

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

PRINTED: 03/03/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>095020</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/18/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>STODDARD BAPTIST NURSING HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1818 NEWTON ST. NW WASHINGTON, DC 20010</b>	
(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	K 000		
K 018 SS=E	<p>The following findings were identified during the Life Safety Code Survey conducted February 18, 2016.</p> <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 13/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Clearance between bottom of door and floor covering is not exceeding 1 inch. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Doors shall be provided with a means suitable for keeping the door closed. 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 8.2.3.2.1. Roller latches are prohibited by CMS regulations in all health care facilities. 19.3.6.3</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observations during the Life Safety Code Inspection, it was determined that entrance doors to resident rooms were impeded from closing when bathroom doors were in the open position in 19 of 34 observations. This finding was observed in the presence of the Director of Engineering.</p> <p>The findings include:</p> <p>During the Life Safety Code Inspection; it was determined that entrance doors to resident rooms</p>	K 018	<ol style="list-style-type: none"> <li>The entrance doors to resident room #112, 117, 122, 123, 128, 129, 131, 132, 212, 213, 214, 215, 217, 226, 230, 231, 312, 314, and 315 were impeded from closing when bathroom doors were in the open position. There were no negative outcomes to the residents. A self-closing spring (h) was added to the residents' bathroom doors to prevent the bathroom doors from impeding the resident entrance doors on 2/20/16.</li> <li>All resident doors, including bathroom doors, were tested and assessed for proper closing on 2/19/16. There were no other resident doors found to have any impediments.</li> <li>Resident entrance doors and bathroom doors will be inspected during routine room inspections and tested during monthly fire drills.</li> <li>All resident doors and bathroom doors will be checked for proper closure and added to the Preventive Maintenance Program and monthly Fire Alarm Drills. This will be monitored and reported to the Quality Assessment Performance Improvement Committee quarterly.</li> <li>Completion date 3/9/16</li> </ol>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

*Theresa...* ADMINISTRATOR 3-11-16

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 018	Continued From page 1 were impeded from closing when bathroom doors were in the open position, creating a potential hazard to residents during an emergency in the following areas.  1. First Floor Rooms 112, 117, 122, 123, 128, 129, 131, and 132 in eight (8) of 12 observations between 1:20 PM and 1:40 PM on February 18, 2016.  2. Second Floor Rooms 212, 213,214, 215, 217, 226, 230 and 231 in eight (8) of 13 observations between 12:30 and 1:30 PM on February 18, 2016.  3. Third Floor Rooms 312, 314, and 315 in three (3) of nine (9) observations between 12:25PM and 12:40PM on February 18, 2016.  The findings were confirmed by the Director of Engineering at the time of the observations.	K 018		
K 050 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9:00 PM and 6:00 AM a coded announcement may be used instead of audible alarms. 18.7.1.2, 19.7.1.2 This STANDARD is not met as evidenced by:  Based on observations during the Life Safety	K 050		

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K 050	Continued From page 2 Code Inspection it was determined that the staff failed to remain at their assigned posts during the Fire Alarm Pull Station Test until the all clear announcement was made, in order to ensure resident safety in one (1) of three (3) observations. These findings were observed in the presence of the Director of Engineering. The findings include: During the Fire Alarm Pull Station Test on Unit Two, it was determined that three (3) staff members left their assigned post on the North side of the Unit before waiting for the all clear announcement; this observation was made on Unit Two in one (1) of three (3) observations at 3:30 PM on February 18, 2016.	K 050	<ol style="list-style-type: none"> <li>1. During the Fire Alarm Pull Station Test on Unit Two, three staff members left their assigned post on the north side of the nursing unit on 2/18/16. There were no negative outcomes to the residents.</li> <li>2. All nursing units and other departments were checked and staff remained at their assigned work areas or emergency mode until "ALL CLEAR" was announced overhead during the fire alarm on 2/18/16.</li> <li>3. On 2/18/16, 2/19/16 and 2/22/16, the Engineering Department provided in-services for Department Directors and staff regarding staff responsibilities for remaining at their assigned work areas during Fire Alarm Testing and Fire Drills until "ALL CLEAR" is announced.</li> <li>4. Employees response to all Fire Alarm Testing and Fire Alarm Drills Monthly and reported quarterly to the Quality Assurance Performance Improvement Committee.</li> <li>5. Completion date 3/12/16.</li> </ol>	