PRINTÉD: 03/04/2008 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	LE CONSTRUCTION  6 : 01 - MAIN BUILDING 01	(X3) DATE SUR COMPLETI	
		095019	B. WING		02/1	1/2008
	ROVIDER OR SUPPLIER		5	EET ADDRESS, CITY, STATE, ZIP CODE 000 BURROUGHS AVENE VASHINGTON, DC 20019:		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY INTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOULD B REFERENCED TO THE APPROPRIATE DE	E CROSS-	(X5) COMPLETION DATE
K 000	INITIAL COMMENT	s	K 000			
K 017	conducted on Febru deficiencies were ba interviews.  NFPA 101 LIFE SAF  Corridors are separate constructed with at least rating. In sprinklered required to resist the sprinklered buildings the ceiling. (Corrido underside of ceilings	ety Code inspection was ary 11, 2008. The following used on observations and EETY CODE STANDARD  ated from use areas by walls east ½ hour fire resistance d buildings, partitions are only e passage of smoke. In nonse, walls properly extend above r walls may terminate at the swhere specifically permitted by clerical stations, waiting areas,	K 017	K 017 NFPA 101 Life Safety Code # 1 Penetrations (Basement) 1. The 3-4 inch penetration and 2-3 penetration near the base level stair were repaired. 2. Maintenance Staff will complete a on penetrations above entry areas a stairways throughout the facility to e penetrations have been repaired. 3. Maintenance Staff will be in-service importance of identification of penetrations.	inch way door a review and nsure ed on the	03/27/08
	dining rooms, and at the corridor under ce Code. Gift shops m by non-fire rated wa	ctivity spaces may be open to entain conditions specified in the ay be separated from corridors lls if the gift shop is fully .6.1, 19.3.6.2.1, 19.3.6.5		throughout the facility and the need penetrations. The Maintenance Dire perform random QI monitoring of the monthly to ensure penetrations iden repaired.  4. Results of monitoring will be reported.  RM/QI(Risk Management/Quality Im Committee for continued compliance)	of repairing ctor will e facility tified are orted to the aprovement)	03/27/08 03/27/08
	Based on observation inspection, it was de penetrations in wall the passage of smol	not met as evidenced by: ons during the Life Safety Code termined that there were surfaces that would not resist ke. These findings were sence of the Employees #9 and				
	The findings include	:				•
A PARTONIA	Basement	SUPPHER REPRESENTATIVES SIGNATURE		TITLE		(X6) DATE

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.

