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

PRINTED: 10/08/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION 1 - MAIN BUILDING 01		SURVEY MPLETED
		095015	B. WING			09/03/2019	
NAME OF PROVIDER OR SUPPLIER SERENITY REHABILITATION AND HEALTH CENTER LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1380 SOUTHERN AVE SE WASHINGTON, DC 20032			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES I BE PRECEDED BY FULL REGULATORY INTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
K 000	A Life safety Code facility on August 2 following deficiencie interview and record Electrical Systems - CFR(s): NFPA 101 Electrical Systems - Maintenance and To The generator or o associated equipme service within 10 se is not met during the be provided to annuthe life safety and cand testing of the gare performed in ac Generator sets are under load 30 minurintervals, and exercicontinuous hours. Sconditions include a and automatic or mand are conducted Maintenance and testing and testing of the components is emanufacturer requiremaintenance and testing and a prothe components is emanufacturer requiremaintenance and testing and testing and testing and a prothe components is emanufacturer requiremaintenance and testing and testin	survey was conducted at your 27 and August 28, 2019. The es are based on observations, direview. Essential Electric System esting ther alternate power source and ent is capable of supplying conds. If the 10-second criterion emonthly test, a process shall leally confirm this capability for ritical branches. Maintenance enerator and transfer switches cordance with NFPA 110. inspected weekly, exercised tes 12 times a year in 20-40 day ised once every 36 months for 4 scheduled test under load a complete simulated cold start anual transfer of all EES loads, by competent personnel. esting of stored energy power ES) are in accordance with NFPA er circuit breakers are inspected gram for periodically exercising established according to rements. Written records of esting are maintained and readily trical panels and circuits are intifiable, and separate from its. Minimizing the possibility of		918	SERENITY REHABILITATION AN HEALTH CENTER DISCLAIMER. Facility submits this plan of correction procedures established by the Department's directive to change Combice which the Department alleges are desured a waiver of the Facility's right appeal and to challenge the accuracy severity of the alleged Deficiencies of Admission of any wrong doing. K918 Corrective Action for the Residents Affected: The facility cannot retroactively contained the accuracy severity of the alleged Deficiencies of Admission of any wrong doing. K918 Corrective Action for the Residents Affected: The facility cannot retroactively contained the action of the sever and the sever accuracy accuracy and the sever accuracy and the sever accuracy accuracy and the sever accuracy accuracy and the sever accuracy accuracy accuracy accuracy and the sever accuracy	on under riment e conditions eficient long ued as to ey or or any errect e st for a condition the extension of the extension	11/22/19

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.

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

TITLE

(6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATÉ SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 095015 R WING 09/03/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1380 SOUTHERN AVE SE SERENITY REHABILITATION AND HEALTH CENTER LLC WASHINGTON, DC 20032 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID PREFIX (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE PREFIX OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) K 918 | Continued From page 1 K 918 exercised monthly under load for less than 30 minutes as required by section 8.4.2 of source is a design consideration for new the National Fire Protection Association installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 11/22/19 (NFPA) 110 111, 700.10 (NFPA 70) Any issue found during this audit This REQUIREMENT is not met as evidenced by: addressed. Based on record review and interview, it was Measures to prevent recurrence: determined that facility staff failed to exercise two (2) of two (2) emergency generators monthly, for a 1. Staff Development will provide education minimum of 30 minutes as required by section 8.4.2 to the facility maintenance staff to ensure of the National Fire Protection Association (NFPA) that Generator #1 and Generator #2 were 110 which states: exercised monthly under load at least for a minimum of 30 minutes each. 8.4.2* Diesel generator sets in service shall be exercised at least once monthly, for a minimum of **Monitoring Corrective Action:** 30 minutes, using one of the following methods: **1.**The Director of Maintenance/Designee (1) Loading that contains the minimum exhaust gas will conduct house wide record review of temperatures as recommended by the manufacturer facility emergency generators monthly exercise log to identify potential emergency (2) Under operating temperature conditions and not generator(s) that facility staff failed to at less than 30 percent of the Emergency power exercise monthly, under load for a minimum Systems (EPS) standby nameplate KW rating of 30 minutes as required by section 8.4.2 of the National Fire Protection Association Findings included ... (NFPA)110 weekly times 4 then, monthly times 3 months. A review of the facility's generator logs show that 2. Findings will be reported to the Quality Generator #1 and Generator #2 were exercised Assurance Performance Improvement monthly under load for less than 30 minutes on Committee monthly for the next 3 months. multiple occasions. Generator #1 ran under load for less than 30 minutes on seven (7) of eight (8) occasions between January 2019 and August 2019. Generator #2 also ran under load for less than 30 minutes on seven (7) of eight (8) occasions

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(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 095015 B. WING 09/03/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1380 SOUTHERN AVE SE SERENITY REHABILITATION AND HEALTH CENTER LLC WASHINGTON, DC 20032 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE (X4) ID ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) 11/22/19 K 918 Continued From page 2 K 918 between January 2019 and August 2019. In addition, monthly load test Kilowatts (KW) values were not documented to confirm that two (2) of two (2) generators were exercised monthly at a minimum of 30% of the 250 KW nameplate rating. Employee #8 acknowledged the above findings during a face-to-face interview on September 3, 2019, at approximately 9:30 AM.