

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

PRINTED: 10/24/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095015	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 09/20/2011
NAME OF PROVIDER OR SUPPLIER CAROLYN BOONE LEWIS HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1380 SOUTHERN AVE SE WASHINGTON, DC 20032		
(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 recertification Life Safety Code survey was conducted on September 20, 2011. The following deficiencies are based on observations, review of records or staff interviews.	K 000	Carolyn Boone Lewis Health Care Center, "CBL" is filing this Plan of Correction in accordance with the compliance requirements for federal and state regulations. This Plan of correction constitutes the facility's written allegation of compliance for the deficiencies cited. However submission of this Plan of Correction does not constitute admission of facts or conclusions cited.		
K 017 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection it was determined that smoke barrier walls were not in good condition to prevent the passage of smoke in the event of a fire in two (2) of five (5) observations. The findings include: Smoke barrier walls were observed to have penetrations which would not prevent the	K 017	NFPA 101 LIFE SAFETY CODE STANDARD K017		

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

TITLE

(X6) DATE

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 017	Continued From page 1 passage of smoke, as evidenced by a 2 inch penetration in walls near the Cosmetology area and 1 to 2 inch openings around gas supply lines in the rear of the clothes dryers in the Laundry Room. These observations were made in the presence of Employee #F1 at 1:00 PM on September 21, 2011.	K 017	Continued From page 1 1. Corrective Actions a). The 2 inch penetration in walls near the Cosmetology area and 1 to 2 inch openings around the gas supply lines in the rear of the clothes dryers in the Laundry Room were corrected.	09/20/11	
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 observation and interview it was determined that double doors failed to latch into frames in two (2) of six (6) observations and	K 018	b). The Maintenance staff will perform quarterly inspections to identify and correct upon discovery penetrations in walls. c). The Maintenance staff were in-serviced by the Director of Maintenance regarding NFPA requirements in regard to the monitoring of penetrations/openings. d). The findings and corrections of the penetrations/openings in the walls will be reported to the monthly CQI committee until it has been determined by the committee that a quarterly report is effective.	11/4/11 11/4/11 11/4/11	

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K 052	Continued From page 3 Code Inspection it was determined that fire alarm devices were not tested on a quarterly basis as required. The findings include: Fire alarm devices were not tested and maintained in the facility on a quarterly basis as required as evidence by the lack of documentation for testing during the first, third and fourth quarters. The facility had available documentation that a test was conducted on April 31, 2011 during the review of three (3) of four (4) records between 3:00 PM and 5:00 PM on September 20, 2011. These observations were made in the presence of Employee #F1 between 3:00 PM to 5:00 PM on September 20, 2011.	K 052	Continued From page 3 NFPA 101 LIFE SAFETY CODE STANDARD K 052 1. Corrective Actions a). Semi-annual fire alarm device testing was maintained at the facility, which has been corrected to be scheduled on a quarterly basis. Quarterly fire alarm device testing was conducted by BFPE.	10/6/11	
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection it was determined that staff failed to move chairs and computer work stations from the hallway during a manual fire drill exercise, when pull stations were manually activated. The findings include: Pull station fire alarms were manually activated on the first and third floors on September 20, 2011 at 3:55 PM. Staff failed to remove equipment from the hallway. The following items were left in the hallway after the fire alarm system was activated: a residents wheelchair, gerri chair and a computer work station, which	K 130	b). The Maintenance staff will schedule quarterly fire alarm device testing and maintain on a quarterly basis. c). The Director of Maintenance/ maintenance staff have been educated on this requirement. d). The quarterly fire alarm device testing records will be reported to the CQI committee.	10/6/11 11/4/11 11/4/11	

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