

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

PRINTED: 03/25/2013
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095005 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 02/20/2013 |
| NAME OF PROVIDER OR SUPPLIER THE WASHINGTON HOME | | | STREET ADDRESS, CITY, STATE, ZIP CODE 3720 UPTON STREET NW WASHINGTON, DC 20016 | |
| (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 | <p>The Washington Home makes its best effort to operate in substantial compliance with both Federal and State law. Submission of this Plan of Correction (POC) does not constitute an admission or agreement by any party, its board, officers, directors, employees or agents as to the truth of the facts alleged or the validity of the conditions set forth on the Statement of Deficiencies. The following Plan of Correction constitutes the facility's written credible allegation of compliance. It is prepared and/or executed solely because it is required by Federal and State law.</p> <p><u>K017</u></p> <ol style="list-style-type: none"> The 2-3 inch penetration around communication wires that pass through a 6-8 inch pipe in the Electric Closet A362 was sealed with approved fire stop compound on 02/20/13. All electric closet fire wall penetrations were checked. No other locations were observed with unsealed penetrations. No residents were affected by deficient practices. All electrical closets' fire wall penetrations are observed monthly during maintenance rounds. Follow-up inspections will be conducted monthly by the Plant Operations Management team. Variances will be reported to the QI Committee on a monthly basis. Date of Compliance | 3/22/2013 |
| K 017 SS=B | <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 a penetration was observed around a bundle of wires in the Electric Closet A362 in one (1) of five (5) observations. These findings were observed in the presence of the Maintenance Director Employee # 13 and Maintenance Staff # 14.</p> <p>The findings include:</p> | K 017 | | |

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

Cherie Shack-Boyle

TITLE

Administrator 3/25/13

(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 A 2-3 inch penetration was observed around communication wires that passed through a 6-8 inch pipe in the Electric Closet A362 in one (1) of five (5) observations at 10:05 PM on February 20, 2013. | K 017 | <p>K130 (Finding #1.)</p> <ol style="list-style-type: none"> 1. Plate cover was installed at electrical junction box located above ceiling near room A229 on 02/20/13. 2. All electrical junction boxes were checked. No other locations were missing junction box cover plates. No residents were affected by deficient practices. 3. Junction box locations are observed monthly during maintenance rounds. 4. Follow-up inspections will be conducted monthly by the Plant Operations Management team. Variances will be reported to the QI Committee on a monthly basis. 5. Date of Compliance <p>K130 (Finding #2)</p> <ol style="list-style-type: none"> 1. Missing escutcheon ring near room 345 was placed and loose escutcheon ring near stairwell #3 was securely remounted on 02/20/13. 2. All escutcheon plates were checked for presence and tightness. No other locations were observed with missing or loose escutcheon plates. No residents were affected by deficient practices. 3. Escutcheon plates are observed weekly during maintenance rounds | 3/22/2013 |
| K 130 SS=D | <p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786</p> <p>This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection, it was determined that an electrical junction above the ceiling tiles in the 2 A hallway lacked a plate cover in one (1) of five (5) observations, an escutcheon rings were missing and not secured in two (2) of seven (7) observations and staff were not certain how to interpret emergency generator odometer readings on log sheets in 11 of 11 observations. These findings were observed in the presence of the Maintenance Director and Maintenance Staff, Employee # 16. The findings Include: 1. An electrical junction box located above ceiling tiles in the 2A hallway near Room A229 lacked a plate cover in one (1) of five (5) observations at 11:35 AM on February 20, 2013. 2. The Escutcheon ring around a sprinkler head near Room 345 was missing and the Escutcheon ring was not secured to the ceiling in the hallway near Stairwell #3 in two (2) of 10 observations. 3. Through a review of the Emergency Generator</p> | K 130 | | |

