

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


PRINTED: 05/22/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>095025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/25/2007</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LISNER LOUISE DICKSON HURTHOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5425 WESTERN AVE NW WASHINGTON, DC 20015</b>
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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
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K 000	<b>INITIAL COMMENTS</b>	K 000		
K 018 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code inspection, it was determined that double and single doors failed to close or lock when tested. These findings were observed in the presence of the Director of Maintenance.</p> <p>The findings include:</p> <p>Double fire doors in the hallways and single doors</p>	K 018	<p><b>K018 - Plan of Correction</b></p> <p><i>Double fire doors in hallways (near rooms #104, 112 and SCU) and single doors (#104, 105, Dr's office and pantry) failed to close and latch when tested.</i></p> <p><b>1. Immediate Response:</b></p> <p>Engineering made adjustments to double fire doors in hallways (near rooms #104, 112 and SCU) and to single room doors (#104, 105, Dr's office and pantry) to close and latch properly.</p> <p><b>2. Corrective Action</b></p> <p>Engineering checked and made needed adjustments to all other single and double fire doors to ensure they closed and latched properly.</p> <p><b>3. Systemic Changes</b></p> <p>Engineering Director in-serviced engineering staff on proper door inspections and making needed repairs.</p> <p><i>(continued next page)</i></p>	<p>04/25/07</p> <p>04/25/07</p> <p>04/25/07</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <b>Administrator</b>	(X6) DATE <b>5/29/07</b>
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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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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 018	Continued From page 1 failed to close and latch into frames when tested.  Single doors- rooms 104, 105, doctor's office and pantry in four (4) of eight (8) single door observations between 3:30 PM and 4:45 PM on April 25, 2007.  Double swinging fire doors near rooms 104, 112, and Special Care Unit in three (3) of seven (7) double door observations between 3:30 and 4:45 PM on April 25, 2007.	K 018	<i>continued from previous page</i>  <b>4. Monitoring:</b>  Engineering Director will check all single and double latch doors on quarterly basis and report findings in QA report.	06/10/07

*Susan M. Hargreave*

Administrator

5/29/07