

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

PRINTED: 12/02/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  095021	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  11/12/2020
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NAME OF PROVIDER OR SUPPLIER  HEALTH & REHABILITATION CENTER AT THOMAS CIRCLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1330 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20005
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K 000  K 353 SS=F	<p><b>INITIAL COMMENTS</b></p> <p>A Life Safety Code survey was conducted at your facility on November 9, and November 10, 2020. The following deficiencies are based on observation, interview, and record review.</p> <p><b>Sprinkler System - Maintenance and Testing</b> CFR(s): NFPA 101</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 REQUIREMENT is not met as evidenced by:</p> <p><b>K0353</b> Based on observations and interview, it was determined that facility staff failed to maintain escutcheon rings, fire sprinkler heads, and the sprinkler system in good working condition as evidenced by escutcheon rings that were rusted on six (6) of six (6) observations, paint and dust and rust that were observed on fire sprinkler heads in several locations throughout the facility</p>	K 000	The Residences at Thomas Circle files this Plan of Correction for the purpose of regulatory compliance. The facility submits this document to comply with applicable law and not as an admission or statement of agreement of deficient practices.	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *Administrator* (X6) DATE *12/11/20*

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 353	<p>Continued From page 1 and defective water-flow switches that were not repaired.</p> <p>Findings included ...</p> <p>During a Life Safety Code inspection of the facility on November 9, 2020, at approximately 2:05 PM, and on November 10, 2020, at approximately 10:00 AM:</p> <ol style="list-style-type: none"> <li>Six (6) of six (6) fire sprinkler escutcheon plate fittings in the laundry area were rusted throughout.</li> <li>A fire sprinkler head located in front of the bathroom of resident room #206 was soiled with paint residue.</li> <li>Four (4) of five (5) fire sprinkler heads located in the generator room in the facility's parking lot were covered with dust.</li> <li>One (1) of five (5) fire sprinkler head located in the generator room in the facility's parking lot was rusted throughout.</li> <li>Six (6) of six (6) fire sprinklers located throughout the laundry room were soiled with dust.</li> <li>During a Life Safety Code (LSC) record review on November 9, 2020, at approximately 2:30 PM, it was noted that two (2) water-flow switches failed during a quarterly inspection of the facility's sprinkler system on September 29, 2020. Documentation to show that the failed</li> </ol>	K 353	<p>Sprinkler System – Maintenance and Testing CFR: NFPA 101 Sprinklers 1-6</p> <ol style="list-style-type: none"> <li>Rust and dust noted on the sprinkler heads and/or escutcheons in 4 different areas of the facility have been taken care of either by the Maintenance Department and/or the contractor, Johnson Controls.</li> <li>All other sprinklers in the building were reviewed for similar evidence of rust and/or dust and no other issues were revealed.</li> <li>The Maintenance Director inserviced his staff regarding the routine removal of dust from the sprinklers and noting areas of rust so that the contractors could be called on a timely basis. The Maintenance Director will audit the condition of the sprinkler heads on a monthly basis and report his findings to the Director of Plant Operations.</li> <li>The Director of Plant Operations will review his findings and plans of correction with the Executive Director of the Community monthly ensure on-going compliance.</li> </ol>	<p>12/31/20</p> <p>11/30/20</p> <p>12/31/20</p> <p>12/31/20</p>	

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K 353	Continued From page 2 switches were repaired or replaced was not available.  During a face-to-face interview on November 9, 2020, at approximately 3:00 PM, Employee #4 was asked to provide documentation to confirm that both water-flow switches had been repaired or replaced.  On November 11, 2020, at 2:26 PM, DC Health received supporting documentation (service request) via e-mail, from Employee #4 showing that the water-flow switches had been repaired, and a screenshot from the facility's sprinkler monitoring system that showed both water-flow switches were functioning as intended. However, the date of the repair, according to the completed service request, was November 11, 2020, between 10:31 AM and 12:41 PM.  Employee #4 acknowledged these findings during a face-to-face interview on November 10, 2020, at approximately 12:45 PM.	K 353	6. Water flow switches 1. The water flow switches were repaired/replaced upon discovery. 2. All other water flow switches were inspected and noted to be in compliance. 3. Director of Plant Operations will immediately schedule repair of any water flow switch needing attention at the time of or soon after the routine quarterly inspections. 4. The Director of Plant Operations will review the results of the quarterly inspections of the water flow switches and note follow up visits for repair with the Executive Director of the Community to ensure on-going compliance. Electrical Systems – Essential Electric Systems CFR(s): NFPA 101	11/11/20 11/11/20 12/31/20 12/31/20
K 918 SS=F	Electrical Systems - Essential Electric System CFR(s): NFPA 101  Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches.	K 918	1. The Director of Plant Operations has scheduled a monthly testing of the generator under a 30% of its rated capacity with the contractor.	12/31/20

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION <b>1. (continued). In the meantime, he will continue</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>095021</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED <b>11/12/2020</b>
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K 918	<p><b>needed documentation to prove the generator's automatic transfer</b></p> <p>Continued From page 3 Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, it was determined that facility staff failed to exercise one (1) of one (1) emergency generator monthly, under load, at a minimum of 30% of its nameplate Kilowatts (KW) rating, nor annually with supplemental loads as required by NFPA 110, section 8.4.2 and 8.4.2.3. Which state:</p> <p>8.4.2* Diesel generator sets in service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:</p>	K 918 2/31/20	<p>switch had been upgraded to</p> <p>ensure a 30% load on each testing cycle.</p> <p>2. There are no other generators at the facility and all of its systems are well maintained and working properly.</p> <p>3. The Director of Plant Operations will continue to test the generator monthly and annually with a 30% load until documentation is provided proving that the upgrades to the generator were made which provides every test to be under a 30% load.</p> <p>The Director of Plant Operations will review every work order to ensure that such testing is with a 30% load.</p> <p>4. The Director of Plant Operations will review the results of each test of the generator with the community's Executive Director to ensure on-going compliance with the 30% load requirement.</p>	11/13/20 12/31/20 12/31/20	

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K 918	<p>Continued From page 4</p> <p>(1) Loading that contains the minimum exhaust gas temperatures as recommended by the manufacturer</p> <p>(2) Under operating temperature conditions and not at less than 30 percent of the EPS standby nameplate KW rating 8.4.2.3* Diesel-powered EPS installations that do not meet the requirements of 8.4.2 shall be exercised monthly with the available EPSS load and shall be exercised annually with supplemental loads of not less than 50 percent of the EPS nameplate kW rating for 30 continuous minutes and at not less than 75 percent of the EPS nameplate kW rating for 1 continuous hour for a total test duration of not less than 1.5 continuous hours.</p> <p>Findings included ...</p> <p>A review of the facility's emergency generator logs from January 2020, through October 2020, show documentation that one (1) of one (1) emergency generator was exercised monthly, under load, at a minimum of 30% (60 Kilowatts) of its KW rating (200 Kilowatts) for at least 30 minutes, by Employee #4.</p> <p>However, when queried regarding the process to run the generator monthly, at a minimum of 30% load, Employee #4 said that its generator contractor had upgraded the automatic transfer switch (ATS) which, when applied, ensures a minimum of 30% load. Documentation to show that the contracting company had completed this task was not available and confirmation that the generator is tested monthly, under a minimum of 30% of its rated capacity, as required, has not</p>	K 918			

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K 918	Continued From page 5 been substantiated.  Employee #4 was made aware of these findings through e-mail on November 13, 2020, and encouraged to provide further documentation. Employee #4 did not reply.	K 918			