

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

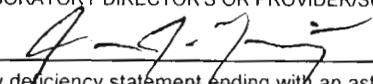
PRINTED: 09/26/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095027	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/07/2006
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NAME OF PROVIDER OR SUPPLIER MEDLINK NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONST. AVE. NE WASHINGTON, DC 20002
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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)	(X5) COMPLETION DATE
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K 000	<p>INITIAL COMMENTS</p> <p>An annual Life Safety Code inspection was conducted on September 7, 2006. Based on observations the following deficiency was cited.</p>	K 000		
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 1¾ 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 fire and smoke barrier doors failed to latch and close. These findings were observed in the presence of the Maintenance Director.</p> <p>The findings include:</p>	K 018		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Administrator</i>	(X6) DATE <i>10/10/06</i>
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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 018	Continued From page 1 Smoke barrier and fire doors in the hallways and common areas failed to latch and close in the following areas: Fourth Floor double fire doors near the south elevator and smoke barrier doors near room 4146 and men's rest room in three (3) of seven (7) observations between 3:05 PM and 3:30 PM on September 7, 2006. Fifth Floor double fire doors near 5102, soiled utility room, nourishment room and day room doors in four (4) of seven (7) observations between 3:35 PM and 3:58 PM on September 7, 2006. Sixth Floor single fire door for room 6117, nourishment room and electric room; double smoke barrier doors near room 6118; and double fire doors near the south side elevator in five (5) of seven (7) observations between 4:00 PM and 4:30 PM on September 7, 2006.	K 018	The Engineering Department has repaired all smoke barriers on the floors identified in the survey. The Engineering Department will check all other areas and repair. All smoke barriers will be checked during environmental rounds by Engineering Department Director/Designee. The Engineering department will report all findings to the CQI Committee quarterly.	10/22/06 10/22/06 10/22/06 Jan 07 Apr 07 Jul 07