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

PRINTED: 02/27/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HCFD020030	A. BUILDING 7W - UNITED MEDICAL NURSING CENTER B. WING _____	02/25/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED MEDICAL NURSING HOME	1310 SOUTHERN AVENUE, SE WASHINGTON, DC 20032

(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 survey was conducted on February 25, 2009, of the nursing facility located in an eight (8) story hospital building to determine compliance with applicable provisions of the 2000 edition of the Life Safety Code. The survey was conducted through observation of the interior and exterior of the building and included the installed sprinkler system, smoke detectors, fire panel, etc., and through interviews with the staff.	K 000	K130 **1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?** The elevator recall system will be repaired by host hospital December 31, 2009. The nursing center will be requesting a like waiver as host did see attached letter. **2. How will you identify other resident's having the potential to be affected by the same deficient practice and what corrective action will be taken?** The elevator recall system will be repaired by host hospital December 31, 2009. The staff will continue to monitor all residents to ensure that no resident will be affected by this deficient practice. **3. What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?** Staff in-service completed on hospital emergency response and evacuation plan as a component of their orientation. Fire drills will be held in accordance with the life safety code requirements. 2/26/2009. **4. How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be in place?** Update status for completion of work Reported on a quarterly basis via Quality Assurance and Quality Improvement meetings as well as with communication with host hospital via Environment of Care meetings.	02/27/09
K 130 SS=C	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 2000 Life Safety Code -LSC 9.4.3.2 Fire Fighter's Service All existing elevators having a travel of 25feet (7.6m) or more above or below the level that best serves the needs of emergency personnel for fire fighting or rescue purposes shall conform to the Fire Fighters's Service requirements of ASME/ANSI A17.3 Safety Code for Existing Elevators and Escalators. Based on record review the host (hospital) building's elevator system is not equipped with Fire Fighter's Service (elevator recall). However, it is noted that the host building was granted an extended plan of correction to accommodate corrections to deficiencies cited under Life Safety Code resulting from the host (hospital) buildings recertification survey conducted on January 18.	K 130		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Rose Marie Williams	Administrator	2/27/09

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 130	Continued From page 1 2008. Specially K130 (Fire fighters's Service/elevator recall) was cited and the Centers for Medicare and Medicaid Services (CMS) granted an approved extended plan of correction that expires on December 15, 2009. There was no observed risk to the residents during the survey inspection.	K 130		