STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095027		(X2) MULTIP A. BUILDING B. WING	PLE CONSTRUCTION G 01 - MAIN BUILDING 01	COMPLE	(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER CAPITOL HILL NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONST. AVE. NE				
CALITOL			N	WASHINGTON, DC 20002	California and		
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	STATEMENT OF DEFICIENCIES UST BE PRECEDED BY FULL REGULATORY IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION S REFERENCED TO THE APPROP	HOULD BE CROSS-	(XS) COMPLETIC DATE	
K 000	INITIAL COMME	NTS	K 000				
	your facility on Ju deficiencies were	ode inspection was conducted at ly 28, 2009. The following based on observations, staff cord review.					
K 017 SS=D	interviews and record review. NFPA 101 LIFE SAFETY CODE STANDARD		K 017	 Room 4117 and 1 ½ ind around the duct work at doors near room 4117 v 8/29/09. Walk-through of the res hallways and shower ro conducted by the Maint- identify and repair all ar areas were corrected as A system has been esta provide frequent and co Environment of Care (E the facility. 	 Walk-through of the residents' rooms, hallways and shower rooms were conducted by the Maintenance Staff to identify and repair all areas affected. All areas were corrected as needed. A system has been established to provide frequent and collaborative Environment of Care (EOC) rounds of the facility. Findings will be monitored monthly, then 		
This STANDARD is 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 and walls were not in good condition to prevent the passage of smoke in the event of a fire in the: Mechanical Room on the 4th Floor in one (1) of two (2) observed locations and near room 4117 in two (2) of two (2) observed locations. These findings were observed in the presence of Employee #4.					9/14/		
ORATORY	DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGNATURE	~ .	TITLE		(X6) DATE	
lala	nthia Bre	in adm	mistra	XD	9-25-01	7	

