



May 8, 2015

Ms. Cassandra Kingsberry
Health Facility Division
Department of Health
Licensing and Regulation Administration
899 North Capitol Street, NE 2nd Floor
Washington, DC 20002

RE: Plan of Correction for DH/LRA
Survey Ending March 12, 2015

Dear Ms. Kingsberry:

Enclosed, please find the Plan of Correction for the Life Safety Survey conducted by the Department of Health/Licensing Regulatory Administration at Stoddard Baptist Nursing Home.

If you have any questions, please feel free to contact me at (202) 328-7400, ext. 1306.

Sincerely,

A handwritten signature in black ink, which appears to read "Ma. Remedios Johnson, RN".

Ma. Remedios Johnson, RN
Administrator

MRJ:km

Enclosure

cc: Dr. Sharon Lewis

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

PRINTED: 04/28/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095020	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2015
NAME OF PROVIDER OR SUPPLIER STODDARD BAPTIST NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1818 NEWTON ST. NW WASHINGTON, DC 20010	
(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 025	Continued From page 1 (1) observation at 12:50 PM on March 12, 2015. First Floor 1. A 12 X 6 inch opening was observed in the wall surface above ceiling tiles near Room 111 in one (1) of six (6) observations at 1:30 PM on March 12, 2015. 2. A 2 inch penetration was observed in the wall surface near the West Exit Stairwell in one (1) of two (2) observations at 1:45 PM on March 12, 2015.	K 025		
K 056 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: Based on a review of the Sprinkler System Log Book, it was determined that Tamper and Flow Switch Quarterly Testing was not recorded on the Contracting Vendor 's Official Log Sheets in four	K 056	K056 1. The Tamper and Flow Switch Quarterly testing documentation was not recorded on official contract company logs. No harm resulted in this deficient practice. 2. All other contract logs were checked to ensure that the contracting vendors' official logs sheets are used. There were no other contract company reports documented on unofficial logs. 3. The Director of Engineering provided in-service to the Contracting Company regarding documentation on official logs. Maintenance staff was provided in-service on making sure all contracted vendors use their official forms for all logs. 4. Director of Maintenance will monitor documentation of the contract company logs monthly and report to the QAPI Committee quarterly 5. Completion Date: 3/13/15	

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K 056	Continued From page 2 (4) of four (4) observations. These findings were observed in the presence of the Director of Engineering. The findings include: Sprinkler System Tamper and Flow Switch Logs were reviewed for the period of March 2014 through March 2015. It was determined that quarterly test results were not recorded on the Contracting Vendors ' ' official " Log Sheets bearing the companies ' name and logo. The Tamper and Flow Switch logs were hand written on a blank form that lacked evidence of documentation identifying the source. A check mark was recorded on the form to indicate the devices were tested; however, there was no evidence to reflect if the Tamper and Flow switches passed or failed quarterly testing. Four (4) of four (4) observations were made in the presence of the Director of Engineering between 10:30 AM and 1:30 PM on March 12, 2015.	K 056	K144 1. The Emergency Generator was not exercised for 30 minutes as required during the month of August. No harm resulted from this deficient practice. 2. There are no other generators in the building. Director of Engineering will ensure that the Maintenance staff conducts inspections and exercise the generator according to NFPA requirement. 3. The Director of Engineering provided in-service to the maintenance staff regarding conducting generator inspections, exercising generator 30 minutes under load monthly and logging the findings according to NFPA requirement.	
K 144 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by:	K 144	4. Director of Engineering will audit documentation of generator inspections and exercising of emergency generator for 30 minutes under load monthly and report to QAPI committee quarterly. 5. Completion date: 3/17/15	

