

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 11/17/2010

CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095034	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02, 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/21/2010
--------------------------------------------------	------------------------------------------------------------------	-------------------------------------------------------------------	----------------------------------------------

NAME OF PROVIDER OR SUPPLIER CARROLL MANOR NURSING & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 725 BUCHANAN ST., NE WASHINGTON, DC 20017
-------------------------------------------------------------------	---------------------------------------------------------------------------------------

(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		
K 018	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 3/4 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</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 entrance doors to residents rooms failed to latch or close when tested in nine (9) of 27 observation, doors were impeded from closing in by the privacy</p>	K 018		

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

TITLE

(X6) DATE

Tina Sarah

VP/Administrator

11/26/10

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 reports 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: 11/17/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095034	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02, 01 B. WING _____		(X3) DATE SURVEY COMPLETED 09/21/2010
NAME OF PROVIDER OR SUPPLIER CARROLL MANOR NURSING & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 725 BUCHANAN ST., NE WASHINGTON, DC 20017		
(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 1 curtain at the Bathing Room entrance in one (1) of nine (9) observations, doors were observed to strike the door frame surfaces when closing in one (1) of nine (9) observations. The findings include: 1. Entrance doors to resident 's rooms and common areas failed to latch or close without assistance when tested at the entrance to the Canteen, Three North Bathing Room, Fourth Floor Bathing Room, Rooms 101, 315, 330, 334, and 513 in nine (9) of 27 observations between 9:15 PM and 4:50 PM on September 21, 2010. 2. The Four North Bathing Rooms door failed to close when the privacy curtain was fully retracted in one (1) of nine (9) observations at 3:10 PM on September 21, 2010. 3. Entrance doors to residents rooms and common areas were difficult to open and close on Unit 5 East (Main Hospital), due to door edges making contact with door frames and striker plates failed to hold doors securely when doors were closed in rooms 561, 562, 566, Clean Utility, Medication and Bathing Room in seven (7) of 14 observations at 7:05 PM on September 21, 2010. These findings were observed in the presence of the Safety Officer and Engineering Director # F1 and F2.	K 018	1 1. Cited doors were corrected immediately 2. All doors will be inspected and repaired when applicable. 3. All resident rooms/bathrooms will be inspected quarterly as part of the preventative maintenance plan. 4. The CM Maintenance Supervisor will report the findings to the quarterly QA/QI meeting. 2 1. The bathing room curtain track on 4 North will be adjusted by the plan of correction date. 2. The curtains in all bathing rooms were checked. 3. All bathing rooms will be inspected quarterly as part of the preventative maintenance plan. 4. The CM Maintenance Supervisor will report the findings to the quarterly QA/QI meeting. 3 1. All cited doors were corrected. 2. All remaining doors were checked and corrective action initiated when applicable. 3. All doors will be inspected quarterly as part of the preventative maintenance plan. 4. The CM Maintenance Supervisor will report the findings to the quarterly QA/QI meeting.	9/12/10 12/3/10 On-going 12/3/10 9/21/10 12/3/10 On-going 9/21/10 9/21/10 12/3/10 On-going	
K 051	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by	K 051			

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

PRINTED: 11/17/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095034	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02, 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/21/2010
NAME OF PROVIDER OR SUPPLIER CARROLL MANOR NURSING & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 725 BUCHANAN ST., NE WASHINGTON, DC 20017	
(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 051	Continued From page 2 manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6 This STANDARD is not met as evidenced by: Based on observations during the survey period it was determined that documentation was not available to support quarterly testing of Fire Alarm Devices in two (2) of four (4) observations. The findings include: During the Life Safety Code Inspection it was determined that documentation was not available to support quarterly testing of Fire Alarm Devices between October 2009 and December 2009 and January 2010 and March 2010 in two (2) of four (4) observations at 5:45 PM on September 21, 2010. These findings were observed in the	K 051	1. The requested documentation was faxed to the inspector. 2. There was no negative resident impact. 3. The CM Maintenance Supervisor will submit the quarterly report to the Safety Committee. 4. The findings will be reported by the Safety Committee to the quarterly QA/QI meeting.	9/25/10 9/25/10 12/3/10 On-going

