

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

PRINTED: 05/01/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095031	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2019
NAME OF PROVIDER OR SUPPLIER INSPIRE REHABILITATION AND HEALTH CENTER LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2131 O STREET NW WASHINGTON, DC 20037	
(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	K 000		
K 353 SS=E	<p>Sprinkler System - Maintenance and Testing 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>Based on observations and staff interview, fire sprinkler heads were not maintained to ensure proper operation in the event of an emergency as evidenced by sprinklers heads and piping with grease accumulation in two (2) of two (2) observations of Dietary Services.</p> <p>Findings included...</p>	K 353	<p>Corrective action for the residents affected: 5-10-19</p> <p>1. The two fire sprinkler heads and related piping located above 2 of 2 grease fryers were cleaned to ensure no soiled grease accumulation were present.</p> <p>Identification of others with the Potential to be affected:</p> <p>1. The Director of Food Services conducted an audit and noted that the kitchen had no other fire sprinkler heads located above the grease fryers.</p> <p>Measures to prevent action:</p> <p>1. The Director of Food Services/Designee will conduct random visual observations three times weekly during environmental rounds. The visual random audits will ensure fire sprinkler suppression heads/related piping are free of grease accumulation.</p> <p>Monitoring corrective action:</p> <p>1. The Director of Food Service/Designee will report findings of the visual random audits to the Quality Assurance Performance Improvement Committee monthly for the next 3 months.</p>	5-10-19

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

[Handwritten Signature]

TITLE

NHA

(X6) DATE

05/03/2019

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 During an inspection of Dietary Services on February 27, 2019, at approximately 7:40 AM, two (2) of two (2) fire sprinklers heads and related piping located above two (2) of two (2) grease fryers were soiled with grease accumulation. This deficient practice could impede the fire sprinkler heads ability to discharge its contents in the event of a fire emergency. Employee #6 acknowledged the findings during a face-to-face interview on February 27, 2019, at approximately 8:30 AM.	K 353		
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 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	K 363	Corrective action for the residents affected: 1. The double doors located by the shower room on the first floor as well as the double doors located by rooms #302 and #313 which did not latch into frame when tested were repaired by the Maintenance department on 3-13-19. Identification of others with the Potential to be affected: 1. The Director of Maintenance completed an audit on 3-13-19 to ensure all double doors latched into frame so as to prevent the passage of smoke in the event of a fire. No further issues were found after this audit.	5-10-19

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K 363	<p>Continued From page 2</p> <p>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. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and staff interview, double doors on two (2) of five (5) resident's care units were inadequately maintained to ensure proper latching in the event of an emergency.</p> <p>Findings included...</p> <p>During a Life Safety Code inspection on February 28, 2019, at approximately 9:30 AM, double doors did not latch into frame as follows:</p> <ol style="list-style-type: none"> 1. One (1) of one (4) double doors, located by the shower room on the first floor, did not latch into frame when tested. 2. Two (2) of four double doors, one (1) located by resident room #302 and the other located by resident room #313 did not latch into frame and failed to fully close to prevent the passage of smoke in the event of a fire. 	K 363	<p>Identification of others with the Potential to be affected:</p> <ol style="list-style-type: none"> 1. The Administrator on 3-13-19 educated and in-service all Maintenance Department staff on the importance of immediately identifying and repairing double doors which fail to latch into frame so as to prevent passage of smoke during an emergency. The Maintenance Director/Designee will check all double doors weekly during environmental rounds to ensure they latch into frame. <p>Monitoring corrective action:</p> <ol style="list-style-type: none"> 1. The Director of Maintenance/Designee will report findings of the weekly checks to Quality Assurance and Performance Improvement Committee monthly for the next 3 months. 	

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K 363	Continued From page 3 This deficient practice could affect approximately 25 of 165 residents as well as staff and visitors if smoke was allowed to move from a hazardous area through the double doors leading to resident's rooms. Employee #9 acknowledged the finding during a face-to-face interview on February 28, 2019, at approximately 10:30 AM.	K 363		