

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,

Ma. Remedios Johnson, RN

Administrator

MRJ:km

Enclosure

cc: Dr. Sharon Lewis

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

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01				(X3) DATE SURVEY COMPLETED		
		095020	B, WING				03/	12/2015
	ROVIDER OR SUPPLIER	HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1818 NEWTON ST. NW WASHINGTON, DC 20010					
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFI TAG			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLÉTION DATE
K 000	The following findin staff interview and re Safety Code Survey NFPA 101 LIFE SAF Smoke barriers are cone half hour fire reswith 8.3. Smoke barratrium wall. Window glazing or by wired gA minimum of two seprovided on each flooduct penetrations of heating, ventilating, a 19.3.7.3, 19.3.7.5, 19.3.7.5, 19.3.7.5 and the STANDARD is Based on observati Survey, it was determined by the served in wall survey would not prohibit the event of a fire in three the Director of Engire The findings include Basement A 4-6 inch penerone was a safety of the served in the penerone safety of the served in	gs are based on observations, ecord review during the Life conducted on March 12, 2015. ETY CODE STANDARD constructed to provide at least a istance rating in accordance riers may terminate at an istance rating in accordance riers may terminate at an istance rating in accordance riers may terminate at an istance rating in accordance riers may terminate at an istance rating in accordance riers may terminate at an istance rating in accordance riers may terminate at an istance rating in accordance riers may terminate at an istance rating in accordance riers may terminate at an istance rating in accordance riers may terminate at an istance rating in accordance riers may terminate at an istance rating the least a sample of sample represented in the presence of		0000	2.	The 4-6 inch penetration in the surface around a pipe penetration through the wall in the telephon closet, the 12 X 6 inch opening wall surface above ceiling tiles, the 2 inch penetration in the was urface near the West Exit Stain were sealed with fire stop on 3/13/15 All wall surfaces above ceiling the were checked for penetrations, other penetration holes observed were sealed with fire stop solute. An in-service was provided for Maintenance staff regarding prinspections of wall surfaces are wall surfaces above ceiling tiles and the need to seal any penetrations observed. Monthly inspections of pipes installed in walls and walls above ceiling tiles will be conducted throughout the facility for penetration and reported quart to the QAPI Committee. Completion Date: 3/13/15	ng e in the and II well iles Any ed ion. r the roper and es	03/13/15
LABORATORY	DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATURE				TITLE		(X6) DATE

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

ADMINISTRATOR

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED	
		095020	B. WING		03/12/2015	
NAME OF PROVIDER OR SUPPLIER STODDARD BAPTIST NURSING HOME			1	STREET ADDRESS, CITY, STATE, ZIP CODE 1818 NEWTON ST. NW WASHINGTON, DC 20010		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION	
K 025	Continued From pag (1) observation at 12 First Floor 1. A 12 X 6 inch of surface above ceilin	2:50 PM on March 12, 2015. Dening was observed in the wall	K 025	K056 1. The Tamper and Flow Swit Quarterly testing document		
K 056 SS=E	near Room 111 in o 1:30 PM on March 1 2. A 2 inch penetra surface near the We	ne (1) of six (6) observations at		was not recorded on official contract company logs. No harm resulted in this deficie practice. 2. All other contract logs were checked to ensure that the	nt	
	If there is an automa installed in accordar the Installation of Sp complete coverage in The system is proper with NFPA 25, Standard Maintenance of Systems. It is fully sadequate water sup sprinkler systems ar	atic sprinkler system, it is ince with NFPA 13, Standard for winkler Systems, to provide for all portions of the building. It maintained in accordance dard for the Inspection, Testing, Water-Based Fire Protection supervised. There is a reliable, but for the system. Required the equipped with water flow and sich are electrically connected to may system.	K 056	other contract company rep documented on unofficial lo 3. The Director of Engineering provided in-service to the Contracting Company rega documentation on official lo Maintenance staff was prov in-service on making sure a contracted vendors use the official forms for all logs.	re no lorts logs. rding gs. ided ill	
	Based on a review a Book, it was determ Switch Quarterly Te	not met as evidenced by: of the Sprinkler System Log ned that Tamper and Flow sting was not recorded on the 's Official Log Sheets in four		4. Director of Maintenance wil monitor documentation of the contract company logs more and report to the QAPI Committee quarterly 5. Completion Date: 3/13/15	те	

	OF DEFICIENCIES CORRECTION	[()] [()]		SURVEY PLETED				
		095020	B. WING_	·			03/	12/2015
NAME OF PR	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE			
STODDAI	RD BAPTIST NURSING	HOME			18 NEWTON ST. NW ASHINGTON, DC 20010			;
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	HOULD BE		(X5) COMPLETION DATE
K 056 K 144 SS=E	(4) of four (4) observed observed in the presengineering. The findings include Sprinkler System Tawere reviewed for the March 2015. It was deresults were not received for the March 2015. It was deresults were not received for source of the system of the devices were halacked evidence of desource. A check mark was rethe devices were tested for the devices were te	vations. These findings were sence of the Director of E: amper and Flow Switch Logs he period of March 2014 through determined that quarterly test corded on the Contracting " Log Sheets bearing the and logo. The Tamper and Flow and written on a blank form that documentation identifying the recorded on the form to indicate sted; however, there was no fithe Tamper and Flow switches arterly testing. Four (4) of four re made in the presence of the ring between 10:30 AM and 1:30		056 F	 K144 The Emergency General not exercised for 30 minurequired during the month August. No harm resulted this deficient practice. There are no other generating the building. Director of Engineering will ensure Maintenance staff conducting pections and exercised generator according to Noverequirement. The Director of Engineer provided in-service to the maintenance staff regard conducting generator inspections, exercising good minutes under load in and logging the findings according to NFPA requirements. Director of Engineering with the documentation of generating pections and exercising good documentation of generating good documentation good document	ites as th of ed fron erators that th ucts e the NFPA ring e ding genera nonthly iremel will au- ator	n s in ne ator y nt.	
·	This STANDARD is	s not met as evidenced by:			emergency generator for minutes under load mon report to QAPI committed quarterly. 5. Completion date: 3/17/19	ithly ar	nd	
	I		ı					