K 017 Continued From page 1  I. A 3-4 inch penetration was observed in wall surfaces around a metal pipe and a 2-3 inch penetration was observed around BX cable that passed through the wall near the lower level stairwell door in two (2) of two (2) observations at 10:55 AM on February 11, 2008.  2. A 3-4 inch penetration was observed in wall surfaces above the washer near the soiled receiving area in one (1) of one (1) observation and ceiling tiles were missing in the washer area in four (4) of four (4) observations at approximately 11:00 AM on February 11, 2008.  3. A two (2) inch penetration was observed in wall surfaces above double doors in the laundry room in one (1) of one (1) observation at 11:10 AM on February 11, 2008.  First Floor  1. A 2 x 4 foot section of wall surface was open above the gift shop entrance door in one (1) of five (3) AM on February 11, 2008.  K 017  #2 Penetrations and missing ceiling tile (Basement)  1. The 3-4 inch penetration above the washer near the soiled receiving area in the washer area were replaced/repaired.  2. Maintenance Staff will be in-serviced on the importance of identification of penetrations. The Maintenance Director will perform random QI monitoring of the facility monthly to ensure penetrations identified are repaired.  4. Results of monitoring will be reported to the RM/QI(Risk Management/Quality Improvement). Committee for continued compliance/revisions monthly.  #3 Penetrations (Basement)  1. The 2 inch penetration above the double doors in the Laundry Room was repaired.  2. Maintenance Staff will complete an review on penetrations above entry areas and stairways throughout the facility to ensure penetrations and missing ceiling tiles in the washer arear the soiled receiving area in the washer arear area replaced/repaired.  2. Maintenance Staff will complete an review on penetrations above entry areas and stairways throughout the facility of ensure penetrations and missing ceiling tiles in the washer arear dereview of penetrations above entry areas and stairwa		OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,		LE CONSTRUCTION	(X3) DATE SUF	
A 3-4 inch penetration was observed in wall surfaces around a metal pipe and a 2-3 inch penetration was observed in wall surfaces above the washer near the soiled receiving area in one (1) of one (1) observation and ceiling tiles were missing in the washer area in four (4) of four (4) observations at approximately 11.2008.  3. A two (2) inch penetration was observed in wall surfaces above double doors in the laundry room in one (1) of one (1) observation at 11:10 AM on February 11, 2008.  First Floor  1. A 2 x 4 foot section of wall surface was open above the gift shop entrance door in one (1) of five (5) observations at 11:10 AM on February 11, 2008.  2. A 2-3 inch opening was observed around BX cable near the entrance to the dietary office in one (2) of five (5) observations of control of the dietary office in one (1) of penetration of penetrations have been repaired.  3. At wo (2) inch penetration was observed in wall surfaces above double doors in the laundry room in one (1) of one (1) observation at 11:10 AM on February 11, 2008.  3. At wo (2) inch penetration was observed in wall surfaces above double doors in the laundry room in one (1) of one (1) observation at 11:10 AM on February 11, 2008.  4. Results of monitoring will be reported to the RM//Cl(Risk Management/Quality Improvement) Committee for continued compliance/revisions monthly.  3. Penetrations (Basement)  1. The 2 inch penetrations door in one (1) of five (5) observations at 11:10 AM on February 11, 2008.  3. At wo (2) inch penetration one of the facility to ensure penetrations have been repaired.  4. Results of monitoring will be reported to the RM//Cl(Risk Management/Quality Improvement) Committee for continued compliance/revisions monthly.  3. At wo (2) inch penetration above the double doors in the Laundry Room was repaired.  2. Maintenance Staff will complete an review on penetrations above entry areas and stairways throughout the facility to ensure penetrations have been repaired.  3. Maintenance Staff will be in-serviced on the importan				A. BUIL	DING	01 - MAIN BUILDING 01		
RANT PARK CARE CENTER    SUMMARY STATEMENT OF DEFICIENCIES   SUMMARY STATEMENT OF DEFICIENCIES   TAG			095019	B. WIN	G		02/1	1/2008
RECH CORRECTIVE ACTION SHOULD BE CROSS-   REFERENCED TO THE APPROPRIATE DEFICIENCY				.	50	000 BURROUGHS AVE. NE		
1. A 3-4 inch penetration was observed in wall surfaces around a metal pipe and a 2-3 inch penetration was observed around BX cable that passed through the wall near the lower level stainwell door in two (2) of two (2) observations at 10:55 AM on February 11, 2008.  2. A 3-4 inch penetration was observed in wall surfaces above the washer near the soiled receiving area and missing ceiling tiles in the washer area were replaced/ repaired.  2. Maintenance Staff will complete an review on penetrations above entry areas and stainways throughout the facility one surer penetrations have been repaired and in the washer area in four (4) of four (4) observations at approximately 11:00 AM on February 11, 2008.  3. A two (2) inch penetration was observed in wall surfaces above double doors in the laundry room in one (1) of one (1) observation at 11:10 AM on February 11, 2008.  First Floor  1. A 2 x 4 foot section of wall surface was open above the gift shop entrance door in one (1) of five (5) observations at 11:10 AM on February 11, 2008.  3. A two (2) inch penetration was observed in wall surface was open above the gift shop entrance door in one (1) of five (5) observations at 11:10 AM on February 11, 2008.  4. Results of monitoring will be reported to the RM/QI(Risk Management/Quality Improvement) Committee for continued compliance/revisions monthly.  43. Penetrations (Basement)  1. The 2 inch penetration above the double doors in the Laundry Room was repaired.  2. Maintenance Staff will complete an review on penetrations have been repaired.  3. Maintenance Staff will be in-serviced on the importance of identification of penetrations have been repaired.  3. A two (2) inch penetration was observed in wall surface was open above the gift shop entrance door in one (1) of five (5) observations at 11:10 AM on February 11, 2008.	PREFIX	(EACH DEFICIENCY MUST	BE PRECEDED BY FULL REGULATORY	PREF		(EACH CORRECTIVE ACTION SHOULD B	E CROSS-	(X5) COMPLETION DATE
February 11, 2008.  Second Floor  A 2-4 inch opening was observed in wall surfaces  perform random QI monitoring of the facility monthly to ensure penetrations identified are repaired.  4.Results of monitoring will be reported to the RM/QI(Risk Management/Quality Improvement)	K 017	1. A 3-4 inch penetr surfaces around a mpenetration was obspassed through the stairwell door in two 10:55 AM on Februar 2. A 3-4 inch penetra surfaces above the varea in one (1) of ontiles were missing in four (4) observations February 11, 2008.  3. A two (2) inch per surfaces above double one (1) of one (1) observations (1) of one (1) observations at 1. A 2 x 4 foot section above the gift shop (5) observations at 1. A 2-3 inch opening cable near the entrain (1) of three (3) observations at 1. Second Floor  A 2-4 inch opening wadjacent to double edoors to the 2 North	ration was observed in wall netal pipe and a 2-3 inch erved around BX cable that wall near the lower level (2) of two (2) observations at ary 11, 2008.  ation was observed in wall washer near the soiled receiving le (1) observation and ceiling the washer area in four (4) of at approximately 11:00 AM on the detail of the doors in the laundry room in electration was observed in wall observation at 11:10 AM on the doors in the laundry room in electration at 11:10 AM on the doors in one (1) of five 1:10 AM on February 11, 2008.  The was observed around BX once to the dietary office in one evations at 11:30 AM on the doors in wall surfaces of the dietary office in one evations at 11:30 AM on the doors of the dietary office in one evations at 11:30 AM on the doors of the dietary office in one evations at 11:30 AM on the doors of the dietary office in one evations at 11:30 AM on the doors of the dietary office in one evations at 11:30 AM on the doors of the dietary office in one evations at 11:30 AM on the doors of the dietary office in one evations at 11:30 AM on the dietary office in one evations at 11:30 AM on the dietary office in one evations at 11:30 AM on the dietary office in one evations at 11:30 AM on the dietary office in one evations at 11:30 AM on the dietary office in one evations at 11:30 AM on the dietary office in one evations at 11:30 AM on the dietary office in one evations at 11:30 AM on the dietary office in one evations at 11:30 AM on the dietary office in one evations at 11:30 AM on the dietary office in one evations at 11:30 AM on the dietary office in one evations at 11:30 AM on the dietary office in one evations at 11:30 AM on the dietary office in one evations at 11:30 AM on the dietary office in one evations at 11:30 AM on the dietary office in one evations at 11:30 AM on the dietary office in one evations at 11:30 AM on the dietary office in one evations at 11:30 AM on the dietary office in one evations at 11:30 AM on the dietary office in one evations at 11:30 AM on the dietary office in	K	017	(Basement)  1. The 3-4 inch penetration above the soiled receiving area, and ceiling tiles in the washer area were repaired.  2. Maintenance Staff will complete penetrations above entry areas and throughout the facility to ensure perhave been repaired  3. Maintenance Staff will be in-servimportance of identification of penet throughout the facility and the need penetrations. The Maintenance Direperform random QI monitoring of the monthly to ensure penetrations identenance.  4. Results of monitoring will be reported.  4. Results of monitoring will be reported.  4. Results of monitoring will complete a penetrations (Basement)  1. The 2 inch penetration above the doors in the Laundry Room was repenetrations above entry areas and throughout the facility to ensure penhave been repaired.  3. Maintenance Staff will be in-serviced importance of identification of penetrations. The Maintenance Direperform random QI monitoring of the monthly to ensure penetrations identenance.  4. Results of monitoring will be reported.  4. Results of monitoring will be reported.	the washer missing replaced/ an review or stairways retrations iced on the rations of repairing retor will refacility refree aired. In review on stairways retrations of repairing retor on the rations of repairing retrations retrations of repairing retor will refacility refree rations of repairing retor will refacility refree rations of repairing retor will refacility refree retrorement)	03/27/08 03/27/08 03/27/08 03/27/08

