



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

PRINTED: 12/30/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>095005</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/11/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE WASHINGTON HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3720 UPTON STREET NW WASHINGTON, DC 20016</b>	
(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 018	Continued From page 1 position. The findings include: It was observed at approximately 12:00pm thru 2:00pm on December 9 to 11, 2008 that the facility doors do not close and latch in frames in the following areas: Rooms 358A, 348A,347A,312A, 303A, 328B, 336B, 328B, 313B, 305B, 302B, 256A, 207A, 255A, 234A, 229B, 227B, 224B, 225B linen chute, 208B, rear door to soiled holding area 1st floor, separation door next to 372A, rear exit next to 208A ( egress bar), It was observed at approximately 12:00pm thru 2:00pm on December 9 to 11, 2008 that the facility door closers were removed in the following area. 2nd floor fire control room, door to purchasing locked against egress	K 018	<b>4. Monitoring</b>  The Director of Plant Operations reviewed the Preventive Maintenance plan to ensure that the operation and inspection of doors are conducted monthly. The findings are reported at the Quarterly QI meeting.  K077	1/19/09
K 077 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Piped in medical gas systems comply with NFPA 99, Chapter 4.  This STANDARD is not met as evidenced by: Based on observation, the entity failed to ensure that all medical gas systems are continuously maintained in proper operating condition. The findings include: It was observed at approximately 12:00pm thru 2:00pm on December 9 to 11, 2008 that the facility had no record of maintenance of the medical gas systems being performed according to NFPA 99.	K 077	<b>1. Corrective Action(s)</b> Medical gas is used on the IPU unit. The Director of Plant Operations has reached out to qualified vendors for proposal requests for contracted preventive maintenance services on all medical gas systems.  <b>2. Identification of Deficient Practices &amp; Corrective Actions</b> Inspection of the medical system was done and it was determined that it is not used in the nursing facility. No resident was affected by this practice.  <b>3. Systemic Changes</b> The Director of Plant Operations will meet and educate engineering and maintenance staff on the specifics of the maintenance contract, specifically the frequency of inspections by qualified contractors.  <b>4. Monitoring</b> The Director of Plant Operations will annually review the Equipment Management Program to verify annual inspections, and maintenance of medical gas systems. Findings are reported at the Safety Committee meeting and Quarterly QI Committee meeting.	1/19/09
K 130 SS=D	NFPA 101 MISCELLANEOUS  OTHER LSC DEFICIENCY NOT ON 2786	K 130		

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K 130	Continued From page 2  This STANDARD is not met as evidenced by: 2000 LIFE SAFETY CODE-LSC 4.6.12.1 Maintenance and Testing (Fire Alarm) Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any feature is required for compliance with the provisions of this code, such device, equipment, system, condition, arrangement level of protection, other feature shall thereafter be continuously maintained in accordance with applicable NFPA requirements or as directed by authority having jurisdiction. Based on observation the entity failed to ensure all components of the automatic fire alarm system are continuously maintained in proper operating condition. The findings include: It was observed at approximately 12:00pm thru 2:00pm on December 9 to 11, 2008 that the facility had no annual fire alarm maintenance record. 2000 Life Safety Code-4.6.12.1 Maintenance and Testing (Sprinklers) Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provision of this Code, such device, equipment, system, condition, arrangement, level of protection, or other feature shall thereafter be continuously maintained in accordance with applicable NFPA requirements or as directed by the authority having jurisdiction. Based on observation the entity failed to ensure all components of the automatic sprinkler system are continuously maintained in proper operating condition.	K 130	<p><b>1. Corrective Action(s)</b> The fire alarm annual maintenance had been scheduled; however, the date was moved by contractor (due to illness) to 12/22/08. The inspection was conducted at that time.</p> <p><b>2. Identification of Deficient Practices &amp; Corrective Actions</b> A review of the Life Safety Code with emphasis on maintenance program, sprinkler heads, escutcheon plates, fire/smoke barriers was conducted. corrections were made as indicated.</p> <p><b>3. Systemic Changes</b> The Director of Plant Operations conducted a meeting and re-educated staff on Life Safety systems and inspections.</p> <p><b>4. Monitoring</b> The Director of Plant Operations monitors the Life Safety Maintenance Plan including all aspects of fire suppression systems quarterly. These findings are reported at the Safety Committee meeting and the Quarterly QI Committee meeting.</p>	1/19/09
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K 130	<p>Continued From page 3</p> <p>The findings include: It was observed at approximately 12:00pm thru 2:00pm on December 9 to 11, 2008 that the facility sprinkler head in kitchen freezer is rusted It was observed at approximately 12:00pm thru 2:00pm on December 9 to 11, 2008 that the facility sprinkler head in room 302B is missing an escutcheon plate.</p> <p>2000 Life Safety Code-4.5.1 Multiple Safeguards The design of every building or structure intended for human occupancy shall be such that reliance for safety to life does not depend solely on any single safeguard. An additional safeguard (s) shall be provided for life safety in case any single safeguard is ineffective due to inappropriate human actions or system failure. Based on observation the entity failed to ensure no fire or life safety hazards exists in the facility. The findings include: It was observed at approximately 12:00pm thru 2:00pm on December 9 to 11, 2008 that the facility has wall and ceiling penetration in the following areas. Above computer doors next to 3A elevators, elevators mechanical room 1st floor, separation doors next to elevator control room and 1st floor mechanical room rear exit boiler. It was observed at approximately 12:00pm thru 2:00pm on December 9 to 11, 2008 that the facility has an open junction box with exposed wiring next to rear exit boiler</p>	K 130		