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

PRINTED: 08/03/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - LOCATED AT PROVIDENCE HOSP 5 EAST			(X3) DATE SURVEY COMPLETED	
		095034	B. WING			05/	17/2023
NAME OF PROVIDER OR SUPPLIER ASCENSION LIVING CARROLL MANOR				72	STREET ADDRESS, CITY, STATE, ZIP CODE 725 BUCHANAN ST., NE WASHINGTON, DC 20017		
(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 CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETIO DATE
	A life safety code survey was conducted at your facility on May 16 and May 19, 2023. The following deficiencies are based on observation, interview, and record review.		K 0	Manor's admission to or agreement wi the facts alleged or conclusions set fort the Statement of Deficiencies, and such liability is specifically denied. The plan correction is prepared and executed		oll with orth in ach lan of	
K 324 SS=F	Cooking Facilities CFR(s): NFPA 101	K 3	24	pursuant to Carroll Manor's obliga under federal and state law.	tions		
	with NFPA 96, Star and Fire Protection Operations, unless * residential cookin appliances such as toasters) are used cooking in accorda * cooking facilities compartments with with the conditions or * cooking facilities 30 or fewer patients 18.3.2.5.4, 19.3.2.5 Cooking facilities per 9.2.3 are not rehazardous areas, be corridor.	ing equipment (i.e., small is microwaves, hot plates, for food warming or limited ince with 18.3.2.5.2, 19.3.2.5.2 open to the corridor in smoke in 30 or fewer patients comply under 18.3.2.5.3, 19.3.2.5.3, in smoke compartments with its comply with conditions under 5.4. To tected according to NFPA 96 equired to be enclosed as put shall not be open to the					
	by: Based on observa	NT is not met as evidenced tion and interview, facility staff maintain cooking equipment					
BORATORA	DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGN	ATURE	_	TITLE		(X6) DATE

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.

Executive Director

8-7-2023

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K 324	system. This deficied dietary services. The findings included at approximately 9: burner, stove/oven skillet, and two (2) were located on the were not installed in appliances are returnated they are displication, as required Ventilation Control Commercial Cooking in the control of the commercial Cooking in the control control commercial cooking in the control control commercial cooking in the control contr	the kitchen hood fire suppression is deficient practice affected all staff in vices. It of dietary services on May 16, 2023, nately 9:00 AM, one (1) of one (1) six ve/oven units, one (1) of one (1) tilt two (2) of two (2) deep fryers that id on the cooking line in the kitchen, stalled in a manner to ensure that the are returned to their assigned location re displaced for maintenance and is required by NFPA 96, Standard for Control and Fire Protection of Il Cooking Operations, sections id 12.1.2.3.1 which state:		324	1.Corrective action for residents note have been affected by the deficient practice. The six-burner stove/oven; tilt skillet; a deep fryers were installed in a manner tensure that appliances are returned to the assigned location after they are displaced on May 17, 2023 by the Maintenance Director. 2.How will the facility identify other residents having the potential to be affected by the same deficient practic. The Facilities manager rounded in the kitchen on May 16, 2023. No other gas appliances were identified as not being installed in a manner to ensure that appliances are returned to their assigned location after they are displaced.	and 2 to heir ed	8/7/2023 8/7/2023
	Protections of Com 12.1.2.3 The fire-ex require reevaluatio appliances are mov maintenance and cappliances are retu location prior to cod disconnected fire-e attached to the appliance with the manual. 12.1.2.3.1 An Appre	ation Control and Fire mercial Cooking Operations attinguishing system shall not nowhere the cooking wed for the purposes of cleaning, provided the urned to approved design oking operations, and any extinguishing system nozzles oliances are reconnected in the manufacturer's listed design oved method shall be provided to the appliance is returned to no location.			3.The measures the facility will tall systems the facility will alter to ethat the problem will be corrected will not recur. The Facilities Manager inserviced maintenance staff on Food Gas Appliar Safety to include installing gas applian a manner to ensure that appliance returned to their assigned location after are displaced. K324 continued on next page	nsure d and d the nce iances es are	8/7/2023

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	COT OIL MEDIOMILE	. A MEDICAID SERVICES		CIVIET	0.0930-0391	
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		(X3) DATE SURVEY COMPLETED	
		095034	B. WING _		5/17/2023	
NAME OF PROVIDER OR SUPPLIER ASCENSION LIVING CARROLL MANOR						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC 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 511	the facility was awa Employee #10 ackr a face-to-face inter approximately 4:00 Utilities - Gas and E CFR(s): NFPA 101 Utilities - Gas and E Equipment using g complies with NFP electrical wiring an NFPA 70, National	Director of Facilities revealed are of this requirement. Howledged the findings during view on March 19, 2023, at 9 PM. Electric Electric as or related gas piping A 54, National Fuel Gas Code, d equipment complies with Electric Code. Existing ontinue in service provided no	K 32	The Facilities Manager or designee will make kitchen rounds on a monthly basis to verify that gas appliances are installed in a manner to ensure that appliances are returned to their assigned location after they are displaced.	8/7/2023	
	This REQUIREME	NT is not met as evidenced		K511	0/1/2023	
	by: Based on observation failed to properly in equipment. This destaff in dietary servant. The findings included During a tour of die at approximately 9 stove with six (6) be skillet, and two (2) swivels that were let the kitchen, were not limit movement of the state of the sta	tion and interview, facility staff estall and maintain cooking eficient practice affected all rices.		I.Corrective action for residents noted to have been affected by the deficient practice. The six burner stove/oven; tilt skillet; and 2 deep fryers were installed in a manner to limit movement of appliances on May 17, 2023 by the Maintenance Director. II.How will the facility identify other residents having the potential to be affected by the same deficient practice? The Facilities manager rounded in the kitchen on May 16, 2023. No other gas appliances were identified as being in need of a restraint to limit movement. K511 Continued on next page	3/1/2020	

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K 511	NFPA 54 (2012) National Fuel Gas 9.6.1.2 Restraint. It caster shall be liminstalled in accord appliance manufactors with caconstruction and swith the manufactor or limiting the morprevent strain on the Interview with the Ithe facility was aw Employee #10 ack	Code Movement of appliances with ited by a restraining device ance with the connector and cturer's installation instructions. casters. Floor-mounted isters shall be listed for such hall be installed in accordance arer's installation instructions wement of the appliance to the connection. Director of Facilities revealed are of this requirement.	K 5	511	III.The measures the facility will tal systems the facility will alter to ensure that problem will be corrected and will not rec. The Facilities Manager inserviced maintenance staff on Food Gas Appliance Safety to include installing gas appliance manner to ensure that gas appliances are restrained and have limovement. The Facilities Manager or designee will kitchen rounds on a monthly basis to verify that gas appliances are installed manner to ensure that appliances have limovement utilizing restraints. If there are findings the Facilities manager or designed be corrected immediately. IV.Quality Assurance Plans to monitor factompliance to make sure that corrections achieved and permanent. Monthly review of completed rounds reand trends will be completed by Facilities Manager or designee and repto the facility's QAPI Committee for next 3 months and then re-evaluated determine if further monitoring is indicated. Completion Date: 8/7/2023	the cur. the	8/7/2023 8/7/2023	

Event ID: FTJH21