Revised

PRINTED: 08/16/2006
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095011	A. BUILDING 01 - MAIN BUILDING 01 B. WING ______	08/10/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHWEST HEALTH CARE CTR	3333 WISCONSIN AVE NW WASHINGTON, DC 20016

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 The annual Life Safety Code inspection was conducted at your facility on August 10, 2006. Based on observations, the following deficiencies were cited.	K 000	**Submission of this plan of correction is not a legal admission that a deficiency exists or that this Statement of Deficiency was correctly cited, and is also not to be construed as an admission of interest against the facility, Executive Director, or any employees, agents or other individuals who draft or may be discussed in this Plan of Correction. In addition, preparation and submission of this Plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency. This Plan of Correction is submitted as the facility's credible allegation of compliance.**	
K 017 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance 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 clerical 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 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code inspection, it was determined that wall surfaces above ceiling tiles were not in good condition to prevent the passage of smoke in the event of a fire. These findings were observed in the presence of the Maintenance Director and Assistant Administrator. The findings include:	K 017	**K017 NFPA 101 SAFETY CODE STANDARD** a. No harm was caused as a result of this deficiency. The areas on the mezzanine level, long hallway and laundry room, first floor entrance to patio, first and second floor hallways near exit signs and third floor dining room entrance and mop sink area and fifth floor and fourth floor day room and 516, 517 and day room, sixth floor near mop room and eighth floor near 825 will be scheduled for repaired by 8/31/06. b. A full house search will be conducted to identify other areas of the building at risk. c. Engineering department will ensure that all vendors seal their openings with fire stop before the vendor leaves site. d. Director of engineering and or designee will monitor for compliance quarterly. e. Completion date 9/24/06.	Rev. 9/14/06

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Executive Director (X6) DATE: 8/25/06

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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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Executive Director (X6) DATE: 8/25/06

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K 017	Continued From page 1 Mezzanine Level: A 2 inch and an 8-10 inch opening was observed in smoke barrier walls near the entrance to the dining room and a 1 to 2 inch opening was observed around water pipes near the south entrance of the dining room in three (3) of three (3) observations at 2:20 PM on August 10, 2006. A 1-2 inch opening was observed in smoke barrier wall surfaces in the long hallway in one (1) of one (1) observation at 2:30 PM on August 10, 2006. Laundry Room: a 1 x 6 inch opening was observed around duct work near the entrance to the dining room in one (1) of two (2) observations at 2:45 PM on August 10, 2006. First Floor: a 1 inch penetration was observed around the BX Cable at the entrance to the patio in one (1) of one (1) observation at 2:55 PM on August 10, 2006. First and Second Floors: a 1 inch opening was observed near exit signs in the first floor and second floor hallways in two (2) of four (4) observations between 2:55 PM and 3:05 PM on August 10, 2006. Third Floor: a 2-3 inch opening was observed around the BX Cable over the entrance to the dining room and a 1-2 inch opening was observed in the mop sink area in two (2) of seven (7) observations at approximately 3:10 PM on August 10, 2006. Fifth Floor: a 1-2 inch penetration was observed	K 017		

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K 017	Continued From page 2 near the stairwell exit door in one (1) of two (2) observations at 3:30 PM on August 10, 2006. Sixth Floor: a 1-2 inch penetration was observed near the mop room in one (1) of three (3) observations a 3:38 PM on August 10, 2006. Eighth Floor: a 2 inch penetration was observed near room 825 in one (1) of three (3) observations at approximately 4:00 PM on August 10, 2006.	K 017		
K 018 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by:	K 018		

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K 018	Continued From page 3 Based on observations during the Life Safety Code Inspection, it was determined that fire doors and smoke barrier doors fail to close and latch. These findings were observed in the presence of the Maintenance Director and Assistant Administrator. The findings include: Basement north side double doors failed to close and latch when tested at 2:15 PM on August 10, 2006 in one (1) of one (1) observation. Dining Room lower level double doors on the south side failed to close when tested at approximately 2:55 PM on August 10, 2006. Sixth Floor double fire doors near the tub room and 611 failed to close when tested at approximately 3:30 PM on August 10, 2006. Seventh Floor pantry door on the short hallway failed to close when tested at 3:40 PM on August 10, 2006. Eighth Floor double fire doors near room 817 failed to close when tested in one (1) of three (3) observations at approximate 4:00 PM on August 10, 2006.	K 018	**K018 NFPA 101 Life Safety Code Standard** a. No resident was harmed as a result of this deficiency. The doors on the basement north side, dining room lower level double doors, sixth floor double doors, seventh floor pantry door and eighth floor double doors will be scheduled for repair. b. A full facility inspection will be performed to identify doors that fail to close when tested. c. Engineering department will assess all smoke barrier doors to ensure there is no impediment to the doors closing properly. d. Director of Engineering and or designee will monitor doors on a quarterly basis and report findings to the QA&A committee for review. e. Completion date is 9/24/06.	

