

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

PRINTED: 02/25/2014  
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>02/04/2014</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  The following findings are based on observations and record review during the Life Safety Code Survey conducted on February 4, 2014.	K 000			
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3  Roller latches are prohibited by CMS regulations in all health care facilities.  This STANDARD is not met as evidenced by:  Based on observations during the survey period, it was determined that an isolated entrance door to a resident 's room failed to close without assistance in order to impede the passage of smoke in the event of a fire. This finding was observed in the presence of Maintenance Staff on February 4, 2014.	K 018	<b>K 018</b>  1. The entrance door to room 220 was adjusted, re-inspected and noted to close and latch into the frame. 2/4/14 2. All resident room doors were tested and assessed for proper closure on 2/5/14, all were found to be in proper working condition. Will continue weekly maintenance and inspection during fire drills. On-going 3. Entrance doors will be inspected during routine room inspections and tested during monthly fire drills. On going 4. All entrance doors will be checked for proper closure on a continuing basis and reported quarterly QAPI. On-going quarterly 5. Completion date 2/4/14		

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

TITLE  
*Shadell Johnson-WHA*  
(X6) DATE **3/7/14**

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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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>		
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K 018	Continued From page 1  The findings include:  The entrance door to Room 220 failed to close and latch into the frame when tested, which would not prevent or impede the passage of smoke in the event of a fire in one (1) of one (1) observation at 10:30 AM on February 4, 2014.	K 018	<b>K 025</b>  1. During the Life Safety Code observation, new TV cables for residents' rooms and new computer cables were being installed for wall mounted computers. Penetrations observed during inspection were sealed on 2/6/14.		
K 025 SS=D	<b>NFPA 101 LIFE SAFETY CODE STANDARD</b>  Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4  This STANDARD is not met as evidenced by:  Based on observations during the Life Safety code Inspection on February 4, 2014, it was determined that penetrations were observed in wall surfaces which would not prohibit the passage of smoke in the event of a fire in three (3) of three (3) observations.  The findings include:  1. Penetrations were observed in wall surfaces around communication wires in the Electrical Closet on the first floor near the nurses' station.	K 025	2. The facility will conduct an inspection for smoke barrier penetrations on all floors to determine areas needing to be sealed. Areas under construction will be completely sealed and inspected after each job. On-going 3. All contractors working the facility will be required to fill and properly seal all voids resulting from their work. On-going 4. At the conclusion of each contractual service, the Maintenance Department will inspect all work to ensure that any penetrations are properly sealed. Reports will be made to the QAPI quarterly. 5. Corrective date: 2/6/14	2/6/14	

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K 025	Continued From page 2 An opening approximately 8 inches wide was observed around black wires passing through the ceiling. A 2-3 inch opening was observed around multicolored wires passing through wall surfaces and a 5 inch cylindrical opening was observed on floor surfaces that separates the basement from the first floor in three (3) of three (3) observations 11:30 AM on February 4, 2014.  2. Through observation and interview it was determined that a penetration that measured approximately 15x17 inches was observed in wall surfaces in the Central Supply Room. The wall penetration was located on the opposite side of the hallway computer used for charting. Additionally, electrical and cable wires were exposed in the Central Supply Room in one (1) of one (1) observation at 11:05 AM on February 4, 2013.	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	K 056	<ol style="list-style-type: none"> <li>Hallway computer was removed and wall penetration sealed.</li> <li>Other computers mounted in similar fashion to that observed were removed and wall penetration sealed.</li> <li>On-going inspection for smoke barrier penetration will be conducted.</li> <li>Maintenance Department will inspect all work to ensure that any penetrations are properly sealed. Reports will be made to QAPI quarterly.</li> <li>Completion date:</li> </ol>	3/8/14	

