

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

PRINTED: 11/2/2006
FORM APPROVED
OMB NO. 0933-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09503E | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 11/16/2006 |
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| NAME OF PROVIDER OR SUPPLIER CAPITOL VIEW SKILLED NURSING | STREET ADDRESS, CITY, STATE, ZIP CODE 2041 GEORGIA AVE, NW WASHINGTON, DC 20060 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
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| K 000 | INITIAL COMMENTS A Life Safety Code inspection was conducted on November 16, 2006. The following deficiency was based on observations made in the presence of the Director of Maintenance. | K 000 | | |
| K 017 SS=D | NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least 1/2 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 smoke barrier walls were not in good condition to prevent the passage of smoke. This finding was observed in the presence of the Director of Maintenance. The findings include: | K 017 | Smoke barrier walls around communication wires found with openings near 6B30, 6W4, 6W53, and over entrance door to skilled nursing unit, have been sealed with proper U>L rated firestop systems. The Safety Officer will continue to inspect the smoke fire walls to make sure that there are no openings, and penetrations are sealed. We have established continuing Penetration Management Program, whereby Cavalier Firestop will continue systematic survey of the facility and correct deficiencies. The Safety Officer, the Director of Engineering, and Administrator will continue to monitor for compliance. | 11/27/06 11/27/06 |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Mon J. Wiggins</i> | TITLE: Administrator | (X6) DATE 12/7/06 |
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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 continue program participation.

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

PRINTED: 11/12/2006
FORM APPROVED
OMB NO. 0933-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095034 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____ | | (X3) DATE SURVEY COMPLETED 11/16/2006 |
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| NAME OF PROVIDER OR SUPPLIER CAPITOL VIEW SKILLED NURSING | | STREET ADDRESS, CITY, STATE, ZIP CODE 2041 GEORGIA AVE, NW WASHINGTON, DC 20060 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
| K 017 | Continued From page 1 Smoke barrier walls had openings around communication wires in the hallway near 6B30, 6W46, 6W53 and over the entrance door to the skilled nursing unit, unit 6-west, in four (4) of nine (9) observations between 2:55 PM and 4:05 PM on November 16, 2006. | K 017 | | |