

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

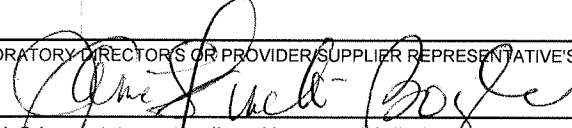
PRINTED: 03/28/2016
FORM APPROVED
OMB NO. 0938-0391

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 03/11/2016
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NAME OF PROVIDER OR SUPPLIER THE WASHINGTON HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3720 UPTON STREET NW WASHINGTON, DC 20016
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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 The following findings were observed during the Life Safety Code survey that was conducted March 11, 2016 and March 12, 2016.	K 000	The Washington Home makes its best effort to operate in substantial compliance with both the 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 facilities written credible allegation of compliance. It is prepared and/or executed solely because it is required by Federal and State law.	
K 018 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 13/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Clearance between bottom of door and floor covering is not exceeding 1 inch. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Doors shall be provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.2.3.2.1. Roller latches are prohibited by CMS regulations in all health care facilities. 19.3.6.3 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Inspection, double and single doors failed to close and latch into frames in three (3) of five (5) observations, which would not prevent the passage of smoke in the event of a fire. These findings were observed in the presence of the Director of Engineering. The findings include: During the Life Safety Code Inspection, it was determined double and single doors failed to	K 018	K018 1. No residents directly affected 2. Entrance doors to soiled linen room repaired. Entrance door to Food Service area repaired. 3. Entrance doors to soiled linen room and kitchen areas will be tested for closing and latching weekly during Maintenance rounds. Maintenance staff re-educated on performing inspection of door closures. 4. Plant operations Director or designee will review weekly Maintenance round checklists and report any identified trends to the QAPI committee monthly 5. Compliance Date	4/27/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 4/2/16
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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 THE WASHINGTON HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3720 UPTON STREET NW WASHINGTON, DC 20016		
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K 018	Continued From page 1 close and latch into frames without assistance when tested in the following areas: 1. Double doors located at the entrance to the Soiled Linen room were damaged and failed to latch into frames when tested in one (1) of one (1) observation at 10:45 AM on March 11, 2016. 2. One (1) of two (2) single fire doors located at site of the Food Service Director ' s Kitchen entrance area failed to close and latch into frames when tested in one (1) of two (2) observations at 12:03 PM on March 11, 2016.	K 018			
K 025 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers shall be constructed to provide at least a one half hour fire resistance rating and constructed in accordance with 8.3. Smoke barriers shall be permitted to terminate at an atrium wall. Windows shall be protected by fire-rated glazing or by wired glass panels and steel frames. 8.3, 19.3.7.3, 19.3.7.5 This STANDARD is not met as evidenced by: Based on observations during the Life Code Inspection, it was determined that a penetration was observed in the wall around the circumference of the soiled linen chute in the Soiled Holding Area of the Laundry Room, in one (1) of one (1) observation. This finding was observed in the Presence of the Director of Engineering. The findings include: A one-inch penetration was observed in the wall around the circumference of the soiled linen chute, which extends below ceiling tiles in the	K 025	K025 1. No residents directly affected 2. One inch penetration in the wall around the linen chute repaired 3. Soiled linen chute will be inspected during weekly Maintenance Rounds to identify any concerns. Maintenance technicians re-educated on identifying areas of concern. 4. Plant operations Director or designee will review weekly Maintenance rounds checklists and report any identified trends to the QAPI committee monthly 5. Compliance Date	4/27/16	

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K 062	Continued From page 2 Soiled with dust Area of the Clean Side Storage area not met (1) of the 4 observations in the 5 AM to 11 PM (1) of one (1) observation at 11:05 AM on March 11, 2016.	K 062			
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 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection, it was determined that sprinklers were not maintained to ensure proper operation in the event of an emergency as evidenced by dust accumulation on sprinklers heads, shaft surfaces and escutcheon rings in 14 of 24 observations. These findings were observed in the presence of the Director of Engineering. The findings include: 1. A Rusty film was observed on the surfaces of eight (8) of eight (8) sprinkler escutcheon rings located in the 'Clean Side' storage area of the Laundry Room. The observations were conducted at 10:50 AM on March 11, 2016. 2. Two (2) of six (6) sprinkler head and shaft surfaces were soiled with dust accumulation and a rusty film was observed on the surfaces of three (3) of six (6) escutcheon rings located in the Laundry room washer area at 10:55 AM on March 11, 2016. 3. The shaft and head surfaces of sprinklers were	K 062	K062 1. No residents directly affected 2. Identified sprinklers cleared of dust and rust film 3. Inspection of all other sprinkler heads, shafts and escutcheon rings conducted. Identified areas of concerns corrected. Sprinklers 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 and report any identified trends to the QAPI committee monthly. 5. Compliance Date	4/27/16	