

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

PRINTED: 06/04/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095019	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/19/2010
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NAME OF PROVIDER OR SUPPLIER DEANWOOD REHABILITATION AND WELLNESS CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5000 BURROUGHS AVE. NE WASHINGTON, DC 20019
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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
K 000	INITIAL COMMENTS A Life Safety Code survey was conducted on April 19, 2010. The deficiencies are based on observation and staff interview. The following findings were observed during a tour of your facility on April 19, 2010:	K 000		
K 017 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD 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 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection it was determined that penetrations were observed in above ceiling tiles in smoke barrier walls, First Floor- a 4-5 inch penetration was observed in one (1) of four (4) observations, a 4 inch and a 6 inch penetration were observed in two (2) of two (2) observations; Second Floor- A 2-3 inch penetration was observed in one (1) of one (1) observation, a 2	K 017	<p>K 017</p> <p>1. A 4-5 inch penetration was repaired on 4/22/10 on the first floor. a 4 inch and a 6 in. penetration were repaired on 4/27/10 on the first floor.</p> <p>A 2-3 inch penetration was repaired on 4/22/10 on the second floor.</p> <p>A 2 inch penetration was repaired on 4/22/10 on the second floor.</p> <p>A 12 X 10 inch opening was repaired on 4/22/10 on the second floor.</p> <p>A 2-3 inch penetration and a 5 x 10 inch opening were repaired on 4/22/10 on Unit 4 North ,</p> <p>A 2-3 inch opening and a 5 x 10 inch opening were repaired on 4/22/10 on the fifth floor.</p> <p>Basement</p> <p>A 1-2 inch opening was repaired in walls surfaces near the Maintenance Staff and Soiled Utility Room entrance doors on 4/22/10</p> <p>2-3 inch openings around the linen chute in the Soiled Utility Room as repaired on 5/10/10</p> <p>First Floor</p> <p>A 4-5 inch penetration was repaired in wall surfaces around communication wires near the Dining Room on 4/22/10</p> <p>A 4 inch and a 6 inch penetration was repaired around 2 inch metal pipes passing through wall surfaces near enunciator panel in the Lobby Area on 4/22/10</p>	<p>4/27/10</p> <p>4/22/10</p> <p>4/22/10</p> <p>5/10/10</p> <p>4/22/10</p> <p>4/22/10</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S 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.

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K 017	Continued From page 1 inch penetration was observed in one (1) of one (1) observation, a 12 X 10 inch opening was observed in one (1) of one (1) observation, Fourth Floor-A 2-3 inch penetration was observed and a 5 x 10 inch opening was observed in two (2) of two (2) observation on Unit 4 North , Fifth Floor-A 2-3 inch opening and a 5 x 10 inch were observed in two (2) of two (2) observations. The findings include: Penetrations were observed in smoke barrier walls above ceiling tiles in the hallway and common areas in the following instances. Basement 1. A 1-2 inch opening was observed in walls surfaces near the Maintenance Staff and Soiled Utility Room entrance doors in two (2) of two (2) observations at 2:30 PM on April 19, 2010. 2. 2-3 inch openings were observed around the linen chute in the Soiled Utility Room in one (1) of one (1) observation at 2:40 PM on April 19, 2010. First Floor 1. A 4-5 inch penetration was observed in wall surfaces around communication wires near the Dining Room in one (1) of four (4) observations at 2:55 PM on April 19, 2010. 2. A 4 inch and a 6 inch penetrations were observed around 2 inch metal pipes passing through wall surfaces near enunciator panel in the Lobby Area in two (2) of two (2) observations at 3:00 PM on April 19, 2010.	K 017	Second Floor A 2-3 inch penetration was repaired in wall surfaces around cable wire in the Electrical Closet. A 2 inch penetration was repaired around communication wires near the entrance to Unit 2 South. A 12 X 10 inch opening was repaired around duct work near the entrance to the shower room. Fourth Floor A 2-3 inch penetration was repaired around BX Cable that passed through walls surfaces near the entrance to the shower room on 4/22/10 and a 5 x 10 inch opening was repaired around duct near the Telephone and Equipment Room on Unit 4 North on Fifth Floor A 2-3 inch opening was repaired around duct work on 4/22/10 and 2 inch opening was repaired around conduit pipe near the Shower Room on Unit 5 North on 2. Maintenance staff has made rounds in the building observing Life Safety Standards in regards to penetrations in smoke barrier walls and there were no new areas identified. 3. Maintenance staff has been in-serviced on the importance of the Life Safety code standard in regards to fire walls/partitions being able to resist the passage of smoke. Therefore, must be free of penetrations.	4/22/10 4/22/10 4/22/10 4/22/10 4/22/10 7/23/10 6/21/10

