CENTER	S FUR MEDICARE	<u>X MEDICAID SERVICES</u>					0.0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		LE CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE S COM	URVEY PLETED
		095027	B. WIN	G		09/	06/2012
NAME OF PF	OVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE		
CAPITOL	HILL NURSING CENT	ER			00 CONST. AVE. NE /ASHINGTON, DC 20002		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES " BE PRECEDED BY FULL REGULATORY INTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
K 000	INITIAL COMMENT	S	к	000			
	your facility on Sept deficiencies were cit						
K 017 SS=D	Corridors are separa constructed with at l rating. In sprinklere required to resist the non-sprinklered buil above the ceiling. the underside of cei permitted by Code. waiting areas, dining may be open to the specified in the Cod	ETY CODE STANDARD ated from use areas by walls east 1/2 hour fire resistance ed buildings, partitions are only e passage of smoke. In dings, walls properly extend (Corridor walls may terminate at lings where specifically Charting and clerical stations, g rooms, and activity spaces corridor under certain conditions e. Gift shops may be idors by non-fire rated walls if sprinklered.) 19.3.6.1,	К	017	 NFPA 101 LIFE SAFETY CODE STAN 4th floor 1. The 3 in penetration observed surfaces around conduit pipe p through wall surface in Mechar Room 4201, the 2-3 inch penet observed around wires passing the ceiling in the Electrical Roo and the 4X3 inch opening obse wall surface above the Day Ro was sealed with drywall and fir caulking on 9-16-12. 2. Environment of Care and Life S rounds were conducted by Mai Supervisor to identify other are the potential to be affected by the deficient practice and were no areas affected 	in wall passing nical tration g through om 4136 erved in om 4126 e rated Safety intenance pas with the same	
	Based on observat Survey, it was deter observed in wall sur around conduit pipe	s not met as evidenced by: ions during the Life Safety Code mined that penetrations were faces above ceiling tiles and s, which would not prevent the			 All work above the ceiling tile winspected prior to work being p and after completion of work by Safety Director or designee Eindinge will be reported monthly and the second secon	erformed y Life	10/11/2012
	passage of smoke in The findings include				 Findings will be reported month then quarterly in the Quality As Committee Meeting. 		
	Fourth Floor						
LABORATORY	DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Calanthia Bren **Nursing Home Administrator**

10/11/2012

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.

		& MEDICAID SERVICES		E CONSTRUCTION	(X3) DATE SI	D. 0938-039
		IDENTIFICATION NUMBER:	A. BUILDING	01 - MAIN BUILDING 01		LETED
		005007				
	ROVIDER OR SUPPLIER	095027	STRE	ET ADDRESS, CITY, STATE, ZIP CODE 0 CONST. AVE. NE	09/0	06/2012
			w	ASHINGTON, DC 20002		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	ATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETIC DATE
K 017	Penetrations were- which would not pre- the event of a fire in 1. A 3 inch penetrat surfaces around a c surfaces in Mechan eight (8) observatio AM on September 6 2. A 2-3 inch penetr observed around wi in the Electric Room observations at 10: 3. A 4 x 3 inch oper surfaces above the eight (8) observatio 2012. Fifth Floor 1. Three (3) penetra and a conduit pipe a 5157. 2. Penetrations 2-3 wires passing throu Mechanical Room 5 Sixth Floor A 3 x 3 inch penetra	observed in smoke barrier walls event the passage of smoke in the following areas. ion was observed in wall conduit pipe passing through wall ical Room 4201 in one (1) of ns between 9:17 AM and 10:00 5, 2010. ation was observed was res passing through the ceiling n 4136 in one (1) of eight (8) 20 AM on September 6, 2012. ing was observed in wall Day Room 4126 in one (1) of ns at 10:05 AM on September 6, ations were observed around above double doors near Room inches were observed around gh the floor and the ceiling in the	K 017	 NFPA 101 LIFE SAFETY CODE ST 5th Floor The 3 penetration observed conduit pipe above doubled room 5157 and the 2-3 inch observed around wires pass the floor and the ceiling in N Room 5203 was sealed with fire rated caulking on 9-16-7 Environment of Care and Li rounds were conducted by Supervisor to identify other the potential to be affected deficient practice and were areas affected All work above the ceiling ti inspected prior to work bein and after completion of wor Safety Director or designee Findings will be reported mo then quarterly in the Quality Committee Meeting 	d around a doors near a penetration sing through Mechanical h drywall and 12 ife Safety Maintenance areas with by the same no other le will be ng performed k by Life	10/11/2012
K 018 SS=D	Doors protecting co required enclosures hazardous areas ar those constructed c wood, or capable of minutes. Doors in	FETY CODE STANDARD rridor openings in other than of vertical openings, exits, or e substantial doors, such as f 1 ³ / ₄ inch solid-bonded core resisting fire for at least 20 sprinklered buildings are only e passage of smoke. There	K 018			

