

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

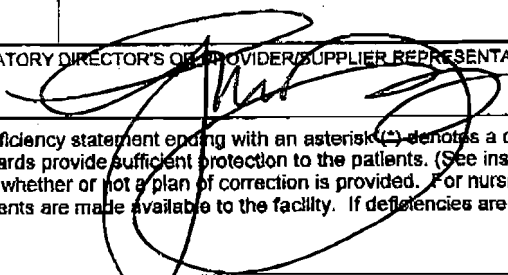
PRINTED: 01/31/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095022	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/11/2008
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NAME OF PROVIDER OR SUPPLIER WASHINGTON NURSING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2426 26TH STREET SE WASHINGTON, DC 20020
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(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)	(X6) COMPLETION DATE
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K 000	INITIAL COMMENTS	K 000	The filing of this Plan of Correction does not constitute an admission that the deficiencies alleged did in fact exist. This Plan of Correction is filed as evidence of the facility's desire to comply with the regulatory requirements of responding to these citations and to continue to provide high quality Resident care	
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:</p> <p>Based on observations during the Life Safety Code inspection, it was determined that smoke barrier walls were not in good condition to prevent the passage of smoke in the event of a fire. These findings were observed in the presence of Employee #4.</p> <p>The findings include:</p> <p>Basement</p>	K 017	<p>1. Basement</p> <p>1. All areas found were corrected at the time of the survey.</p> <p>2. All areas above the ceiling where the smoke barrier has been penetrated were monitored to prevent the passage of smoke.</p> <p>3. Maintenance supervisors will monitor the smoke barriers during their monthly preventative maintenance rounds. They will report their findings to the Director of Maintenance who will schedule any needed repairs.</p> <p>4. The Director of Maintenance will report on this monitoring project with any action plans for improvement to the QA Committee which is chaired by the Administrator and the Safety Committee which is chaired by the Assistant Administrator.</p> <p>5. 2/28/08</p> <p>2. 1. All areas found were corrected at the time of the survey.</p> <p>2. All areas over the telephones rooms where the smoke barrier has been penetrated were monitored to prevent the passage of smoke.</p> <p>3. Maintenance supervisors will monitor the smoke barriers during their monthly preventative maintenance rounds. They will report their findings to the Director of Maintenance who will schedule any needed repairs.</p> <p>4. The Director of Maintenance will report on this monitoring project with any action plans for improvement to the QA Committee which is chaired by the Administrator and the Safety Committee which is chaired by the Assistant Administrator.</p> <p>5. 2/28/08</p>	<p>1/11/08</p> <p>1/15/08</p> <p>2/28/08</p> <p>2/28/08</p> <p>1/11/08</p> <p>1/15/08</p> <p>2/28/08</p> <p>2/28/08</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	Administrator	2/8/08

