

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

PRINTED: 07/26/2006  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  095036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING: _____	(X3) DATE SURVEY COMPLETED  07/14/2006
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  J B JOHNSON NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 901 FIRST STREET NW WASHINGTON, DC 20001
--	--

(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 The Life Safety Code inspection was conducted at your facility on July 14, 2006. A deficiency was cited based on observations.	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 smoke barrier walls were not in good condition to prevent the passage of smoke in the event of a fire.  The findings include:  A 12" x 10" opening was observed in wall surfaces above the material management door at 9:30 AM on July 14, 2006.	K 017	K017 NFPA 101 LIFE SAFETY CODE STANDARD  1. The smoke barrier walls that were identified as not being in condition to prevent the passage of smoke in the event of a fire have been corrected or addressed.  2. A complete inspection of the facility's fire barrier walls have been conducted by (3) independent contractors, proposals to make necessary repairs have been submitted to the Director of Engineering by each contractor and submitted to DHS. No residents were affected by this finding.  3. The Engineering Department will inspect the fire barrier walls monthly as part of the monthly Preventive Maintenance program. All findings will be reported to the Director of Engineering.  4. The Director of Engineering will monitor and conduct quarterly audits of the fire barrier walls and report all findings at the Quality Assurance meeting.	8/11/06

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Annette Price TITLE: Administrator (X6) DATE: 8/4/06

A deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that her 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.

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

PRINTED: 07/26/2006  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>095036</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/14/2006</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>J B JOHNSON NURSING CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>901 FIRST STREET NW WASHINGTON, DC 20001</b>
---	--

(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 017	<p>Continued From page 1</p> <p>A 18" x 4" opening was observed in wall surfaces over the boiler room door in one (1) of one (1) observation at 9:40 AM on July 14, 2006.</p> <p>A 1-2" opening was observed around two pipes in wall surfaces adjacent to the dishwasher in one (1) of five (5) observations at approximately 10:00 AM on July 14, 2006.</p> <p>A 2" opening was observed around a pipe above double doors in the basement hallway in one (1) of two (2) observations at 10:05 AM on July 14, 2006.</p> <p>A 5" opening was observed in the wall above double doors in the elevator lobby in one (1) of two (2) observations at 10:10 AM on July 14, 2005.</p> <p>A 1-2" opening was observed around communication wires and conduit pipe that pass through walls on the clean side of the laundry room in one (1) of two (2) observations at 10:15 AM on July 14, 2006.</p>	K 017		