

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

Printed: 11/29/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495171	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/02/2017
NAME OF PROVIDER OR SUPPLIER GOODWIN HOUSE BAILEY'S CROSSROADS			STREET ADDRESS, CITY, STATE, ZIP CODE 3440 S JEFFERSON STREET FALLS CHURCH, VA 22041		
(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 Surveyor: 35700 Description of structure: This is a 13 story building with a 3 story addition. The building has a nursing facility on the second floor with a construction Type of I A (443). The entire building is fully sprinklered in accordance with NFPA 13. The existing area was renovated to bring it into compliance with the addition. There is no Two hour separation between the building and the addition. An unannounced Life Safety Code recertification survey was conducted on 11/02/2017 in accordance with 42 Code of Federal Regulations, Part 483. 150 and 410 to 480: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the 2012 Life Safety Code Existing Regulations. The facility was found not to be in compliance with the requirements for Participation for Medicare and Medicaid.	K 000			
K 321 SS=D	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure 2012 EXISTING Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4-hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates	K 321			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Karen Dalo *Administrator of Health Services* *12-5-17*

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 321	<p>Continued From page 1</p> <p>that do not exceed 48 inches from the bottom of the door.</p> <p>Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1</p> <p>Area Automatic Sprinkler Separation N/A</p> <p>a. Boiler and Fuel-Fired Heater Rooms</p> <p>b. Laundries (larger than 100 square feet)</p> <p>c. Repair, Maintenance, and Paint Shops</p> <p>d. Soiled Linen Rooms (exceeding 64 gallons)</p> <p>e. Trash Collection Rooms (exceeding 64 gallons)</p> <p>f. Combustible Storage Rooms/Spaces (over 50 square feet)</p> <p>g. Laboratories (if classified as Severe Hazard - see K322)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Surveyor: 35700</p> <p>Based on observation the facility failed to ensure that its hazardous areas were properly protected.</p> <p>The Findings Include:</p> <p>On 11/2/2017 at approximately 1:15 PM it was observed there was unsealed penetrations in the wall of the storage closet next to room 250.</p> <p>On 11/2/2017 at approximately 1:25 PM it was observed there was unsealed penetrations in the ceiling above electric panel and around wiring in A/V closet in community room.</p> <p>On 11/2/2017 at approximately 1:35 PM it was observed there was unsealed penetrations in wall of Cherry blossom pantry.</p>	K 321	<p>K321</p> <p>1. Penetrations identified in the wall of the storage closet next to Room 250, in the ceiling above the electric panel and around wiring in the A/C closet in Community Room, in the wall of the Cherry Blossom Pantry, and above ceiling at rated wall above Cherry Blossom fire doors were sealed with approved fire caulking material.</p> <p>2. All above ceiling areas were inspected for any failed penetration sealant and corrected per code.</p> <p>3. Maintenance Supervisor for Facility Management will perform ceiling inspections when any work is performed above ceiling and quarterly.</p> <p>4. Inspection data will be reviewed by Services Coordinator monthly and reported to Facility Management Director for review and to report quarterly at QAPI.</p> <p>5. All corrective action will be completed by 12/15/17.</p>	

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K 321	Continued From page 2 On 11/2/2017 at approximately 1:43 PM it was observed there was unsealed penetrations above ceiling at rated wall above cherry blossom fire doors.	K 321		
K 353	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked b) Who provided system test c) Water system supply source Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Surveyor: 35700 Based on observation the facility failed to ensure that its fire sprinkler system was properly maintained. The Findings Include: On 11/2/2017 at approximately 1:45 PM it was observed there was an unsealed penetration around sprinkler head in cherry blossom kitchen.	K 353	K353 1. The unsealed penetration around the sprinkler head in the Cherry Blossom kitchen was sealed. A new escutcheon ring was added, and the penetrations behind the hood duct work in the Sunflower kitchen area were sealed. 2. All sprinkler head escutcheon rings were inspected for proper installation, and all penetrations were visually inspected for any improper sealant installation and sealed as needed. 3. Maintenance Supervisor for Facility Management will perform monthly safety inspections to include all escutcheon rings and below ceiling penetrations. 4. Inspection data will be reviewed by Services Coordinator monthly and reported to Facility Management Director for review and to report to QAPI quarterly. 5. All corrective action will be completed by 12/15/17.	

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K 353	Continued From page 3 On 11/2/2017 at approximately 1:49 PM it was observed that the escutcheon plate was missing in lavender storage room. On 11/2/2017 at approximately 1:57 PM it was observed that there was unsealed penetrations behind the hood duct work in the sunflower kitchen area.	K 353			
K 363 SS=D	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors 2012 EXISTING Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 1-3/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Doors shall be provided with a means suitable for keeping the door closed. There is no impediment to the closing of the doors. Clearance between bottom of door and floor covering is not exceeding 1 inch. Roller latches are prohibited by CMS regulations on corridor doors and rooms containing flammable or combustible materials. Powered doors complying with 7.2.1.9 are permissible. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.	K 363			

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K 363	Continued From page 4 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by: Surveyor: 35700 Based on observation the facility failed to properly maintain correct operation of smoke doors and fire doors. The Findings Include: On 11/2/2017 at approximately 1:40 PM it was observed there were penetrations in the fire doors from hardware replacement to cherry blossom wing On 11/2/2017 at approximately 1:51 PM it was observed there were penetrations in the fire doors from hardware replacement to lavender wing. have penetrations and not labeled On 11/2/2017 at approximately 1:52 PM it was observed that the fire door assembly was painted and the label was not legible or label not visible. On 11/2/2017 at approximately 1:59 PM it was observed that the door to the janitor closet in tulip wing the door was not latching.	K 363	K363 1. The penetrations in the fire doors from hardware on Cherry Blossom and Lavender households were sealed. The fire door rating tag was cleaned of paint to expose the rating information. The door latch for the janitor's closet on the Tulip household was repaired. 2. All fire doors were inspected to ensure that they meet code. All utility closet doors were inspected to ensure proper latching. 3. Maintenance Supervisor for Facility will perform quarterly inspections of fire doors and door latches for compliance with code. 4. Inspection data will be reviewed by Services Coordinator monthly and reported to Facility Management Director for review and to report at QAPI. 5. All corrective action will be completed by 12/15/17.		
K 372 SS=D	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers	K 372			

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K 372	<p>Continued From page 5</p> <p>shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier.</p> <p>19.3.7.3, 8.6.7.1(1)</p> <p>Describe any mechanical smoke control system in REMARKS.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Surveyor: 35700</p> <p>Based on observation the facility failed to maintain its Smoke barriers.</p> <p>The Finding Includes:</p> <p>On 11/2/2017 at approximately 1:43 PM it was observed there was unsealed penetrations above ceiling at rated wall above cherry blossom fire doors.</p>	K 372	<p>K 372</p> <ol style="list-style-type: none"> 1. The penetrations above ceiling at rated wall above Cherry Blossom fire doors were sealed. 2. All above ceilings at rated walls above fire doors were inspected for compliance. 3. Maintenance Supervisor for Facility Management will perform ceiling inspections when any work is performed above ceiling and quarterly. 4. Inspection data will be reviewed by Services Coordinator monthly and reported to Facility Management Director for review and to report at QAPI. 5. All corrective action will be completed by 12/15/17. 		