

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

PRINTED: 05/16/2008
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 04/11/2008
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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
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K 000	INITIAL COMMENTS K000 INITIAL COMMENTS Annual Recertification/ Licensure Life Safety Code Survey completed on April 11, 2008. The following deficiencies were based on observation and random staff interviews.	K 000		
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD 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 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by: 1. Based on observation, the facility failed to ensure that the following doors close flush and latch in the frame when tested. The findings include:	K 018	K 018 1. Immediate Response: Door was inspected and a plan was devised to ensure that it would close and latch properly. 2. Corrective Action: Door will be cut to allow it to close and latch per Safety Code. 3. Systemic Changes: Quarterly door operation log was added to existing fire door log. The log includes the condition of proper door operation for the Nursing Facility (NF). 4. Monitoring: Findings on the quarterly door operation log will be reviewed during our quarterly QA meetings.	 5/16/08 5/26/08 5/26/08 6/2/08

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

Susan M. Haug

TITLE

Administrator

(X6) DATE

5/28/08

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 018	Continued From page 1 The corridor door to the Physical Therapy room failed to properly lock and latch. This observation was made on April 11, 2008 between 9:30AM and 1:45PM.	K 018		
K 130 SS=E	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: 1. According to the 2000 Life Safety Code manual- Multiple Safeguards 4.5.1 "The design of every building or structure intended for human occupancy shall be such that reliance for safety to life does not depend solely on any single safeguard. An additional safeguard(s) shall be provided for life safety in case any single safeguard is ineffective due to inappropriate human actions or system failure." The findings include: A... Storage of items was observed directly on the floor in the following areas: · Housekeeping small storage room · Storage room next to medication room These observations were made on April 11, 2008 between 9:30AM to 1:45PM. B. The facility failed to maintain a clear and unobstructed egress. Storage of items was observed obstructing the first floor corridor on April 11, 2008 between 9:30AM and 1:45PM. C. Surveyors observed access to the electrical panel obstructed in the following area: · House keeping lounge has pictures hanging	K 130	K 130, Item 1 - A 1. Immediate Response: All items were removed from the floor in the Housekeeping small storage room on the day we became aware of the issue. 2. Corrective Action: All items were removed from the floor in the Housekeeping small storage room. 3. Systemic Changes: The Director of Housekeeping will inspect all Housekeeping storage rooms monthly. 4. Monitoring: The Director of Housekeeping will report the condition of Housekeeping storage rooms during quarterly QA meetings. K 130, Item 1-B 1. Immediate Response: Item was removed from the corridor. (Please see attachment, "K 130-- Item 1 - B" at the end of this document.) K 130 Item 1 - C 1. Immediate Response: There is no electrical panel in the Housekeeping Lounge; however, the picture in front of (Please see attachment, "K 130-- Item 1 - C" at the end of this document.)	5/16/08 5/20/08 6/2/08 6/2/08 4/11/08

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K 130	<p>Continued From page 2 in front of the electrical panel. This was observed on April 11, 2008 between 9:30AM and 1:45PM.</p> <p>D. Surveyors observed open junction boxes an electrical hazard in the following areas: a... Above electrical room in the basement b. Housekeeping storage room c. Oxygen storage room on the first floor has surge protectors not mounted to the baseboards making them susceptible to physical damage These observations were made on April 11, 2008 between 11:45AM-1:45PM.</p> <p>E. The facility failed to maintain safe conditions in the following areas: - Wall lockers in the following areas were not secured to the walls creating an unsafe condition: 1. Observed Throughout the basement 2. First floor nurses locker room These observations were made on April 11, 2008 between 11:45AM-1:45PM.</p> <p>2. According to the 2000 Life Safety Code manual-Maintenance and Testing 4.6.12.1 Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provisions of this code, such device, equipment, system, condition, arrangement level of protection, or other feature shall thereafter be continuously maintained in accordance with applicable NFPA requirements or as directed by the authority having jurisdiction.</p> <p>Based on observation, the facility failed to ensure that the following components of the fire protection system were maintained in the proper operating condition:</p>	K 130	<p>K 130, Item 1 - D</p> <p>1. Immediate Response: a. Cover plate was re-installed on open low-voltage control junction box above electrical room in the basement.</p> <p>(Please see attachment, "K 130-- Item 1 - D" at the end of this document.)</p> <p>K 130, Item 1 - E</p> <p>1. Immediate Response: All lockers were inspected and a plan was created to attach them to the wall.</p> <p>(Please see attachment, "K 130-- Item 1- E" at the end of this document.)</p> <p>K 130, Item 2</p> <p>*Location of the Spare Sprinkler Head Box and Wrench</p> <p>1. Immediate Response: Engineering staff were in-serviced on the location of the spare sprinkler head box and wrench.</p> <p>2. Corrective Action: A large sign was placed on the wall near the box so it can be easily identified.</p> <p>3. Systemic Changes: Staff was in-serviced on the location of the spare sprinkler head box and wrench.</p>	<p>5/26/08</p> <p>5/20/08</p> <p>5/21/08</p> <p>5/22/08</p> <p>5/22/08</p>

