STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095022	A. BUILDING 01 - MAIN BUILDING 01 B. WING ______	12/01/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRANSITIONS HEALTHCARE CAPITOL CITY	2425 25TH STREET SE Washington, DC 20020

(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, record review and staff interview during the Life Safety Code survey conducted on December 1, 2014.	K 000	The filing of this plan of correction does not constitute an admission that the deficiencies alleged did in fact exist. This Plan of Correction is filed as evidence of the facility's desire to comply with the regulatory requirement of responding to these citations	
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 Life Safety Code Inspection; it was determined that double doors in the hallway and resident rooms failed to close when tested and resident entrance doors were impeded from closing when bathroom doors made contact with entrance doors.	K 018	**NFPA 101 Life Safety Code Standard** **1. Double Doors** 1. Double doors located near the 1 South Dining Room were repaired upon discovery to ensure their release during a Pull Station test. 2. All double doors were tested throughout the building and all released appropriately during a Pull Station test. 3. Maintenance staff were inserviced on the repair and testing of double doors and their magnetic releasing devices. Maintenance Supervisors will test the proper release of these doors on a monthly basis and forward the results of these tests to the Director of Maintenance for his analysis. 4. The Director of Maintenance will present these findings with any action plans for improvement to the Quality Assurance/ Performance Improvement Committee which meets monthly and is chaired by the Administrator. **2. Resident Room Doors** 1. Resident room doors found not to have a positive latch at the time of the survey were repaired upon discovery. 2. All resident rooms' doors were tested to ensure a positive latch. 3. Maintenance staff were inserviced on the repair of resident room doors. Maintenance Supervisors will test the proper latching of these doors on a monthly basis and forward the results of these tests to the Director of Maintenance for his analysis.	12/1/14 12/31/14 1/9/15 1/12/15 12/1/14 12/31/14 1/9/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE Administrator | (X6) DATE 1/17/15

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.

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

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	095022	A. BUILDING **01 - MAIN BUILDING 01** B. WING	**12/01/2014**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRANSITIONS HEALTHCARE CAPITOL CITY	**2425 25TH STREET SE** **WASHINGTON, DC 20020**

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K 018	Continued From page 1 The findings include: 1. Double doors located near the 1 South Dining Room, failed to close without assistance during the Pull Station Test. The Magnetic Locks failed to release doors during the Pull Station test on the First Floor Center Hallway. The aforementioned doors remained open and were manually closed by staff during the drill in one (1) of four (4) observations at 4:15 PM on December 1, 2014 in the presence of the building engineer. 2. During the Life Safety Code Inspection; it was determined that resident room entrance doors failed to close and latch into frames without assistance in the following rooms on the Second Floor: 214, 216, 222, 231, 241 in five (5) of 12 observations between 12:25 PM and 1:20 PM on December 1, 2014 in the presence of the building engineer. 3. Resident room entrance doors were impeded from closing when bathroom doors were in the open position in five (5) of five (5) observations. Bathroom door handles latched onto the entrance doors impeding the doors from closing in rooms; 102, 148, 222, 230, 236 and 351. Bumper guards were missing on the above named entrance doors which prevented bathroom and entrance doors from making contact. These observations were made between 12:25 PM and 5:00 PM on December 1, 2014 in the presence of the building engineer. 4. An extension cord was observed between the door and door frame, at the entrance to Room 107 which prevented the door from closing during the Pull Station Test in one (1) of one (1) observation at 4:05 PM on December 1, 2014 in	K 018	**NFPA 101 Life Safety Code Standard (cont.)** 4. The Director of Maintenance will present these findings with any action plans for improvement to the Quality Assurance/ Performance Improvement Committee which meets monthly and is chaired by the Administrator. **3. Resident Room Entrance Doors** 1. Bumper guards were installed on the doors cited at the time of the survey. 2. All resident room doors were inspected to ensure the presence of a bumper guard. 3. Maintenance staff were inserviced on the installation of bumper guards on resident room doors. Maintenance Supervisors will inspect for the presence of bumper guards on a monthly basis and forward the results of these tests to the Director of Maintenance for his analysis. 4. The Director of Maintenance will present these findings with any action plans for improvement to the Quality Assurance/ Performance Improvement Committee which meets monthly and is chaired by the Administrator. **4. Extension Cord** 1. The extension cord was removed upon discovery allowing the door to close with a positive latch. 2. All other resident room doors were inspected and no other extension cords were found. 3. Maintenance staff were inserviced on the inspecting for extension cords. Maintenance Supervisors will inspect for the presence of extension cords on a monthly basis and forward the results of these tests to the Director of Maintenance for his analysis.	1/12/15 12/31/14 12/31/14 1/9/15 1/12/15 12/1/14 12/1/14 1/9/15

