

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

PRINTED: 10/25/2007
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 09/25/2007
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NAME OF PROVIDER OR SUPPLIER

INGLESIDE PRESBYTERIAN RETIREM

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	K 000		
K 017 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code inspection, it was determined that penetrations were observed in smoke barrier walls. These observations were made in the presence of the Employee #18.</p> <p>The findings include:</p> <p>Basement Level</p>	K 017	<p>1. No residents were affected by this deficiency.</p> <ul style="list-style-type: none"> Penetrations observed around conduit pipes above the electric room door will be sealed as of 11/01/2007. Penetrations observed around the communication wires and in the electric closet will be sealed as of 11/01/2007. Large penetrations observed around the conduit pipe and under the electric panel and in the electric closet will be sealed as of 11/01/2007. Penetrations observed above the tiles near room 169a and in the wall surfaces will be sealed as of 11/01/2007. 	

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

TITLE

(X6) DATE

Deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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>1. Penetrations, approximately two (2) inches were observed around conduit pipes in two (2) of four (4) observations above the electric room door at 9:30 AM on September 25, 29007.</p> <p>2. Penetrations approximately 1-2 inches were observed around communication wires in four (4) of four (4) observations in the electric closet at 9:45 AM on September 25, 2007.</p> <p>3. Large penetrations approximately 12 X 10 inches were observed around conduit pipe and a 2 X 8 inch opening was observed under the electric panel wall in two (2) of five (5) observations in the electric closet at 9:46 AM on September 25, 2007.</p> <p>4. A one (1) inch penetration was observed above tiles near room 169A in one (1) of four (4) observations in wall surfaces at 9:55 AM on September 25, 2007.</p> <p>Upper Level</p> <p>1. A 4 X 6 inch opening was observed around BX cable and a 12 X 6 inch opening were observed around ductwork above tiles in two (2) of six (6) observations near the entrance to the dining room at 10:05 AM on September 25, 2007.</p> <p>2. A two (2) inch opening was observed around BX cable above ceiling tiles in one (1) of two (2) observations near the entrance to the short stay rehabilitation unit at 10:06 AM on September 25, 2007.</p>	K 017	<p>2. Environmental Rounds were conducted 10/12/2007 and no other deficiencies were noted.</p> <p>3. The Maintenance Supervisor or designee will conduct monthly preventive maintenance rounds. All work generated will be completed within 48 - 72 hours with written affirmation.</p> <p>4. The Facility Management Director will conduct random audits and will be presented monthly to the QA committee.</p>	11/09/2007
K 018 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or</p>	K 018		

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K 018	<p>Continued From page 2</p> <p>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 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code inspection, it was determined that smoke barrier, single and fire doors failed to close and latch into frames when tested. These observations were made in the presence of Employee #18.</p> <p>The findings include:</p> <p>1. The entrance door to room 169A failed to close when tested at 10:06 AM in one (1) of three (3) observations of entrance doors on September 25, 2007.</p> <p>2. The entrance door to the bathing room on the upper level failed to close in one (1) of eight (8) observations of bathing room entrance doors at</p>	K 018	<p>K 018 NFPA 101 Life Safety Code Standards</p> <p>1. No residents were affected by this deficiency.</p> <ul style="list-style-type: none"> The entrance door to room 169A will be repaired so that it will positively latch during a normal swing open as of 11/01/2007. The entrance door to the bathing room on the upper level will be repaired to positively latch as of 11/01/2007. The double swing fire doors located at the entrance to the dining room and the door located at the entrance to the lounge on the upper level will be repaired as of 11/01/2007. <p>2. Environmental Rounds were conducted 10/12/2007 and no other deficiencies were noted.</p> <p>3. The Maintenance Supervisor or designee will conduct monthly preventive maintenance rounds. All work generated will be completed within 48 - 72 hours with written affirmation.</p> <p>4. The Facility Management Director will conduct random audits and will be presented monthly to the QA committee.</p>	11/09/2007

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K 018	Continued From page 3 10:20 AM on September 25, 2007.	K 018		
K 045 SS=D	3. The double swinging fire doors located at the entrance to the dining room and doors located at the entrance to the lounge on the upper level failed to close or latch when tested at in two (2) of three (3) observations of fire doors at 11:30 AM on September 25, 2007. NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code inspection, it was determined that light fixtures failed to illuminate the stairwells to provide lighting in the event of a fire. These findings were observed in the presence of Employee #18. The findings include: Light fixtures were not illuminating to provide lighting in stairwells #1 and #6 on the upper level in two (2) of four (4) observations of light fixtures between 10:30 AM and 11:30 AM on September 25, 2007.	K 045	K 045 NFPA 101 Life Safety Code Standards 1. No residents were affected by this deficiency. • -The light fixtures not illuminating in stairwell #1 and #6 on the upper level of the health care center will be replaced as of 11/01/2007. 2. Environmental Rounds were conducted 10/12/2007 and no other deficiencies were noted. 3. The Maintenance Supervisor or designee will conduct monthly preventive maintenance rounds. All work generated will be completed within 48 - 72 hours with written affirmation. 4. The Facility Management Director will conduct random audits and will be presented monthly to the QA committee.	11/09/2007
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786	K 130		

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K 130	Continued From page 4 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code inspection, it was determined that lamps in the stairwells lacked covers. These findings were observed in the presence of Employee #18. The findings include: Lamps in stairwells # 7, 8 and 9 lacked protective covers in three (3) of 10 observations of lamps between 9:30 AM and 11:40 AM on September 25, 2007.	K 130	K 130 NFPA 101 Miscellaneous 1. No residents were affected by this deficiency. <ul style="list-style-type: none"> -The lights cover in stairwell #7, 8 and 9 have been ordered and will be replaced once they are delivered. It is expected that these light covers will be delivered and completed as of 11/01/2007. 2. Environmental Rounds were conducted 10/12/2007 and no other deficiencies were noted. 3. The Maintenance Supervisor or designee will conduct monthly preventive maintenance rounds. All work generated will be completed within 48 - 72 hours with written affirmation. 4. The Facility Management Director will conduct random audits and will be presented monthly to the QA committee.	11/09/2007