

August 6, 2015

Sharon Williams Lewis, DHA, RN-BC, CPM  
Program Manager, Health Facilities Division  
Department of Health  
899 North Capitol Street, NE  
Washington, DC 20002

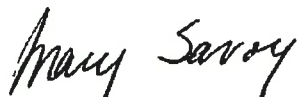
Dear Dr. Lewis:

Enclosed please find executed Statement of Deficiencies and Plan of Correction (Life Safety Code) for Forest Hills of DC.

This plan of correction is submitted for purposes of regulatory compliance and as part of Forest Hills of DC's ongoing efforts to continuously maintain the high quality of care and services provided. As such it does not constitute an admission of the facts or conclusions cited in the survey report for any purpose whatsoever.

If you have any questions, please contact me directly at 202-777-3320. Thank you.

Sincerely,



Mary Savoy, RN, MS, LNHA  
Administrator

Enclosure (life Safety Code)

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

PRINTED: 07/28/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>095038</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/09/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>FOREST HILLS OF DC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4901 CONNECTICUT AVENUE, NW WASHINGTON, DC 20008</b>		
(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 000	INITIAL COMMENTS	K 000	<p><b>THIS PLAN OF CORRECTION IS SUBMITTED FOR PURPOSES OF REGULATORY COMPLIANCE AND AS PART OF FOREST HILLS OF DC'S ONGOING EFFORTS TO CONTINUOUSLY MAINTAIN THE HIGH QUALITY OF CARE AND SERVICES PROVIDED. AS SUCH IT DOES NOT CONSTITUTE AN ADMISSION OF THE FACTS OR CONCLUSIONS CITED IN THE SURVEY REPORT FOR ANY PURPOSE WHATSOEVER.</b></p> <p>Life Safety Code k 018</p> <p><b>1. Corrective Action for Affected Residents:</b> Upon discovery of the two doors in the kitchen that were non-compliant, we immediately shaved the double doors and removed the door stopper from the dry storage room door.</p> <p><b>2. Identification of Other Residents Potentially Affected by Same Practice:</b> A complete inspection of the all doors in the kitchen and throughout the Health Care Center was conducted. Door stoppers were observed in use and removed.</p> <p><b>3. Systemic Changes to Ensure Deficient Practice Does Not Recur:</b> Inspection logs have been created for bi-weekly inspection by Maintenance staff of all fire doors in the Health Care Center. Maintenance supervisor will inspect fire doors randomly to ensure compliance and will record findings</p> <p><b>4. Performance Monitoring to Make Sure Solutions Are Sustained:</b> Maintenance supervisor will report findings to the QA Committee quarterly.</p>		
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 1½ 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:</p> <p>Based on observations during the Life Safety Code inspection it was determined that doors between the Main Kitchen and the Dishwasher Area failed to close without assistance when tested and the Dry Storage Room was held open with a door stop in three (3) of three (3) observations. These findings were observed in the presence of the Maintenance Director.</p>	K 018		<p>06/08/15</p> <p>06/8/15</p> <p>06/08/15</p> <p>07/23/15</p>	

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

TITLE

(X9) DATE

*Mary Sany RN, NHA*

*Administrator*

*8/7/15*

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 018	Continued From page 1  The findings include:  Based on observations during a tour of the Main Kitchen it was determined that double doors between the Main Kitchen and Dishwasher Area failed to close without assistance when tested. The entrance door to the Dry Storage Room was improperly propped open with a door stop in three (3) of three (3) door observations at 10:50 AM on June 9, 2015.  The observations were made in the presence of the Maintenance Director who acknowledged the findings.	K 018			
K 056 SS=E	<b>NFPA 101 LIFE SAFETY CODE STANDARD</b>  If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5  This STANDARD is not met as evidenced by:  Based on a review of records during the Life Safety Code inspection, it was determined that Sprinkler Alarm Devices, such as (Flow and	K 056	<b>K 056 Life Safety Code</b>  <b>1. Corrective Action for Affected Residents/Equipment:</b> No corrective action was available since deficient practice occurred Quarters 3-4, 2014 and Quarter 1, 2015.  <b>2. Identification of Other Residents Potentially Affected by Same Practice:</b> No residents were affected by this deficient practice  <b>3. Systemic Changes to Ensure Deficient Practice Does Not Recur:</b> New vendor (inspection company) has been selected to conduct quarterly inspections of sprinkler system. Comprehensive reports of these inspections will be generated by the vendor and reviewed by the Maintenance supervisor.  <b>4. Performance Monitoring to Make Sure Solutions Are Sustained:</b> Completion of the selection process will be reported to the QA committee.	06/08/15                7/17/15     7/23/15	