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K 018	Continued From page 2 the presence of the building engineer.	K 018	**NFPA 101 Life Safety Code Standard (cont.)** 4. The Director of Maintenance will present these findings with any action plans for improvement to the Quality Assurance/ Performance Improvement Committee which meets monthly and is chaired by the Administrator.	1/12/15
K 025 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD 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, it was determined that penetrations were observed in wall surface and around sprinkler escutcheon rings in residents rooms, communication wires in closets and between a vertical wall and the ceiling in the Storage Room the passage of smoke will not be impeded in the event of a fire in 18 of 18 observations. The findings include: 1. Penetrations were observed in wall surfaces above ceiling tiles which would not prevent the passage of smoke through floors in the Electrical Closet and walls and ceiling tiles in the event of a fire. A. Penetrations approximately 1/2 to 1 inches were observed around sprinkler escutcheon rings in Rooms 120, 236, 258 and the Third Floor Clean Linen Room in four (4) of four (4)	K 025	**NFPA 101 Life Safety Code Standard 1. A, B and C** 1. Penetrations found in various areas of the facility at the time of the survey were sealed with fire rated foam/caulking upon discovery. 2. Other areas where sprinkler and storage rooms are located were inspected to ensure no further penetrations of the fire barriers. 3. Maintenance staff were inserviced on the inspecting for penetrations. Maintenance Supervisors will inspect for the presence of penetrations on a monthly basis and forward the results of these tests to the Director of Maintenance for his analysis. 4.The Director of Maintenance will present these findings with any action plans for improvement to the Quality Assurance/ Performance Improvement Committee which meets monthly and is chaired by the Administrator.	12/1/14 1/9/15 1/12/15

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K 025	Continued From page 3 observations between 10:50 AM and 4:50 PM on December 1, 2014. B. Penetrations approximately 2-3 inches were observed around Communication Cable in the Second Floor Electrical Room in two (2) of (2) observations and around 10 of 10 conduit pipes in the Third Floor Electrical Room. C. A penetration approximately 1/4 to 1/2 inches was observed between the ceiling and the vertical a wall in the Second Floor Storage Room in one (1) of one (1) observation; penetrations approximately 1-2 inches were also observed around BX Cable in the room, in four (4) of four (4) observations at 1:35 PM on December 1, 2014.	K 025		
K 056 SS=B	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 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection, it was determined that staff lockers were installed directly under sprinkler	K 056	**NFPA 101 Life Safety Code Standard** 1. Personal items on top of the staff lockers were moved upon discovery. 2. The top of all staff lockers were inspected to insure proper clearance for the sprinkler. 3. Maintenance staff were inserviced on the necessary clearance for sprinklers. Maintenance Supervisors will inspect for clearance at the top of staff lockers on a monthly basis and forward the results of these inspections to the Director of Maintenance for his analysis. 4.The Director of Maintenance will present these findings with any action plans for improvement to the Quality Assurance/ Performance Improvement Committee which meets monthly and is chaired by the Administrator.	12/1/14 12/1/14 1/9/15 1/12/15

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OMB NO. 0938-0391

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K 056	Continued From page 4 heads in which would obstruct and prevent sprinklers from extinguishing a fire in the event of an Emergency in two (2) of two (2) observations. The findings include: During the Life Safety Code Inspection, it was determined that staff lockers were installed directly over sprinklers in the Staff Locker Areas on the First and Second Floors in two (2) of two (2) observations. Lockers were observed to have an 8 " inch clearance between the bottom of the vertical sprinklers and the top surfaces of lockers where personal items were stored. These obstructions could prohibit sprinklers from developing a pattern large enough to extinguish a fire. " The minimum continuous or noncontiguous obstructions less than 18 " inches below the deflector prevent the pattern from fully developing. " NFPA 13 Section 8.7.2.1. The observations were made between 11:45 AM and 4:30 PM on December 1, 2014 in the presence of the engineer.	K 056		
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection, it was determined that large cardboard boxes and equipment was stored against and/or proximal to electrical transformers in two (2) of fifteen (15) electrical closets, creating a potential fire hazard in two (2) of two (2) observations.	K 130	**NFPA 101 Miscellaneous** **Other LSC Deficiency not on 2786** 1. Items found in the 2 electrical closets at the time of the survey were removed upon discovery and the closets cleaned. 2. All electrical closets were inspected to ensure no cardboard or equipment was stored in them. 3. Maintenance staff was inserviced on the area used to store cardboard and equipment Maintenance Supervisors will inspect the electrical closets on a monthly basis and forward the results of these inspections to the Director of Maintenance for his analysis. 4. The Director of Maintenance will present these findings with any action plans for improvement to the Quality Assurance/ Performance Improvement Committee which meets monthly and is chaired by the Administrator.	12/1/14 12/31/14 1/9/15 1/12/15

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K 130	Continued From page 5 The findings include: During the Life Safety Code Inspection, it was determined that boxes and supplies were stored on the floor directly against the transformer in two (2) of two (2) observations as follows: Cardboard boxes made direct contact with the Electrical Transformers, creating a potential for a fire hazard in the Third Floor Electrical Room " E " wing, where the room temperature was 85 degrees Fahrenheit and the temperature of the metal covering on the Transformer was 110 degrees which potentially could start a fire. Supplies, equipment and cardboard boxes were observed on the floor near the transformer in the Second Floor Storage-Electrical Room where the temperature was 80 degrees Fahrenheit. The observations were made between 10:50 AM and 3:30 PM on December 1, 2014 in the presence of the building engineer.	K 130		