Little Sisters of the Poor

Jeanne Jugan Residence
4200 Harewood Road, N.E.
Washington, DC 20017-1511

June 22, 2016

Veronica Longstreth, RN, MSN
Interim Program Manager
Government of the District of Columbia
Department of Health
Health Regulation and Licensure Administration
899 North Capital Street N.E.
Washington, D.C. 20002

Dear Ms. Longstreth,

We are submitting for your approval our plan of correction (POC) for the deficiency cited at the completion of the Life Safety Code survey conducted by a surveyor from the Department of Health on May 23, 2016.

We hope that this POC will bring us into compliance with participation requirements as we strive to provide for the happiness and comfort of the residents of the Little Sisters of the Poor, Jeanne Jugan Residence.

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

Phone: (202) 269-1831
Fax: (202) 269-1134
E-mail: admwashington@littlesistersofthepoor.org

We thank you for your assistance.

Sincerely,

Sr Alphonse Marie Jones

Sr. Alphonse Marie Jones
Administrator

Enclosure: CMS-2567

Cc: Little Sisters of the Poor
Regional Office

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 09E020 | A. BUILDING **01 - MAIN BUILDING 01**<br>B. WING _____ | **05/23/2016** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **JEANNE JUGAN RESIDENCE** | **4200 HAREWOOD ROAD NE**<br>**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 |
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| K 000 | INITIAL COMMENTS<br><br>The following findings were observed during the annual Life Safety Code Inspection on May 23, 2016. | K 000 | | |
| K 052 SS=E | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>A fire alarm system required for life safety shall be, tested, and maintained in accordance with NFPA 70 National Electric Code and NFPA 72 National Fire Alarm Code and records kept readily available. The system shall have an approved maintenance and testing program complying with applicable requirement of NFPA 70 and 72. 9.6.1.4, 9.6.1.7, This STANDARD is not met as evidenced by:<br><br>Based on observations during the Life Safety Code inspection on May 23, 2016 at approximately 10:40 AM, it was determined that the fire alarm system failed to operate as intended in three (3) of four (4) observations. These findings were observed in the presence of the Director of Maintenance.<br><br>The findings include:<br><br>The fire alarm system failed to function and enunciate an audible alarm signal during numerous pull station tests on the Sacred Heart unit on May 23, 2016. Pull station tests were conducted at 1:40 PM, 1:55 PM and 2:15 PM.<br><br>A fire alarm installation company was contacted and the problem was corrected at 4:15 PM. A fire watch was initiated after the last test failed at 2:15 PM and terminated at 4:40 PM. These findings were observed in the presence of the Director of Maintenance. | K 052 | 1. Residents on the Sacred Heart Unit were quickly evacuated as per procedure for a fire drill.<br><br>2. All residents have the potential to be affected by loss of an audible alarm. A brief fire watch was initiated, but the problem was quickly identified and remedied.<br><br>3. A new fire alarm system is in the process of being installed. On the date of the inspection,. the contractors had inadvertently interrupted a component of the existing system. As of 5/24/16, the director of maintenance or his designee are performing a daily fire alarm test (while contractors are on site) to ensure that the existing system is operating properly.<br><br>4. Function of the existing fire alarm system will continue to be monitored, as above, until the new system is fully operational. Log reports will be reviewed at the monthly Safety Meeting and submitted at the quarterly QA Meeting.<br><br>5. Corrective action was completed on 5/24/16. | 5/24/2016 |
| K 056 | NFPA 101 LIFE SAFETY CODE STANDARD | K 056 | | |

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| Sr. Alphonse Marie Jones | Administrator | 6/22/2016 |

