONSTRUCTION INDELAN OF CORRECTION (A3) POSSO Interformation (A3) NULTR-LE CONSTRUCTION (A3) NULTR-LE CONSTRUCTION INDELAN OF CORRECTION 095020 Interformation Interformation (A3) NULTR-LE CONSTRUCTION INDELAN OF CORRECTION 095020 Interformation Interformation (A3) NULTR-LE CONSTRUCTION INDELAND 091020 Interformation Interformation (A3) NULTR-LE CONSTRUCTION INDELAND 095020 Interformation Interformation (A3) NULTR-LE CONSTRUCTION INDELAND 095020 Interformation Interformation Interformation INDELAND 00100 Interformation Interformation Interformation Interformation 00100 INITIAL COMMENTS K 000 Interformation Interformation 01000 Initial East formation of the Information of the Infe			AND HUMAN SERVICES							: 12/16/2009 APPROVED
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 COMPLETED NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY. STATE, ZIP CODE 11/04/2009 STODDARD BAPTIST NURSING HOME STREET ADDRESS. CITY. STATE, ZIP CODE 18/01/01 11/04/2009 (xi) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH OBFRICTIVE ACTION STUDIER'S PLUA REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH OBRICTIVE ACTION SHOULD BE CROSS. REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPL K 000 INITIAL COMMENTS K 000 K 000 K 000 K 000 A Life Safety Code survey was completed on November 4, 2009 of this 3 story building to determine compliance with applicable provisions of the 2000 edition of the Life Safety Code. The survey was conducted through observations of the interior and exterior of the building and through interviews with the staff. K 017 SS=D Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In spinklered buildings, partitions are only required to resist the passage of smoke. In non- spinklered 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, diring 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 shopi sfully <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>1</th> <th></th>									1	
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		Code. Gift shops m by non-fire rated wa	ay be separated from corridors Ils if the gift shop is fully			·				
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This STANDARD is not met as evidenced by: K17SS=D			not met as evidenced by:						· .	× .
Based on observations during the Life Safety Code Inspection it was determined that penetrations were observed in smoke barrier walls around communication cables and conduit wires above tiles and walls near exit door near the		Inspection it was de observed in smoke I communication cabl	termined that penetrations were barrier walls around es and conduit wires above tiles							
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE	LABORATORY	DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATURE		I	•	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 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.

		AND HUMAN SERVICES & MEDICAID SERVICES				M APPROV <u>D. 0938-03</u>
	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	
		095020	B. WING		11/0	04/2009
		GHOME	s	TREET ADDRESS, CITY, STATE, ZIP CODE 1818 NEWTON ST. NW WASHINGTON, DC 20010		
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	three (3) observation observed around a p wall in the communi (1) observation, a 1- around a wall that w exit door near the exit three (3) observation penetration was observation penetration was observ penetrates through the 208 in one (1) of thr opening was observ penetrates through a closet in one (1) of of tour of the electric c determined that con were not sealed on of smoke from one of (8) of eight (8) observ penetration was observ cable that passes the Nurses Station and Nurses Station and Nurses Station in or Basement Level a 2 observed around co through wall surface Service door in one Penetrations approx observed in wall sur the Trash Collection observations and a observed in wall sur passes through wall	ge 1 In the Third Floor in one (1) of ins, a 8-10 inch penetration was objee that penetrates through a cation closet in one (1) of one 2 inch opening was observed as previously patched near the kit stairwell door in one (1) of ins; Second Floor A 6 X 3 inch served around conduit pipe that wall over the door near room ee (3) observations, a 8-10 inch ed around a pipe that a wall in the communication one (1) observation, During a loset on the second floor, it was duit pipes passing through walls the ends to prevent the passage compartment to the next in eight rivations; First Floor A 2-3 inch served around a bundle of wires I surfaces in the electric closet observation, and A 1-2 inch red was observed around BX rough the wall between the the short hallway adjacent to the ine (1) of three (3) observations, -3 inch penetration was mmunication wires that pass is near the Rehabilitation (1) of three (3) observations, imately 3-5 inches were faces above the exit door near Room in six (6) of six (6) 12 x 12 inch opening was faces around a drain pipe that surfaces near the end of the four (4) observations	K 01	 KO17 Penetrations observe smoke barrier at the l observed will be correct 12/24/09. All remaining smoke l will be inspected for penetrations and pro- sealed as needed. The maintenance dep will inspect all work p above the ceiling tiles ensure that any pene- properly sealed. Monthly maintenance of smoke barrier pene- will be reported at qua through CQI. Corrective action will completed by 12/24/0 	ocations ected by parriers perly artment erformed to tration is e checks etration arterly be	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: FQ3Q21

