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

PRINTED: 04/04/200
FORM APPROVEI
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095021	A. BUILDING 01 - MAIN BUILDING 01 B. WING	03/20/2007

NAME OF PROVIDER OR SUPPLIER
SUNRISE AT THOMAS CIRCLE

STREET ADDRESS, CITY, STATE, ZIP CODE
1330 MASSACHUSETTS AVENUE NW
WASHINGTON, DC 20005

(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		
	A Life Safety Code inspection was conducted on March 20, 2007. The following deficiencies were based on observations and record review.			
K 017 SS=D	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	K 017	I (1) Penetrations in smoke barrier walls Near South stairwell repaired. (2) Penetrations in smoke barrier walls repaired in washer area. (3) Penetrations in smoke barrier walls in main kitchen and dining room will be repaired with door sweeps 2. All smoke barrier walls were inspected to ensure no other penetrations exist. 3. Director of Maintenance or designee will inspect walls monthly for penetrations. 4. Director of Maintenance or designee will report to Q&A Committee re: walls and penetrations.	03/22/07 03/22/07 05/06/07 on going 03/23/07 05/06/07 ongoing 05/06/07 on going
	This STANDARD is not met as evidenced by: During the Life Safety Code inspection, it was determined that there were penetrations in the smoke barrier walls. These findings were observed by the Director of Maintenance. The findings include: Smoke barrier walls were observed with penetrations in the following areas: 1. A 2-3 inch open area was around a conduit			

ORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

HCA 4/20/07

deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days

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K 017	Continued From page 1 pipe near the south stairwell in one (1) of four (4) smoke barrier walls observed near the stairwells on March 20, 2007 at 5:00 PM. 2. A 1 inch opening was around the ¾ inch pipes and 3 inch open area was around the one (1) inch pipes observed in smoke barrier walls by two (2) of six (6) pipes in the washer area on March 20, 2007 5:30 PM. 3. A 1-2 inch opening was between the reach-in refrigerators and the walls of the main kitchen and dining room in the smoke barrier walls observed on March 20, 2007 at 11:00 AM. The Director of Maintenance acknowledged the presence of the aforementioned penetrations in the smoke barrier walls.	K 017		
K 018 SS=D	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 1¾ 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		

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K 018	Continued From page 2	K 018		
	This STANDARD is not met as evidenced by: During the Life Safety Code inspection, two (2) doors in the main kitchen were observed with an opening between the door jam and the door. These findings were observed and acknowledged by the Director of Maintenance. The findings include: Swinging doors between the kitchen and the dining room were observed with a one (1) inch gap between the edge of the door and the door jam at the top, bottom and side of the doors in two (2) of two (2) swinging doors observed on March 20, 2007 at 1:00 PM.		1. Director of Maintenance will repair one inch gap between door edge and door jam with door sweeps. 2. Director of Maintenance inspected all swinging doors for gaps to ensure no other gaps exist. 3. Director of Maintenance or designee will inspect monthly all swinging doors gaps. 4. Director of Maintenance will report monthly to QA Committee.	05/06/0 03/23/07 05/06/07 on going 05/06/07 on going