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	PLE CONSTRUCTION  Of the main building of	(X3) DATE SUR COMPLETE	
		095019	B. WING	<u> </u>	02/11	1/2008
	OVIDER OR SUPPLIER	·	) (	REET ADDRESS, CITY, STATE, ZIP CODE 5000 BURROUGHS AVE. NE WASHINGTON, DC 20019		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DE	E CROSS-	(X5) COMPLETION DATE
K 017	Third Floor  1. A 1-2 inch opening pipes over the 3 Socione (1) observation 2008.  2. Openings 3-4 included metal pipes and conform on unit 3 South observations at 12:1  Fifth Floor  A 1-2 inch opening near rooms 518 and observations at 12:1	ig was observed around metal ath stairwell door in one (1) of at 12:10 PM on February 11, these were observed around munication wires in the electric in in four (4) of four (4) 5 PM on February 11, 2008.  was observed in wall surfaces 1519 in one (1) of three (3) 5 PM on February 11, 2008.	K 017	# 1 Penetrations- 1 <sup>St</sup> Floor 1. #1 The 2x4 Root Section above tentrance door was repaired. 2. Maintenance Staff will complete a penetrations above entry areas and throughout the facility to ensure penhave been repaired. 3. Maintenance Staff will be in-servi importance of identification of penetrations. The Maintenance Direperform random QI monitoring of the monthly to ensure penetrations identification. 4. Results of monitoring will be reported. 4. Results of monitoring will be reported. Committee for continued compliance.	an review on stairways etrations iced on the rations of repairing ctor will e facility tified are orted to the aprovement)	03/27/08 03/27/08 03/27/08
K 018	Doors protecting correquired enclosures hazardous areas are those constructed of wood, or capable of minutes. Doors in srequired to resist the no impediment to the are provided with a redoor closed. Dutch permitted. 19.3.6.	ohibited by CMS regulations in	K 018	K 018 NFPA 101 Life Safety Code #1 Double Doors (1st Floor)  1. Double doors located at the entracesident dining room has been repa  2. Maintenance Staff will complete on double doors throughout the faction ensure penetrations have been repa  3. Maintenance Staff will be in-servimportance of identification of penet throughout the facility and the need repaining penetrations. The Mainter Director will perform random Q! more the facility monthly to double doors are repaired.  4. Results of monitoring will be reparted.  4. Results of monitoring will be reparted.  4. Results of monitoring will be reparted.  5. Committee for continuous performance/revisions.	ance to the ired. an review cility to circed on the trations of circentifications of circentifications of circentified circentified corted to the	03/27/08 03/27/08 03/27/08

