

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

PRINTED: 04/28/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095036	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/11/2011
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NAME OF PROVIDER OR SUPPLIER UNIQUE RESIDENTIAL CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 901 FIRST STREET NW WASHINGTON, DC 20001
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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	Unique Residential Care Center makes it s best efforts 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 to the truth of the faces alleged or the validity of the conditions set forth of the Statements of Deficiencies. This Plan of Correction (POC) is prepared and/or excused solely because it is required by Federal and State Laws.	
K 017 SS=D	<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 smoke barrier walls above ceiling tiles at the entrance to Unit 1 North in one (1) of one (1) observation and penetrations approximately 3 X 3 inch were observed above doors at the entrance to Unit 3 North in two (2) of two (2) observations. These findings were observed in the presence of Employee # 14.</p>	K 017	<p>1. The penetration in smoke barrier walls above the ceiling tiles at entrance to 1North and penetrations above doors at the entrance to 3North were repaired immediately.</p> <p>2. A comprehensive inspection of the smoke barrier walls above ceilings and doors were checked no additional penetrations were found.</p> <p>3. Monitoring and checking for penetrations will become a part of the preventative maintenance (PM) procedure and will be added to the PM list.</p> <p>4. The director of facilities or his designee will monitor and the smoke barriers. This will be reported to the QI/QA committee.</p>	5/8/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Christine Lee, VMT VP of Quality/ Administration</i>	TITLE <i>VP of Quality/ Administration</i>	(X6) DATE <i>5/9/11</i>
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safe is 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 2 Based on observations during the Life Safety Code Inspection, it was determined that doors failed to close and latch into frames when tested and doors were held open with door stops or wedges. The following findings were observed in the presence of Employee #14. The findings include: 1. Single hallway doors located at the entrances to the walk in refrigerator/freezer, Cafeteria and 4 South Dining Room were held open by a door stop in three (3) of three (3) observations between 9:35 AM and 11:50 AM on April 11, 2011. 2. Double doors located on the west side of elevators failed to close and latch into frames when tested in one (1) of three (3) observations at 10:00 AM in the Basement on April 11, 2011. 3. The entrance door to the cafeteria from the sitting area on Unit 2 South failed to remain closed due to a missing latch in one (1) of one (1) observation at 11:40 AM on April 11, 2011. 4. The residents entrance door to room 305 on Unit 3 North failed to latch into the frame in one (1) of eight (8) observations at 11:40 AM on April 11, 2011.	K 018			
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observations during the Life Safety	K 062	1. The dust on the sprinkler heads were cleaned immediately. 2. The other sprinkler heads on 4 North and 1 st floor were inspected and only the sprinkler heads by the exit doors were impacted. They were also cleaned. 3. Maintenance personnel will monitor the build- up of dirt on the sprinkler heads and clean them as required. This will be added to the daily maintenance rounds check sheet. The compliance check will be ongoing. 4. The monitoring of sprinkler head is a part of the compliance audit. The results of this audit will be compiled and presented at the monthly QA committee.	5/8/11	

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K 062	Continued From page 3 Code Inspection, it was determined that sprinkler heads were not cleaned to ensure proper operating condition in the event of a fire as evidenced by accumulation of dust on sprinkler surfaces in nine (9) of nine (9) observations on Unit 4 North and the First Floor. These findings were observed in the presence of Employee #14. The findings include: Sprinkler head surfaces were soiled and not cleaned on a regular basis as evidenced by accumulated dust and soiled products on sprinkler head surfaces near the ante area to the Court Yard from the First Floor Cafeteria and in eight (8) of eight (8) observations near the entrance to the 4 North Cafeteria area in nine (9) of nine (9) observations between 10:00 AM and 12:30 PM on April 11, 2011.	K 062		