

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

PRINTED: 11/05/2012
FORM APPROVED
OMB NO. 0938-0391

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| 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 09/21/2012 |
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| NAME OF PROVIDER OR SUPPLIER CARROLL MANOR NURSING & REHAB | STREET ADDRESS, CITY, STATE, ZIP CODE 725 BUCHANAN ST., NE WASHINGTON, DC 20017 |
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| (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 |
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| K 000 | INITIAL COMMENTS The Life Safety Code Inspection was conducted at your facility on September 21, 2012; the following deficiencies were cited. | K 000 | <p>Carroll Manor 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 an admission or agreement by any party, its officers, directors, employees or agents as the truth of the facts alleged or the 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.</p> <p>K017 NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>1. Penetrations found on 4 north Clean Utility Room, 2 west Staff Restroom, 4 north Communications Closet were sealed.</p> <p>2. All Ceiling areas were inspected and no penetrations found.</p> <p>3. All ceiling areas will be inspected annually and inspections will be done on a quarterly basis. All contractors will be required to</p> | |
| K 017 SS=C | <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observations during the Life Safety Code Inspection, it was determined that penetrations were observed in wall surfaces above ceiling tiles which would not prohibit the passage of smoke through the smoke barrier in the event of a fire in three (3) of 14 observations. These findings were observed in the presence of the Director of Engineering.</p> <p>The findings include:</p> | K 017 | | 11/9/12 11/9/12 |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Jina Sanchi</i> | TITLE <i>Administrator</i> | (X6) DATE <i>11/16/12</i> |
|---|-----------------------------------|----------------------------------|

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 017 | Continued From page 1 1. A 1-2 inch penetration was observed in wall surfaces above ceiling tiles near the 4 N Clean Utility Room in one (1) of five (5) observations at 10:45 AM on September 21, 2012. 2. A 1-2 inch penetration was observed in wall surfaces over double doors near the Staff Restroom on Unit 2 West in one (1) of five (5) observations at 12:10 PM on September 21, 2012. 3. A 2-3 inch penetration was observed around the perimeter of computer wires passing through the ceiling in the in the 4 North Communication Closet in one (1) of four (4) observations at 11:50 AM on September 21, 2012. | K 017 | obtain approval to work above the ceiling prior to starting work. Upon completion of the job the Maintenance Manager will inspect to ensure all penetrations are properly sealed. 4.The Maintenance Manager will report inspection findings at the quarterly QA/QI meeting. | Ongoing Ongoing |
| 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 1¼ 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 | K018 NFPA LIFE SAFETY CODE STANDARD 1. The 4 west storage room door, 3 east nurses lounge door, Cafeteria entrance door were repaired. 2. All doors were inspected by maintenance staff to ensure they were closing properly. Repairs were made to all doors as needed. 3. A preventive maintenance program will be completed quarterly to inspect all doors for proper closure and any doors found not closing properly will be | 11/8/12 11/16/12 Ongoing |

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| K 018 | Continued From page 2 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection, it was determined that double and single doors failed to close and latch into frames without assistance when tested in three (3) of 13 observations. These findings were observed in the presence of the Director of Engineering. The findings include: 1. The 4 West Storage Room entrance door failed to close and latch into the frame when tested in one (1) of five (5) observations at 11:55 AM on September 21, 2012. 2. The 3 East Nurses Lounge entrance door, failed to close and latch into the door frame when tested in one (1) of one (1) observation at 12:10 PM on September 21, 2012 3. The cafeteria entrance door on the Ground Floor failed to close and latch in to the frame when tested in one (1) of seven (7) observations at 10:15 AM on September 21, 2012. | K 018 | 4. A file of inspections will be kept by the Maintenance Department and reported to the QA/QI meeting quarterly. | Ongoing | |
| K 048 SS=D | NFPA 101 LIFE SAFETY CODE STANDARD There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1 This STANDARD is not met as evidenced by: Based on observations during the Life Safety | K 048 | | | |

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| K 048 | Continued From page 3 Code Inspection, it was determined that evacuation plans were not posted in the hallways to provide direction to the nearest exits in the event of an emergency in two (2) of six (6) observations. These findings were observed in the presence of the Director of Engineering. The findings include: Through observation and interview it was determined that Emergency Evacuation Plans were not posted in the hallways on Units 3 near the Nurses Station and Unit 2 West Side to direct residents and staff to the nearest exit in the event of an emergency in two (2) of six (6) observations between 12:30 PM and 12:50 PM on September 21, 2012. | K 048 | K048 NFPA LIFE SAFETY CODE STANDARD 1. The evacuation plans at 3 floor near nurses station and 2 west were installed. 2. All evacuation plans on all floors were inspected to insure they were in the proper location and were completely accurate. 3. All evacuation plans will be inspected annually on a quarterly basis for accuracy and location by the security department. If necessary the plans will be revised/ and or replaced. 4. The Security Director will report the quarterly inspection results at the quarterly QA/QI meeting. | 11/13/12 | |
| K 130 SS=E | NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection, it was determined that sprinkler head surfaces were soiled with dust accumulation which potentially could affect the operation of sprinklers in the event of a fire in 22 of 28 observations. These findings were observed in the presence of the Director of Engineering. The findings include: 1. Sprinkler head surfaces were observed to be soiled with dust in the Laundry Rooms on Units, | K 130 | | Ongoing | Ongoing |

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| K 130 | Continued From page 4 5 North, 4 North, 4 East, 3 North, 2 North and 1 North in 12 of 18 observations between 10:45 AM and 3:30 PM and sprinkler heads were soiled in the Clean and Soiled Utility Rooms on Units 5 North, 4 North, 3 East and 2 West in six (6) of six (6) observations between 10:45 AM and 3:30 PM on September 21, 2012. 2. Sprinkler head surfaces were soiled with dust and rust over the detergent pumps and large barrels of chemicals in the Main Laundry Washer Area in four (4) of four (4) observations and in the Soiled Collection Area in four (4) of six (6) observations at approximately 12:10 PM on September 21, 2012. 3. Sprinkler heads surfaces were soiled with accumulated dust and debris over the folding machines and other equipment in the Main Laundry in eight (8) of 12 observations at 12:20 PM on September 21, 2012. | K 130 | K130 NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 1. The sprinkler heads noted in the clean and soiled utility rooms on units 5 north, 4 north, 3 east, and 2 west were cleaned and inspected for damage. 2. In-house staff inspected all areas and cleaned all sprinkler heads as required. 3. A fire protection firm will inspect the sprinkler heads during the quarterly test of the sprinkler system. Upon completion of the sprinkler test and cleaning the Maintenance Manager will inspect the work. 4. The results of the quarterly testing and cleaning will be reported to the quarterly QA/QI meeting. | 11/9/12 Ongoing Ongoing | |