PRINTED: 12/30/2008 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			COMPLETED	
		095005	B. WIN	G		12/1	1/2008
NAME OF PROVIDER OR SUPPLIER THE WASHINGTON HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3720 UPTON STREET NW WASHINGTON, DC 20016				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG				(X5) COMPLETION DATE
K 000	INITIAL COMMENTS A Life Safety Code survey was conducted on December 9, 2008 thru December 11, 2008 of this 3 story building to determine compliance with applicable provisions of the 2000 edition of the Life Safety Code. The survey was conducted through observations of the interior and exterior of the building and included the installed sprinkler system, smoke detectors, fire panel, etc., and through interviews with the staff. NFPA 101 LIFE SAFETY CODE STANDARD		K 000		operate in substantial compliance with both Federal and State law. Submission of this Plat of Correction (POC) does not constitute an admission or agreement by any party, its board, officers, directors, employees or agents as to the truth of the facts alleged or the validit of the conditions set forth on the Statement of Deficiencies. The following Plan of Correction constitutes the facility's written credible allegation of compliance. It is prepared and/or executed solely because it is required by		
SS=E	Doors protecting or required enclosure hazardous areas a those constructed wood, or capable or minutes. Doors in required to resist the impediment to the are provided with a door closed. Dutch permitted. 19.3.6 Roller latches are pall health care facility.	orridor openings in other than is of vertical openings, exits, or the substantial doors, such as of 1¾ inch solid-bonded core if resisting fire for at least 20 sprinklered buildings are only the passage of smoke. There is the closing of the doors. Doors means suitable for keeping the in doors meeting 19.3.6.3.6 are 6.3 brohibited by CMS regulations in			1. Corrective Action(s) The doors in rooms: 358A, 348/ 312A, 303A, 328B, 336B, 313B, 305B, 302B, 256A, 207A, 255A, 229B, 227B, 224B, 225B, linen 208B, rear door to soiled holding Separator door next to 327A, ar exit next to 208A have been cor to ensure that they close and lat door closures on the 2 nd Floor f control room has been replaced resident was affected by this prace. 2. Identification of Deficient & Corrective Actions An inspection of all Fire Doors we conducted to ensure that they cland positive latching is maintain that door closures are in place. It is to be sure that they cland positive latching is maintain that door closures are in place. It is sure that they cland positive latching is maintain that door closures are in place. It is sure that they cland positive latching is maintain that door closures are in place. It is sure that they cland positive latching is maintain that door closures are in place. It is sure that they cland positive latching is maintain that door closures are in place. It is sure that they cland positive latching is maintain that door closures are in place. It is sure that they cland positive latching is maintain that door closures are in place. It is sure that they closure that	234A, chute, g area, d rear rected ch. The ire. No actice. Practices vas lose ed, and Corrected con-ed the impor-	
	DIRECTOR'S OR PROVIDE	le for keeping doors in closed			TITLE		(X6) DATE
Some	V. Celeen	Welleander			LASHA		1.30.09

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
AND I BIN OF CONNECTION			A. BUIL	DING	01 - MAIN BUILDING 01			
		095005	B. WIN	G		12/1	1/2008	
NAME OF PROVIDER OR SUPPLIER THE WASHINGTON HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3720 UPTON STREET NW WASHINGTON, DC 20016					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD E REFERENCED TO THE APPROPRIATE DE	BE CROSS-	(X5) COMPLETION DATE	
K 018	Continued From page 1 Dosition. The findings include: It was observed at approximately 12:00pm thru 2:00pm on December 9 to 11, 2008 that the facility doors do not close and latch in frames in the following areas: Rooms 358A, 348A,347A,312A, 303A, 328B, 336B, 328B, 313B, 305B, 305B, 302B, 256A, 207A, 255A, 234A, 229B, 227B, 224B, 225B linen chute, 208B, rear door to soiled holding area 1st floor, separation door next to 372A, rear exit next to 208A (egress bar), it was observed at approximately 12:00pm thru 2:00pm on December 9 to 11, 2008 that the facility door closers were removed in the following area. 2nd floor fire control room, door to purchasing ocked against egress K 018 4. Monitoring The Director of Plant Operations reviewed the Preventive Maintenance plan to ensure that the operation and inspection of doors are conducted monthly. The findings are reported at the Quarterly QI meeting. K077 1. Corrective Action(s) Medical gas is used on the IPU unit. The Director of Plant Operations has reached out to qualified vendors for proposal requests for contracted preventive maintenance services on all medical gas systems.		ance and d ed at init. has for	1/19/09				
K 077	Piped in medical ga 99, Chapter 4. This STANDARD is Based on observation that all medical gas maintained in prope The findings include It was observed at a 2:00pm on December	not met as evidenced by: on, the entity failed to ensure systems are continuously r operating condition. comproximately 12:00pm thruer 9 to 11, 2008 that the facility intenance of the medical gas armed according to NFPA 99.	K		2. Identification of Deficient & Corrective Actions Inspection of the medical system done and it was determined that used in the nursing facility. No re was affected by this practice. 3. Systemic Changes The Director of Plant Operations meet and educate engineering a maintenance staff on the specific maintenance contract, specificall frequency of inspections by qualicontractors. 4. Monitoring The Director of Plant Operations annually review the Equipment Ment Program to venify annual in	was it is not sident will nd s of the y the fied will lanage-		
K 130 SS=D	NFPA 101 MISCELL OTHER LSC DEFIC	LANEOUS CIENCY NOT ON 2786	K	130	tions, and maintenance of medica systems. Findings are reported a Safety Committee meeting and Quarterly QI Committee meeting.	al gas It the	1/19/09	