Facility ID: STODDARD

If continuation sheet Page 2 of 6

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLERCUA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A BULDING 01 - MAIN BUILDING 01 (X2) DATE SUPPLY COMPLETED NAME OF PROVIDER OR SUPPLIER 095020 11/04/200 NAME OF PROVIDER OR SUPPLIER STODDARD BAPTIST NURSING HOME STREET ADDRESS, CITY, STATE, ZIP CODE 1818 NEWTON ST. NW WASHINGTON, DC 20010 11/04/200 MAD PROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFINIENCIES CREATED REPRICEDED BY FILL REGULATORY TAG Interpretation St. NW WASHINGTON, DC 20010 PREFIX MAD PROVIDER ST. NURSING HOME SUMMARY STATEMENT OF DEFINIENCIES CREATED REPRICEDED BY FILL REGULATORY TAG Interpretation St. NW WASHINGTON, DC 20010 PREFIX MAD PROVIDER ST. NURSING HOME SUMMARY STATEMENT OF DEFINIENCES CREATED REPRICEDED BY FILL REGULATORY TAG PREFIX REFERENCED TO THE APPROPRIATE DEFICIENCY COM MAD 17 Continued From page 2 K 017 REFERENCED TO THE APPROPRIATE DEFICIENCY COM K 017 The findings Include: The following penetrations were observed during a tour of hallways and common areas during the survey. November 4, 2009. 2. A 8-10 inch opening was observed around a wall that was previously patched near the exit door near the exit stainvell door in one (1) of three (3) observations 11:00 AM on November 4, 2009. 2. A 8-10 inch opening was observed around a pipe that penetrates through a wall in the communication close ti on e(1) of one (1) observatio	I OKWI WOYED	DEPARTMENT OF HEALTH AND HUMAN SERVICES
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 COMPLETED NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11104/200 STODDARD BAPTIST NURSING HOME STREET ADDRESS, CITY, STATE, ZIP CODE 1318 NEWTON ST. NW VASHINGTON, DC 20010 COMPLETER STREET ADDRESS, CITY, STATE, ZIP CODE Image: Control of the complexities of the complexities of the content o		CENTERS FOR MEDICARE & MEDICAID SERVICES
U9920 11/04/201 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE OR SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER OR SUPPLIER Contence of Concervent Content Should be Cross, REFERENCED TO THE APPROPRIATE DEFICIENCY) CONT K 017 The following penetrations were observed during a tour of hallways and common areas during the survey. Third Floor 1. A 1-2 inch opening was observed around a wall that was previously patched near the exit door near the exit door near the exit door near the exit starwell door in one (1) of three (3) observations 11:00 AM on November 4, 2009. 2. A 8-10 inch opening was observed around a pipe that penetrates through a wall in the communication closet in one (1) observation at 11:20 AM on November 4, 2009. Second Floor 1. A 6 X 3 inch penetration was observed around	R: COMPLETED	
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STODDARD BAPTIST NURSING HOME (x4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG K 017 Continued From page 2 K 017 The findings Include: The following penetrations were observed during a tour of hallways and common areas during the survey. Continued From page 2 K 017 Third Floor 1. A 1-2 inch opening was observed around a wall that was previously patched near the exit door near the exit stainwell door in one (1) of three (3) observations 11:00 AM on November 4, 2009. Cond Floor 2. A 8-10 inch opening was observed around a pipe that penetrates through a wall in the communication closet in one (1) of one (1) observation at 11:20 AM on November 4, 2009. Second Floor 1. A 6 X 3 inch penetration was observed around Colspan="2">Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Cols		NAME OF PROVIDER OR SUPPLIER
(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) COM K 017 Continued From page 2 K 017 The findings Include: The following penetrations were observed during a tour of hallways and common areas during the survey. K 017 Third Floor 1. A 1-2 inch opening was observed around a wall that was previously patched near the exit door near the exit stairwell door in one (1) of three (3) observations 11:00 AM on November 4, 2009. 2. A 8-10 inch opening was observed around a pipe that penetrates through a wall in the communication closet in one (1) observation at 11:20 AM on November 4, 2009. Second Floor 1. A 6 X 3 inch penetration was observed around Main 11:20 AM		STODDARD BAPTIST NURSING HOME
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1. A 6 X 3 inch penetration was observed around	Junication	that penetrates through a wall in the communication closet in one (1) of one (1) observation at 11:20 AM
		Second Floor
door near room 208 in one (1) of three (3) observations at 11:40 Am on November 4, 2009.	over the	conduit pipe that passes through the wall over the door near room 208 in one (1) of three (3)
2. A 8-10 inch opening was observed around a pipe that penetrates through a wall in the communication closet in one (1) of one (1) observation at 11:50 AM on November 4, 2009.	unication	that penetrates through a wall in the communication closet in one (1) of one (1) observation at 11:50 AM
3. During a tour of the electric closet on the second floor, it was determined that conduit pipes passing through walls were not sealed on the ends to prevent the passage of smoke from one compartment to the next in eight (8) of eight (8) observations at 12:10 PM on November 4, 2009.	passing to nt (8)	floor, it was determined that conduit pipes passing through walls were not sealed on the ends to prevent the passage of smoke from one compartment to the next in eight (8) of eight (8)

