STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095034	A. BUILDIN B. WING	IPLE CONSTRUCTION	COMPLE	(X3) DATE SURVEY COMPLETED		
	ROVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP CODE 725 BUCHANAN ST., NE WASHINGTON, DC 20017	09/	21/2010		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	AT EMENT OF DEFICIENCIES EIE PRECEDED BY FULL REGULATORY INTEYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(XS) COMPLETION DATE		
K 000	INITIAL COMMENT	s	K 000					
	September 21, 2010	e Inspection was conducted on , the following deficiencies are ris, review of documents, and						
K 018	NFPA 101 LIFE SAF	ETY CODE STANDARD	K 018					
	required enclosures hazardous areas are those constructed of wood, or capable of minutes. Doors in sp required to resist the no impediment to the	ridor openings in other than of vertical openings, exits, or substantial doors, such as 1¾ inch solid bonded core resisting fire for at least 20 rinklered buildings are only passage of smoke. There is closing of the doors. Doors leans suitable for keeping the						
)	door closed. Dutch o permitted. 19.3.6.3	oors meeting 19.3.6.3.6 are						
	*							
	This STANDARD is	not met as evidenced by:						
. i	nspection it was deter residents rooms failer	is during the Life Safety Code mined that entrance doors to d to latch or close when tested rvation, doors were impeded privacy						
ATORY DI	RECTOR'S OR PROVIDERS	JPPLIER REPRESENTATIVE'S SIGNATURE		TITLE Valadam, iou atan	Las	(268) DATE		
ards prov	Ide sufficient protection to or not a plan of correction	sterisk (*) denotes a deficiency which the ir the patients. (See instructions.) Except for s provided. For nursing homes, the above y. If deficiencies are cited, an approved pl	nursing hom findings and	es, the findings stated above are disclose plans of correction are disclosable 14 da	able 90 days following the d	wing the date of		

		ND HUMAN SERVICES MEDICAID SERVICES				APPROVE 0.0938-039
	OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION			
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
			A, BUILDII	NG 02,01		
	с. ж	095034	B. WING		0010	10040
		00004			09/21/2010	
NAME OF PI	ROVIDER OR SUPPLIER		ST	TREET ADDRESS, CITY, STATE, ZIP CODE		
CARROL	L MANOR NURSING &	REHAB	10 20	725 BUCHANAN ST., NE		
				WASHINGTON, DC 20017		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY TIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETIO DATE
K 018	Continued From pag	91	K 01	8 1	-	
		Room entrance in one (1) of		1. Cited doors were corrected imr	nediately	9/12/10
		, doors were observed to strike		2. All doors will be inspected and		0/12/10
		ces when closing in one (1) of		when applicable.	ropuncu	12/3/10
	nine (9) observations			3. All resident rooms/bathrooms v	vill be	120/10
				inspected quarterly as part of the		
	The findings include:			preventative maintenance plan.		
				4. The CM Maintenance Supervis	or will	
		resident 's rooms and		report the findings to the quarterly		
		to latch or close without ed at the entrance to the		meeting.		On-going
		n Bathing Room, Fourth Floor				
		1s 101, 315, 330, 334, and 513		2		
		rvations between 9:15 PM and		1. The bathing room curtain track	k on 4	
	4:50 PM on Septemb			North will be adjusted by the plan		
				correction date.		12/3/10
		thing Rooms door failed to		2. The curtains in all bathing room	ns were	
		cy curtain was fully retracted in		checked.		9/21/10
		servations at 3:10 PM on		3. All bathing rooms will be inspe-		
	September 21, 2010			quarterly as part of the preventativ	/e	
-	3 Entrance doors to	residents rooms and common		maintenance plan.		12/3/10
		open and close on Unit 5 East		4. The CM Maintenance Supervis		
		to door edges making contact		report the findings to the quarterly	QA/QI	~ ·
, o 1		striker plates failed to hold		meeting.	×	On-goin
		doors were closed in rooms		2		
		Utility, Medication and Bathing		<ol> <li>All cited doors were corrected.</li> </ol>		9/21/10
21		14 observations at 7:05 PM on		2. All remaining doors were check	bre be	9/2 1/10
	September 21, 2010	8		corrective action initiated when ap		9/21/10
	Those findings were	observed in the presence of		3. All doors will be inspected qua		
		Engineering Director #F1		part of the preventative maintenan		12/3/10
	and F2.			4. The CM Maintenance Supervis		
				report the findings to the quarterly		
KOFA				meeting.		On-going
	NEPA TOT LIFE SAFI	ETY CODE STANDARD			<i></i>	-
	A fire alarm system	ith approved components,	K 051	I		
		is installed according to NFPA				
		m Code, to provide effective				
		part of the building. Activation		5 5		
	of the complete fire al					
	- 450					

