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

PRINTED: 04/14/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095021	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	04/01/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEALTH & REHABILITATION CENTER AT THOMAS CIRCLE	1330 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20005

(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 An annual Recertification Life Safety Code Survey was conducted at your facility on April 1, 2011. The following findings are based on observations, staff interview and record review.	K 000	The Health & Rehabilitation Center at Thomas Circle is filling this plan of correction for the purpose of regulatory compliance. The facility Is submitting this plan of correction to comply with applicable law and not as an admission or Statement of agreement with respect to the alleged deficiency herein.	4/4/11
K 144 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Based on observation and review of the log book, it was determined that documentation failed to substantiate that the emergency generator is exercised under load and for duration of 30 minutes each month in 15 of 15 observations. The findings include: Documentation from the Emergency Generator Log Book failed to substantiate that the emergency generator is exercised under load and for at least 30 minutes as required. This was noted as evidenced by recorded total number of minutes the generator was in operation for the exercise period. A review of the generator log sheets documented that the generator exercise period included the	K 144	**K144** **1 . Corrective Action for Residents** No resident was affected by this practice. The run time on the emergency Generator was increased immediately by our qualified emergency generator vendor. A test was conducted after the new time was programmed and it now runs for forty-five minutes per week. **2. Identify other Residents** All residents residing in the skilled nursing facility have the potential to be affected by this practice. **3. Systemic Changes** The Plant Operations Director has verified this change by exercising the machine to ensure that the forty-five minute requirement is met. The Maintenance Supervisor, or designee, Completes weekly logs noting the date, time and duration of each load test. **4. Monitor Corrective Actions** The Plant Operations Director will monitor the weekly generator exercise logs to ensure compliance. Any variance in the duration of testing will be reported to the quarterly Quality Assurance Committee.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Angela [signature]	Administrator	4/25/11

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 144	Continued From page 1 cool down time within the 30 minute cycle. Therefore, the generators were not exercised under a full load for 30 minutes in accordance with NFPA 99 or NFPA 110 requirements. The following documents were reviewed. Time and dates were recorded for January 28, 2010 through March 31, 2011 indicating that the generators were not exercised for 30 minutes excluding the cool down period in 15 of the 15 observations. • January 28, 2010 Start Hour 7.8 and Ending Hour 8.3 equals 30 minutes; • February 25, 2010, Start Hour 9.8 and End Hour 10.3 equals 30 minutes; • March 25,2010 Start Hour 11.8 and End Hour 12.3 equals 30 minutes; • April 27, 2010, Start Hour 16.3 and End Hour 16.8 Equals 30 minutes; • June 24, 2010 Start Hours 18.6 and End Hour 19.1 equals 30 minutes; • July 29, 2010 Start Hour 21.1 and End Hour 21.6 equals 30 minutes; • August 26, 2010 Start Hour 23.1 and End Hour 23.6 equals 30 minutes; • September 30, 2010 Start Hour 25.6 and End Hour 26.1 equals 30 minutes; • October 28, 2010 Start Hour 28.5 and End Hour 29.0 equals 30 minutes; • November 25, 10 Start Hour 30.5 and End Hour 31.0 equals 30 minutes, • December 30, 2010 Start Hour 33.0 and End Hour 33.5 equals 30 minutes; • January 27, 2011 Start Hour 35.0 and End Hour 35.5 equals 30 minutes; • February 24, 2011 Start Hour 37.0 and End Hour 37.5 • and March 31, 2011 Start Hour 39.6 and End Hour 40 equals 20 minutes	K 144		

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K 144	Continued From page 2 These finding was observed in the presence of the Maintenance Director Employee # 11.	K 144		