

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

PRINTED: 10/27/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095028	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/31/2010
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NAME OF PROVIDER OR SUPPLIER INGLESIDE AT ROCK CREEK	STREET ADDRESS, CITY, STATE, ZIP CODE 3050 MILITARY ROAD NW WASHINGTON, DC 20015
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K 000	INITIAL COMMENTS A Life Safety Code Inspection was conducted at your facility on August 31, 2010; the following deficiencies were cited based on observation, record review and staff interview.	K 000		
K 017 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least 1/2 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 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection it was determined that penetrations were observed around pipes and cables that pass through smoke barrier walls, in one (1) of four (4) observations; a 4-8 inch penetration was observed around ductwork that passes through wall surfaces in the hallway above tiles adjacent to the Main Laundry Area in one (1) of four (4) observations; a 4-8 inch penetration was observed around a pipe that	K 017		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE
Bill Schuff, Executive Director/Administrator 11/7/10

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 2 2010. 6. A 12 inch opening was observed around BX cable penetrating through wall surfaces near the laundry entrance in one (1) of two (2) observations at 10:47 AM on August 31, 2010.	K 017	K 017 (cont'd) 5. The wall was patched and new drywall installed to ensure that there were no further openings. The Maintenance Supervisor will conduct audits on a monthly basis to make sure there are no penetrations found on other walls. Any findings will be reported at the monthly QA meetings.	10/20/10
K 018 SS=E	The above findings were observed in the presence of the Director of Maintenance 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 1 1/4 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. Based on observations during the Life Safety Code Inspection it was determined that smoke barrier doors failed to close and latch when tested	K 018	6. The penetration was covered with sheet rock and sealed with foam. The Maintenance Supervisor will conduct audits on a monthly basis to make sure there are no openings found on other walls. Any findings will be reported at the monthly QA meetings.	11/4/10

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K 018	Continued From page 3 and the entrance doors to resident rooms failed to close when bathroom doors were left in the open position in two (2) of eight (8) observations; bathroom doors were left in the open position in six (6) of 10 observations between 1:02 PM and 1:35 PM; and entrance doors to First Floor Rooms were impeded from closing in nine (9) of 13 observations. The findings include: 1. The fire alarm system was activated by pulling the lever in the hallway on the West Side near the stairwell, double doors located at the entrances to the dining rooms in the Health Center on the first and second floors failed to fully close and latch during the test in two (2) of eight (8) observations at 3:30 PM on August 31, 2010. 2. Resident entrance doors were impeded from closing when bathroom doors were left in the open position on the Lower Level Rooms; 087, 091, 092, 093, 095 and Soiled Utility in six (6) of 10 observations between 1:02 PM and 1:35 PM. 3. First Floor Room doors were impeded from closing; 174,175, 181, 182, 186, 187, 190, 192 and 198 in nine (9) of 13 observations between 11:30 and 12:25 PM on August 31, 2010. The above findings were observed in the presence of the Director of Maintenance.	K 018	K 018 1. The dining rooms doors were adjusted to latch properly when the fire alarm system is activated. Dining room doors will be monitored whenever the fire alarm system is activated. Findings of issues will be repaired immediately and also reported on at the monthly QA meetings. 2. & 3. All Nursing and Housekeeping staff were in-serviced on the importance of keeping Resident bathroom doors closed at all times. Nursing and Housekeeping will monitor Resident bathroom doors to make sure they are closed at all times. In addition, the Housekeeping and Nursing Supervisors will conduct random audits on a daily basis to ensure the doors are closed. Any issues that arise will be reported on at the monthly QA meetings. The door on the Soiled Utility Room on the lower level was repaired on 9/1/10. The Maintenance Supervisor will conduct audits on a monthly basis to make sure the door latch is working properly. Any findings will be reported at the monthly QA meetings.	9/1/10 11/05/10 9/1/10
K 052 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance	K 052		

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K 052	Continued From page 4 and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 Based on observations during the Life Safety Code Inspection it was determined that fire alarm devices were not maintained as required; documentation was not available to show that devices were not replaced or repaired when it was determined that devices failed to operate in two (2) of two (2) observations. The findings include: Based on a review of the Ark Fire Alarm Life Safety and Inspection Report from March 9, 2010, it was determined that Smoke Detectors # 06685751 located in the Corridor near room 097 and #06685763 located near the Lobby Level Corridor by room #082 failed to operated when tested, documentation was not available to show that the devices were replaced or repaired in two (2) of two (2) observations at 3:50 PM on August 31, 2010. These findings were observed in the presence of the Maintenance Director.	K 052	K 052 Ark Systems repaired the problem on 9/7/10. Ark Systems performs quarterly inspections and a report is generated identifying any issue to correct each time there is an indication of a problem. Any issues found will be expected to be repaired at the time of the findings by Ark Systems. Completed work order will be filed in the facilities office. Any issues found and corrected will be reported on at the monthly QA meetings.	9/7/10
K 130 SS=E	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786	K 130		

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K 130	Continued From page 6 31, 2010. 4. Roaches were observed crawling on dining table and floor surfaces as a resident was waiting for his/her meal in the Main Dining Room on the first floor of the Health Care Center in one (1) of one (1) observations at 12:40 PM on August 31, 2010. The above findings were observed in the presence of the Director of Maintenance.	K 130		
K 144 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. Based on observations during the Life Safety Code Inspection it was determined from log sheets that odometer readings were not consistent to substantiate that the Olympian Generator which serves the Health Care Center is exercised at least 30 minutes each month; in nine (9) of 30 observations. The findings include: During a review of generator log sheets and a survey of the Olympian Emergency Generator, it was determined that odometer reading were nor	K 144	K 144 The issue with the Olympian Generator was corrected on 9/8/10. The readings are now consistent and in ascending order. Maintenance staff were counseled concerning the monthly testing. Log books will be inspected monthly by the Maintenance Supervisor to ensure that the Generator is functioning properly and the numbers are consistent and in ascending order. Findings will be reported at the monthly QA meetings.	9/8/10

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K 144	<p>Continued From page 7</p> <p>consistent nor in an ascending order on log sheets, as evidenced by readings that were lower than the previous weeks exercises on the following dates; March 1, 2010-124.3; March 15, 2010-126.0; March 20, 2010-124.3; April 9, 2010-126.2; April 29, 2010;-129.0; June 3, 2010-133.7; June 27, 2010-133.7; August 24, 2010-139.3 and August 30, 2010- 139.4 in nine (9) of 30 observations at 4:10 PM on August 31, 2010.</p> <p>The above findings were observed in the presence of the Director of Maintenance.</p>	K 144		
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