		HAND HUMAN SERVICES				PRINTED: FORM	08/16/2006 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ILDING	PLE CONSTRUCTION	(X3) DATE SU COMPLE	JRVEY
		095011	B. WI	NG		08/1	0/2006
المع المعالمية الم	ROVIDER OR SUPPLIER	CTR		33	EET ADDRESS, CITY, STATE, ZIP CODE 33 WISCONSIN AVE NW ASHINGTON, DC 20016		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
K 000	conducted at your	TS Ifety Code inspection was facility on August 10, 2006. ions, the following deficiencies	K	000	Submission of this plan of corre not a legal admission that a defi exists or that this Statement of I was correctly cited, and is also r construed as an admission of in against the facility, Executive D or any employees, agents or oth individuals who draft or may be	iciency Deficiency not to be terest irector, er e	
K 017 SS=E	Corridors are sepa constructed with at rating. In sprinkler required to resist th sprinklered building the ceiling. (Corrid underside of ceiling by Code. Charting areas, dining room open to the corrido specified in the Co separated from con	AFETY CODE STANDARD rated from use areas by walls least ½ hour fire resistance ed buildings, partitions are only ne passage of smoke. In non- gs, walls properly extend above for walls may terminate at the gs where specifically permitted and clerical stations, waiting s, and activity spaces may be or under certain conditions de. Gift shops may be rridors by non-fire rated walls if y sprinklered.) 19.3.6.1, 19.3.	К	017	 discussed in this Plan of Correctaddition, preparation and submithis Plan of correction does not an admission or agreement of an by the facility of the truth of any alleged or the correctness of any conclusions set forth in this allegt the survey agency. This Plan of Correction is submitted as the facted ble allegation of compliance K017 NFPA 101 SAFETY COD STANDARD a. No harm was caused as a result of deficiency. The areas on the mezz level, long hallway and laundry rot floor entrance to patio, first and set floor hallways near exit signs and floor dining room entrance and marea and fifth floor and fourth floor room and 516, 517 and day room, floor near mop room and eighth fl 825 will be scheduled for repaired 8/31/06. b. A full house search will be conductioned and floor divertifies and the scheduled for repaired 8/31/06. 	tion. In nission of constitute ny kind y facts y gation by acility's sec. DE f this canine boom, first econd third op sink or day sixth oor near l by	vorean
ABORATOR	Based on observat Code inspection, it surfaces above ce condition to prever event of a fire. The the presence of the Assistant Administ The findings includ PDIRECTORS OF PROV	le: DER/SUPPLIER REPRESENTATIVE'S SAGN		tu	 identify other areas of the building c. Engineering department will ensurvendors seal their openings with fibefore the vendor leaves site. d. Director of engineering and or desmonitor for compliance quarterly. e. Completion date 9/24/06. 	re that all ire stop signee will	(X6) DATE
other safegu	cy statement ending/with ards provide sufficient pr date of survey whether of g the date these docume	an asterisk (*) denotes a deficiency which otection to the patients. (See instructions for not a plan of correction is provided. For	ch the in s.) Exce	stitutions for home	on may be excused from correcting provi nursing homes, the findings stated above hes, the above findings and plans of correction i re cited, an approved plan of correction i	ding it is deter e are disclosa ection are disc	ble 90 days closable 14

ATEMENT	OF DEFICIENCIÉS CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BUILD	
		095011	8. WING	08/10/2006
F PI	ROVIDER OR SUPPLIER		s	STREET ADDRESS, CITY, STATE, ZIP CODE 3333 WISCONSIN AVE NW
ORTHW	EST HEALTH CARE	CTR		WASHINGTON, DC 20016
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	
K 000	conducted at your	TS afety Code inspection was facility on August 10, 2006. tions, the following deficiencies	K 00	300 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
K 017 SS=E	Corridors are sepa constructed with a rating. In sprinkler required to resist t sprinklered buildin the ceiling, (Corrid underside of ceilin by Code. Charting areas, dining room open to the corrid specified in the Co separated from co the gift shop is full 6.2.1, 19.3.6.5 This STANDARD Based on observa Code inspection, i surfaces above co condition to preve event of a fire. Th	AFETY CODE STANDARD arated from use areas by walls t least ½ hour fire resistance red buildings, partitions are only he passage of smoke. In non- gs, walls properly extend above dor walls may terminate at the gs where specifically permitted g and clerical stations, waiting is, and activity spaces may be or under certain conditions ode. Gift shops may be midors by non-fire rated walls if y sprinklered.) 19.3.6.1, 19.3. is not met as evidenced by: tions during the Life Safety t was determined that wall siling tiles were not in good in the passage of smoke in the tese findings were observed in e Maintenance Director and trator.	κ ο	
	The findings inclu	de: Ider/Supplier Representative's sign		
DUKALOR		ALL		Fill II Plank
llor (/ n the yywir ogi par	ands provide sufficient p date of survey whether ng the date these docum	rotection to the patients. (See Instruction or not a plan of correction is provided. F lents are made available to the facility. If	s.) Excep for nursing deficienci	TIME AUGUST 8/25/06 astitution may be excused from correcting providing it is determined the sept for nursing homes, the findings stated above are disclosable 90 day ing homes, the above findings and plans of correction are disclosable 1: cies are cited, an approved plan of correction is regulate to continued actility ID: NORTHWEST If continuation sheet Page 1