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K 018	Continued From page 3 Those constructed of 1¼ 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 and single swinging doors failed to close without assistance when tested, the Lower Level Basement entrance doors failed to close and latch into the frame when tested in one (1) of two (2) observations, the outer laundry entrance door near the hallway, clean laundry entrance door and soiled laundry entrance doors failed to close and latch into frames in three (3) of three (3) observations, double doors located at the entrance to the Dining Room from the Main Kitchen failed to close and latch into frames securely when tested, in addition the threshold was observed to be damaged at the entrance in two (2) of two (2) observations, double doors located near the vending machines in the hallway failed to latch into frames when tested in one (1)	K 018	Third Floor The Recreation/Activity, Area door on Unit 3 South is closed and is not propped open with a wedged as of April 30, 2010. The Soiled Utility Room on Unit 3 South will be repaired by 7/2/10 to allow it to close and latch into the frame securely. Fourth Floor The entrance doors to rooms 410 and 423 will be repaired by 4/20/10 to allow them to latch and close without assistance. 2. Maintenance staff has made rounds in the building observing Life Safety Standards in regards to doors being able to properly close and latch securely. Doors identified will be repaired by 6/21/10.. 3. Maintenance staff has been in-serviced on the importance of the Life Safety code standard in regards to doors being able to properly close and latch securely. 4. Director of Engineering will make Life safety code rounds to ensure doors are closing and latching into the frame properly on a monthly basis and will report findings to the Safety meeting and monthly during the Quality Assurance meeting. K045 1. All means of egress are illuminated, including exit discharge, and are arranged so that failure of any single lighting fixture will not leave the area in darkness.	4/30/10 7/2/10 4/20/10 6/21/10 6/21/10 7/23/10 4/30/10	

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K 018	Continued From page 4 of three (3) observations, during a survey of the male shower area on the 2 North Shower, it was determined that the inner door made contact with outer door and failed to open when the hallway shower door is open in one (1) of one (1) observation, the entrance door to Unit 2 South was observed to be held open by a trash receptacle and the notice on the door is " to keep the door closed at all times " in one (1) of two (2) observations, the Recreation/Activity, Area door on Unit 3 South was observed to be propped open with a wedged in (1) of one (1) observation, the Soiled Utility Room on Unit 3 South failed to close and latch when tested in one (1) of one (1) observation and the entrance doors to room 410 and 423 failed to latch and close without assistance when tested in two (2) of 10 observations. The findings include: Double and single swinging doors in the facility failed to close and latch into frames when tested in the following areas. Basement 1. The Lower Level Basement entrance doors failed to close and latch into the frames when tested in one (1) of two (2) observations at 2:10 PM on April 19, 2010. 2. The outer laundry entrance door near the hallway , clean laundry entrance door and soiled laundry entrance doors failed to close and latch into frames in three (3) of three (3) observations between 2:20 PM and 2:35 PM on April 19, 2010. First Floor	K 018	2. Maintenance staff has made rounds in the building observing Life Safety Standards in regards illumination of means of egress, including the exit discharge and no new areas were found. 3. Maintenance staff has been in-serviced on the importance of the Life Safety code standard in regards to illumination of means of egress, including the exit discharge. 4. Director of Engineering will make Life safety code rounds to ensure illumination of means of egress, including the exit discharge on a monthly basis and will report findings to the safety meeting and monthly during the Quality Assurance meeting. K 048 1. Evacuation routes are posted in the basement, first floor and lobby areas to inform staff and residents of emergency routes in the event of a fire. 2. Maintenance staff has made rounds in the building observing Life Safety Standards to ensure evacuation routes are posted in the building to inform staff and residents of emergency routes in the event of a fire. No other areas were found without evacuation routes. 3. Maintenance staff has been in-serviced on the importance of the Life Safety code standard in regards to evacuation routes being posted in the building to inform staff and residents of emergency routes in the event of a fire.	4/30/10 6/21/10 7/23/10 4/30/10 4/30/10 6/21/10

