

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095031	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2013
NAME OF PROVIDER OR SUPPLIER BRINTON WOODS HEALTH & REHAB CENTER AT DUPONT CIRC			STREET ADDRESS, CITY, STATE, ZIP CODE 2131 O STREET NW WASHINGTON, DC 20037	
(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	Brinton Woods Health and Rehabilitation Center at Dupont Circle is submitting this plan of correction in accordance with state and federal requirements. Submission of this plan of correction is not an admission to or an agreement with the alleged deficiencies cited within this statement of deficiencies.	
K 018 SS=D	<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 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</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 resident rooms were impeded from closing when bathroom doors were tested and failed to close without assistance in two (2) of eight (8) observations.</p> <p>The findings include:</p>	K 018		<ol style="list-style-type: none"> 1. The bathrooms in rooms 317 and 402 was immediately identified and new bathroom door closures were installed on 11/22/13. 2. All other rooms were checked by the director of maintenance and none was noted to be with this deficient practice. 3. Resident room entry/bathroom doors will be checked monthly and all identified issues will be immediately addressed.

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

[Handwritten Signature]

TITLE

Administrator

(X6) DATE

11/27/13

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: 01/14/2014
FORM APPROVED
OMB NO. 0938-0391

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K 018	Continued From page 1 Entrance doors to residents Rooms 402 West and 317 South were impeded from closing when bathroom doors within the room were left in the open position and failed to close without assistance in two (2) of eight (8) observations between 9:20 AM and 11:50 AM on November 21, 2013. These findings were observed in the presence of the Maintenance Director on November 21, 2013.	K 018	4. Further findings on this matter will be discussed in the weekly, monthly and quarterly QA meetings .	1/21/14
K 130 SS=D	NFPA 101 MISCELLANEOUS 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 an oxygen cylinder was not secured to prevent accidental tip over in one (1) of two (2) observations on unit 1 East. The findings include: During a tour of Unit 1 East, in the Clean Linen Room, it was determined that an E Cylinder (622 liters of oxygen) of Oxygen was not secured to prevent accidental tip over, which could potentially cause a potential hazard, as evidenced by the lack of a rack or chain to secure the cylinder in one (1) of two (2) observations at 11:50 AM on November 21, 2013. These findings were observed in the presence of the Maintenance Director on November 21, 2013.	K 130	1. The E Cylinder (622 liters of oxygen) was immediately identified and removed from clean linen room on 11/21/13. 2. An inspection was conducted in the facility and no other linen rooms was noted with this deficient practice. 3. Director of Maintenance will check the clean linen rooms daily for secure E Cylinders (622 liters of oxygen) during AM rounds any issues will be identified immediately and addressed. 4. Further findings on this matter will be discussed in the weekly, monthly and quarterly QA meetings .	1/21/14

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