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

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095034	A. BUILDING 01 - MAIN BUILDING 01 B. WING ______	09/16/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARROLL MANOR NURSING & REHAB	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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS A Life Safety Code Inspection was conducted on September 16, 2008. The following deficiencies were based on observations and staff interview.	K 000		
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code inspection, it was determined that double and single fire doors failed to lock and latch when tested. These observations were made on September 16, 2008 between 7:45 PM and 8:30 PM in the presence of Employee #23. The findings include:	K 018	NFPA 101 LIFE SAFETY CODE STANDARD 1. Corrective maintenance work orders have been generated and issued to maintenance mechanic to make corrections. 2. Rounds will be made by maintenance Staff or maintenance manager on all floors To make sure no other corrective maintenance is needed. 3. All doors will be checked monthly by Maintenance manager and staff. 4. All findings and corrective actions during monthly rounds will be reported to the QI committee quarterly.	10/17/08

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature] NHA	Administrator	10.14.08

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 018	Continued From page 1 Single and double doors failed to lock and latch without assistance in the following areas: 1. Cafeteria door, ground level 2. Room 101 3. 2nd floor bathing room 4. Double doors near room 341 5. 4th floor double doors at the entrance to the dining room Employee #23 acknowledged these findings at the time of the observations.	K 018		
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Based on an observation during the Life Safety Code inspection, it was determined that facility staff failed to maintain a smoke alarm securely to the wall of a resident's room. This observation was made in the presence of Employee #23. The findings include: The smoke alarm in room 130 was not securely affixed to the wall in one (1) of 64 smoke alarms observed at 5:40 PM on September 16, 2008. Employee #23 acknowledged the findings at the time of the observation.	K 130	**NFPA 101 MISCELLANEOUS** 1.Corrective maintenance work orders have been generated and issued to maintenance mechanic to make corrections. 2. Rounds will be made by maintenance Staff or maintenance manager on all floors To make sure no other corrective maintenance Is needed. 3. All doors will be checked monthly by Maintenance manager and staff. 4. All findings and corrective actions during monthly rounds will be reported to the QI committee quarterly.	10/17/08