

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>095036</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/26/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>UNIQUE REHABILITATION AND HEALTH CENTER LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>901 FIRST STREET NW WASHINGTON, DC 20001</b>	
(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
E 000	Initial Comments  An Emergency Preparedness Survey was conducted at your facility September 16, 2022, by the Department of Health, Health Regulation and Licensing Administration, in accordance with 42 CFR 483.73. Based on record review and staff interview, it was found that the facility was in compliance with Emergency Preparedness requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility census was 208.	E 000	<b>K363</b> <b>1. CORRECTIVE ACTION FOR THE AFFECTED RESIDENTS</b>  The following items were corrected immediately by Maintenance Director:  1) one (1) of two (2) fire doors located at the entrance of unit 4 North, ailed to latch into frame when tested.	12-5-2022
K 000	INITIAL COMMENTS  A Life safety Code survey was conducted at your facility September 12 and September 14, 2022. The following deficiencies are based on observation, and interview.	K 000	<b>2. IDENTIFICATION OF OTHERS WITH THE POTENTIAL TO BE AFFECTED</b>  All residents have the ability to be affected.  House wide audit of fire doors was conducted, and no variances were found	
K 363 SS=D	Corridor - Doors CFR(s): NFPA 101  Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed	K 363	<b>3. MEASURE TO PREVENT REOCURRENCE</b> The Maintenance Director or Designee will re-educate the Maintenance Personnel on 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 on doors such and fire protection ratings, automatics closing devices doors operating in safe condition	

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

TITLE

(X6) DATE

*[Handwritten Signature]*  
*Administrator 12-01-2022*

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 363	<p>Continued From page 1</p> <p>when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p> <p>Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations made on September 12, 2022, facility staff failed to maintain fire doors in safe condition as evidenced by one (1) of two (2) fire doors on unit 4 North that did not latch into frame.</p> <p>The findings include:</p> <p>During a Life Safety Code safety walkthrough of the facility on September 12, 2022, at approximately 10:15 AM, one (1) of two (2) fire doors located at the entrance of unit 4 North, failed to latch into frame when tested. This deficient practice could expose residents, staff, and visitors to smoke in a fire emergency.</p> <p>During a face-to-face interview on March 18, 2022, at approximately 2:30 PM, Employee # 15</p>	K 363	<p><b>4. MONITORING CORRECTIVE ACTION</b></p> <p>The Maintenance Director or designee rounds twice a week for four weeks and weekly for three months to ensure that all fire doors are in safe operating condition results will be turned into the to QAPI monthly for recommendations and review. All negative findings will be corrected on discovery.</p>		

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K 363	Continued From page 2 acknowledged the findings.	K 363			