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

PRINTED: 08/24/2009 FORM APPROVED OMB NO 0938-0391

NO PLAN OF CORRECTION DEMTRIFICATION NUMBER: A BULDING 01 - MAIN BUILDING 01 COMPLETED A BULDING 01 - MAIN BUILDING 01 B WING 07/28/2009 WARE OF PROVIDER OR SUPPLIER STREET ADDRESS, DTY, STATE, DP CODE 000 CONST, ACK, NE 000 CONST, ACK, NE Origins SUMMARY STATEMENT OF DEFICIENCIES PROVIDER SUPPLIER PROVIDER SUPPLIER DO CONST, ACK, NE Origins SUMMARY STATEMENT OF DEFICIENCIES PROVIDER SUPPLIER PROVIDER SUPPLIER DO CONST, ACK, NE WAIN DE CONTINUES INFORMATION PROVIDER SUPPLIER PROVIDER SUPPLIER CONTINUED SUPPLIER DO CONST, ACK, NE K 017 Continued From page 1 K, 017 K, 017 K, 017 Continued From page 1 K, 017 K 018 A HINCH OPENING INFORMATION DO CONST, ACK, PE CONSTRINGLY, 2X, 2009. Excent Provide Not and a section of wail approximately X, 2X, 26 feat was filed with cardboard instead of dry wall in the Mechanical Room on the 4th Floor in one (1) of two (2) observed locations at 3:15 PM on July 28, 2009. Excent Provide Not and the solid-bonded core wood, or capable of 1% (not solid-bonded core move. The passage of smoke. There is in mompediment to the dosing of the doors. Docos are provided with a mea		Line of the left of the left of the		(22) 14				D. 0938-039
Op5027 B. Wind Ontroduction CAPITOL HILL NURSING CENTER STREET ADDRESS, CITY, STATE, 2P CODE TO CONST. AVE. NE WASHINGTON, DC 20002 (04) D. PTTOD (EACH DEFENDANCY SYNTEMENT OF DEPICIENCIES (CONTREVED EVANOT OF DEPICIENCIES (CONTREVED EVANOT OF DEPICIENCIES (CONTREVED EVANOT OF OPERICIENCIES (CONTREVED EVANOT OF OPERICIES (CONTREVED EVANOT OPERICIES (CONTREVED EVANOT OF OPERICIES (CONTREVED EVANOT OF OPERICIES (CONTREVED EVANOT (CONTREVED EVANOT (CONTREVED EVANOT (CONTREVED EVANOT (CONTREVED EVANOT (CONTREVED EVANOT (CONTREVED EVANOT (CONTREVED EVANOT (CONTREVENTION (CONTREVENTION) (CONTREVENTION (CONTREVENTION) (CONTREVENTION) (CONTREVENTION (CONTREVENTION) (CONTREVENTION) (CONTREVENTION (CONTREVENTION) (CONTREVENTION (CONTREVENTION) (CONTREVENTION) (CONTREVENTION) (CONTREVENTION) (CONTREVENTION) (CONTREVENTION) (CONTREVENTION (CONTREVENTION	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION						(X3) DATE SURVEY COMPLETED	
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UNME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2P CODE TO CONST, AVE. NE WASHINGTON, DD 20002 CAPITOL HILL NURSING CENTER Image: Construction of the consthention	095027			B. WIN	G		07/2	28/2009
CAPITOL HILL NURSING CENTER 700 CONST. AVE. NE WASHINGTON, DC 20002 04(1) PREFX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECIDED BY FULL REGULATORY OR USE DEFINITION WHORMATION) D PREFX TAG D PREFX REFERENCED TO THE APPROPRIATE DEFICIENCY (EACH DEFICIENCY MUST BE PRECIDED BY FULL REGULATORY OR USE DEFINITION WHORMATION) D PREFX TAG D PREFX REFERENCED TO THE APPROPRIATE DEFICIENCY (EACH CORRECTIVE ACTION SHOULD BE CROSS). COMPLET TAG K 017 Continued From page 1 K 017 K 017 The findings include: 1. A 1 inch penetration was observed in smoke barrier walls where BX cables penetrate walls and a section of wall approximately 2 x 2 feet was filled with cardboard instead of dry wall in the Mechanical Room on the 4th Floor in one (1) of two (2) observed locations at 3:00 PM on July 28, 2009. K 018 K 018 NFPA 101 LIFE SAFETY CODE STANDARD SS=E NFPA 101 LIFE SAFETY CODE STANDARD The constructed of 1% inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in prinklered 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. Duch doors meeting 19.3.8.3.8 are permited. 19.3.6.3.8 Walk-throughs of the residents' rooms, hallways and shower rooms were for conducted by the Maintenne Staft fo identify and repair al areas affected. All arease were corrected as meeded. Walk-throughs of the residents' rooms, hallways and shower rooms were conducted by the Maintenne Staft fo identify and repair al areas affected. All arease	NAME OF PP	ROVIDER OR SUPPLIER			STRE	ET ADDRESS, CITY, STATE, ZIP CODE		100
WASHINGTON, DC 2002 WASHINGTON, DC 2002 WASHINGTON, DC 2002 PREEX TAG EACH DEPREENCY MUST BE PRECEDED BY FULL REGULATORY OR USCIDENTIFING INFORMATION Dial K 017 Continued From page 1 K 017 The findings include: 1. A 1 inch penetration was observed in smoke barrier walls where BX cables penetrate walls and a section of wall approximately 2.2 2 feet was filled with cardbaard instead of dry wall in the Mechanical Room on the 4th Floor in one (1) of two (2) observed locations at 3:00 PM on July 28, 2009. Fourth Floor, #1; Fifth Floor, #1 and #2 Sixth Floor #1 K 018 NFPA 101 LIFE SAFETY CODE STANDARD Safe 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 sublable for keeping the door closed. Duch doors meeting 19.3.6.3.8 are permitted. 19.3.6.3.8 K 018 K 018 Roller latches are prohibited by CMS regulations in all health care facilities. Safe Walk-throughs of the residents' rooms, halways and shower rooms dever conducted by the Maintenance Staff to identify and repaired on 92/09. Walk-throughs of the residents' rooms, halways and shower rooms dever conducted by the Maintenance Staff to identify and repaired on do close or the facility. Roller latches are prohibited by CMS regulations in all health care facilities. A system has been established to provide diftin an colaborative Environment of Care (ECO) rounds of the facilit	CADITO		TER					
Image: TAS (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR USC DENTRYNO INFORMATION) PRECENT TAS (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR USC DENTRYNO INFORMATION) Continued From page 1 K 017 K 017 Continued From page 1 K 017 K 017 K 017 K 017 The findings include: 1. A 1 inch penetration was observed in smoke barrier walls where BX cables penetrate walls and a section of wall approximately 2 x 2 feet was filled with careboard instead of dry wall in the Mechanical Room on the 4th Floor in one (1) of two (2) observed locations at 3:00 PM on July 28, 2009. K 018 Fourth Floor, #1; Fifth Floor, #1 and #2 Sixth Floor #1 Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1% 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. Duth doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 K 018 Roller latches are prohibited by CMS regulations in all health care facilities. Roller hatches are prohibited by CMS regulations in all health care facilities. Nate montored monthy, then quartery in CQI to censure compliance.	CAPITOL	HILL NORSING CEN	IER		W	ASHINGTON, DC 20002		12
