FOREST HILLS OF DC

INCLUSIVE SENIOR LIVING

August 26, 2016

Veronica Longstreth, RN, MS
Interim Program Manager, Health Facilities Division
Department of Health
899 North Capitol Street NE
Washington, DC 20002

Dear Ms. Longstreth:

Enclosed please find the Plan of Correction for the Life Safety Survey, conducted on July 13, 2016 at Forest Hills of DC. Although you have advised that our date for submission of this Plan is not until September 1, we are responding prior to the deadline in anticipation of our survey file being completed for FY2016.

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.

Ifyou have any questions, feel free to contact me directly at 202-777-3320, or by e-mail at msavoy@foresthillsdc.org. Thank you.

Sincerely,

Mary Savoy

Mary Savoy, RN, MS, LNHA
Administrator

cc: C. Kingsberry, RN, Supervisory Nurse Consultant

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095038	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	07/13/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST HILLS OF DC	4901 CONNECTICUT AVENUE, NW WASHINGTON, DC 20008

(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 The following findings were observed during the Life Safety Code Survey conducted on July 13, 2016.	K 000		
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 13/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Clearance between bottom of door and floor covering is not exceeding 1 inch. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Doors shall be provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.2.3.2.1. Roller latches are prohibited by CMS regulations in all health care facilities. 19.3.6.3 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection, it was determined that a wedge was placed under one (1) door to prevent the door from closing and one (1) entrance door failed to close and latch to prevent the passage of smoke in the event of a fire in two (2) of two (2) observations. This observation was made in the presence of Maintenance Staff. The findings include: 1. A wedge was placed between the bottom of the	K 018	**K 018** **1.Corrective Action for Affected Residents:** Upon discovery of the two doors in both the Gift Shop and room 141, we immediately removed the wedge and shaved the door. **2.Identification of Other Residents Potentially Affected by the same Practice:** A complete inspection of all doors in the basement and Health Care Center was conducted. **3.Systemic Changes to Ensure Deficient Practice Does Not Recur:** Inspection logs have been created for bi-weekly inspection by maintenance staff of all fire doors in the Basement and Health Care Center. Maintenance supervisor will review the logs and conduct random inspections to ensure ongoing compliance. **4.Performance Monitoring to make Sure Solutions Are Sustained:** Maintenance Supervisor will report Findings quarterly to the QA committee.	7/13/16 7/15/16 8/13/16 9/22/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Mary Savoy, RN, LNHA | TITLE: Administrator | (X6) DATE: 8/26/16

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 Gift Shop door and the floor to hold the door open; which would prevent the door from closing and allow the passage of smoke in the event of a fire in one (1) of one (1) observation at 10:11 AM on July 13, 2016. 2. The entrance door to Room 141 made contact with the floor and failed to close without assistance when tested in one (1) of one (1) observation at 10:15 AM on July 13, 2016. The following findings were observed during the Life Safety Code Survey conducted on July 13, 2016.	K 018		
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 were not maintained to ensure proper operation in the event of an emergency as evidenced by dust and/or paint observed on the surfaces of sprinkler heads, shafts and escutcheon rings in 52 of 60 observations. These findings were observed in the presence of the Maintenance Staff. The findings include: Sprinklers were not maintained to ensure proper operation in the event of an emergency as evidenced by dust on sprinkler heads, and paint heads and escutcheon rings in the following	K 062		

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K 062	Continued From page 2 areas. 1. Sprinkler heads and shaft surfaces were soiled with accumulated dust and debris on the head and shaft surfaces in the First Floor Dining Room two (2) of two (2) observations at 11:10 AM on July 13, 2016. 2. Sprinklers head surfaces were soiled with dust in the 1st Floor Day Room in one (1) of four (4) observations at 11:12 AM on July 13, 2016. 3. Sprinkler head surfaces were soiled with dust in the Charting Area Bathroom in one (1) of one (1) observation at 11:15 PM on July 13, 2016. 4. The escutcheon and sprinkler head surfaces were soiled with dust in the bathroom in Room 247 in one (1) of one (1) observation at 11:25 AM on July 13, 2016. 5. Sprinkler head and shaft surfaces were soiled with dust in Room 252 in two (2) of two (2) observations at 11:35 AM on July 13, 2016. 6. Sprinkler head and shaft surfaces were soiled with dust in the 1st Floor Day Room in four (4) of four (4) observations at 12:30 PM on July 13, 2016. 7. Sprinkler head and shaft surfaces were soiled with dust in Dishwasher Area of the Main Kitchen in one (1) of two (2) observations at 12:45 PM on July 13, 2016. 8. Paint was observed on the escutcheon plates and sprinkler heads as follows: Resident Rooms:	K 062	**K 062** **1. Corrective Action for Affected Residents:** A thorough inspection of all sprinkler heads in the Health Care Center and the basement was conducted for compliance. One sprinkler head was found to have paint on the shaft and was immediately cleaned. **2. Identification of Other Residents Potentially Affected by the same Practice:** No residents were affected by this deficient practice. **3.Systemic Changes to Ensure Deficient Practice Does Not Recur:** A bi-weekly inspection of all sprinkler heads in Health Care Center and the Basement will be conducted for paint and dust accumulation. The maintenance staff will immediately Clean any sprinkler head with paint and dust. Findings will be logged for reporting. **4.Performance Monitoring to make Sure Solutions Are Sustained:** Maintenance supervisor will report results of the bi-weekly inspections to the QA committee quarterly.	7/13/16 7/15/16 8/13/16 9/22/16

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K 062	Continued From page 3 240 Toilet Room in one (1) of one (1) observation 242 Toilet Room in two (2) of two (2) observations 244 Toilet Room in one (1) of one (1) observation 245 Toilet Room in one (1) of one (1) observation 240 in one (1) of one (1) observation 251 in one (1) of one (1) observation 152 in two (2) of two (2) observations 142 in two (2) of two (2) observations First Floor: 1st Floor Charting Bathroom in one (1) of one (1) observation; 1st Floor Day Room in four (4) of four (4) observations 1st Dining Room in five (5) of (8) observations Second Floor 2nd Floor Physical Therapy in 13 of 13 observations 2nd floor Clean Linen Room in two (2) of two (2) observations 2nd floor Staff Lounge in two (2) of two (2) observations Beauty Shop in three (3) of four (4) observations These findings were observed between 10:10 AM and 12:50 PM; in 52 of 60 observations on July 13, 2016. The following findings were observed during the Life Safety Code Survey conducted on July 13, 2016.	K 062		