

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

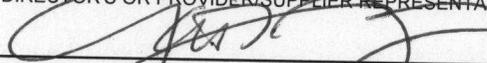
PRINTED: 02/02/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>095022</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/25/2007</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WASHINGTON NURSING FACILITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2425 25TH STREET SE WASHINGTON, DC 20020</b>
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K 000	<p><b>INITIAL COMMENTS</b></p> <p>The annual Life Safety Code inspection was conducted at your facility on January 25, 2007. Based on observations and record review the following deficiencies were identified.</p>	K 000	<p>The filing of this Plan of Correction does not constitute an admission that the deficiencies alleged did in fact exist. This Plan of Correction is filed as evidence of the facility's desire to comply with the regulatory requirement of responding to these citations and to continue to provide quality resident care.</p>	
K 018 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></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: Based on observations during the Life Safety Code inspection, it was determined that double and single doors failed to fully close and an exit door to the parking lot was rusty. These observations were made in the presence of the Director of Maintenance.</p> <p>The findings include:</p>	K 018	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p><b>Double Doors</b></p> <ol style="list-style-type: none"> <li>1. Double Doors noted as failing to latch at the time of the survey have been repaired to ensure a positive latch.</li> <li>2. All double doors are routinely checked to ensure a positive latch is present.</li> <li>3. The maintenance department will monitor the double doors on an on-going basis to ensure compliance.</li> <li>4. The results of the monitoring will be presented by the Director of Maintenance to the Quality Improvement Committee which meets quarterly and is chaired by the Administrator.</li> </ol> <p><b>Exit Stairwell Door</b></p> <ol style="list-style-type: none"> <li>1. The door noted at the time of the survey to have a rust accumulation and did not open easily has been repaired.</li> <li>2. All exit stairwell doors were evaluated for rust and ease of opening. Repairs were made when necessary</li> <li>3. The maintenance staff will evaluate the condition of all exit stairwell doors on a routine basis. The Director of Maintenance will monitor this on for on-going compliance.</li> <li>4. The results of the monitoring will be presented by the Director of Maintenance to the Quality Improvement Committee which meets quarterly and is chaired by the Administrator.</li> </ol>	<p>3/11/07</p> <p>3/11/07</p> <p>3/11/07</p> <p>3/11/07</p> <p>3/11/07</p> <p>3/11/07</p> <p>3/11/07</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Administrator</i>	(X6) DATE <i>2/15/07</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 018	Continued From page 1  1. Double doors near the mechanical room in the basement failed to close and latch when tested in one (1) of three (3) door observations at 3:50 PM on January 25, 2007.  2. Double swinging doors near rooms 155 and 211 failed to lock and latch when tested in two (2) of six (6) door observations between 4:10 PM and 5:00 PM on January 25, 2007.  3. The 1S east wing exit stairwell door had rust accumulation on the frame and lower surfaces and did not open easily in one (1) of one (1) door observation at approximately 4:15 PM on January 25, 2007.	K 018		
K 020 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least one hour.</p> <p>An atrium may be used in accordance with 8.2.5.6. 19.3.1.1.</p> <p>This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code inspection it was determined that the soiled linen chute door lacked a fusible link. This finding was observed in the presence of the Director of Maintenance.</p> <p>The findings include:</p> <p>The soiled linen chute door in the main laundry lacked a fusible link to allow the door to close in the event of a fire in one (1) of one (1) soiled linen</p>	K 020	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p><b>Fusible Link</b></p> <p>1. The fusible link noted to be missing at the time of the survey has been replaced.</p> <p>2. All such fusible links will be evaluated and replaced when necessary.</p> <p>3. The maintenance staff will evaluate the condition of all fusible links on a routine basis. The Director of Maintenance will monitor this on for on-going compliance.</p> <p>4. The results of the monitoring will be presented by the Director of Maintenance to the Quality Improvement Committee which meets quarterly and is chaired by the Administrator.</p>	<p>2/13/07</p> <p>3/11/07</p> <p>3/11/07</p> <p>3/11/07</p>

