

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

PRINTED: 07/02/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095026	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2021
NAME OF PROVIDER OR SUPPLIER KNOLLWOOD HSC			STREET ADDRESS, CITY, STATE, ZIP CODE 6200 OREGON AVE NW WASHINGTON, DC 20015	
(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 May 26, and May 27, 2021, by the Department of Health, Health Regulation and Licensing Administration. The following deficiencies are based on record review and interview.	K 000	This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Knollwood HSC does not admit that the deficiencies listed on the CMS Form 2567 exist, nor does the Facility admit to any statements, findings, facts or conclusions that form the basis for the alleged deficiencies. The Facility reserves the right to challenge in legal proceedings all deficiencies, statements, findings, facts and conclusions that form the basis for the deficiency.	
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, fire sprinkler heads were not maintained to ensure proper operation in the event of an emergency as evidenced by sprinklers with dust and/or foreign substance on the shaft and head surfaces in the main kitchen and common areas. The findings include:	K 353	1. a. The fire sprinkler heads located in the cooking area of the main kitchen have been cleaned. b. The escutcheon rings have been ordered through the facility's supplier; missing or damaged rings will be replaced upon delivery. c. The fire sprinkler heads located in the hallway of the HSC noted during the survey have been cleaned. 2. The remaining areas in the main kitchen and in the HSC were inspected by the Facilities General Manager and engineering staff. Work orders were generated for any sprinkler heads that require cleaning. Any missing or damage escutcheon rings will be replaced upon delivery from the supplier.	

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

TITLE

(X6) DATE

Donna L. Egan

Administrator

7-15-21

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

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K 353	Continued From page 1 During a Life Safety Code inspection on May 26, 2021, at approximately 9:30 AM, the following were observed: 1. Fire sprinkler heads located in the cooking area in the main kitchen were soiled with dust in five (5) of five (5) observations. 2. One (1) of two (2) fire sprinklers located above the three-compartment sink was missing an escutcheon ring. 3. Fire sprinkler heads located in the hallway of the Health Service Center (HSC) unit were soiled with dust in seven (7) of 16 observations. Employee # 1 acknowledged the findings during a face-to-face interview on May 27, 2021, at approximately 1:00 PM.	K 353	3. Maintenance and Engineering staff were in-serviced on 7/14/21 on the requirement to inspect sprinkler heads for dust and to clean as appropriate. The staff were also in-serviced on ensuring that escutcheon rings were in place and to replace and missing or damaged rings. The inspection of sprinkler heads and escutcheon rings will be added to the routine facility maintenance inspection audits. 4. The sprinkler heads and escutcheon rings in the main kitchen and in the HSC will be audited weekly X4 and then monthly X4 to ensure that the sprinkler heads are free from dust any foreign matter and the escutcheon rings are in place and not damaged. The results of these audits will be presented to the Quality Assurance Performance Improvement Committee for review and further recommendations as warranted.	
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.	K 363		7-28-21

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K 363	<p>Continued From page 2</p> <p>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 frames in window assemblies.</p> <p>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:</p> <p>Based on observation and staff interview, the entrance door to one (1) resident's room was not maintained to ensure proper latching in the event of an emergency.</p> <p>The findings include:</p> <p>During a Life Safety Code inspection on May 26, 2021, at approximately 9:30 AM, the entrance door to resident's room #14 A/B did not latch into frame as expected in one (1) of 18 observations.</p> <p>This deficiency could expose the resident to</p>	K 363	<ol style="list-style-type: none"> 1. The corridor door to room #14 A/B was repaired during the survey. 2. An audit was completed of resident room corridor doors. There were no other issues found. 3. Maintenance and Engineering staff were in-serviced on 7/14/21 on the requirement to maintain proper latching for resident room corridor doors. The inspection of resident room corridor doors will be added to the routine facility inspection audits. 4. Resident room corridor doors will be audited weekly X4 and then monthly X4 to ensure proper latching. <p>The results of these audits will be presented to the Quality Assurance Performance Improvement Committee for review and further recommendations as warranted.</p>	7-28-21	

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K 363	Continued From page 3 smoke in the event of a fire. Employee # 1 acknowledged the findings during a face-to-face interview on May 27, 2021, at approximately 1:00 PM.	K 363		