 The findings include: 1. A 1 inch penetration was observed in smoke barrier walls where BX cables penetrate walls and a section of wall approximately 2 x 2 feet was filed with cardboard instead of dry wall in the Mechanical Room on the 4th Floor in one (1) of two (2) observed locations at 3:00 PM on July 28, 2009. X A 1 inch penetration was observed around ductwork above double doors near room 4117 in two (2) of two (2) observed locations at 3:15 PM on July 28, 2009. K O18 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 1% 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. Duch 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. Kotts Floor #1 and substantial conse is an edded. A system has been established to provide frequent and collaborative Environment of Care (EOC) rounds of the facility. Findings will be monitored monthy, then quarterly in CQI to ensure compliance. 	PREFIX	(EACH DEFICIENCY MUS	ST BE PRECEDED BY FULL REGULATORY	PREFI		(EACH CORRECTIVE ACTION SHOUL	D BE CROSS-	(X5) COMPLETION DATE
 1. A 1 inch penetration was observed in smoke barrier walls where BX cables penetrate walls and a section of wall approximately 2 x 2 feet was filled with cardboard instead of dry wall in the Mechanical Room on the 4th Floor in one (1) of two (2) observed locations at 3:00 PM on July 28, 2009. 2. A 1 inch penetration was observed around BX cable and a 4 inch opening was observed around ductwork above double doors near room 41171 in two (2) of two (2) observed locations at 3:15 PM on July 28, 2009. K 018 NFPA 101 LIFE SAFETY CODE STANDARD Dors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¼ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinkleved 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. Roller latches are prohibited by CMS regulations in all health care facilities. K 19. A system has been established to provide frequent and collaborative Environment of Care (EOC) rounds of the facility. 4. Findings will be monitored monthly, then quarterly in COI to ensure compliance. 	K 017	Continued From pa	age 1	K	017			
 barrier walls where BX cables penetrate walls and a section of wall approximately 2 x 2 feet was filled with cardboard instead of dry wall in the Mechanical Room on the 4th Floor in one (1) of two (2) observed locations at 3:00 PM on July 28, 2009. 2. A 1 inch penetration was observed around BX cable and a 4 inch opening was observed around ductwork above double doors near room 4117 in two (2) of two (2) observed locations at 3:15 PM on July 28, 2009. K 018 NFPA 101 LIFE SAFETY CODE STANDARD K 018 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 1¼ 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. K 018 K 019 K 010 K 010 K 010 K 011 K 011 K 012 K 013 K 013 K 014 K 015 K 015 K 016 K 017 K 018 K 018 K 018 K 018 K 018 K 019 K 010 K 010 K 011 K 011 K 011 K 012 K 013 K 013 K 014 K 014 K 014 K 015 K 015 K 016 K 017 K 017<td></td><td>The findings includ</td><td>e:</td><td></td><td></td><td></td><td></td><td>de la</td>		The findings includ	e:					de la
 section of wall approximately 2 x 2 feet was filled with cardboard instead of dry wall in the Mechanical Room on the 4th Floor in one (1) of two (2) observed locations at 3:00 PM on July 28, 2009. 2. A 1 inch penetration was observed around BX cable and a 4 inch opening was observed around ductwork above double doors near room 41177 in two (2) of two (2) observed locations at 3:15 PM on July 28, 2009. K 018 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 1% 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. Duch 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. Kolls and the passage of smoke. There is no limpediment to the closing of the doors. Doors are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. A system has been established to provide frequent and collaborative Environment of Care (EOC) rounds of the facility. Findings will be monitored monthy, then quarterly in CQI to ensure compliance. 		1. A 1 inch penetra	ation was observed in smoke					
 with cardboard instead of dry wall in the Mechanical Room on the 4th Floor in one (1) of two (2) observed locations at 3:00 PM on July 28, 2009. 2. A 1 inch penetration was observed around BX cable and a 4 inch opening was observed around BX cable and a 4 inch opening was observed around BX cable and a 4 inch opening was observed around BX cable and a 4 inch opening was observed around BX cable and a 4 inch opening was observed around BX cable and a 4 inch opening was observed around BX cable and a 4 inch opening was observed around BX cable and a 4 inch opening was observed around BX cable and a 4 inch opening was observed around ductwork above double doors near room 4117 in two (2) of two (2) observed locations at 3:15 PM on July 28, 2009. K 018 K PA 101 LIFE SAFETY CODE STANDARD Dors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1% 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. A system has been established to provide frequent and collaborative Environment of Care (EOC) rounds of the facility. Findings will be monitored monthy, then quarterly in CQI to ensure compliance. 						19		
