## PRINTED: 09/24/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING 01 - MAIN BUILDING 01 B. WING 095034 09/11/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 725 BUCHANAN ST., NE **CARROLL MANOR NURSING & REHAB** WASHINGTON, DC 20017 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLÉTION PRÉFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) K 000 K 000 INITIAL COMMENTS The annual Life Safety Code inspection was conducted on September 11, 2007. The following deficiencies were based on observations and record review K 018 NFPA 101 LIFE SAFETY CODE STANDARD K 018 SS=D 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 19.3.6.3 are permitted. Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by:

failed to close and latch when tested. These observations were made in the presence of Employees #13 and 15.

Based on observations during the Life Safety Code inspection, it was determined that fire doors

The findings include:

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

Ε \_ .

(X6) DATE

Any deficiency statement ending with an asterish (\*) 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 disciosable 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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
		095034	B. WING_	<del></del>	09/1	09/11/2007	
	ROVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP CODE 725 BUCHANAN ST., NE WASHINGTON, DC 20017			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
K 018	Continued From page 1		K 018	NFPA 101 Life Safety Code Sta	ndard		
	main kitchen, cafe	ce doors to the main laundry, eteria and laundry presser area s) fire doors observed at 10:15 r 11, 2007.		Repairs were made to main la main kitchen, cafeteria, laundry parea, second floor double and sin near room 221, charting room an floor employee lounge and soiled.	nundry, presser ngle doors d fourth	10/22/2007	
	rooms 221 and th	uble and single doors near e charting room in two (2) of s observed at 11:30 PM on 107.	· ·	room doors. 2.) All areas were inspected. 3.) The inspection of these areas added to the monthly rounds list monitored by the Maintenance M	will be	9/11/2007 10/22/2007	
	room doors in two	loyee lounge and soiled utility (2) of six (6) fire doors PM on September 11, 2007.	ign &	4.) The findings of the monthly robe presented at the Quarterly QA		On-going	
K 045	findings at the tim	nd 15 acknowledged these e of these observations. SAFETY CODE STANDARD	K 04	5			
SS=E	discharge, is arra lighting fixture (bu darkness. (This o	eans of egress, including exit inged so that failure of any single (lb) will not leave the area in does not refer to emergency ance with section 7.8.) 19.2.8					
	Based on observed. Code inspection, fixtures failed to inprovide lighting in observations. Were Employees #13 at The findings including the code of th	ide:		NFPA 101 Life Safety Code St 1.) The light fixtures were replace 2.) All light fixtures were inspect replaced as needed. 3.) The stairwell lighting has been on the monthly rounds list. 4.) The findings of the monthly represented at the Quarterly Q	ed. ed and en included ounds will	9/11/2007 9/12/2007 9/12/2007 On-going	
***		vell lighting fixtures near the sement at the top and bottom					

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AND PLAN OF CORRECTION		1 ' '		A. BUILDING 01 - MAIN BUILDING 01			COMPLETED		
		095034	B. WING			09/11/2007			
NAME OF PROVIDER OR SUPPLIER  CARROLL MANOR NURSING & REHAB			•	7	REET ADDRESS, CITY, STATE, ZIP CODE 725 BUCHANAN ST., NE WASHINGTON, DC 20017				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE		
K 045	Continued From pa	age 2	K	045					
	landings on the we lighting fixtures ob September 11, 200	st side in two (2) of six (6) served at 10:40 AM on 07.							
	the bottom landing	e lamp lighting fixture located at of west side stairwell #1 in one ng fixtures observed at 11:00 11, 2007.							
	of stairwells #3 and to illuminate in one	le lamp lighting at the bottom d #4 north and west sides failed e (1) of two (2) lighting fixtures AM on September 11, 2007.					,		
	bottom landing of	e lamp lighting fixture at the stairwell #3 west side in one (1) fixtures observed at 1:05 PM on 07.							
	bottom and top lar	gle lamp lighting fixture at the ndings of stairwell #4 north side by lighting fixtures observed at ember 11, 2007.	]			· .			
	bottom landing of	e lamp lighting fixture at the stairwell #5 in one (1) of two (2) served at 12:55 PM on 07.							
K 052	findings at the tim NFPA 101 LIFE S	nd 15 acknowledged the e of these observations. AFETY CODE STANDARD	K	052	2				
SS=E	A fire alarm system installed, tested, a with NFPA 70 Nat 72. The system had and testing program.	m required for life safety is and maintained in accordance ional Electrical Code and NFPA as an approved maintenance im complying with applicable IFPA 70 and 72. 9.6.1.4							

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	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI/ PLAN OF CORRECTION IDENTIFICATION NUMBER:  095034		(X2) MULTIP  A. BUILDING  B. WING		LE CONSTRUCTION  01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED	
	ROVIDER OR SUPPLIER	& REHAB		72	ET ADDRESS; CITY, STATE, ZIP CODE 5 BUCHANAN ST., NE ASHINGTON, DC 20017		
PREFIX (EACH DEFICIE		SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		IX S	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUTH CROSS-REFERENCED TO THE APPROPRICIENCY)	(X5) COMPLETION DATE	
K 052	Continued From pa	age 3	K	052			
	Based on record re Code inspection, it	is not met as evidenced by: eview during the Life Safety was determined that fire alarm ested on a quarterly basis. This	٠.		NFPA 101 Life Safety Code Sta 1.)The documentation requested survey was located in the Hospita Maintenance department	during the	10/1/20
	observations was Employees #13 ar	made in the presence of aid 15.	•		The documentation indicates spri system testing was completed on 20, 2007, April 19 and July 10th,	January	,
:	The findings included the findings included the findings included the first term of	de: as not available to support			Maintenance has the next quarterly inspection sheeduled in 2007 by Virginia Sprinkler. Inspe	ction files	10/28/20
		plete fire alarm system on a			will be maintained in the Carroll M Maintenance office. 3.) The Life Safety Officer will mo		10/28/20
	alarm devices on documented evide	ted test was conducted on the July 7, 2007. There was no ence that alarm device testing		-	performance quarterly.  4.) The Life Safety Officer will repart and monitoring results to the Adnuarterly at QI Meeting.		10/28/20
٠.	2006 or the first (1	ring the fourth (4th) quarter of st) and second (2nd) quarters b) of four (4) quarters reviewed 2007 at 8:40 AM.	·	-			
	Employees #13 ar at the time of this	nd 15 acknowledged this finding observation.		٠.			