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K 018	Continued From page 5 1. Double doors located at the entrance to the Dining Room from the Main Kitchen failed to close and latch into frames securely when tested, in addition the threshold was observed to be damaged at the entrance in two (2) of two (2) observations at 2:45 PM on April 19, 2010. 2. Double doors located near the vending machines in the hallway failed to latch into frames when tested in one (1) of three (3) observations at 3:00 PM on April 19, 2010. Second Floor 1. During a survey of the male shower area on the 2 North Shower, it was determined that the inner door made contact with outer door and failed to open when the hallway shower door is open in one (1) of one (1) observation at 3:10 PM on April 19, 2010. 2. The entrance door to Unit 2 South was observed to be held open by a trash receptacle and the notice on the door is "to keep the door closed at all times "in one (1) of two (2) observations at 3:15 PM on April 19, 2010. Third Floor 1. The Recreation/Activity, Area door on Unit 3 South was observed to be propped open with a wedged in (1) of one (1) observation at 3:30 PM on April 30, 2010. 2. The Soiled Utility Room on Unit 3 South failed to close and latch when tested in one (1) of one (1) observation at 3:35 PM on April 19, 2010.	K 018	4. Director of Engineering will make Life safety code rounds to ensure evacuation routes are posted in the building to inform staff and residents of emergency routes in the event of a fire on a monthly basis and will report findings to the Safety meeting and monthly during the Quality Assurance meeting. K 052 1. Fire Alarm System devices such as: water flow, mechanical water gongs, pressure devices, audible and visual devices are being tested on a quarterly basis as required. 2. Maintenance staff will continue to document on Fire Alarm System devices such as: water flow, mechanical water gongs, pressure devices, audible and visual devices on a quarterly basis as required. 3. Maintenance staff will be in-serviced on the importance of documenting on Fire Alarm System devices such as: water flow, mechanical water gongs, pressure devices, audible and visual devices on a quarterly basis as required. 4. Director of Engineering will monitor the documentation on Fire Alarm System devices such as: water flow, mechanical water gongs, pressure devices, audible and visual devices on a monthly basis and will report findings to the Safety meeting and monthly during the Quality Assurance meeting.	7/23/10 4/26/10 4/19/10 6/22/10 7/23/10	

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K 018	Continued From page 6 Fourth Floor The entrance doors to rooms 410 and 423 failed to latch and close without assistance when tested in two (2) of 10 observations at 4:15 PM on April 19, 2010.	K 018	K130 1. Ceiling tiles were replaced on 4/19/10 inside the Boiler Room, Laundry Areas and large openings will be repaired by 7/2/10 around the linen chute on the Soiled side of the Laundry Room.	7/2/10
K 045 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8	K 045	Barrels of chemical detergent are properly stored in Wash Room 19. The linen chute door has a fusible link to activate closing of the chute door in the event of an emergency and the door and track will be repaired by 6/30/10 to allow the door in the Soiled Linen Room to close.	7/2/10 6/30/10
K 048 SS=E	This STANDARD is not met as evidenced by: 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 evacuation routes posted in the hallways were missing or failed to display the actual layout of the facility in three (3) of eight (8) observations . The findings include: 1. Evacuation routes were not posted in the Basement, First Floor and Lobby Areas to inform staff and residents of emergency routes in the event of a fire in three (3) of eight (8)	K 048	Openings approximately 2-4 inches were repaired on 4/20/10 in the Soiled Linen Room entrance door. The first floor rear exit platform is being evaluated to determine the proper resolution to ensure that it is large enough to accommodate multiple wheel chairs and residents during an emergency. A ½ inch opening will be repaired by 7/19/10 between double fire doors located at the entrance to Unit 2 South. Sprinkler heads were cleaned on 4/20/10 in the Soiled Utility Rooms on Units 4 and 5 south.	4/20/10 7/19/10 7/19/10 4/20/10