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	PLE CONSTRUCTION  G 01 - MAIN BUILDING	(X3) DATE SUF	
		095019	B. WING		02/1	1/2008
	OVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP CODE 5000 BURROUGHS AVE. NE WASHINGTON, DC 20019	,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES I BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SHOU REFERENCED TO THE APPROPRIAT	LD BE CROSS-	(X5) COMPLETION DATE
K 017	Continued From page	ge 3	K 017	#2 Penetrations- 1 <sup>ST</sup> Floor  1. The 2-3 inch penetration near of Dietary Office was repaired.  2. Maintenance Staff will complon penetrations above entry are stairways throughout the facility penetrations have been repaired.  3. Maintenance Staff will be insimportance of identification of pethroughout the facility and the nepenetrations. The Maintenance perform random QI monitoring of monthly to ensure penetrations repaired.  4. Results of monitoring will be RM/QI (Risk Management/Quali Committee for continued complimate for continued compliance for continued complimate for continued complimates.	ete an review as and to ensure d. Serviced on the enetrations eed of repairing Director will of the facility identified are reported to the ty Improvement ance/revisions. It is a review or and stairways penetrations eed of repairing Director will of the facility identified are reported to the enetrations eed of repairing Director will of the facility identified are reported to the ty Improvement	03/27/08
						·
	•					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION  O 11 - MAIN BUILDING 01	(X3) DATE SUI COMPLET	
	095019	B. WING		02/1	1/2008
NAME OF PROVIDER OR SUPPLIER  GRANT PARK CARE CENTER		5	EET ADDRESS, CITY, STATE, ZIP CODE  000 BURROUGHS AVE. NE  VASHINGTON, DC 20019		
PREFIX (EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY INTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
K 017 Continued From page	ge 3A	K 017	#1 Penetration (3 <sup>rd</sup> Floor)  1. The 1-2 inch penetration over 3 stairway door was repaired.  2. Maintenance Staff will complete on penetrations above entry areas stairways throughout the facility to penetrations have been repaired.  3. Maintenance Staff will be in-ser importance of identification of penethroughout the facility and the need penetrations. The Maintenance Dir perform random QI monitoring of the monthly to ensure penetrations ide repaired.  4. Results of monitoring will be rep RM/QI (Risk Management/Quality Committee for continued compliance)  #2 Penetration (3 <sup>rd</sup> Floor)  1. The 3-4 inch penetration inside Closet on 3 South was repaired.  2. Maintenance Staff will complete on penetrations above entry areas stairways throughout the facility to penetrations have been repaired.	e an review and ensure viced on the etrations d of repairing ector will ne facility intified are orted to the Improvement ce/revisions.	03/27/08
			3. Maintenance Staff will be in-ser importance of identification of penethroughout the facility and the need penetrations. The Maintenance Dirperform random QI monitoring of the monthly to ensure penetrations ide repaired.  4. Results of monitoring will be rep. RM/QI (Risk Management/Quality Committee for continued compliance).	etrations d of repairing ector will ne facility ntified are ported to the Improvement	03/27/08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	O1 - MAIN BUILDING 01	COMPLETE	
	095019	B. WING		02/11/	2008
NAME OF PROVIDER OR SUPP		5	REET ADDRESS, CITY, STATE, ZIP CODE 1000 BURROUGHS AVE. NE WASHINGTON, DC 20019		
PREFIX (EACH DEFICIE	MMARY STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL REGULATORY IR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION SHOU REFERENCED TO THE APPROPRIAT	JLD BE CROSS-	(X5) COMPLETION DATE
K 017 Continued F	rom page 3B	K 017	#1 Penetration (5 <sup>th</sup> Floor) 1. The 1-2 inch penetration neal 519 were repaired. 2. Maintenance Staff will comple penetrations above entry areas throughout the facility to ensure have been repaired. 3. Maintenance Staff will be in-s	ete an review on and stairways penetrations	03/27/08
			importance of identification of positive throughout the facility and the repenetrations. The Maintenance perform random QI monitoring comonthly to ensure penetrations repaired.  4. Results of monitoring will be a	enetrations eed of repairing Director will of the facility identified are	03/27/08
			RM/QI (Risk Management/Qual Committee for continued compli	ity Improvement)	03/27/08
					·

