

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

PRINTED: 03/26/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>095039</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>7W - UNITED MEDICAL</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/28/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>UNITED MEDICAL NURSING HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1310 SOUTHERN AVENUE, SE WASHINGTON, DC 20032</b>	
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K 000	INITIAL COMMENTS  The recertification Life Safety Code Inspection was initiated on January 22, 2010 and completed on January 28, 2010. The following deficiencies are based on observations, record review, and interview.  An Immediate Jeopardy was identified on Friday, January 22, 2010 at 8:17 PM for CFR 483.70(a) Life Safety from Fire. The Immediate Jeopardy was lifted on Thursday, January 28, 2010 at 6:00 PM.	K 000	This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, United Medical Nursing Center does not admit that the deficiencies listed in this document (2567) exist, nor does the facility admit to any statements, findings, facts or conclusions that form the basis of the alleged deficiencies. The facility reserves the right to challenge in legal proceedings, all deficiencies, statements, findings, facts, and conclusions that form the basis of the alleged deficiency. Our allegation of compliance for all alleged deficiencies is 4/28/2010.	
K 017 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  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  This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection the following penetrations were observed: in wall surfaces and around	K 017	K 017 (D) NFPA 101 LIFE SAFETY CODE STANDARD 1. #1, #2, #3, & #4 1. The small opening cited in the 7 West Floor stairwell was patched immediately. The opening cited around conduit pipe passing through wall surfaces from the hallway to the electric closet was patched immediately. The penetrations cited around communication wires and conduit pipe around the 6 East Electric room closet was patched immediately. The two (2) bundles of communication wires cited in the telephone closet on units 6 North and 6 East were patched immediately. 2. The Director of Plant Operations will monitor all construction work completed within the facility and ensure penetrations are patched per policy. 3. All plant operations staff will be in-serviced on proper construction policies and procedures. The Plant Operations Manager or designee will complete the in-service	

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.

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K 017	Continued From page 1 communication wires and conduit pipe in 7 West Floor stairwell one (1) of two (2) observations at 3:15 PM; surfaces in the 7 West Floor stairwell in one (1) of two (2) observations; around communication wires and conduit pipe in the 6 East Electric Room closet in one of two (2) observations and in the telephone closet on Units 6 North and 6 East in two (2) of two (2) observations.  The findings include:  Penetrations were observed in wall surfaces, around conduit and communication wires in electric and telephone closets.  1. A small opening approximately 2 inches was observed in wall surfaces in the 7 West Floor stairwell, in one (1) of two (2) observations at 3:15 PM on January 21, 2010.  2. A 1-2 inch opening was observed around conduit pipe that passes through wall surfaces from the hallway into the electric closet, in one (1) of two (2) observations at 3:25 PM on January 19, 2010.  3. Penetrations 1-2 inches were observed around communication wires and conduit pipe in the 6 East Electric Room closet, in one of two (2) observations at 4:15 PM on January 19, 2009.  4. Two (2) bundles of communication wires were observed to have openings in the telephone closet on Units 6 North and 6 East, in two (2) of two (2) observations between 4:00 PM and 4:20 PM on January 19, 2010.	K 017	training by 04/28/2010. 4. Findings will be monitored monthly, by the Environment of Care Coordinator or designee starting April 2010, and then quarterly starting August 2010 in QA.	04/28/2010	
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD	K 018			





