PRINTED: 07/26/2010 **FORM APPROVED** 

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 B. WING 095038 07/15/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4901 CONNECTICUT AVENUE, NW **METHODIST HOME** WASHINGTON, DC 20008 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX ID (X5) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY) TAG TAG THIS PLAN OF CORRECTION IS SUBMITTED FOR K 000 **INITIAL COMMENTS** K 000 **PURPOSES OF REGULATORY COMPLIANCE** AND AS PART OF THE METHODIST HOME'S A Life Safety Code Inspection was conducted at ONGOING EFFORTS TO CONTNUOUSLY your facility on July 15, 2010. The following MAINTAIN THE HIGH QULITY OF CARE AND SERVICES PROVIDED. AS SUCH IT DOES NOT deficiency was based on observations. CONSTITUTE AN ADMISSION OF THE FACTS NFPA 101 LIFE SAFETY CODE STANDARD K 018 K 018 OR CONCLUSIONS FOR ANY PURPOSE WHATSOEVER. SS=D Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1% 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 during the Life-Safety Code inspection it was determined that doors failed to close without assistance in three (3) of 20 observations.

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

Entrance doors to resident rooms and common areas failed to close and latch into frames in

GEO/ ADMINISTRATOR

(X6) DATE 6 AUGUST 2010

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.

52

The findings include:

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

PRINTED: 07/26/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MU	JLTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND I DIVISION GOTALDING		, .		A. BUIL	DING	01 - MAIN BUILDING 01		
		095038	B. WING				07/15/2010	
NAME OF PR			STREET ADDRESS, CITY, STATE, ZIP CODE			Although and the supermitted and the supermitted and the supermitted and the supermitted and s		
METHODIST HOME				4901 CONNECTICUT AVENUE, NW WASHINGTON, DC 20008				2
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY MUST OR LSC IDE	TORY	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOULD BI REFERENCED TO THE APPROPRIATE DE	SHOULD BE CROSS-		
K 018	Continued From page		K 018		Corrective action for residents affected			
	Rooms 159, the We Room in three (3) of PM and 3:30 PM on				by deficient practice:  No resident(s) was (were) negatively impacted. Minor adjustments to the closer and the strike plate on the three identified entrance doors have been repaired and now positively latch into the frames.		07/16/10	
N.						<ol> <li>Method to identify other residents a risk for deficient practice:</li> <li>All doors in the Health Care Center will be systematically checked by maintenance personnel for proper latching. Any adjustments needed, if any will be completed.</li> </ol>	5 2	08/16/10
					2	3. Measure of systematic changes to ensure deficient practice does not rec Quarterly re-inspection of all doors to check that they close and latch.	ur:	08/16/10
	4.					Performance monitoring to ensure solutions are sustained:     Engineer will conduct quarterly inspection. And report results of these inspections at Corrections needed at Quarterly QA Meetings.	ns	08/16/10
							2	
		9 *	2				# 2	
2	* 4		2				a.	e e
							8 2	er N
	2							f
2. 8	3					*		
w								÷

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

DRINTED: 07/26/2010

PRINTED. 01/20/2010	
FORM APPROVED	
OMB NO. 0938-0391	
	The Person Name of Street, or other Designation of the last of the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL		LE CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED	
				B. WIN		OI - MAIN BOILDING OI		
095038				0. Timo			07/15/2010	
NAME OF PROVIDER OR SUPPLIER  METHODIST HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 4901 CONNECTICUT AVENUE, NW WASHINGTON, DC 20008				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		LATORY	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 inspection was conducted at your facility on July 15, 2010. The following deficiency was based on observations.  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 1% 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.		than its, or n as core 20 only nere is Doors ing the 6 are	K 000		THIS PLAN OF CORRECTION IS SUBMITTED FOR PURPOSES OF REGULATORY COMPLIANCE AND AS PART OF THE METHODIST HOME'S ONGOING EFFORTS TO CONTINUOUSLY MAINTAIN THE HIGH QULITY OF CARE AND SERVICES PROVIDED. AS SUCH IT DOES NOT CONSTITUTE AN ADMISSION OF THE FACTS OR CONCLUSIONS FOR ANY PURPOSE WHATSOEVER.		
	Based on observation inspection it was def	not met as evidenced b ons during the Life-Safet termined that doors faile	y Code					
	close without assistate observations.  The findings include Entrance doors to reareas failed to close	ance in three (3) of 20	non			HTD E		XAI 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.

GEO/ ADMINISTRATOR

6 AUGUST 2010

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 07/26/2010 FORM APPROVED OMB NO. 0938-0391

CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 B. WING 095038 07/15/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4901 CONNECTICUT AVENUE, NW **METHODIST HOME** WASHINGTON, DC 20008 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE TAG TAG 1. Corrective action for residents affected K 018 Continued From page 1 K 018 by deficient practice: Rooms 159, the West Bathroom, and the Activity No resident(s) was (were) negatively Room in three (3) of 20 observations between 1:00 impacted. Minor adjustments to the closer and the strike plate on the three identified PM and 3:30 PM on July 15, 2010. entrance doors have been repaired and now positively latch into the frames. 07/16/10 2. Method to identify other residents at risk for deficient practice: All doors in the Health Care Center will be systematically checked by maintenance personnel for proper latching. Any adjustments needed, if any, 08/16/10 will be completed. 3. Measure of systematic changes to ensure deficient practice does not recur: Quarterly re-inspection of all doors to check that they close and latch. 08/16/10 4. Performance monitoring to ensure solutions are sustained: Engineer will conduct quarterly inspections And report results of these inspections and Corrections needed at Quarterly QA 08/16/10 Meetings.