

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

PRINTED: 02/10/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>095022</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/21/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TRANSITIONS HEALTHCARE CAPITOL CITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2425 25TH STREET SE WASHINGTON, DC 20020</b>
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K 000	INITIAL COMMENTS	K 000	Transitions Healthcare Capitol City is filing this Plan of Correction in accordance with State and Federal requirements. Submission of this Plan of Correction is not an admission of any of the deficiencies identified. This Plan of Correction is to serve as the facility's credible allegation of compliance with all the requirements of the Medicare/Medicaid programs.	
K 018 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>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</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 one (1) of one (1) resident room entrance door to and one (1) of three (3) hallway double doors failed to close and latch into frames when tested. NFPA 19.3.6.3.6. These findings were observed in the presence of the Maintenance Director.</p> <p>The findings include:</p> <p>During the Life Safety Code Inspection it was determined that double doors in a hallway double</p>	K 000	<p>K018 NFPA 101 Life Safety Code Standard</p> <ol style="list-style-type: none"> <li>Doors without a positive latch were repaired immediately upon discovery. 1/21/16</li> <li>All resident and hallway doors were tested to ensure a positive latch. 1/29/16</li> <li>Maintenance staff was inserviced on the repair of resident room and hallway doors. Maintenance Supervisor will test for the proper latching of these doors on a monthly basis as part of the Maintenance Quality Improvement Program. The results of this auditing will be forwarded to the Director of Facilities for his analysis. 2/1/16</li> <li>The Director of Facilities will present these findings and any action plans for improvement to the Quality Assurance Performance Improvement Committee Which meets monthly and is chaired by the Administrator. 2/3/16</li> </ol>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <b>Administrator</b>	(X6) DATE <b>2/19/16</b>
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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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K 018	Continued From page 1 door and an entrance door to a resident 's room failed to latch into frames when tested as follows:  Double doors in the hallway near Room 259 failed to close and latch when tested in one (1) of three (3) observations on Unit 2 between 2:44 PM and 5:00 PM on January 21, 2015.  The entrance door to Room 237 failed close and latch into the frame in one (1) of one (1) observation when tested, between 2:55 PM and 5:00 PM on January 21, 2016.  The findings were confirmed by the Director of Maintenance at the time of the observations on January 21, 2016.	K 018	NFPA 101 Life Safety Code Standard  1. Sprinkler shafts/heads and escutcheons were cleaned by in-house staff to remove dust. Sprinkler shafts/heads and escutcheons found with rust and needing replacement have been referred to Virginia Sprinkler Company for replacement. 2. All sprinkler shafts/heads and escutcheons were inspected by the Maintenance staff for cleanliness and for the presence of rust. No other issues were found. 3. Maintenance staff was inserviced on the cleaning and reporting of rust formation on sprinkler shaft/heads and escutcheons. Maintenance Supervisor will audit the condition of sprinkler shafts/heads and escutcheons on a monthly basis as part of the Maintenance Quality Improvement Program. The results of this auditing will be forwarded to the Director of Facilities for his analysis. 4. The Director of Facilities will present these findings and any action plans for improvement to the Quality Assurance Performance Improvement Committee Which meets monthly and is chaired by the Administrator.	1/29/16  2/1/16  2/1/16  2/1/16  2/3/16
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 Inspection, it was determined that sprinklers were not maintained to ensure reliable operation during an emergency, as evidenced by soiled/rusty sprinkler heads in 13 of 20 observations and rusty escutcheon rings in 31 of 41 observations. These findings were observed in the presence of the Maintenance Director. NFPA 18.7.6, 4.6.12, NFPA 13 and NFPA 25.9.7.5.  The findings include:  1. During the Life Safety Code Inspection, it was determined that sprinkler heads and shaft	K 062		

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K 062	<p>Continued From page 2</p> <p>surfaces were not maintained to ensure reliable operation in the event of an emergency as follows: Accumulated dust and rust were observed on the shaft and head surfaces of sprinklers in the 3 North Restroom (1 of 1 observation), 3rd Floor Electrical Closet (1 of 1 observation), Room 301 (1 of 2 observations), East Wing Electrical Closet (1 of 1 observations), Room 350 (2 of 2 observations), 3rd Floor Rest Room (1 of 1 observation), 2 North Shower Room (1 of 2 observations), 2nd Floor Patient Lounge (2 of 2 observations), Room 237 (1 of 2 observations), 1st Floor Nurses Rest Room (1 of 2 observations), and 1st Floor Resident Lounge (1 of 4 observations) in 13 of 20 observations between 2:15 PM and 5:30 PM on January 21, 2015.</p> <p>2. The exterior surfaces of 29 of 41 Escutcheon Rings observed were not maintained to ensure proper operation of sprinklers during an emergency.</p> <p>The exterior surfaces of Escutcheon Rings above sprinkler heads were soiled with dust and rust formation as follows:</p> <p>3rd Floor: North Side Bathroom in 1 of 1 observation G-wing Resident ' s Lounge in 1 of 4 observations Soiled Linen Room in 2 of 2 observations Tub Room in 1 of 2 observations E-Wing Men ' s Room in 1 of 1 observation South Side Shower Room in 2 of 2 observations Tub Room in 2 of 2 observations Nursing Rest Room in 1 of 1 observation C Wing Rest Room in 2 of 4 observations</p>	K 062		

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K 062	<p>Continued From page 3</p> <p>2nd Floor Room 244 in 1 of 2 observations Resident 's Lounge A Wing in 3 of 4 observations North Side Shower Room in 1 of 2 observations Tub Room in 2 of 2 observations North Side Medication Room in 2 of 2 observations Residents Lounge in 2 of 4 observations</p> <p>1st Floor Dining Room in 4 of 5 observations Rest Room in 1 of 1 observation</p> <p>The findings were confirmed by the Director of Maintenance between 2:15 PM 5:30 PM on January 21, 2016.</p>	K 062		