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Facility ID: CAPITOLHILL

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES					0938-039	
	OF DEFICIENCIES CORRECTION			(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
			A. BUILDING 01 - MAIN BUILDING 01		01 - MAIN BUILDING 01			
		095027	B. WING			09/0	6/2012	
	OVIDER OR SUPPLIER	TER	S	700 C	ADDRESS, CITY, STATE, ZIP CODE ONST. AVE. NE HINGTON, DC 20002			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(X5) COMPLETIC DATE	
K 017	Penetrations were- which would not pro- the event of a fire in 1. A 3 inch penetra surfaces around a surfaces in Mechar eight (8) observation AM on September 2. A 2-3 inch penet observed around w in the Electric Roor observations at 10: 3. A 4 x 3 inch oper surfaces above the eight (8) observation 2012. Fifth Floor 1. Three (3) penetri and a conduit pipe 5157. 2. Penetrations 2-3 wires passing throu Mechanical Room Sixth Floor A 3 x 3 inch penetri	observed in smoke barrier walls event the passage of smoke in in the following areas. tion was observed in wall conduit pipe passing through wall hical Room 4201 in one (1) of ons between 9:17 AM and 10:00 6, 2010. ration was observed was tires passing through the ceiling in 4136 in one (1) of eight (8) 00 AM on September 6, 2012. ning was observed in wall Day Room 4126 in one (1) of ons at 10:05 AM on September 6, ations were observed around above double doors near Room	K 0.		 NFPA 101 LIFE SAFETY CODE STA ^{6th} Floor The 3 X3 penetration obse BX Cable that passed thro surface near room 6144 w with drywall and fire rated 16-12. Environment of Care and I rounds were conducted by Supervisor to identify othe the potential to be affected deficient practice and were areas affected All work above the ceiling inspected prior to work bei and after completion of wo Safety Director or designe Findings will be reported n and then quarterly in the C Assurance Committee Me 	erved around rugh wall ras sealed caulking on 9- Life Safety v Maintenance r areas with d by the same e no other tile will be ing performed ork by Life e nonthly x 3 Quality	10/11/2012	
K 018 SS=D	Doors protecting correquired enclosures hazardous areas a those constructed of wood, or capable of minutes. Doors in	AFETY CODE STANDARD prridor openings in other than s of vertical openings, exits, or re substantial doors, such as of 1 ³ / ₄ inch solid-bonded core f resisting fire for at least 20 sprinklered buildings are only be passage of smoke. There	K 0 [.]	18				

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Facility ID: CAPITOLHILL

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES	-		OMB NO. 0938-039
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING	01 - MAIN BUILDING 01	
		095027	B. WING		09/06/2012
NAME OF PF	ROVIDER OR SUPPLIER		STR	EET ADDRESS, CITY, STATE, ZIP CODE	
CAPITOL	HILL NURSING CENT	ER		00 CONST. AVE. NE /ASHINGTON, DC 20002	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES " BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE COMPLÉTIO
K 018	is no impediment to are provided with a door closed. Dutch permitted. 19.3. Roller latches are pr all health care facilit This STANDARD i Based on observat Inspection, it was de swinging doors faile when tested. The findings include Double swinging fire resident ' s rooms a and latch into door f Fourth Floor 1. The following sing close and latch into 8 door, Clean Linen Clean Utility Room a failed to close and la five (5) of eight (8) c and 10:17 AM on Se	the closing of the doors. Doors means suitable for keeping the doors meeting 19.3.6.3.6 are 6.3 rohibited by CMS regulations in ies. s not met as evidenced by: ions during the Life Safety Code etermined that double and single d to close and latch into frames e: e doors and entrance doors to nd common areas failed to close rames when tested. gle swinging doors failed to frames when tested; Stairwell # Room, Soiled Utility Room, and Residents ' Room 4111 atch into frames when tested in observations between 9:17 AM	K 018	 NFPA 101 LIFE SAFETY CODE ST 4th floor Swing doors identified on th as failing to close and latch stairwell #8 door, clean line soiled utility room, clean util resident room 4111 and dou barrier doors located near th utility room all have been rep proper latching and closing. Rounds have been conducte other areas with the potentia affected by the same deficie and doors were repaired as Life Safety Director or desig inspect double swing fire do resident room doors bi-weel proper latching and closing. Findings will be reported and then quarterly in the Assurance Committee Me 	e fourth floor into frames, rooms, ity room, ible smoke ne clean paired for ed on all al to be ont practice needed. nee will ors and dy to ensure monthly x 3 Quality

