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

PRINTED: 09/07/2021 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING A1 - HSC 095040 B WING 08/18/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1731 BUNKER HILL ROAD NE THE HSC PEDIATRIC SKILLED NURSING FACILITY WASHINGTON, DC 20017 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K 000 **INITIAL COMMENTS** K 000 A Life safety Code survey was conducted at your facility August 18, 2021. The following deficiencies are based on observation, interview, and record review. K 918 K 918 Electrical Systems - Essential Electric Syste SS=F CFR(s): NFPA 101 1.Emergency generator Electrical Systems - Essential Electric System will be tested on a Maintenance and Testing The generator or other alternate power source and monthly basis under load for 30 associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion minutes and annually under is not met during the monthly test, a process shall be provided to annually confirm this capability for supplemental loads as required. the life safety and critical branches. Maintenance and testing of the generator and transfer switches Engineering Manager and are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised Administrator will review under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 testing logs. continuous hours. Scheduled test under load conditions include a complete simulated cold start 3. Copies of monthly/annual logs and automatic or manual transfer of all EES loads, will be audited by Administrator. and are conducted by competent personnel. Maintenance and testing of stored energy power 4.Administrator will document sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected Audit findings for a period of 6 months annually, and a program for periodically exercising the components is established according to and report to the manufacturer requirements. Written records of maintenance and testing are maintained and readily QAPI Sub-Committee on a available. EES electrical panels and circuits are marked, readily identifiable, and separate from 10/21/21 quarterly basis for review, normal power circuits. Minimizing the possibility of damage of the emergency power recommendations, and approval. LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (X6) DATE

10.21.21 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 cit, an approved plan of correction is requisite to continued program participation.

TITLE Administrator

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING A1 - HSC | | | (X3) DATE SURVEY COMPLETED | |
|--|--|--|---|-----|--|-------------------------------|----------------------------|
| | | 095040 | B. WING | | | 08/ ⁻ | 18/2021 |
| NAME OF PROVIDER OR SUPPLIER THE HSC PEDIATRIC SKILLED NURSING FACILITY | | | | 1 | TREET ADDRESS, CITY, STATE, ZIP CODE 731 BUNKER HILL ROAD NE VASHINGTON, DC 20017 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY MUST | ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY) | | (X5) COMPLETION DATE |
| K 918 | source is a design of installations. 6.4.4, 6.5.4, 6.6.4 (N. 111, 700.10 (NFPA). This REQUIREMEN Based on record redetermined that facil (1) of one (1) emergload, at a minimum of Kilowatts (KW) rating supplemental loads section 8.4.2 and 8.4.2* Diesel general exercised at least or 30 minutes, using or (1) Loading that contemperatures as recording at less than 30 percentages than 30 percentages than 30 percentages and the require exercised monthly with the exercised at least of not less than 50 percentages of not less than 50 percentages of the require for 30 contages of the recording for 30 contages of 30 cont | IFPA 99), NFPA 110, NFPA 70) T is not met as evidenced by: view and interview, it was lity staff failed to exercise one ency generator monthly, under of 30% of its nameplate g, nor annually with as required by NFPA 110, 4.2.3. Which state: Into sets in service shall be not emonthly, for a minimum of the of the following methods: Itains the minimum exhaust gas ommended by the manufacturer temperature conditions and not ent of the EPS standby g. Interest EPS installations that do ments of 8.4.2 shall be with the available EPSS load and annually with supplemental loads the ercent of the EPS nameplate tinuous minutes and at not less the EPS nameplate kW rating for or a total test duration of not less hours. | K | 918 | | | |

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| | | 095040 | B. WING _ | | | 08/18/2021 | |
| NAME OF PROVIDER OR SUPPLIER THE HSC PEDIATRIC SKILLED NURSING FACILITY | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1731 BUNKER HILL ROAD NE WASHINGTON, DC 20017 | • | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFI TAG | FIX (EACH CORRECTIVE ACTION SHOULD BE | | (X5) COMPLETION DATE | |
| K 918 | A review of the facili from August 2020, to one (1) of one (1) er the Skilled Nursing f monthly, under a mi annually, under sup Employee #7 acknow | ge 2 ity's emergency generator logs hrough July 2021, show that mergency generator, servicing facility (SNF), was not exercised nimum load of 30%, or tested plemental loads as required. owledged these findings on approximately1:00 PM. | KS | 918 | | | |