

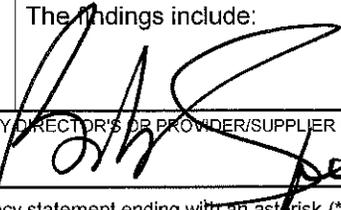
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/06/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095020	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/31/2011
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NAME OF PROVIDER OR SUPPLIER STODDARD BAPTIST NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1818 NEWTON ST. NW WASHINGTON, DC 20010
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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	INITIAL COMMENTS	K 000		
K 017 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</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 wall surfaces above ceiling tiles were not in good condition to prevent the passage of smoke in the event of a fire in seven (7) of seven (7) observations.</p> <p>The findings include:</p> 	K 017	<ol style="list-style-type: none"> 1. Penetrations observed in smoke barriers above ceiling tiles at the corridor leading to Main Laundry Room was corrected Dec 5, 2011. 2. All remaining smoke barriers will be inspected for penetrations and properly sealed, as needed. 3. The Maintenance Dept. will inspect all work performed above ceiling tiles to ensure that penetration are properly sealed. 4. Periodic maintenance inspections of smoke barriers will be reported at quarterly CQI meetings 5. Corrective actions were completed December 5, 2011 	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator (X6) DATE 12/14/2011
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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 017	Continued From page 1 1. Penetrations were observed in wall surfaces over entrance doors to the wash area of the Laundry as evidenced by 1-2 inch openings around two conduit pipes in two (2) of two (2) observations at approximately 1:15 PM on October 31, 2011. 2. Four inch penetrations were observed around four (4) pipes in the ceiling directly over dryers in the Main Laundry Room in four (4) of four (4) observations at 1:30 PM on October 31, 2011. 3. A 12 x 16 inch penetration was observed over the entrance door to the Dryer Room in one (1) of one (1) observation at 1:25 PM on October 31, 2011. These findings were observed in the presence of Employee # 7.	K 017		