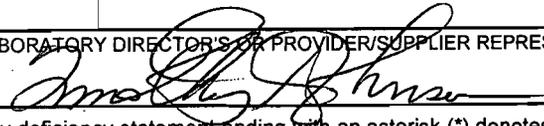


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/12/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095019	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 06/28/2006
NAME OF PROVIDER OR SUPPLIER GRANT PARK CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5000 BURROUGHS AVE. NE WASHINGTON, DC 20019	
(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 follow-up Life Safety Code inspection to the Life Safety Code inspection completed April 13, 2006 was conducted on June 28, 2006. The following deficiency was based on observations and staff interview.	{K 000}		
{K 018} SS=F	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.	{K 018}	NFPA 101 Life Safety Code Standard 1. Fire doors repaired and Fire Doors close and lock or latch when tested. 2. Fire doors evaluated for appropriate closing, locking, and/or latching. Repairs will be made as indicated. 3. Maintenance Director/designee reeducated on fire door regulation. Maintenance director to check fire doors on a schedule. 4. Administrator/designee to QI monitor fire doors weekly X 4 then monthly. Appropriate action based on findings. Findings reported to FLC.	7/31/06
	This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code inspection, it was determined that fire doors failed to close and lock and/or latch when tested. These findings were observed in the presence of the Maintenance Director.			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE
 Exec. Dir 7-21-06

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}	<p>Continued From page 1</p> <p>The findings include:</p> <p>Fire doors failed to close and lock and/or latch when tested in the following areas:</p> <p>Double doors failed to lock and latch near room 218 in one (1) of one (1) observation on June 28, 2006 at approximately 2:45 PM.</p> <p>2 South janitorial closet door failed to close in one (1) of one (1) observation on June 28, 2006 at 2:30 pm.</p> <p>Double doors near room 321 failed to lock and latch in one (1) of one (1) observation on June 28, 2006 at 4:00 PM.</p> <p>Door near the 3 South stairwell failed to lock and latch in one (1) of one (1) observation on June 28, 2006 at 4:10 PM.</p> <p>5th Floor stairwell door failed to lock and latch near room 536 in one (1) of one (1) observation on June 28, 2006 at 12:30 PM.</p>	{K 018}		