

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

PRINTED: 10/02/2012
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 09/06/2012
NAME OF PROVIDER OR SUPPLIER CAPITOL HILL NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONST. AVE. NE WASHINGTON, DC 20002	
(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 Life Safety Code Inspection was conducted at your facility on September 6, 2012; the following deficiencies were cited.	K 000		
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 Survey, it was determined that penetrations were observed in wall surfaces above ceiling tiles and around conduit pipes, which would not prevent the passage of smoke in the event of a fire. The findings include: Fourth Floor	K 017	NFPA 101 LIFE SAFETY CODE STANDARD 4 th floor 1. The 3 in penetration observed in wall surfaces around conduit pipe passing through wall surface in Mechanical Room 4201, the 2-3 inch penetration observed around wires passing through the ceiling in the Electrical Room 4136 and the 4X3 inch opening observed in wall surface above the Day Room 4126 was sealed with drywall and fire rated caulking on 9-16-12. 2. Environment of Care and Life Safety rounds were conducted by Maintenance Supervisor to identify other areas with the potential to be affected by the same deficient practice and were no other areas affected 3. All work above the ceiling tile will be inspected prior to work being performed and after completion of work by Life Safety Director or designee 4. Findings will be reported monthly x 3 and then quarterly in the Quality Assurance Committee Meeting.	10/11/2012

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

Colantha Green

TITLE

Nursing Home Administrator

(X6) DATE

10/11/2012

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.

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

PRINTED: 10/02/2012
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 09/06/2012
NAME OF PROVIDER OR SUPPLIER CAPITOL HILL NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONST. AVE. NE WASHINGTON, DC 20002		
(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 017	Continued From page 1 Penetrations were- observed in smoke barrier walls which would not prevent the passage of smoke in the event of a fire in the following areas. 1. A 3 inch penetration was observed in wall surfaces around a conduit pipe passing through wall surfaces in Mechanical Room 4201 in one (1) of eight (8) observations between 9:17 AM and 10:00 AM on September 6, 2010. 2. A 2-3 inch penetration was observed was observed around wires passing through the ceiling in the Electric Room 4136 in one (1) of eight (8) observations at 10:00 AM on September 6, 2012. 3. A 4 x 3 inch opening was observed in wall surfaces above the Day Room 4126 in one (1) of eight (8) observations at 10:05 AM on September 6, 2012. Fifth Floor 1. Three (3) penetrations were observed around and a conduit pipe above double doors near Room 5157. 2. Penetrations 2-3 inches were observed around wires passing through the floor and the ceiling in the Mechanical Room 5203. Sixth Floor A 3 x 3 inch penetration was observed around BX Cable that passed through wall surfaces near Room 6144.	K 017	NFPA 101 LIFE SAFETY CODE STANDARD 5th Floor 1. The 3 penetration observed around a conduit pipe above double doors near room 5157 and the 2-3 inch penetration observed around wires passing through the floor and the ceiling in Mechanical Room 5203 was sealed with drywall and fire rated caulking on 9-16-12 2. Environment of Care and Life Safety rounds were conducted by Maintenance Supervisor to identify other areas with the potential to be affected by the same deficient practice and were no other areas affected 3. All work above the ceiling tile will be inspected prior to work being performed and after completion of work by Life Safety Director or designee 4. Findings will be reported monthly x 3 and then quarterly in the Quality Assurance Committee Meeting	10/11/2012	
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	K 018			

