

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

PRINTED: 01/19/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09E020	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/12/2007
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NAME OF PROVIDER OR SUPPLIER JEANNE JUGAN RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 4200 HAREWOOD ROAD NE WASHINGTON, DC 20017
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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	K 000		
K 017 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code inspection, it was determined that smoke barrier walls above ceiling tiles were observed with penetrations that would not prevent the passage of smoke in the event of a fire. These observations were made in the presence of the Director of Maintenance.</p> <p>The findings Include:</p>	K 017	<p>K017</p> <ol style="list-style-type: none"> Smoke barrier walls with penetrations in wall surfaces above the ceiling tiles around water pipes and communication wires near the nurses' station on Sacred Heart unit and around water pipes near room 1409 and in wall surfaces in the breezeway that lead to the dining room were closed and repaired using sheet rock and caulking material on 1/23/07. All smoke barrier walls above ceiling tiles in Residents' areas especially around water pipes and communication wires were inspected for any penetrations that would not prevent the passage of smoke in the event of a fire. Maintenance engineer and crew will do an inspection after any jobs done by contractors to assure that there are no penetrations after the job is done. Report will be given to Administrator when inspection is complete. Results of inspection will be referred to the QI and QA committee meetings to ensure life safety code measures are being followed. Corrective actions were completed 1/23/07. 	1/23/07

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Sr. Cecile Zerique</i>	TITLE <i>Adm.</i>	(X6) DATE <i>1/29/07</i>
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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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K 017	Continued From page 1 Smoke barrier walls were observed with penetrations in wall surfaces above ceiling tiles around water pipes and communication wires in the following areas: Two (2) 1 x 2 inch penetrations were observed near the nurse's station on the Sacred Hearts unit in two (2) of two (2) observations at approximately 5:45 PM on January 12, 2007. One (1) 2 x 3 inch penetration was observed around water pipes near room 1409 on the Sacred Hearts unit in one (1) of six (6) observations at 5:50 PM on January 12, 2007. One (1) 2 x 2 inch penetration was observed in wall surfaces in the breezeway that leads to the dining room in one (1) of one (1) observation at 6:30 PM on January 12, 2007.	K 017		
K 052 SS=D	NFWA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code inspection, it was determined that fire alarm	K 052	K052 1. Anthony Davis from Firecomm Inc. was notified that the fire alarm system must be tested quarterly and agreed to new schedule on 1/23/07. 2. A new quarterly schedule for the fire alarm testing has been implemented. First quarter will be done by 3/31/07. Second quarter will be done by 6/30/07. Third quarter will be done by 9/30/07. Fourth quarter will be done by 12/31/07. 3. The new quarterly schedule has now been added to our preventative maintenance program. 4. Results of the alarm testing will be reported to the Administrator and reviewed at the QI and QA committee meetings. 5. Corrective action was taken 1/23/07.	1/23/07

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K 052	<p>Continued From page 2</p> <p>tests were not conducted on a quarterly basis. This observation was made in the presence of the Director of Maintenance.</p> <p>The findings include:</p> <p>A review of the fire alarm test logs failed to include documentation to substantiate that fire alarm tests were conducted during the third quarter of 2006 in one (1) of four (4) observations at 2:45 PM on January 12, 2007.</p>	K 052		