

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

PRINTED: 10/03/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095034	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/26/2013
NAME OF PROVIDER OR SUPPLIER CARROLL MANOR NURSING & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 725 BUCHANAN ST., NE WASHINGTON, DC 20017	
(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	Carroll Manor Nursing and Rehabilitation Center makes its best effort to operate in substantial compliance with both Federal and State laws. Submission of this plan of correction (POC) does not constitute an admission or agreement by any party, its officers, directors, employees, or agents, as the truth of the facts alleged or validity of the conditions set forth on the statement of deficiencies. This plan of Correction (POC) is prepared and or executed because it is required by the State and Federal laws.	
K 018 SS=D	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 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 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection it was determined that double hallway doors in one (1) of two (2) observations and Bathing entrance doors failed to close and latch when tested in two (2) of six (6) observations. These findings were observed in the presence of the Director of Maintenance.	K 018	K018 NFPA 101 LIFE SAFETY CODE STANDARD 1. Bathing entrance doors on Unit 2 West & 3 North and double hallway doors on lower level were repaired immediately. 2. All Bathing doors and double doors were inspected by maintenance staff to ensure they were closing properly. Repairs were made to all doors as needed.	9/26/2013 9/26/2013

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

Ana Sanchez

TITLE

(X6) DATE

10/11/13

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 The findings include: During a tour of the facility, it was determined the entrance and double doors in common areas failed to close and latch into frames without assistance when tested in the following areas: double hallway doors in the Lower Level Hallway near Dietary Services failed to close when tested in one (1) of two (2) observations and Bathing entrance doors failed to close when tested on Unit 2 west and 3 North in two (2) of six (6) observations between 9:50 AM and 12:30 AM on September 26, 2013.	K 018	3. Preventive Maintenance program will be completed quarterly to inspect all bathing doors and double doors for proper closure and any doors found not closing properly will be repaired. 4. A file of the inspections will be kept by the maintenance department and reported to the quarterly QI meeting and monthly safety meeting.	Ongoing
K 047 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection it was determined that Exit and Directional signs were not illuminating in the hallway to direct staff and residents to the nearest egress point. The findings include:	K 047	K047 NFPA 101 LIFE SAFETY CODE STANDARD 1. Illuminated exit signs in the 5 th Floor hallways near the dining room and near the 5 North stairwell were found to be dim and will be replaced. 2. All illuminated exit signs will be inspected and replaced as required. 3. A preventive maintenance program will be completed monthly.	10/11/13 12/1/13 Ongoing
	During the Life Safety Code Inspection, it was determined that exit signs were not illuminating in the hallways to direct residents and staff to the nearest exit in the event of an emergency; exit signs were not clear and identifiable due to failure of bulbs to continuously illuminate in the			

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K 047	Continued From page 2 hallway on the 5th Floor Exit near the entrance to the Dining Room and near the 5 North Stairwell Exit in two (2) of 15 observations between 2:50 PM and 3:30 PM on September 26, 2013.	K 047	4. The Maintenance Mgr will report inspection findings to the quarterly Qi meeting and the monthly safety meeting.	Ongoing
K 050 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on observations and staff interview during the Life Safety Code Inspection on September 26, 2013, it was determined that facility staff failed to follow proper procedures to ensure the safety of residents and staff during an emergency as evidenced by failure to: assist one (1) resident with relocation to a safe zone, remove chairs from the hallway potentially impeding egress and secure resident room doors during a simulated fire drill test. Resident #140. The findings include: According to the facility 's fire safety policy dated December 1992; ... " In the event of a fire emergency, staff should implement " RACE - Rescue, Alert, Confine and Evacuate ... "	K 050		

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K 050	Continued From page 3 1. Facility staff failed to assist Resident #140 with relocation to a safe zone during a simulated fire drill on September 26, 2013 at 4:20 PM. The fire pull station was activated and elicited an audible alarm throughout the facility. Approximately 8 minutes into the drill at 4:28 PM, proximal to the conclusion of the drill, Resident #140 was observed alone in the hallway on the 2nd floor residential unit, seated in his/her wheelchair, leaning forward and appeared to be asleep. A face-to-face interview was conducted with Employee #20 at the time of the observation. In response to a query regarding Resident #140 's position in the hallway, the employee stated that the facility 's protocol is to move all residents to their rooms or a safety zone. However, he/she was attending to residents on the other side of the unit and did not have the opportunity to relocate Resident #140 to his/her room. Facility staff failed to ensure that all residents were relocated to a safe zone during a simulated fire drill. The findings were acknowledged and confirmed by Employee #21 at the time of the observation. 2. Facility staff failed to ensure that the corridors were free of chairs during a simulated fire drill, which could pose a trip or fall hazard and potentially impede egress in the event of a fire emergency.	K 050	K050 NFPA 101 LIFE SAFETY CODE STANDARD 1. 1. Resident #140 was relocated to a safe zone. 2. No other residents were identified that needed relocation to a safe zone. 3. All staff will in-serviced on RACE procedures. 4. Random fire drills will be conducted and results presented at the quarterly QI meeting and the monthly safety meeting. 2. 1. Chairs were immediately removed from the corridor. 2. No other chairs were identified to be moved. 3. All staff will be In-serviced on RACE procedures. 4. Random fire drills will be conducted and results presented at the quarterly QI meeting and the monthly safety meeting.	9/26/13 9/26/13 10/11/13 Ongoing 9/26/13 9/26/13 10/11/13 Ongoing
	During a simulated fire drill on September 26, 2013 at 4:30 PM, approximately 10 minutes after			

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K 130	Continued From page 6 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection, it was determined that tread surfaces in stairwells were soiled, stained and in need of cleaning. These findings were observed in the presence of the Director of Maintenance. The findings include: During a tour of the facility it was determined that the tread surfaces of stairs, between the Lower Level and First Floor near Administrative Areas and 4 North and 5 North Stair were very soiled and stained with debris in two (2) of 10 observations between 9:50 AM and 3:00 PM on September 26, 2013. K47SS=D Based on observations during the Life Safety Code Inspection it was determined that Exit and Directional signs were not illuminating in the hallway to direct staff and residents to the nearest egress point. The findings include: During the Life Safety Code Inspection, it was determined that exit signs were not illuminating in the hallways to direct residents and staff to the nearest exit in the event of an emergency; exit signs were not clear and identifiable due to failure of bulbs to continuously illuminate in the hallway on the 5th Floor Exit near the entrance to the Dining Room and near the 5 North Stairwell Exit in two (2) of 15 observations between 2:50 PM and 3:30 PM on September 26, 2013.	K 130	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 1. Soiled areas noted in the stairwells were cleaned and the remaining debris will be removed. 2. All remaining stairwells will be inspected and cleaned as required. 3. All stairwells will be inspected monthly for soil and debris. 4. Results of the inspection will be presented at the quarterly QI meeting and the monthly safety meeting. K47SS 1. Illuminated exit signs in the 5 th Floor hallways near the dining room and near the 5 North stairwell were found to be dim and will be replaced. 2. All illuminated exit signs will be inspected and replaced as required. 3. A preventive maintenance program will be completed monthly. 4. The maintenance manager will report inspection findings to the quarterly QI meeting and the monthly safety meeting.	10/31/13 12/1/13 Ongoing Ongoing 10/11/13 12/1/13 Ongoing Ongoing