 2. A 1 inch penetration was observed around BX cable and a 4 inch opening was observed around ductwork above double doors near room 4117 in two (2) of two (2) observed locations at 3:15 PM on July 28, 2009. K 018 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 1% 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. Roller latches are prohibited by CMS regulations in all health care facilities. Fourth Floor, #1; Fifth Floor, #1 and #2 Sixth Floor #1 Double smoke-barrier doors that fail to close or latch into frames were repaired on 9/2/09. Entrance doors to 9/2/09. Entrance doors that fail to close or latch into frames were repaired on 9/2/09. Entrance doors that fail to close or latch into frames were repaired on 9/2/09. Walk-throughs of the residents' rooms, hallways and shower rooms were conducted by the Maintenance Staff to identify and repair all areas affected. All areas were corrected as needed. A system has been established to provide frequent and collaborative Environment of Care (EOC) rounds of the facility. Findings will be monitored monthy, then quarterly in CQI to ensure compliance. 		Room on the 4th Fl	loor in one (1) of two (2)					
 cable and a 4 inch opening was observed around ductwork above double doors near room 4117 in two (2) of two (2) observed locations at 3:15 PM on July 28, 2009. K 018 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 1% 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. Kolls Roller latches are prohibited by CMS regulations in all health care facilities. Kolls Roller latches are prohibited by CMS regulations in all health care facilities. Kolls Roller latches are prohibited by CMS regulations in all health care facilities. Kolls Roller latches are prohibited by CMS regulations in all health care facilities. Kolls Roller latches are prohibited by CMS regulations in all health care facilities. Kolls Roller latches are prohibited by CMS regulations in all health care facilities. Kolls Roller latches are prohibited by CMS regulations in all health care facilities. Kolls Roller latches are prohibited by CMS regulations in all health care facilities. Kolls Roller latches are prohibited by CMS regulations in all health care facilities. Kolls Roller latches are prohibited by CMS regulations in all health care facilities. Kolls Roller latches are prohibited by CMS regulations in all health care facilities. Kolls Roller latches are prohibited by CMS regulations in all health care facilities. Kolls Roller latches are prohibited by CMS regulations in all healt								-
 two (2) of two (2) observed locations at 3:15 PM on July 28, 2009. K 018 NFPA 101 LIFE SAFETY CODE STANDARD Dors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¼ 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. Koller latches are prohibited by CMS regulations in all health care facilities. Koller latches are prohibited by CMS regulations in all health care facilities. Koller latches are prohibited by CMS regulations in all health care facilities. Koller latches are prohibited by CMS regulations in all health care facilities. Koller latches are prohibited by CMS regulations in all health care facilities. Koller latches are prohibited by CMS regulations in all health care facilities. Koller latches are prohibited by CMS regulations in all health care facilities. Koller latches are prohibited by CMS regulations in all health care facilities. Koller latches are prohibited by CMS regulations in all health care facilities. Koller latches are prohibited by CMS regulations in all health care facilities. Koller latches are prohibited by CMS regulations in all health care facilities. Koller latches are prohibited by CMS regulations in all health care facilities. Koller latches are prohibited by CMS regulations in all health care facilities. Koller latches are prohibited by CMS regulations in all health care facilities. Koller latches are prohibited by CMS regulatio		cable and a 4 inch opening was observed around						
 K 018 NFPA 101 LIFE SAFETY CODE STANDARD SS=E Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1% 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. K 018 C Double smoke-barrier doors that fail to close and fit flush near Room 4117 was repaired on 9/2/09. Entrance doors to Room 5120, 5140, 5153, and the Pantry that fail to close or latch into frames were repaired on 9/2/09. Entrance doors that fail to close near from 6140, 6141, 6152 and Day Room 6126 was repaired on 9/2/09. Walk-throughs of the residents' rooms, hallways and shower rooms were conducted by the Maintenance Staff to identify and repair all areas affected. All areas were corrected as needed. A system has been established to provide frequent and collaborative Environment of Care (EOC) rounds of the facility. Findings will be monitored monthly, then quarterly in CQI to ensure compliance. 		two (2) of two (2) of					l and #2	1. C. S.
quarterly in CQI to ensure compliance.		NFPA 101 LIFE SA Doors protecting correquired enclosures hazardous areas and those constructed of wood, or capable of minutes. Doors in required to resist th no impediment to the are provided with a door closed. Dutch permitted. 19.3.6 Roller latches are p	prridor openings in other than s of vertical openings, exits, or re substantial doors, such as of 1 ⁴ / ₄ inch solid-bonded core f resisting fire for at least 20 sprinklered buildings are only he passage of smoke. There is ne closing of the doors. Doors means suitable for keeping the n doors meeting 19.3.6.3.6 are 5.3 prohibited by CMS regulations in	K	018	 Double smoke-barrier doors close and fit flush near Room repaired on 9/2/09. Entrance Room 5120, 5140, 5153, and that fail to close were repaire Double fire doors in the hallw 5117 and 5130 that fail to clo into frames were repaired on Entrance doors that failed to from 6140, 6141, 6152 and I 6126 was repaired on 9/2/09 Walk-throughs of the resider hallways and shower rooms conducted by the Maintenan identify and repair all areas a areas were corrected as nee A system has been establish provide frequent and collabo Environment of Care (EOC) the facility. 	n 4117 was e doors to d the Pantry ed on 9/2/09. vays near ose or latch a 9/2/09. close near Day Room d. nts' rooms, were ce Staff to affected. All ded. need to rative rounds of	
								9/14/0