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(X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 B. WING 095005 12/11/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3720 UPTON STREET NW THE WASHINGTON HOME WASHINGTON, DC 20016 PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE CROSS-SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) REFERENCED TO THE APPROPRIATE DEFICIENCY) TAG TAG K 130 Continued From page 2 K 130 Corrective Action(s) The fire alarm annual maintenance had This STANDARD is not met as evidenced by: been scheduled; however, the date was 2000 LIFE SAFETY CODE-LSC 4.6.12.1 moved by contractor (due to illness) to Maintenance and Testing (Fire Alarm) 12/22/08. The inspection was conducted Whenever or wherever any device, equipment, at that time. system, condition, arrangement, level of protection, or any feature is required for compliance with the **Identification of Deficient Practices** provisions of this code, such device, equipment, & Corrective Actions system, condition, arrangement level of protection, A review of the Life Safety Code with other feature shall thereafter be continuously emphasis on maintenance program, maintained in accordance with applicable NFPA sprinkler heads, escutcheon plates. fire/smoke barners was conducted. requirements or as directed by authority having corrections were made as indicated. iurisdiction. Based on observation the entity failed to ensure all Systemic Changes components of the automatic fire alarm system are The Director of Plant Operations concontinuously maintained in proper operating ducted a meeting and re-educated staff condition. on Life Safety systems and inspections. The findings include: It was observed at approximately 12:00pm thru Monitoring 4. 2:00pm on December 9 to 11, 2008 that the facility The Director of Plant Operations monitors had no annual fire alarm maintenance record. the Life Safety Maintenance Plan including 2000 Life Safety Code-4.6.12.1 Maintenance and all aspects of fire suppression systems Testing (Sprinklers) quarterly. These findings are reported at the Whenever or wherever any device, equipment, Safety Committee meeting and the Quarterly system, condition, arrangement, level of protection, QI Committee meeting. 1/19/09 or any other feature is required for compliance with the provision of this Code, such device, equipment, system, condition, arrangement, level of protection, or other feature shall thereafter be continuously maintained in accordance with applicable NFPA requirements or as directed by the authority having iurisdiction. Based on observation the entity failed to ensure all components of the automatic sprinkler system are continuously maintained in proper operating condition.

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K 130	The findings included It was observed at a 2:00pm on Decemb sprinkler head in kith It was observed at a 2:00pm on Decemb sprinkler head in roce escutcheon plate. 2000 Life Safety Co. The design of every for human occupants afety to life does not safeguard. An addit provided for life safety is ineffective due to system failure. Based on observation fire or life safety has the findings included It was observed at a 2:00pm on Decemb has wall and ceiling areas. Above computer doelevators mechanical room relit was observed at a 2:00pm on Decemb	approximately 12:00pm thruer 9 to 11, 2008 that the facility chen freezer is rusted approximately 12:00pm thruer 9 to 11, 2008 that the facility om 302B is missing an ode-4.5.1 Multiple Safeguards building or structure intended by shall be such that reliance for ot depend solely on any single ional safeguard (s) shall be ety in case any single safeguard inappropriate human actions or on the entity failed to ensure no cards exists in the facility. Example 12:00pm thruer 9 to 11, 2008 that the facility penetration in the following ors next to 3A elevators, all room 1st floor, separation or control room and 1st floor	K						