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUIL		LE CONSTRUCTION  01 - MAIN BUILDING 01	(X3) DATE SUP COMPLET	
	_	095019	B. WIN	G	<u> </u>	02/1	1/2008
j	OVIDER OR SUPPLIER			5	EET ADDRESS, CITY, STATE, ZIP CODE 000 BURROUGHS AVE. NE VASHINGTON, DC 20019		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOULD B REFERENCED TO THE APPROPRIATE DE	E CROSS-	(X5) COMPLETION DATE
K 018	Based on observation inspection, it was deswinging doors failed These findings were Employees #9 and 1.  The findings include First Floor  1. Double doors localized in the findings include for the	ons during the Life Safety Code stermined that single and double d to lock and latch into frames. observed in the presence of 0.	K		#2 Double Door (1 <sup>st</sup> Floor)  1. The entrance doors to Dietary Sobe replaced.  2. Maintenance Staff will complete review on double doors throughout to ensure penetrations have been ready and the need penetrations. The Maintenance Directory perform random QI monitoring of the monthly to double doors identified a Results of monitoring will be reported RM/QI(Risk Management/Quality In Committee for continued compliance #1 Double Doors (2 <sup>nd</sup> Floor)  1. Double Doors (2 <sup>nd</sup> Floor)  1. Double Doors (3 <sup>nd</sup> Floor)  2. Maintenance Staff will complete and conduble doors throughout the facile ensure penetrations have been repeated.	an the facility epaired. iced on the trations of repairing ector will e facility are repaired. ed to the approvement) e/revisions.  n near the an review lity to aired	03/27/08 03/27/08 03/27/08 03/27/08 03/27/08
	resident's dining roo observation at 11:20  2. The entrance doo close without assistate observation at 11:40  Second Floor  1. Double doors local North near the loung position by objects of one (1) of four (4) do February 11, 2008.	m in one (1) of one (1) door AM on February 11, 2008.  It to dietary services failed to ance in one (1) of one (1) door AM on February 11, 2008.  In the dat the entrance to Unit 2 lie were held in the open their than self closure devices in fors observed at 11:45 AM on the open door on Unit 2 North in one is observed at 11:50 AM on			3. Maintenance Staff will be in-serv importance of identification of penet throughout the facility and the need penetrations. The Maintenance Dire perform random QI monitoring of the monthly to double doors identified a 4. Results of monitoring will be reported RM/QI(Risk Management/Quality In Committee for continued compliance).	iced on the rations of repairing ector will e facility re repaired. Orted to the approvement)	03/27/08