NAME OF PROVIDER OR SUPPLIER STODDARD BAPTIST NURSING HOME (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION IG 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
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	PREFIX	IX (EACH DEFICIENCY MUST	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY		(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	N SHOULD BE	(X5) COMPLETION DATE	
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 155 SS=F 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 ail parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8 K 155 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 M ss=F V f	Based on observat Inspection, it was do Generator was not or required each mont These findings were the Director of Engi The findings include Emergency General period of March 201 determined that the exercised under load the month of Augusthe National Fire Programmer of the March 201 determined that the exercised under load the month of Augusthe National Fire Programmer of the required 30 min observations at 12:30 NFPA 101 LIFE SA Where a required finfor more than 4 hou authority having jurit building is evacuate provided for all participations at 12:30 NFPA 101 LIFE SA Where a required finfor more than 4 hou authority having jurit building is evacuate provided for all participations at 12:30 NFPA 101 LIFE SA Where a required finfor more than 4 hou authority having jurit building is evacuate provided for all participations. This STANDARD is Based observations	cions during the Life Safety Code etermined that the Emergency exercised for 30 minutes as the in one (1) of 11 observations to observed in the presence of meering on March 12, 2014. The second of the interest of inte		 A malfunction in the lin communication betwee alarm system and the I Monitoring Company of malfunction was not reactimely manner. Incide reported to the Depart Health on 03/11/2015 staff were advised to the fire alarm system There are no other fire monitoring communication devices in the facility. The Director of Engine provided an in-service maintenance and second the need to check the status of the fire alarm device and how to check the status of the fire alarm device and how to check functionality. The fire a policy was revised to in inspections of the Fire Panel Light System to the Fire Monitoring Tellines are operational. The daily inspection of Alarm Monitoring Panreviewed weekly and the QAPI committee quantities and the QAPI committee quantities. 	en the fire Fire ccurred and cognized in ent was ment of . All facility call 911 if sounded. e alarm ation eering e to the urity staff on functional monitoring ck for nd safety nclude daily e Monitoring o ensure that elephone f the Fire el will be reported to juarterly.		

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K 155	ensure that the Fire method to verify the a signal between the stations and the Fire would in turn notify event of a fire emery System failed to train Company when the activated and there process to evaluate Additionally, the fact District of Columbia Management Service policy as a componer Pursuant to The Distermergency Manage Policy #508 dated Jurning to the providing the protect provide and Fire Waimmediately when a hours or greater), si service fire alarm system failed Monitoring Company as activated. According to investigate a resident 's room; in	Safety program included a functionality of the transmittal of a activation of fire alarm pull a Monitoring Company who Fire Emergency Services in the gency. The facility 's Fire Alarm Insmit a signal to the Monitoring Fire Alarm System was was no evidence of an ongoing the transmittal system. Which is a signal to incorporate the Fire and Emergency is '[DCFEMS]' Fire Watch 'ent of its fire emergency plan. Strict of Columbia Fire and ement Services Fire Watch uly 31, 2013, "a system is ervice if it is impaired to the point ional and not capable of tion as it was designed to atch is to be implementedoutages for maintenance (4 gnificant impairment of or out of extern" Exercises and a review of as determined that the Fire at to transmit a signal to the y when the Fire Alarm System cording to Engineering Staff, the was contacted on March 9, a malfunctioning telephone in a addition, Administrative Staff nile Machines were receiving	K1	155	 K155 #2. The facility's Fire and Safety Emergency Plan did not includ D.C. Fire and EMS' Fire Watch policy #508 dated July 31, 201 a fire watch was not instituted soon as required. There was not harm as a result of this deficient practice. Consultation from the DC Fire EMS was done regarding fire watch. Fire watch was institut until the Fire Monitoring Communication system was repaired and incident cleared the Fire Inspector. The fire and safety policy was revised to include a fire watch as per DC Fire and EMS' Fire Watch Policy #508. Staff were provided an in-service on the previsions. Any disruption to the fire alarm monitoring system will be monifor adherence to institution of fire watch and reported to the QAF committee quarterly. Completion date: 5/1/15 	h 3 and as io int e ted I by policy e policy itored ire	03/13/15

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K 155	Continued From pag		K 1	55			
	reported to the facilit formerly thought to b malfunction in the lin	telephone company technicians by and determined that the line be a facsimile line was actually a be of communication between and the Fire Monitoring					
	inspection, Maintena yellow LED (light-em illuminated on the	during the life safety code ance Staff discovered three (3) nitting diode) lamps that were Main ' fire panel indicating a ation problem transmitting a nitoring Company.					
	into its fire safety pro alert (yellow lights) of	nce that the facility incorporated ogram, a method to monitor the on the main fire panel, indicative ne emergency transmittal signal.					
	was conducted on M	cility's Fire Emergency Plan larch 12, 2015. The Fire plan he D.C. Fire and EMS ' Fire					100
	failed to function as it than four (4) hours, to provider implemente accordance with the	ned that the fire alarm system intended for a period greater here was no evidence that the d the Fire Watch Plan in guidelines of DCFEMS policy not incorporate the DCFEMS Emergency Plan.					
		cknowledged by the Director of ime of the observation on		11.746			

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STODDARD BAPTIST NURSING HOME					818 NEWTON ST. NW VASHINGTON, DC 20010		
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