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

PRINTED: 07/26/2010
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
	095038	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	07/15/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
METHODIST HOME	4901 CONNECTICUT AVENUE, NW WASHINGTON, DC 20008

(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 A Life Safety Code inspection was conducted at your facility on July 15, 2010. The following deficiency was based on observations.	K 000	THIS PLAN OF CORRECTION IS SUBMITTED FOR PURPOSES OF REGULATORY COMPLIANCE AND AS PART OF THE METHODIST HOME'S ONGOING EFFORTS TO CONTNUOUSLY MAINTAIN THE HIGH QULITY OF CARE AND SERVICES PROVIDED. AS SUCH IT DOES NOT CONSTITUTE AN ADMISSION OF THE FACTS OR CONCLUSIONS FOR ANY PURPOSE WHATSOEVER.	
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 doors failed to close without assistance in three (3) of 20 observations. The findings include: Entrance doors to resident rooms and common areas failed to close and latch into frames in	K 018		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X8) DATE

CEO/ADMINISTRATOR — 6 AUGUST 2010

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 Rooms 159, the West Bathroom, and the Activity Room in three (3) of 20 observations between 1:00 PM and 3:30 PM on July 15, 2010.	K 018	**1. Corrective action for residents affected by deficient practice:** No resident(s) was (were) negatively impacted. Minor adjustments to the closer and the strike plate on the three identified entrance doors have been repaired and now positively latch into the frames.	07/16/10
			2. Method to identify other residents at risk for deficient practice: All doors in the Health Care Center will be systematically checked by maintenance personnel for proper latching. Any adjustments needed, if any, will be completed.	08/16/10
			3. Measure of systematic changes to ensure deficient practice does not recur: Quarterly re-inspection of all doors to check that they close and latch.	08/16/10
			4. Performance monitoring to ensure solutions are sustained: Engineer will conduct quarterly inspections And report results of these inspections and Corrections needed at Quarterly QA Meetings.	08/16/10

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CEO/ADMINISTRATOR | 6 AUGUST 2010

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