

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

PRINTED: 07/17/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>095026</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/25/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>KNOLLWOOD HSC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6200 OREGON AVE NW WASHINGTON, DC 20015</b>	
(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  A Life Safety Code survey was conducted at your facility June 24 and June 25, 2019. The following deficiencies are based on observation, interview and record review.	K 000	This plan of correction is prepared and/or executed solely because it is required by the Provisions of Federal and State law. The plan of correction is the Army Distaff Foundation and Knollwood's credible Allegation of Compliance.	
K 211 SS=D	Means of Egress - General CFR(s): NFPA 101  Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by:  Based on observation and staff interview, facility staff failed to maintain the means of egress continuously free of obstructions. This deficient practice could affect the resident assigned to the room as well as staff and visitors, if smoke were to enter the room in a fire emergency.  Findings included ...  During a Life Safety Code (LSC) walkthrough inspection on June 26, 2019, at approximately 2:07 PM, a sofa chair placed at the entrance/exit of resident room #14C prevented the door from closing and obstructed passage to and from the room. This did not meet the requirements of the 2012 National Fire Protection Association (NFPA) Life Safety Code (LSC) section 7.1.10.2.1.  The sofa chair was immediately removed from the room.	K 211	1. The resident's chair was immediately removed from the entrance/exit area to resident room #14C.  2. All other residents' rooms were audited for proper placement of resident personal furniture. No other deficient practice was found.  3. Maintenance and environmental services staff will be inserviced to observe entrances/exits to rooms to ensure that there is nothing blocking the entrance. If anything is blocking the egress of the room then the staff member will report it to the Director of Engineering or designee for immediate removal or repositioning of the item.  4. The Director of Engineering or designee will conduct rounds monthly X 3, then quarterly X 3. The result of this audit will be presented to the QAPI for further recommendation.	6/26/19  6/26/19  8/10/19  On-going

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

*Ina Shook*

TITLE

*Administrator*

(X6) DATE

*7/24/19*

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 211	Continued From page 1	K 211		
K 353 SS=E	<p>During a face-to-face interview on June 26, 2019, at approximately 2:45 PM, Employee #6 acknowledged the finding.</p> <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 two (2) of three (3) damaged sprinkler heads in the spa located in the Health Service Center (HSC) unit.</p> <p>Findings included ...</p> <p>During a walk-through of the Health Service</p>	K 353	<p>1.The two sprinkler heads were replaced.</p> <p>2. All other bathing suites were audited for bent sprinkler heads. No other sprinkler heads were found to be bent.</p> <p>3. Sprinkler head covers were installed over the sprinklers in the bathing suites to protect the sprinkler heads.</p> <p>Nurses will be inserviced on avoiding sprinkler areas when using patient lifts.</p> <p>Sprinkler heads in bathing suites will be monitored bi-weekly to verify they are free of bent tips and remain protected.</p> <p>4.The Director of Engineering will audit the bi-weekly monitoring checklists monthly X12 and will report to the quarterly QAPI Committee for follow up.</p>	<p>7/3/19</p> <p>6/26/19</p> <p>7/3/19</p> <p>8/10/19</p> <p>8/1/19</p> <p>On-going</p>

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K 353	<p>Continued From page 2</p> <p>Center (HSC) unit on June 26, 2019 at approximately 11:30 AM, two (2) of three (3) fire sprinkler heads mounted to the ceiling of one (1) of one (1) spa in the Health Service Center (HSC) were bent at the shaft.</p> <p>This deficient practice could prevent the fire sprinkler from discharging water in the event of a fire emergency.</p> <p>During a face-to-face interview on June 26, 2019, at approximately 2:45 PM, Employee #6 acknowledged the findings.</p>	K 353			