INGLESIDE
AT ROCK CREEK
ENGAGED LIVING

May 12, 2017

Veronica Longstreth, RN, MSN
Program Manager
District of Columbia Department of Health (DOH)
Government of the District of Columbia
899 North Capital Street, NE
2nd Floor
Washington, DC 20002

Dear Ms. Longstreth:

On April 5, 2017, a Life Safety Code Survey was conducted by a surveyor from the Department of Health (DOH), Health Regulation and Licensing Administration Enclosed is our Plan of Correction for the CMS 2567 that was submitted and serves as our allegation of compliance.

Thank you to you and your team as we continue to ensure the residents in the District of Columbia receive quality care. If you have additional questions or need additional information please do not hesitate to contact me on 202-596-3122.

Respectfully submitted,

Dr. Rosalind L. Wright, RN-BC

Dr. Rosalind L. Wright, RN-BC, CNHA
Director of Health Services

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 095028 | A. BUILDING **01 - MAIN BUILDING 01** B. WING _____ | **04/05/2017** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **INGLESIDE AT ROCK CREEK** | **3050 MILITARY ROAD NW WASHINGTON, DC 20015** |

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| K 000 | INITIAL COMMENTS<br><br>The following findings were observed during the Life Safety Code Inspection conducted April 5, 2017. | K 000 | Ingleside at Rock Creek makes its best effort to operate in substantial compliance with both Federal and State Law. Submission of this Plan of Correction (POC) does not constitute an admission or agreement by any party, its officers, directors, employees or agents as to the truth of the facts alleged or the validity of the conditions set forth on the Statement of Deficiencies. This plan of Correction (POC) is prepared and/or executed soley because it is required by Federal and State Law. | |
| K 345 SS=E | NFPA 101 Fire Alarm System - Testing and Maintenance<br><br>Fire Alarm System - Testing and Maintenance<br>A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.7.5, 9.7.7, 9.7.8, and NFPA 25<br><br>This STANDARD is not met as evidenced by:<br><br>Based on observations during the Life Safety Code Inspection, it was determined that the location of alarm and signaling devices were not listed on the quarterly reports and the reports failed to state whether individual devices passed or failed the quarterly test in two (2) of three (3) observations. The Fire Alarm System, failed to annunciate a signal to notify staff and residents when pull stations were activated in three (3) of three (3) observations. These findings were observed in the presence of the Director of Maintenance.<br><br>The findings include:<br><br>1. During a review of the Quarterly Alarm Device | K 345 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Roseland Wm, RN-BC — Director of Health Services — 5/12/17

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 345 | Continued From page 1<br>test reports; it was determined that the location of smoke detectors, signaling devices and individual test results were not recorded on log sheets. Log sheets lacked information on the individual device test locations and individual test results of tests conducted on September 14, 2016 and February 17, 2017, in two (2) of three (3) observations at 4:55 PM on April 5, 2017.<br><br>2. During the Life Safety Code Inspection, a Pull Station lever was activated on the First Floor, near stairwell #6; the Fire Alarm system, failed to annunciate a signal. Engineering staff checked the Fire Panel and there were no trouble codes. A second test was conducted on the other side of the hallway near stairwell # 7, the Pull Station lever was activated and the system failed to annunciate a signal. Engineering staff checked the Fire Panel and was able to determine a probable cause and reset the panel which showed no trouble codes. A third test was conducted on the lower level near stairwell # 9, the Fire Alarm System failed to annunciated a signal. Engineering staff made an adjustment to a switch inside of the pull station and the Fire Alarm System performed as designed.<br><br>The contractor for the Fire Alarm System, was contacted and a technician was sent to the facility to determine if the Fire Alarm System was functioning properly. The technician finished his/her trouble shooting and testing; it was determined that Pull Station # 9, functioned as designed. However it was decided that Pull Station #9 should be replaced to avoid any future problems with the internal switch. Pull Stations near Stairwells # 6 and # 7 functioned as | K 345 | 1. The Smoke detectors, signaling device and individual device test were conducted and have been added to log sheet including individual device test location test result. The contractor for the Fire Alarm System, was sent to the facility to determine if the Fire Alarm System was functioning properly. The technician finished his/her trouble shooting and testing it was determined that Pull Station # 9, functioned as designed. However it was decided that Pull Station #9 should be replaced to avoid any future problems with the internal switch. Pull Stations near Stairwells #6 and #7 functioned as designed after proper resets on the fire panel.<br><br>2. A review of smoke detectors signaling device and individual device test and log was conducted, as well as a review of the fire alarm system and no other deficient practice was noted.<br><br>3. The log sheet was modified to include all smoke detectors and signaling device. The fire alarm system contractor was contacted and came in. The Facilities Management Supervisor was re-educated on proper logging of system.<br><br>4. Monitoring of smoke detector logs fand fire alarm system is conducted monthly and reported to QAPI quarterly. | 4/6/17 |

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| K 345 | Continued From page 2<br>designed after proper resets on the Fire Panel in three (3) of three (3) observations at 4:30 PM on April 5, 2017. | K 345 | | |
| K 363 SS=E | NFPA 101 Corridor - Doors<br><br>Corridor - Doors<br>2012 EXISTING<br>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 1-3/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Doors shall be provided with a means suitable for keeping the door closed.<br>There is no impediment to the closing of the doors. Clearance between bottom of door and floor covering is not exceeding 1 inch. Roller latches are prohibited by CMS regulations on corridor doors and rooms containing flammable or combustible materials. Powered doors complying with 7.2.1.9 are permissible. 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.<br>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.<br>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485<br>Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, | K 363 | 1. The doors had already been inspected by an outside contractor and contract in place to repair doors the following week. Contractor was called and came in. Repairs and some replacements made to entrance door resident room 085, bathroom entrance door to room 090, double hallway doors at entrance to dining room and day room, lower level day room entrance from the dining room, first floor double doors adjacent to room 185, first floor double doors near nurses station and the first floor double glass doors in the sitting area.<br><br>2. All double and single doors, and bathroom doors were checked for proper closing, and positive latching. No other doors were found to be affected.<br><br>3. The facilities maintenance staff were re-educated on the life safety codes for fire doors, this includes proper closing and positive latching.<br><br>4. The facilities Management Director or designee monitor Fire doors to ensure they meet life safety requirement. This information is presented to the QAPI committee quarterly. | 5/30/17 |

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| K 363 | Continued From page 3<br>etc.<br>This STANDARD is not met as evidenced by:<br>Based on observations during the Life Safety Code Inspection, it was determined that double and single doors failed to latch into frames and a bathroom door failed to close without assistance in six (6) of 13 observations. These findings were observed in the presence of the Maintenance Director.<br><br>The findings include:<br><br>1. Entrance doors to resident room 085 failed to close and latch into the frame when tested; and the bathroom entrance door to room 090 failed to close and impeded the entrance door from closing, in two (2) of 12 observations at 12:55 PM on April 5, 2017.<br><br>2. Double hallway doors at the entrances to the Dining Room and the Day Rooms failed to close and latch into frames when tested. The Lower Level Day Room entrance from the Dining Room; First Floor double doors adjacent to Room 185; First Floor double doors near the Nurses Station, and the First Floor double glass doors in the sitting area failed to close without staff assistance in four (4) of seven (7) observations 12:40 PM and 12:57 PM on April 5, 2017. | K 363 | | |