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 09/06/2012
NAME OF PROVIDER OR SUPPLIER CAPITOL HILL NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONST. AVE. NE WASHINGTON, DC 20002	
(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 017	Continued From page 1 Penetrations were- observed in smoke barrier walls which would not prevent the passage of smoke in the event of a fire in the following areas. 1. A 3 inch penetration was observed in wall surfaces around a conduit pipe passing through wall surfaces in Mechanical Room 4201 in one (1) of eight (8) observations between 9:17 AM and 10:00 AM on September 6, 2010. 2. A 2-3 inch penetration was observed was observed around wires passing through the ceiling in the Electric Room 4136 in one (1) of eight (8) observations at 10:00 AM on September 6, 2012. 3. A 4 x 3 inch opening was observed in wall surfaces above the Day Room 4126 in one (1) of eight (8) observations at 10:05 AM on September 6, 2012. Fifth Floor 1. Three (3) penetrations were observed around and a conduit pipe above double doors near Room 5157. 2. Penetrations 2-3 inches were observed around wires passing through the floor and the ceiling in the Mechanical Room 5203. Sixth Floor A 3 x 3 inch penetration was observed around BX Cable that passed through wall surfaces near Room 6144.	K 017	NFPA 101 LIFE SAFETY CODE STANDARD 6th Floor 1. The 3 X3 penetration observed around BX Cable that passed through wall surface near room 6144 was sealed with drywall and fire rated caulking on 9-16-12. 2. Environment of Care and Life Safety rounds were conducted by Maintenance Supervisor to identify other areas with the potential to be affected by the same deficient practice and were no other areas affected 3. All work above the ceiling tile will be inspected prior to work being performed and after completion of work by Life Safety Director or designee 4. Findings will be reported monthly x 3 and then quarterly in the Quality Assurance Committee Meeting.	10/11/2012
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	K 018		

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 09/06/2012
NAME OF PROVIDER OR SUPPLIER CAPITOL HILL NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONST. AVE. NE WASHINGTON, DC 20002		
(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 018	<p>Continued From page 2</p> <p>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:</p> <p>Based on observations during the Life Safety Code Inspection, it was determined that double and single swinging doors failed to close and latch into frames when tested.</p> <p>The findings include:</p> <p>Double swinging fire doors and entrance doors to resident 's rooms and common areas failed to close and latch into door frames when tested.</p> <p>Fourth Floor</p> <p>1. The following single swinging doors failed to close and latch into frames when tested; Stairwell # 8 door, Clean Linen Room, Soiled Utility Room, Clean Utility Room and Residents ' Room 4111 failed to close and latch into frames when tested in five (5) of eight (8) observations between 9:17 AM and 10:17 AM on September 6, 2012.</p> <p>2. Double swinging smoke barrier doors located</p>	K 018	<p>NFPA 101 LIFE SAFETY CODE STANDARD 4th floor</p> <ol style="list-style-type: none"> Swing doors identified on the fourth floor as failing to close and latch into frames, stairwell #8 door, clean line rooms, soiled utility room, clean utility room, resident room 4111 and double smoke barrier doors located near the clean utility room all have been repaired for proper latching and closing. Rounds have been conducted on all other areas with the potential to be affected by the same deficient practice and doors were repaired as needed. Life Safety Director or designee will inspect double swing fire doors and resident room doors bi-weekly to ensure proper latching and closing. Findings will be reported monthly x 3 and then quarterly in the Quality Assurance Committee Meeting 	10/11/2012	

