

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

PRINTED: 12/18/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095015	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/06/2007
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NAME OF PROVIDER OR SUPPLIER CAROLYN BOONE LEWIS HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1380 SOUTHERN AVE SE WASHINGTON, DC 20032
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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	K 000		
K 050 SS=E	<p>The annual Life Safety Code inspection was conducted at your facility on December 6, 2007. The following deficiencies were based on observations and interviews.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on review of records during the Life Safety Code inspection, it was determined that fire drills were not conducted quarterly on each shift as required. The records were reviewed in the presence of Employee #7 on December 6, 2007 at approximately 11:15 AM..</p> <p>The findings include:</p> <p>There were 13 documented fire drills between October 2006 and November 2007.</p> <p>Fire drills were not conducted quarterly on each shift as follows:</p> <p>2006 - 4th quarter, second and third shift 2007 - 3rd quarter, second and third shift</p>	K 050	<p>K 050 NFPA 101 LIFE SAFETY</p> <ol style="list-style-type: none"> 1. Fire drill check list was reviewed And date, time and shift were Added for 4th quarter 2006 Second and third shift, and 2007 3rd quarter second and third shift. 2. Director of Maintenance will Verify during drills that check List are completed in their Entirety to ensure compliance. 3. In-service was done by Director Of maintenance to maintenance Staff to verify completeness of Check list during drills. 4. Fire drill check list will be Monitored quarterly and findings Will be reported in quarterly CQI. 	12-28-07

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Calantha Green

Administrator

12-28-07

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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NAME OF PROVIDER OR SUPPLIER CAROLYN BOONE LEWIS HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1380 SOUTHERN AVE SE WASHINGTON, DC 20032	
(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 050 K 130 SS=E	<p>Continued From page 1</p> <p>Employee #7 acknowledged the above findings at the time of the record review.</p> <p>NFPA 101 MISCELLANEOUS</p> <p>OTHER LSC DEFICIENCY NOT ON 2786</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observations during the survey period, it was determined that fire doors were propped open. These observations were made in the presence of Employee #7.</p> <p>The findings include:</p> <p>The following doors were observed propped open:</p> <p>1. The dining room door on the ground level was propped open with a metal standing sign on December 3, 2007 at 8:30 AM, December 4, 2007 at 9:30 AM and 2:45 PM, December 5, 2007 at 10:00 AM and December 6, 2007 at 11:15 AM.</p> <p>2. The double doors to the laundry room were observed propped open on December 3, 2007 at 2:15 PM. One (1) door was propped open with a large standing electric fan and one (1) door was propped open with a a wedge.</p> <p>3. The door to the 3rd floor smoking room was observed propped open with a telephone book on December 4, 2007 at 4:00 PM.</p> <p>Employee #7 acknowledged the above findings at the time of the observations.</p>	K 050 K 130	<p>K 130</p> <p>NFPA 101 MISCELLANEOUS</p> <p>#1, #2, #3</p> <p>1. The dining room door on the ground Level that was cited as being propped open with a metal standing sign was Corrected immediately by removing the sign. The double doors in the laundry room cited as being propped on by an electric standing fan and a wedge was corrected on day of observation by removing the fan. The door on the 3rd floor smoking room cited for being propped open with a telephone book was corrected immediately during observation by removing book.</p> <p>2. All other doors were check to ensure Compliance and items propping doors Open were removed as needed.</p> <p>3. Staff was in-serviced on 12-26-07 by Educator on Life Safety Codes as it pertains to not propping fire doors with any type of objects.</p> <p>4. Monitoring of fire doors for compliance will be done by maintenance department and reported in quarterly CQI.</p>	12-28-07