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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NAME OF PROVIDER OR SUPPLIER WASHINGTON NURSING FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 24 WASHINGTON, DC 20020	
(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 017	<p>Continued From page 1</p> <p>1. A 2 inch penetration was observed in wall surfaces in the electric room around a conduit line near the electric panel in one (1) of one (1) observation at 3:20 PM on January 11, 2008.</p> <p>2. A 2-3 inch penetration was observed around wires that penetrate wall surfaces over the telephone room door in one (1) of one (1) observation at 3:25 PM on January 11, 2008.</p> <p>3. A 2-3 inch penetration was observed around a metal pipe that passes through a wall near the entrance to the main kitchen in one (1) of one (1) observation at 3:48 PM on January 11, 2008.</p> <p>First Floor</p> <p>A 3 inch opening was observed in wall surfaces around ductwork near the nursing office in one (1) of three (3) observations at 4:48 PM on January 11, 2008.</p> <p>Second Floor</p> <p>A 3-4 inch penetration was observed in wall surfaces around BX cable in the panel room in one (1) of six (6) observations at 4:52 PM on January 11, 2008.</p> <p>Employee #4 acknowledged the above findings at the time of the observations.</p>	K 017	<p>3. Basement (continued)</p> <ol style="list-style-type: none"> All areas found were corrected at the time of the survey. All areas above the ceiling where the smoke barrier has been penetrated were monitored to prevent the passage of smoke. Maintenance supervisors will monitor the smoke barriers during their monthly preventative maintenance rounds. They will report their findings to the Director of Maintenance who will schedule any needed repairs. The Director of Maintenance will report on this monitoring project with any action plans for improvement to the QA Committee which is chaired by the Administrator and the Safety Committee which is chaired by the Assistant Administrator. 2/28/08 <p>First Floor</p> <ol style="list-style-type: none"> All areas found were corrected at the time of the survey. All areas above the ceiling where the smoke barrier has been penetrated were monitored to prevent the passage of smoke. Maintenance supervisors will monitor the smoke barriers during their monthly preventative maintenance rounds. They will report their findings to the Director of Maintenance who will schedule any needed repairs. The Director of Maintenance will report on this monitoring project with any action plans for improvement to the QA Committee which is chaired by the Administrator and the Safety Committee which is chaired by the Assistant Administrator. 2/28/08 <p>Second Floor</p> <ol style="list-style-type: none"> All areas found were corrected at the time of the survey. All areas above the ceiling where the smoke barrier has been penetrated were monitored to prevent the passage of smoke. Maintenance supervisors will monitor the smoke barriers during their monthly preventative maintenance rounds. They will report their findings to the Director of Maintenance who will schedule any needed repairs. The Director of Maintenance will report on this monitoring project with any action plans for improvement to the QA Committee which is chaired by the Administrator and the Safety Committee which is chaired by the Assistant Administrator. 2/28/08 	<p>1/11/08</p> <p>1/15/08</p> <p>2/28/08</p> <p>2/28/08</p> <p>1/11/08</p> <p>1/15/08</p> <p>2/28/08</p> <p>2/28/08</p> <p>1/11/08</p> <p>1/15/08</p> <p>2/28/08</p> <p>2/28/08</p>
K 018 SS=E	<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 1 3/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only</p>	K 018	<ol style="list-style-type: none"> Maintenance supervisors will monitor the smoke barriers during their monthly preventative maintenance rounds. They will report their findings to the Director of Maintenance who will schedule any needed repairs. The Director of Maintenance will report on this monitoring project with any action plans for improvement to the QA Committee which is chaired by the Administrator and the Safety Committee which is chaired by the Assistant Administrator. 2/28/08 	<p>2/28/08</p>