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

PRINTED: 11/17/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095034	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02, 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/21/2010
NAME OF PROVIDER OR SUPPLIER CARROLL MANOR NURSING & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 725 BUCHANAN ST., NE WASHINGTON, DC 20017	
(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 051	Continued From page 3	K 051		
	presence of the Safety Officer and Engineering Director Employees # F1 and F2.			
K 130	NFPA 101 MISCELLANEOUS	K 130		
	OTHER LSC DEFICIENCY NOT ON 2786			
	This STANDARD is not met as evidenced by:			
	Based on observations during the Life Safety Code Inspection it was determined that the lower wall surfaces were damaged and sheet rock was separated from floors in (1) of one (1) observation; concrete surfaces were eroded around an open drain one (1) of one (1) observation, rust accumulation was observed on the hydraulic lift at side of the pool in one (1) of one (1) observation, staff failed to remain at their post during the Pull Station Alarm Test in two (2) of six observations and sprinkler heads were observed to be soiled with dust in 12 of 24 observations.			
	The findings include:			
	1. The lower wall surfaces in the Pump Room were observed to be damaged and sheet rock was separated from floor surfaces in one (1) of one (1) observation at 10:30 AM on September 21, 2010.		1	12/3/10
	2. The hydraulic lift located at the side of the pool was observed to have rust accumulation on the base and top rod and seat surfaces of the lift in one (1) of one (1) observation at 10:45 AM on September 21, 2010.		2	11/29/10
			1. The pump room wall will be repaired. 2. All walls within the pump room will be inspected. 3. Pool operator will inspect pump room quarterly and will contact call center for any repairs. 4. Quarterly findings will be reported to QA/QI.	11/29/10
			1. The hydraulic lift has been assessed for replacement. 2. The lift will be replaced. 3. Pool coordinator will inspect lift quarterly and will contact call center for any repairs. 4. Quarterly findings will be reported to QA/QI.	On-going
			3	11/24/10
			1. Involved staff were immediately instructed in the proper procedure for stairwell monitoring. 2. All staff will be educated by the Safety Officer/designee regarding stairwell monitoring during fire drills. 3. The Nurse Manager/designee will monitor staff for compliance and report results to the Safety Committee. 4. The findings will be reported by the Safety Committee to the quarterly QA/QI meeting.	9/21/10
				12/3/10
				11/24/10
				On-going

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

PRINTED: 11/17/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095034	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02, 01 B. WING _____		(X3) DATE SURVEY COMPLETED 09/21/2010
NAME OF PROVIDER OR SUPPLIER CARROLL MANOR NURSING & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 725 BUCHANAN ST., NE WASHINGTON, DC 20017		
(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>3. The Fire Alarm System was activated on the First Floor which sounds the alarm throughout the building, fire doors will automatically close, staff are responsible for closing resident room doors and monitoring all magnetic doors at the entrances to stairwells; however staff on the West and North Wings on the Fourth Floor failed to remain at their post during the test. Staff monitors failed to remain at their post to " ensure that no residents leave or enter the stairwell " as described in Policy Number: SM 5-8 of the Fire Protection Manual in two (2) of six (6) observations at 4:50 PM on September 21, 2010.</p> <p>4. Sprinkler head surfaces were soiled with accumulated dust and debris in the following areas: First Floor Day Room in seven (7) of seven (7) observations; Second Floor Day Room in three (3) of eight (8) observations; Third Floor Day room in four (4) of seven (7) observations and Third Floor Day Room in one (1) of two (2) observations; the above observations were made between 9:15 AM and 5:55 PM on September 21, 2010.</p> <p>5. Concrete surfaces were observed to be damaged and eroding around an open drain in the in the Pump Room in one (1) of one (1) observation at 11:00 AM on September 21, 2010.</p> <p>These findings were observed in the presence of the Safety Officer and Engineering Director Employees # F1 and F2.</p>	K 130	<p>4</p> <p>1.The cited sprinkler heads were cleaned immediately. 2.All day room sprinkler heads were checked and cleaned as applicable. 3.The sprinkler heads will be checked biannually by CM maintenance staff 4.The findings will be reported to the quarterly QA/QI meeting.</p> <p>5</p> <p>1.The drain will be repaired by the plan of correction date. 2.No other drains were identified in the pump room. 3.Pool operator will inspect drain quarterly and will contact call center for any repairs. 4. Quarterly findings will be reported to QA/QI.</p>	<p>9/21/10</p> <p>9/23/10</p> <p>12/3/10</p> <p>On-going</p> <p>12/3/10</p> <p>11/24/10</p> <p>11/29/10</p> <p>On-going</p>	