

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

PRINTED: 07/07/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095005	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/10/2015
NAME OF PROVIDER OR SUPPLIER THE WASHINGTON HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3720 UPTON STREET NW WASHINGTON, DC 20016	
(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	The Washington Home makes its best effort. To operate in substantial compliance with both Federal and State law. Submission of this Plan of Correction (POC) does not constitute an admission or agreement by any party, its board, officers, directors, employees or agents as to the truth of the facts alleged or the validity of the conditions set forth on the Statement of Deficiencies. The following Plan of Correction constitutes the facility's written credible allegation of compliance. It is prepared and/or executed solely because it is required by Federal and State law.	
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 doors failed to close and latch into frames when tested as evidenced by two (2) Fire Safety doors that were improperly held open with door stops and two (2) Fire Safety doors that failed to latch and lock when tested in four (4) of 12 observations. These findings were observed in the presence of the Plant Operations Manager.	K 018		

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

Sharon E. Edwards

TITLE

Director of Nursing

(X6) DATE

Aug 17, 2015

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 The findings include: 1. During the Life Safety tour of the facility, it was determined that two (2) of two (2) doors in the Rehabilitation Department were improperly held open with door stops in two (2) of two (2) observations at 10:55 AM on June 10, 2015. 2. Entrance doors failed to close and latch into frames when tested in Rooms A-240 and A-345 in two (2) of ten observations on June 10, 2015 between 11:00 - 11:30 AM.	K 018	K018 1. Door stops in Rehab Department were removed. 2. No other door stop was observed in use during inspection. 3. Rehab and Maintenance staff re-educated that door stops are not permitted. Maintenance staff will inspect Rehab Department during Weekly Maintenance Rounds. 4. Plant Operations Director or designee will review Weekly Maintenance	
K 045 SS=D	These observations were made in the presence of the Plant Operations Manager who acknowledged the findings. NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8 This STANDARD is not met as evidenced by:	K 045	Rounds Checklist weekly and report variances to QAPI Committee quarterly. 5. Compliance Date: 1. Entrance doors to Rooms A-240 and A-345 were repaired. Resident room doors were inspected facility-wide; all closed and latched into frames when tested. 2. No other door failed to latch during inspection. 3. Entrance doors to resident rooms will be tested for closing and latching during Weekly Maintenance Rounds. Maintenance re-educated to perform inspections. 4. Plant Operations Director or designee will review Weekly Maintenance Rounds Checklists weekly and report variances to QAPI Committee quarterly. 5. Compliance Date:	7/22/2015
	Based on observations during the Life Safety Code Inspection, it was determined that light bulbs in the stairwell were not functioning, to provide illumination to the nearest exit discharge area in the event of a fire, in three (3) of nine (9) observations. These findings were observed in the presence of the Director of Plant Operations.			7/22/2015

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K 045	Continued From page 2 The findings include: During a tour of the facility it was determined that light bulbs in three (3) of nine (9) stairwell lamps were not functioning to provide illumination in the event of an emergency. Light bulbs in stairwell lamps did not illuminate in Stairwells 5, 6 and 7. The lack of illumination in the stairwell could potentially impede visualization for safe egress during an emergency. The observations were made between 9:48 AM and 11:30 AM on June 10, 2015 in the presence of the Director of Plant Operations.	K 045	<u>K045</u> 1. Lights bulbs were replaced in Stairwells 5, 6, and 7. 2. Illumination in all other stairwells was inspected and found functioning. 3. Stairwell illumination will be inspected during Weekly Maintenance Rounds. Maintenance staff re-educated on how to perform tests for proper illumination. 4. Plant Operations Director or designee will review Weekly Maintenance Rounds Checklist weekly and report variances to QAPI Committee quarterly. 5. Compliance Date:	
K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5	K 062		7/22/2015
	This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection it was determined that facility staff failed to ensure that sprinklers were maintained free from dust accumulation and paint which could potentially affect the spray pattern and operation of sprinklers in the event of an emergency; as evidenced by sixteen (16) of 23 sprinkler heads observed with dust accumulation and three (3) of 23 sprinklers were observed with paint on the head and shaft surfaces. These findings were observed in the presence of the Director of Plant Operations.			

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K 062	Continued From page 3 The findings include: A. Sprinkler head and shaft surfaces were soiled with dust accumulation in the following sixteen (16) locations: 1. Rooms ' # A181, A214, A340 and A359 2. Hallway outside of Room #330 3. Stairwell #5	K 062	<u>K062</u> 1. Dust and paint were removed from sprinkler head and shaft surfaces in listed locations. 2. An inspection of all other sprinkler heads and shafts identified all were dust and paint free. 3. Sprinkler heads will be inspected during Weekly Maintenance Rounds. Maintenance staff re-educated on how to perform sprinkler head inspections. 4. Plant Operations Director or designee will review Weekly Maintenance Rounds Checklists weekly and report variances to QAPI Committee quarterly. 5. 5. Compliance Date:	7/22/2015
	4. Five (5) of seven (7) sprinklers in the Main Laundry Area 5. Linen Chute Area in four (4) of four (4) observations 6. Rehabilitation Department in one (1) of six (6) observations			
	The observations were made in the presence of the Director of Plant Operations between 9:48 AM and 12:30 PM on June 10, 2015. B. Sprinkler head and shaft surfaces were observed with paint in three (3) Rooms, 214, 358B and 355B. The presence of paint on the surfaces of sprinklers could potentially affect the spray pattern and operation of sprinklers in the event of an emergency. The observations were made in the presence of the Director of Plant Operations between 9:48 AM and 12:30 PM on June 10, 2015.			

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K 130 SS=D	<p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786</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 landing areas outside of the facility were not free from accumulated leaves and other debris, to provide easy exit access to the exterior of the building. This finding was observed in the presence of the Plant Operations Manager.</p> <p>The findings include:</p> <p>During a tour of the facility, it was determined that the landing area outside of stairwell #7, was covered with leaves and other debris which would impede egress from the building in the event of a fire in one (1) of four (4) observations between 9:48 AM and 11:30 AM on June 10, 2015.</p>	K 130	<p>K130</p> <ol style="list-style-type: none"> Dust and paint were removed from sprinkler head and shaft surfaces in listed locations. An inspection of all sprinkler heads and shafts identified all were dust and paint free. Sprinkler heads will be inspected during Weekly Maintenance Rounds. Maintenance staff re-educated on how to perform sprinkler head inspections. Plant Operations Director or designee will review Weekly Maintenance Rounds Checklists weekly and report variances to QAPI Committee quarterly. Compliance Date: 	7/22/2015
			<ol style="list-style-type: none"> Landing area outside Stairwell #7 was cleared of leaves and debris. All outside landing areas were inspected and found clear. Maintenance staff re-educated on how to inspect outside landing areas during Weekly Maintenance Rounds. Plant Operations Director or designee will review Weekly Maintenance Rounds Checklists weekly and report variances to QAPI Committee quarterly. Compliance Date: 	7/22/2015