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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095036	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**05/27/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIQUE RESIDENTIAL CARE CENTER	**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 The following findings are based on observations, record review and staff interview during the Life Safety Code survey conducted on May 26, 2015 through May 27, 2015.	K 000	Unique Residential Care Center makes its best efforts to operate In substantial compliance with both Federal and State Laws. Submission of this Plan of Correction (POC) does not constitute an admission or agreement by any party, its officers, directors, employees or agents as to the truth of the facts alleged or the validity of the conditions set forth of the Statement of Deficiencies This Plan of Correction (POC) is prepared and/or executed solely Because it is required by Federal and State Laws.	
K 056 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection conducted on May 27, 2015; it was determined that sprinklers were not installed in the top of the stairwell shaft on Unit Four South, which is used to gain access to the roof in one (1) of 13 observations. This finding was observed in the presence of the Maintenance Director and the Assistant Maintenance Director. According to the Centers for Medicare and Medicaid Services, Survey and Certification [S&C] Letter 13-55-LSC [Life Safety Code] dated August 16, 2013. " All Nursing Homes must be	K 056	**NFPA 101 Life Safety Code Standard** 1. Ark, The Sprinkler company was contacted and a Sprinkler head was installed in the top of the stair well shaft on unit four (4) South. 2. A review of sprinklers in the stairwell shaft was conducted. No other stairwell shaft is noted to be without a sprinkler. 3. A meeting was held with Ark (Sprinkler Company) regarding expectations when monitoring sprinkler. 4. Facilities Management monitors sprinklers monthly as a part of the QA program. This information is presented to the QA/QI Committee.	7/9/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Paulina Wu, DNP, RN-BC, CNE VP/Administrator 7/2/15

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 056	Continued From page 1 fully sprinkled in order to participate in the Medicare or Medicaid Program " noted in the final rule 73 Federal Register (FR) 47075. The findings include: According to the 1999 Automatic Sprinkler System Handbook, Chapter 5, Instillation and Requirements and Centers for Medicare and Medicaid Services; SM4L 14-3 the following requirement is included: "In non Combustible stair shafts with non combustible stairs, sprinklers shall be installed at the top of the shaft and under the first landing above the bottom of the shaft. " During the Life Safety Code Survey Conducted on May 27, 2015, it was determined that the sprinklers were not installed in the top stairwell shaft above Unit Four South, which is used to gain access to the roof in one (1) of 13 observations at 12:30 PM on May 27, 2015.	K 056		
K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection, it was determined that sprinklers were not maintained to ensure that they were free from paint which may alter the	K 062		

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K 062	Continued From page 2 spray pattern and compromise the operation of sprinklers. Additionally, a rust-like substance was observed on shaft and head surfaces of one (1) of one (1) Sprinklers and dust accumulation was observed on Sprinklers in two (2) of nine (9) observations. These findings were observed in the presence of the Assistant Maintenance Director. The findings include: Through observation and interview it was determined that sprinklers were not maintained to ensure that they were free from paint on the head and shaft surfaces. Sprinkler spray patterns may be compromised or altered with the presence of paint on the shaft and head surfaces. In addition one (1) sprinkler was observed with a rust-like substance and two (2) sprinklers were observed to have dust accumulation which could affect the spray pattern and effectiveness of sprinkler operation. First Floor 1. A rust-like substance was observed on the sprinkler head and shaft surfaces in one (1) of one (1) sprinkler located at the entrance to the Courtyard. The observation was made in the presence of the Assistant Maintenance Director on May 27, 2015 at 9:50 AM. 2. Paint was observed on the shaft surfaces of one (1) of one (1) sprinkler located in the Handicapped Rest Room on Unit 1 North. The observation was made in the presence of the Assistant Director of Maintenance on May 27, 2015 at 9:55 AM.	K 062	**NFPA 101 Life Safety Code Standard** 1. The sprinkler with the rust-like substance, sprinkler with paint on the shaft surface and the sprinkler head with dust were inspected and replaced by the contractor (ARK). 2. A review of sprinkler heads for rust, paint and dust was conducted. Areas of concern were corrected as identified. No resident was impacted by this practice. 3. The Facilities Management staff were re-educated regarding maintenance of sprinklers and sprinkler heads. 4. Monitoring sprinklers and sprinkler heads is a part of the QA/QI program. This information is presented to the QA/QI committee.	7/9/15

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K 062	Continued From page 3 Third Floor Sprinkler heads and shaft surfaces were soiled with dust accumulation in one (1) of eight (8) observations in the Rehabilitation Area and in one (1) of one (1) observation in the Resident ' s Laundry Room. These observations were made in the presence of the Assistant Director of Maintenance between 12:07 PM and 12:20 PM on May 27, 2015.	K 062		
K 144 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Survey, it was determined through a review of the Generator Logs that documentation was not available to substantiate that the Emergency Generator was exercised under load for at least 30 minutes each month in five (5) of 10 observations. These findings were observed in the presence of the Maintenance Director and Assistant Maintenance Director. The findings include: During a review of the Emergency Generator Log	K 144	**NFPA 101 Life Safety Code Standard** 1. Generators are exercised under load for at least 30 minutes each month. Computerized program maintains a 30 day log. However generator log not available for all observations. Unable to retrospectively correct. The manual generator log system was modified to show when it was running under load. 2. A review of the generator log system was done. A manual system for log was implemented as needed. The residents were not impacted by this practice. 3. A manual/paper generator log will be maintained. This log will be monitored closely by the Facilities Director. 4. The generator log is monitored monthly by the Facilities Manager and/or assistant. The audit includes monitoring for legibility and accuracy. This information is reported to QA/QI committee.	7/9/15

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K 144	Continued From page 4 for the period of July 2014 through May 1, 2015, it was determined that log sheets failed to indicate which generator exercises were conducted under load for at least 30 minutes each month. Emergency Generators Log Sheets revealed that weekly exercises were performed; however there was no documentation on the weekly or monthly log sheets to substantiate that generator exercises were conducted under load for 30 minutes. The findings were confirmed at the time of the review with the Assistant Director of Maintenance on May 27, 2015.	K 144		