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Facility ID: CAPITOLHILL

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPI A. BUILDING	LE CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE SU COMPL		
		095027	B. WING		09/0	6/2012
	ROVIDER OR SUPPLIER	ſER	70	EET ADDRESS, CITY, STATE, ZIP CODE 00 CONST. AVE. NE VASHINGTON, DC 20002		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	ATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETIC DATE
K 018 K 130 SS=F	near the Clean Utilit tested in one (1) of AM on September 6 Fifth Floor 1. The following sing close properly and I tested in the followin Nourishment Room 5107, 5102 in five (5 10:40 AM and 11:50 2. Double swinging fully close, as evide 1 inch between both four (4) observation 2012. Sixth Floor 1. Double swinging doors near 6149 an latch into frames who observations betwee September 19, 2012 2. Single swinging door frames when to and Clean Linen Ro between 11:10 AM 2012.	ty Room failed to close when four (4) observations at 10:17 5, 2012. gle swinging doors failed to atch into door frames when ng areas; Stairwell door # 9, , Residents ' Room door 5117, 5) of 12 observations between 0 AM on September 6, 2012. smoke barrier doors failed to nced by a space approximately n doors after testing in one (1) of s at 10:17 AM on September 19, fire doors and smoke barrier d 6166 failed to close and or nen tested in two (2) of four (4) en 10:55 AM and 11:15 AM on 2. doors failed to close a latch into ested at the entrances to 6137 bom in two (2) of 10 observations and 11:40 AM on September 6,	K 018 K 130	 NFPA 101 LIFE SAFETY CODE STA 5th Floor 1. Swing doors identified on the failing to close and latch into #9 door, nourishment rooms, 5117, 5102 and double smok all have been repaired for pro and closing. 2. Rounds have been conducted areas with the potential to be same deficient practice and d repaired as needed. 3. Life Safety Director or design double swing fire doors and n doors bi-weekly to ensure pro and closing. 4. Findings will be reported mon then quarterly in the Quality A Committee Meeting NFPA 101 LIFE SAFETY CODE STA 6th Floor 1. Single swing doors identified floor as failing to close and lat at the entrance to 6137 and c and double smoke barrier doo 6149 and 6166 all have been proper latching and closing. 2. Rounds have been conducted areas with the potential to be same deficient practice and d repaired as needed. 3. Life Safety Director or design double swing fire doors and n doors bi-weekly to ensure pro and closing. 4. Findings will be reported mon then quarterly in the Quality A committee Meeting 	fifth floor as frames, stairwell resident room e barrier doors per latching d on all other affected by the oors were ee will inspect esident room oper latching thly x 3 and assurance NDARD on the sixth tch into frames lean linen room, ors near room repaired for d on all other affected by the oors were ee will inspect esident room oper latching thy x 3 and	10/11/2012

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Facility ID: CAPITOLHILL

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CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		OMB NO. 0938-03 (X3) DATE SURVEY COMPLETED		
		095027	B. WING		09/	06/2012
	ROVIDER OR SUPPLIER		70	EET ADDRESS, CITY, STATE, ZIP CODE 00 CONST. AVE. NE /ASHINGTON, DC 20002 PROVIDER'S PLAN OF COR	RECTION	(VE)
PREFIX TAG	(EACH DEFICIENCY MUST	BE PRECEDED BY FULL REGULATORY INTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETIC DATE
K 130	This STANDARD i Based on observation Safety Code Inspective were not aware the Alarm System displat The findings include During the Life Safe determined facility s Annunciator Panel in constant trouble coor system would functii zone in the event of This was verified thr #15 on September S The Annunciator Pa code after the Fire A were tested on the F three (3) of three (3) AM and 3:00 PM on Subsequent to the in obtained services fro September 6, 2012 Panel and related do was abated on Sept The was no interrup it pertains to location when the pull station The observations wo	s not met as evidenced by: ons and interview during the Life tion, it was determined staff Annunciator Panel for the Fire ayed a "trouble code " signal. ty Code Inspection, it was taff were not aware that the n the lobby was showing a de, nor were staff aware if the on to show the floor and the a the fire. rough interview with Employee 0, 2012 at 11:15 AM. nel continued to show a trouble Alarm Pull Stations Fourth, Fifth and Sixth Floors in o observations between 11:30 September 6, 2012. nitial observation facility staff om a fire alarm contractor on to service the Annunciator evices. The trouble code signal tember 7, 2012. tion in the fire alarm system as n of a potential fire	K 130	 NFPA 101 MISCELLANEOUS 1. The annunciator panel for the system, which displayed tronduring the Life Safety Insperepaired. 2. No resident was affected by practice. 3. Security staff monitors annudaily to ensure proper function there are no issues with zor and that the trouble signal is 4. Findings will be reported months then quarterly in the Quality Committee Meeting 	uble code ction has been this deficient inciator panel ion of lights, ne identification is not light.	10/11/2012

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDIN	COMPLETED
095027 B. WING	09/06/2012
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE CAPITOL HILL NURSING CENTER 700 CONST. AVE. NE WASHINGTON, DC 20	E, ZIP CODE
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX (EACH CORRECT TAG OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCE	PLAN OF CORRECTION (X5) TIVE ACTION SHOULD BE CED TO THE APPROPRIATE FICIENCY)
K 130 and 3:30 PM on September 6, 2012. K 130	

Facility ID: CAPITOLHILL