

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

PRINTED: 06/16/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095027	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/30/2008
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NAME OF PROVIDER OR SUPPLIER CAPITOL HILL NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONST. AVE. NE WASHINGTON, DC 20002
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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	<p>INITIAL COMMENTS</p> <p>Based on observations during the Life Safety Code Inspection conducted on May 27, 2008, the following findings were determined through observation and interviews.</p>	K 000		
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 Code Inspection it was determined that penetrations were observed above ceiling tiles in smoke barrier walls. These observations were made in the presence of the Facility and Maintenance Directors, employees # 10 and 11.</p> <p>The findings include:</p> <p>Fifth Floor</p>	K 017		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Nora J. Wejia</i>	TITLE <i>Administrator</i>	(X6) DATE <i>6/26/08</i>
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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 1. A 1-2 inch penetration was observed around a conduit pipe near the elevator lobby in one (1) of six (6) observations between 11:15 AM and 11:30 AM on May 26, 2008. 2. A 2 inch penetration was observed around communication wires that penetrated wall surfaces near room 5118 in one (1) of six (6) observations between 11:30 AM and 11:40 AM on May 26, 2008. Sixth Floor 1. A 2-3 inch penetration was observed in walls above double doors near room 6126 in one (1) of six observations between 11:50 AM and 12:05 PM on May 26, 2008.	K 017	#1 The penetrations above the ceiling will be repaired. #2 All smoke and fire walls above the ceiling in the nursing center were inspected for penetrations. Since there were no other penetrations observed other than those cited there was no adverse affect to other residents. #3 Weekly inspection of smoke and fire barrier walls above the ceiling penetrations will be conducted on a continuing basis.	July 14, 2008 June 23, 2008 July 14, 2008 & ongoing
K 018 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as 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.	K 018	#4 The engineering supervisor will conduct (commenced on June 3, 2008) weekly rounds and the out come will be reported at the Quality Assurance Committee Meetings, using QA tool. The Facility Director, Engineering Supervisor, and Q.I. Director will monitor for compliance.	June 23, 2008 & ongoing

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K 018	Continued From page 2 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection it was determined that double and single doors failed to latch into frames. These observations were made in the presence of the Maintenance and Facilities Directors, employees # 10 and 11. The findings include: 1. The soiled linen room door on the fourth floor failed to close and latch when tested in one (1) of (5) five observations at 11:00 AM on May 26, 2008. 2. The nourishment room entrance door on the fifth floor failed to close and latch when tested in one (1) of five observations at 11:20 AM on May 26, 2008. 3. Double smoke barrier doors in the hallway near the nurse 's station on the fifth floor were out of alignment and failed to close in one (1) of one (1) observation at 11:30 AM on may 26, 2008. 4. Double fire doors in the sixth floor hallway near 6102 failed to close and latch in one (1) of three (3) observations on the fifth floor at approximately 12:20 PM on May 26, 2008.	K 018	#1 The soiled linen room door, nourishment room entrance door, double smoke barrier doors and the double fire doors will be realigned and repaired. #2 All smoke and fire barrier doors were inspected for proper operation. Since there were no other doors observed other than those cited there was no adverse affect to other residents. #3 Weekly inspection of smoke and fire barrier doors will be conducted on a continuing basis. #4 The engineering supervisor will conduct (commenced on June 3, 2008)weekly rounds and the out come will be reported at the Quality Assurance Committee Meetings, using QA tool. The Facility Director, Engineering Supervisor, and Q.I. Director will monitor for compliance.	July 14, 2008 June 23, 2008 July 14, 2008 & ongoing June 23, 2008 & ongoing
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786	K 130		

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K 130	<p>Continued From page 3</p> <p>This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code inspection it was determined that staff failed to take the necessary precautions to prevent accidental hazards. These findings were observed in the presence of the Maintenance and Facilities Director employees # 10 and 11.</p> <p>The findings include:</p> <p>The air handler motor cover in the sprinkler room on the fifth floor was not in place to prevent accidental hazards in one (1) of three (3) observations at 11:30 AM on May 26, 2008. The pulleys were exposed presenting a hazard.</p>	K 130	<p>#1 The machine guard was replaced immediately.</p> <p>#2 All mechanical rooms were inspected for proper installation of machine safety guards. Since there were no other mechanical guards not properly affixed to machines other than the one cited there was no adverse affect to other residents.</p> <p>#3 We have put a system in place, where engineering staff will perform weekly inspection of mechanical rooms on a continuing basis and report any missing air handler motor covers.</p> <p>#4 The engineering supervisor will conduct weekly rounds and the out come will be reported at the Quality Improvement Committee Meetings, using QI tool. The Director of Facility will monitor monthly for compliance.</p>	June 23, 2008	July 14, 2008 & ongoing
				July 14, 2008 & ongoing	June 3, 2008 & ongoing