

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495057	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/14/2018
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NAME OF PROVIDER OR SUPPLIER
GOODWIN HOUSE ALEXANDRIA

STREET ADDRESS, CITY, STATE, ZIP CODE
**4800 FILLMORE AVE
ALEXANDRIA, VA 22311**

STATEMENT OF DEFICIENCIES PREFIX TAG	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: The building is a five story on a garage with a construction type of 11 (222). Sprinkler status: The facility is a fully sprinklered building. An unannounced recertification Life Safety Code Survey was conducted on 2/14/2018 in accordance with 42 Code of federal Regulation, Part 483.150 and 410 to 480: Requirements for Intermediate Care Facilities for Persons with Intellectual Disability (ICF/10). The facility was surveyed for compliance using the 2012 Life Safety Code Existing regulations. The facility was not in compliance with requirements for Participation for Medicare and Medicaid. The Findings that follow demonstrate non-compliance with Title 42 Code of Federal Regulations Part 483.150 and 410 to 480 (Life Safety from Fire)	K 000		
K 161 Building Construction Type and Height SS=D. CFR(s): NFPA 101 Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5 Construction Type I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered	K 161		

LABORATORY DIRECTOR OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X5) DATE

ADMINISTRATOR **3/29/18**

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 161	Continued From page 1		K 161		
2	II(111)	One story non-sprinklered sprinklered Maximum 3 stories		K- 161 Fire proofing scraped from beam	
3	II(000)	Not allowed		1. Facility management reinsulated the beam to meet the fire and safety standard.	3/23/18
4	III (211)	Maximum 2 stories		2. Facility management staff conducted inspections Of other areas of the penthouse to ensure beams and ceiling were properly insulated.	3/23/18
5	IV(2HH)				
6	V(111)				
7	III(200)	Not allowed		3. Maintenance staff will continue to check the penthouse ceiling and beams during weekly rounds, and repair any damaged insulation not In compliance with Fire and Safety codes.	
8	V (000)	Maximum 1 story		4. Maintenance supervisors will inspect all completed to ensure no insulation is damaged after completion of all repairs.	
		sprinklered Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5) Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate. This REQUIREMENT is not met as evidenced by: Surveyor: 35700 Based on observation the facility failed to properly maintain the integrity of the building construction type. The Findings Include: On 02/14/2018 at approximately 11:53 AM it was observed that the spray on fire proofing was scraped off of the structural beam to		5. The facility manager will assist maintenance supervisors monitor this process monthly, and report any concerns during the monthly safety committee meeting.	

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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 - Enclosure SS D CFR(s): NFPA 101 Hazardous Areas - Enclosure 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 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 and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9 Area Automatic Sprinkler 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 (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: Surveyor: 35700 Based on observation the facility failed to ensure that its hazardous areas were properly protected.	K 321	K- 321 Unsealed conduits above S. floor data room 1. Facility management staff sealed all penetrations in and around all conduits to meet the fire and safety standards. 3/23/18 2. Facility management staff conducted inspection of Remaining data rooms to ensure no penetrations were present. 3/23/18 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. 4. Maintenance supervisors will inspect all contractor completed work to ensure no damage or penetrations are present. The maintenance supervisor will also periodically inspect to ensure work is satisfactory. 5. The facility manager will assist the maintenance supervisor in monitoring this process monthly, and report any concerns during the monthly safety committee meeting. K- 321 Unsealed conduits in wall above 4th floor data room door 1. Facility management staff sealed all penetrations in and around all conduits above the data room door. 3/23/18 2. Facility management staff conducted inspections of the conduit above the remaining data rooms to ensure no penetrations were present. 3/23/18 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 in the work order system for tracking. 4. The maintenance supervisors will inspect all completed contractor work to ensure that no damage or penetrations are present. The maintenance supervisor will periodically inspect to ensure work is satisfactory. 5. The facility manager will assist the maintenance supervisor in monitoring this process monthly and report any concerns during the monthly safety committee meeting.	

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K 321! Continued From page 3

The Findings Include:

On 02/14/2018 at 12:16 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 fifth floor data room.

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.

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 02/14/2018 at 12:41 PM it was observed that the door to the third floor north soiled utility room the door was not latching.

K 372 Subdivision of Building Spaces - Smoke Barrier
SS=D 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 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.

19.3.7.3, 8.6.7.1(1)

Describe any mechanical smoke control system in REMARKS.

K 321

K- 321 Unsealed conduits in wall above 2nd new data room door

1. Facility management staff sealed all penetrations in and around all conduit above the data room door of the 2nd floor.
2. Facility management staff conducted 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 tracking.
4. 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.
5. The facility manager will assist the maintenance supervisor monitoring this process monthly, report any concerns during the monthly safety committee meeting.

3/23/18

3/23/18

K- 321 3rd floor north soiled utility not latching

1. Facility management staff adjusted the 3rd floor north soiled utility doors to latch properly.
2. Facility management staff conducted inspection of the remaining data rooms and found no door latching problems.
3. Maintenance staff will continue to check the data rooms and other areas during weekly rounds, to ensure doors are latching properly, and log in the work order system for tracking.
4. Maintenance supervisors will also follow up with staff regarding the repairs. The maintenance supervisor will also inspect periodically to ensure work is satisfactory.
5. The facility manager will assist the maintenance supervisor in monitoring this process monthly, and report any concerns during the monthly safety committee meeting.

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K 372	Continued From page 4 This REQUIREMENT is not met as evidenced by: Surveyor: 35700 Based on observation the facility failed to properly maintain the integrity of its smoke barriers. The Finding Includes: On 02/14/2018 at approximately 12:55 AM it was observed that there was unsealed penetrations above fire/smoke door assembly in the rated wall above ceiling on the second floor west.	K 372	K- 372 Penetrations above fire/smoke door assembly on 2nd floor west. 1. Facility management staff sealed all penetrations above the 2nd floor west fire/smoke door. 3/23/18 2. Facility management staff conducted inspection above the fire/smoke doors on the other units to ensure no penetrations were present. 3/23/18 3. Maintenance staff will continue to check for penetrations above the fire/smoke door and other areas during weekly rounds, make the necessary repairs and log in the work order system for tracking. 4. 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. 5. The facility manager will assist the maintenance supervisor in monitoring this process monthly and report any concerns during the monthly safety committee meeting.		