

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

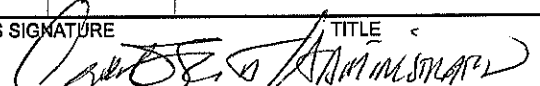
PRINTED: 09/26/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095038	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/01/2023
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NAME OF PROVIDER OR SUPPLIER FOREST HILLS OF DC	STREET ADDRESS, CITY, STATE, ZIP CODE 4901 CONNECTICUT AVENUE, NW WASHINGTON, DC 20008
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E 000	Initial Comments	E 000	This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law; or Preparation and submission of this Plan of Correction does not constitute an admission of agreement by the provider of the truth of the facts alleged or the correctness of the conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and submitted solely because of requirements under state and federal laws.	
K 000	INITIAL COMMENTS	K 000		
K 324 SS=E	<p>A life safety code survey was conducted at your facility July 31, and August 1, 2023. The following deficiencies are based on observation, interview, and record review.</p> <p>Cooking Facilities CFR(s): NFPA 101</p> <p>Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless:</p> <ul style="list-style-type: none"> * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. <p>Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the</p>	K 324		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE ADMINISTRATOR	(X6) DATE 9/26/23
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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 324	<p>Continued From page 1 corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, facility staff failed to ensure that the kitchen hood is inspected and tested every six (6) months, as required by the 2012 edition of the National Fire Protection Association (NFPA) 101. The 2012 edition of the National Fire Protection Association (NFPA) 101 states:</p> <p>19.3.2.5 Cooking Facilities</p> <p>19.3.2.5.1 Cooking facilities shall be protected in accordance with 9.2.3, unless otherwise permitted by 19.3.2.5.2, 19.3.2.5.3, or 19.3.2.5.4.</p> <p>Section 9.2.3 states:</p> <p>Commercial cooking equipment shall be in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Operations, unless such installations are approved existing installations which shall be permitted to be continued in service.</p> <p>The 2011 edition of the National Fire Protection Association (NFPA) 96 states:</p> <p>11.2 Inspection, Testing, and Maintenance of Fire-Extinguishing systems.</p> <p>11.2.1* Maintenance of the fire-extinguishing</p>	K 324	<p>1.The facility cannot retroactively correct this deficiency. The kitchen hood inspection was completed on 7/28/2023. No harm was identified by this practice.</p> <p>2.All residents have the potential to be impacted. The Director of Facilities/ Designee will conduct facility wide review of the kitchen hood log to identify documented evidence that the kitchen hood was inspected every six (6) months. There were no additional findings.</p> <p>3.The Director of Facilities has in-serviced the maintenance staff on date of inspection and connected with the vendor on set schedule for every 6 months. Completed on 7/31/23. The Director of Facilities/Designee will audit log every 6 months and report to the Administrator. Any issues found will be addressed.</p> <p>4.The Director of Facilities/Designee will report results to the QAPI Committee that meets quarterly until 7/31/24.</p>	10/15/23
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K 324	Continued From page 2 systems and listed exhaust hoods containing a constant or fire-activated water system that is listed to extinguish a fire in the grease removal devices, hood exhaust plenums, and exhaust ducts shall be made to properly trained, qualified, and certified person (s) acceptable to the authority having jurisdiction at least every 6 months. The findings include: A review of the Life Safety Code (LSC) records on August 1, 2023, at approximately 3:00 PM, show that the kitchen hood system was inspected on June 30, 2022, and on July 20, 2023, approximately a year apart. There was no documented evidence that the kitchen hood was inspected every six (6) months during the period of June 2022 to July 2023. During a face-to-face interview on August 1, 2023, at approximately 3:00 PM, Employee #11 acknowledged the finding.	K 324			
K 363 SS=D	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These	K 363	1. The entrance door to resident's rooms #259 latch was repaired. Completed 8/2/23. No harm was identified by this practice. 2. All residents, staff, and/or visitors have the potential to be affected. The Director of Facilities inspected all resident rooms and fire doors. There were no additional findings. Completed on 3. The Director of Facilities in-serviced the maintenance staff on maintaining doors in safe condition on 7/31/2023. The Director of Facilities/Designee will conduct audits monthly x6 months on resident rooms and fire doors. Any issues found during the audit will be addressed. 4. The Director of Facilities/Designee will report results to the QAPI Committee that meets quarterly until 1/30/24.	10/15/23	

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K 363	<p>Continued From page 3</p> <p>requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. 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 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p> <p>Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and staff interview, facility staff failed to maintain entrance doors to resident's rooms and fire doors in safe condition as evidenced by 1 of 22 access doors to resident's rooms that failed to latch into frame when tested.</p> <p>The findings include:</p> <p>During a Life Safety Code inspection on July 31, 2023, at approximately 10:30 AM, the entrance door to resident's rooms #259 did not latch into</p>	K 363			

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K 363	Continued From page 4 frame when tested, 1 of 22 resident's rooms on healthcare center 2. This deficient practice could potentially expose the resident, staff, and/or visitors to smoke in the event of a fire emergency. During a face-to-face interview on August 1, 2023, at approximately 3:00 PM, Employee #11 acknowledged the finding,	K 363			