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K 130	Continued From page 3 The findings include: · Staff were not aware of the location the spare sprinkler head box and wrench. This was based on random staff interviews conducted on April 11, 2008. · Standpipe caps throughout the facility are greater than hand-tight · Sprinkler head in the kitchen dishwasher area is corroded These observations were made on April 11, 2008 between 11:45AM and 1:45PM.	K 130	K 130, Item 2, continued * Location of the Spare Sprinkler Head Box and Wrench, continued 4. Monitoring: Engineering staff will be verbally quizzed quarterly on the condition of the spare sprinkler head box and sign at quarterly QA meetings. * Standpipe Caps Throughout the Facility Are Greater Than Hand-Tight 1. Immediate Response: Standpipe caps identified during tour were loosened. 2. Corrective Action: All standpipe caps in NF were loosened. 3. Systemic Changes: Standpipe caps were added to the quarterly sprinkler head inspection log. 4. Monitoring: The Director of Engineering will report the condition of the standpipe caps at quarterly QA meetings. * Sprinkler Head In the Kitchen Dishwasher Area Is Corroded 1. Immediate Response: The corroded sprinkler head was inspected and a plan was devised to replace the head. Appointment for technician to replace corroded sprinkler head was set and head will be replaced. 2. Corrective Action: All sprinkler heads will be checked for corrosion and replaced if necessary. (Please see attachment, "K 130--Item 2" at the end of this document.)	6/2/08 5/16/08 5/16/08 5/23/08 6/2/08 6/2/08	

Lisner-Louise-Dickson-Hurt Home
Form CMS-2567 (02-99): Life Safety Code Plan of Correction, 2008

ATTACHMENT: K 130--Item 1 - B (from Page 2)

2. Corrective Action: All corridors were checked to ensure that no items were obstructing egress. **4/11/08**

3. Systemic Change: Housekeeping and Engineering staff were in-serviced on the importance of maintaining clear and unobstructed egress. **5/27/08**

4. Monitoring:

(i) Director of Engineering will add unobstructed egress and hallways to daily checklist, and report findings at QA.

(ii) Director of Environmental Services will add unobstructed egress and hallways to monthly NF inspection sheet, and report findings at QA, quarterly. **5/27/08**

Lisner-Louise-Dickson-Hurt Home
Form CMS-2567 (02-99): Life Safety Code Plan of Correction, 2008

ATTACHMENT: K 130--Item 1 - C (from Page 2)

- 1. Immediate Response**, continued: the tower heat control panel was removed upon notification. **5/16/08**
- 2. Corrective Action:** All electrical panels were checked to ensure that no pictures were blocking access. **5/20/08**
- 3. Systemic Changes:** The Housekeeping staff was in-serviced not to obstruct electrical panels/tower heat control panel. **5/27/08**
- 4. Monitoring:** The Director of Engineering will report on electrical panel/tower heat control panel obstructions during the quarterly QA meeting. **6/2/08**

Lisner-Louise-Dickson-Hurt Home
Form CMS-2567 (02-99): Life Safety Code Plan of Correction, 2008

ATTACHMENT: K 130--Item 1 - D (from Page 3)

1. Immediate Response, continued:

b. Wires were removed from old dead circuit to eliminate confusion in Housekeeping storage room.

c. Surge protector attached to wall in oxygen storage room. **5/26/08**

2. Corrective Action:

a. Remaining electrical circuits will be inspected to ensure cover plates are in place.

b. A tour of the facility will be conducted and all dead circuits with exposed wiring will be removed.

c. Director of Engineering will gather information as to locations of surge protectors, and check for correct installation.

6/2/08

3. Systemic Changes:

Maintenance staff will be in-serviced on the safe and proper removal of loose wires.

5/22/08

4. Monitoring:

A check of exposed wiring will be added to the monthly room inspection checklist.

5/22/08

Lisner-Louise-Dickson-Hurt Home
Form CMS-2567 (02-99): Life Safety Code Plan of Correction, 2008

ATTACHMENT: K 130--Item 1 - E (from Page 3)

- | | |
|--|---------------|
| 2. Corrective Action: All lockers will be attached to the wall by 6/2/08. | 6/2/08 |
| 3. Systemic Changes: In the future, when lockers are installed, they will be attached to the wall. | 6/2/08 |
| 4. Monitoring: The Director of Engineering will report on the condition of wall lockers during quarterly QA meetings. | 6/2/08 |

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Lisner-Louise-Dickson-Hurt Home
Form CMS-2567 (02-99): Life Safety Code Plan of Correction, 2008

ATTACHMENT: K 130--Item 2 (from Page 4)

*** Sprinkler Head in the Kitchen Dishwasher Area is Corroded**, continued:

3. Systemic Changes: A quarterly sprinkler head inspection checklist was created.

5/22/08

4. Monitoring: Findings from quarterly sprinkler head inspection checklist will be reported at quarterly QA meetings.

6/2/08