

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

PRINTED: 10/27/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095028	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/31/2010
NAME OF PROVIDER OR SUPPLIER INGLESIDE AT ROCK CREEK			STREET ADDRESS, CITY, STATE, ZIP CODE 3050 MILITARY ROAD NW WASHINGTON, DC 20015	
(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 at your facility on August 31, 2010; the following deficiencies were cited based on observation, record review and staff interview.	K 000		
K 017 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection it was determined that penetrations were observed around pipes and cables that pass through smoke barrier walls, in one (1) of four (4) observations; a 4-8 inch penetration was observed around ductwork that passes through wall surfaces in the hallway above tiles adjacent to the Main Laundry Area in one (1) of four (4) observations; a 4-8 inch penetration was observed around a pipe that	K 017		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Will Schiff, Executive Director/Administrator

11/7/10

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 017	<p>Continued From page 1</p> <p>passes through wall surfaces in one (1) of four (4) observations; a 2 inch opening was observed in wall surfaces around BX cable that passes through wall surfaces in one (1) of four (4) observations and a 12 inch opening was observed in wall surfaces in one (1) of two (2) observations and 5 X 3 foot opening was observed in walls surfaces in the Air Handler Room in one (1) of one (1) observation.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. A 4-6 inch penetration was observed in wall surfaces around a 10 inch vent pipe that passes through wall surfaces in the hallway outside of the Main Laundry Area in one (1) of four (4) observations at 10:30 AM on August 31, 2010. 2. A 4-8 inch penetration was observed around ductwork that passes through wall surfaces in the hallway above tiles adjacent to the Main Laundry Area in one (1) of four (4) observations at 10:31 AM on August 31, 2010. 3. A 4-8 inch penetration was observed around a water pipe that passes through wall surfaces in the hallway above tiles adjacent to the Main Laundry Area in one (1) of four (4) observations at 10:40 AM on August 31, 2010. 4. A 2 inch opening was observed in wall surfaces around BX cable that passes through wall surfaces in the hallway near the Laundry Room Storage Area in one (1) of four (4) observations at 10:45 AM on August 31, 2010. 5. A 5 X 3 foot opening was observed in walls surfaces in the Air Handler Room in one (1) of one (1) observation at 10:45 AM on August 31, 	K 017	<p>K 017</p> <ol style="list-style-type: none"> 1. The wall was patched and painted. The laundry area was further inspected to make sure no other penetration was found. The Maintenance Supervisor will conduct audits on a monthly basis to make sure there are no penetrations found on other walls. Any findings will be reported at the monthly QA meetings. 2. The penetration was covered with sheet rock and sealed with foam. Other duct work in the area was inspected to ensure no other penetrations were present. The Maintenance Supervisor will conduct audits on a monthly basis to make sure there are no penetrations found on other walls. Any findings will be reported at the monthly QA meetings. 3. The penetration was sealed with foam. All other wall surfaces near the main laundry were inspected for issues to ensure no other penetrations were present. The Maintenance Supervisor will conduct audits on a monthly basis to make sure there are no penetrations found on other walls. Any findings will be reported at the monthly QA meetings. 4. Holes were covered with spray foam. All other wall surfaces near the Laundry Room were inspected for issues to ensure no other openings were present. The Maintenance Supervisor will conduct audits on a monthly basis to make sure there are no penetrations found on other walls. Any findings will be reported at the monthly QA meetings. 	10/18/10	11/4/10	11/4/10	10/20/10

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K 017	Continued From page 2 2010.		K 017	K 017 (cont'd) 5. The wall was patched and new drywall installed to ensure that there were no further openings. The Maintenance Supervisor will conduct audits on a monthly basis to make sure there are no penetrations found on other walls. Any findings will be reported at the monthly QA meetings.	10/20/10
K 018 SS=E	<p>The above findings were observed in the presence of the Director of Maintenance</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>Based on observations during the Life Safety Code Inspection it was determined that smoke barrier doors failed to close and latch when tested</p>		K 018	<p>6. The penetration was covered with sheet rock and sealed with foam. The Maintenance Supervisor will conduct audits on a monthly basis to make sure there are no openings found on other walls. Any findings will be reported at the monthly QA meetings.</p>	11/4/10

