

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

PRINTED: 11/19/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095015	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/18/2013
NAME OF PROVIDER OR SUPPLIER CAROLYN BOONE LEWIS HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1380 SOUTHERN AVE SE WASHINGTON, DC 20032	
(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 following findings were observed during the Life Safety Survey at your facility on September 18, 2013.	K 000	Carolyn Boone Lewis Health Care Center, "CBL", is filing this Plan of Correction in accordance with the compliance requirements for federal and state regulations. This Plan of Correction constitutes the facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction does not constitute admission of facts or conclusions cited.	
K 025 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 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 smoke barrier walls; which would not prevent the passage of smoke in the event of a fire. These findings were observed in the presence of Engineering Staff. The findings include: Ground Floor Penetrations approximately 2 " inch in diameter were observed around communication wires that passed through wall surfaces above double doors near Room G3 in two (2) of five (5)	K 025	Ground Floor 1. Penetrations on ground floor 2" diameter, around communications wire that pass through wall surfaces above double doors near room G3 were corrected the same day of survey. 2. Maintenance staff will check wall surfaces on ground floor for any penetration holes. 3. Maintenance staff were in-serviced by Director of Maintenance on wall and safety. 4. Finding and correction will be reported to QAPI Committee following monthly monitoring and observations by manager utilizing monitoring tool.	9/18/13 <i>10/14/13</i> <i>10/28/13</i> <i>ongoing</i>

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 025	Continued From page 1 observations at 10:20 PM on September 18, 2013. First Floor 1. A 2 " penetration was observed in the smoke barrier wall above double doors around communication wires near Room 119 in one (1) of three (3) observations at 11:26 AM on September 18, 2013. 2. A 1-2 " inch penetration was observed in wall surfaces near Room 143 in one (1) of three (3) observations at 11:45 AM on September 18, 2013. 3. A 1-2 inch penetration was observed above the door around a pipe passing through the wall into the 1 East Stairwells near Room 143 in one (1) of four (4) observations at 11:40 PM on September 18, 2013. Second Floor 1. A 1 " inch penetration was observed around communication wires near Room 211 in one (1) of three (3) observations at 11:55 AM on September 18, 2013. 2. A 2 " inch penetration was observed around BX Cable that passed through wall surfaces near Room 246 in one (1) of three (3) observations at 11:41 AM on September 18, 2013. Third Floor 2. A 1-2 " inch penetration was observed around	K 025	First Floor #1 1. Penetrations in smoke barrier wall above double doors near communications wire near room 119 were corrected the same day of survey. 2. Maintenance staff will check smoke barrier walls on the first floor for any penetration holes. 3. Maintenance staff was in-serviced by Director of Maintenance on smoke barrier walls and safety. 4. Finding and correction will be reported to QAPI Committee following monthly monitoring and observations by manager utilizing monitoring tool. First Floor #2 and #3 1. Penetrations near room 143 wall surfaces and above door around pipe passing through wall were corrected by CFC contractor. 2. Maintenance staff will check wall surface on the first floor for any penetration holes. 3. Maintenance staff was in-serviced by Director of Maintenance on walls and safety. 4. Finding and correction will be reported to QAPI Committee following monthly monitoring and observations by manager utilizing monitoring tool.	9/18/13 <i>10/14/13</i> <i>10/28/13</i> <i>ongoing</i> 9/19/13 <i>10/14/13</i> <i>10/28/13</i> <i>ongoing</i>	

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K 025	Continued From page 2 conduit pipe in the Telephone Closet near the Fire Panel in one (1) of one (1) observation at 12:20 PM on September 18, 2013.	K 025	Second Floor 1. Penetration around communications wire near room 211 and BX cable near room 246 were corrected the same day.	9/18/13	
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection, it was determined that elevator pits area were cluttered with paper products and other miscellaneous items and accumulated dust was observed on ductwork and the rear of dryer surfaces near the gas burners. The findings include: 1. The interior areas of the Elevator Pits were observed to be cluttered with paper products and other debris on pit floors surfaces near the hydraulic lifts in two (2) of two (2) observations at 1:10 PM on September 18, 2013. 2. The ductwork surfaces, outer rear panels and areas near the gas dryer burners were soiled with accumulated dust in three (3) of three (3) observations at 11:00 AM on September 18, 2013.	K 130	2. Maintenance staff will check communications wires, BX cable and conduit pipe on the floors for any penetration holes. 3. Maintenance staff was in-serviced by Director of Maintenance on wall surface safety. 4. Finding and correction will be reported to QAPI Committee following monthly monitoring and observations by manager utilizing monitoring tool. Third Floor #2 1. Penetration around conduit pipe in telephone closet near fire panel was corrected the same day. 2. Maintenance staff will check conduit pipes on floors for any penetrations. 3. Maintenance staff was in-serviced by Director of Maintenance on wall surface safety. 4. Finding and correction will be reported to QAPI Committee following monthly monitoring and observations by manager utilizing monitoring tool.	10/14/13 10/28/13 ongoing 10/14/13 10/28/13 ongoing	

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Elevator Pit #1

1. The interior areas of elevator pit were 9/25/13 swept and cleaned of all clutter and paper by Thyssen Krupp Elevator contractor.

2. Maintenance staff will check elevator pits on the ground floor for any debris or clutter. 10/14/13

3. Maintenance staff was in-serviced by Director of Maintenance on elevator pit safety. 10/28/13

4. Findings and corrections will be reported to CQI Committee following monthly monitoring and observations by manager utilizing monitoring tool. ongoing

Ductwork Surfaces #1

1. Ductwork surface outer rear panel 9/19/13 and areas near the gas dryer burner were cleaned of all dust for all three (3) dryers.

2. Maintenance staff will check for dust and clean are ductwork surface and near burner on all three (3) dryers. 10/14/13

3. Maintenance staff was in-serviced by Director of Maintenance on ductwork cleaning. 10/28/13

4. Findings and corrections will be reported to CQI Committee following monthly monitoring utilizing the monitoring tool. ongoing