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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>095028 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 01 - MAIN BUILDING 01<br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br>10/06/2006 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>INGLESIDE PRESBYTERIAN RETIREM | STREET ADDRESS, CITY, STATE, ZIP CODE<br>3050 MILITARY ROAD NW<br>WASHINGTON, DC 20015 |
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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 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
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| K 000         | INITIAL COMMENTS<br>A Life Safety Code inspection was conducted on October 6, 2006. The following deficiencies were based on observations made during the inspection.  | K 000 |   |  |
| K 017<br>SS=E | NFPA 101 LIFE SAFETY CODE STANDARD<br>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<br><br>This STANDARD is not met as evidenced by:<br>Based on observations during the Life Safety Code inspection, it was determined that penetrations were observed in smoke barrier wall surfaces above ceiling tiles. These observations were made in the presence of the Director of Engineering.<br><br>The findings include: | K 017 | <b>K 017 Life Safety Code Standard</b><br><br>1. The 14x 18 inch opening observed in the wall surface above the ceiling tiles near the extended area and a 3 inch opening observed in the wall surfaces near room 169 will be repaired and completed by 11/19/06.<br><br>• The 3x1 inch opening was observed above ceiling tiles near the dining room door on the lower level will be repaired and completed by 11/19/06.<br><br>• The 4 inch opening observed in the wall surfaces in the dining room adjacent to the entrance door on the Sub Acute Unit will be repaired and completed by 11/19/06 |  |

APPROVED BY DIRECTOR OF PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

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.

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

*Report 11/7/06*

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| NAME OF PROVIDER OR SUPPLIER<br><br>INGLESIDE PRESBYTERIAN RETIREM |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>3050 MILITARY ROAD NW<br>WASHINGTON, DC 20015   |                      |  |
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| K 017  | Continued From page 1<br><br>Garden Level: a 14 x 18 inch opening was observed in wall surfaces above ceiling tiles near the extended area and a 3 inch opening was observed in wall surfaces near room 169 in two (2 ) of 14 observations at approximately 4:00 PM and 4:55 PM on October 6, 2006.<br><br>Lower Level: a 3 x1 inch opening was observed above ceiling tiles near the dining room door in one (1) of 12 observations between 3:30 and 3:55 PM on October 6, 2006.<br><br>Sub Acute: a 4 inch opening was observed in wall surfaces in the dining room adjacent to the entrance door in one (1) of six (6) observations at approximately 5:30 PM on October 6, 2006. | K 017  | 2. All other fire doors were checked for those issue related to these observations. No other problems found.<br><br>3. The environmental Services Director or designee will add items identified or observed during this survey to the environmental rounds schedule weekly. This compliance will continue weekly times 4 and random monthly thereafter.<br>11/01/06<br><br>4. Results of this audit will be presented to the QA committee monthly times three. Nov., Dec. & Jan. 2007 | 11/19/06             |  |

*Annex  
11/7/06*

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>095028   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 01 - MAIN BUILDING 01<br>B. WING _____       |  | (X3) DATE SURVEY COMPLETED<br><br>10/06/2006 |
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| K 018<br>SS=E  | <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code inspection, it was determined that double and single fire doors failed to close and latch when tested.</p> <p>The findings include:</p> <p>Garden Level: the laundry and clean linen room doors failed to close and latch in two (2) of 11 observations between 4:00 PM and 4:55 PM on October 6, 2006.</p> <p>Lower Level: double doors located at the entrance to the dining room and the inner double</p> | K 018  | <p><b>K 018 Life Safety Code Standard</b></p> <p>1. The laundry and clean linen room doors that failed to close and latch on the Garden level will be repaired and completed by 11/19/06.</p> <p>The double doors located at the entrance of the dining room and the inner double doors that failed to close and latch will be repaired and completed 11/19/06.</p> <p>2. All other doors were checked for those issue related to these observations. No other problems found.</p> |  |

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

PRINTED: 10/13/2006  
FORM APPROVED  
OMB NO. 0938-0391

*Revised 11/7/06*

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| K 018 | Continued From page 3<br>doors failed to close and latch at 3:45 PM on October 4, 2006. --<br><br>Sub Acute: the entrance door to the unit failed to close and latch at approximately 5:40 PM on October 6, 2006. | K 018 | <p>3. The Environmental Services Director or designee will add items identified or observed during this survey to the environmental rounds schedule weekly. This compliance will continue weekly times 4 and random monthly thereafter.<br/>11/01/06</p> <p>4. Results of this audit will be presented to the QA committee monthly times three. Nov., Dec. &amp; Jan. 2007</p> | 11/19/06 |
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