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K 018	<p>Continued From page 3</p> <p>and the entrance doors to resident rooms failed to close when bathroom doors were left in the open position in two (2) of eight (8) observations; bathroom doors were left in the open position in six (6) of 10 observations between 1:02 PM and 1:35 PM; and entrance doors to First Floor Rooms were impeded from closing in nine (9) of 13 observations.</p> <p>The findings include:</p> <p>1. The fire alarm system was activated by pulling the lever in the hallway on the West Side near the stairwell, double doors located at the entrances to the dining rooms in the Health Center on the first and second floors failed to fully close and latch during the test in two (2) of eight (8) observations at 3:30 PM on August 31, 2010.</p> <p>2. Resident entrance doors were impeded from closing when bathroom doors were left in the open position on the Lower Level Rooms; 087, 091, 092, 093, 095 and Soiled Utility in six (6) of 10 observations between 1:02 PM and 1:35 PM.</p> <p>3. First Floor Room doors were impeded from closing; 174, 175, 181, 182, 186, 187, 190, 192 and 198 in nine (9) of 13 observations between 11:30 and 12:25 PM on August 31, 2010.</p> <p>The above findings were observed in the presence of the Director of Maintenance.</p>	K 018	<p>K 018</p> <p>1. The dining rooms doors were adjusted to latch properly when the fire alarm system is activated. Dining room doors will be monitored whenever the fire alarm system is activated. Findings of issues will be repaired immediately and also reported on at the monthly QA meetings.</p> <p>2. & 3. All Nursing and Housekeeping staff were in-serviced on the importance of keeping Resident bathroom doors closed at all times. Nursing and Housekeeping will monitor Resident bathroom doors to make sure they are closed at all times. In addition, the Housekeeping and Nursing Supervisors will conduct random audits on a daily basis to ensure the doors are closed. Any issues that arise will be reported on at the monthly QA meetings.</p> <p>The door on the Soiled Utility Room on the lower level was repaired on 9/1/10. The Maintenance Supervisor will conduct audits on a monthly basis to make sure the door latch is working properly. Any findings will be reported at the monthly QA meetings.</p>	9/1/10	
K 052 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance</p>	K 052			

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K 052	Continued From page 4 and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 Based on observations during the Life Safety Code Inspection it was determined that fire alarm devices were not maintained as required; documentation was not available to show that devices were not replaced or repaired when it was determined that devices failed to operate in two (2) of two (2) observations. The findings include: Based on a review of the Ark Fire Alarm Life Safety and Inspection Report from March 9, 2010, it was determined that Smoke Detectors # 06685751 located in the Corridor near room 097 and #06685763 located near the Lobby Level Corridor by room #082 failed to operate when tested, documentation was not available to show that the devices were replaced or repaired in two (2) of two (2) observations at 3:50 PM on August 31, 2010. These findings were observed in the presence of the Maintenance Director.	K 052	K 052 Ark Systems repaired the problem on 9/7/10. Ark Systems performs quarterly inspections and a report is generated identifying any issue to correct each time there is an indication of a problem. Any issues found will be expected to be repaired at the time of the findings by Ark Systems. Completed work order will be filed in the facilities office. Any issues found and corrected will be reported on at the monthly QA meetings.		9/7/10
K 130 SS=E	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786	K 130			

