

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

PRINTED: 11/05/2020
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 10/06/2020
NAME OF PROVIDER OR SUPPLIER UNIQUE REHABILITATION AND HEALTH CENTER LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 901 FIRST STREET NW WASHINGTON, DC 20001	
(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 A Life safety Code survey was conducted at your facility October 5, and October 6, 2020.. The following deficiencies are based on observations, interview and record review.	K 000		
K 353 SS=E	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: Based on observations and staff interview, fire sprinkler heads and escutcheon rings were not maintained to ensure proper operation in the event of an emergency as evidenced by one (1) of one (1) sprinkler head in the walk-in freezer with corrosion on the shaft on one (1) of one (1) observation, and escutcheon rings with rust in the walk-in freezer and in two (2) of two (2) walk-in refrigerators.	K 353	1. Corrective action for the Residents affected. Identified sprinkler head with corrosion and escutcheon rings with rust in the walk- in freezer were replaced on 11/11/2020. Facility residents did not suffer any negative outcome. 2. Identification of other with potential to be affected: Facility residents have potential to be Affected. Maintenance Supervisors conducted facility wide inspection of sprinkler heads, escutcheon rings and other devices to identify and repair or replace devices that showed sign of buildup corrosion or rust. No other devices were identified.	12/11/20

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

TITLE

(X6) DATE



LNHA

11/13/2020

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	Continued From page 1 Findings included... During a tour of dietary services on August 30, 2020, at approximately 7:55 AM, the following were observed: 1. Corrosion was observed on one (1) of one (1) fire sprinkler head in the walk-in freezer. 2. Escutcheon rings located in the walk-in freezer and in two (2) of two (2) walk-in refrigerators were rusted throughout on three (3) of three (3) observations. Employee #12 acknowledged the above findings during a face-to-face interview on October 9, 2020, at approximately 10:45 AM.	K 353	3. Measures to prevent recurrence: Facility Operations Director/Designee will provide education to maintenance staff on the importance of frequent rounding to identify and timely replace or repair devices that are showing sign of buildup corrosion. Assistant Maintenance Director/ Designee will conduct weekly Inspection on devices including Sprinkler heads and escutcheon rings. Any device identified with buildup corrosion will be repaired or replaced. Weekly inspection tog will be submitted to the Operations Director.	12/11/20
K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete	K 918	4. Monitoring corrective action: Report of weekly inspection will be reviewed for completion and forwarded to the Quality Assurance Committee monthly x 3.	

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K 918	<p>Continued From page 2</p> <p>simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, it was determined that facility staff failed to exercise one (1) of one (1) emergency generator monthly, under load, at a minimum of 30% of its nameplate Kilowatts (KW) rating, nor annually with supplemental loads as required by NFPA 110, section 8.4.2 and 8.4.2.3. which state:</p> <p>8.4.2* Diesel generator sets in service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:</p> <p>(1) Loading that contains the minimum exhaust gas temperatures as recommended by the manufacturer</p> <p>(2) Under operating temperature conditions and not at less than 30 percent of the EPS standby nameplate KW rating.</p>	K 918	<p>1. Corrective action for the Residents affected.</p> <p>Maintenance staff have been trained by generator service contractor on 11/11/2020 on the correct generator Testing procedures and log Documentation needed for 30% Minimum load test requirement Compliance.</p> <p>Facility emergency generator was Tested by generator service contractor And met required load test. Generator logs have been updated with New testing procedures to show that each load test is in compliance with the 30% minimum requirement.</p> <p>2. Identification of other with potential to be affected:</p> <p>All residents have potential to be Affected.</p> <p>Generator service contractor reviewed emergency generator manual and NFPA 110 guidelines with facility maintenance team to enhance staff understanding needed on correct operations testing, and log documentation of emergency generator. Generator was tested and met the required 30% minimum load test requirement.</p> <p>Residents did not suffer any negative Outcome.</p>	12/11/20

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K 918	Continued From page 3 8.4.2.3* Diesel-powered EPS installations that do not meet the requirements of 8.4.2 shall be exercised monthly with the available EPSS load and shall be exercised annually with supplemental loads of not less than 50 percent of the EPS nameplate kW rating for 30 continuous minutes and at not less than 75 percent of the EPS nameplate kW rating for 1 continuous hour for a total test duration of not less than 1.5 continuous hours. Findings included ... A review of the facility's emergency generator logs from April 2020, through September 2020, show that one (1) of one (1) emergency generator was not exercised monthly, under load, at a minimum of 30% (225 Kilowatts) of its KW rating (750 Kilowatts) for at least 30 minutes, and was not exercised annually under supplemental loads. Employee #9 acknowledged the above findings during a face-to-face interview on October 9, 2020, at approximately 10:45 AM.	K 918	3. Measures to prevent recurrence: Maintenance staff were trained by the generator service contractor on the proper operation, testing and limitations of the equipment. Training was extended to accurate documentation as evidence for the 30% minimum load test. Facility Operations Director will review generator weekly testing and inspection logs after each test x4 and monthly x 3 4. Monitoring corrective action: Reports of weekly inspection log will Be submitted to Quality Assurance Committee monthly x 3.	12/11/20