	•	AND HUMAN SERVICES				FORM	08/16/2006 APPROVED 0938-0391
S	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED	
		095011	B. WING			08/1	0/2006
	ROVIDER OR SUPPLIER	CTR		333	ET ADDRESS, CITY, STATE, ZIP CODE 3 WISCONSIN AVE NW		
	SUMMADY STA	TEMENT OF DEFICIENCIES	 ID		ASHINGTON, DC 20016 PROVIDER'S PLAN OF CORR		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	x	(EACH CORRECTIVE ACTION SHOU REFERENCED TO THE APPROPRIAT	LD BE CROSS-	(X5) COMPLETION DATE
K 017	Continued From pa	age 1	KO	17			
	opening was obser near the entrance t inch opening was o near the south entr	A 2 inch and an 8-10 inch ved in smoke barrier walls to the dining room and a 1 to 2 observed around water pipes rance of the dining room in 3) observations at 2:20 PM on					
	barrier wall surface	was observed in smoke in the long hallway in one (1) tion at 2:30 PM on August 10,					
	observed around d	x 6 inch opening was luct work near the entrance to one (1) of two (2) observations ust 10, 2006.					
 	around the BX Cat	n penetration was observed ble at the entrance to the patio) observation at 2:55 PM on					
	observed near exit second floor hallwa	loors: a 1 inch opening was signs in the first floor and ays in two (2) of four (4) een 2:55 PM and 3:05 PM on					
	around the BX Cab dining room and a in the mop sink are	nch opening was observed ble over the entrance to the 1-2 inch opening was observed a in two (2) of seven (7) proximately 3:10 PM on August					
	Fifth Floor: a 1-2 in	nch penetration was observed					

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		AND HUMAN SERVICES	<u> </u>			FORM OMB NO.	08/16/2006 APPROVED 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BU	ILDI		(X3) DATE SURVEY COMPLETED	
		095011	B. WI	NG _		08/10	0/2006
{ /	ROVIDER OR SUPPLIER	CTR) ;	REET ADDRESS, CITY, STATE, ZIP CODE 3333 WISCONSIN AVE NW WASHINGTON, DC 20016		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	IX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
K 017 K 018 SS=E	observations at 3:3 Sixth Floor: a 1-2 ir near the mop room observations a 3:38 Eighth Floor: a 2 in near room 825 in o observations at app 10, 2006. NFPA 101 LIFE SA Doors protecting co required enclosure hazardous areas a	xit door in one (1) of two (2) 0 PM on August 10, 2006. The penetration was observed in one (1) of three (3) 3 PM on August 10, 2006. ch penetration was observed		017			
	wood, or capable o minutes. Doors in required to resist th no impediment to th are provided with a the door closed. D are permitted. 19 Roller latches are p in all health care fa	f resisting fire for at least 20 sprinklered buildings are only he passage of smoke. There is he closing of the doors. Doors means suitable for keeping tutch doors meeting 19.3.6.3.6 9.3.6.3 prohibited by CMS regulations					

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

Event ID: GOEW21 Facility ID: NORTHWEST

If continuation sheet Page 3 of 4

		AND HUMAN SERVICES				FORM	08/16/2006 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		PLE CONSTRUCTION G 01 - MAIN BUILDING 01	(X3) DATE SU COMPLE	JRVEY
		095011	B. WI	NG		08/1	0/2006
Ser.	ROVIDER OR SUPPLIER			33	EET ADDRESS, CITY, STATE, ZIP CODE 333 WISCONSIN AVE NW /ASHINGTON, DC 20016		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS- DEFICIENCY)	(X5) COMPLETION DATE
K 018	Based on observati Code Inspection, it and smoke barrier These findings wer the Maintenance D Administrator. The findings include Basement north sid and latch when test 2006 in one (1) of c Dining Room lower south side failed to approximately 2:55 Sixth Floor double and 611 failed to cl approximately 3:30 Seventh Floor pant failed to close when 10, 2006. Eighth Floor double failed to close when	ions during the Life Safety was determined that fire doors doors fail to close and latch. e observed in the presence of irector and Assistant e: le double doors failed to close ted at 2:15 PM on August 10, one (1) observation. level double doors on the close when tested at PM on August 10, 2006. fire doors near the tub room	K	018	 K018 NFPA 101 Life Safety Constandard a. No resident was harmed as a rest deficiency. The doors on the bas north side, dining room lower leved doors, sixth floor double doors, sixth floor double doors, sixth floor double doors will be scheduled for repair be to identify doors that fail to close tested. c. Engineering department will assess moke barrier doors to ensure the impediment to the doors closing p d. Director of Engineering and or de will monitor doors on a quarterly report findings to the QA&A conreview. e. Completion date is 9/24/06. According to the set of the set	alt of this ement vel double eventh r double r. berformed when ss all re is no properly. ssignee basis and mittee for	
EODM CMS 2	567(02-99) Previous Versions	s Obsolete Event ID: GOEW2			D: NORTHWEST If con		et Page 4 of 4

