

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

PRINTED: 10/24/2011
FORM APPROVED
OMB NO. 0938-0391

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 10/04/2011
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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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K 017	Continued From page 1 walls above ceiling tiles in the following locations: Fifth Floor A one inch penetration was observed in wall surfaces around BX Cable near the exit sign on Unit 5 South in one (1) of one (1) observation at 8:50 AM on October 4, 2011. Fourth Floor A 3-4 inch penetration was observed around duct work above ceiling tiles near the entrance to Unit 4 North and a 2 inch penetration was observed around a bundle of communication wires that pass through the ceiling in the 4 North Telephone Closet in two (2) of five (5) observations at 10:40 AM on October 4, 2011. Third Floor A 4-5 inch opening was observed was observed above ceiling tiles near stairwell #4 on Unit 3 North in one (1) of three (3) observations at 11:25 AM on October 4, 2011. These findings were observed in the presence of Employees 38 and 39.	K 017	4. All findings will be reported to the QA/QI Committee.	on-going
K 018 SS=E	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	K 018		

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K 018	Continued From page 2 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Survey it was determined that double doors failed to close and latch into frames in three (3) of 20 observations, residents entrance doors failed to close and latch into door frames when tested in seven (7) of 35 observations and the exit door to the stairwell on Unit 3 West failed to disengage during the manual fire alarm test in one (1) of three (3) observations. The findings include: 1. Double doors located in the hallways failed to close and latch into door frames without assistance when tested at the entrances to Unit 5 North, 5 South Dining Room entrance doors and the 2nd Floor Dining Room doors in three (3) of 20 observations between 8:50 AM and 11:55 AM on October 4, 2011. 2. Residents rooms and common area doors were difficult to open or close and failed to latch into door frames when tested in the following areas: Rooms 541, 533, Medical Records, 356, 304, 302 and 107 in seven (7) of 35 observations	K 018	K018 NFPA 101 LIFE SAFETY CODE STANDARD 1. All corridor fire doors, magnetic hold doors, and resident doors identified during the survey period were corrected: <ul style="list-style-type: none"> • 5 North, 5 South dining room, 2nd floor dining room • Rooms 451, 533, Medical Records, 356, 304, 302, and 107 • Magnet doors to stairwell 3 West 2. An inspection by the maintenance department of all doors in the facility was conducted. Repairs were made to all doors as needed: <ul style="list-style-type: none"> a. Corridor doors b. Magnet hold doors c. Resident doors 3. There will be a quarterly preventative maintenance environmental audit of all corridor doors, magnetic hold doors, and resident room doors. 4. All findings will be reported to the quarterly QA/QI committee and the Safety Committee.	10/21/11 10/21/11 10/21/11 on-going

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K 018	Continued From page 3 between 8:50 AM and 11:55 AM on October 4, 2011. 3. The magnetic plate located over the stairwell exit door on Unit 3 West failed to open when tested during the manual alarm test to allow safe passage during a potential emergency in one (1) of three (3) observations between 11:30 AM and 12:10 PM on October 4, 2011. These findings were observed in the Presence of Employees # 38 and #39.	K 018	K048 NFPA 101 LIFE SAFETY CODE STANDARD 1. The evacuation floor plans have been updated for each corridor in compliance with Life Sfaety Code requirements. The plans identify the evacuation route from each corridor to the appropriate exit, an indication to show where one is in relationship to reading the plans, stairwells, fire extinguishers, pull stations, nursing stations, and furniture/theme locations on each corridor. 2. The floor evacuation plans will provide information to all residents, associates, and visitors going forward when posted. 3. Associates who have responsibility for resident evacuation will receive continuous evacuation training through annual and new staff orientation training. 4. Evacuation floor plans will be reviewed annually by the Safety Committee and any changes will be reported to the QA/QI Committee.	11/3/11	
K 048 SS=E	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 Code Inspection it was determined that written evacuation plans were not posted in the hallways to direct staff and residents to the nearest exit in 10 of 15 observations. The findings include: Written Fire Evacuation Plans were not posted in hallways to direct staff and residents to the nearest exits during an emergency, plans were not posted in the hallway on the North and East sides on Floors 1 through 5 in 10 of 15 observations between 8:50 AM and 12:50 PM on October 4, 2011. These findings were observed in the presence of Employees # 38 and # 39.	K 048		11/3/11 11/3/11 11/3/11 on-going	

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K 062	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</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 sprinkler heads were soiled and not maintained to ensure operation in the event of a fire in three (3) of 15 observations.</p> <p>The findings include:</p> <p>Sprinkler heads were not maintained to ensure proper operation during an emergency as evidenced by accumulated dust on the head surfaces of sprinklers in the 4th Floor Laundry Room, distal end of 4 North Hallway and 3rd Floor Lobby in three (3) of 15 observations between 8:50 AM and 11:50 AM on October 4, 2011.</p> <p>These findings were observed in the presence of Employees # 38 and # 39.</p>	K 062	<p>K062 NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>1. The sprinklers in the 4th Floor Laundry Room, distal end of 4 North Hallway, and 3rd Floor Lobby were all cleaned.</p> <p>2. A complete inspection of all sprinkler heads was conducted throughout the facility.</p> <p>3. The laundry rooms, corridors, and Lobbies will be inspected quarterly through Preventative maintenance audit rounds.</p> <p>4. All findings will be reported to the QA/QI quarterly committee meetings and Safety Committee meetings.</p>	<p>10/21/11</p> <p>10/21/11</p> <p>10/21/11</p> <p>on-going</p>
K 130 SS=E	<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 Life Safety</p>	K 130		

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K 130	Continued From page 5 Code Inspection it was determine that back flow preventers were not inspected as required in one (1) of one (1) observation. These findings were observed in the presence of Employee # 38 and # 39. The findings include: Documentation was not available to show that backflow preventers in the Fire Control Room are inspected and tested annually, the last inspection date was March 30, 2009; the requirement is for backflow preventers to be tested and inspected every year in one (1) of one (1) observation at 12:45 PM on October 4, 2011.	K 130	K130 NFPA 101 LIFE SAFETY CODE STANDARD 1. The backflow preventer was tested by an authorized contractor and passed inspection. 2. The facility has only one back flow Preventer. 3. The annual check of the backflow preventer at Carroll Manor will be included in the Providence Hospital annual contract testing procedure. 4. The testing procedure results will be reported annually at the QA/QI committee meeting.	10/11/11 10/11/11 10/11/11 on-going	