

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

PRINTED: 05/24/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095036	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/23/2019
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NAME OF PROVIDER OR SUPPLIER UNIQUE REHABILITATION AND HEALTH CENTER LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 901 FIRST STREET NW WASHINGTON, DC 20001
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K 000	INITIAL COMMENTS A Life safety Code survey was conducted at your facility April 19, 2019 to April 23, 2019. The following deficiencies are based on observations, interview and record review.	K 000	UNIQUE REHABILITATION & HEALTH CENTER DISCLAIMER FACILITY SUBMITS THIS PLAN OF CORRECTION UNDER PROCEDURES ESTABLISHED BY THE DEPARTMENT OF HEALTH IN ORDER TO COMPLY WITH THE DEPARTMENT'S DIRECTIVE TO CHANGE CONDITIONS WHICH THE DEPARTMENT ALLEGES ARE DEFICIENT UNDER STATE REGULATIONS RELATING TO LONG TERM CARE. THIS SHOULD NOT BE CONSTRUCTED AS EITHER A WAIVER OF THE FACILITY'S RIGHT TO APPEAL AND TO CHALLENGE TO ACCURACY OR SEVERITY OF THE ALLEGED DEFICIENCIES OR ANY ADMISSION OF ANY WRONG DOING. CORRECTIVE MEASURES: <ul style="list-style-type: none"> On 04/24/2019 the life safety contractor replaced the defective module which prevented the two observed doors from unlatching during the mock fire drill The facility secured bids from outside contractors to replace the upscale dining room and basement emergency delayed egress doors since they could not be repaired.	
K 222 SS=E	Egress Doors CFR(s): NFPA 101 Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the	K 222	PREVENTATIVE MEASURES: <ul style="list-style-type: none"> The observed deficient delayed egress emergency doors will be added to the daily security rounds checklist for safety and functionality. All stairwell exit doors shall be tested during our quarterly fire drill to ensure that they release when the fire alarm is initiated. An audit was conducted with all emergency and delayed egress doors and no other deficient doors were observed.	4/29/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Stephen Gbenle</i>	TITLE <i>Administration</i>	(X6) DATE <i>5/31/2019</i>
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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 222	<p>Continued From page 1</p> <p>doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and staff interview, two (2) of five (5) stairs exit doors did not unlatch as expected, one (1) of two (2) delayed egress doors did not operate as intended and two (2) of two (2) delayed egress doors were worn, rusty and unstable.</p> <p>During a mock fire drill at the facility on April 23, 2019, between 10:13 AM and 10:21 AM:</p>	K 222	<p><u>MONITOR / ASSURANCE:</u></p> <p>The director of facilities or his designee shall monitor, disseminate and report findings at the monthly QA meeting. Any deficient issues encountered will be immediately corrected.</p>	

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K 222	<p>Continued From page 2</p> <p>1. Two (2) of five (5) stairs exit doors located on the first and second floor failed to unlatch automatically once the fire pull station was activated. This deficient practice could impede staff, residents, and visitors from evacuating the building in an efficient manner during an emergency.</p> <p>2. The delayed egress double door in the upscale dining room on the first floor did not function as intended. The delayed timer failed to countdown immediately once the push bar was engaged. The middle frame to the door was loose and rusty and was completely detached from the floor. Both doors were stuck and had to be forced open and staff had difficulty securing the doors back in a close position. The right door latch did not fully engage in a lock position and staff had to push the door from the outside to ensure that it closed completely. This deficiency could delay residents, staff and visitors from exiting the dining room quickly in the event of an emergency.</p> <p>3. The delayed egress double door in the basement, leading to the parking lot, was worn and rusty. The door frame was damaged on both ends where it meets the floor. The door was not secure and could potentially be a safety hazard if several people had to exit the facility in an emergency.</p> <p>During a face-to-face interview on April 22, 2019,</p>	K 222			

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K 932 SS=E	<p>at approximately 4:00 PM, Employee #19 confirmed the findings.</p> <p>Features of Fire Protection - Other CFR(s): NFPA 101</p> <p>Features of Fire Protection - Other List in the REMARKS section any NFPA 99 Chapter 15 Features of Fire Protection requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 15 (NFPA 99) This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and staff interview, (1) of (1) junction box located above ceiling across from the stairs exit door on 4 north and one (1) of two (2) junction boxes located above ceiling across from the stairs exit door on 2 north lacked a cover to prevent access to its electrical components.</p> <p>Findings included ...</p> <p>During a Life Safety walkthrough of the facility on April 22, 2019, at approximately 2:10 PM,</p> <p>1. One (1) of one (1) junction box located above ceiling across from the stairs exit door on 4 north and one (1) of two (2) junction boxes located above ceiling across from the stairs exit door on 2 north lacked a cover to prevent accidental exposure to its electrical components.</p> <p>This deficiency could pose an electrical hazard</p>	K 932	<p><u>CORRECTIVE MEASURES:</u></p> <ul style="list-style-type: none"> On April 23, 2019 at approximately 3:30 Pm, the two deficient boxes containing speaker wires without covers on 4 N and 2 N were corrected. This did not present an electrical shock hazard to residents, staff or contractors. The deficient observed couplings and /or swivels for the fire department connections located on the third and fourth floors were replaced by the sprinkler contractor on May 13th, 2019. <p><u>PREVENTATIVE MEASURES:</u></p> <ul style="list-style-type: none"> An audit was conducted on all floor in the ceilings and no other boxes without covers were observed. An audit was conducted on all fire department connections inside and outside of the building and no other tight caps were observed. <p><u>MONITOR / ASSURANCE:</u></p> <p>The director of facilities or his designee shall monitor, disseminate and report findings at the monthly QA meeting. Any deficient issues encountered will be immediately corrected.</p>	<p>5/13/19</p> <p>4/30/19</p> <p>ongoing</p>

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K 932	<p>Continued From page 4</p> <p>to staff and contractors who perform above ceiling installations and repairs in the facility</p> <p>2. Couplings and/or swivels from six (6) of 19 fire department connections located on the third and fourth floor of the facility were tight and did not rotate smoothly to allow easy access in the event of a fire emergency.</p> <p>This deficient practice could prevent or delay access to water outlets in case of a fire emergency.</p> <p>During a face-to-face interview on April 22, 2019, at approximately 4:00 PM, Employee #19 confirmed the findings.</p>	K 932			