

We Stick Our Neck Out for Quality

April 4, 2017

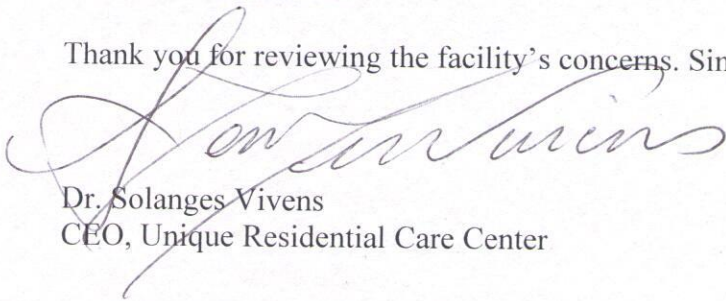
Veronica Longstreth
Program Manager
Health Care Facilities Division
899 North Capitol Street, NE
2nd Floor
Washington, DC 20002

Dear Ms. Longstreth,

As a licensed Nursing Home Administrator and business owner in the District of Columbia, I have learned not only to understand the systems that I have worked in since 1977, but to also accept decisions even when I disagree with the outcome and this applies to the tag with K062 as well.

Attached is the updated Plan of Correction for the Life Safety Code that was completed on April 14, 2016, with tag K-130 deleted.

Thank you for reviewing the facility's concerns. Sincerely,



Dr. Solanges Vivens
CEO, Unique Residential Care Center

CC: Cassandra Kingsberry, RN

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

PRINTED: 05/13/2016
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 04/14/2016
NAME OF PROVIDER OR SUPPLIER UNIQUE RESIDENTIAL CARE CENTER			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 The following findings were observed during the Life Safety Code Survey conducted on April 14, 2016.	K 000	Unique Residential Care Center makes its best effort 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 in 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 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 sprinkler heads and shaft surfaces were not maintained to ensure proper operation in the event of an emergency; as evidenced by accumulated dust, paint, caulk and/or rust on sprinkler and escutcheon ring surfaces in seven (7) of 14 observations. One (1) of one (1) escutcheon ring plate located in the 3 South shower room failed to fit securely in one of one observation. The findings include: Rust was observed on the shaft and escutcheon ring surfaces of a sprinkler head located behind the serving area in the Cafeteria in one (1) of two (2) observations at 11:10 AM on April 14, 2016. Excessive caulk was observed on a sprinkler shaft and escutcheon ring surface located in the 1 North Shower in one (1) of one (1) observation at 11:25 AM on April 14, 2016. A sprinkler head and shaft surface was soiled with dust in one (1) of two (2) sprinklers observed in the Main Lobby at 11:40 AM on April 14, 2016.	K 062	1. All of the cited sprinkler heads and escutcheon ring plates were replaced on 04/22/2016 by the sprinkler contractor. 2. The sprinkler contract also inspected the entire building envelope for similar occurrences of any other that met the deficient practice. Any that met the deficient requirement were also replaced. 3. Our current life safety contract will be amended to include an annual sprinkler head inspection by the contractor. The facility painter will be in serviced on using proper techniques while painting so as to prevent painting the escutcheon ring plates. 4. The maintenance staff will also inspect the sprinkler heads located near the ceiling diffusers on their respective floors. This will be done on a weekly basis for dust build up. That information will be verified by the facility director and reported at the monthly quality assurance meeting.	5/11/16

TITLE

(X6) DATE

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 062	<p>Continued From page 1</p> <p>A sprinkler head was soiled with dust and rust and the sprinkler shaft surface had rust in one (1) of one (1) observation in the 2 north Shower # 3 at 12:10 PM on April 14, 2016.</p> <p>Sprinkler head and shaft surfaces were soiled with dust in the 3 South Day/Television Room in one (1) of six (6) observations at 12:48 PM on April 14, 2016.</p> <p>Paint was observed on the exterior surfaces of the escutcheon ring in the 4 North Pantry Room in one (1) of one (1) observation at 1:04 PM on April 14, 2016.</p> <p>The escutcheon ring plate failed to fit securely around the sprinkler in the 3 South Shower # 2 in one (1) of one (1) observation at 12:55 PM on April 14, 2016.</p> <p>The observations were made in the presence of the Director of Engineering who acknowledged the findings.</p>	K 062		
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