

Sent via E-mail on Oct 5, 2018

October 5, 2018

Veronica Longstreth RN ,MSN

Program Manager

Department of Health

899 North Capital Street, NE, 2<sup>nd</sup> floor

Washington, DC 20002

Dear Ms. Longstreth,

Please find attached POCs for the Federal tags, State tags, and Life Safety code surveys that were completed at our facility on August 15, 2018.

If there are questions, please contact me at 301-254 9250.

Sincerely,

A handwritten signature in black ink that reads "Stephen Gbenle". The signature is written in a cursive style with a long horizontal flourish at the end.

Stephen Gbenle, RN, BSN, LNHA

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

PRINTED: 09/27/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>095021</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/13/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HEALTH &amp; REHABILITATION CENTER AT THOMAS CIRCLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1330 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20005</b>
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(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 Life Safety Code Survey was conducted on August 13, 2018. The following deficiencies are based on observation, interview and record review.	K 000		8/13/18
K 353 SS=E	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101  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. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____  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:  Based on observations and staff interview it was determined that the facility failed to maintain all fire sprinklers free of dust, corrosion or paint.  Findings included ...  During a Life Safety Code inspection on August 13, 2018, at approximately 10:15 AM, one (1) of two (2) fire sprinklers located in resident room	K 353	<ol style="list-style-type: none"> <li>Paint was removed from observed sprinkler head in resident room # 209 and escutcheon rings.  Soiled sprinkler head and escutcheon rings were cleaned.</li> <li>All facility sprinkler heads and escutcheon rings were checked to ensure proper operation.</li> <li>To prevent future occurrences and to ensure compliance, the Director of the building Services re-educated with painters regarding the potential hazard of paint on Sprinkler heads and escutcheon rings. Inspection will also be conducted after painting in the area of Sprinkler heads to ensure proper clean-up -ongoing</li> <li>Inspection of Sprinkler heads and escutcheon rings for cleanness will be added as a quality indicator to the environmental rounds audit tool to ensure compliance. Result of the audit will be submitted to the administrator on a monthly basis by the Director of facilities management who will also be reports at the quarterly Quality Assurance Committee (QAC) meeting. The QAC will ensure oversight and correction of any identified deficiencies.</li> <li>Compliance date</li> </ol>	8/17/18 8/17/18 10/15/18 10/15/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Stephen Deneke TITLE: Administrator (X6) DATE: 10/15/18

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	Continued From page 1 #209 was partly covered with paint.	K 353			
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 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	K 363	1.Props were removed from entrance door to room 211. Entrance room door to resident 211 has been repaired.  2. All doors to residents' rooms were inspected to ensure there was no impediment to closing and to ensure positive latching at all doors in case of an emergency.  3.Staff education will be conducted by Plant Operation Director regarding inspection and repair of doors to ensure positive latching of all doors to ensure resident safety.  4. Inspection of doors to ensure positive latching will be added as a facility management quality indicator, to be monitored how often every week. Results of the audits will be reported to Administrator and presented at quarterly QAPI meeting by the Director of Facilities Management for review and further recommendations as indicated.  5. Compliance date	8/17/18  8/17/18  10/15/18  10/15/18	

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K 363	Continued From page 2 frames in window assemblies.  19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by:  Based on observation and staff interview, the entrance door to one resident's room was inadequately maintained to ensure positive latching in case of an emergency. This deficient practice could affect the two (2) residents assigned to the room as well as staff and visitors, if smoke were to enter these areas in a fire emergency.  Findings included ...  During a Life Safety Code inspection on August 13, 2018, at approximately 10:30 AM, it was observed that the entrance door to resident room #211 did not latch when tested. This did not meet the requirements of LSC sections 19.6.3.10.  During a face-to-face interview on August 13, 2018, at approximately 11:00 AM, Employee #3 acknowledged the finding.	K 363		
K 929 SS=E	Gas Equipment - Precautions for Handling Oxyg CFR(s): NFPA 101  Gas Equipment - Precautions for Handling Oxygen Cylinders and Manifolds Handling of oxygen cylinders and manifolds is based on CGA G-4, Oxygen. Oxygen cylinders, containers, and associated equipment are protected from contact with oil and grease, from	K 929		

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K 929	<p>Continued From page 3</p> <p>contamination, protected from damage, and handled with care in accordance with precautions provided under 11.6.2.1 through 11.6.2.4 (NFPA 99) 11.6.2 (NFPA 99)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and staff interview it was determined that the facility failed to secure free standing oxygen cylinders in accordance with NFPA 99, 2012 Edition.</p> <p>Findings included ...</p> <p>During a Life Safety Code inspection on August 13, 2018, at approximately 10:15 AM, six (6) of 33 free standing oxygen cylinders in the oxygen storage room were stored upright and unsecure. These deficient practices did not meet the requirements of NFPA 99, Section 11.6.2.3 and could affect 27 residents as well as staff and visitors.</p> <p>During a face-to-face interview on August 13, 2018, at approximately 11:00 AM, Employee #3 acknowledged the finding.</p>	K 929	<ol style="list-style-type: none"> <li>1. The free standing oxygen cylinders were immediately placed in the Oxygen holder during the survey inspection</li> <li>2. All Oxygen cylinders were inspected to ensure that they were well secured. Any deficient one found was corrected.</li> <li>3. To ensure compliance, all oxygen cylinders will be monitored during rounds by ADON/Designee weekly to ensure that they are all secured.</li> <li>4. Weekly Monitoring of Oxygen cylinders will be added as a facilities quality indicator to ensure compliance. Results of findings will be documented by ADON/ designee and reported to quarterly QAPI meeting. The QAPI committee will review with further recommendations as indicated.</li> <li>4. Compliance date</li> </ol>	<p>8/13/18</p> <p>10/15/18</p>	