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PRINTED: 12/16/2009

		AND HUMAN SERVICES & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUIL	.DING	E CONSTRUCTION 01 - MAIN BUILDING 01	FORM	
		095020	B. WIN	<u>د</u>	· · · · · ·	11/04	4/2009
· ·	OVIDER OR SUPPLIER			18	ET ADDRESS, CITY, STATE, ZIP CODE 18 NEWTON ST. NW ASHINGTON, DC 20010		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES I BE PRECEDED BY FULL REGULATORY INTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD B REFERENCED TO THE APPROPRIATE DE	E CROSS-	(X5) COMPLETION DATE
K 017		ge 3 ation was observed around a sing through wall surfaces in the	K (017			
	electric closet in one 12:15 PM on Noven	e (1) of one (1) observation at hber 4, 2009.			K 021		
	cable that passes th Nurses Station and	g was observed around BX rough the wall between the the short hallway adjacent to the ne (1) of three (3) observations ember 4, 2009.			 The wedge in Rehabilitat Services entrance door w removed; the door to be maintained closed and la 	vas	· · · .
	communication wire surfaces near the R	ation was observed around s that pass through wall ehabilitation Service door in one rvations at 1:30 PM on			2. All door openings to corr will be inspected to ensu availability of latching mechanisms.		• •
	2. Penetrations app observed in wall sur the Trash Collection	roximately 3-5 inches were faces above the exit door near Room in six (6) of six (6) 5 PM on November 4, 2009.			 Staff was informed and in serviced of the need to e Rehabilitation entrance of corridor remain closed. 	ensure	
K 021	surfaces around a d wall surfaces near th of four (4) observation	ening was observed in wall rain pipe that passes through ne end of the hallway in one (1) ons on November 4, 2009. FETY CODE STANDARD	K	021	4. Compliance for keeping closed and latched will b monitored monthly and reported at quarterly to	e	· .
SS=D	Any door in an exit p enclosure, horizonta hazardous area enc devices arranged to	bassageway, stairway al exit, smoke barrier or losure is held open only by automatically close all such oughout the facility upon			5. Corrective action comple November 10, 2009.	eted	