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K 130	<p>Continued From page 4</p> <p>floor; it was determined that six (6) of six (6) elevators failed to return to the lobby and service side as stated in the Elevator Recall Policy, staff failed to turn off elevators and elevator keys were not available to bring the elevators down manually, staff positioned themselves in front of the elevators however they were not able to remove elevators from service due to the lack of keys to remove lobby and service side elevators from service.</p> <p>The findings include:</p> <p>Based on observation of the facility's staff performance to implement the Interim Life Safety Plan, a fire drill to test the facility's response to manual recall of elevators to the first floor lobby and service elevators to the ground floor; it was determined that six (6) of six (6) elevators failed to return to it's appropriate location as indicated in the Interim Life Safety Plan. Staff failed to turn off elevators and elevator keys were not available to bring the elevators down manually. In addition staff positioned themselves in front of the elevators however they were not able to remove elevators from service due to the lack of elevator keys. Cross Reference CFR 483.70(a) Life Safety from Fire</p> <p>The findings include:</p> <p>A fire drill was conducted in the facility by having staff activate the pull station alarm on the Seventh Floor to test the recall of elevators by staff. According to the Interim Life Safety Plan when the alarm sounds on each floor within the building and Security staff are to position themselves in front of elevators, the alarm announcement informs staff, visitors and patients that an emergency is in progress and to use the stairs</p>	K 130	<p>K 130 NFPA 101 MISCELLANEOUS 1.</p> <ol style="list-style-type: none"> <li>1. Additional keys were cut, and distributed to the Director of Security, the Security Command Center, and the Main Security Desk. The Interim Life Safety Measures policy was revised by the Executive Director Project Management and submitted to the Department of Health, and Fire and Emergency Management Systems Agency on January 27, 2010 at 5:17pm. A fire drill was conducted to verify that the Interim Life Safety Plan was followed through appropriately, that the elevator keys were available, that the elevators came down to the ground floor, and staff were in compliance.</li> <li>2. Fire Drills will be conducted monthly by the Director of Security and the Environment of Care Coordinator to ensure proper response of staff, proper function of elevator recall, and that elevator keys are in place.</li> <li>3. Staff was in-serviced on January 28, 2010 on revised Interim Life Safety Elevator Recall Plan. Director of Security performed in-services.</li> <li>4. Findings will be monitored monthly, and then quarterly in QA, by the Environment of Care Coordinator.</li> </ol>	4/28/10	

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K 130	<p>Continued From page 5</p> <p>instead of elevators; Security staff are to prevent patients, staff and visitors from entering the elevator, when elevators are recalled manually, staff are to turn each elevator off with a key and remove elevators from service in the lobby and service sides, the roaming security guard will check the Emergency Room elevator and staff on each floor are to ensure that elevators are not available for staff, patient and visitors.</p> <p>The Pull station was activated on the Seventh Floor at approximately 3:45 PM on January 22, 2010, it was determined that a staff positioned himself/herself in front of elevators on the service side of the first floor. One (1) of three (3) service elevators returned to the first floor, staff were questioned why the other two (2) service elevators failed to return to the first floor. Staff responded and stated that service elevators return to the ground floor instead of the first floor. A surveyor went to the ground floor and it was determined that staff were not present on the ground floor and the two (2) of the three (3) service elevators were not recalled to the ground floor as stated by Security staff.</p> <p>An observation that was made in the Lobby on the first floor revealed the following: patient elevator # 1 returned to the first floor when recalled by Security Staff, however a key was not available to turn elevators off on the inside elevator panel nor from the switch panel on the wall outside in front of elevators to remove them from service.</p> <p>A staff person stood in front of patient elevator # 1 to prevent the elevator doors from closing and to prevent the elevator from returning to service. Patient elevator # 2 remained on the 6th floor and</p>	K 130		04/16/2010	

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K 130	<p>Continued From page 6</p> <p>patient elevator # 3 remained on the ground floor during the test. It was also determined that only one (1) key was available for staff to recall elevators and remove them from service.</p> <p>The Host Hospital staff (supervisor) that was in possession of the elevator key responded to the seventh floor when the alarm annunciated. Security staff stationed at the ground floor and in the lobby had to wait for the Staff member with the key to return from the Seventh floor to the first floor to recall the elevators.</p> <p>These findings were observed in the presence of Employee #16 and Employee #17.</p> <p>The facility's Interim Life Safety plan for manual recall of the elevators was not implemented as presented.</p> <p>Further investigation at approximately 8:00PM revealed the host hospital staff had left the premises with the only identified key to recall the elevators to have duplicate keys made.</p> <p>An Immediate Jeopardy was identified on Friday, January 22, 2010 at 8:17 PM for CFR 483.70(a) Life Safety from Fire for failure of staff to follow its interim plan for manual elevator recall submitted to the Centers for Medicare and Medicaid Services (CMS) on January 12, 2010. Failure to implement this interim plan placed the residents at increased risk for injury in case of a fire in the facility.</p> <p>The host hospital management staff was notified and they provided a plan of correction at approximately 10:30 PM on January 22, 2010.</p> <p>On January 22, 2010, at approximately 10:40 PM the staff returned to the facility with keys so that each (security) participant will have a key to remove elevators from service. The alarm was</p>	K 130		

