

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

PRINTED: 10/23/2014
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 10/07/2014
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 The following findings are based on observations and record review during the Life Safety Code Survey conducted at your facility on October 7, 2014.	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 and 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 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection, it was determined that sprinkler heads were not continually maintained to prevent dust formation to ensure operability and reliability in the event of a fire in six (6) of 20 observations. The findings include: Sprinklers heads were not maintained to ensure that they were reliable and operable in the event of a fire as evidenced by accumulate dust and debris on the sprinkler heads in six (6) of 20 observations as follows: 1. Walk in Refrigerator in the Main Kitchen in one (1) of one (1) observation at 11:45 AM; 2. Soiled Utility Room on unit 1 West in one (1) of two (2) observations at 12:15 PM 3. First Floor Day Room in four (4) of four (4) observations	K 062	K062 1. Sprinklers located in walk in refrigerator, soiled utility room 1 West, and first floor dayroom were inspected, cleaned, and replaced as necessary. 2. All sprinklers were inspected, cleaned or replaced as necessary. 3. A preventive maintenance program will be completed quarterly to inspect and clean all sprinkler heads. 4. Results of the inspection will be presented to the quarterly QA/QI and safety meeting.	10/29/14 11/3/14 Ongoing Ongoing

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

TITLE

(X6) DATE

Ina Stanek Administrator

10/31/14

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 062	Continued From page 1	K 062			
K 130 SS=E	<p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786</p> <p>This STANDARD is not met as evidenced by: Based on observations and interview during the Life Safety Code Inspection, it was determined that canopies on the exterior of the Main Building were not protected by sprinklers and are constructed with combustible materials in two (2) of three (3) observations.</p> <p>The findings include: Through observation and interview, it was determined that canopies extending from the Main Building in the rear loading dock area and outside off of the 1 East Patio were not sprinkled to protect the structure in the event of a fire in two (2) of three (3) observations.</p> <p>According to LSC [Life Safety Code] 2000, NFPA [National Fire Protection Association] 101, Section 8.15.7.1; " Sprinklers shall be installed under the exterior of roofs, canopies, porte-cocheres, balconies, decks and similar projections exceeding 4 feet in width ... "</p> <p>The findings were acknowledged by the Maintenance Director at the time of the</p>	K 130	<p>K130</p> <ol style="list-style-type: none"> 1. Canopies located over the rear loading dock and outside off the 1 East floor patio were removed. 2. All canopies were inspected and cloth canopy located in rehab courtyard was removed. 3. New canopies will be installed when fabric meeting all NFPA standards is secured. 4. NFPA life safety codes will be monitored on a quarterly basis to determine any changes in canopy requirements with results reported quarterly at safety committee and QA/QI meetings. 	10/28/14 10/28/14 Ongoing Ongoing	

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K 130	Continued From page 2 observations on October 7, 2014 between 11:20 AM and 3:40 PM.	K 130			