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NAME OF PROVIDER OR SUPPLIER WASHINGTON NURSING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2426 26TH STREET SE WASHINGTON, DC 20020
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K 018	<p>Continued From page 2</p> <p>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:</p> <p>Based on observations during the Life Safety Code inspection, it was determined that double and single fire doors failed to close and latch into frames. These findings were observed in the presence of Employee #4.</p> <p>The findings include:</p> <p>Basement</p> <p>1. Double swinging fire doors located at the entrance to the personal clothing room failed to close or latch into frames in one (1) of five (5) observations at 3:16 PM on January 11, 2008.</p> <p>2. Double swinging fire doors located on the clean side of the laundry room were damaged and failed to close and latch into frames in two (2) of five (5) observations at 3:20 PM on January 11, 2008.</p>	K 018	<p>Basement (K018 continued)</p> <p>1. Maintenance attempted to fix this set of double doors but concluded that they needed to be replaced. A quote for replacement has been secured from Precision Doors.</p> <p>2. All double swinging fire doors were monitored to ensure proper latching into the frame. Repairs were made when necessary.</p> <p>3. Maintenance supervisors will monitor the double swinging doors during their monthly preventative maintenance rounds. They will report their findings to the Director of Maintenance who will schedule any needed repairs or replacements.</p> <p>4. The Director of Maintenance will report on this monitoring project with any action plans for improvement to the QA Committee which is chaired by the Administrator and the Safety Committee which is chaired by the Assistant Administrator.</p> <p>5. 2/28/08</p> <p>2. 1. Maintenance attempted to fix this set of double doors but concluded that they needed to be replaced. A quote for replacement has been secured from Precision Doors.</p> <p>2. All double swinging fire doors were monitored to ensure proper latching into the frame. Repairs were made when necessary.</p> <p>3. Maintenance supervisors will monitor the double swinging doors during their monthly preventative maintenance rounds. They will report their findings to the Director of Maintenance who will schedule any needed repairs or replacements.</p> <p>4. The Director of Maintenance will report on this monitoring project with any action plans for improvement to the QA Committee which is chaired by the Administrator and the Safety Committee which is chaired by the Assistant Administrator.</p> <p>5. 2/28/08</p>	<p>2/28/08</p> <p>1/15/08</p> <p>2/28/08</p> <p>2/28/08</p> <p>2/28/08</p> <p>1/15/08</p> <p>2/28/08</p> <p>2/28/08</p>
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NAME OF PROVIDER OR SUPPLIER WASHINGTON NURSING FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 2425 26TH STREET SE WASHINGTON, DC 20020		
(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 018	Continued From page 3 First Floor Entrance doors to room 123, 138, 152, 157 and tub room failed to close and latch into the frame in five (5) of 10 observations between 3:50 PM and 4:15 PM on January 11, 2008. Employee #4 acknowledged the above findings at the time of the observations.	K 018	First Floor (K018 continued) 1. Maintenance was successful in repairing all of the doors cited at the time of the survey. 2. All entrance fire doors were monitored to ensure proper latching into the frame. Repairs were made when necessary. 3. Maintenance supervisors will monitor the entrance fire doors during their monthly preventative maintenance rounds and during the fire drills. They will report their findings to the Director of Maintenance who will schedule any needed repairs. 4. The Director of Maintenance will report on this monitoring project with any action plans for improvement to the QA Committee which is chaired by the Administrator and the Safety Committee which is chaired by the Assistant Administrator. 5. 2/28/08	1/11/08 1/15/08 2/28/08 2/28/08	
K 045 SS=D	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 stairwell lamps were not illuminated to provide lighting in stairwells. These findings were observed in the presence of Employee #4. The findings include: Overhead lamps in stairwells were not illuminated to provide lighting in egress areas, near rooms 241 and 341 in two (2) of 14 observations between 4:48 PM and 5:38 PM on January 11, 2009. Employee #4 acknowledged the above finding at the time of the observations.	K045	K045 - Stairwell Lamps 1. Maintenance was successful in repairing all of the lamps cited at the time of the survey. 2. All stairwell lamps were monitored to ensure proper lighting of the stairwells. Repairs were made when necessary. 3. Maintenance supervisors will monitor the stairwell lamps during their monthly preventative maintenance rounds. They will report their findings to the Director of Maintenance who will schedule any needed repairs. 4. The Director of Maintenance will report on this monitoring project with any action plans for improvement to the QA Committee which is chaired by the Administrator and the Safety Committee which is chaired by the Assistant Administrator. 5. 2/28/08	1/11/08 1/15/08 2/28/08 2/28/08	
K 048 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD	K 048			

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K 048	<p>Continued From page 4</p> <p>There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observations during the Life Safety Code Inspection, it was determined that written evacuation plans failed to match the actual layout of the facility to assist with evacuations in the event of a fire. These findings were observed in the presence of Employee #4.</p> <p>The findings include:</p> <p>Evacuations routes posted on walls in the hallways failed to match the actual layout of the facility. In the evacuation drawings, the south side of the building was identified as east and the north side of the building was identified as west in the following areas: medical records, 1 South nurse's station, rooms 103, 142, 229, 304, 329, 1South electric room, 1South tub room, 3South stairwell and 3South nurse's station in 11 of 11 observations between 3:16 PM and 6:30 PM on January 11, 2008.</p> <p>Employee #4 acknowledged the above findings at the time of the observations.</p>	K 048	<ol style="list-style-type: none"> 1. The specific evacuation plans were sent to Inspector William Harrison for review and comment per the request and suggestion of Ted Fykes. These evacuation plans are the same routes posted in the same areas for the last 24 years (since the facility's opening in 1983). They were all redone in 2007 in a permanent plexi-glass material as part of the facility's renovation project. 2. All of the evacuation plans were sent to Inspector William Harrison for review and comment. His response has yet to be received. 3. The Maintenance Director will adjust the evacuation routes, if necessary once comments from Inspector Harrison are received back. 4. The Director of Maintenance will report on this project with any action plans for improvement to the QA Committee which is chaired by the Administrator and the Safety Committee which is chaired by the Assistant Administrator. 5. 2/28/08 	<p>1/14/08</p> <p>1/14/08</p> <p>2/28/08</p> <p>2/28/08</p>
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