

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

PRINTED: 03/21/2014  
FORM APPROVED  
OMB NO. 0938-0391

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  01/17/2014
NAME OF PROVIDER OR SUPPLIER  UNITED MEDICAL NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1310 SOUTHERN AVENUE, SE, SUITE 200 WASHINGTON, DC 20032	
(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	K 000		
K 055 SS=D	<p>The Life Safety Code Survey was conducted at your facility on January 17, 2014; the following findings were observed during the survey.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Every patient sleeping room has an outside window or outside door, except for newborn nurseries and rooms intended for occupancy for less than 24 hours. 19.3.8</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observations during the Life Safety Code Survey, it was determined that sprinkler heads were observed to be covered with paint in the Patients Bathing Room [hallway shower room] on the Sixth Floor.</p> <p>The findings include:</p> <p>Sprinkler heads surfaces were observed to be coated with paint on the arm and deflector surfaces, which could potentially affect the operation of sprinklers in the event of an emergency in the Sixth Floor Bathing Suite [hallway shower] Room 659; as evidenced by (3) of eight (8) observations at 11: AM on January 17, 2014.</p>	K 055	<p>Please begin typing your responses here:</p> <ol style="list-style-type: none"> <li>1. Paint was removed from the observed Sprinkler heads 1/22/14</li> <li>2. All other sprinkler heads were checked and found to be without paint 1/22/14</li> <li>3. Director of Building Services will educate Painters regarding the potential hazard of paint on the sprinkler heads; 1/30/14 in addition an inspection will be done after painting in the area of sprinkler heads to ensure proper clean up. Sprinkler heads will be included as an Observation during EOC rounds</li> <li>4. Report findings following EOC Rounds Quarterly QA to ensure compliance (ongoing)</li> <li>5. Compliance date 4/16/14</li> </ol>	
K 130 SS=D	<p>NFPA 101 MISCELLANEOUS</p> <p>OTHER LSC DEFICIENCY NOT ON 2786</p>	K 130		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Dana Allen Wilbur* TITLE *Administrator* (X6) DATE *4/10/14*

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 130	Continued From page 1  This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Survey, it was determined that Fire extinguisher cabinets in the hallways were and doors were difficult to open and close. These findings were observed in the presence of the Maintenance Director.  The findings include:  Fire extinguisher cabinets in the hallways were observed to be damaged and failed to open, close and doors remained closed during the survey near Rooms 623, 627, 654, 750 and 6 East South East Hallway in five (5) of 10 observations between 9:30 AM and 2:00 PM on January 17, 2014.	K 130	1. The broken doors to the fire Extinguisher cabinets were replaced for rooms 623, 627, 654, 750 on 3/25/14 2. All cabinet doors were replaced on the 6 <sup>th</sup> and 7 <sup>th</sup> floors. 3. The design of these doors are recessed into the wall, made of more durable material and a more secure locking system 4. Continue to monitor the integrity of Life Safety doors, extinguisher cabinets and report compliance achieved at quarterly QA meeting July, Oct, etc.  5. Compliance date 4/16/14	3/31/14	