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,		PLE CONSTRUCTION	(X3) DATE SUF	
			A. BUII	LDING	O1 - MAIN BUILDING 01		
	·	095019	B. WIN	IG		02/1	1/2008
	OVIDER OR SUPPLIER			5	REET ADDRESS, CITY, STATE, ZIP CODE 1000 BURROUGHS AVE. NE VASHINGTON, DC 20019		<b>,</b>
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DE	E CROSS-	(X5) COMPLETION DATE,
K 018	Continued From page	ge 4	K	018	#2 Clean Utility Room (2 <sup>nd</sup> Floor)	•	•
	2 North in one (1) of 11:55 AM on Februa Third Floor	four (4) doors observed at ary 11, 2008.			The Clean Utility Room door on 2 repaired.     Maintenance Staff will complete a on double doors throughout the facil ensure penetrations have been repa	an review ity to	03/28/08
	from Unit 3 North ne latch into frames in o	ated at the entrance to 3 South ear room 319, failed to close and one (1) of four (4) doors M on February 11, 2008.			Maintenance Staff will be in-servi importance of identification of penetithroughout the facility and the need penetrations. The Maintenance Dire perform random QI monitoring of the	re been repaired.  ill be in-serviced on the ion of penetrations and the need of repairing enance Director will itoring of the facility	
·		r to resident room 425 in one s observed at 12:20 PM on			monthly to double doors identified at 4.Results of monitoring will be repor RM/QI(Risk Management/Quality Im Committee for continued compliance	ted to the provement)	03/27/08
	Fifth Floor				#4 Davida Daam (2 <sup>rd</sup> Flaan)		
	failed to remain in the	e open position when tested osures in one (1) of three (3) 10 PM on February 11, 2008.			<ul> <li>#1 Double Doors (3<sup>rd</sup> Floor)</li> <li>1. Double doors locate between 318 was repaired.</li> <li>2. Maintenance Staff will complete a on double doors throughout the faciliensure penetrations have been repaired.</li> <li>3. Mointenance Staff will be in continued.</li> </ul>	an review ity to iired.	03/27/08
	near the hallway electric According to Employ and removed from the replaced and subsection February 10, 200	issing at the entrance to 5 North vators on February 11, 2008. Fee #9, the door was damaged the frame on February 3, 2008, quently damaged and removed 8 in one (1) of four (4) doors the frame of the f	3. Maintenance Staff will be in-serviced on the importance of identification of penetrations throughout the facility and the need of repairing penetrations. The Maintenance Director will perform random QI monitoring of the facility monthly to double doors identified are repaire 4. Results of monitoring will be reported to the RM/QI(Risk Management/Quality Improvement Committee for continued compliance/revisions		rations of repairing ctor will e facility re repaired. orted to the provement)	03/27/08	
	Employees #9 and 1 at the time of the obs	0 acknowledged these findings servation.			,		
K 048	NFPA 101 LIFE SAF	FETY CODE STANDARD	K	048			
		an for the protection of all evacuation in the event of an 1.1					·