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K 048	Continued From page 7 Observations between 2:10 PM and 2:30 PM on April 19, 2010.	K 048	2. Maintenance staff has made environmental rounds in building to develop a master list of areas that need to be repaired. The list has been prioritized and will be completed as scheduled.	6/4/10
K 050 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on observations and staff interviews during Life Safety Code Inspection period, it was determined that fire drills were not held at unexpected times, under varying conditions at least quarterly on each shift in two (2) of 12 observations The findings include: Through staff interview and a review of documentation, it was determined that fire drills were not conducted between 3:00 PM and 11:00 PM in the third quarter and between 11:00 PM and 7:00 AM on April 19, 2010 in two (2) of 12 observations between 5:30 PM and 6:30 PM on April 19, 2010.	K 050	3. Maintenance staff was re in-serviced on the importance of ceiling tiles being in good repair, repairing openings in doors and walls, proper chemical storage, the linen chute door being able to close properly especially in the event of an emergency, door and tracks being in good repair to allow the doors to close, floor surfaces being in good repair, and proper cleaning of sprinkler heads. 4. Director of Engineering will make monitor the completion of the list on a monthly basis and will report findings to safety meeting and monthly during the Quality Assurance meeting. K144 1. Documentation is available on log sheets to show that generators are exercised under load each month for at least 30 minutes. The start and end times of generator odometer readings do substantiate that generators operate and exercise under load for 30 minute. 2. Director of Engineering have monitored the generator and the documentation and have found both to be in compliance.	6/22/10 7/23/10
K 052 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA	K 052	3. Director of Engineering will perform the generator load test and logging to ensure that the testing is accurate.	4/30/10

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K 052	Continued From page 8 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection it was determined that Fire Alarm Devices were not inspected and tested on a quarterly basis as required. The findings include: Through observation and interview it was determined that Fire Alarm System devices such as: water flow, mechanical water gongs, pressure devices, audible and visual devices were not tested on a quarterly basis as required, documentation was provided from a Fire Alarm Report for April 2010 in two (2) of two observation between 5:50 PM and 6:00 PM on April 19, 2010; however Fire Alarm Inspection Reports were not provided from the three previous quarters between April 2009 and January 2010 in one (1 of one (1) observations on April 27, 2010 at approximately 10:00 AM.	K 052	4. Director of Engineering will monitor the completion of the generator documentation to show that generators are exercised under load each month for at least 30 minutes and that the start and end times of generator odometer readings do substantiate that generators operate and exercise under load successfully for 30 minutes on a monthly basis and will report findings to the safety meeting and the monthly Quality Assurance meeting. K50 1. Fire drill for third quarter was conducted on April 21, 2010 for 3-11pm. The 11:00pm-7:00am fire drill was conducted on May 24, 2010. 2. The Director of Engineering established a new fire drill scheduled and conducted re-educating staff to ensure fire drills will be conducted on all shifts. 3. The Director of Engineering will monitor the new scheduled to ensure monthly compliance with scheduled fire drills. 4. A quarterly report will be submitted to the Quality Assurance meeting.	7/23/10	
K 130 SS=E	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786	K 130		6/30/10	

