

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

PRINTED: 05/01/2015
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 04/01/2015
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 The following findings are based on observations, record review and staff interview during the Life Safety Code survey conducted on April 1, 2015.	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 and Knollwood's credible Allegation of Compliance		
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by: Based on observations and interview, during the Life Safety Code Inspection, it was determined that double doors failed to close and latch into frames when tested in two (2) of two (2) observations. These findings were observed in the presence of Employees # 21 and #22.	K 018	It is the Army Distaff Foundation and Knollwood's practice to ensure that all doors properly close and latch into its frame. 1. The double doors located at the entrance of the Special Care Center was immediately fixed; the doors latch and lock into their frame. The entrance door to the Special Care Center kitchen was immediately fixed so that it latches and locks into its frame. 2. All entrance doors were checked to ensure that they properly close and latch into their frames. All were found to close properly. 3. An in-service was conducted with the engineering department to stress the importance of checking all entrance doors to ensure that they properly close and latch into their frames. 4. An inspection will be conducted monthly for three months, then quarterly to ensure that all entrance doors properly close and latch into their frames. The result of these audits will be presented to the Quality Assurance and Performance Improvement Committee quarterly for further recommendations	5/15/15 5/15/15 5/15/15 5/15/15	

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

TITLE

(X6) DATE

J. N. H. A.

5/11/15

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 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by: Based on observations and interview, during the Life Safety Code Inspection, it was determined that double doors failed to close and latch into frames when tested in two (2) of two (2) observations. These findings were observed in the presence of Employees # 21 and #22.	K 018	It is the Army Distaff Foundation and Knollwood's practice to ensure that all doors properly close and latch into its frame. 1. The double doors located at the entrance of the Special Care Center was immediately fixed; the doors latch and lock into their frame. The entrance door to the Special Care Center kitchen was immediately fixed so that it latches and locks into its frame. 2. All entrance doors were checked to ensure that they properly close and latch into their frames. All were found to close properly. 3. An in-service was conducted with the engineering department to stress the importance of checking all entrance doors to ensure that they properly close and latch into their frames. 4. An inspection will be conducted monthly for three months, then quarterly to ensure that all entrance doors properly close and latch into their frames. The result of these audits will be presented to the Quality Assurance and Performance Improvement Committee quarterly for further recommendations	5/15/15 5/15/15 5/15/15 5/15/15

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K 018	Continued From page 1 The findings include: Through observation and interview, it was determined that double and single doors failed to close and latch into frames when tested, which would not prevent the passage of smoke in the event of a fire in two (2) of three (3) observations. The double doors located at the entrance of the Special Care Center [SCC - secure unit] failed to close and latch into frames when tested in one (1) of two (2) observations at 11:35 AM on April 1, 2015. The entrance door to the Special Care Center kitchen failed to close and latch into the frame when tested in one (1) of one (1) observation at approximately 11:30 AM on April 1, 2015.	K 018		
K 025 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: Based on observations and interview during the Life Safety Code Inspection, it was determined	K 025	It is the Army Distaff Foundation and Knollwood's practice to ensure that the facility is free of penetrations to prevent the passage of smoke in the event of a fire.	

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K 025	Continued From page 2 that penetrations were observed in smoke barrier walls, which would not prevent the passage of smoke in the event of a fire in four (4) of four (4) observations. These findings were observed in the presence of the Employees # 21 and #22. The findings include: A penetration approximately 1-2 inches in size was observed around BX Cable passing through smoke barrier walls, above double doors near the Toilet Room in the Specialty Care Center in one (1) of one (1) observation at 11:45 AM on April 1, 2015. Plastic conduit pipes passing through smoke barrier walls were not sealed on the ends; to prevent the passage of smoke between compartments near the Arts and Craft room located in the Specialty Care Center in three (3) of three (3) observations at 11:50 AM on April 1, 2015.	K 025	1. The penetration observed in the wall surface above ceiling tiles around BX Cable, above double doors near the Toilet room were immediately sealed. 2. The penetration near Arts and Craft room plastic conduit pipes were immediately sealed. 2. A complete inspection of all potential penetration areas was conducted and penetrations were repaired. 3. An in-service was conducted with the engineering department to stress the importance of checking for penetrations. 4. Engineering personnel will do spot checks weekly in areas where penetrations may exist and the Chief Engineer will conduct an inspection monthly. Any penetrations identified will be repaired immediately. The result of these audits will be presented to the Quality Assurance and Performance Improvement Committee quarterly for further recommendations.	5/15/15 5/15/15 5/15/15 5/15/15 5/15/15
K 056 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5	K 056		

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K 056	Continued From page 3 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection, it was determined that water flow devices were not inspected and tested on a quarterly basis as required, in two (2) of three (3) quarters reviewed. These findings were observed in the presence of Employees #21 and # 22. The findings include: Fire Sprinkler System Logs were reviewed for the period of July 2014 through March 2015. It was determined that Water Flow Devices (such as Tamper, Flow and Supervisory switches) were not tested quarterly as required per the National Fire Protection Association [NFPA] 25 5.3.3.1. Quarterly test results were not available for the Fourth Quarter [October/November and December] of 2014 and the First Quarter [January/February and March] of 2015 in two (2) of three (3) quarters reviewed at 1:10 PM on April 1, 2015.	K 056	It is the Army Distaff Foundation and Knollwood's practice to have sprinklers tested quarterly. 1. Fire sprinklers devices were tested. 2. A contract has been signed with Haislip Corp.to test the devices quarterly. 3. The Engineering staff was instructed that sprinklers water flow devices need to be tested quarterly (such as Tamper, Flow and Supervisory switches). 4. An inspection will be conducted quarterly by our independent contractor to ensure that all the devices are tested. The result of these audits will be presented to the Quality Assurance and Performance Improvement Committee quarterly for further recommendations.	5/15/15 5/15/15 5/15/15 5/15/15