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FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095020	A. BUILDING 01 - MAIN BUILDING 01 B. WING	11/04/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STODDARD BAPTIST NURSING HOME	1818 NEWTON ST. NW WASHINGTON, DC 20010

(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 A Life Safety Code survey was completed on November 4, 2009 of this 3 story building to determine compliance with applicable provisions of the 2000 edition of the Life Safety Code. The survey was conducted through observations of the interior and exterior of the building and through interviews with the staff.	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 K17SS=D Based on observations during the Life Safety Code Inspection it was determined that penetrations were observed in smoke barrier walls around communication cables and conduit wires above tiles and walls near exit door near the	K 017		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

RW Administrator 12/29/09

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	Continued From page 1 exit stairwell door on the Third Floor in one (1) of three (3) observations, a 8-10 inch penetration was observed around a pipe that penetrates through a wall in the communication closet in one (1) of one (1) observation, a 1-2 inch opening was observed around a wall that was previously patched near the exit door near the exit stairwell door in one (1) of three (3) observations; Second Floor A 6 X 3 inch penetration was observed around conduit pipe that passes through the wall over the door near room 208 in one (1) of three (3) observations, a 8-10 inch opening was observed around a pipe that penetrates through a wall in the communication closet in one (1) of one (1) observation, During a tour of the electric closet on the second floor, it was determined that conduit pipes passing through walls were not sealed on the ends to prevent the passage of smoke from one compartment to the next in eight (8) of eight (8) observations; First Floor A 2-3 inch penetration was observed around a bundle of wires passing through wall surfaces in the electric closet in one (1) of one (1) observation, and A 1-2 inch opening was observed was observed around BX cable that passes through the wall between the Nurses Station and the short hallway adjacent to the Nurses Station in one (1) of three (3) observations, Basement Level a 2-3 inch penetration was observed around communication wires that pass through wall surfaces near the Rehabilitation Service door in one (1) of three (3) observations, Penetrations approximately 3-5 inches were observed in wall surfaces above the exit door near the Trash Collection Room in six (6) of six (6) observations and a 12 x 12 inch opening was observed in wall surfaces around a drain pipe that passes through wall surfaces near the end of the hallway in one (1) of four (4) observations	K 017	K017 1. Penetrations observed in smoke barrier at the locations observed will be corrected by 12/24/09. 2. All remaining smoke barriers will be inspected for penetrations and properly sealed as needed. 3. The maintenance department will inspect all work performed above the ceiling tiles to ensure that any penetration is properly sealed. 4. Monthly maintenance checks of smoke barrier penetration will be reported at quarterly through CQI. 5. Corrective action will be completed by 12/24/09.	

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K 017	Continued From page 2 The findings Include: The following penetrations were observed during a tour of hallways and common areas during the survey. Third Floor 1. A 1-2 inch opening was observed around a wall that was previously patched near the exit door near the exit stairwell door in one (1) of three (3) observations 11:00 AM on November 4, 2009. 2. A 8-10 inch opening was observed around a pipe that penetrates through a wall in the communication closet in one (1) of one (1) observation at 11:20 AM on November 4, 2009. Second Floor 1. A 6 X 3 inch penetration was observed around conduit pipe that passes through the wall over the door near room 208 in one (1) of three (3) observations at 11:40 Am on November 4, 2009. 2. A 8-10 inch opening was observed around a pipe that penetrates through a wall in the communication closet in one (1) of one (1) observation at 11:50 AM on November 4, 2009. 3. During a tour of the electric closet on the second floor, it was determined that conduit pipes passing through walls were not sealed on the ends to prevent the passage of smoke from one compartment to the next in eight (8) of eight (8) observations at 12:10 PM on November 4, 2009.	K 017		

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K 017	Continued From page 3 First Floor 1. A 2-3 inch penetration was observed around a bundle of wires passing through wall surfaces in the electric closet in one (1) of one (1) observation at 12:15 PM on November 4, 2009. 2. A 1-2 inch opening was observed around BX cable that passes through the wall between the Nurses Station and the short hallway adjacent to the Nurses Station in one (1) of three (3) observations at 12:20 PM on November 4, 2009. Basement Level 1. A 2-3 inch penetration was observed around communication wires that pass through wall surfaces near the Rehabilitation Service door in one (1) of three (3) observations at 1:30 PM on November 4, 2009. 2. Penetrations approximately 3-5 inches were observed in wall surfaces above the exit door near the Trash Collection Room in six (6) of six (6) observations at 1:35 PM on November 4, 2009. 3. A 12 x 12 inch opening was observed in wall surfaces around a drain pipe that passes through wall surfaces near the end of the hallway in one (1) of four (4) observations on November 4, 2009.	K 017	K 021 1. The wedge in Rehabilitation Services entrance door was removed; the door to be maintained closed and latched. 2. All door openings to corridors will be inspected to ensure availability of latching mechanisms. 3. Staff was informed and in-serviced of the need to ensure Rehabilitation entrance door to corridor remain closed. 4. Compliance for keeping doors closed and latched will be monitored monthly and reported at quarterly to CQI. 5. Corrective action completed November 10, 2009.	
K 021 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:	K 021		

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K 021	Continued From page 4 a) the required manual fire alarm system; b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2 Based on observations during the survey period it was determined that an entrance door was held open with a wedge. The findings include: The door to the entrance door Rehabilitation Services was held open by a wedge, which waoud prevent the door from closing without assistance if the Fire Alarm system was activated in one (1) of six (6) observations at 1:30 PM on November 4, 2009.	K 021	K130 Finding #1 1. Identified oxygen tanks were secured and caps installed on empty tanks on 11/05/09. 2. All other oxygen tanks were inspected and caps installed on empty tanks if required. 3. The nursing staff were informed and provided an in-service on making sure oxygen tanks are properly secured and caps installed on empty tanks on 12/17/09, 12/18/09, 12/19, and 12/20/09. 4. The oxygen tank room will be monitored and findings will be reported quarterly through CQI. 5. Corrective action completed on December 24, 2009.	
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 Based on observations during the Life Safety Code Inspection it was determined that oxygen tanks were not secured to prevent accidental tip	K 130		

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K 130	Continued From page 5 over and caps were not installed on empty tanks which presents a explosion hazard to residents and staff in six (6) of eight (8) observations and based on observation and record review it was determined that the facility Fire Manual lacked evacuation routes of each floor and the facility Fire Manual lacked writen plans to show emergency evacuation routes in the event of a fire in one (1) of one (1) observation. The findings include: 1. Oxygen tanks stored in the Oxygen Storage room were not secured in racks or by chains, to prevent accidental tip over and caps were not installed on empty tanks which presents a explosion hazard to residents and staff in six (6) of eight (8) observations at 2:00 PM on November 4, 2009. 2. Through observation and record review, the facility Fire Manual lacked writen plans to show emergency evacuation routes in the event of a fire in one (1) of one (1) obseration at 2:45 PM on November 4, 2009.	K 130	K130 Finding #2 1. Fire Exit Plans were installed in the fire manual to identify emergency evaluation routes on 12/18/09. 2. All other fire manuals will include exit plans to identify emergency evaluation routes. 3. Copies of the Fire Emergency Exit Plans were distributed to all departments for inclusion in Emergency Preparedness Manual. 4. Yearly CQI reviews of Fire Emergency Exit Plans to ensure updated information is maintained and reported to CQI quarterly. 5. Corrective action completed on December 24, 2009.	