If continuation sheet Page 4 of 4

CENTERS					
		AND HUMAN SERVICES			PRINTED: 08/16/2006 FORM APPROVED OMB NO. 0936-0391
STATEMENT O		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(x2) Mi A. Buii	ULTIPLE CONSTRUCTION DING 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED
	:	095011	B. WIN	G	08/10/2006
	DVIDER OR SUPPLIER	CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 3333 WISCONSIN AVE NW WASHINGTON, DC 20016	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		LD BE CROSS- COMPLETION
K 018 C	Continued From pa	ge 3	ĸ	K018 NFPA 101 Life Safety Standard	Code
T E a 2 S a a S fa 1 E fi o 1	Code Inspection, it and smoke barrier of These findings were the Maintemance Di Administrator. The findings include Basement north sid and latch when test 2006 in one (1) of o Dining Room lower south side failed to approximately 2:55 Sixth Floor double f and 611 failed to ck approximately 3:30 Seventh Floor pantr ailed to close when 10, 2006.	e double doors failed to close ed at 2:15 PM on August 10, ine (1) observation. level double doors on the close when tested at PM on August 10, 2006. ire doors near the tub room ose when tested at PM on August 10, 2006. Ty door on the short hallway it tested at 3:40 PM on August fire doors near room 817 it tested in one (1) of three (3) roximate 4:00 PM on August		 No resident was harmed as a statistic ency. The doors on the north side, dining room lower doors, sixth floor double door floor pantry door and eighth f doors will be scheduled for rebending to identify doors that fail to elected. Engineering department will a stroke barrier doors to ensure impediment to the doors closif Director of Engineering and o will monitor doors on a quarter report findings to the QA&A to review. Completion date is 9/14/00. 	basement level double s, seventh loor double pair. be performed ose when issess all there is no Og property. r designee rtly basis and

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DEPAR CENTER	RS FOR MEDICARE	& MEDICAID SERVICES	_			APPROVED 0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, <i>,</i>	PLE CONSTRUCTION	(X3) DATE SU COMPLE	
			A. BUILDING			
	·	095011	B. WING		08/10	0/2006
N/	ROVIDER OR SUPPLIER			EET ADDRESS, CITY, STATE, ZIP CODE		
NORTHV	VEST HEALTH CARE	CTR		333 WISCONSIN AVE NW /ASHINGTON, DC 20016		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
K 000	The annual Life Sa conducted at your f Based on observat were cited.	TS fety Code inspection was facility on August 10, 2006. fions, the following deficiencies	K 000 K 017	Submission of this plan of corre not a legal admission that a defi exists or that this Statement of J was correctly cited, and is also construed as an admission of in against the facility, Executive D or any employees, agents or oth individuals who draft or may be discussed in this Plan of Correc	ciency Deficiency not to be terest tirector, er e tion. In	
SS=E	Corridors are sepa constructed with at rating. In sprinkler required to resist th sprinklered building the ceiling. (Corrid underside of ceiling by Code. Charting areas, dining room open to the corrido specified in the Co separated from con the gift shop is fully 6.2.1, 19.3.6.5	rated from use areas by walls least ½ hour fire resistance ed buildings, partitions are only be passage of smoke. In non- gs, walls properly extend above or walls may terminate at the gs where specifically permitted and clerical stations, waiting s, and activity spaces may be r under certain conditions de. Gift shops may be rridors by non-fire rated walls if r sprinklered.) 19.3.6.1, 19.3.		 addition, preparation and subm this Plan of correction does not an admission or agreement of a by the facility of the truth of an alleged or the correctness of any conclusions set forth in this aller the survey agency. This Plan of Correction is submitted as the f credible allegation of compliance K017 NFPA 101 SAFETY COD STANDARD a. No harm was caused as a result of deficiency. The areas on the mezz level, long hallway and laundry re floor entrance to patio, first and se floor hallways near exit signs and floor dining room entrance and m area and fifth floor and fourth flo room and 516, 517 and day room, floor near mop room and eighth fl 825 will be scheduled for repaired 8/31/06. b. A full house search will be condu- identify other areas of the building 	constitute ny kind y facts y gation by acility's sec. DE f this canine bom, first econd third op sink or day sixth oor near l by cted to g at risk.	Varian
	Based on observat Code inspection, it surfaces above ce condition to prever event of a fire. The the presence of the Assistant Administ The findings includ	le:		 c. Engineering department will ensuvendors seal their openings with f before the vendor leaves site. d. Director of engineering and or desmonitor for compliance quarterly. e. Completion date 9/24/06. 	ire stop signee will	1. 9/14/0
Ar		DER/SUPPLIER REPRESENTATIVE'S SIGN	enti	TITLE TITLE THE Altrector 8/2 ion may be excused from correcting prov	25/06	(X6) DATE

