

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

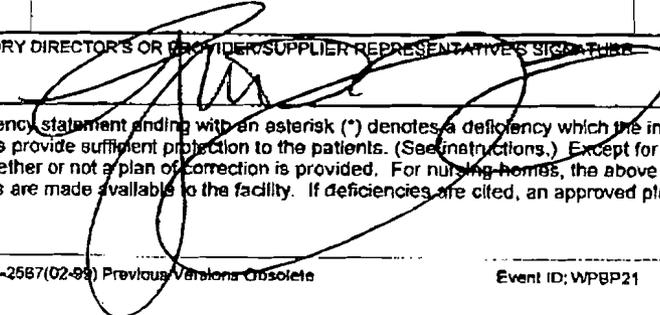
PRINTED: 07/18/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095022	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/25/2009
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NAME OF PROVIDER OR SUPPLIER WASHINGTON NURSING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2425 26TH STREET SE WASHINGTON, DC 20020
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K 000	INITIAL COMMENTS	K 000		
K 018 SS=E	<p>Based on observations and interview during the annual Life Safe Code survey on March 25, 2009 the following findings were observed.</p> <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 double swinging fire doors and smoke barrier doors failed to latch into frames when tested in five (5) of 14 observations. These findings were observed in the presence of the Maintenance Director.</p> <p>The findings include:</p>	K 018	<p>NFPA 101 Life Safety Code Standard</p> <ol style="list-style-type: none"> Doors which failed to have a positive latch at the time of the survey have been repaired. All doors in the facility were checked to ensure a positive latch and repairs were made whenever necessary. The Maintenance Supervisor will lead a team which is charged with the responsibility to routinely check the doors of the facility through the Maintenance Quality Improvement Program. The results of that data collection will be forwarded to the Director of Maintenance for review and he will establish an Action Plan for correction whenever appropriate. The Director of Maintenance will present the findings of the Maintenance QI Program data collection and action plans to the Quality Improvement Committee which meets quarterly and is chaired by the Administrator. 	<p>3/27/09</p> <p>4/3/09</p> <p>4/3/09</p> <p>4/3/09</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 7/20/09
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Any deficiency statement finding 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 Double fire doors and single doors failed to close or latch into frames due to damage when tested in the following areas: 1. Basement-A one (1) inch vertical metal strip located on the boiler room entrance door was damaged and failed to seal a gap between the entrance doors to the boiler room door located in the basement in one (1) of one (1) observation at 10:05 AM on March 25, 2009. 2. First Floor- Double swinging fire doors located at the entrance to the " B " side and double doors located near the Staffing Office failed to close and latch into frames when tested at 11:40 AM in two (2) of seven (7) observations at 11:40 AM on March 25, 2009. 3. Second Floor-Double swinging fire doors located at the entrance to the dining room failed to close and latch into frames on the " A " side due to damaged door hardware in one (1) of two (2) observations at 1:30 PM on March 25, 2009. 4. Third Floor-The exit door near room 320 failed to close and latch into frames without assistance when tested in one (1) of four (4) observations at 3:10 PM on March 25, 2009. Based on observations during the survey it was determined that the entrance door to the 3 North lounge was held open with and assistive device. This finding was observed in the presence of the Maintenance Director. The findings include: During a tour of Unit 3 North it was determined	K 018	1. Doors which were held open with any assistive device were repaired and the door stop was removed. 2. All doors in the facility were checked to ensure all door closure devices worked properly.	3/27/09 4/3/09

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K 018	Continued From page 2 that the Lounge entrance door was improperly held open with a metal door stop, prohibiting the door from closing without assistance in one (1) of four (4) observations at 3:15 PM on March 25, 2009.	K 018	3. The Maintenance Supervisor will lead a team which is charged with the responsibility to routinely check the doors and door closures through the Maintenance Quality Improvement Program. The results of that data collection will be forwarded to the Director of Maintenance for review and he will establish an Action Plan for correction whenever appropriate. 4. The Director of Maintenance will present the findings of the Maintenance QI Program data collection and action plans to the Quality Improvement Committee which meets quarterly and is chaired by the Administrator.	4/3/09	4/3/09

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