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K 020	Continued From page 2 chute door observation at 8:00 AM on January 23, 2007.	K 020		
K 045 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8</p> <p>This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code inspection, it was determined that fluorescent lamps were not lit in the stairwells to provide illumination in the event of a fire. These observations were made in the presence of the Director of Maintenance.</p> <p>The findings include:</p> <p>Fluorescent lamps were not illuminating at the top of the stairwells on units 2N, 2S, 3N and 3W in four (4) of 18 lamp observations between 3:50 PM and 6:00 PM on January 25, 2007.</p>	K 045	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p><b>Fluorescent Lamps</b></p> <ol style="list-style-type: none"> <li>1. Fluorescent lamps noted at the time of the survey not to be illuminating have had the bulbs replaced and the lighting is left on at all times.</li> <li>2. All stairwell lighting was evaluated and bulbs were changed when necessary.</li> <li>3. The maintenance staff will evaluate the condition of all stairwell lights on a routine basis. The Director of Maintenance will monitor this on for on-going compliance.</li> <li>4. The results of the monitoring will be presented by the Director of Maintenance to the Quality Improvement Committee which meets quarterly and is chaired by the Administrator.</li> </ol>	<p>2/13/07 2/13/07 3/11/07 3/11/07</p>
K 048 SS=E	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1</p> <p>This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code inspection, it was determined that written evacuation routes were not legible and drawings</p>	K 048	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p><b>Written evacuation routes</b></p> <ol style="list-style-type: none"> <li>1. Evacuation route plans, noted at the time of the survey not to be legible and not matching the layout of the building, will be professionally reproduced through IPC and are awaiting delivery.</li> <li>2. All evacuation plans will be replaced with professionally reproduced ones through IPC.</li> <li>3. The maintenance staff will evaluate the condition of all written evacuation routes on a routine basis. The Director of Maintenance will monitor this on for on-going compliance.</li> <li>4. The results of the monitoring will be presented by the Director of Maintenance to the Quality Improvement Committee which meets quarterly and is chaired by the Administrator.</li> </ol>	<p>3/11/07 3/11/07 3/11/07 3/11/07</p>

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K 048	<p>Continued From page 3</p> <p>failed to match the actual layout of the facility. These observations were made in the presence of the Director of Maintenance.</p> <p>The findings include:</p> <p>Written evacuation plans in the hallways were not legible and drawings failed to match the actual layout of the facility in the following areas:</p> <p>First Floor center hallway in one (1) of three (3) evacuation plan observations at 3:55 PM on January 25, 2007.</p> <p>Second Floor east and center hallways in two (2) of three (3) evacuation plan observations at 5:10 PM on January 25, 2007.</p> <p>Third Floor east and center hallways in two (2) of three (3) evacuation plan observations between 5 :30 PM and 5:55 PM on January 25, 2007.</p>	K 048	<p><b>NFPA 101 MISCELLANEOUS Junction Boxes</b></p> <ol style="list-style-type: none"> <li>1. Junction boxes noted at the time of the survey not to be covered and lacked metal plates were fixed immediately.</li> <li>2. All junction boxes were evaluated to ensure that each was covered with a metal plate.</li> <li>3. The maintenance staff will evaluate the condition of all junction boxes on a routine basis. The Director of Maintenance will monitor this on for on-going compliance.</li> <li>4. The results of the monitoring will be presented by the Director of Maintenance to the Quality Improvement Committee which meets quarterly and is chaired by the Administrator.</li> </ol>	<p>2/13/07</p> <p>2/17/07</p> <p>3/11/07</p> <p>3/11/07</p>
K 130 SS=D	<p>NFPA 101 MISCELLANEOUS</p> <p>OTHER LSC DEFICIENCY NOT ON 2786</p> <p>This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code inspection, it was determined that junction boxes were not covered to prevent electrical hazards. These observations were made in the presence of the Director of Maintenance.</p> <p>The findings include:</p> <p>Junction boxes above ceiling tiles in the hallways were not covered and lacked metal plates to</p>	K 130		

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K 130	Continued From page 4 prevent electrical hazards in the basement near the cafeteria, 1N center hallway, 2N hallway near the training toilet, 2S hallway near room 260 and 3S east side hallway in five (5) of 15 junction box observations between 4:10 PM and 6:00 PM on January 25, 2007.	K 130		
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