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 056 SS=E | Continued From page 1<br><br>Where required by section 19.1.6, Health care facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with section 9.7. Required sprinkler systems are equipped with water flow and tamper switches which are electrically interconnected to the building fire alarm. In Type I and II construction, alternative protection measures shall be permitted to be substituted for sprinkler protection in specific areas where State or local regulations prohibit sprinklers. 19.3.5, 19.3.5.1, NPFA 13<br>This STANDARD is not met as evidenced by:<br><br>Based on observations during the Life Safety Code inspection on May 23, 2016 at approximately 12:30 PM, it was determined that the facility failed to provide documentation to show that automatic fire sprinklers, tamper and flow switches, and supervisory valves were tested as required as evidenced by the lack of test results in three (3) of four (4) observations. These findings were observed in the presence of the Director of Maintenance.<br><br>The findings include:<br><br>Test results for automatic fire sprinklers, tamper and flow switches, and supervisory valves were not available for review during the third quarter (July, August and September 2015), the fourth quarter (October, November and December 2015) and the first quarter (January, February and March 2016) in three (3) of four (4) observations on May 23, 2016 at approximately 12:30 PM. These findings were observed in the presence of the Director of Maintenance. | K 056 | 1. No Resident had been reported or observed to have been harmed or affected by this deficient practice. Sprinkler system tests/inspections were done on 2/11/15, 6/18/15, 10/27/15 and 2/23/16. These reports are on file in the Maintenance Department. Copies of these reports were provided to the Department of Health Life Safety Inspector.<br><br>2. No other residents were affected by the same deficient practice.<br><br>3. Our Fire and Life Safety contractor will conduct the required quarterly and annual tests/inspections of the sprinkler system. The documentation will include the location, device no. and the pass or fail finding of the individual devices tested. These inspections will be done on a calendar year schedule, e.g. first quarter (January, February, March) etc. The next inspection is scheduled for 6/24/2016.<br><br>4. Maintenance Director will ensure that sprinkler system testing is performed as scheduled, that the reports include all the required information, and that the reports are received on a timely basis. Any findings will be remedied as appropriate, and reported to QA..<br><br>5. Corrective action will be completed on 7/7/16. | 7/7/2016 |
| K 062 | NFPA 101 LIFE SAFETY CODE STANDARD | K 062 | | |

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| K 062<br>SS=E | Continued From page 2<br><br>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5<br>This STANDARD is not met as evidenced by:<br><br>Based on observations during the Life Safety Code inspection on May 23, 2016 at approximately 12:30 PM, it was determined that the facility failed to maintain automatic fire sprinklers to ensure proper operation as required as evidenced by dust, paint and/or rust accumulation on the shafts, heads and/or escutcheon rings surfaces in 15 of 54 observations. These findings were observed in the presence of the Director of Maintenance.<br><br>The findings include:<br><br>Sprinkler heads and shaft surfaces were compromised with paint on the shaft surfaces in shower room 1224 on the Good Shepherd unit in one (1) of three (3) observations at 10:10 AM on May 23, 2016.<br><br>Sprinkler heads and shaft surfaces were observed to have paint on the escutcheon ring, head and shaft surfaces in room 1401 and the shower room adjacent to room 1421 on the Sacred Heart unit in two (2) of six (6) observations between 10:20 AM and 11:05 AM on May 23, 2016.<br><br>Sprinklers were observed to have dust on the shaft and head surfaces on the Good Shepherd unit and the Sacred Heart unit in rooms 1201, 1205, 1206, 1210 and 1211 in five (5) of 15 observations between 10:05 AM and 11:30 AM on | K 062 | 1. No resident had been reported or observed to have been harmed by this deficient practice. All cited deficient sprinkler heads and shaft surfaces were cleaned and/or replaced by maintenance staff. Escutcheons with paint or rust accumulation have been replaced. In addition, all sprinklers/escutcheons in higher humidity areas, such as bathing and shower rooms, have been checked and replaced as needed.<br><br>2. No other resident had been reported or observed to have been harmed by this deficient practice.<br><br>3. A visual inspection of sprinklers will be done on a rotating basis with one section of the home being done each week to assure that all areas with sprinklers will be checked monthly by maintenance staff to assure and maintain compliance.<br><br>4. Any findings will be recorded in an inspection log and will be reported during monthly Safety and quarterly QA meetings.<br><br>5. Corrective action will be completed by 7/7/16. | 7/7/2016 |

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| K 062 | Continued From page 3<br>May 23, 2016.<br><br>Sprinkler heads, shaft and escutcheon ring surfaces were observed with rust accumulation on the Sacred Heart unit in rooms 1401, 1402, 1419, the handicap restroom and the bathroom adjacent to the sitting area in five (5) of 11 observations between 10:05 AM and 10:30 AM on May 23, 2016.<br><br>Sprinkler heads and shaft surfaces were observed to be soiled on the first floor kitchen in two (2) of three (3) observations and in the dining room in five (5) of 16 observations between 12:05 PM and 12:20 PM on May 23, 2016.<br><br>These findings were observed in the presence of the Director of Maintenance who acknowledged the findings. | K 062 | | |