



Little Sisters of the Poor

Jeanne Jugan Residence
4200 Harewood Road, N.E.
Washington, DC 20014-1511

May 20, 2015

Dr. Sharon Williams Lewis
Program Manager
Government of the District of Columbia
Department of Health
Health Regulations and Licensure
899 North Capital Street N.E.
Washington, DC 20002

Dear Dr. Sharon Lewis,

We are submitting for your approval our Plan of Correction (POC) for the deficiencies cited during the Life Safety Code survey held on April 23, 2015 by the Department of Health (DOH), Health Regulation Administration.

We hope this POC will bring us into compliance with the participation requirements as we strive to provide the best of care, happiness and comfort for the Residents of the Little Sisters of the Poor (Jeanne Jugan Residence) so as to continue living the spirit and love of our saintly Mother St. Jeanne Jugan.

Please do not hesitate to contact me if you have any questions or concerns. I can be reached at the following:

Phone: 202-269.1831
Cell: 202-604-5622
Email: admWashington@littlesistersofthepoor.org

We thank you and your survey team for your assistance.

Sincerely,

Sr. Celestine Meade
Administrator

Enclosure: CMS-2567

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

PRINTED: 05/14/2015
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 04/23/2015
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 000	INITIAL COMMENTS The following findings are based on observations, staff interview and record review during the Life Safety Code Survey conducted on April 23, 2015.	K 000		
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 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 Survey, it was determined that the Fire Alarm System on one (1) of two (2) residential units [Good Shepherd Unit], failed to annunciate a signal during a Pull Station Test in one (1) of two (2) observations. The findings were observed in the presence of the Maintenance Director and Administrator. The findings include: Through observation and interview it was determined that the Fire Alarm System failed to annunciate an audible signal on the Good Shepherd Unit when the Pull Station was	K 052	1. No resident had been observed or reported to have been harmed by this deficient practice. Alarm Tech Solutions (ATS) was notified immediately and was on the premises within 45 minutes. A new control module was installed by ATS (Alarm Tech Solution) company on 4/24/15 to enable fire alarm system's normal functioning. 2. A fire drill was conducted on 4/24/15 and 5/6/15 and the facility is found to be in compliance; the Fire Alarm System had audible signals on all the units and in the entire facility. 3. Fire Alarm System will be tested weekly for one month starting 5/20/15 and Fire drills will be conducted monthly to ensure compliance. 4. Maintenance Director or designee will conduct monthly inspection of the fire alarm system and Panels to ensure compliance. All findings will be reported to monthly Department Head meetings and quarterly QAPI meetings. 5. Corrective action was completed on 4/24/15	4/24/15

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

A. Alestine Meade, LSP

TITLE

Administrator

(X6) DATE

May 20, 2015

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 052	<p>Continued From page 1 activated on the Sacred Heart Unit at approximately 11:00 AM on April 23, 2015.</p> <p>Through interview with the facility engineer and administration at approximately 11:05 AM on April 23, 2015, it was determined that the fire alarm system was temporarily disabled on the morning of April 23, 2015 due to an onsite renovation/construction project. When the system was placed back 'on line' it failed to annunciate a signal.</p> <p>An observation of the Main Control Fire Panel and the Sub-Control Fire Panel revealed an illuminated "trouble code" signal indicative of a fault in the system. The administration contacted a technician and a follow up Pull Station Test conducted at approximately 1:15 PM on April 23, 2015 revealed the fire alarm system of both residential units were functioning properly.</p> <p>A follow-up observation of the Fire Panels at approximately 1:30 PM in April 23, 2015 revealed the "trouble code" signal remained illuminated. The District of Columbia Fire and Emergency Management staff person was consulted via telephone and it was determined that the Fire Alarm System could function in a safe, reliable manner with the "trouble code" illuminated.</p> <p>At 9:30 AM on April 24, 2015 the facility administration reported to The Department of Health that the Fire Alarm System was operational and without the illumination of "trouble code" on the Fire Panels. The findings were confirmed with the Maintenance Director on April 23, 2015.</p>	K 052		
K 056	NFPA 101 LIFE SAFETY CODE STANDARD	K 056		

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K 056 SS=D	<p>Continued From page 2</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observations during the Life Safety Code Inspection, it was determined that water flow devices were not inspected and tested on a quarterly basis as required in three (3) of four (4) observations. These findings were observed in the presence of the Administrator and the Maintenance Director.</p> <p>The findings include:</p> <p>During a review of the Fire Alarm and Sprinkler System Logs, it was determined that Water Flow devices such as Tamper, Flow, Supervisory Valves and Switches were not tested during the Second Quarter (April, May and June) and Fourth Quarter (October, November and December) of 2014 and the First Quarter of 2015 (January, February and March) in three (3) of four (4) observations on April 23, 2015. The findings were confirmed with the Maintenance Director at the</p>	K 056	<p>1. There was no resident who was observed or reported to have been harmed by this deficient practice.</p> <p>2.A new company; Fire Life Safety America (FSLA) was hired to conduct four quarterly inspection and one annual testing of Sprinkler System that will include the testing of the Water Flow devices such as Tamper, Flow, Supervisory Valves and Switches.</p> <p>3. Fire Life Safety America company will utilize a Sprinkler System Log to document the findings or results of the testing of the Water Flow devices according to the DC Life Safety Code.</p> <p>4. Maintenance Director or designee will review and retain the four quarter and one annual Sprinkler System Log. All findings will be reported to the monthly Department Head meetings and quarterly QA meetings.</p> <p>5. Corrective action will be completed by 5/24/15.</p>	5/24/15
		K 130	<p>Finding #1</p> <p>1. There was no resident who was reported or observed to have been harmed by this deficient practice.</p> <p>2. Dust and grease from the Ansul System wires were cleaned and removed immediately on 4/23/15.</p>	