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

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DEPART		AND HUMAN SERVICES				PRINTED:	16/200 PPROVE
ATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		LE CONSTRUCTION	(X3) DATE SU COMPLET	
	:	095011	B. WIN	۱G	·	08/10	V2006
F PI	ROVIDER OR SUPPLIER			1	EET ADDRESS, CITY, STATE, ZIP CODE		
ORTHW	EST HEALTH CARE				ASHINGTON, DC 20016		<u></u>
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE	BE CROSS-	(X5) COMPLETIC DATE
K 000	The annual Life Sa conducted at your	TS fety Code inspection was facility on August 10, 2006. tions, the following deficiencies		000	Submission of this plan of corr not a legal admission that a de exists or that this Statement of was correctly cited, and is also construed as an admission of h against the facility, Executive I or any employees, agents or of individuals who draft or may i	Gelency Deficiency not to be aterest Director, her Doð	
K 017 SS=E	Corridors are sepa constructed with a rating. In sprinkler required to resist to sprinklered buildin the ceiling, (Corrid underside of ceilin by Code. Charting areas, dining room open to the corrido specified in the Co separated from co	AFETY CODE STANDARD inated from use areas by walls t least ½ hour fire resistance red buildings, partitions are only the passage of smoke. In non- gs, walls properly extend above for walls may terminate at the gs where specifically permitted and clerical stations, waiting is, and activity spaces may be or under certain conditions bde. Gift shops may be rridors by non-fire rated walls if y sprinklered.) 19.3.6.1, 19.3.	ĸ	017	 discussed in this Plan of Correladdition, preparation and subtities Plan of correction does no an admission or agreement of a by the facility of the truth of an alleged or the correctness of an conclusions set forth in this all the survey agency. This Plan of Correction is submitted as the credible allegation of compliant K017 NFPA 101 SAFETY CO. STANDARD a. No harm was caused as a result of deficiency. The areas on the mean floor chrance to patho, first and floor hallways near exit signs and floor dining room cutrance and rarea and fifth floor and fourth floor on and 516, 517 and day room floor near mop room and eighth 	ction. In mission of t constitute any kind ny facts ay egation by of facility's ice. DE of this zeanine room, first second d third nop sink oor day a, sixth	
	Based on observa Code inspection, i surfaces above ce condition to preve event of a fire. Th				 825 will be scheduled for repairs 8/31/06. b. A full house search will be cond identify other arcas of the building. Engineering department will ensign vendors seal their openings with before the vendor leaves site. d. Director of engineering and or demonitor for compliance quarterly. e. Completion date 9/24/06. 	ed by ucted to ng at risk. ure that all fire stop esignee will	21/1/50 9/1/1/50
ficien her safeg lo'.''' the	Y DIRECTOR'S DR PROV cy statement lending with lards provide sufficient p date of survey whether ng the date these docum	DER/SUPPLIER REPRESENTATIVE'S SIG an asterisk (*) denotes a deficiency whi rotection to the patients. (See Instruction or not a plan of correction is provided. F ents are made available to the facility. If	ch the Ir s.) Exce or nursii	nstitut ept foi ng hoi	r nursing homes, the findings stated abo mes, the above findings and plans of co	ve are disclosa mection are dis	ible 90 day closable 14
DRM CMS-2	567(02-99) Previous Version	ns Obsolete Event ID: GOEW:	21 F	acility	ID: NORTHWEST If c	ontinuation she	et Page 1