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K 130	Continued From page 9 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection it was determined that ceiling tiles were soiled and stained in three (3) of three (3) observation , barrels of chemicals were improperly stored on floor surfaces in 10 of 10 observations , the linen chute in the Laundry Room lacked a fusible link and the chute door failed to close in two (2) of two (2) observations , floor damaged was observed in six (6) of six (6) observations, openings were observed in the Soiled Utility Room door in one (1) of three (3) observations, junction boxes lack a cover in three (3) of three (3) observations , the platform located at the entrance door was not large enough accommodate wheel chairs and multiple residents in the event of an emergency in one (1) of one (1) observation , a ½ inch opening was observed between doors at the entrance to Unit 2 South in one (1) of two (2) observations and sprinkler heads were soiled with dust in two (2) of four (4) observations . The findings include: 1. Ceiling tiles were soiled and stained inside the Boiler Room, Laundry Areas and large openings were observed around the linen chute on the Soiled side of the Laundry Room in three (3) of three (3) observation at 2:10 PM on April 19, 2010. 2. Barrels of chemical detergent were improperly stored on floor surfaces in Wash Room 19 in 10 of 10 observations at 2:20 PM on April 19, 2010. 3. The linen chute door lacked a fusible link to activate closing of the chute door in the event of	K 130		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095019	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/19/2010
NAME OF PROVIDER OR SUPPLIER DEANWOOD REHABILITATION AND WELLNESS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5000 BURROUGHS AVE. NE WASHINGTON, 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) COMPLETION DATE	
K 130	Continued From page 10 an emergency and the door and track were damaged and failed to close when an attempt was made to close the door in the Soiled Linen Room in two (2) of two (2) observations at 2:45 PM on April 19, 2010. 4. Floor surfaces were uneven, worn and damaged, in the main Laundry and Auxiliary Areas in six (6) of six (6) observations at 2:45 PM on April 19, 2010. 5. Openings approximately 2-4 inches were observed in the Soiled Linen Room entrance door in one (1) of three (3) observations at 2:50 PM on April 19, 2010. 6. Junction boxes located above ceiling tiles were not covered near the, Soiled Receiving, Maintenance and Soiled Utility Rooms in three (3) of three (3) observations between 2:10 PM and 5:30 PM on April 19, 2010. 7. During an emergency it was determined that the first floor rear exit platform was not large enough to accommodate multiple wheel chairs and residents during an emergency in one (1) of one (1) observation at 2:50 PM on April 19, 2010. 8. A 1/2 inch opening was observed between double doors fire doors located at the entrance to Unit 2 South in one (1) of two (2) observations at 3:40 PM on April 19, 2010. 9. Sprinkler heads were soiled with dust in Soiled Utility Rooms on Units 4 and 5 south in two (2) of four (4) observations at between 4:30 PM and 5:15 PM on April 19, 2010.	K 130			
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD	K 144			

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

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K 144	<p>Continued From page 12</p> <p>The findings include:</p> <p>1. Documentation was not available on log sheets to show that generators are exercised under load each month for at least 30 minutes in one (1) of one observation at 5:30 PM and 6:15 PM on April 19, 2010.</p> <p>The start and end times of generator odometer readings failed to substantiate that generators operated and exercised under load for 30 minutes as evidenced from the following information that was provided; January 6, 2010 start 2128.1-end 2128.9, January 13, 2010, start-2128.9 end-219.5, January 19, 2010 -start 2129.5-end 2129.8, January 26, 2010-start 2129.8-end 2130.0, February 6, 2010-start 2130.6-end 2130.8, February 15,2010-start 2143.5-end 2143.6, February 16, 2010-start 2143.6-end 2143.9, February 26,2010-start 2145.4-end 2145.7, March 17, 2010-start-2147.3-end 2147.4, April 6, 2010-start 2150.4-end 2150.7, April 13, 2010-start 2150.7-end 2151.0. The above odometer readings for the first quarter indicate that the generator is exercised for less than 30 minutes in 10 of 18 observations on April 19, 2010.</p>	K 144		