



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>095040</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/18/2021</b>	
NAME OF PROVIDER OR SUPPLIER  <b>THE HSC PEDIATRIC SKILLED NURSING FACILITY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1731 BUNKER HILL ROAD NE WASHINGTON, DC 20017</b>		
(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
E 015	<p>Continued From page 1</p> <p>(B) Emergency lighting. (C) Fire detection, extinguishing, and alarm systems. (D) Sewage and waste disposal.</p> <p>*[For Inpatient Hospice at §418.113(b)(6)(iii):] Policies and procedures. (6) The following are additional requirements for hospice-operated inpatient care facilities only. The policies and procedures must address the following: (iii) The provision of subsistence needs for hospice employees and patients, whether they evacuate or shelter in place, include, but are not limited to the following: (A) Food, water, medical, and pharmaceutical supplies. (B) Alternate sources of energy to maintain the following: (1) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions. (2) Emergency lighting. (3) Fire detection, extinguishing, and alarm systems. (C) Sewage and waste disposal. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, facility staff failed to include policies and procedures to provide for sewage and waste disposal in their emergency preparedness plan.</p> <p>The findings include:</p> <p>A review of the facility's emergency preparedness plan on August 18, 2021, failed to disclose established policies and procedures pertaining to sewage and waste disposal.</p>	E 015	<p>4. Administrator or designee will present review findings, revised policy/procedures to QAPI Sub-Committee for review, recommendations, and approval. This will be done for one quarter and annually thereafter.</p>	10/21/21

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

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OMB NO. 0938-0391

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E 015	Continued From page 2  Employee #1 confirmed the findings during a face-to-face interview on August 18, 2021, at approximately 2:15 PM.	E 015		