

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

PRINTED: 12/26/2017
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 12/21/2017
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NAME OF PROVIDER OR SUPPLIER STODDARD BAPTIST NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1818 NEWTON ST. NW WASHINGTON, DC 20010
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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
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K 000	INITIAL COMMENTS	K 000		
K 353 SS=E	<p>Sprinkler System - Maintenance and Testing CFR(s): NFPA 101</p> <p>Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations during the Life Safety Code Inspection, the facility failed to ensure that sprinklers were not maintained in a manner to ensure operation in the event of an emergency; as evidenced by soiled and discolored sprinkler heads, in eight (8) of 13 observations.</p> <p>Findings included...</p> <p>During observations on December 21, 2017, the</p>	K 353	<p>Please begin typing here:</p> <ol style="list-style-type: none"> 1. Identified sprinkler heads on the first floor lounge and third floor day room were cleaned and scheduled for replacement. Replacement part ordered and should arrive by 1/15/18. 2. All other sprinkler shaft and head surfaces were checked for evidence of soiling and corrosion and will be replaced as needed. 3. The maintenance staff were provided an in-service on the need to check the sprinkler system for soiling, discoloration and corrosion. Semi-annual inspection of the sprinkler systems will be conducted by an independent sprinkler company. 4. Inspection of sprinkler heads and shaft will be conducted by the maintenance director/designee monthly and reported to QAPI quarterly. 5. Completion 1/15/18 	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *M. Johnson RN, CNHA* TITLE *ADMINISTRATOR* (X6) DATE *1/5/18*

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 353	Continued From page 1 shaft and head surfaces of sprinklers were soiled and discolored, showing evidence of corrosion. The failure to maintain the sprinklers may affect the operation of sprinklers in the event of an emergency. The observations were as follows 1. Two (2) of five (5) sprinklers in the First Floor Lounge 2. Three (3) of five (5) sprinklers in Third Floor Day Room Reference NFPA 9.7.5, 9.7.7. The Director of Engineering was present at the time of the observations and acknowledged the findings.	K 353	K 362 1. Identified penetrations in smoke barrier walls above ceiling tiles and wall surface in the hall way near room 227 and 301 were repaired to seal penetration on 12/23/17, 2. All other smoke barrier walls above ceiling tiles and wall surfaces were checked for any evidence of penetrations. There were no other penetrations observed. 3. Maintenance staff were provided an in-service on the importance of ensuring absence of penetration on barrier walls. Checking for penetration on barrier walls was added to the monthly preventive maintenance program. 4. Inspection of barrier walls will be conducted by the maintenance director/designee monthly and reported to QAPI quarterly. 5. Completion date 1/14/18	
K 362 SS=D	Corridors - Construction of Walls CFR(s): NFPA 101 Corridors - Construction of Walls 2012 EXISTING Corridors are separated from use areas by walls constructed with at least 1/2-hour fire resistance rating. In fully sprinklered smoke compartments, partitions are only required to resist the transfer of smoke. In nonsprinklered buildings, walls extend to the underside of the floor or roof deck above the ceiling. Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Fixed fire window assemblies in corridor walls are in accordance with Section 8.3, but in sprinklered compartments there are no restrictions in area or fire resistance of glass or frames. If the walls have a fire resistance rating, give the rating _____ if the walls terminate at the underside of the ceiling, give brief description in REMARKS, describing the ceiling throughout the floor area. 19.3.6.2, 19.3.6.2.7	K 362		

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K 362	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, the facility failed to ensure wall surfaces above ceiling tiles were free from penetrations; which allows the passage of smoke, in the event of an emergency in two (2) of 19 observations.</p> <p>Finding included...</p> <p>Observation on December 21, 2017, showed penetrations in smoke barrier walls above ceiling tiles, and wall surfaces, in the hallway near Room 227, and in wall surfaces above the door near Room 302, in two (2) of 19 observations. The failure to ensure ceiling tiles and wall surfaces were free from penetrations created a potential risk for the passage of smoke in the event of an emergency. Reference NFPA 19.3.6.2.</p> <p>The Director of Engineering was present at the time of the observations and acknowledged the findings.</p>	K 362		