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPE							
		MEDICAID SERVICES					). 0938-0391
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION G 02,01	(X3) DATE SURVEY COMPLETED	
0950		095034	B. WING		· · · · · · · · · · · · · · · · · · ·	09/21/2010	
NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
CARROL	L MANOR NURSING &	REHAB			725 BUCHANAN ST., NE		
			1		WASHINGTON, DC 20017		1
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	VTEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY VTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
K 051	Continued From pag	e 2	K	051			-
		liation, automatic detection or		•••			~
	extinguishing system	operation. Pull stations in			· · · · · · · · · · · · · · · · · · ·		
		s may be omitted provided that are within 200 feet of nurse's					9 2
		s are located in the path of					
	egress. Electronic of	written records of tests are					
		second source of power is systems are maintained in					e
	accordance with NFF				* *		5
		t readily available. There is			×		
	approved central stal	of the fire alarm system to an					
	approved central sta	10.0.4, 0.0	-				
							0
		· · · · · · · · · · · · · · · · · · ·					
						a * *	
	This STANDARD is	not met as evidenced by:					N V
2 . See	56						
		ns during the survey period it documentation was not					
		uarterly testing of Fire Alarm					
	Devices in two (2) of				A		8
	The findings include:				1. The requested documentation	was	0/05/40
	The findings include:				faxed to the inspector. 2. There was no negative resider	t impact	9/25/10 9/25/10
		Code Inspection it was			3. The CM Maintenance Supervis		U.L.OFTU
		mentation was not available to ing of Fire Alarm Devices			submit the quarterly report to the		
		9 and December 2009 and			Committee.	the	12/3/10
	January 2010 and Ma	rch 2010 in two (2) of four (4)			<ol> <li>The findings will be reported by Safety Committee to the quarterly</li> </ol>		2
		PM on September 21, 2010.			meeting.		On-going
-	These findings were o	Inserved III file			-		
	<i>2</i> 0						

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: D8JB21

Facility ID: CARROLLMANO

If continuation sheet Page 3 of 5

		MEDICAID SERVICES	1		1	<u>). 0938-03</u>	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
			09/2	1/2010			
			s	TREET ADDRESS, CITY, STATE, ZIP CODE 725 BUCHANAN ST., NE			
CARROL	L MANOR NURSING &	REHAB		WASHINGTON, DC 20017			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY ITIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETI DATE	
K 051	Continued From pag	e 3	K 05	1		. 8	
	presence of the Safe Director Employees	ty Officer and Engineering ≇ F1 and F2.					
K 130	NFPA 101 MISCELL	ANEOUS	K 13	0			
	OTHER LSC DEFIC	ENCY NOT ON 2786		-	an alor at	12/3/10	
×				<ol> <li>The pump room wall will be a 2. All walls within the pump roo inspected.</li> </ol>		12/3/1	
	This STANDARD is	not met as evidenced by:		3. Pool operator will inspect pur quarterly and will contact call ce			
	Based on observatio	ns during the Life Safety Code		any repairs. 4. Quarterly findings will be rep	orted to	11/29/	
	surfaces were dama	ermined that the lower wall ged and sheet rock was s in (1) of one (1) observation;		QA/QI.		On-goir	
	drain one (1) of one (	ere eroded around an open 1) observation, rust served on the hydraulic lift at		1.The hydraulic lift has been as	sessed for		
:	side of the pool in on staff failed to remain	e (1) of one (1) observation, at their post during the Pull n two (2) of six observations		replacement. 2.The lift will be replaced. 3.Pool coordinator will inspect l	ift quarterly	11/24/ 12/3/10	
		vere observed to be soiled with		and will contact call center for a 4. Quarterly findings will be repo	ny repairs.	11/29/*	
	The findings include	reduction.		QA/QI.		On-goir	
	observed to be dama	aces in the Pump Room were ged and sheet rock was		3 1.Involved staff were immediate	ly		
	observation at 10:30	surfaces in one (1) of one (1) AM on September 21, 2010.		instructed in the proper procedu stairwell monitoring. 2.All staff will be educated by th		9/21/10	
	was observed to have	cated at the side of the pool e rust accumulation on the seat surfaces of the lift in one		Officer/designee regarding stair monitoring during fire drills.		12/3/10	
	(1) of one (1) observa September 21, 2010.			3. The Nurse Manager/designee monitor staff for compliance and	report		
				<ul> <li>results to the Safety Committee</li> <li>4.The findings will be reported by</li> <li>Safety Committee to the guarter</li> </ul>	y the	11/24/10	
				meeting.	,	On-goin	

