

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

PRINTED: 09/12/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>095028</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/18/2008</b>
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NAME OF PROVIDER OR SUPPLIER  <b>INGLESIDE AT ROCK CREEK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3050 MILITARY ROAD NW WASHINGTON, DC 20015</b>
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K 000	INITIAL COMMENTS	K 000		
K 017 SS=D	<p>The Life Safety Code inspection was conducted at your facility on August 18, 2008. The following deficiencies were based on observation and interview.</p> <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></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 smoke barrier walls would not prevent the passage of smoke in the event of a fire. These findings were observed in the presence of the Assistant Maintenance Director employee # ?.</p> <p>The findings include:</p> <p>Lower Level</p>	K 017	<p>K 017 NFPA 101</p> <ol style="list-style-type: none"> <li>1. Lower Level Health Center wall openings 1 through 4 are all sealed with Caulk 8/23</li> <li>2. Upper Level Health Center wall openings 1 through 7 are all sealed with caulk 8/23</li> <li>3. An audit was completed through out the facility to identify other walls that maybe affected and no other walls were identified.</li> <li>4. The Assistant Maintenance Director will include inspection of Health Center walls to insure smoke can not pass through. Once identified they will be repaired immediately. The date and time of repair will be included in the inspection.</li> </ol> <p>The Assistant Maintenance Director will review audits and looking for areas of non compliance.</p> <p>The audits will be presented to the QA Committee to discuss noncompliance and make recommendations to the plan of correction.</p>	<p>8/23/08</p> <p>8/23/08</p> <p>8/30/08</p> <p>Ongoing</p> <p>Ongoing</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Alan R. Schnuff, Administrator</i>	TITLE <i>Administrator</i>	(X6) DATE <i>9/25/08</i>
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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	<p>Continued From page 1</p> <ol style="list-style-type: none"> <li>1. An opening 1-2 inches was observed in wall surfaces around metal pipes and communication wires in the hallway near the entrance to stairwell # 6 in two (2) of five (5) observations at 5:00 PM on August 18, 2008.</li> <li>2. An opening approximately 1-2 inch was observed around communication wires in the hallway above the entrance door to stairwell # 9 in two (2) of five (5) observations at 5:10 PM on August 18, 2008.</li> <li>3. An opening approximately 4-5 inches was observed around two (2) cooling lines that passed through wall surfaces above the entrance to the multi purpose room in one (1) of two (2) observations at 5:15 PM on August 18, 2008.</li> <li>4. An 8-10 inches opening was observed around BX cable that passed through wall surfaces in the public bathroom in one (1) of three (3) observations at 5:20 PM on August 18, 2008.</li> </ol> <p>First floor</p> <ol style="list-style-type: none"> <li>1. A 2 inch opening was observed around communication wires passing through wall surfaces above the entrance to stairwell # 6 in one (1) of five (5) observations at 5:27 PM on August 18, 2008.</li> <li>2. A 3 inch opening was observed around BX cable that passed through wall surfaces over the utility closet in one (1) of one (1) of three (3) observations at 5:30 PM on August 18, 2008.</li> <li>3. A 1-2 inch opening was observed around ductwork that passed through walls surfaces in</li> </ol>	K 017			

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K 017	Continued From page 2 main dining room adjacent to the smaller dining room and a 3-4 inch opening was observed in wall surfaces around ductwork in the small dining room adjacent to the main dining room in two (2) of three (3) observations at 5:40 PM on August 18, 2008.  4. A 6-8 inch opening was observed around cylindrical ductwork that passed through wall surfaces in the main dining room adjacent to the multi purpose room in one (1) of five (5) observations at 5:45 PM on August 18, 2008.  5. A 1-2 inch opening was observed around metal pipes, electrical wires and communication wires over the entrance door to the pantry from the hallway in three (3) of three (3) observations at 5:50 PM on August 18, 2008.  6. A 12 x 8 inch opening was observed around and below ductwork that passed through the washer wall into the dryer room in one (1) of one (1) observation at 6:10 PM on August 18, 2008.  7. Three, 3 x 3 inch openings were observed in wall surfaces above the Laundry Room door in three (3) of three (3) observations at 6:15 PM on August 18, 2008.	K 017			
K 018 SS=C	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 1¼ 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	K 018	<div style="border: 1px solid black; padding: 5px;"> <p>k 018 NFPA Life Safety Code</p> <p>1. Lower Level Health Center The doors noted in line 1 and 2 were repaired.8/23</p> <p>2. The double door new the elevator was repaired 8/23</p> <p>3. The Assistant Maintenance Director will include in the weekly rounds the Health Center Door to insure proper closure.Once in issue has been identified the doors will be repaired immediately.</p> </div>	8/23/08	

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K 018	<p>Continued From page 3</p> <p>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: Based on observations during the Life Safety Code inspection, it was determined that double swinging fire doors and smoke barrier doors failed to close and latch into frames when tested. These findings were observed in the presence of Maintenance Staff Employee #?</p> <p>The findings include:</p> <p>Lower level</p> <p>1. The clean linen door failed to close and latch into the door frame in one (1) of one (1) observation at 5:05 PM on August 18, 2008.</p> <p>2. Double doors located at the entrance to the dining room failed to close near room 086 in one (1) of three (3) observations at 5:40 PM on August 18, 2008.</p> <p>First Floor</p> <p>Double fire doors near the elevator failed to close and latch into frames when tested in one (1) of</p>	K 018	<p>This will be reflected in the inspection report the date and time of repair.</p> <p>4. The Assistant Maintenance Director will present to the QA committee measure put in place to insure the deficient practice does not reoccur.</p> <p>The monthly audits will be reviewed by the The Assistant Director of Maintenance for trends and areas of non compliance.</p> <p>The QA committee will recommend corrections to the plan of correction to insure consistent compliance.</p>	<p>Ongoing</p> <p>9/18/08</p> <p>Ongoing</p> <p>Ongoing</p>

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K 018	Continued From page 4 one (1) observation at 6:10 PM on August 18, 2008.	K 018		