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K 018 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by:	K 018		

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K 018	Continued From page 3 Based on observations during the Life Safety Code Inspection, it was determined that fire doors and smoke barrier doors fail to close and latch. These findings were observed in the presence of the Maintenance Director and Assistant Administrator. The findings include: Basement north side double doors failed to close and latch when tested at 2:15 PM on August 10, 2006 in one (1) of one (1) observation. Dining Room lower level double doors on the south side failed to close when tested at approximately 2:55 PM on August 10, 2006. Sixth Floor double fire doors near the tub room and 611 failed to close when tested at approximately 3:30 PM on August 10, 2006. Seventh Floor pantry door on the short hallway failed to close when tested at 3:40 PM on August 10, 2006. Eighth Floor double fire doors near room 817 failed to close when tested in one (1) of three (3) observations at approximate 4:00 PM on August 10, 2006.	K 018	**K018 NFPA 101 Life Safety Code Standard** a. No resident was harmed as a result of this deficiency. The doors on the basement north side, dining room lower level double doors, sixth floor double doors, seventh floor pantry door and eighth floor double doors will be scheduled for repair. b. A full facility inspection will be performed to identify doors that fail to close when tested. c. Engineering department will assess all smoke barrier doors to ensure there is no impediment to the doors closing properly. d. Director of Engineering and or designee will monitor doors on a quarterly basis and report findings to the QA&A committee for review. e. Completion date is 9/24/06. *[signature]*	

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

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FORM APPROVED
OMB NO. 0938-0391

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	095011	A. BUILDING 01 - MAIN BUILDING 01 B. WING	08/10/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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K 000	INITIAL COMMENTS The annual Life Safety Code inspection was conducted at your facility on August 10, 2006. Based on observations, the following deficiencies were cited.	K 000	**Submission of this plan of correction is not a legal admission that a deficiency exists or that this Statement of Deficiency was correctly cited, and is also not to be construed as an admission of interest against the facility, Executive Director, or any employees, agents or other individuals who draft or may be discussed in this Plan of Correction. In addition, preparation and submission of this Plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency. This Plan of Correction is submitted as the facility's credible allegation of compliance.**	
K 017 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance 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 clerical 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 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code inspection, it was determined that wall surfaces above ceiling tiles were not in good condition to prevent the passage of smoke in the event of a fire. These findings were observed in the presence of the Maintenance Director and Assistant Administrator. The findings include:	K 017	**K017 NFPA 101 SAFETY CODE STANDARD** a. No harm was caused as a result of this deficiency. The areas on the mezzanine level, long hallway and laundry room, first floor entrance to patio, first and second floor hallways near exit signs and third floor dining room entrance and mop sink area and fifth floor and fourth floor day room and 516, 517 and day room, sixth floor near mop room and eighth floor near 825 will be scheduled for repaired by 8/31/06. b. A full house search will be conducted to identify other areas of the building at risk. c. Engineering department will ensure that all vendors seal their openings with fire stop before the vendor leaves site. d. Director of engineering and or designee will monitor for compliance quarterly. e. Completion date 9/24/06.	Revised Rev. 9/14/06

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Executive Director (X6) DATE: 8/25/06

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.

021

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K 017 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance 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 clerical 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 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code inspection, it was determined that wall surfaces above ceiling tiles were not in good condition to prevent the passage of smoke in the event of a fire. These findings were observed in the presence of the Maintenance Director and Assistant Administrator. The findings include:	K 017	**K017 NFPA 101 SAFETY CODE STANDARD** a. No harm was caused as a result of this deficiency. The areas on the mezzanine level, long hallway and laundry room, first floor entrance to patio, first and second floor hallways near exit signs and third floor dining room entrance and mop sink area and fifth floor and fourth floor day room and 516, 517 and day room, sixth floor near mop room and eighth floor near 825 will be scheduled for repaired by 8/31/06. b. A full house search will be conducted to identify other areas of the building at risk. c. Engineering department will ensure that all vendors seal their openings with fire stop before the vendor leaves site. d. Director of engineering and or designee will monitor for compliance quarterly. e. Completion date ~~9/24/06~~. 9/23/06	9/14/06 Rev. 9/14/06

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — [signature]
TITLE — Executive Director
(X6) DATE — 8/25/06

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K 017	Continued From page 1 Mezzanine Level: A 2 inch and an 8-10 inch opening was observed in smoke barrier walls near the entrance to the dining room and a 1 to 2 inch opening was observed around water pipes near the south entrance of the dining room in three (3) of three (3) observations at 2:20 PM on August 10, 2006. A 1-2 inch opening was observed in smoke barrier wall surfaces in the long hallway in one (1) of one (1) observation at 2:30 PM on August 10, 2006. Laundry Room: a 1 x 6 inch opening was observed around duct work near the entrance to the dining room in one (1) of two (2) observations at 2:45 PM on August 10, 2006. First Floor: a 1 inch penetration was observed around the BX Cable at the entrance to the patio in one (1) of one (1) observation at 2:55 PM on August 10, 2006. First and Second Floors: a 1 inch opening was observed near exit signs in the first floor and second floor hallways in two (2) of four (4) observations between 2:55 PM and 3:05 PM on August 10, 2006. Third Floor: a 2-3 inch opening was observed around the BX Cable over the entrance to the dining room and a 1-2 inch opening was observed in the mop sink area in two (2) of seven (7) observations at approximately 3:10 PM on August 10, 2006. Fifth Floor: a 1-2 inch penetration was observed	K 017		

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K 017	Continued From page 2 near the stairwell exit door in one (1) of two (2) observations at 3:30 PM on August 10, 2006. Sixth Floor: a 1-2 inch penetration was observed near the mop room in one (1) of three (3) observations a 3:38 PM on August 10, 2006. Eighth Floor: a 2 inch penetration was observed near room 825 in one (1) of three (3) observations at approximately 4:00 PM on August 10, 2006.	K 017		
K 018 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by:	K 018		

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