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K 130	<p>Continued From page 7</p> <p>sounded by activating the pull station on the Seventh Floor; service elevators were recalled to the ground floor manually and it was determined that each elevator could be turned off and taken out of service turning the switch panel on the outside of each elevator to the off position. The Lobby elevator was tested and patient elevators #1 and # 2 were able to be removed from service by turning the on/ off switch inside of elevators to the off position. The key provided failed to turn patient elevator # 3 off and the elevator attempted to respond to a call from one of the upper floors. The switch panel on the exterior of elevators in the lobby could not be turned off with the key that was provided. A request was made for the facility to revise its plan to include a change for patient elevator # 3.</p> <p>An amended plan of correction was submitted at 11:50 PM on January 22, 2010 for one (1) visitor elevator that was put into the lock mode until a new tumbler could be fitted for a key. The facility's plan is to call patient elevator # 3 manually to the First Floor and staff are to call via radio to a person positioned in the elevator power room who will turn the power switch to an off position taking elevator # 3 out of service.</p> <p>The policy was amended again with a change to accommodate the operation and removal from service of elevator # 3.</p> <p>The State Agency remained on the premises until 12:30 AM on January 23, 2010.</p> <p>On Monday, January 25, 2010 the Host Hospital staff had keys made for Elevators, and the tumbler repair was made to the patient elevator. Fire and Emergency Services (FEMS) Inspector</p>	K 130			

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K 130	<p>Continued From page 8</p> <p>[Name] made an onsite visit to verify the function of manual elevator recall.</p> <p>An observation was made on the morning of January 26, 2010 at approximately 9:30AM a fire alarm was activated. It was noted at approximately 9:52AM that service elevator #6 came to the 6th floor in response to an employee pressing the button for an elevator before the code Red was cleared. The staff heard the announcement that the elevators were recalled and secure. It was determined that elevator #6 responded to a (signal) call and was not maintain on the ground level as per the plan. At approximately 9:55AM the Code Red was cleared.</p> <p>Subsequent to the failure to secure patient service elevator #6 facility staff proceeded to retest the elevator recall system.</p> <p>While facility staff were in the process of re-testing the recall of elevators a Passenger was noted on service elevator #4. When it stopped on the 6th floor before continuing to go up, Employee #14 stated the elevator would complete its program before it would respond to manual recall.</p> <p>On Tuesday, January 26, 2010 it was observed by members of the survey team that the nursing home staff failed to implement its interim plan that was submitted on January 22, 2010. Facility staff demonstrated lack of knowledge regarding the "All clear" signal for a fire drill and use of the elevators during a fire drill. Fire Drills were observed by members of the survey team.</p> <p>On Wednesday, January 27, 2010 at 5:17 PM revisions to the Interim Life Safety Measure Elevator Recall Fire Safety Plan [Allegation of removal] were received.</p> <p>On Thursday, January 28, 2010, a conference</p>	K 130		

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K 130	<p>Continued From page 9</p> <p>call was held by State Agency (SA) Staff with Employee #46 and Employee #16 (Host hospital staff) regarding manual recall of elevators.</p> <p>January 28, 2010 at 2:15 PM SA received revisions to Interim Life Safety Measure Elevator Recall Fire Safety Plan indicating an allegation of Immediate Jeopardy removal.</p> <p>January 28, 2010 at approximately 5:30 PM an Onsite Visit was made by a FEMS Inspector to verify allegation of removal plan for elevator manual recall.</p> <p>January 28, 2010 at 6:00 PM the SA received the Final Revisions to Interim Life Safety Measure Elevator Recall Fire Safety Plan [Allegation of removal]. The allegation of removal was verified and the Immediate Jeopardy was lifted at this time.</p>	K 130		
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