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

Printed: 02/14/2018 FORM APPROVED 0MB NO 0938-0391

STATEMENT OF DEFICIENCEIS AND PLAN OF CORRECTION

()(1) PROVIDER/SUPPLER/CUA IDENTIFICATIONNUMBER (X2) MULTIPLE CONSTRUCTION
A. BUILDING 01 - MAIN BUILDING 01

()(3) DATE SURVEY COMPLETED

495057

B WING

02/14/2018

NAME OF PROVIDEROR SUPPLIER

GOODWIN HOUSE ALEXANDRIA

STREET ADDRESS, CITY, STATE, ZIP CODE
4800 FILLMORE AVE

	ALEXANDRIA, VA 22311					
TES TERMINATED STATES OF SENSING THE SENSI	5 L A T O R T	ID PREFIX TAG	PROVDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCEDTO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE		
K 000 INITIAL COMMENTS		K 000				
Surveyor: 35700 Description of structure: The building is a five story on a garage with a construction type of (222). Sprinkle restatus: The facility is a fully spring building.	of 11					
An unannounced recertification Life Safet Survey was conducted on 2/14/2018 in accordance with 42 Code of federal Regul Part 483.150 and 410 to 480: Requirement interedecare Facilities for Persons with Intellectual Disability (ICF/10). The facility is surveyed for compliance using the 2012 Lisafety Code Existing regulations. The facility in compliance with requirements for Participation for Medicare and Medicaid.	lation, ts for vas					
non-compliance with Title 42 Code of Federal Regulations Part 483.150 and 410 to 480 Safety from Fire)	eral 0 (Life					
K 161 Building Construction Type and Height SS=D. CFR(s): NFPA 101		K 161				
Building Construction Type and Height 2012 EXISTING Building construction type and stories meet Table 19.1.6.1, unless otherwise permitted 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5	ts ed by					
Construction Type I (442), I (332), II (222) Any numb stories	er of					
non-sprinklered and sprinklered	R		100000000	3 120		

Any deficiency statement ending with an asterisk $\bf 1$ 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 program participation.

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STATEMENT OF DEFICIENC	IEG I	V1) DD0///DED/0//DD		(Y2) MII	LTIDLE CONSTRUCTION	OIVIB	NQ 0938-03
and Plan of Correction identification number: 495057		{X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING 01 • MAIN BUILDING 01 B WING			E SURVEY IPLETED
			03			2/14/2018	
NAME OF PROVIDER OR SU			STREET ADD	RESS, CIT	Y, STATE, ZIP CODE		7-7-010
GOODWIN HOUSE A	LEXAND	PRIA		LMORE			
					VA 22311		
(X4) 10 / SUN	MARYSTAT	EMENT OF DEFICIENCIES		10			
PREFIX I(EACH DEFICIEN	CYMUSTBE	PRECEDEDBYFULLRF	GUI ATOR'I	PREFIX	PROVIDER'S PLAN OF CORRECT	TION	(X5)
TAG OF	R LSC IDEN	TIFYING INFORMATION)		TAG	(EACH CORRECTIVE ACTION SHOIL CROSS-REFERENCED TO THE APPR	JLD BE OPRIATE	COMPLETIO
					DEFICIENCY)		1
K 161 Continued F	rom page	e 1					
*				K 16:1	L		Vectories
2 11(11	11)	0					1
12 11(1	11)	One story		-			111
non-sprinkle	ered				K- 161 Fire proofing scraped from be	am	
sprinklered		Maximum 3 stories					
Sprinklered		Waxiiiaiii 0 3tolle3	į	I.	Facility management reinsulated the beam to	i	
3 11(00)())	Notallowed			meet the fire and safety standard.		3/23/18
0 11/00	,0)	Notallowed					0,20,10
				2.	Facility management staff conducted inspec	tions	
	non-sprinklered				Of other areas of the penthouse to ensure bea	ms and I	
(=1	1)	Maximum 2 stori	es		ceiling were properly insulated.		3/23/18
	3		į			- 1	
5 IV(2	HH)		1	3.	Maintenance staff will continue to check the		
6 V(11	1)				penthouse ceiling and beams during weekly		
10 1(1.	.,				rounds, and ropair any damage discussive		
					rounds, and repair any damaged insulation no In compliance with Fire and Safety codes.	Σ	
7 111(20	00)	Not allowed	Para constant		Maintenance supervisors will inspect all co		
.l non-sprinkler	ed			-11	to ensure no insulation is damaged after	mpieted	
!8 'V(00		Maximum 1 story	1		completion of all repairs.		
sprinklered				5.	The facility manager will assist maintenance		
Sprinklered stories must be sprinklered				٠.	supervisors monitorthisprocessmonthly,	and	
throughout by an approved, supervised automatic			tomatic		report any concerns during the monthly safe	etv	
sys em in accordance with section 9.7.(See			ρ	committee meeting.			1
19.3.5)			~				
Give a brief d	escriptio	n, in REMARKS, of	the				
construction,	the num	ber of stories, inclu	dina				
i basements, f	loors on v	which patients are I	ocated				1
: location of sn	noke or fi	re harriers and date	o of				
approval. Col	mpiete sk	cetch or attach sma	ll floor				
plan of the bu	ilding as	appropriate.					
Inis REQUIR	EMENT	appropriate. is not met as evider	nced				
¹by:							
Surveyor: 357	00						
1							Î.
Based on obs	ervation	the facility failed to	properly				
maintain the in	ntegrity of	the building constru	iction				
type.							
The Findings I	nclude:						
0.004445							
On 02/14/2018	atappro	ximately 11:53 AM	twas				
observed that	the spray	on fire proofing wa	as				STANDARD
scraped off of t	he struct	ural beam to					