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K 056	<p>Continued From page 3</p> <p>This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection, it was determined that closets and bathrooms in resident rooms were not sprinkled in 14 of 14 observations. These findings were observed in the presence of Maintenance Staff on February 4, 2014.</p> <p>The findings include:</p> <p>According to the Center for Medicare and Medicaid Services Survey and Certification [S&amp;C] Letter S&amp;C 13-55-LSC [Life Safety Code], "All Nursing Homes must be fully sprinkled in order to participate in the Medicare or Medicaid Program"</p> <p>1. Through observation and interview it was determined that the facility failed to meet the requirement that all Nursing Homes must be fully sprinkled as of August 13, 2013, in order to participate in the Medicare or Medicaid Program.</p> <p>The following resident closets were not sprinkled and failed to meet the sprinkler requirement in Rooms 101, 102 104, 107, 110, 112, 116, 119, 121, 123, 126, 128, 129 and 131 in 14 of 14 observations between 10:30 AM and 11:45 AM on February 4, 2013.</p> <p>Fire Safety Requirements for Long Term Care Facilities, Automated Sprinkler Systems. A final rule published on August 13, 2008, in a final rule entitled Medicare and Medicaid Programs; Fire Safety Requirements for Long Term Care Facilities, Automatic Sprinkler Systems. The facility failed to meet the requirement in</p>	K 056	<ol style="list-style-type: none"> <li>1. The facility has contracted with a company to install sprinklers in resident closets. Plans have been drawn and permit requested. Initial installation is anticipated to commence March 11, 2014.</li> <li>2. All resident closets are scheduled to be outfitted with a sprinkler as required. Initial installation is anticipated to commence on March 11, 2014.</li> <li>3. Regulations regarding sprinklers shared with contracted sprinkler company to ensure all regulations are met. Facility and contracted company will continue to work with regulatory agencies (DCRA, DOH, Fire Marshall's office) throughout the process, as needed.</li> <li>4. At the conclusion of the contracted service, the facility will have appropriate agencies inspect sprinklers. The sprinkler system will be monitored quarterly and compliance reported to QAPI.</li> <li>5. Completion date: June 16, 2014</li> </ol>		

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K 056	<p>Continued From page 4</p> <p>accordance with National Fire Protection Association [NFPA] 13 Section 4-1.1 which stipulates that " a building where protected by an automatic sprinkler system instillation shall be provided with sprinklers in all areas except where specific section of the standard permit the omission of sprinklers " and Chapter 13 8-1.1 Basic Requirements.</p> <p>2. Through observation and interview it was determined that the facility failed to meet the Centers for Medicare and Medicaid Services (CMS) requirement, that all Nursing Homes must be fully sprinkled as of August 13, 2013.</p> <p>The following residents bathrooms failed to meet the sprinkler requirement in rooms 110, 112, 116, 119, 121, 123, 126, 128 and 131 in nine (9) of nine (9) observations on February 4, 2014 between 10:30 AM and 11:45 AM.</p> <p>Fire Safety Requirements for Long Term Care Facilities, Automated Sprinkler Systems. A final rule published on August 13, 2008, in a final rule entitled Medicare and Medicaid Programs; Fire Safety Requirements for Long Term Care Facilities, Automated Sprinkler Systems. The facility failed to meet the requirement in accordance with National Fire Protection Association [NFPA] 13 Section 4-1.1 which stipulates that " a building where protected by an automatic sprinkler system instillation shall be provided with sprinklers in all areas except where specific section of the standard permit the omission of sprinklers " and Chapter 13 8-1.1 Basic Requirements.</p>	K 056	<ol style="list-style-type: none"> <li>1. The facility has contracted with a company to install sprinklers in resident bathrooms. Plans have been drawn and permit requested. Initial installation is anticipated to commence March 11, 2014.</li> <li>2. All resident bathrooms are scheduled to be outfitted with a sprinkler as required. Initial installation is anticipated to commence on March 11, 2014.</li> <li>3. Regulations regarding sprinklers shared with contracted sprinkler company to ensure all regulations are met. Facility and contracted company will continue to work with regulatory agencies (DCRA, DOH, Fire Marshall's office) throughout the process, as needed.</li> <li>4. At the conclusion of the contracted service, the facility will have appropriate agencies inspect sprinklers. The sprinkler system will be monitored quarterly and compliance reported to QAPI.</li> <li>5. Completion date: June 16, 2014</li> </ol>	6/16/14