	OF DEFICIENCIES F CORRECTION	A MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IULTIPI ILDING	LE CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE SU COMPLE	
		095011	B. WI	NG		08/1	0/2006
	ROVIDER OR SUPPLIER	CTR		333	ET ADDRESS, CITY, STATE, ZIP CODE 33 WISCONSIN AVE NW ASHINGTON, DC 20016		
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K 017	Continued From p	age 1	K	017			
	opening was obse near the entrance inch opening was near the south ent	A 2 inch and an 8-10 inch rved in smoke barrier walls to the dining room and a 1 to 2 observed around water pipes rance of the dining room in 3) observations at 2:20 PM on					
	barrier wall surface	was observed in smoke as in the long hallway in one (1) tion at 2:30 PM on August 10,					
	observed around o	1 x 6 inch opening was fuct work near the entrance to one (1) of two (2) observations just 10, 2006.					
	around the BX Cal	h penetration was observed ble at the entrance to the patio 1) observation at 2:55 PM on			. <u></u>		· · · ·
	observed near exit second floor hallwa	Floors: a 1 inch opening was signs in the first floor and ays in two (2) of four (4) een 2:55 PM and 3:05 PM on					
	around the BX Cal dining room and a in the mop sink are	nch opening was observed ble over the entrance to the 1-2 inch opening was observed a in two (2) of seven (7) proximately 3:10 PM on August					
ļ	Fifth Floor: a 1-2 i	nch penetration was observed					•

		AND HUMAN SERVICES			FORM	08/16/2006 APPROVED
STATEMENT	OF DEFICIENCIES	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. Built	LTIPLE CONSTRUCTION DING 01 - MAIN BUILDING 01	(X3) DATE SU COMPLE	
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÷	ROVIDER OR SUPPLIER	CTR	5	STREET ADDRESS, CITY, STATE, ZIP CO 3333 WISCONSIN AVE NW WASHINGTON, DC 20016		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION SHO REFERENCED TO THE APPROPRI	DULD BE CROSS-	(X5) COMPLETION DATE
K 017	observations at 3:3 Sixth Floor: a 1-2 ir near the mop room observations a 3:33 Eighth Floor: a 2 in near room 825 in o	xit door in one (1) of two (2) 0 PM on August 10, 2006. Inch penetration was observed in one (1) of three (3) 8 PM on August 10, 2006. ch penetration was observed	K 01	17		
K 018 SS=E	Doors protecting correquired enclosure hazardous areas a those constructed of wood, or capable correquired to resist the no impediment to the are provided with a the door closed. Do are permitted.	AFETY CODE STANDARD orridor openings in other than s of vertical openings, exits, or re substantial doors, such as of 1 ³ / ₄ inch solid-bonded core of resisting fire for at least 20 sprinklered buildings are only ne passage of smoke. There is he closing of the doors. Doors means suitable for keeping butch doors meeting 19.3.6.3.6 9.3.6.3 orohibited by CMS regulations acilities.	Κ0	18	· ·	
	This STANDARD	is not met as evidenced by:				
FORM CMS-2	567(02-99) Previous Version	s Obsolete Event ID: GOEW2	1 Faci	ility ID: NORTHWEST	If continuation she	et Page 3 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SU COMPLE A. BUILDING 01 - MAIN BUILDING 01 (X3) DATE SU COMPLE	08/16/2006 APPROVED 0938-0391
W35011 08/11 NORTHWEST HEALTH CARE CTR STREET ADDRESS, CITY, STATE, ZIP CODE 333 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 OEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH OEFICIENCY AUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) K 018 Continued From page 3 K 018 K018 NFPA 101 Life Safety Code Standard K 018 Continued From page 3 K 018 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, sixth floor double doors, seventh floor pantry door and eighth floor double doors will be scheduled for repair. 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 closing properly. 2006 in one (1) of one (1) observation. d. Director of Engineering and or designee	JRVEY
NORTHWEST HEALTH CARE CTR 3333 WISCONSIN AVE NW (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) K 018 Continued From page 3 K 018 K018 NFPA 101 Life Safety Code Standard 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. 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. The findings include: C. Engineering department will assess all smoke barrier doors to ensure there is no impediment to the doors to ensure there is no impediment to the doors to closing properly. 2006 in one (1) of one (1) observation. Director of Engineering and or designee	0/2006
PREFIX TAG(EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)PREFIX TAG(EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)K 018Continued From page 3K 018K018 NFPA 101 Life Safety Code StandardBased 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.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 patry door and eighth floor double doors will be scheduled for repair.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.ConservationUnderstandUnderstand doors closing properly.Conservation dore in the doors closing properly.UnderstandUnderstand doors stat fail to close when tested.Conservation stat fail to close when tested.UnderstandUnderstand doors failed to close and latch when tested at 2:15 PM on August 10, 2006 in one (1) of one (1) observation.Understand doors to ensure there is no impediment to the doors closing properly.UnderstandUnderstand doors one (1) of one (1) observation.Understand tested.	
 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. K 018 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 	(X5) COMPLETION DATE
 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. 	

