

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

PRINTED: 12/02/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095022	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/16/2016
NAME OF PROVIDER OR SUPPLIER TRANSITIONS HEALTHCARE CAPITOL CITY			STREET ADDRESS, CITY, STATE, ZIP CODE 2425 25TH STREET SE WASHINGTON, DC 20020	
(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		
K 353 SS=E	<p>The following findings were identified during the Life Safety Code inspection conducted November 16, 2016.</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing</p> <p>Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by:</p> <p>Based on observations during the Life Safety Code Inspection, it was determined that automatic sprinklers were not maintained to ensure proper operation in the event of an emergency; as evidenced by dust and/or rust accumulation on sprinkler shafts, heads and escutcheon rings in 42 of 68 observations. The following findings were observed in the presence of the Assistant Maintenance Director.</p> <p>The findings include:</p>	K 353	<p>Transitions Healthcare Capitol City is filing this Plan of Correction in accordance with State and Federal requirements. Submission of this Plan of Correction is not an admission of any of the deficiencies identified are correct. This Plan of Correction is to serve as the facility's credible allegation of compliance with all the requirements of the Medicare/Medicaid Programs.</p> <p>NFPA 101 Sprinkler System – Maintenance and Testing</p> <ol style="list-style-type: none"> 1. Sprinkler heads noted with dust and/or an accumulation of rust were cleaned upon discovery. 2. All sprinklers heads and escutcheons were evaluated for the presence of dust and/or an accumulation of rust. Repairs were made whenever necessary. 3. Inservice was done with the maintenance staff regarding the inspection and repair of sprinkler heads and escutcheons. The Maintenance Quality Improvement Team will audit the sprinkler heads and escutcheons on a monthly basis and forward the results of their audits to the Director of Maintenance. 4. The Director of Maintenance will present these finding and any action plans for improvement at the Quality Improvement Committee which meets monthly and is chaired by the Administrator. 	11/17/16 11/29/16 11/29/16 11/29/16

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

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.

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K 353	Continued From page 1 1. Sprinklers located in the basement hallway near the cafeteria were observed soiled with dust on the heads of the sprinklers, shaft surfaces and escutcheon rings in four (4) of four (4) observations at 10:40 AM on November 16, 2016. 2. Sprinkler head surfaces were soiled with dust in resident Rooms; 123, 137, 141, 242, 318, 327, 341, 347, 359 in 18 of 36 observations between 12:10 AM and 12:30 AM on November 16, 2016. 3. Sprinkler head and shaft surfaces were soiled with dust and rust in the Lounges on Unit 2 North H Wing, 2 North F Wing, 3 North Lounge and 3 South Lounge in 12 of 16 observations on November 16, 2016 between 12:40 AM and 1:30 PM. 4. Sprinkler head surfaces were soiled with dust and rust in the Second Floor Beauty Shop in one (1) of two (2) observations; 2 East Shower Room in two (2) of (2) observations; 2 East Tub Room in two (2) of two (2) observations; 3 South Shower Room in three (3) of four (4) observations. All findings were observed between 10:30 AM and 2:45 PM on November 16, 2016.	K 353			
K 363 SS=D	NFPA 101 Corridor - Doors Corridor - Doors 2012 EXISTING Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 1-3/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the	K 363	NFPA 101 Corridor –Doors 1. Corridor Doors noted without a positive latch were repaired upon discovery. 2. All corridor doors were evaluated for their positive latch. Repairs were made whenever necessary. 3. Inservice was done with the maintenance staff regarding the inspection and repair of corridor doors for positive latches. The Maintenance Quality Improvement Team will audit the corridor doors and positive latches on a monthly basis and forward the results of their audits to the Director of Maintenance. 4. The Director of Maintenance will present these finding and any action plans for improvement at the Quality Improvement Committee which meets monthly and is chaired by the Administrator.	11/17/16 11/29/16 11/29/16 11/29/16	

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K 363	<p>Continued from page 2</p> <p>passage of smoke. Doors shall be provided with a means suitable for keeping the door closed. There is no impediment to the closing of the doors. Clearance between bottom of door and floor covering is not exceeding 1 inch. Roller latches are prohibited by CMS regulations on corridor doors and rooms containing flammable or combustible materials. Powered doors complying with 7.2.1.9 are permissible. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted.</p> <p>Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.</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 fire doors failed to close and latch into frames when tested in two (2) of four (4) observations. The following findings were observed in the presence of the Assistant Maintenance Director.</p> <p>The findings include:</p> <p>Double doors in the basement hallway near the Cafeteria and the hallway on Unit 2 North. F Wing failed to close and latch into frames when tested in two (2) of four (4) observations between 10:30</p>	K 363		

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K 363	Continued From page 3 and 12:20 PM on November 16, 2016.	K 363		
K 541 SS=D	<p>NFPA 101 Rubbish Chutes, Incinerators, and Laundry Chu</p> <p>Rubbish Chutes, Incinerators, and Laundry Chutes 2012 EXISTING</p> <p>(1) Any existing linen and trash chute, including pneumatic rubbish and linen systems, that opens directly onto any corridor shall be sealed by fire resistive construction to prevent further use or shall be provided with a fire door assembly having a fire protection rating of 1-hour. All new chutes shall comply with 9.5.</p> <p>(2) Any rubbish chute or linen chute, including pneumatic rubbish and linen systems, shall be provided with automatic extinguishing protection in accordance with 9.7.</p> <p>(3) Any trash chute shall discharge into a trash collection room used for no other purpose and protected in accordance with 8.4. (Existing laundry chutes permitted to discharge into same room are protected by automatic sprinklers in accordance with 19.3.5.9 or 19.3.5.7.)</p> <p>(4) Existing fuel-fed incinerators shall be sealed by fire resistive construction to prevent further use. 19.5.4, 9.5, 8.4, NFPA 82</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 the Soiled Linen chute door failed to fully close to prevent drafting in the event of a fire in one (1) of three (3) observations. These findings were observed in the presence of the Assistant Director of Maintenance.</p> <p>The findings include:</p>	K 541	<p>NFPA 101 Rubbish Chutes, Incinerators And Laundry Chutes</p> <p>1. Laundry Chute where the door did not have a positive latch was repaired upon discovery.</p> <p>2. The other two laundry chute doors were evaluated for their positive latch. Repairs were made whenever necessary.</p> <p>3. Inservice was done with the maintenance staff regarding the inspection and repair of laundry chute doors and their positive latch. The Maintenance Quality Improvement Team will audit the laundry chute doors and their positive latches on a monthly basis and forward the results of their audits to the Director of Maintenance.</p> <p>4. The Director of Maintenance will present these finding and any action plans for improvement at the Quality Improvement Committee which meets monthly and is chaired by the Administrator.</p>	<p>11/17/16</p> <p>11/29/16</p> <p>11/29/16</p> <p>11/29/16</p>

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K 541	Continued From page 4 The door to the linen chute located in the Soiled Utility Room on the First Floor failed to completely close when tested in one (1) of three (3) observations at 12:25 PM on November 16, 2016.	K 541		