## DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

OMB NO 0938-0391

NAME OF PROVIDER OR SUPPLIER  CARROLL MANOR NURSING & REHAB    SUMMANY STATEMENT OF DETICIENCIES   THE STANDARD   THE STANDARD	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PR		(X1) PRO IDEN	VIDER/SUPPLIER/CLIA TIFICATION NUMBER:	A. BUILDING	LE CONSTRUCTION  01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED	
Table   This STANDARD   Sometime   This STANDA	•			095034	B. WING		09/16	3/2008
REACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LISC IDENTIFYING INFORMATION)  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 018  NFPA 101 LIFE SAFETY CODE STANDARD  Doors protecting corridor openings in other than required enclosures of vertified openings, exits, or hazardous areas are substantial doors, such as those constructed of 1½ 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 19.3.5.3.6 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. If we have the development of the doors closed for the door closed. Dutch doors meeting 19.3.6.3  This sections during the Life Safety Code inspection is all health care facilities.  This committees are prohibited by CMS regulations in all health care facilities.  The findings and some that double and single fire doors falled to lock and latch when tested. These observations were made on September 16, 2008 between 7.45 PM and 9.30 PM in the presence of Employee #23.  The findings include:  ABORATORY ORBITON STANDARD  INFRA 101 LIFE SAFETY CODE STANDARD  1. Corrective maintenance meeting and issued to maintenance meeting and staff.  4. All findings and corrective actions during mentily rounds 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.  The findings include:  ABORATORY ORBITON STANDARD  A LIFE SAFETY CODE STANDARD  1. Corrective maintenance meeting and staff.  4. All findings and corrective actions during month			REHAB		7:	25 BUCHANAN ST., NE		
A Life Safety Code inspection was conducted on September 16, 2008. The following deficiencies were based on observations and staff interview.  K 018 SS=D Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1½ inch sold-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:	PRÉFIX	(EACH DEFICIENCY MUST	BE PRECE	DED BY FULL REGULATORY	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE CROSS-	(X5) COMPLETION DATE
September 16, 2008. The following deficiencies were based on observations and staff interview. NFPA 101 LIFE SAFETY CODE STANDARD  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 1½ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklerdd bulldings 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 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 6.30 PM in the presence of Employee #23.  The findings include:  NFPA 101 LIFE SAFETY CODE STANDARD  1. Corrective maintenance mentages and issued to maintenance mechanic to make corrections. 2. Rounds will be made by maintenance mechanic to make corrections. 2. Rounds will be made by maintenance mechanic to make corrections. 2. Rounds will be made by maintenance mechanic to make corrections. 2. Rounds will be made by maintenance mechanic to make corrections. 2. Rounds will be made by maintenance mechanic to make corrections. 2. Rounds will be made by maintenance menanger on all floors. 3. All doors will be checked monthly by Maintenance manager on all floors to make corrections. 3. All doors will be reported to the QI committee quarterly.  10/17/08  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 6.30 PM in	K 000	INITIAL COMMENT	S		K 000			
		A Life Safety Code is September 16, 2008 were based on observations protecting correquired enclosures hazardous areas and those constructed of wood, or capable of minutes. Doors in strequired to resist the no impediment to the are provided with a door closed. Dutch permitted. 19.3.6.  Roller latches are preall health care facility. Based on observations precion, it was defire doors failed to lot these observations 2008 between 7:45 presence of Employ	nspectices. The forestions FETY Comidor op of vertice substant 13/4 includes passage e closing means substant 13/4 includes passage e closing e c	collowing deficiencies and staff interview.  DDE STANDARD  enings in other than cal openings, exits, or intel doors, such as a solid-bonded core of fire for at least 20 cd buildings are only so of smoke. There is not of the doors. Doors ultable for keeping the setting 19.3.6.3.6 are  by CMS regulations in the Life Safety Code of that double and single atch when tested.  ade on September 16,	K 018	<ol> <li>Corrective maintenance work been generated and issued to ma mechanic to make corrections.</li> <li>Rounds will be made by maintenance manager on To make sure no other corrective is needed.</li> <li>All doors will be checked mont Maintenance manager and staff.</li> <li>All findings and corrective actio monthly rounds will be reported to</li> </ol>	orders have intenance enance all floors maintenance hly by	
	LABORATORY	DIRECTOR'S OR PROVIDER	SUPPLIER	REPRESENTATIVE'S SIGNATURE				(XB) 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.

FORM CMS-2587(02-99) Previous Versions Obsolete

Event ID; VQMI21

Facility ID: CARROLLMANO

If continuation sheet Page 1 of 2

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL		LE CONSTRUCTION O1 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED	
		095034	B. WING			09/16/2008	
NAME OF PROVIDER OR SUPPLIER  CARROLL MANOR NURSING & REHAB					EET ADDRESS, CITY, STATE, ZIP CODE 25 BUCHANAN ST., NE VASHINGTON, DC 20017		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	ATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
K 018	Single and double of without assistance in 1. Cafeteria door, grant 2. Room 101 and floor bathing 4. Double doors need to the floor double of dining room	doors failed to lock and latch in the following areas: round level  room ar room 341 doors at the entrance to the	K	018			
K 130 SS=D	This STANDARD is Based on an observed at 5:40 Pf	s not met as evidenced by: vation during the Life Safety was determined that facility staff smoke alarm securely to the room. This observation was ce of Employee #23. e: room 130 was not securely n one (1) of 64 smoke alarms of on September 16, 2008. howledged the findings at the	K	130	NFPA 101 MISCELLANEOUS 1. Corrective maintenance work ord been generated and issued to main mechanic to make corrections. 2. Rounds will be made by maintenance manager on To make sure no other corrective relanged. 3. All doors will be checked month Maintenance manager and staff. 4. All findings and corrective action monthly rounds will be reported to committee quarterly.	ntenance enance all floors maintenance nly by ns during	10/17/08