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K 144	Continued From page 3 Based on observations during the Life Safety Code Inspection, it was determined that the Emergency Generator was not exercised for 30 minutes as required each month in one (1) of 11 observations. These findings were observed in the presence of the Director of Engineering on March 12, 2014. The findings include: Emergency Generator Logs were reviewed for the period of March 2014 through March 2015; it was determined that the Emergency Generator was not exercised under load for at least 30 minutes during the month of August 2014, as required according to the National Fire Protection Association [NFPA] 99, 3.4.4.1. The emergency generator was exercised for 0.3 of an hour (18 minutes) on August 22, 2014 instead of the required 30 minutes in one (1) of 11 observations at 12:30 PM on March 11, 2015.	K 144	K155 #1 1. A malfunction in the line of communication between the fire alarm system and the Fire Monitoring Company occurred and malfunction was not recognized in a timely manner. Incident was reported to the Department of Health on 03/11/2015. All facility staff were advised to call 911 if the fire alarm system sounded. 2. There are no other fire alarm monitoring communication devices in the facility. 3. The Director of Engineering provided an in-service to the maintenance and security staff on the need to check the functional status of the fire alarm monitoring device and how to check for functionality. The fire and safety policy was revised to include daily inspections of the Fire Monitoring Panel Light System to ensure that the Fire Monitoring Telephone Lines are operational. 4. The daily inspection of the Fire Alarm Monitoring Panel will be reviewed weekly and reported to the QAPI committee quarterly. 5. Completion date 3/17/15	
K 155 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch is provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8 This STANDARD is not met as evidenced by: Based observations during the Life Safety Code Survey, it was determined that the facility failed to	K 155		

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K 155	<p>Continued From page 4</p> <p>ensure that the Fire Safety program included a method to verify the functionality of the transmittal of a signal between the activation of fire alarm pull stations and the Fire Monitoring Company who would in turn notify Fire Emergency Services in the event of a fire emergency. The facility ' s Fire Alarm System failed to transmit a signal to the Monitoring Company when the Fire Alarm System was activated and there was no evidence of an ongoing process to evaluate the transmittal system. Additionally, the facility failed to incorporate the District of Columbia Fire and Emergency Management Services ' [DCFEMS] ' Fire Watch ' policy as a component of its fire emergency plan.</p> <p>Pursuant to The District of Columbia Fire and Emergency Management Services Fire Watch Policy #508 dated July 31, 2013, " ...a system is considered out of service if it is impaired to the point of being non-operational and not capable of providing the protection as it was designed to providea Fire Watch is to be implemented immediately when ...outages for maintenance (4 hours or greater), significant impairment of or out of service fire alarm system ... "</p> <p>The findings include:</p> <p>1. Through staff interviews and a review of documentation, it was determined that the Fire Alarm System failed to transmit a signal to the Monitoring Company when the Fire Alarm System was activated. According to Engineering Staff, the telephone company was contacted on March 9, 2015 to investigate a malfunctioning telephone in a resident ' s room; in addition, Administrative Staff reported that Facsimile Machines were receiving unusual telephone signals.</p>	K 155	<p>K155 #2.</p> <ol style="list-style-type: none"> 1. The facility's Fire and Safety Emergency Plan did not include the D.C. Fire and EMS ' Fire Watch policy #508 dated July 31, 2013 and a fire watch was not instituted as soon as required. There was no harm as a result of this deficient practice. 2. Consultation from the DC Fire EMS was done regarding fire watch. Fire watch was instituted until the Fire Monitoring Communication system was repaired and incident cleared by the Fire Inspector. 3. The fire and safety policy was revised to include a fire watch policy as per DC Fire and EMS' Fire Watch Policy #508. Staff were provided an in-service on the policy revisions. 4. Any disruption to the fire alarm monitoring system will be monitored for adherence to institution of fire watch and reported to the QAPI committee quarterly. 5. Completion date: 5/1/15 	03/13/15

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K 155	<p>Continued From page 5</p> <p>On March 10, 2015, telephone company technicians reported to the facility and determined that the line formerly thought to be a facsimile line was actually a malfunction in the line of communication between the fire alarm system and the Fire Monitoring Company.</p> <p>On March 12, 2015 during the life safety code inspection, Maintenance Staff discovered three (3) yellow LED (light-emitting diode) lamps that were illuminated on the ' Main ' fire panel indicating a potential communication problem transmitting a signal to the Fire Monitoring Company.</p> <p>There was no evidence that the facility incorporated into its fire safety program, a method to monitor the alert (yellow lights) on the main fire panel, indicative of a malfunction of the emergency transmittal signal.</p> <p>2. A review of the facility's Fire Emergency Plan was conducted on March 12, 2015. The Fire plan lacked evidence of the D.C. Fire and EMS ' Fire Watch policy.</p> <p>When it was determined that the fire alarm system failed to function as intended for a period greater than four (4) hours, there was no evidence that the provider implemented the Fire Watch Plan in accordance with the guidelines of DCFEMS policy #508. The facility did not incorporate the DCFEMS policy #508 in its Fire Emergency Plan.</p> <p>The findings were acknowledged by the Director of Maintenance at the time of the observation on March 12, 2015.</p>	K 155			

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