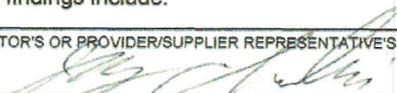


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/13/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095024	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/12/2011
NAME OF PROVIDER OR SUPPLIER SPECIALTY HOSPITAL OF WASHINGTON - HADLEY SNF			STREET ADDRESS, CITY, STATE, ZIP CODE 4601 MARTIN LUTHER KING JR AVENUE SW WASHINGTON, DC 20032	
(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	Start typing your responses here:	
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 closet doors impeded residents entrance doors from closing in four (4) of 12 observations and double doors located at the entrance of Unit 3 East failed to close when tested in one (1) of five (5) observations.</p> <p>The findings include:</p>	K 018	<ol style="list-style-type: none"> 1. Closet doors for rooms 330,331,334, and 343 have had spring loaded hinges installed so they close automatically and can no longer impede the closure of the entrance doors. 2. No other rooms were affected by this deficiency. 3. The installment of spring loaded hinges Has removed the impediment of the Closet doors blocking the closure of the Entrance doors. 4. Impediments to entrance doors have Been added to the weekly environmental Rounds list that is discussed at monthly QA and EOC meetings. 	1/27/12

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



TITLE

Administrator

(X6) DATE

1/25/12

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 1. Entrance doors to resident ' s rooms were impeded from closing when closet doors were fully opened in rooms 330, 331, 334 and 343 in four (4) of 12 observations between 1:35 PM and 2:40 PM on December 12, 2011. 2. Double doors located in the hallway at the entrance to Unit 3 East failed to close when tested in one (1) of five (5) observations between 1:35 PM and 2:40 PM on December 12, 2011. These findings were observed in the presence of Maintenance Staff on December 12, 2011.	K 018		
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: 1. Based on observations and record review it was determined that the facilities backflow preventer was not tested and serviced within the last year in one (1) of one (1) observation. The findings include: Documentation was not available to substantiate that the backflow preventer was tested and serviced within the last year as required; provided documents indicated that the system was not tested and serviced since November 18, 2011 in one (1) of one (1) observation at 5:00 PM on December 12, 2011. The finding was observed in the presence of maintenance Staff on December 12, 2011.	K 130	1. This deficiency resulted in no harm to Any residents. 2. This deficiency resulted in no harm to Any residents. 3.Preventive Maintenance due dates will Be placed on the the Maintenance Director's computer's calendar to insure timely testing. 4. PM testing will be added to the Maintenance QA monitors to insure100% compliance. Monitors will be reviewed by EOC and QA Committee at monthly meetings.	1/10/12 1/27/12
K 144	NFPA 101 LIFE SAFETY CODE STANDARD	K 144		

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K 144 SS=D	<p>Continued From page 2</p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</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 the Emergency Generator was not exercised for 30 minutes at least once per month between September 2011 and November 11, 2011.</p> <p>The findings include:</p> <p>Documentation was not always available to substantiate that the emergency generator was exercised for 30 minutes at least once per month between September, 2011 and November 11, 2011. On September 1, 2011, the hour meter reading was 461.6 and September 29, 2011 the hour meter reading was 462.0 which indicates a difference of less than the required .5 of an hour. On October 25, 2011 the hour meter reading was 467.1 and on November 11, 2011 the reading was 467.5 which is less than the required .5 of an hour monthly exercise in two (2) of five (5) observations on December 12, 2011.</p> <p>These findings were observed in the presence of Maintenance Staff on December 12, 2011.</p>	K 144	<ol style="list-style-type: none"> 1. This deficiency resulted in no harm to Any residents. 2. This deficiency resulted in no harm to Any residents. 3. The generator will be exercised for no less than 30 minutes in duration as per regulation. The Maintenance Director will insure that appropriate documentation is available to substantiate regulation compliance. 4. Generator exercising will be added to the maintenance QA monitors to insure 100% compliance. This will be reviewed by the EOC and QA committees monthly. 	1/27/12

