UniqueResidential
CARE CENTER
A VMT Managed Facility

We Stick Our Neck Out for Quality

May 10, 2018

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 our Life Safety survey that was completed on April 6, 2018 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

Regina Kim, LNHA, MSG
Administrator

CC: Tonoah Hampton, MSN, RN
Supervisory Nurse Consultant

Direct: 202.535.2116 / **Main:** 202.535.1100 / **Fax:** 202.842.1366
901 1ST Street, NW / Washington, D.C. 20001
www.vmtltc.com

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 _____	**04/06/2018**

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 An unannounced Life Safety Code inspection was conducted at Unique Residential Care Center from April 4, 2018, thru April 6, 2018. The following deficiencies are based on observations.	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 and 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 POC is prepared and/or executed solely because it is required by Federal and State Laws.	
K 712 SS=E	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Based on observations during a mock fire drill exercise on April 5, 2018 at approximately 2:15 PM, it was determined that facility staff failed to ensure that residents are relocated to an area with an exit discharge. Findings included ... 1. During a mock fire drill exercise on April 5, 2018 at approximately 2:15 PM, four (4) residents were observed in the lounge on 4 North where there is no exit discharge. 2. During a mock fire drill exercise on April 5, 2018 at approximately 2:15 PM, two (2) residents	K 712	1. On April 9th, 2018 the staff on 4 North and Rehabilitation staff attended a mandatory in-service on Fire and Safety. Which included protocols and procedures on how residents should be directed during fire emergency. No resident was impacted negatively. 2. On May 8th, 2018 the staff involved in the mock fire drill were given one on one training on fire emergency expectations with respect to the residents. 3. On May 10, 2018 a mock fire drill was conducted for the entire facility and no other incidence of residence being left unattended was observed. 4. Continue to conduct regularly scheduled mock drills to ensure all staff are compliant with the facility protocol. The result of all drills and audit will be reported monthly to the QA committee for the next 3 months to monitor process towards improvement.	4/9/18 5/8/18 5/10/18 5/19/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Regina Kim | TITLE: ADMINISTRATIVE | (X6) DATE: 5-10-18

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 712	Continued From page 1 were observed in the rehabilitation unit on 2 North where there is no exit discharge. These observations were acknowledged by Employee #11 during the survey.	K 712		