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

Event ID: Z3D021

Facility ID: CAPITOLHILL

If continuation sheet Page 2 of 5

		AND HUMAN SERVICES				FOR	M APPROVED D. 0938-0391
CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095027		(X2) MULTIPLE CONSTR A. BUILDING 01 B. WING		CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE SURVE COMPLETED		
	ROVIDER OR SUPPLIER	ITER		700 C	ADDRESS, CITY, STATE, ZIP CODE CONST. AVE. NE SHINGTON, DC 20002		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	STATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY DENTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD B REFERENCED TO THE APPROPRIATE DE	E CROSS-	(X5) COMPLETION DATE
K 018	Continued From page 2 This STANDARD is not met as avidenced by Based on observations during the Life Safety Code inspection, it was determined that fire doors, smoke barrier and resident doors failed to latch into frames when tested: near room 4117 in one (1) of four (4) doors, fifth floor in four (4) of five (5) doors, sixth floor in four (4) of five (5) doors and sixth floor near rooms 6116 and 6140 in two (2) of four (4) doors. These findings were observed in the presence of Employee #4. The findings include: Fourth Floor 1. Double smoke barrier doors failed to close and fit flush against each other when tested near room 4117 in one (1) of four (4) doors observed at 3:15 PM on July 28, 2009.		κo	018			
	the Pantry failed to (4) of five (5) doors 2009. 2. Double fire door and 5153 failed to tested in two (2) of PM on July 28, 200 Sixth Floor 1. Entrance doors	failed to close without assistance ms 6140, 6141, 6151 and Day					

