

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

PRINTED: 10/26/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095031	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/06/2009
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NAME OF PROVIDER OR SUPPLIER ROCK CREEK MANOR NURSING CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 2131 O STREET NW WASHINGTON, DC 20037
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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
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K 017 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observations during the Life Safety Inspection it was determined that penetrations were observed in wall surfaces around communication wires, cable and conduit pipes in the Basement in one (1) of three (3) observations, Storage Rooms in one (1) of three (3) observations, fifth floor one (1) of eight (8) observation, 5 West Shower Area in one (1) of eight (8) observations, 5 East in one (1) of two (2) observation, Four West in one (1) of two (2) observations, Unit 3 East near room 306 in one (1) of two (2) observations, on Unit 1 East in one (1) of three (3) observations, and Unit 1 South in one (1) of three (3) observations.</p> <p>The findings include: The following penetrations were observed during</p>	K 017	<ol style="list-style-type: none"> Penetrations above the ceiling tiles located near or on the 5 west shower area 5 east stairwell 4 west exit door 3 east near room 306 1 south near room 107 1 east new smoke barrier door and basement storage room were filled with fire retardant foam on 10/8/09. Penetrations through out the facility have been checked by the Director of Maintenance and are found to be in compliance on 10/8/09. Penetrations above the ceiling tiles will be checked by the director of Maintenance as part of facility's PM Program, and documented in Preventive Maintenance (PM) log book. Deficient practices relating to penetrations will be reported immediately to the Director of Maintenance unto the Administrator for remedial action and discussed in the monthly Risk Management/QA and Quarterly QA meetings. 	11/27/09
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Administrative

(X6) DATE

11/27/09

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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K 017	Continued From page 1 a tour of Resident Care Areas. Basement Level 1. A 2 X 8 (foot x inch) opening was observed in walls near the main line water line in the Storage Room in one (1) of three (3) observations at 3:01 PM on October 6, 2009. 2. A 8 x 8 inch openings was observed in wall surface around a drain pipe in the in north end of the Storage Room in one (1) of three (3) observations at 3:05 PM on October 6, 2009. Fifth Floor 1. A 3-4 inch penetration was observed around conduit pipe passing through wall surfaces near the 5 West Shower Room in one (1) of eight (8) observations at 3:25 PM on October 6, 2009. 2. A 2 foot x 5 inch opening was observed in wall surfaces above ceiling tiles near the exit door to 5 East stairwell in one (1) of two (2) observations at 3:40 PM on October 6, 2009. Fourth Floor 1. A 3 inch opening was observed around a communication wire that passed through the ceiling near the exit door on Unit 4 West in one (1) of two (2) observations at 3:55 PM on October 6, 2009. Third Floor An 8 x 10 inch section of cardboard was use to cover a penetration on the smoke barrier wall on Unit 3 East near room 306 in one (1) of two (2) observations at 4:30 PM on October 6, 2009. First Floor 1. A 1-2 inch opening was observed in wall surfaces around a conduit that passes through wall surfaces over the smoke barrier door on Unit 1 East in one (1) of three (3) observations at 4:50 PM on October 6, 2009. 2. A 2-3 opening was observed in wall surfaces near room 107 on Unit 1 South in one (1) of three	K 017		

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K 017	Continued From page 2 (3)-observations-at-5:05-PM-on-October-6,-2009.	K 017		
K 045 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection it was determined that lamps in the stairwells were not illuminating to provide lighting in the event of a fire or power outage and the candle power of lamps in stairwells were not adequate provide sufficient lighting on Units 5 North, 5 South, 4 East and lamps in stairwells between Units 4 and 5 lacked enough candle power to provide sufficient lighting in the event of a fire in four (4) of 12 observations. The findings include: Lamps were not illuminated to provide lighting in stairwells on Units 5 North, 5 South, 4 East and lamps in stairwells between Units 4 and 5 lacked enough candle power to provide sufficient light in the event of a fire in four (4) of 12 observations between 3:01 PM and 5:15 PM on October 6, 2009.</p>	K 045	<ol style="list-style-type: none"> 1. Stairwell lamp lights located in 5 north, 5 south, 4east between units 4 and 5 had the candle power increased on 10/8/09 to provide more light. 2. Stairwell lights throughout the facility have been checked on 10/8/09 by the Director of Maintenance and found to be in compliance. 3. Stairwell lights will be checked daily and weekly during Grand Rounds by the Director of Maintenance for continued compliance. 4. Deficient practices relating to stairwell lights will be reported immediately to the Director of Maintenance unto the Administrator for remedial action and discussed in the monthly Risk Management/QA and Quarterly QA meetings. 	11/27/09