PRINTED: 07/18/2009 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUII		PLE CONSTRUCTION S 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED	
		095022	B. WIN		——————	03/0	E/2000
NAME OF PR	OVIDER OR SUPPLIER			STR	REET ADDRESS, CITY, STATE, ZIP CODE		5/2009
•	STON NURSING FACI	штү	İ	2	425 25TH STREET SE VASHINGTON, DC 20020		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES F BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DE	e cross.	(X5) COMPLETION DATE
K 000	INITIAL COMMENT	s	К	000			
	annual Life Safe Co the following finding						
K 018	NFPA 101 LIFE SA	FETY CODE STANDARD	K	018	NFPA 101 Life Safety Code Star	ndard	
SS=E	required enclosures hazardous areas an those constructed o wood, or capable of minutes. Doors in s	rridor openings in other than of vertical openings, exits, or e substantial doors, such as f 1¾ inch solid-bonded core resisting fire for at least 20 eprinklered buildings are only	,		 Doors which failed to have a platch at the time of the survey har repaired. All doors in the facility were continuous. 	positive ave been hecked	3/27/09
	no impediment to th	e passage of smoke. There is e closing of the doors. Doors means suitable for keeping the			to ensure a positive latch and re- were made whenever necessary		4/3/09
	door closed. Dutch permitted. 19.3.6.	doors meeting 19.3.6.3.6 are .3. rohibited by CMS regulations in			3. The Maintenance Supervisor a team which is charged with the responsibility to routinely check t doors of the facility through the Maintenance Quality Improveme Program. The results of that da collection will be forwarded to the Director of Maintenance for revie he will establish an Action Plan ficorrection whenever appropriate	ent ent eta e ew and or	4/3/09
	Based on observation in was de fire doors and smok into frames when te				4. The Director of Maintenance present the findings of the Mainte Program data collection and actiplans to the Quality Improvement Committee which meets quarterly chaired by the Administrator.	enance QI on t y and is	4/3/09
ABORATORY	DIRECTOR'S OR CHEST IDEA	SUPPLIER REPRESENTATIVES SIGNATURE	2		Administrator	71	100 DATE 109
any deficiency	statement anding with an	esterisk (*) denotes a deflorency which the	inatitutio	n ma	v be excused from correcting providing it is de	etermined the	dhor

Any deficiency statement ending with an esterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient projection to the patients. (Seekinstructions.) 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 tocuments are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

ORM CMS-2567(02-93) Previous Versions Obsolete

Event ID; WP8P21

Fecility ID; WASHNURS

If continuation sheet Page 1 of 3

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	T OF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SUF COMPLET A. BUILDING 01 - MAIN BUILDING 01						
•		095022	B. WING	;		03/2	5/2009
	OVIDER OR SUPPLIER	LITY		24	EET ADDRESS, CITY, STATE, ZIP CODE 425 25TH STREET SE /ASHINGTON, DC 20020		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES I BE PRECEDED BY FULL REGULATORY INTIFYING INFORMATION)	PREFIX		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOULD B REFERENCED TO THE APPROPRIATE DE	E CROSS-	(X5) COMPLETION DATE
K 000	INITIAL COMMENT	S	K 0	00			
		ons and interview during the de survey on March 25, 2009 s were observed.			. •		
K 018 SS=E		FETY CODE STANDARD	K 0	18	NFPA 101 Life Safety Code Star	ndard	
	required enclosures hazardous areas are those constructed o wood, or capable of minutes. Doors in s required to resist the no impediment to the are provided with a door closed. Dutch permitted. 19.3.6.	rohibited by CMS regulations in			 Doors which failed to have a latch at the time of the survey harepaired. All doors in the facility were of to ensure a positive latch and rewere made whenever necessary The Maintenance Supervisor a team which is charged with the responsibility to routinely check doors of the facility through the Maintenance Quality Improveme Program. The results of that decollection will be forwarded to the Director of Maintenance for reviewe will establish an Action Plant correction whenever appropriate 	hecked pairs will lead ethe ent eta eew and or	3/27/09 4/3/09 4/3/09
	Based on observation in the doors and smok into frames when te	e findings were observed in the ntenance Director.			4. The Director of Maintenance present the findings of the Maint Program data collection and actiplans to the Quality Improvement Committee which meets quarterly chaired by the Administrator.	enance QI on it	4/3/09
LABORATORY	DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) 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.

