

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

PRINTED: 07/28/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095021	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/05/2014
NAME OF PROVIDER OR SUPPLIER HEALTH & REHABILITATION CENTER AT THOMAS CIRCLE			STREET ADDRESS, CITY, STATE, ZIP CODE 1330 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20005	
(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 The following findings are based on observations, record review during the Life Safety Code survey at your facility on June 5, 2014.	K 000	This Plan of Correction is submitted without denying or acknowledging that the cited deficiencies exist. This plan of correction is a requirement of the Department of Health.	
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD 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 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection on June 5, 2014, it was determined that doors failed to close and latch into frames without assistance. These findings were observed in the presence of the Maintenance Director.	K 018	What corrective action will be accomplished for those residents found to be affected by the deficient practice? Immediate corrective action resulted in adjustment to the Rehabilitation Room and Shower room doors and removal of the wedge that was holding the door open to the Rehab location. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. Other residents have the potential to be affected by doors that do not latch and or close properly. This will be addressed with periodic QA inspections, to prevent recurrence of this issue. Results will be reported to QA for a period of 3 months. What measures will be put into place or what systematic changes will be made to insure that the deficient practice does not recur? Monthly room inspections will prevent recurrence of this issue, along with periodic	

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

TITLE

(X8) 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 018	Continued From page 1 The findings include: 1. During a tour of the Second Floor, it was	K 018	QA inspections. Results will be reported to QA for a period of 3 months.	
K 144 SS=D	determined that entrance doors to the Rehabilitation Gymnasium and Shower Room failed to close and latch into frames without assistance in two (2) of 10 observations at 2:30 PM on June 5, 2014 in the presence of the Maintenance Director. 2. The entrance door to the Rehabilitation Gymnasium was improperly held open with a wedge to prevent the door from closing in one (1) of one (1) observation at 2:30 PM on June 5, 2014 in the presence of the Maintenance Director. NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection, it was determined that the Generator Log documentation failed to reflect that the emergency generator was exercised under load for 30 minutes each month as required.	K 144	How will the corrective action be monitored to insure the deficient practice will not recur, and what QA practice will be put into place? Door closure/lock inspection will also be completed by the Maintenance Director and will be reviewed monthly during QA meetings. Any malfunctioning components will be repaired/replaced immediately Compliance Date: 9/1/14 What corrective action will be accomplished for those residents found to be affected by the deficient practice? Immediate corrective action resulted in providing an update Log Form which will be utilized, effective immediately, along with an In-Service Training Session that occurred on 7/17/14. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. No residents were affected by use of the previous form, as Weekly Testing and Monthly Load Tests are auto programmed into the Generator Control Panel.	

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K 144	Continued From page 2 The findings include:	K 144	What measures will be put into place or what systematic changes will be made to insure that the deficient practice does not recur?		
	<p>During a review of the facility ' s Emergency Generator Log Sheets, it was determined that voltage and amperage readings recorded on the log sheets remained the same each month between July 2013 and April 2014 during generator exercises under load and no load conditions.</p> <p>The voltage theoretically should increase when performing the load test; however the voltage recorded on log sheets remained at 208 volts and the amperage remained at 120 amps, during exercises between July 2013 and April 2014 in six (6) of eight (8) observations.</p> <p>The observations were conducted at 3:45 PM on June 5, 2014 in the presence of the Maintenance Director who acknowledged the findings.</p>		<p>Correct Log Form was implemented immediately and will be utilized going forward.</p> <p>How will the corrective action be monitored to insure the deficient practice will not recur, and what QA practice will be put into place?</p> <p>Periodic audit will be conducted by Maintenance Director or Supervisor to prevent recurrence.</p> <p>Compliance Date 9/1/14</p>		