

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

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095025	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/27/2006
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NAME OF PROVIDER OR SUPPLIER LISNER LOUISE DICKSON HURTHOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5425 WESTERN AVE NW WASHINGTON, DC 20015
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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	INITIAL COMMENTS The annual Life Safety Code survey was conducted on April 27, 2006. Based on observations, staff interviews and record reviews the following deficiency was cited.	K 000		
K 017 SS=E	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 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code survey, it was determined that wall surfaces were not in good condition to prevent the passage of smoke in the event of a fire. The findings include: Wall surfaces above ceiling tiles were not in good condition to prevent the passage of smoke as	K 017		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Susan M. Hargreaves TITLE: Administrator (X6) DATE: 6/01/06

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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STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

095025

(X2) MULTIPLE CONSTRUCTION

A. BUILDING 01 - MAIN BUILDING 01

B. WING _____

(X3) DATE SURVEY
COMPLETED

04/27/2006

NAME OF PROVIDER OR SUPPLIER

LISNER LOUISE DICKSON HURTHOME

STREET ADDRESS, CITY, STATE, ZIP CODE

5425 WESTERN AVE NW
WASHINGTON, DC 20015

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K 017	<p>Continued From page 1</p> <p>evidenced by openings in walls above ceiling tiles in the following areas:</p> <p>A four (4) inch opening was observed in wall surfaces above ceiling tiles over the medication room door in one (1) of one (1) observation at 12:10 PM on 27, 2006.</p> <p>A six to eight (6-8) inch opening was observed around a pipe over the double doors at the entrance to Lisner Lane in one (1) of three (3) observations at 12:14 PM on April 27, 2006.</p> <p>A one (1) inch opening was observed around conduit pipe that penetrated through a wall near the activity office in one (1) of ten observations at 12:20 PM on April 2006.</p> <p>A one (1) to two (2) inch opening was observed in wall surfaces on the Louise Terrace Unit near room 137 in one (1) of five (5) observations at approximately 12:30 PM on April 27, 2006.</p>	K 017	<p><u>WALL SURFACE SMOKE BARRIER</u> <u>IMMEDIATE RESPONSE:</u> All identified areas noted in the survey were corrected.</p> <p><u>SYSTEMIC CHANGES:</u> A complete inspection of all NF survey areas for the NFPA Smoke Barrier compliance will be completed.</p> <p><u>MONITORING SYSTEM:</u> After contractor projects, inspection will be conducted of work area for smoke barrier compliance. Additionally, contractors doing work at the Home must sign an agreement to make repairs to any smoke barrier penetrations. Quarterly a random inspection of a minimum of 15 tiles will be lifted and smoke barrier integrity checked. Findings will become part of QA report.</p>	<p>5/02/06</p> <p>6/09/06</p> <p>6/09/06</p> <p>7/12/06</p>

*Repaired
repairs
state*

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