lundo b

PRINTED: 03/04/2008 FORM APPROVED OMB NO. 0938-0391

(X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (XZ) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING 01 - MAIN BUILDING 01 B. WING 095019 02/11/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5000 BURROUGHS AVE. NE **GRANT PARK CARE CENTER** WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) (D PREFIX ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE CROSS-OR LSC IDENTIFYING INFORMATION) REFERENCED TO THE APPROPRIATE DEFICIENCY) TAG TAG K 018 Continued From page 4 K 018 #1 Double Doors (5th Floor) 2 North in one (1) of four (4) doors observed at 1. Double Doors located near rooms 518 and 03/27/08 11:55 AM on February 11, 2008. 519 were repaired. 2. Maintenance Staff will complete a review on double doors throughout the facility to Third Floor 03/27/08 ensure penetrations have been repaired 3. Maintenance Staff will be in-serviced on the 1. Double doors located at the entrance to 3 South importance of identification of penetrations from Unit 3 North near room 319, failed to close and throughout the facility and the need of repairing latch into frames in one (1) of four (4) doors penetrations. The Maintenance Director will observed at 12:05 PM on February 11, 2008. perform random QI monitoring of the facility monthly and ensure double doors that fail to lock and latch into frames are repaired. 03/27/08 2. The entrance door to resident room 425 in one 4. Results of monitoring will be reported to the (1) of three (3) doors observed at 12:20 PM on RM/QI(Risk Management/Quality Improvement) February 11, 2008. Committee for continued compliance/revisions. 03/27/08 Fifth Floor #2 Fire Door (5th Floor) 1. The missing fire door at the entrance of 5 North near the hallway elevators has been 1. Double doors located near rooms 518 and 519 replaced. 03/27/08 failed to remain in the open position when tested 2. Maintenance Staff will complete a review due to inoperative closures in one (1) of three (3) of all fire doors throughout the facility to doors observed at 1:10 PM on February 11, 2008. ensure penetrations have been repaired/ addressed. 03/27/08 2. A fire door was missing at the entrance to 5 North 3. Maintenance Staff will be in-serviced on the near the hallway elevators on February 11, 2008. importance of identification of penetrations throughout the facility and the need of repairing According to Employee #9, the door was damaged and removed from the frame on February 3, 2008. penetrations. The Maintenance Director will replaced and subsequently damaged and removed perform random QI monitoring of the facility on February 10, 2008 in one (1) of four (4) doors monthly and ensure damaged or missing fire doors are repaired or replaced. 03/27/08 observed on February 11, 2008 at 1:20 PM. 4. Results of monitoring will be reported to the RM/QI(Risk Management/Quality Improvement) Employees #9 and 10 acknowledged these findings 03/27/08 Committee for continued compliance/revisions. at the time of the observation. K 048 NFPA 101 LIFE SAFETY CODE STANDARD K 048 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

