

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

PRINTED: 12/19/2017
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095039	(X2) MULTIPLE CONSTRUCTION A. BUILDING 7W - UNITED MEDICAL NURSING CENTER B. WING	(X3) DATE SURVEY COMPLETED 11 30 2017
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NAME OF PROVIDER OR SUPPLIER UNITED MEDICAL NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1310 SOUTHERN AVENUE, SE, SUITE 200 WASHINGTON, DC 20032
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K 000	INITIAL COMMENTS The following findings were observed during the Life Safety Code Inspection on November 30, 2017.	K000	1. The tamper and flow switches and supervisory signal devices were tested.	12/22/17
K 353 SS=D	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 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 Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: 1. Based on observations, interview and a review of documents, during the Life Safety Code Inspection, the facility failed to ensure the tamper flow and supervisory signal devices were tested quarterly as required, in one (1) of two (2) observations. Findings included... During a record review of the Sprinkler Records	K353	2. All facility water flow alarm devices (tamper and flow switches and supervisory signal devices) were inspected by the environmental team. All deficient areas were corrected. 3. To prevent future occurrences, staff will be in-serviced on inspection of water flow alarm devices to ensure compliance. 4. Tamper flow and supervisory signal device inspections will be added as quality indicators to the environmental rounding tool for quarterly inspections. Results of the inspections will be presented to the quarterly Quality Assurance Committee meeting by the Director of Facilities Management. The QAC will ensure oversight and correction of any identified deficiencies. 5. Corrective action completion date:	12/22/17 12/29/17 and ongoing 1/1/18 and Ongoing 1/1/18 and ongoing

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Stephen G</i>	TITLE <i>Administrator</i>	(X6) DATE <i>12/29/17</i>
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Any deficiency date (ending with an asterisk) denotes a deficiency which the institution may be excused from correcting providing it is determined that the 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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K353	<p>Continued From page 1</p> <p>on November 30, 2017; the record showed the water flow alarm devices to include the tamper and flow switches, and supervisory signal devices were not tested on a quarterly basis as required. The sprinkler, tamper and flow switches and supervisor signal devices were not tested during the third quarter (July, August, and September) of 2017, in one (1) of two (2) observations at 3:50 PM on November 29, 2017. Reference NFPA 25-5.2.5.</p> <p>2. Based on observations during the Life Safety Code Inspection, the facility failed to ensure the sprinklers were maintained in a manner to ensure the proper sprinkler operation, as evidenced by soiled sprinklers and escutcheon rings, paint on escutcheon rings, and sprinkler heads in nine (9) of 46 observations.</p> <p>Findings included...</p> <p>1. Sprinklers and escutcheon rings soiled with dust, and rust accumulation on the head surfaces of sprinklers and cylindrical surfaces of escutcheon rings, in Rooms 604, 661, 637, 744, 759 in five (5) of 23 observations between 4:15PM and 6:05PM on November 30, 2017.</p> <p>2. Paint on sprinkler heads and escutcheon rings in Rooms 637, 644, Seventh Floor Laundry Room and Room 652 Bathing Room, in four (4) of 23 observations between 4:15 PM at 6:05 PM on November 30, 2017.</p> <p>The observations made, in the presence of Maintenance Director and Assistant Director, were acknowledged.</p>	K353	<ol style="list-style-type: none"> 1. Paint was removed from observed sprinkler heads and escutcheon rings Soiled sprinkler heads and escutcheon rings were cleaned. 2. All facility sprinkler heads and escutcheon rings were checked to ensure proper operation. 3. To prevent future occurrences and to ensure compliance, the Director of Building Services re-educated painters regarding the potential hazard of paint on sprinkler heads and escutcheon rings. Inspections will also be conducted after painting in the area of sprinkler heads to ensure proper clean up. 4. Inspection of sprinkler heads and escutcheon rings will be added as a quality indicator to the environmental rounds audit tool to ensure compliance. Results of the audits will be submitted to the Assistant Administrator on a monthly basis by the Director of Facilities Management who will also report at the quarterly Quality Assurance committee meeting. The QAC will ensure oversight and correction of any identified deficiencies. Ongoing 5. Corrective completion date: 12/29/17 	<p>12/22/17</p> <p>12/22/17</p> <p>12/22/17</p> <p>12/15/17</p> <p>Ongoing</p>