Facility ID: NORTHWEST

PRINTED: 08/16/2006

ATEMENT	OF DEFICIENCIES	E & MEDICAID SERVICES	(X2) MULTI	PLE CONSTRUCTION G 01 - MAIN BUILDING 01	(X3) BATE SU COMPLE	
\smile	:	095011	E. WING		08/1	0/2006
			3	REET ADDRESS. CITY, STATE, ZIP COI 333 WISCONSIN AVE NW VASHINGTON, DC 20016 PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION SHO	RECTION	(XS) COMPLETIC
K 018	REGULATORY OF Continued From J Based on observa Code Inspection, and smoke barrie These findings we	LSC IDENTIFYING INFORMATION)	K 018	REFERENCED TO THE APPROPRIA K018 NFPA 101 Life Safe Standard a. No resident was harmed as deficiency. The doors on the north side, dining room low doors, sixth floor double do	ty Code ty Code a result of this to basement er level double ors, seventh	DATE
	Administrator. The findings inclu Basement north s and latch when te 2006 in one (1) of Dining Room low south side failed to approximately 2:5 Sixth Floor double and 611 failed to approximately 3:3 Seventh Floor pai failed to close wh			 floor pantry door and eighth doors will be scheduled for b. A full facility inspection with to identify doors that fail to tested. c. Engineering department will sunche barrier doors to ensuring impediatent to the doors cloud dimension of Engineering and will monitor doors on a quarreport findings to the QA&/review. c. Completion date is 9/24/00. 	repair. Il be performed close when I assess all re there is no sing properly. or designee terly basis and committee for	1ens
	10, 2006. Eighth Floor doub failed to close wh	le fire doors near room 817 en tested in one (1) of three (3) oproximate 4:00 PM on August				

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DEPARI	MENT OF HEALTH	AND HUMAN SERVICES				PRINTED:	08/16/2006 APPROVED
CENTER	RS FOR MEDICARE	& MEDICAID SERVICES					0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED	
	·	095011	B. WI	NG		08/10/2006	
N/ F P	ROVIDER OR SUPPLIER			STRE	ET ADDRESS, CITY, STATE, ZIP CODE		
NORTHW	VEST HEALTH CARE	CTR			33 WISCONSIN AVE NW ASHINGTON, DC 20016		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(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.		к	000	Submission of this plan of corre not a legal admission that a defi exists or that this Statement of I was correctly cited, and is also r construed as an admission of in against the facility, Executive D or any employees, agents or oth individuals who draft or may be	ciency Deficiency not to be terest irector, er	
K 017 SS=E	Corridors are sepa constructed with at rating. In sprinkler required to resist th sprinklered building the ceiling. (Corrid underside of ceiling by Code. Charting areas, dining room open to the corrido specified in the Co separated from co	AFETY CODE STANDARD rated from use areas by walls least ½ hour fire resistance ed buildings, partitions are only he passage of smoke. In non- gs, walls properly extend above or walls may terminate at the gs where specifically permitted and clerical stations, waiting s, and activity spaces may be or under certain conditions de. Gift shops may be rridors by non-fire rated walls if y sprinklered.) 19.3.6.1, 19.3.	к	017	 discussed in this Plan of Correct addition, preparation and submithis Plan of correction does not an admission or agreement of an by the facility of the truth of any alleged or the correctness of any conclusions set forth in this allegt the survey agency. This Plan of Correction is submitted as the fit credible allegation of compliance K017 NFPA 101 SAFETY COD STANDARD a. No harm was caused as a result of deficiency. The areas on the mezz level, long hallway and laundry rofloor entrance to patio, first and set floor hallways near exit signs and floor dining room entrance and marea and fifth floor and fourth floor room and 516, 517 and day room, floor near mop room and eighth fl 825 will be scheduled for repaired 8/31/06. b. A full house search will be conductioned and floor dial search will be conductioned and search and search and search and search and search will be conductioned and search and s	tion. In ission of constitute ny kind y facts gation by acility's e. E This anine boom, first econd third op sink or day sixth oor near I by	rouge
Ar	Based on observat Code inspection, it surfaces above ce condition to prever event of a fire. The the presence of the Assistant Administ The findings includ Y DIRECTOR'S DR PROV	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: DIRECTORS OF PROVIDER/SUPPLIER REPRESENTATIVE'S SIGN		ter	 identify other areas of the building Engineering department will ensurvendors seal their openings with fibefore the vendor leaves site. d. Director of engineering and or des monitor for compliance quarterly. e. Completion date 9/24/06. 	re that all ire stop ignee will <u>Re1</u> 5/06	1. 9/14/00 (X6) DATE
other safegu follo	ards provide sufficient pr date of survey whether of the date these docume	otection to the patients. (See instruction or not a plan of correction is provided. F	s.) Exce or nursir	ept for i ng hom	on may be excused from correcting ∮rovi nursing homes, the findings stated above les, the above findings and plans of corre re cited, an approved plan of correction i	e are disclosa ection are disc	ble 90 days closable 14

