Stoddard Baptist
GLOBAL CARE

www.stoddardbaptistglobal.org

December 6, 2018

Veronica Longstreth, RN, MSN
Program Director
District of Columbia Department of Health
Health Care Regulation and Licensing Administration
899 North Capitol Street, NE, 2nd Floor
Washington, DC

Dear Ms. Longstreth:

Enclosed are our Plans of Correction for the Life Safety Code Survey conducted at Stoddard Baptist Global Care on September 26, 2018.

If any additional information is needed please feel free to contact me at (202) 541-6058.

Sincerely,

Dennis Olaniyi, MSN, BC-RN, LNHA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095014	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**09/26/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WASHINGTON CTR FOR AGING SVCS	**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 These findings were observed in the presence of Maintenance Staff and Administrative Staff #1, 2, 3, and 4.	K 000	Stoddard Baptist Global Care (Washington Center for Aging Services) 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 of 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 Law.	
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 when a force of 5 lbs 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.	K 363	**Corridor – Doors** **NFPA 101** 1. The double doors on Unit 3 Green near the shower room, the double doors on Unit 1 Green near Room 181, the bathroom door in Room 351 Green, the entrance door to the shower room #A392C on Unit 3 Green that failed to close and latch into frames were repaired immediately.	12/4/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: LNHA | (X6) DATE: 12/6/2018

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	Continued From page 1 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by: Based on observations and interview during the Life Safety Code Inspection, it was determined that double fire doors and single doors failed to close and latch into frames when tested between 2:50 PM and 8.00 PM, on September 26, 2018 in four of 15 observations. These findings were observed and acknowledged in the presence of employees # 4 and 5. The findings included: 1.During the Life Safety Code Inspection; it was determined that double doors on Unit 3 Green near the Shower Room, failed to close and latch into frames when tested in one of three observations at, 3:10 PM on September 26, 2018. 2. Double doors on Unit 1 Green, near Room 181 failed to close and latch into frames when tested, in one of three observations, at 6:45 PM on September 26, 2018. 3. The bathroom door in Room 351 Green; failed to close and latch into frames when tested, in one of seven observations at 3:25 PM September 26, 2018. 4. The entrance door to the shower Room # A392C on Unit 3 Green failed to close and latch into the frame when tested, in one of two observations at 3:15 PM, on September 26, 2018.	K 363	2. All fire doors in the facility were checked to ensure that they close and latch into frames. No other doors were found with a problem of not latching and locking. 3. All doors were placed in a Preventive Maintenance System and the Engineering team were re-educated on Life Safety of fire doors with emphasis on latching and locking of fire doors. 4. A preventive maintenance program is now in place to monitor and inspect the operation of all fire doors in the facility once a month. 5. A quarterly report will be sent to the QAPI.	2/4/18

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

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