

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

*Received 2/18/08  
SPM*

PRINTED: 02/11/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>09E020</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/25/2008</b>
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NAME OF PROVIDER OR SUPPLIER  <b>JEANNE JUGAN RESIDENCE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4200 HAREWOOD ROAD NE WASHINGTON, DC 20017</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	INITIAL COMMENTS  An annual recertification Life Safety Code inspection was conducted on January 25, 2008. The following deficiencies were based on observations and record view.	K 000		
K 048 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1  This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code inspection, it was determined that evacuation routes in the hallways failed to include the directional indicators of north, south, east and west and the location of the viewer in the drawing in the facility. These findings were observed in the presence of Employees #5 and 6.  The findings include:  Evacuation routes posted in the hallways lacked directional indicators for north, south, east and west and the designation "you are here" was not identified on the drawing in the following locations: Good Shepherd Unit near room 121, east side stairwell, hallway outside of the dining room and Sacred Heart Unit near room 1401, stairwell door near the electric closet, wall outside of the dining room in six (6) of six (6) observations between 3:25 PM and 4:30 PM on January 25, 2007.	K Tags  K 048	<b>K048 NFPA 101 19.7.1.1</b>  1. Evacuation routes at the following locations GS unit near room 121, east side stairwell, hallway. Outside the dining room and SH unit room 1401, Stairwell near the electric closet, wall outside of the dining room were posted on 2/18/08 with evacuation routes that include directional indicators for north, south, east, and west and the designation "you are here" was identified on the drawings. 2. All evacuation route signs were reviewed and will be corrected with directional indicators for north, south, east, and west and the designation "you are here" will be identified on the drawings. 3. Fire marshal was notified that evacuation route signs were ready to be reviewed before posting and this was done on 2/8/08 . 4. Any discrepancies noticed on any evacuation signs throughout the home will be reported to the administrator, maintenance and the safety committee so that they can be corrected as soon as possible. 5. All corrections will be done by	
K 052 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  A fire alarm system required for life safety is installed, tested, and maintained in accordance	K 052		

*3/18/08  
3/17/08  
R. M. [Signature]*

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>A. Cecile Zerengue</i>	TITLE <i>Adm.</i>	(X6) DATE <i>2/18/08</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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NAME OF PROVIDER OR SUPPLIER  JEANNE JUGAN RESIDENCE			STREET ADDRESS, CITY, STATE, ZIP CODE 4200 HAREWOOD ROAD NE WASHINGTON, DC 20017	
(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 052	Continued From page 1 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 all alarms and sprinklers were tested on a quarterly basis. These findings were observed in the presence of Employee #5.  The findings include:  A review of the alarm and sprinkler system test reports revealed there was a lack of test results for all devices tested, lack of data on devices that failed the test and a repair history of devices that failed tests during the last eight (8) months in two (2) of two (2) observations between 4:30 PM and 5:30 PM on January 25, 2007.	K 052	<b>K052 NFPA 101 9.6.1.4</b>  1. The company was notified that there was a lack of proper test results for all devices tested, lack of data on devices that failed the test and lack of a repair history of devices that failed tests during the last 8 months despite the fact that they had done it they did not leave us a written report. The company supplied the needed documentation on 2/15/08. 2. There will be specific documentation with tests results for all devices tested including any repairs done for alarms and sprinklers when these are done on a quarterly basis at the time of the inspection and a copy will be given to us by the company to keep on our records. 3. The administrator and maintenance engineer will audit these records to be sure that they are kept up to date on a quarterly basis at the time of the inspections. 4. Any discrepancies or failure to supply documentation will also be reported at the QI and QA meeting as part of the safety meeting. 5. Test results will be completed by	2/25/08