DEPART CENTE	TMENT OF HEALTH RSFOR MEDICARE	AND HUMAN SERV & MEDICAID SERV	ICES			FORM	02/14/2018 APPROVED	
STATEMEN	CENTERSFOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CUA IDENTIFICATIONNUMBER:		ER/CUA	(X2) MULTIPLE CONSTRUCTION A BUILDING 01 - MAIN BUILDING 01		_OMB NO 0938-0391 (X3) DATE SURVEY COMPLETED		
	495057			8 WING		02/14/2018		
I	PROVIDER OR SUPPLER		STREET ADI	DRESS, CIT	Y, STATE. ZIP CODE			
GOODW	IN HOUSE ALEXAN	DRIA		LLMORE . NDRIA, V.				
(X4) ID PREFIX TAG	(EACHDERCIENCY MUST	ATEMENT OFDEFICIENCII BE PRECEDED BY FULL F NTIFYING INFORMATION)	ES REGULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(XS) COMPLETION OATE	
K 161	Continued From page 2 accommodate beam clamps to secure unistrut to support bracing for electrical panel mounting.			K 161				
K 321	Hazardous Areas - E	nclosure		K 321	K- 321 Unsealed conduits above S. floo	T data room		
S\$ D	CFR(s): NFPA 101 lazardous Areas - En			1.	Facility management staff sealed all pend in and around all conduits to meet the fire safety standards.	etrations e and	3/23/18	
	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			2.	Remaining data rooms to ensure no penetrations were present. 3/23/ 3. Maintenance staff will continue to check for penetrations within the data rooms, and other areas, during weekly rounds, and make the necessary repairs. Log in the work order system for tracking.			
system in accordance with 8.7.1 or 19.3.5.9. 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 andpermittedto have nonrated or field-applied protect iveplates that do not exceed 48 inches		3.5.9. guishing e resisting	3.					
		-closing pplied	 Maintenance supervisors will inspect all contractor completed work to ensure no damage or penetrations are present. The maintenance supervisor will also periodically as inspect to ensure work is satisfactory. 					
	from the bottom of the door. Describe the floor and zone locations of hazardousareas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9			5.	The facility manager will assist the ma supervisor in monitoring this process mo report any concerns during the monthly committee meeting.	onthly, and		
Area Automatic Sprinkler		kler	K-	321 Unsealed conduits in wall above 4.1	nfloor data re	oom door		
Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d.Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (red Heater Rooms		1.	Facility management staff sealed all pen and around all conduits above the data to	etrations in coom door.	3/23/18	
		(1)	2.	Facility management staff conducted insp	nections of the			
		ons)		conduit above the remaining datarooms to penetrations were present.	oensureno	3/23/18		
	≪⇔drg 64 gallons) f. Combustible Storag vover 50 square feet) g. Laboratories (if cla Hazard - see K322)			3.	Maintenance staff will continue to check within the data rooms and other areas durin make the necessary repairs, and log in the v system for tracking.	g weekly rour	ons nds,	
	This REQUIREMEN' by: S urve yo r : 35700 Based on observation				The maintenance supervisors will inspect a work to ensure that no damage or penetrati. The maintenance supervisor will periodic work is satisfactory.	ions are prese cally inspecttoen	ent. sue	
1	that its hazardous are	eas were properly pro	otect ed.	5.	The facility manager will assist the mainter in monitoring this process monthly and reputing the monthly safety committee meeting.	ortany concer	sor	

