

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

PRINTED: 03/11/2022  
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</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/25/2022</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
E 000	Initial Comments  An Emergency Preparedness Survey was conducted February 24 and February 25, 2022, by the Department of Health, Health Regulation and Licensing Administration, in accordance with 42 CFR 483.73 The survey found that the facility was in compliance with Emergency Preparedness requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The census was 45.	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	
K 000	INITIAL COMMENTS	K 000		
K 355 SS=D	Portable Fire Extinguishers CFR(s): NFPA 101  Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined that facility staff failed to maintain a portable fire extinguisher in accordance with life safety code regulations. This deficient practice could delay staff response in a fire emergency.  The findings include:  During a walkthrough of dietary services on February 24, 2022, at approximately 9:45 AM, one (1) of two (2) fire extinguishers in the main	K 355	1. Kitchen fire extinguisher was immediately replaced, and dish cart was relocated from that area. 2. All other fire extinguishers in facility were inspected to ensure compliance. No resident was affected by deficient practice. 3. Kitchen staff educated on not blocking fire extinguishers. The Director of Maintenance created a checklist and conducted checks to ensure all fire extinguishers are inspected. Monthly on-going inspections will be conducted. 4. The Director of Maintenance or designee will report the results of those inspections to the quarterly QAPI meeting.	2/24/2022 2/24/2022 2/25/2022 On-going

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

TITLE

(X6) DATE

*Scott Administrator*

*3/21/2022*

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 355	Continued From page 1 kitchen had an inspection tag dated November 2020.  Section 9.7.4.1* of the 2012 edition of NFPA 101states:  " ...portable fire extinguishers shall be selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers."  Section 7.3.1.1.1 of the 2010 edition of NFPA 10, states:  "Fire extinguishers shall be subjected to maintenance at intervals of not more than 1 year, at the time of hydrostatic test, or when specifically indicated by an inspection or electronic notification."  Employee # 7 acknowledged the findings during a face-to-face interview on February 25, 2022, at approximately 3:30 PM.	K 355			
K 363 SS=E	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 resident's room door #241 that failed to latch was immediately repaired by maintenance. Door vendor on- site 3/3/2022 and approved to repair HCC2 double doors once parts arrive. 2. The Maintenance department inspected all residents and double corridor doors. All other doors are fully latched. No resident was affected by deficient practice. 3. The Director of Maintenance provided education on life safety rounding to maintenance staff to include visual inspections and maintenance of all doors. The Director of Maintenance or designee will conduct on-going monthly checks on all resident and double corridor doors.	2/25/2022  2/25/2022  2/25/2022	

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K 363	<p>Continued From page 2</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, the access door to one resident's room was inadequately maintained to ensure proper latching in the event of emergency and double doors in resident care units failed to latch or close as intended during a mock fire drill. These deficient practices could affect all residents assigned to these units as well as staff and visitors if smoke were to enter these areas in a fire emergency.</p> <p>The findings include:</p>	K 363	4. The Director of Maintenance or designee will report the results of those inspections to quarterly QAPI.	On-going	

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K 363	<p>Continued From page 3</p> <p>During a Life Safety Code inspection of the facility on February 24, 2022, at approximately 11:00 AM and a mock fire drill on February 25, 2022, at approximately 2:15 PM, the following were observed:</p> <ol style="list-style-type: none"> <li>1. The entrance door resident's room #241 did not latch into frame when tested on one (1) of 25 observations.</li> <li>2. Two of two double doors on HHC2 and the entrance door to resident room #241 failed to latch when tested.</li> <li>3. One of two double doors on HHC2 failed to close during a mock fire drill.</li> </ol> <p>Employee # 7 acknowledged the findings during a face-to-face interview on February 25, 2022, at approximately 3:30 PM.</p>	K 363		