

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

PRINTED: 01/13/2017
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 12/15/2016
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 353 SS=E	<p>The following findings were identified during the Life Safety Code inspection conducted December 15, 2016.</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing</p> <p>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.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>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 STANDARD is not met as evidenced by:</p> <p>Based on observations during the Life Safety Code Inspection; it was determined that sprinklers were not maintained to ensure proper operation in the event of an emergency as evidenced by dust, paint and/or mineral deposits on the shaft and head surfaces in six (6) of 29 observations. The observations were made in the presence of the Maintenance staff.</p> <p>The findings include:</p>	K 353	<p>1. The sprinkler heads Room 646 and Bathroom 658 have been replaced.</p> <p>2. All sprinkler heads on the 6th and 7th floors have been cleaned.</p> <p>The sprinkler is checked on a quarterly basis and was last checked 11/10/16 by Reliance Fire Protection. The water system supply source is the Washington, D.C. water.</p> <p>3. A new "zone maintenance" program, for Facilities Management, has been implemented, assigning one maintenance technician responsibility for each floor for increased monitoring. Environmental Services will conduct daily rounds to ensure sanitary, comfortable and orderly interior. Environmental rounds for Facilities Management will be conducted a minimum of 2x per week.</p>	1/19/17

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

Linda C. Guller

TITLE

Interim Administrator

(X6) DATE

1/23/17

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 353	<p>Continued From page 1</p> <p>1. Sprinklers were not maintained to ensure proper operation in the event of an emergency as evidenced by dust on head surfaces and mineral deposit formation on shaft surfaces in Rooms 646 and Bathroom 658 in two (2) of 10 observations between 10:45 AM and 11:15 AM</p> <p>2. Paint was observed on the sprinkler heads, shafts and escutcheon rings in Rooms 641 and 657 in two (2) of 11 observations, between 10:30 AM and 10:44 AM on December 15, 2016.</p> <p>3. Mineral deposits were observed on sprinkler shaft surfaces and escutcheon rings in Shower Room 655, in two (2) of eight (8) observations at 10:40 AM on December 15, 2016.</p> <p>The observations were made in the presence of the Maintenance staff who acknowledged the findings.</p>	K 353	<p>4. The Director of Facilities Management (Maintenance) and the Director of Environmental Services will audit weekly rounding sheets until 3 consecutive months of sustained compliance of greater than or equal to 95% is achieved and report the results to the quarterly Quality Assessment and Assurance committee.</p> <p>5. Completion date: 2/1/17 and ongoing</p>	
K 355 SS=D	<p>NFPA 101 Portable Fire Extinguishers</p> <p>Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This STANDARD is not met as evidenced by:</p> <p>Based on observations during the Life Safety Code Inspection, it was determined that Fire Extinguishers were not inspected monthly to determine if they are properly charged to extinguish a fire in the event of an emergency in three (3) of four (4) observations.</p> <p>The findings include:</p>	K 355	<p>1. Fire extinguishers located in stairwells on 7E, 7South and 6South have been inspected. The officer assigned with completing the task has been disciplined.</p> <p>2. All of the fire extinguishers on the 6 and 7th floors have been inspected.</p> <p>3. Security officers will perform daily checks while on patrol to ensure that extinguishers are properly charged and in place between monthly checks.</p> <p>4. Shift supervisors and the Security manager are responsible for verifying fire extinguisher checks.</p>	

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K 355	Continued From page 2 Fire extinguishers located in stairwells 7 East, 7 South, and 6 South, were not inspected monthly to determine if extinguishers were charged to ensure proper operation in the event of a fire; the last date of inspection was November 1, 2016, in three (3) of four (4) observations between 10:20 AM and 12:00 PM on December 15, 2016. The observations were made in the presence of the Maintenance staff who acknowledged the findings.	K 355	And uploading them into the completion data, for the building maintenance system. The Director of Security/designee will audit the rounding checks until 3 consecutive months of sustained compliance of greater than or equal to 95% is achieved and report the results to the quarterly Quality Assessment and Assurance committee meeting. 5. Completion date: 2/1/17 and ongoing	