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K 056	Continued From page 2 Tamper Switches) including Supervisory Signal Devices and Water Gongs were not tested on a quarterly basis in three (3) of four quarters reviewed. These findings were observed in the presence of the Director of Maintenance.  The findings include:  The Sprinkler Inspection Report was reviewed on June 9, 2015 at 3:00 PM to verify that the facility conducted quarterly testing to assess the functionality of Sprinkler Alarm Devices such as Mechanical Flow, Tamper switches and Signal Devices. The report lacked documented evidence of inspection reports for the third and fourth quarters of 2014 (July through December 2014) and the first quarter of 2015 (Jan - March 2015).  The inspection report for the second quarter (May - June) of 2015 was reviewed; however, the quarter was not complete by the time of this review.  The findings were acknowledged by the Director of Maintenance at the time of the review.	K 056		
K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5  This STANDARD is not met as evidenced by:  Based on observations during the Life Safety Code Inspection it was determined that sprinklers	K 062		

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K 062	<p>Continued From page 3</p> <p>were not free from dust accumulation and/or paint on the shaft and head surfaces which could potentially affect sprinkler operation in the event of an emergency in 14 of 16 observations. These findings were observed in the presence of the Maintenance Director.</p> <p>The findings include:</p> <p>Through observation and interview it was determined that sprinklers were not maintained to ensure that sprinklers heads and shaft surfaces are free of dust accumulation and residual paint and grease in the Main Kitchen, which could affect the spray pattern and operation of sprinklers in the event of an emergency in the following instances.</p> <p>1. The head, shaft and sprinkler supply line surfaces were soiled with dust accumulation in the Main Laundry Room and Washer Areas in (six) (6) of six (6) observations at 9:45 AM on June 9, 2015.</p> <p>2. Residual paint was observed on sprinkler head and shaft surfaces in the east side of the Dining Rooms on the First and Second Floors in three (3) of four (4) observations between 9:50 AM and 11:02 AM on June 9, 2015.</p> <p>3. The head and spray nozzle surfaces of Ansul Sprinklers in the Main Kitchen were soiled with dust and grease accumulation in five (5) of six (6) observations at 10:20 AM on June 9, 2015.</p>	K 062	<p><b>Life Safety Code K 062</b></p> <p><b>1. Corrective Action for Affected Residents:</b> Upon discovery, the ansul heads and the head shaft, and sprinkler supply line surfaces identified as soiled were immediately cleaned.</p> <p><b>2. Identification of Other Residents Potentially Affected by Same Practice:</b> No residents were affected by the deficient practice</p> <p><b>3. Systemic Changes to Ensure Deficient Practice Does Not Recur:</b> a A bi-weekly inspection of all sprinklers, including kitchen ansul nozzles, will be conducted for dust and grease accumulation. The Maintenance staff will immediately clean any spray nozzle found to have accumulated dust and grease. Findings will be logged for reporting b Staff have been re-trained on the importance of covering sprinkler heads when surfaces are being painted.</p> <p><b>4. Performance Monitoring to Make Sure Solutions Are Sustained:</b> Maintenance supervisor will report results of the Bi-weekly to the QA committee quarterly.</p>	<p>06/08/15</p> <p>06/8/15</p> <p>7/7/15</p> <p>7/23/15</p>