

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

PRINTED: 08/27/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095014	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2019	
NAME OF PROVIDER OR SUPPLIER WASHINGTON CTR FOR AGING SVCS		STREET ADDRESS, CITY, STATE, ZIP CODE 2601 18TH STREET NE WASHINGTON, DC 20018		
(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 A Life safety Code survey was conducted at your facility July 24 and July 25, 2019. The following deficiencies are based on observation, interview and record review.	K 000		
K 211 SS=D	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, facility staff failed to maintain the means of egress continuously free of obstructions. This deficient practice could affect the resident assigned to the room as well as staff and visitors, if smoke were to enter the room in a fire emergency. Findings included ... During a Life Safety walkthrough of the facility on July 24, 2019, at approximately 1:10 PM, the entrance door to resident room #113 was impeded from closing by a chair that was positioned at the entrance of the resident room. This did not meet the requirements of the 2012 National Fire Protection Association (NFPA) Life Safety Code (LSC) section 7.1.10.2.1. This deficiency prevented staff from closing the door and ensuring that it latches into the door	K 211	1. The chair impeding entrance door to resident room #113 from closing was removed immediately. 2. The entire Facility was checked for obstructions of resident room doors for chairs or other obstruction items on July 24, 2019. No areas were affected by this deficiency. 3. An educational in-service was conducted for Fire and Life Safety in the Facility. Additionally to remove all obstructions from the resident doors and maintain the means of egress continuously free of obstructions . 4. This information will be presented to the QA/QI quarterly.	9-30-19

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

TITLE

LNHA

(X6) DATE

9/4/19

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 211	Continued From page 1 frame in the event of a fire emergency.	K 211			
K 353 SS=E	<p>During a face-to-face interview on July 24, 2019, at approximately 9:30 AM, Employee #9 acknowledged the finding.</p> <p>Sprinkler System - Maintenance and Testing CFR(s): NFPA 101</p> <p>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.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>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 REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and staff interview, fire sprinkler heads were not maintained to ensure proper operation in the event of an emergency as evidenced by bent fire sprinkler head deflectors in two (2) of nine (9) resident care units and a damaged sprinkler head deflector in the main kitchen.</p> <p>Findings included ...</p>	K 353		9-30-19	

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K 353	Continued From page 2 During a Life Safety walkthrough of the facility on July 24, 2019, at approximately 9:30 AM, fire sprinkler heads were bent at the deflector in the following areas: 1. One (1) in front of the elevator on unit 2 Blue 2. One (1) in front of the Nursing Station on unit 2 Blue 3. One (1) in front of Resident room #314 on unit 3 Blue 4. One (1) located between Resident room #308 and #311 on unit 3 Blue 5. One (1) located above the tilt skillet in the main kitchen. During a face-to-face interview on July 24, 2019, at approximately 9:30 AM, Employee #9 acknowledged the findings.	K 353	1. The entire Facility Sprinkler System was checked throughout Facility for bent deflector heads on July 28, 2019. None other were found to be affected with this deficient practice 2. Outside company and the Engineering Team will conduct an inspection of the sprinklers system checking for bent deflector heads to be maintained in the facility monthly. 3. A preventive maintenance program is now in place to maintain, monitor and inspect the operation of the sprinkler system with an inspection report by an outside vendor. 4.	9-30-19	
K 712 SS=F	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	K 712	This information will be presented to the QAPI quarterly	9-30-19	

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K 712	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and staff interview, facility staff failed to conduct fire drills at least quarterly on each shift and failed to respond appropriately during a mock fire drill exercise.</p> <p>Findings included ...</p> <p>1. Fire drills were not completed once per quarter per shift as required. First shift fire drills during the third quarter of the year 2018 were not conducted. This deficient practice could delay response in a real fire emergency if staff were hesitant to react.</p> <p>2. During a mock fire drill exercise on July 25, 2019, at approximately 2:30 PM, entrance door to resident rooms #154 and #156 located on the Brookland unit (1 Orange) were not closed to prevent the spread of smoke or fire in the event of a fire emergency.</p> <p>According to the facility's fire emergency procedure, the Nursing Staff, the Certified Nursing Assistants (CNA's) and the Director of Nursing (DON) are responsible to ensure that entrance doors to resident's rooms are closed in a real or potential fire situation.</p> <p>This deficient practice could expose residents to smoke and /or fire in the event of an emergency. Employee #10 acknowledged the findings during a face-to-face interview on July 25, 2019 at approximately 3:00 PM.</p>	K 712	<p>1. Facility cannot retroactively correct the fire drill that was missed in first shift of the third quarter of the year 2018. The entrance door to resident rooms #154 and #156 located on the Brook land unit (1 Orange) were corrected immediately.</p> <p>2. Review of fire drills log in subsequent months was in compliance. All other resident doors were checked for latching and locking to prevent the spread of smoke or fire in the facility done on July 26, 2019.No other rooms in the facility were affected by this deficient practice.</p> <p>3. Educational in-service conducted for Fire and Life Safety in the Facility. A preventative maintenance program is now in place to monitor and inspect monthly fire drill, and fire drill logs and closing of resident room doors. Monthly fire drill logs will be checked by the Director of Engineering.</p> <p>4. This information will be presented to the QAPI quarterly</p>	9-30-19