

We Stick Our Neck Out for Quality

April 6, 2017

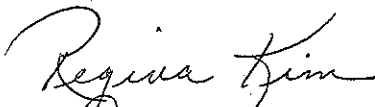
Veronica Longstreth
Program Manager
Health Care Facilities Division
899 North Capitol Street, NE
2nd Floor
Washington, DC 20002

Dear Ms. Longstreth,

Enclosed is the Plan of Correction for the Life Safety Code survey that was completed on February 22, 2017 at Unique Residential Care Center.

The facility continues to be dedicated and committed to quality care. If additional information is needed, please do not hesitate to contact me at (202) 535-2011.

Sincerely,


Regina Kim, LNHA, MSG
Administrator

CC: Cassandra Kingsberry, RN
Supervisory Nurse Consultant

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

PRINTED: 03/29/2017
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 02/22/2017
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NAME OF PROVIDER OR SUPPLIER UNIQUE RESIDENTIAL CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 901 FIRST STREET NW WASHINGTON, DC 20001
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(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
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K 000	INITIAL COMMENTS The following findings were identified during the Life Safety Code inspection conducted February 21, 2016 through February 22, 2017.	K 000	Unique Residential Care Center make 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 353 SS=E	NFPA 101 Sprinkler System - Maintenance and Testing 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 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 proper operation in the event of an emergency; as evidenced by dust and/or caulking on sprinkler head, shaft surfaces, and/or escutcheon rings in 14 of 22 observations. The findings were observed in the presence of the Director of Maintenance and Maintenance Staff. The findings include:	K 353		

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

Regina Kim Administrator April 6, 2017
FORM CMS 2567 (02-99) Previous Versions Obsolete Event ID: P40Q21 Facility ID: JBJ If continuation sheet Page 1 of 4

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K 353	Continued From page 1 Dust was observed on sprinkler heads, shafts and escutcheon rings in in 11 of 18 observations as follows: Two (2) of five (5) sprinklers in the in the Laundry Folding Area One (1) of one (1) observation in the 1 South Stairwell One (1) of one (1) observation in the 2 South stairwell One (1) of two (2) observations in Room 219 One (1) of two (2) observations in 3North Room 302 One (1) of two (2) observations in 3N Room 305 Two (2) of two (2) observations in Room 3North 319 One (1) of one (1) observation on 4South room 416 One (1) of one (1) observation in the South Basement Stairwell The observations were made between 1:40 PM and 4:50 PM on February 21, 2017 and 9:30 AM and 11:30 AM on February 22, 2017 in the presence of Maintenance Staff. Caulking was observed on sprinkler heads and shaft surfaces in three (3) of 5 observations in the following areas:	K 353	1. There were no residents affected by the result of this observation. All identified dusty sprinkler heads, shafts and escutcheon rings were immediately corrected. The sprinkler heads observed with caulking on them were replaced by the sprinkler contractor on 02/27/2017. 2. A complete audit was conducted within the envelope of the building by the maintenance department and the sprinkler contractor on 02/28/2017 to ensure that the sprinkler heads were dust free and void of any foreign material. 3. The Director of Facility Operations and/or his subordinates will conduct random weekly audits to observe for dust. Sprinkler heads will be dusted by the maintenance staff and any other more complicated work observed during the audits will be referred to the contractor in an attempt to manage the thousands of sprinkler heads in the facility and be in compliance. 4. All findings will be reported to the QA committee by the Director of Facility Operations to monitor and measure the effectiveness of this new system of trying to stay ahead of the issue of dust on sprinkler heads. This reporting will be done for the next three consecutive months.	2/21/17 2/27/17 2/28/17

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K 353	Continued From page 2 Two (2) of three (3) observations in Room 2North 210 One (1) of two (2) observations in Room 224 The observations were made between 1:40 PM and 4:50 PM February 21, 2017 and 9:30 AM and 11:30 AM on February 22, 2017.	K 353	1. There were no residents affected by the result of this observation. All identified penetrations were immediately sealed with fire/smoke retardant material on 2/21/2017. 2. A complete audit was conducted throughout the building for similar occurrences. No others were found.	2/21/17
K 372 SS=D	NFPA 101 Subdivision of Building Spaces - Smoke Barrie Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection, it was determined that penetrations were observed in ceiling surfaces around sprinklers heads and smoke barrier walls; which would not prevent the passage of smoke in the event of an emergency in 16 of 26 observations. These findings were observed in the presence of the Maintenance Director and Maintenance Staff. The findings include:	K 372	3. The Director of Facility Operations and/or his subordinates will conduct random weekly audits to ensure that there are no penetrations in ceiling tile surfaces around sprinkler heads and smoke barrier walls. 4. All findings will be reported to the QA committee by the Director of Facility Operations to monitor improvement for the next three months.	2/28/17

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K 372	Continued From page 3 Penetrations were observed around ceiling tiles and/or sprinklers which would not prevent the passage of smoke in the event of a fire in the following areas. A 1-2-inch penetration was observed around BX cable, above double doors located at the cafeteria entrance in one (1) of one (1) observation at 1:55 PM on February 21, 2017. A 1-2-inch penetration was observed in ceiling tiles around a sprinkler head in the cafeteria, over the serving areas in one (1) of six (6) observations at 2:00 PM on February 21, 2017. A 1-2-inch penetration was observed around the sprinkler and ceiling surfaces in Shower #1 North in one (1) of three (3) observations; Showers #1 and #2 South in two (2) of three (3) observations between 2:10 PM and at 2:35 PM on February 21, 2017. A 1-2-inch opening was observed around the escutcheon ring and sprinkler and ceiling surfaces in Room 401 in one (1) of three (3) observations at 4:40 PM on February 21, 2017. A 6-8-inch penetration was observed in ceiling surfaces around a group of communication wires passing through the ceiling and 9 conduit pipes with communication wires inside, were not sealed in the 1st Floor Telephone Room in 10 of 10 observations at 9:30 AM on February 22, 2017.	K 372			