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K 130	<p>Continued From page 5</p> <p>Based on observations during the Life Safety Code Inspection it was determined that housekeeping and maintenance services were not adequate to ensure that the facility is maintained in a safe and sanitary manner as evidenced by soiled and damaged floors; soiled mop buckets; and soiled housekeeping equipment, in six (6) of six (6) observations; marred and damaged wall surfaces in one (1) of one (1) observation; junction boxes lacked covers and electric and call bell wires were exposed in two (2) of four (4) observations on August 31, 2010. Roaches were observed crawling on the Dining table in one (1) one (1) observation.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Wall surfaces were damaged, floor surfaces were very soiled, floor tiles were damaged near the entrance, mop buckets, carts and housekeeping equipment such as extractors were very soiled the exterior in the Housekeeping Storage Room in six (6) of six (6) observations at 10:30 AM on August 31, 2010. 2. Wall surfaces were marred and damaged in the hallway outside of the Main Laundry in one (1) of one (1) observation at 1:45 PM on August 31, 2010. 3. Junction boxes above ceilings tiles lacked covers, electric and call bell wires were exposed near the Main Laundry Room # 171 and stairwell # 1 in two (2) of four (4) observations on August 	K 130	<p>K 130</p> <ol style="list-style-type: none"> 1. Floor tiles were replaced and the wall was patched and painted. The mop buckets, carts and other housekeeping equipment were cleaned. Random audits will be performed by Housekeeping and Maintenance Supervisors to ensure equipment remains cleaned. All findings will be reported on at the monthly QA meetings 2. The walls were repaired outside of the Laundry room. The walls will be randomly audit to ensure they remain undamaged by the Housekeeping and Maintenance Supervisors. All finding will be reported on at the monthly QA meetings. 3. Cover plates were installed in all areas of exposed wires. Other junction boxes were checked to ensure that all were covered. All junction boxes will be randomly checked by Maintenance Supervisors to ensure boxes remain covered. All findings will be reported on at the monthly QA meetings. 4. All table cloths were immediately removed from all tables and replaced with clean table cloths. No resident were found to be affected by this event. A service call was made to Ecolab Pest Control Company for immediate treatment. Pest control treatment was conducted on the evening of 9/1/10. Daily dining room inspections are being conducted by the Dining Room Supervisors for any evidence of pests. Monthly pest control treatments are scheduled and are being conducted by Ecolab. All findings will be reported on at the monthly QA meetings. 	10/18/10	10/28/10	9/1/2010

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K 130	Continued From page 6 31, 2010. 4. Roaches were observed crawling on dining table and floor surfaces as a resident was waiting for his/her meal in the Main Dining Room on the first floor of the Health Care Center in one (1) of one (1) observations at 12:40 PM on August 31, 2010. The above findings were observed in the presence of the Director of Maintenance.	K 130			
K 144 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. Based on observations during the Life Safety Code Inspection it was determined from log sheets that odometer readings were not consistent to substantiate that the Olympian Generator which serves the Health Care Center is exercised at least 30 minutes each month; in nine (9) of 30 observations. The findings include: During a review of generator log sheets and a survey of the Olympian Emergency Generator, it was determined that odometer reading were nor	K 144	K 144 The issue with the Olympian Generator was corrected on 9/8/10. The readings are now consistent and in ascending order. Maintenance staff were counseled concerning the monthly testing. Log books will be inspected monthly by the Maintenance Supervisor to ensure that the Generator is functioning properly and the numbers are consistent and in ascending order. Findings will be reported at the monthly QA meetings.		9/8/10

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K 144	<p>Continued From page 7</p> <p>consistent nor in an ascending order on log sheets, as evidenced by readings that were lower than the previous weeks exercises on the following dates; March 1, 2010-124.3; March 15, 2010-126.0; March 20, 2010-124.3; April 9, 2010-126.2; April 29, 2010;-129.0; June 3, 2010-133.7; June 27, 2010-133.7; August 24, 2010-139.3 and August 30, 2010- 139.4 in nine (9) of 30 observations at 4:10 PM on August 31, 2010.</p> <p>The above findings were observed in the presence of the Director of Maintenance.</p>	K 144			

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