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	WEDIOAID SEIVI	CES			<u> </u>)391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 • MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED		
	495057		B. WING_	WHITE SERVICE STREET, SERVICE	#P# /2010		
NAME OF PROVIDER OR SUPPLIER GOODWIN HOUSE ALEXAN	DRIA		ADDRESS, CITY, STATE, ZIP CODE AND HORRESS A 12 STATE ADDRESS A				
PREFIX (EACH DEFICIENCYMUST E	NTEMENT OF DEFICIENCIE BE PRECEDEDBY FULL RE NTIFYING INFORMATION)	S GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACHCORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	IOUID RE		
K 321! Continued From page 3 The Findings Include:			K 321				
On 02/14/2018 at 12:16 PM it was observed that ther8 was multiple unsealed through floor conduits and multiple unsealed conduits in the rated wall above the door on the fifth floor data room.			I. Facil	d new data room door ions in and if the 2nd	3/23/18		
On 02/14/2018 at 12:20 PM it was observed that there was multiple unsealed through floor conduits and multiple unsealed conduits in the rated wall above the door on the fourth floor data room.			2. Facility management staffconducted inspection of the conduit above the remaining data rooms to ensure no penetrations. 3. Maintenance staff will continue to check for penetrations within the data rooms and other areas during weekly rounds, make the necessary repairs, and log into the work order system for				
On 02/14/2018 at 11:10 PM it was observed that there was multiple unsealed through floor conduits and multiple unsealed conduits in the rated wall above the door on the second floor data room. On 02/14/2018at 12:41 PM it was observed that the door to the third floor north soiled utility room the door was not latching.			4. The m work mainted work is 5. The fa	aintenance supervisors will inspect all or to ensure that no damage or penetration enance supervisor will also periodically is satisfactory. cility manager will assist the maintenance occss monthly, report any concerns dur	impleted contractor as are present. The inspect to ensure		
			COMM	ttee meeting			
K 372 Subdivision of Buildin SS=D CFR(s): NFPA 101	-	Barrie ı	I. Facilit	321 3r<1 floor north soiled utility not by management staffadjusted the 3- north		3/23/18	
Subdivision of Buildin Construciton 2012 EXISTING Smoke barriers shall			Facility data roMainte other ar	doors to latch properly. management staff conducted inspection oms and found no door latching problet nance staff will continue to check the da reas during weekly rounds, to ensure doo y, and log in the work order system for	ms. ta rooms and ors are latching	3/23/18	
fire resistance ratingp shall be permitted to te smoke dampers are n penetrations in fully do an approved sprinkler smoke compartments barrier. 1 9.3.7.3, 8.6.7.1(1) Describe any mechan in REMARKS.	rminate at an atrium of required in duct ucted HVAC systems system is installed fadjacent to the smol	wall. s where for ke	4. Mainten regardin inspect 5. The fac monitor	nance supervisors will also follow up wang the repairs. The maintenance superviperiodically to ensure work is satisfact illity manager will assist the maintenance ing this process monthly, and report any the monthly safety committee meeting.	with staff sor will also ory.		

DEPARTMENT OF HEALTH AND HUMAN SERVICES Printed: 02/14/2018 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO 0938-0391 STATEMENTOF DEC:ICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CUA AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATIONNUMBER: A. BUILDING 01 MAIN BUILDING 01 COMPLETED 495057 02/14/2018 NAME OF PROVIDGR OR SUPPLIER STREETADDRESS, CITY, STATE, ZIP CODE GOODWIN HOUSE ALEXANDRIA 4800 FILLMORE AVE ALEXANDRIA, VA 22311 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICINCY MUST BE PRECEDED BY FULL REGULATORY PREFIX (EACHCORRECTIVE ACTIONSHOULD BE PRFFIX COMPLETION TAG OR LSCIDENTIFYING INFORMATION) TAG CROSS-REFERENCEDTO THE APPROPRIATE DATE DEFICIENCY K 372 : ContinuedFrom page 4 K 372 This REQUIREMENT is not met as evidenced Surveyor: 35700 K- 372 Penetrations above fire/smoke door assembly on 2. floor west. Based on observation the facility failed to properly maintain the integrityof its smoke barriers. Facility management staff sealed all penetrations ns 3/23/18 above the 2nd floor west fire/smoke door The Finding Includes: Facility management staff conducted inspection above the fire/smoke doors on the other units to ensure no penetrations On 02/14/2018 at approximately 12:55 AM it was were present 3/23/18 observed that there was unsealed penetrations Maintenance staff will continue to check for penetrations above the fire/smoke door and other areas during weekly a b ove fire/smokedoor assembly in the rated wall above ceiling on the second floor west. rounds, make the necessary repairs and log in the work order system for tracking. The maintenance supervisors will inspect all completed contractor work to ensure that no damage or penetrations are present. The maintenance supervisor will also periodically inspect to ensure work is satisfactory. The facility manager will assist the maintenance supervisor in monitoring this process monthly and report any concerns during the montly safety committee meeting.