	OF DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER:	A. BUII	LDING		COMPLET		
	<u> </u>	095022	B. Will	_		03/2	5/2009	
NAME OF PROVIDER OR SUPPLIER WASHINGTON NURSING FACILITY			٠	2	REET ADDRESS, CITY, STATE, ZIP CODE 425 25TH STREET SE VASHINGTON, DC 20020			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEF	CROSS-	(X5) COMPLETION DATE	
K 018	Continued From pa	ige 1	K	018	·			
		nd single doors failed to close or ue to damage when tested in the						
	located on the boild damaged and faile entrance doors to t	e (1) inch vertical metal strip er room entrance door was d to seal a gap between the he boiler room door located in the (1) of one (1) observation at the 25, 2009.						
	the entrance to the located near the St latch into frames w	ble swinging fire doors located at "B" side and double doors affing Office failed to close and hen tested at 11:40 AM in two (2) rations at 11:40 AM on March 25,						
·	at the entrance to t and latch into frame damaged door hard	buble swinging fire doors located he dining room failed to close es on the "A" side due to dware in one (1) of two (2) 0 PM on March 25, 2009.				~		
	close and latch into	exit door near room 320 failed to frames without assistance when four (4) observations at 3:10 PM					·	
	determined that the lounge was held or				Doors which were held open wany assistive device were repaired and the door stop was removed.		3/27/09	
	_	it 3 North it was determined			All doors in the facility were characteristics and to ensure all door closure devices properly.		4/3/09	

	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION DENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING			(X3) DATE SUF COMPLETI			
		095022	B. WING	3		03/2	5/2009
NAME OF PROVIDER OR SUPPLIER WASHINGTON NURSING FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 2425 25TH STREET SE WASHINGTON, DC 20020				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD E REFERENCED TO THE APPROPRIATE DE	E CROSS-	(X5) COMPLETION DATE
K 018	that the Lounge entropen with a metal do from closing without assistance in	rance door was improperly held oor stop, prohibiting the door	K	018	3. The Maintenance Supervisor a team which is charged with the responsibility to routinely check doors and door closures throug Maintenance Quality Improveme Program. The results of that da collection will be forwarded to the Director of Maintenance for reviewe will establish an Action Plant correction whenever appropriate	e the h the ent ata e ew and for	4/3/09
	,				4. The Director of Maintenance present the findings of the Maint Program data collection and act plans to the Quality Improvemer Committee which meets quarter chaired by the Administrator.	tenance QI ion nt	4/3/09
						·.	
ji ,							·