CENTERS FOR MEDICARE & MEDICALO SERVICES         OME NO. 0838-0391           Str.Tradent of exercisions         (A) provide control with wreak         (22) MULTPLE CONSTRUCTION         (22) MULTPLE CONSTRUCTION         (22) Constructions         (22)	DEPART	MENT OF HEALTH	ND HUMAN SERVICES					): 11/17/2010	
AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:       A BUILING       92,01       COMPLETED         NAME OF PROVIDER OR SUPPLIER       09/21/2010       STREET ADDRESS, CITY, STATE, ZP CODE       09/21/2010         CARROLL MANOR NURSING & REHAB       STREET ADDRESS, CITY, STATE, ZP CODE       725       09/21/2010         OWAME OF PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZP CODE       725       00/21/2010         OWAME OF PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZP CODE       725       00/21/2010         OWAME OF PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZP CODE       725       00/21/2010         OWAME OF PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZP CODE       725       00/21/2010         OWAME OF CORRECTION       STREET ADDRESS, CITY, STATE, ZP CODE       726       00/21/2010       00/21/2010         STREET ADDRESS, CITY, STATE, ZP CODE       STREET ADDRESS, CITY, STATE, ZP CODE       00/21/2010 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>									
NAME OF PROVIDER OR SUPPLIER     OBSU34     STREET ADDRESS, CITY, STATE, LP CODE       CARROLL MANOR NURSING & REHAB     STREET ADDRESS, CITY, STATE, LP CODE       (A) D     SUMMARY STATEMENT OF DEPOIENCES (REACH DEPTICIENCY MUST BE PRECEDED BY FULL REQULATORY TAG     Image: Continued From page 4     Street ADDRESS, CITY, STATE, LP CODE       (K 130)     Continued From page 4     Image: Color Bergeneous Color Bergeneous Color Bergeneous Color Color Color Bergeneous Color Color Color Bergeneous Color Bergeneous Color Bergeneous Color Color Color Bergeneous Colo									
CARROLL MANOR NURSING & REHAB       T28 BUCHANAN ST, NE PROCE         CARROLL MANOR NURSING & REHAB       T28 BUCHANAN ST, NE PROCECTION         CARROLL MANOR NURSING & REHAB       T28 BUCHANAN ST, NE PROVEMENT PLANCE         Continued From page 4       In PROVIDERS PLANCE CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY.       COMPLETING INFORMATION         K 130       Continued From page 4       K 130         S. The Fire Alarm System was activated on the First Floor which sounds the alarm throughout the building, fire doors will automatically close, staff are responsible for closing resident norm doors and monitoring all magnetic doors at the entrances to stainwells, however staff on the West and North Wings on the Fourth Floor failed to remain at their post during the test. Staff monitors failed to remain at their post to "rensure that no residents leave or enter the stairvell" as described in Policy Number: SM 5-8 of the Fire Protection Manual in two (2) of six (6) observations at 4:50 PM on September 21, 2010.       K 130       4         4. Sprinkler head surfaces were soiled with accumulated dust and debris in the following areas: First Floor Day Room in seven (7) observations; the above observations were made between 9:15 AM and 5:55 PM on September 21, 2010.       5         5. Concrete surfaces were observed to be damaged and erading around an open drain in the in the Pump Room in one (1) of two (2) observation at 11:00 AM on September 21, 2010.       11/29/10         6. Concrete surfaces were observed to be damaged and erading around an open drain in the in the Pump Room in one (1) observation at 11:00 AM on September 21, 2010.       11			095034	B, WIN			09/21/2010		
CARCOLL MANON NUNSING & REHAB       WASHINGTON, DC 20017         (24) D PREFIX TAG       SUMMARY STATEMENT OF DEFICIENCIES CRUSCIENTIFY ING INFORMATION)       ID PREFIX FLOOR USED SERVILL REGULATORY OR LSC DEMINFY MS THE RECEDS BY FULL REGULATORY TAG         K 130       S. The Fire Alarm System was activated on the First Floor which sounds the alarm finoughout the building, fire doors will automatically close, staff are responsible for closing resident nom doors and monitoring all magnetic doors at the entrances to stainwells, however staff on the West and North Wings on the Fourth Floor Tailed to remain at their post to "ensure that no residents leave or enter the stainwell" is described in POINCY Number: SM 5-8 of the Fire Protection Manual in two (2) of six (6) observations; Third Floor Day Room in three (3) of eight (8) observations and Third Floor Day Room in one (1) of two (2) observations at 11/22/10 and eroding around an open drain in the in the Pump Room in one (1) of two (2) observation at 11/20/10 and eroding around an open drain in the in the Pump Room in one (1) of one (1) observation at 11/20 M on September 21, 2010.     <	NAME OF PR	OVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE			
