

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

PRINTED: 05/15/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095036	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/08/2007
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NAME OF PROVIDER OR SUPPLIER J B JOHNSON NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 901 FIRST STREET NW WASHINGTON, DC 20001
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K 000	INITIAL COMMENTS	K 000		
K 017 44-SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Corridors are separated from use areas by walls constructed with at least ½ 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</p> <p>This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code inspection, it was determined that smoke barrier walls above ceiling tiles would not prevent the passage of smoke in the event of a fire, as evidenced by penetrations in wall surfaces around water pipes and electrical and communication wires. These findings were observed in the presence of the Maintenance Director.</p> <p>The findings include:</p>	K 017	<p>K 017 NFPA 101 LIFE SAFETY CODE STANDARD</p> <ol style="list-style-type: none"> 1. Penetrations in the smoke barrier walls in the basement hallway near dietary, the cafeteria, elevator, near the hallway time clock, above the double doors on 1 South, 2 North, 3 South, around the chill water line, on 4 South and around 414 were repaired. 2. The entire wall above the suspended ceiling in the hallways throughout the facility was checked for penetrations and corrections are being made as they are identified. 3. Monthly inspections of the smoke barrier walls are conducted by maintenance personnel. Construction personnel were informed that all penetrations must be corrected immediately after work is complete. The Director of Engineering will develop a penetration form for contractors after completion of work. 4. The Director of Engineering will monitor and conduct quarterly audits of the fire barrier walls and report all findings at the Quality Assurance meeting. 	6/22/07

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Annette Price Administrator</i>	TITLE	(X6) DATE <i>5/29/07</i>
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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 continued program participation.

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K 017	<p>Continued From page 1</p> <p>Penetrations in the smoke barrier walls were observed in the following areas:</p> <p>Basement hallway - Two (2) penetrations approximately 3-4 inches were observed around pipes above the engineer's office door in two (2) of eight (8) observations of smoke barrier walls at 9:10 AM on May 8, 2007.</p> <p>Three (3) penetrations (a three (3) inch, a six (6) inch, and 12 inch), were observed in walls above tiles near dietary storage and the dish room in three (3) of eight (8) observations of smoke barrier walls at 9:15 AM on May 8, 2007.</p> <p>A one (1) inch penetration was observed around a metal pipe over the cafeteria room door in one (1) of eight (8) observations of smoke barrier walls at 9:20 AM on May 8, 2007.</p> <p>A four (4) inch penetration was observed around a metal pipe in the hallway adjacent to the elevator in one (1) of eight (8) observations of smoke barrier walls at 9:35 AM on May 8, 2007.</p> <p>Two (2) penetrations -16x10 and 5x8 inches - were observed around water pipes passing through walls above entrances to the clean side door and center hallway near the laundry room in two (2) of eight (8) observations of smoke barrier walls at 9:50 AM on May 8, 2007.</p> <p>1 North - Two (2) penetrations approximately six (6) inches each, were observed around pipes above the dining room door in two (2) of two (2) observations of smoke barrier walls at 9:45 AM on May 8, 2007.</p>	K 017		

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K 017	<p>Continued From page 2</p> <p>A one (1) inch penetration was observed above tiles near the hallway time clock between 1 North and 1 South in one (1) of one (1) observation of a smoke barrier wall at 9:55 AM on May 8, 2007.</p> <p>An penetration approximately 18 x18 inches was observed above the double doors located at the entrance to 1 South in one (1) of four (4) observations of smoke barrier walls at 10:05 AM on May 8, 2007.</p> <p>2 North - Two (2) penetrations approximately one (1) inch were observed around pipes above the alarm system in two (2) of two (2) observations of smoke barrier walls at 10:12 AM on May 8, 2007.</p> <p>A penetration approximately 10 inches was observed above the 2 North dining room door in one (1) of two (2) observations of smoke barrier walls at 10:20 AM on May 8, 2007 .</p> <p>Three South - A two (2) inch penetration around BX cable was observed in wall surfaces above the pantry door in one (1) of one (1) observation of a smoke barrier wall at 10:30 AM on May 7, 2007.</p> <p>A 12x14 inch penetration was observed around the chill water line and an electrical wire passing through the wall over the dining room in two (2) of two (2) observations of smoke barrier walls at 10:35 AM on May 8, 2007.</p> <p>Four South - A four (4) inch penetration was observed around a conduit pipe near the entrance in one (1) of one (1) observation of a smoke barrier wall at 10:52 AM on May 8, 2007.</p> <p>A two (2) inch penetration was observed around</p>	K 017		

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K 017	Continued From page 3 the metal frame penetrating through the wall near the exit door adjacent to room 414 in one (1) of one (1) observation of a smoke barrier wall at 11:00 AM.	K 017		
K 018 SS=D	<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 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</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 during the Life Safety Code inspection, it was determined that fire doors and smoke barrier doors failed to close and latch when tested. These findings were observed in the presence of the Director of Maintenance.</p> <p>The findings include:</p>	K 018	<p>K 018 NFPA 101 LIFE SAFETY CODE STANDARD</p> <ol style="list-style-type: none"> 1. The double swinging doors in the kitchen and doors on 1 North, 2 North and 4 South have been corrected to ensure that they close and latch. No resident was affected by this practice. 2. An inspection of all fire doors was conducted to ensure that they close and positive latching was maintained. Corrections were made if indicated. 3. The Director of Engineering conducted an in-service with maintenance personnel to review the importance of checking doors and being certain that the doors maintain positive latching. 4. The Director of Engineering reviewed the preventative maintenance program to ensure that the operation and inspection of doors are conducted monthly. The findings are presented at the Quality Assurance meeting. 	5/21/07

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K 018	<p>Continued From page 4</p> <p>Basement-The double swinging fire doors located at the entrance to the serving area of the main kitchen, cafeteria and hallway near the main kitchen failed to close or latch in three (3) of three (3) door observations between 9:10 AM and 9:15 AM on May 8, 2007.</p> <p>1 North double doors located at the entrance to the unit failed to close and latch when tested at 9:58 AM in one (1) of one (1) door observation on May 8, 2007.</p> <p>2 North - The handicapped toilet door near the nurses' station failed to close and latch when tested in one (1) of one (1) door observation at 10:20 AM on May 8, 2007.</p> <p>4 South - The clean linen closet door failed to close and latch when tested in one (1) of one (1) door observation at 10:52 AM on May 8, 2007.</p>	K 018		
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