

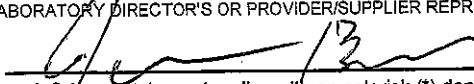
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/29/2018
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 07/13/2018
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NAME OF PROVIDER OR SUPPLIER SERENITY REHABILITATION AND HEALTH CENTER LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1380 SOUTHERN AVE SE WASHINGTON, DC 20032
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(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 Life Safety Code Survey was conducted on July 13, 2018. The following deficiencies are based on observation, interview and record review.	K 000	Serenity Rehabilitation and Health Center 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 deficiencies cited. However submission of this Plan of Correction does not constitute Admission of facts or conclusions Cited.	10/10/18
K 363 SS=D	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or	K 363		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE
 ADAM STANTON 7 SEP 18

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 363	<p>Continued From page 1</p> <p>frames in window assemblies.</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p> <p>Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and staff interview, entrance doors to resident's rooms were inadequately maintained to ensure positive latching in case of an emergency. These deficient practices could affect the two (2) residents assigned to these rooms as well as staff and visitors, if smoke were to enter these areas in a fire emergency.</p> <p>Findings included ...</p> <p>During a Life Safety Code (LSC) inspection on July 13, 2018, at approximately 10:30 AM, it was observed that personal protective equipment (PPE) organizers, installed at the entrance door of two (2) of two (2) contact precaution rooms (#214 and #327) prevented the door from closing and latching in the event of an emergency.</p> <p>This did not adhere to the requirements of LSC sections 19.6.3.10.</p> <p>During a face-to-face interview on July 13, 2018, at approximately 11:00 AM, Employee #12 confirmed the findings.</p>	K 363	<p>K-363</p> <p>Corrective action for resident affected</p> <p>1. The personal protective equipment (PPE) organizer that prevented room 217 and 327's doors from closing and latching in the event of an emergency was repositioned to allow the door to close and latch.</p> <p>Identification of others with the potential to be affected</p> <p>2. Full house audits were conducted on all residents with PPE hangers. No other issues were found. The facility purchased command hooks to ensure closure and latching of door with PPE organizers.</p> <p>Measure to prevent recurrence</p> <p>3. To ensure doors close and latch, random room audits will be conducted on residents requiring PPE organizers by the EVS Director /or designee X3 months. Education/training will be performed with unit managers and environmental supervisor on the use of the command hooks.</p> <p>Monitoring Corrective action:</p> <p>4. Results of audits will be presented in the monthly Quality Assurance meetings. The Quality Assurance committee will determine the need for further audits or action after 3 months.</p>	10/10/18	