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

Event ID: Z3D021

Facility ID: CAPITOLHILL

If continuation sheet Page 3 of 5

PRINTED: 08/24/2009

	MENT OF HEALTH AN					FORM): 08/24/2009 APPROVED): 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED		
		095027	B. WING	3		07/2	8/2009
	ROVIDER OR SUPPLIER			70	ET ADDRESS, CITY, STATE, ZIP CODE 0 CONST. AVE. NE ASHINGTON, DC 20002		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE	MENT OF DEFICIENCIES PRECEDED BY FULL REGULATORY FYING INFORMATION)	ID PREFI) TAG	×	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOULD B REFERENCED TO THE APPROPRIATE DE	E CROSS-	(X5) COMPLETION DATE
K 018		PM on July 28, 2009. doors failed to close or latch	ĸ)18			
	6140 in two (2) of four PM on July 28, 2009.	vistance near rooms 6116, (4) doors observed at 4:30					
K 045 SS=E	Illumination of means of discharge, is arranged lighting fixture (bulb) w darkness. (This does r	of egress, including exit so that failure of any single Il not leave the area in	КC	945	 Fifth Floor #1 and #2; Sixth Floor Light fixtures in stairwell betwee and sixth floor that fail to illumin Rooms 5153 and 5117, and the lamps between the fifth and sixt near Room 6203 were repaired 8/31/09. 	ate near stairwell th floors	
	inspection, it was deter the stairwells were not in the event of a fire, be near room 5153 in one fixtures, between the 5 5117 in one (1) of three between the 5th and 6th	during the Life Safety Code mined that light fixtures in illuminated to provide lighting etween the 5th and 6th floor (1) of three (3) observed th and 6th floor near room e (3) observed fixtures and h floors near room 6203 in			 Walk-throughs of the residents' hallways and shower rooms we conducted by the Maintenance identify and repair all areas affe areas were corrected as needed A system has been established provide frequent and collaborati Environment of Care (EOC) rou facility. Findings will be monitored moni- quarterly in CQI to ensure comp 	re Staff to ected. All d. to ive unds of the thly, then	9/14/09
	one (1) of three (3) obs findings were observed Employee #4. The findings include:						9/14/09
	illumination between th	tairwell failed to provide e 5th and 6th floor near of three (3) observed fixtures					
	at 3.35 F W OIT July 20,	2003.			10 10 mil	1	

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		H AND HUMAN SERVICES): 08/24/2009 1 APPROVED
CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILDI		CONSTRUCTION 01 - MAIN BUILDING 01	OMB NO. 0938-0391		
		095027	B. WING			07/2	8/2009
		STATEMENT OF DEFICIENCIES	ID	700 0	ADDRESS, CITY, STATE, ZIP CODE CONST. AVE. NE SHINGTON, DC 20002 PROVIDER'S PLAN OF CORRECTIO	DN	(X5) COMPLETION
PRÉFIX TAG		JST BE PRECEDED BY FULL REGULATORY DENTIFYING INFORMATION)	PREFIX TAG		(EACH CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEF		COMPLETION DATE
K 045	2. Light fixtures in illumination between	the stairwell failed to provide en the 5th and 6th floors near (1) of three (3) observed fixtures	K 04	5			
K 130 SS=E	lighting in the even 6th floors near roo observed fixtures NFPA 101 MISCE	ere not illuminated to provide nt of a fire between the 5th and om 6203 in one (1) of three (3) at 4:45 PM on July 28, 2009. ELLANEOUS ICIENCY NOT ON 2786	K 13	0 1.	The Elevators Pit in the baseme was cited as not being in good of to prevent water seepage and accumulation, dampness, and no debris as well as paper products floor surface have been investig ameliorated. Water proofing of the scheduled to be corrected by a co on 10/15/09.	ondition oted on the ated and the pit is	
	inspection, it was not in good condit water and the acc surfaces in elevate four (4) observed observed in the pr The following inclu During the Life Sa elevators pits in th that elevator pit wa condition to preve accumulation, dan paper products on	fety Code inspection of the le basement, it was determined all surfaces were not in good nt water seepage and npness, and noted debris and the floor surfaces of pits 1, 2, 3 f four (4) elevators observed at				evator	9/14/09
1.12		(Personal)				é.	136

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