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K 362 K 362 SS=D	<p>Continued From page 2</p> <p>Corridors - Construction of Walls CFR(s): NFPA 101</p> <p>Corridors - Construction of Walls 2012 EXISTING Corridors are separated from use areas by walls constructed with at least 1/2-hour fire resistance rating. In fully sprinklered smoke compartments, partitions are only required to resist the transfer of smoke. In nonsprinklered buildings, walls extend to the underside of the floor or roof deck above the ceiling. Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Fixed fire window assemblies in corridor walls are in accordance with Section 8.3, but in sprinklered compartments there are no restrictions in area or fire resistance of glass or frames. If the walls have a fire resistance rating, give the rating if the walls terminate at the underside of the ceiling, give brief description in REMARKS, describing the ceiling throughout the floor area. 19.3.6.2, 19.3.6.2.7 This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations during the Life Safety Code Inspection, the facility failed to ensure the ceiling surfaces were free from penetrations, in the Electrical Room, to prevent the passage of smoke in the event of an emergency, in three (3) of three observations.</p> <p>Findings included...</p> <p>During tour on November 30, 2017 at approximately 4:30 PM, the following observations were made:</p>	K362 K362	<ol style="list-style-type: none"> The sixth floor conduit pipes were repaired to prevent passage of smoke between floors--- The two one inch pipes penetrating wall surfaces were closed on the ends. The two- inch opening around a five inch pipe passing through the floor surfaces was closed. All Facility ceiling surfaces were inspected to ensure that they were free from penetrations. Any deficient area found was corrected. To prevent future occurrences and to ensure compliance, ceiling surfaces will be monitored during environmental rounds to ensure that they are free from penetrations and to ensure compliance. Monitoring of ceiling surfaces will be added as a Facilities Management quality indicator to ensure compliance. 	12/22/17 12/22/17 12/22/17 12/22/17-ongoing Ongoing

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K 362	Continued From page 3 A. Conduit pipes, in the Sixth Floor Electric Room, not capped or covered to prevent the passage of smoke between floors B. Two (2), one inch pipes penetrating wall surfaces were open on the ends C. A two-inch opening around a five inch pipe passing through floor surfaces The observations made, in the presence of Maintenance Director and Assistant Director, were acknowledged.	K 362	4(cont'd). Results of the findings will be documented by the Director of Facilities Management/designee and reported by the Director at the quarterly Quality Assurance Committee Meeting. The QAC will ensure oversight and correction of any identified Deficiencies. 5. Corrective action compliance date: 12/29/17	Ongoing
K 363 SS=D	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors 2012 EXISTING 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 1-3/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Doors shall be provided with a means suitable for keeping the door closed. There is no impediment to the closing of the doors. Clearance between bottom of door and floor covering is not exceeding 1 inch. Roller latches are prohibited by CMS regulations on corridor doors and rooms containing flammable or combustible materials. Powered doors complying with 7.2.1.9 are permissible. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors	K363	1. Props were removed from entrance doors to Rooms 728 and 745 . <ul style="list-style-type: none"> • Entrance door to resident Room 728 has been repaired. • Entrance door to resident Room 745 has been repaired. • The entrance door to Room 618 has been repaired. 2. All doors protecting corridor openings were inspected to ensure there was no impediment to closing and that they were provided with a means suitable for keeping the doors closed to ensure compliance.	12/22/17 12/22/17 12/22/17 12/22/17 12/22/17

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K 363 Continued From page 4 meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by: Based on observations during the Ufe Safety Code Inspection, the facility failed to ensure that one (1) door in common areas closed when tested. In addition, one (1) door was propped open with door stops, prevented the door from closing, and prevent the passage of smoke in the event of a fire. Findings included... During a tour of the facility on November 30, 2017, the following observations were made: A. The door at the entrance to Room 618 failed to close and latch into the frame, when tested in one (1) of 15 observations B. The door at the entrance to Room 728 was improperly held in the open position with a wedge and a chair was used to hold a door open at the entrance to Room 745 (Day Room). The use of the wedge and chair prevented the doors from closing creating a potential fire hazard in the event of an emergency, in the event of an	K363	3. To prevent future occurrences and to ensure compliance, staff education will be conducted on inspection and repair of doors that protect corridor to ensure resident safety. 4. Inspection of doors that protect corridor openings will be added as a Facilities Management quality indicator. Results of the audits will be reported the Assistant Administrator monthly and presented at the quarterly Quality Assurance committee meeting by the Director of Facilities Management. The QAC will ensure oversight and correction of any identified deficiencies. 5. Corrective action completion date: 1/12/18	1/12/18 Ongoing

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<p>K 363 Continued From page 5 emergency, in two (2) of 20 observations between 5:00PM and 5:35PM November 30,2017.</p> <p>The observations made, in the presence of Maintenance Director and Assistant Director, were acknowledged.</p>	K363		