

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

PRINTED: 10/13/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095038	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/02/2017
NAME OF PROVIDER OR SUPPLIER FOREST HILLS OF DC			STREET ADDRESS, CITY, STATE, ZIP CODE 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	K 000		
K 353 SS=E	<p>The following findings were observed during a tour of your facility on September 30, 2017 and October 1, 2017.</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing</p> <p>Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by:</p> <p>Based on record review during the Life Safety Code Inspection, the facility failed to demonstrate the testing of Water Flow Alarm Devices each quarter as required; such as Tamper and Flow Switches and Supervisor Valves in four (4) of four (4) observations. The Director of Maintenance was present at the time of record review and acknowledged the findings.</p> <p>The findings include:</p>	K 353	<p>1. Corrective Action for Deficient Practice: Upon review of documents, we immediately informed BFPE (vendor) to start listing all devices on inspection reports. We have also signed a new contract for quarterly sprinkler inspections.</p> <p>2. Residents Affected by this Practice: No residents were affected by this practice.</p> <p>3. Systemic Changes to Ensure Deficient Practice Does Not Recur: A monthly inspection of all sprinkler reports will be conducted by the Facility Manager for accuracy/compliance.</p> <p>4. Performance Monitoring to Ensure Solutions Are Sustained: Facility Manager will report findings quarterly to the QAPI committee.</p>	10/2/17 10/2/17 10/26/17 10/26/17

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

Mary Savoy

TITLE

Administrator

(X6) DATE

October 21, 2017

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

PRINTED: 10/13/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095038	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 10/02/2017
NAME OF PROVIDER OR SUPPLIER FOREST HILLS OF DC		STREET ADDRESS, CITY, STATE, ZIP CODE 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 353	<p>Continued From page 1</p> <p>On September 30, 2017, record review and interview showed the documentation to support individual testing of Water Flow Devices; such as Flow Switches, Tamper Switches, and Supervisory Valves on a Quarterly basis, was unavailable.</p> <p>Vendor log sheets showed a "y" for Yes; to indicate that all devices were tested, and passes the Quarterly Test. However, the report from the vendor's report failed to show the location of each Water Flow Devices and whether the devices passed the quarterly test in four (4) of four (4) observations. The Sprinkler Alarm Devices testing occurred on December 17, 2016, April 7, 2017, July 16, 2017, and September 01, 2017. NFPA 9.7.5, 9.7.8 and NFPA 25 5.3.3.</p>	K 353		