

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

PRINTED: 10/22/2012
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 09/28/2012
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NAME OF PROVIDER OR SUPPLIER CAROLYN BOONE LEWIS HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1380 SOUTHERN AVE SE WASHINGTON, DC 20032
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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	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 018 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</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 double and single doors failed to close and latch into frames when tested in five (5) of 16 observations. These observations were observed in the presence of Maintenance Staff, Employee # 27.</p>	K 018	<p>NFPA 101 LIFE SAFETY CODE STANDARD K018</p> <p>1. Corrective Actions</p> <p>1). A part was ordered for double doors as of 10/26/12 at entrance to ground level, which arrived on 11/2/12 and will be installed on 11/5/12. A panic bar has been ordered for the exit door from the dining room to the patio to the exterior of the building and the facility is awaiting the arrival of the part.</p> <p>2). The entrance door to room 227 was corrected for proper closure and latching at the time of the survey.</p> <p>3). Fire doors located near the medication room on the third floor were corrected for proper closure and latching at the time of the survey.</p>	10/26/12 9/28/12 9/28/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Denise Chadwick Wright TITLE: Administrator (X6) DATE: 11/2/12

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 018	<p>Continued From page 1</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Double doors located at the entrance to the Basement Dining Room failed to close and latch when tested and the exit door from the Dining Room to the patio to the exterior of the building failed to fully close and the latching mechanism and panic bar were inoperative in two (2) of two (2) observations at 1:05 PM on September 28, 2012. 2. The entrance door to Room 227 failed to close and latch when tested in one (1) of ten Second Floor observations at 1:50 PM on September 28, 2012. 3. Double fire doors located near the Medication Room on the Third Floor failed to close and latch when tested in one (1) of four (4) observations at approximately 3:00 PM on September 28, 2012. 	K 018	<p>Continued From page 1</p> <ol style="list-style-type: none"> 2. The Maintenance staff will perform monthly inspections to identify and correct upon discovery closures and latches that do not work properly. 3. The maintenance staff was reeducated at the time of the survey by the Maintenance Manager regarding NFPA requirements in regard to the monitoring and correction of door latches and closures as part of the monthly Preventative Maintenance Program. 4. The findings and corrections of the door latches and closures will be reported monthly to the CQI committee until it has been determined by the committee that a quarterly report is effective. 	10/26/12
K 130 SS=D	<p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786</p> <p>This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection it was determined that floor surfaces in the Telephone and Electrical Closets were not maintained in three (3) of three (3) observations. These observations were observed in the presence of Maintenance Staff Employee # 27.</p> <p>The findings include:</p>	K 130	<p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786</p>	

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K 130	Continued From page 2 Floor surfaces in the Electrical and Telephone Rooms on the First, Second and Third Floors were soiled, stained and accumulated paper products in three (3) of three (3) observations between 1:05 PM and 3:15 PM on September 28, 2012.	K 130	<p>K130</p> <ol style="list-style-type: none"> 1. Floor surfaces in the electrical and telephone rooms on the first, second and third floors were corrected via the removal of paper products at the time of the survey. The identified floor surfaces were cleaned by the environmental services staff. 10/26/12 2. Floor surfaces in the electrical and telephone rooms on the first, second and third floors are the only areas of this type, which have been addressed above. 10/26/12 3. The environmental/maintenance staff will conduct monthly inspections of the identified areas and correct/schedule correction upon discovery. 10/26/12 4. The findings and corrections of identified floor surfaces will be reported monthly to the CQI committee until it has been determined by the committee that quarterly report is effective. 10/26/12 	
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