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

PRINTED: 09/18/2017 FORM APPROVED OMB NO. 0938-0391

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED		
		095021	B. WING_	WING		08/	31/2017	
NAME OF PROVIDER OR SUPPLIER HEALTH & REHABILITATION CENTER AT THOMAS CIRCLE			STREET ADDRESS, CITY, STATE, ZIP CODE 1330 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20005				JILV.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOUL		BE I	(X5) COMPLETION DATE	
K 000	INITIAL COMMENT:	INITIAL COMMENTS		000				
V 252	Life Safety Inspection	ngs were observed during the on on August 31, 2017.						
K 352 SS=E	NFPA 101 Sprinkler System - Supervisory Signals Sprinkler System - Supervisory Signals Automatic sprinkler system supervisory attachments are installed and monitored for integrity in accordance with NFPA 72, National Fire Alarm and Signaling Code, and provide a signal that sounds and is displayed at a continuously attended location or approved remote facility when sprinkler operation is impaired. 9.7.2.1, NFPA 72 This STANDARD is not met as evidenced by:		К3	352	1.Tests have been conducted of water flow alarm and updated documentation has been requested from vendor. 2.Plant Operations Director or designee has audited documentation to ensure compliance.			
	Inspection, it was defined by the proper documentation testing of Water Flow Devices; such as Tar Supervisory Signal Direquired to be tested observation. These of Maintenance Service The findings include:	on was not available support the w Alarm Imper, Flow Switches and Devices, which are diguarterly in one (1) of one (1) of findings were sence of the Assistant Director vices.			3. Plant Operations Director or desi- will review and audit documentation 4. Plant Operations Director or desi- will document audit findings and pre- findings to the Quality Assurance Committee for review, evaluation, a approval.	n monthl ignee esent	y. 9/22/17	
	Life Safety Code Insp	the documentation provided			391			

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.

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

TITLE

(X6) PATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 095021 B. WING 08/31/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1330 MASSACHUSETTS AVENUE NW **HEALTH & REHABILITATION CENTER AT THOMAS CIRCLE** WASHINGTON, DC 20005 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID PREFIX (X5) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX (EACH CORRECTIVE ACTION SHOULD BE OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) K 352 | Continued From page 1 K 352 was not sufficient to support testing of Water Flow Fire Alarm Devices; such as Tamper and Flow Switches and Supervisory Signal Devices. The documentation provided failed to show the location of devices, and if devices passed or failed the test on the February 2017 report. Documents were not available for review to support testing during the third quarter. (July, August, and September) of 2016; the first quarter (January, February and March) of 2017 and second quarter (April, May, and June) of 2017, in one (1) of one (1) observation at 3:30 PM on August 31, 2017. K 353 NFPA 101 Sprinkler System - Maintenance and K 353 ss=D | Testing 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. a) Date sprinkler system last checked b) Who provided system test c) Water system supply source

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095021		095021	B. WING		08/31/2017	
NAME OF PROVIDER OR SUPPLIER HEALTH & REHABILITATION CENTER AT THOMAS CIRCLE				STREET ADDRESS, CITY, STATE, ZIP CODE 1330 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20005	00.0172011	
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K 353	Continued From page 2 Provide in REMARKS information on coverage for		K 353	3		1000
e	any non-required or system. 9.7.5, 9.7.7, 9.7.8, al This STANDARD is Based on observati	partial automatic sprinkler nd NFPA 25 s not met as evidenced by: ons during the Life Safety Code				
	Inspection, it was de proper documentation testing of Water Flow	termined that n was not available support the v Alarm mper, Flow Switches and				
	required to be tested quarterly in one (1) of one (1) observation. These findings were			1.Test was conducted and updated documentation has been requested	from	
observed in the prese of Maintenance Serv		ence of the Assistant Director ices.		vendor.	2	
	The findings include:			2.Plant Operations Director has aud	ted	
	Through observation and record review, during the Life Safety Code Inspection; it			documentation for completeness.		
3	was determined that was not sufficient to	the documentation provided support testing		Plant Operations Director or designated will audit documentation monthly.	nee	
	of Water Flow Fire A and Flow Switches a	larm Devices; such as Tamper nd		4.Plant Operations Director will docu	ıment	
	Supervisory Signal Devices. The documentation provided failed to show the location			audit findings and present to the Qua assurance Committee for review,	ality 9/22/17	
	of devices, and if devon the February 2017	vices passed or failed the test 7 report.		evaluation, and approval.		
ļ.	Documents were not	available for review to				

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K 353	support testing durin (July, August, and So quarter (January, Fe March) of 2017 and s June) of 2017, in one	g the third quarter, eptember) of 2016; the first bruary and second quarter (April, May, and	K 35	3			
334	ü						