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUIL	.DING	PLE CONSTRUCTION O1 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED	
		095022	B. WIN	G		03/2	5/2009
	COVIDER OR SUPPLIER	LITY	·	2	EET ADDRESS, CITY, STATE, ZIP CODE 425 25TH STREET SE VASHINGTON, DC 20020	· · · · · · · · · · · · · · · · · · ·	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOULD B REFERENCED TO THE APPROPRIATE DE	E CROSS-	(X5) COMPLETION DATE
K 000	INITIAL COMMENT	s	K	000			
	annual Life Safe Co the following finding					·	
K 018 SS=E		FETY CODE STANDARD	K	018	NFPA 101 Life Safety Code Sta	ndard	
	required enclosures hazardous areas are those constructed of wood, or capable of minutes. Doors in s	of vertical openings, exits, or esubstantial doors, such as f 13/4 inch solid-bonded core resisting fire for at least 20 prinklered buildings are only expassage of smoke. There is			 Doors which failed to have a latch at the time of the survey harepaired. All doors in the facility were to ensure a positive latch and re 	ave been hecked	3/27/09
	no impediment to the are provided with a	e closing of the doors. Doors means suitable for keeping the doors meeting 19.3.6.3.6 are			were made whenever necessary 3. The Maintenance Supervisor a team which is charged with the	will lead	4/3/09
	Roller latches are pr all health care facilit	ohibited by CMS regulations in ies.			responsibility to routinely check doors of the facility through the Maintenance Quality Improveme Program. The results of that da collection will be forwarded to the Director of Maintenance for review he will establish an Action Plant correction whenever appropriate	ent ta e ew and or	4/3/09
	Based on observation Inspection it was defire doors and smoking into frames when test	e findings were observed in the ntenance Director.	•		4. The Director of Maintenance present the findings of the Maint Program data collection and actiplans to the Quality Improvemer Committee which meets quarter chaired by the Administrator.	enance QI on it ly and is	4/3/09
LABORATORY	DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) 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.

	F CORRECTION	IDENTIFICATION NUMBER:	A. BUII	DING	01 - MAIN BUILDING 01	COMPLET			
		095022	B. WIN	G		03/2	5/2009		
	NAME OF PROVIDER OR SUPPLIER WASHINGTON NURSING FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 2425 25TH STREET SE WASHINGTON, DC 20020					
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	STATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY DENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD E REFERENCED TO THE APPROPRIATE DE	BE CROSS-	(X5) COMPLETION DATE		
K 018	Continued From pa	age 1	K	018			-		
·		and single doors failed to close or ue to damage when tested in the							
	located on the boil damaged and faile entrance doors to	e (1) inch vertical metal strip er room entrance door was d to seal a gap between the the boiler room door located in ne (1) of one (1) observation at h 25, 2009.							
	the entrance to the located near the S latch into frames w	ble swinging fire doors located at e "B" side and double doors taffing Office failed to close and then tested at 11:40 AM in two (2) vations at 11:40 AM on March 25,							
	at the entrance to the and latch into fram damaged door har	ouble swinging fire doors located the dining room failed to close es on the "A" side due to dware in one (1) of two (2) 80 PM on March 25, 2009.							
	close and latch into	exit door near room 320 failed to be frames without assistance when four (4) observations at 3:10 PM							
	determined that the lounge was held of This finding was of Maintenance Direct				Doors which were held open any assistive device were repair and the door stop was removed.	ed	3/27/09		
	The findings include During a tour of Ur	nit 3 North it was determined		1	2. All doors in the facility were on the consure all door closure device properly.		4/3/09		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUIL		LE CONSTRUCTION 01 - MAIN BUILDING 01		X3) DATE SURVEY COMPLETED			
	095022	B. WIN	G	<u> </u>	03/25	5/2009			
NAME OF PROVIDER OR SUPPLIER WASHINGTON NURSING FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 2425 25TH STREET SE WASHINGTON, DC 20020						
PREFIX (EACH DEFICIENCY MUST	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY		ID PROVIDER'S PLAN OF COR PREFIX (EACH CORRECTIVE ACTION SHO TAG REFERENCED TO THE APPROPRIA		ULD BE CROSS- COMÈ				
open with a metal defrom closing without assistance in	rance door was improperly held por stop, prohibiting the door	K	018	3. The Maintenance Supervisor a team which is charged with the responsibility to routinely check to doors and door closures through Maintenance Quality Improvement Program. The results of that da collection will be forwarded to the Director of Maintenance for review he will establish an Action Plan from the Correction whenever appropriated. The Director of Maintenance present the findings of the Maintenance present the findings of the Maintenance program data collection and action plans to the Quality Improvement Committee which meets quarter chaired by the Administrator.	e the the ent ta e e e w and or will enance QI on t	4/3/09 4/3/09			