Preferx TAG       (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DEPTIFYING INFORMATION)       PREFX TAG       (EACH DEFICIENCY TOTAL SHOULD BE CROSPRETENDE TO THE APPROPRIATE DEFICIENCY)       COMPLETION INTERPRET (EACH DEFICIENCY)         K 130       Continued From page 4       K 130         3. The Fire Alarm System was activated on the First Floor which sounds the alarm throughout the building, fire doors will automatically close, staff are responsible for closing resident room doors and monitoring all magnetic doors at the entrances to stativelis, however staff on the West and North Wings on the Fourth Floor Tailed to remain at their post to "ensure that no residents leave or enter the stainwell" as described in Policy Number: SM 5-8 of the Fire Protection Manual in two (2) of six (6) observations; Third Floor Day Room in serven (7) of seven (7) observations; the above observations; Third Floor Day Room in one (1) of two (2) observations; the above observations were observation at 11:00 AM on September 21, 2010.       5         5. Concrete surfaces were observed to be damaged and eroding around an open drain in the in the Pump Room in one (1) of two (2) postervation at 11:00 AM on September 21, 2010.       5         6. Concrete surfaces were observed to be damaged and eroding around an open drain in the in the Pump Room in one (1) of two (2) observation at 11:00 AM on September 21, 2010.       11/29/10         7. These findings were observed in the presence of the Safety Officer and Engineering Director       11/20	CARROL	L MANOR NURSING &	REHAB						
<ul> <li>3. The Fire Alarm System was activated on the First Floor which sounds the alarm throughout the building, fire doors will automatically close, staff are responsible for closing resident room doors and monitoring all magnetic doors at the entrances to stainwells; however staff on the West and North Wings on the Fourth Floor failed to remain at their post during the test. Staff monitors failed to remain at their post during the test. Staff monitors failed to remain at their spot of the Stafe Yofficer and Engineering Director</li> <li>4. 1. The cited sprinkler heads were cleaned immediately.</li> <li>2. All day room sprinkler heads were checked and cleaned as applicable.</li> <li>3. The sprinkler heads were will be checked biannually by CM maintenance staff</li> <li>4. The findings will be reported to the quarterly QA/QI meeting.</li> <li>5. 1. The drain will be repaired by the plan of correction date.</li> <li>2. No other drains were identified in the pump room.</li> <li>3. Pool operator will inspect drain quarterly and will contact call center for any repairs.</li> <li>4. Quarterly findings will be reported to QA/QI.</li> </ul>	PREFIX	(EACH DEFICIENCY MUST	BE PRECEDED BY FULL REGULATORY	PREF		(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	DBE		
		<ol> <li>The Fire Alarm Sy Floor which sounds to building, fire doors we responsible for closin monitoring all magnet stairwells; however so Wings on the Fourth post during the test. at their post to " ensight end enter the stairwell " SM 5-8 of the Fire Prisix (6) observations a 2010.</li> <li>Sprinkler head sur accumulated dust an First Floor Day Room observations; Second of eight (8) observations we and 5:55 PM on Seption 5. Concrete surfaces and eroding around a Pump Room in one (1) 11:00 AM on Septem</li> <li>These findings were the Safety Officer and</li> </ol>	stem was activated on the First he alarm throughout the ill automatically close, staff are ig resident room doors and tic doors at the entrances to taff on the West and North Floor failed to remain at their Staff monitors failed to remain ure that no residents leave or as described in Policy Number: otection Manual in two (2) of at 4:50 PM on September 21, faces were soiled with d debris in the following areas: n in seven (7) of seven (7) d Floor Day Room in three (3) ons; Third Floor Day room in observations and Third Floor of two (2) observations; the vere made between 9:15 AM ember 21, 2010. were observed to be damaged in open drain in the in the 1) of one (1) observation at ber 21, 2010.	K	130	<ul> <li>4 <ol> <li>The cited sprinkler heads were immediately.</li> <li>All day room sprinkler heads w checked and cleaned as applical 3. The sprinkler heads will be che biannually by CM maintenance s</li> <li>The findings will be reported to quarterly QA/QI meeting.</li> </ol> </li> <li>5 <ol> <li>The drain will be repaired by th correction date.</li> <li>No other drains were identified pump room.</li> <li>Pool operator will inspect drain and will contact call center for an 4. Quarterly findings will be report</li> </ol> </li> </ul>	ere ole. taff the e plan of in the quarterly y repairs.	9/23/10 12/3/10 On-going 12/3/10 11/24/10 11/29/10	