

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

PRINTED: 06/09/2016
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 05/20/2016
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 were observed during the annual Life Safety Code Inspection conducted May 20, 2016.	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 025 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers shall be constructed to provide at least a one half hour fire resistance rating and constructed in accordance with 8.3. Smoke barriers shall be permitted to terminate at an atrium wall. Windows shall be protected by fire-rated glazing or by wired glass panels and steel frames. 8.3, 19.3.7.3, 19.3.7.5 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection, it was determined that penetrations were observed in a smoke barrier wall in the Specialty Care Unit in two (2) of two (2) observations, which would not prevent the passage of smoke in the event of a fire. The observations were made in the presence of the Director of Engineering. The findings include: Two (2) penetrations approximately 2 inches in diameter were observed in wall surfaces above the Information Technology door in the Specialty Care Unit at 12:35 PM in two (2) of two (2) observations at 12:30 PM on May 20, 2016. The observations were made in the presence of the Director of Engineering who acknowledged the findings.	K 025	It is the Army Distaff Foundation and Knollwood's practice to assure smoke barriers are maintained in accordance with Life Safety Code Standards. 1. The two penetrations were immediately repaired. 5.20.16 2. The Engineering staff conducted observations in the HSC/SCC to ensure penetrations were identified and repaired. 5.27.16 3. Engineering staff will be re-trained on smoke barrier regulations and the repairing of penetrations. 6.30.16 4. Routine observations will be conducted by the Director of Engineering weekly x4, then monthly x3, then quarterly x3 to ensure compliance. The results of the observations will be presented to the Quality Assurance Performance Improvement committee for further recommendations. 8.20.16	
K 056 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Where required by section 19.1.6, Health care	K 056		

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

Eileen Wheeler

TITLE

LNHA

(X6) DATE

6.17.16

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 056	Continued From page 1 facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with section 9.7. Required sprinkler systems are equipped with water flow and tamper switches which are electrically interconnected to the building fire alarm. In Type I and II construction, alternative protection measures shall be permitted to be substituted for sprinkler protection in specific areas where State or local regulations prohibit sprinklers. 19.3.5, 19.3.5.1, NPFA 13 This STANDARD is not met as evidenced by: Based on a review of the facility's Fire Alarm Device Testing records for three (3) of four (4) quarters between the period of September 2015 through April 2016, it was determined that documentation was not available to verify that Water Flow Switches such as Tamper, Flow, and Supervisory switches were tested on a quarterly basis as required in three (3) of four (4) quarters. The findings include: A review of the facility ' s quarterly Fire Alarm Device Testing Logs for the period of September 2015 through April 2016 lacked evidence that Water Flow Switches were tested on a quarterly basis for three (3) of four (4) quarters; October 2015, January 2016 and April 2016. The documentation in the Fire Alarm Device Testing Logs lacked evidence of the location of the Tamper, Flow and Supervisory switches tested and there was no evidence of the test results, whether or not the devices passed or failed the test for the three (3) quarters outlined above. The findings were acknowledged by the Director	K 056	It is the Army Distaff Foundation and Knollwood's practice to assure our Fire Alarm Testing Logs have documentation in accordance with Life Safety Code Standards. 1. The Director of Engineering contacted the fire alarm testing company to ensure they will correct their documentation of the quarterly Fire Alarm System testing according to regulation standards. 2. The Director of Engineering provided written documentation requesting the required documentation to the fire alarm testing company. The company stated they will use NPFA standards for future documentation. 3. The Director of Engineering/designee will meet with the fire alarm testing company representative quarterly to ensure documentation compliance during their inspection. 4. The results of the quarterly reports x3 will be presented to the Quality Assurance Performance Improvement committee for further recommendations.	5.20.16 5.27.16 6.30.16 8.20.16

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K 056	Continued From page 2 of Engineering who was present at the time of the record review.	K 056		
K 062 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by:</p> <p>Based on observations during the Life Safety Code Inspection, it was determined that sprinkler heads were not maintained to ensure proper operation in the event of an emergency, as evidenced by sprinkler heads, shaft surfaces and/or escutcheon rings soiled with dust or paint in 31 of 43 observations.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Sprinkler head and shaft surfaces were soiled with dust accumulation in the Specialty Care Dining Room in two (2) of four (4) observations at 11:45 AM on May 20, 2016. 2. A sprinkler head and shaft surface was soiled with dust accumulation in the shower area of the Spa in one (1) of two (2) observations at 11:50 AM on May 20, 2016. 3. Sprinkler heads and escutcheon ring surfaces were soiled with dust accumulation in ambulating areas of Rooms 35, 36, 38 and 39 in the Specialty Care Unit, in eight (8) of eight (8) observations between 12:00 PM and 12:30 PM on May 20, 2016. 4. Sprinkler head and shaft surfaces were soiled 	K 062	<p>It is the Army Distaff Foundation and Knollwood's practice to assure sprinkler systems are maintained in accordance with Life Safety Code Standards.</p> <ol style="list-style-type: none"> 1. Engineering staff cleaned and removed paint from sprinkler heads. 5.20.16 2. Routine observations were conducted by Engineering staff to ensure sprinkler heads are free of dust/paint. 5.27.16 3. Engineering staff will be retrained on sprinkler head regulations. 6.30.16 4. Routine observations will be conducted by the Director of Engineering/designee weekly x4, then monthly x3, then quarterly x3 to ensure compliance. The results of the observations will be presented to the Quality Assurance Performance Improvement committee for further recommendations. 8.20.16 	

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K 062	Continued From page 3 with dust in the Sitting Area of the Specialty Care Unit in two (2) of four (4) observations at 12:45 PM on May 20, 2016. 5. Paint was observed on sprinkler shaft surfaces in Room 34 in one (1) of two (2) observations at 12:50 PM on May 20, 2016. 6. Paint was observed on the shaft and head surfaces of sprinklers in the Garden Room in two (2) of eight (8) observations at 1:05 PM on May 20, 2016. 7. Paint was observed on the head, shaft and escutcheon ring surfaces of sprinklers in Room 32 in two (2) of two (2) observations at 1:08 PM on May 20, 2016. 8. Sprinkler head surfaces were soiled with dust and grease in the Health Care Kitchen over food preparation areas in five (5) of five (5) observations at 1:10 PM on May 20, 2016. 9. A sprinkler located near the Ice machine in the Main kitchen lacked an escutcheon ring in one (1) of one (1) observation at 1:20 PM on May 20, 2016. Sprinkler head surfaces were soiled with dust and grease under cooking hoods in in the Main Kitchen in seven (7) of seven (7) observations at 1:45 PM on May 20, 2016.	K 062			