FORM CMS-2567(02-99) Previous Versions Obsolete

Facility ID: STODDARD

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		01 - MAIN BUILDING 01	(X3) DATE SU COMPLE	
		095020	B. WIN	G		11/0	04/2009
ME OF PR				STREET A	DDRESS, CITY, STATE, ZIP CODE		
TODDA	RD BAPTIST NURSI	NG HOME			EWTON ST. NW IINGTON, DC 20010		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	STATEMENT OF DEFICIENCIES IST BE PRECEDED BY FULL REGULATORY DENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION SHO REFERENCED TO THE APPROPRIA	ULD BE CROSS-	(X5) COMPLETIC DATE
K 021	Continued From p	age 4	к	021			
	a) the required ma	nual fire alarm system;				. •	
		tectors designed to detect smoke ne opening or a required smoke and	:	к	130 Finding #1		
K 130 SS=D	19.2.2.2.6, 7.2.1.8 Based on observa was determined th open with a wedge The findings includ The findings includ The door to the en Services was held prevent the door fi the Fire Alarm sys six (6) observation 2009. NFPA 101 MISCE	tions during the survey period it that an entrance door was held e. de: trance door Rehabilitation open by a wedge, which waoud rom closing without assistance if tem was activated in one (1) of is at 1:30 PM on November 4,	ĸ	2 3 130	 Identified oxygen tank secured and caps insta empty tanks on 11/05 All other oxygen tanks inspected and caps ins empty tanks if require and provided an in-set making sure oxygen ta properly secured and installed on empty tar 12/17/09, 12/18/09, 1 12/20/09. The oxygen tank room monitored and finding reported quarterly thr Corrective action com December 24, 2009. 	alled on /09. s were stalled on ed. informed rvice on anks are caps iks on .2/19, and will be s will be rough CQI.	
	Inspection it was d	tions during the Life Safety Code letermined that oxygen tanks to prevent accidental tip					

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	0: 12/16/2009 A APPROVED 0: 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		LE CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE SU COMPLE	
		095020	B. WIN	IG	· · · · · · · · · · · · · · · · · · ·	11/0	4/2009
STODDA		S HOME		18 W	EET ADDRESS, CITY, STATE, ZIP CODE 818 NEWTON ST. NW VASHINGTON, DC 20010 PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD	TION	(X5) COMPLETION
PREFIX TAG		NTIFYING INFORMATION)	TAG		REFERENCED TO THE APPROPRIATE I		DATE
K 130	 which presents a exist of in six (6) of eig on observation and that the facility Fire routes of each floor lacked writen plans routes in the event of observation. The findings include 1. Oxygen tanks stowere not secured in accidental tip over a empty tanks which presidents and staff i observations at 2:00 2. Through observation accidental emergency evacuation 	not installed on empty tanks plosion hazard to residents and ht (8) observations and based record review it was determined Manual lacked evacuation and the facility Fire Manual to show emergency evacuation of a fire in one (1) of one (1) end the Oxygen Storage room racks or by chains, to prevent and caps were not installed on presents a explosion hazard to	K	130	 K130 Finding #2 1. Fire Exit Plans were instatthe fire manual to identifiem emergency evaluation room 12/18/09. 2. All other fire manuals will include exit plans to idente emergency evaluation room 3. Copies of the Fire Emerge Exit Plans were distributed departments for inclusion Emergency Preparedness Manual. 4. Yearly CQI reviews of Fire Emergency Exit Plans to emergency Ex	fy outes on Il tify outes. ency ed to all n in s e ensure I to CQI	
	· · · · ·						

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lity ID: STODDARD

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