

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

PRINTED: 08/24/2010
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 07/29/2010
NAME OF PROVIDER OR SUPPLIER LISNER LOUISE DICKSON HURTHOME			STREET ADDRESS, CITY, STATE, ZIP CODE 5425 WESTERN AVE NW WASHINGTON, DC 20015	
(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 Life Safety Code Inspection was conducted at your facility on July 21, 2010, the following findings were observed.	K 000	K017 Smoke barrier wall /ceiling penetrations 1. Immediate Response: Wall /Ceiling smoke barrier penetrations observed above ceiling tiles on the Louise Terrace unit near room # 202 and the penetration observed around a 12 " pipe near the vending machines have been sealed.	8/22/10
K 017 SS=D	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	K 017	2. Risk Identification: A random inspection was conducted above the ceiling tiles to check for other undiscovered smoke barrier penetrations and seal as indicated. 3. Systemic Changes: Periodic inspections of areas above the ceiling tiles to discover previously unobserved smoke barrier penetrations will be increased from the quarterly schedule to a monthly inspection schedule via a change in the PM work order prompting. 4. Monitoring: The results of the monthly inspection will be reported at the quarterly QA meeting.	9/15/10 9/15/10
	This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection it was determined that penetrations were observed in smoke barrier walls and common areas in the facility, a 2-3 inch penetrations was observed in smoke barrier walls, above ceiling tiles on the Lisner Terrace Unit near room 202 in one in one (1) of five (5) observations and 4 X 5 inch opening was observed around a 12 inch pipe that penetrated through wall surfaces over double doors adjacent to the Vending Area and Storage Room in one (1)		K050 Fire Drill scheduling /executed drills 1. Immediate Response: A fire drill was conducted during the second work shift to complete the required drill for the current quarter. 2. Risk Identification: Review the Fire Drill log to identify any other work shift which may have missed a quarterly drill execution.	8/29/10 9/15/10

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

Susan M. King CNHA

TITLE

Administrator

(X6) DATE

9/3/10

A 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 017	Continued >From page 1 of four (4) observations. The findings include: 1. A 2-3 inch penetrations was observed in smoke barrier walls, above ceiling tiles on the Lisner Terrace Unit near room 202 in one (1) of five (5) observations at 2:45 PM on July 29, 2010. 2. A 4 X 5 inch opening was observed around a 12 inch pipe that penetrates through wall surfaces over double doors adjacent to the Vending Area and Storage Room in one (1) of four (4) observations at 4:10 PM on July 29, 2010.	K 017	(K050 Fire Drill scheduling /executed Drills Continued) 3. Systemic Changes: Administrator of facility reviewed the importance of accuracy and need for fire drills per regulation. Administrator will review completed fire drill logs with Engineer quarterly. 4. Monitoring: The results of a review of the fire drill schedule execution will be reported at the quarterly QA meeting.	9/15/10	
K 050 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection it was determined that unexpected fire drills were not conducted under varying conditions, at least quarterly on each shift in two (2) of 12 observations. The findings include: Bases on observation, interview of staff and a	K 050	K130 Soiled sprinkler heads 1. Immediate Response: Identified sprinkler heads were cleaned. 2. Risk Identification: All sprinkler heads were checked and cleaned if needed, throughout the facility. 3. Systemic Changes: The frequency of the inspection of all sprinklers will be increased via a change in the preventative maintenance work order generation from quarterly to monthly. 4. Monitoring: The results of the inspections conducted will be reported at the quarterly QA meetings.	8/22/10 8/22/10 9/15/10 9/15/10	

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K 050	Continued >From page 2 review of log books, it was determined that unannounced fire drills were not conducted on the second shift during the first quarter between January and March 2010 and on the second shift during the third quarter between July and September 2009 in two (2) of 12 observations at 5:00 PM on July 29, 2010.	K 050		
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 Based on observations during the Life Safety Code Inspection it was determined that sprinkler heads were soiled with dust in the TV Lounge adjacent to the Nurses Station in five (5) of six (6) observations. The findings include: Sprinkler heads were soiled with accumulated dust in the TV Lounge adjacent to the Nurses Station in five (5) of six (6) observations at 4:30 PM on July 29, 2010.	K 130		