B. WING

PRINTED: 03/04/2008 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CI,IA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

A BUILDING 01 - MAIN BUILDING 01

095019

02/11/2008

NAME OF PROVIDER OR SUPPLIER

#### GRANT PARK CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE 5000 BURROUGHS AVE. NE

	ARK CARE CENTER	_ V	YASHINGTON, DC 20019	
(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) COMPLETA DATE
K 048	Continued From page 5	K 048	K 048 NFPA 101 Life Safety Code Standard- Evacuation Routes  1. The Fire Evacuation Plan designated near Multi Purpose, Dietary Office and lower level	
	Based on observations during the Life Safety Code inspection, it was determined that evacuation routes		stairwell updated.  2. Posted Fire Evacuation Plan will be	03/27/0
	failed to show the location of pull stations, fire extinguishers and "you are here" designations. These finding were observed in the presence of the Employees # 9 and 10.		reviewed for correctness and updated as appropriate.  3. The Maintenance Supervisor will in-service staff regarding location and importance of Fire Evacuation being posted and updated. The	03/27/0
	The findings include:		Maintenance Director will QI monitor Fire Evacuation Plan for posting and Appropriateness.	03/27/
	Evacuation routes posted in the hallway failed to show the locations of fire extinguishers, pull stations, and "you are here" designations near the multi purpose room, dietary office and lower		Results of QI Monitoring will be reported to the RM/QI (Risk Management/Quality Improvement) Committee for continued compliance/revisions.	03/27/
	level stainwell in three (3) of six (6) evacuation route observations on at 1:30 PM on February 11, 2008.			
	Employees #9 and 10 acknowledged these findings at the time of the observation.	!	K 051 NFPA 101 Life Safety Code Standard  1. The water flow device, pressure switch, audible and visual alarms were checked to	
K 051	NFPA 101 LIFE SAFETY CODE STANDARD	K 051	ensure appropriate functioning.  2. The water flow device, pressure switch, audible and visual alarms will be checked	03 <b>/</b> 27/
	A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire		quarterly with documentation placed on the quarterly testing schedule/log sheet.  3. The Maintenance Director has been in-serviced regarding the importance of testing the water flow device, pressure switch, audible and visual alarms. The Maintenance Director will test the water flow device, pressure switch, audible and visual alarms for functionality quarterly. Results of testing will be placed on the Testing Schedule/ Log Sheet. The Administrator will QI monitor documentation of testing of water flow device,	03/27/0
	alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available.		pressure switch, audible and visual alarms checks.  4. Results of QI monitoring will be reported to the RM/QI Committee for continued	03/27/

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUIL		O1 - MAIN BUILDING 01	(X3) DATE SU COMPLET	red ·
		095019				02/1	1/2008
	ROVIDER OR SUPPLIER PARK CARE CENTER			5000	ADDRESS, CITY, STATE, ZIP CODE BURROUGHS AVE. NE SHINGTON, DC 20019	<u>.                                    </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE	D BE CROSS-	(X5) COMPLETION DATE
K 051	There is remote ann system to an approv	unciation of the fire alarm red central station. 19.3.4, 9.6	K	051			
	inspection, it was de not conducted on a conducted on a conducted on a conducted on a conducted evices such as: was witches, and audiblested on a quarterly devices were tested no documented evid were tested since the observations of documental evices.	not available to show that alarm ter flow devices, pressure le and visual alarms, were v basis as required. The alarm on April 10, 2007. There was lence that the alarm devices at time in one (1) of four (4) umentation for alarm devices at y 11, 2008.					
			•				