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 09/06/2012
NAME OF PROVIDER OR SUPPLIER CAPITOL HILL NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONST. AVE. NE WASHINGTON, DC 20002	
(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 018	Continued From page 3 near the Clean Utility Room failed to close when tested in one (1) of four (4) observations at 10:17 AM on September 6, 2012. Fifth Floor 1. The following single swinging doors failed to close properly and latch into door frames when tested in the following areas; Stairwell door # 9, Nourishment Room, Residents ' Room door 5117, 5107, 5102 in five (5) of 12 observations between 10:40 AM and 11:50 AM on September 6, 2012. 2. Double swinging smoke barrier doors failed to fully close, as evidenced by a space approximately 1 inch between both doors after testing in one (1) of four (4) observations at 10:17 AM on September 19, 2012. Sixth Floor 1. Double swinging fire doors and smoke barrier doors near 6149 and 6166 failed to close and or latch into frames when tested in two (2) of four (4) observations between 10:55 AM and 11:15 AM on September 19, 2012. 2. Single swinging doors failed to close a latch into door frames when tested at the entrances to 6137 and Clean Linen Room in two (2) of 10 observations between 11:10 AM and 11:40 AM on September 6, 2012.	K 018	NFPA 101 LIFE SAFETY CODE STANDARD 5th Floor 1. Swing doors identified on the fifth floor as failing to close and latch into frames, stairwell #9 door, nourishment rooms,, resident room 5117, 5102 and double smoke barrier doors all have been repaired for proper latching and closing. 2. Rounds have been conducted on all other areas with the potential to be affected by the same deficient practice and doors were repaired as needed. 3. Life Safety Director or designee will inspect double swing fire doors and resident room doors bi-weekly to ensure proper latching and closing. 4. Findings will be reported monthly x 3 and then quarterly in the Quality Assurance Committee Meeting NFPA 101 LIFE SAFETY CODE STANDARD 6th Floor 1. Single swing doors identified on the sixth floor as failing to close and latch into frames at the entrance to 6137 and clean linen room, and double smoke barrier doors near room 6149 and 6166 all have been repaired for proper latching and closing. 2. Rounds have been conducted on all other areas with the potential to be affected by the same deficient practice and doors were repaired as needed. 3. Life Safety Director or designee will inspect double swing fire doors and resident room doors bi-weekly to ensure proper latching and closing. 4. Findings will be reported monthly x 3 and then quarterly in the Quality Assurance Committee Meeting	10/11/2012
K 130 SS=F	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786	K 130		10/11/2012

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

PRINTED: 10/02/2012
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 09/06/2012
NAME OF PROVIDER OR SUPPLIER CAPITOL HILL NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONST. AVE. NE WASHINGTON, DC 20002	
(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 130	<p>Continued From page 4</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observations and interview during the Life Safety Code Inspection, it was determined staff were not aware the Annunciator Panel for the Fire Alarm System displayed a "trouble code" signal.</p> <p>The findings include:</p> <p>During the Life Safety Code Inspection, it was determined facility staff were not aware that the Annunciator Panel in the lobby was showing a constant trouble code, nor were staff aware if the system would function to show the floor and the zone in the event of a the fire.</p> <p>This was verified through interview with Employee #15 on September 9, 2012 at 11:15 AM.</p> <p>The Annunciator Panel continued to show a trouble code after the Fire Alarm Pull Stations were tested on the Fourth, Fifth and Sixth Floors in three (3) of three (3) observations between 11:30 AM and 3:00 PM on September 6, 2012.</p> <p>Subsequent to the initial observation facility staff obtained services from a fire alarm contractor on September 6, 2012 to service the Annunciator Panel and related devices. The trouble code signal was abated on September 7, 2012.</p> <p>The was no interruption in the fire alarm system as it pertains to location of a potential fire when the pull stations were activated.</p> <p>The observations were made in the presence of the Director of Engineering between 11:30 AM</p>	K 130	<p>NFPA 101 MISCELLANEOUS</p> <ol style="list-style-type: none"> 1. The annunciator panel for the fire alarm system, which displayed trouble code during the Life Safety Inspection has been repaired. 2. No resident was affected by this deficient practice. 3. Security staff monitors annunciator panel daily to ensure proper function of lights, there are no issues with zone identification and that the trouble signal is not light. 4. Findings will be reported monthly x 3 and then quarterly in the Quality Assurance Committee Meeting 	10/11/2012

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

PRINTED: 10/02/2012
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 09/06/2012
NAME OF PROVIDER OR SUPPLIER CAPITOL HILL NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONST. AVE. NE WASHINGTON, DC 20002		
(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 130	Continued From page 5 and 3:30 PM on September 6, 2012.	K 130			