

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

PRINTED: 03/07/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095021	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/22/2008
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NAME OF PROVIDER OR SUPPLIER SUNRISE AT THOMAS CIRCLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1330 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20005
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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 K 017 SS=E	<p>INITIAL COMMENTS</p> <p>The annual Life Safety Code inspection was conducted on February 22, 2008. The following deficiencies were based on observations.</p> <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 sprinkled buildings, partitions are only required to resist the passage of smoke. In non-sprinkled 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 sprinkled.) 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 in wall surfaces above ceiling tiles. These findings were observed in the presence of Employee #4.</p> <p>The findings include:</p> <p>Penetrations were observed in smoke barrier walls as follows:</p>	K 000 K 017		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE **3/26/08**

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 one (1) inch penetration was observed in wall surfaces near room 206 in one (1) of nine (9) observations at 11:40 AM on February 22, 2008. 2. A 48 x 5 inch opening was observed above ceiling tile around communication wires on the south hallway near the exit door to the stairwell in one (1) of nine observations at 12:10 PM on February 22, 2008. 3. A 3 x 1 foot opening was observed in wall surfaces behind the entrance door to dietary services in one (1) of six (6) observations at 12:20 PM on February 22, 2008. 4. A 2 x 1 foot section of wall was missing above the door in the dishwasher room in the main kitchen that opens to the main dining room in one (1) of two (2) observations at 12:25 PM on February 22, 2008. Employee #4 acknowledged these findings at the time of the observations.	K 017	K017 1. Completed the following: <ul style="list-style-type: none"> The one inch penetration in the wall surface near room 206 was repaired as of 03/01/2008. The 48x5 opening above the ceiling tile around the communication wires was repaired as of 03/01/2008. The 3 x 1 foot opening was observed in the wall surfaces behind the entrance door to dietary services were repaired as of 03/01/2008. The 2 x 1 foot section of wall that was missing above the door in the dishwasher room in the main kitchen was repaired as of 03/01/2008. 2. All areas were checked for penetrations and ceiling and wall openings. No others were found. 3. The maintenance and housekeeping staff were in serviced on recognizing structural openings and penetrations on the health care unit as of 04/1/2008. The Director of Housekeeping/ maintenance or designee will audit for structural opening and penetrations compliance monthly as of 04/2008. 4. The Director of Housekeeping /Maintenance or designee will report the findings of these audits to the Quality Assurance Committee monthly X 3, April, May and June 2008. Completion Date 04/06/2008	
K 050 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by:	K 050		

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K 050	Continued From page 2 Based on observations during the Life Safety Code inspection, it was determined that fire drills were not conducted on a quarterly basis for each shift. These findings were observed in the presence of Employee #4. The findings include: Documentation was not available during the survey to show that unannounced fire drills were conducted on each shift for each quarter during the calendar year 2007. These observations were made in the presence of Employee #4. The findings include: 1. Lack of drills for all shifts during the first quarter in three (3) of three (3) observations at 12:55 PM on February 22, 2008. 2. Lack of drills for the first and third shifts during the second quarter in two (2) of three (3) observations at 12:55 PM on February 22, 2008. 3. Lack of drills for the third shift during the third quarter in one (1) of three (3) observations at 1:00 PM on February 22, 2008. 4. Lack of drills for the second and third shifts during the fourth quarter in two (2) of three (3) observations at 1:05 PM on February 22, 2008. Employee #4 acknowledged these findings at the time of the observations.	K 050	K50 1. Missing fire drills from previous quarters can not be redone so we will proceed from this point. 2. The following finding will be corrected: • Unannounced fire drills will be conducted on each shift for each quarter during the current calendar year. • The Maintenance Director or designee will maintain documentation of these fire drills. 3. The maintenance staff will be reeducated on performing and documenting quarterly fire drills. The Director of Maintenance or designee will initiate unannounced fire drills on each shift for each quarter in the calendar year. 03/2008. 4. The Director of /Maintenance or designee will report these drills to the Quality Assurance Committee Quarterly as of 03/2008. Completion Date 04/06/2008		
K 052 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA	K 052			

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K 052	<p>Continued From page 3</p> <p>72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</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 water flow alarm devices were not tested on a quarterly basis as required. These findings were observed in the presence of Employee #4.</p> <p>The findings include:</p> <p>Documentation was not available for the first, second and fourth quarters to show that alarm devices were tested on a quarterly basis as required in three (3) of (4) observations at 1:30 PM on February 22, 2008 and 10:00 AM on February 25, 2008.</p> <p>Employee #4 acknowledged these findings at the time of the observations.</p>	K 052	<p>K52</p> <ol style="list-style-type: none"> 1 Past documentation for the first, second and fourth quarters to show that alarm devices were tested are not available so we will go forward from this point. 2 The water flow devices will be tested on a quarterly basis as required by NFPA70 and 72. As of 03/01/2008 3 The maintenance staff will be reeducated on having the water flow alarm devise routinely tested on a quarterly basis. The Director of Maintenance or designee will monitor the water flow test quarterly as of 03/2008. 4 The Director of Maintenance or Designee will report the findings to the Quality Assurance committee, quarterly as of 03/2008. <p>Completion Date 04/06/2008</p>	