		HAND HUMAN SERVICES			PRINTED: FORM OMB NO.	08/16/200 APPROVE
TATEMENT	of Deficiencies F Correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION	(X3) DATE SE COMPLE	IRVEY
\bigcirc	:	095011	8. WING		08/1) V/2006
F P	ROVIDER OR SUPPLIER	<u> </u>	ST	REET ADDRESS, CITY, STATE, ZIP CODI		
NORTHV	VEST HEALTH CARE	CTR		3339 WISCONSIN AVE NW WASHINGTON, DC 20016		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SHOL REFERENCED TO THE APPROPRIAT	LD BE CROSS-	(X5) Completic Date
K 000	The annual Life Sa conducted at your	ITS afety Code inspection was facility on August 10, 2006. tions, the following deficiencies	Κ οος	not a legal admission that a exists or that this Statement was correctly cited, and is al construed as an admission o against the facility, Executiv or any employees, agents or	deficiency of Deficiency so not to be I interest e Director, other	-
K 017 SS=E	Corridors are sepa constructed with a rating. In sprinklei required to resist t sprinklered buildin the ceiling, (Corrid underside of ceilin by Code. Charting areas, dining room open to the corrido specified in the Co separated from co the gift shop is full 6.2.1, 19.3.6.5 This STANDARD Based on observa Code inspection, it surfaces above ce	AFETY CODE STANDARD arated from use areas by walls t least ½ hour fire resistance red buildings, partitions are only he passage of smoke. In non- gs, walls properly extend above dor walls may terminate at the gs where specifically permitted g and clerical stations, waiting hs, and activity spaces may be or under certain conditions bde. Gift shops may be rridors by non-fire rated walls if y sprinklered.) 19.3.6.1, 19.3.	K 017	 individuals who draft or may discussed in this Plan of Correction and su this Plan of correction does an addition, preparation and su this Plan of correction does an admission or agreement of by the facility of the truth of alleged or the correctness of conclusions set forth in this a the survey agency. This Plan Correction is submitted as a fle credible allegation of compliant credible allegation of compliant credible allegation of compliant credible allegation of compliant floor currance to patio, first an floor hallways near exit signs a floor dining room entrance and area and fifth floor and fourth room and 516, 517 and day roo floor near mop room and eight 825 will be scheduled for reparation. b. A full house search will be corridentify other areas of the build correction scal their openings with before the vendors scal their openings and or monitor for compliance quarter for the vendor leaves site. d. Director of engineering and or monitor for compliance quarter for the vendor leaves site. 	y be rection. In homission of not constitute of any kind any facts any allegation by a of refacility's ance. ODE t of this ezzanine y room, first d second and third h mop sink floor day bom, sixth h floor near ired by ducted to ling at risk. usure that all h fire stop	2000 21/1/5 C
	event of a fire. Th the presence of th Assistant Administ The findings includ y DIRECTORS pr PROV Statementiending with rds provide sufficient pr	ese findings were observed in e Maintenance Director and rator.	h the institut	r aursing homes the findings stated at	Ren Ren 25/06 Dividing it is deter	2. 00 1

TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA *********************************		(X2) MU A. BUILI	ILTIPLE CONSTRU		(X3) DATE SURVEY COMPLETED		
		095011	B. WINC	3	08/1	08/10/2006	
	ROVIDER OR SUPPLIER	CTR		STREET ADDRESS 3333 WISCONS WASHINGTO		DE	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PRO (EACH COF	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D		(X5) COMPLETIC DATE
K 017	Continued From pa	nge 1	K 0	17			
	opening was obser near the entrance t inch opening was o near the south entr	A 2 inch and an 8-10 inch ved in smoke barrier walls to the dining room and a 1 to 2 observed around water pipes ance of the dining room in B) observations at 2:20 PM on					
	barrier wall surface	was observed in smoke is in the long hallway in one (1) ion at 2:30 PM on August 10,					
	observed around d	x 6 inch opening was uct work near the entrance to one (1) of two (2) observations ust 10, 2006.					
	around the BX Cab	a penetration was observed le at the entrance to the patio) observation at 2:55 PM on					
	observed near exit second floor hallwa	loors: a 1 inch opening was signs in the first floor and lys in two (2) of four (4) een 2:55 PM and 3:05 PM on					
	around the BX Cab dining room and a in the mop sink are	nch opening was observed le over the entrance to the 1-2 inch opening was observed a in two (2) of seven (7) proximately 3:10 PM on August					
	Fifth Floor: a 1-2 ir	nch penetration was observed					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
095011		B. WING	_	08/1	0/2006	
)	ROVIDER OR SUPPLIER	CTR	3	REET ADDRESS, CITY, STATE, ZIP COD 333 WISCONSIN AVE NW VASHINGTON, DC 20016	<u>. </u>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECT (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REFERENCED TO THE APPROPRIATE			JLD BE CROSS-	(X5) COMPLETION DATE	
K 017	observations at 3:3 Sixth Floor: a 1-2 ir near the mop room observations a 3:38 Eighth Floor: a 2 in near room 825 in o	xit door in one (1) of two (2) 0 PM on August 10, 2006. hch penetration was observed in one (1) of three (3) 3 PM on August 10, 2006. ch penetration was observed	K 017			
K 018 SS=E	NFPA 101 LIFE SA Doors protecting co required enclosure hazardous areas a those constructed o wood, or capable o minutes. Doors in required to resist th no impediment to t are provided with a the door closed. D are permitted.	AFETY CODE STANDARD orridor openings in other than is of vertical openings, exits, or re substantial doors, such as of 1 ³ ⁄4 inch solid-bonded core f resisting fire for at least 20 sprinklered buildings are only the passage of smoke. There is he closing of the doors. Doors means suitable for keeping utch doors meeting 19.3.6.3.6 0.3.6.3 orohibited by CMS regulations cilities.	K 018			
	This STANDARD	is not met as evidenced by:				

