

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

PRINTED: 08/19/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  096015	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  07/25/2008
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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		
	The Life Safety code survey was conducted at your facility on July 25, 2008, the following findings were observed.			
K 018 SS=C	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.  This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code inspection it was determined that double fire doors failed to close and latch into frames to prevent the passage of smoke in the event of a fire. These findings were observed in the presence of maintenance staff employees #3 and #4.  The findings include:	K 018	A.  1. The 1 <sup>st</sup> Floor entrance doors have been aligned and repaired on August 26, 2008.  2. Maintenance staff conducted rounds thought out to ensure other areas are functional and in good repair and repaired as needed.  3. Monthly rounds will be made by the Maintenance staff to ensure compliance.  4. Findings will be reported in the Quarterly CQI meeting.  B.  1. The 2 <sup>nd</sup> and 3 <sup>rd</sup> floor double swinging doors were fixed by the Maintenance staff the same days of the survey.  2. All other doors were checked by Maintenance staff to ensure compliance And repairs were made as needed.  3. Monthly rounds will be made by the Maintenance staff to ensure compliance.  4. Findings will be reported to the Quarterly CQI meeting.	09/08/08

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Calantha Green</i>	TITLE <i>Administrator</i>	(X6) DATE <i>9-3-08</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 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 findings 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  <b>CAROLYN BOONE LEWIS HEALTH CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1380 SOUTHERN AVE SE WASHINGTON, DC 20032</b>		
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K 018	Continued From page 1  First Floor-Double swinging glass doors located at the entrance to the facility failed to close and align up properly when tested at 11:15 PM in two (2) of two (2) observations on July25, 2008.  Second Floor-Double swinging fire doors near room 230 failed to close without assistance and latch into frames when tested in one (1) of two (2) observations at 11:02 AM on July 25, 2008.  Third Floor-Double swinging fire doors near room 318 failed to latch into frames when tested in one (1) of three (3) observations at 9:45 AM on July 25, 2008.	K 018			