

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

PRINTED: 10/20/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095014	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/15/2014
NAME OF PROVIDER OR SUPPLIER WASHINGTON CTR FOR AGING SVCS			STREET ADDRESS, CITY, STATE, ZIP CODE 2601 18TH STREET NE WASHINGTON, DC 20018	
(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	Stoddard Baptist Global Care Washington Center for Aging Services (SBGC), is filing this Plan of Correction in accordance with the Compliance requirements for Federal and State regulations.	
K 048 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</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 Evacuation Routes posted in the hallways lacked specific information to direct residents and staff to the nearest exit in the event of an emergency in nine (9) of nine (9) observations.</p> <p>The findings include:</p> <p>Through observation and interview it was determined that Evacuation Routes in the hallways failed to list the Exit Stairwell, Elevator and Pull Stations on each drawing. This information serves to direct residents and staff to the nearest exit in the event of an emergency as required in accordance with NFPA [National Fire Protection Association] 2000 18.7.1. This observation was made on each floor throughout the facility in nine (9) of nine (9) observations between 2:20 PM and 6:45 PM on September 15, 2014.</p>	K 048	<p>This Plan of Correction constitutes the facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction does not constitute admission of facts or conclusions cited.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>K 048</p> <p>1. The evacuation routes in the hallways provide a visible route for egress to assure the safety of staff/residents. In addition to, the orientation and annual fire/safety education, which includes evacuation routes. To enhance these interventions and comply with the regulations the location of the exit stairwells, elevator and pull station on each drawing will be added to the evacuation routes. Upon observation of this finding the Director of Engineering on 9/3/14 contacted three vendors to request proposals to correct this finding. The vendors are scheduled to be onsite to provide an estimate for this work 11/3-11/7/14.</p>	11/30/14

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

TITLE

(X6) DATE

Denise C. Woodcock Wright Licensed Nursing Home Administrator 10/21/14

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 056 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observations and interview during the Life Safety Code Inspection, it was determined that sprinkler heads were not installed throughout the building as evidenced by showers and toileting areas that lacked sprinklers in four (4) of 12 observations. These findings were observed in the presence of Maintenance Staff.</p> <p>The findings include:</p> <p>Through observation and interview, it was determined that sprinklers were not installed over the toilet and showers in the Resident Bathing/Toilet Areas as required in NFPA [National Fire Protection Association] 19.1.6 and NFPA 19.3.5.</p> <p>The following Toilet Shower Areas lacked sprinkler heads in four (4) of 12 observations:</p> <p>1 Orange Rooms 165B and 165C</p>	K 056	<p>2. Signage that is in place throughout the facility was checked and as stated above in #1 on 9/3/14 three vendors have been contacted to request a proposal to complete this work. Staff and residents were not affected by this finding.</p> <p>3. An in-service was provided for the Engineering staff regarding required regulatory signage on 10/27/14.</p> <p>4. A Preventative Maintenance Program will be initiated as of 11/2/14 to monitor and inspect facility signage quarterly. Findings will be reported to the Quality Improvement Committee for at least one year prior to the Quality assurance committee discontinuing this monitor.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>K056</p> <p>1. Existing external sprinkler heads to provide coverage to the areas identified. Toilet/Shower areas that have been identified not having direct sprinkler heads in the four (4) of twelve (12) observations.</p>	<p>11/30/14</p> <p>10/27/14</p> <p>11/2/14</p> <p>11/30/14</p>

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K 056	Continued From page 2 3 Green Rooms 366G and 367A The findings were observed between 2:30 PM and 5:30 PM on September 15, 2014 in the presence of the maintenance director who acknowledged the findings.	K 056	Continued From page 2 Rooms #165B and 165C on the 1 Orange Unit and 366G and 367A on the 3 Green Unit lacked sprinkler heads. A vendor as of 9/3/14 has been contacted to provide a proposal and plan for installation. 2. The residents will utilize other shower rooms until the new sprinkler heads have been installed to prevent any negative outcomes to the residents. 3. Ark Systems was contacted on 9/3/14 and the first available appointment is November 4, 2014. An inspector from Ark Systems will conduct an assessment and submit a plan to install the new sprinkler heads to the areas identified. 4. Effective 11/2/14 a monitoring of the sprinkler heads will be conducted monthly and reported quarterly to the Quality Improvement Committee for at least one year prior to being discontinued by the committee.	9/16/14 11/2/14