

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

PRINTED: 04/24/2018
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 R 04/17/2018
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 353 SS=E	<p>Sprinkler System - Maintenance and Testing CFR(s): NFPA 101</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>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</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 REQUIREMENT is not met as evidenced by:</p> <p>Based on observations made during a follow-up Life Safety Inspection, the facility failed to ensure that rusted escutcheon rings were cleaned and/or replaced in 10 of 10 observations.</p> <p>Findings include...</p> <p>During observations on April 17, 2018, at approximately 11:30 AM, the escutcheon rings were observed with rust deposits in the following areas:</p> <p>A. Resident's rooms #133, #137, #139, #147, #153 and #157. B. The training toilet on One (1) North C. The Basement Hallway</p>	K 353	<p>Transitional Health Care Capitol City is filing this Plan of Correction in accordance with State and Federal requirements. Submission of this Plan of Correction is not an admissions 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>1. Escutcheon rings noted to be rusty at the time of the survey were replaced upon discovery. 4/17/18</p> <p>2. Every escutcheon noted with any rust spots were removed and replaced with a brand new one. 4/26/18</p> <p>3. The Maintenance Staff was inserviced about the care and inspection of the exterior of the escutcheons. The Maintenance Quality Improvement Team will inspect/monitor the exterior condition of the escutcheons each month and report their findings to the Director of Facilities for his review. 4/26/18</p> <p>4. The Director of Facilities will present his review to the Quality Assurance/Quality Improvement Committee which meets monthly and is chaired by the Administrator. 4/26/18</p>	

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

TITLE

(X6) DATE

[Signature] *Administrator* **4/30/18**

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 D. The Basement Laundry Room E. The Basement 'Green' Room The Assistant Director of Maintenance, present at the time of observations, acknowledged the findings.	K 353		