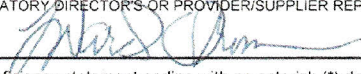


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

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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 05/18/2011 |
| 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 An annual recertification Life Safety Code Inspection was conducted on May 18, 2011. The following deficiency cited is based observation during the survey. | K 000 | K130 NFPA 101 Miscellaneous 1. Immediate Response: Identified magnetic automatic door holders and they were repaired. 2. Risk Identification: All magnetic door holders were checked to ensure that they operated properly and were in good repair. 3. Systemic Changes: All magnetic door holders will be checked on the Daily Rounds PM. The monthly fire door check sheet will require that all magnetically held doors be operated to ensure proper function, and the associated magnetic holders to be checked to determine that they are in good repair. 4. Monitoring: The engineering department will report on the condition of the magnetically held doors at the Quarterly Quality Assurance Meetings. | 7-13-11 |
| K 130 SS=D | NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection it was determined that magnetic automatic door holders were not in good condition and were not secured to wall surfaces in two (2) of eight (8) observations. The findings include: Magnetic automatic door holders and wall surfaces in the rear of doubled doors were not in good condition near rooms 103 Dickerson Lane and "Our Kitchen" to secure doors while in the open position, as evidenced by magnetic holders and screws that were in need of tightening and wall surfaces that were in need of repair to secure holders to wall surfaces in two (2) of eight (8) observations at 3:35 PM on May 18, 2011. These observations were made in the presence of the Director of Engineering. | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE **CEO** (X6) DATE **7-29-11**

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 comments are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.