		I AND HUMAN SERVICES				FORM	08/16/2006 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095011		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED		
		B. WI	NG		08/10	0/2006	
Contraction of the second	ROVIDER OR SUPPLIER	CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 3333 WISCONSIN AVE NW WASHINGTON, DC 20016				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE [BE CROSS- DEFICIENCY)	(X5) COMPLETION DATE
K 018	Continued From pa	ige 3	K	018	K018 NFPA 101 Life Safety Co Standard	ode	
	Code Inspection, it and smoke barrier These findings were the Maintenance Di Administrator. The findings include Basement north sid and latch when test 2006 in one (1) of c Dining Room lower south side failed to approximately 2:55 Sixth Floor double and 611 failed to cl approximately 3:30 Seventh Floor pant failed to close when 10, 2006. Eighth Floor double failed to close when	te double doors failed to close ted at 2:15 PM on August 10, one (1) observation. level double doors on the close when tested at PM on August 10, 2006. fire doors near the tub room	K		 a. No resident was harmed as a resideficiency. The doors on the barnorth side, dining room lower leidoors, sixth floor double doors, sind floor pantry door and eighth floor doors will be scheduled for repaire. b. A full facility inspection will be to identify doors that fail to close tested. c. Engineering department will assessmoke barrier doors to ensure the impediment to the doors closing d. Director of Engineering and or d will monitor doors on a quarterly report findings to the QA&A correview. e. Completion date is 9/24/06. Actively a substant of the doors of the substant of the doors of the substant of the doors of the substant of the substant	sement vel double seventh or double ir. performed e when ess all ere is no properly. esignee / basis and nmittee for	

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		HAND HUMAN SERVICES			FORM	08/16/2006 APPROVED 0936-0391
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	JAVEY TED
		095011	B. WING		08/10/2006	
	(EACH DEFICIENC	E CTR ATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	TREET ADDRESS, CITY, STATE, ZIP CODE 3333 WISCONSIN AVE NW WASHINGTON, DC 20016 PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE I	BE CROSS-	(X5) COMPLETION DATE
K 018	Based on observa Code Inspection, if and smoke barrier These findings we the Maintenance D Administrator. The findings includ Basement north si and latch when tes 2006 in one (1) of Dining Room lowe south side failed to approximately 2:55 Sixth Floor double and 611 failed to c approximately 3:30	tions during the Life Safety t was determined that fire doors doors fail to close and latch. re observed in the presence of Director and Assistant de: de double doors failed to close sted at 2:15 PM on August 10, one (1) observation. r level double doors on the o close when tested at 5 PM on August 10, 2006. fire doors near the tub room lose when tested at 0 PM on August 10, 2006.	K 01	 a. No resident was harmed as a resideficiency. The doors on the barnorth side, dining room lower leidoors, sixth floor double doors, sift floor pantry door and eighth floor doors will be scheduled for repair b. A full facility inspection will be to identify doors that fail to close tested. c. Engineering department will assess smoke barrier doors to ensure the impediment to the doors closing d. Director of Engineering and or dwill monitor doors on a quarterly report findings to the QA&A correction. 	ult of this sement vel double seventh or double it. performed c when ss all ' re is no properly. esignee basis and	dene- 2 9/14/2
	failed to close whe 10, 2006. Eighth Floor doubl failed to close whe	try door on the short hallway in tested at 3:40 PM on August e fire doors near room 817 in tested in one (1) of three (3) proximate 4:00 PM on August				

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