Little Sisters of the Poor

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

April 7, 2017

Veronica Longstreth, RN, MSN
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 deficiencies cited at the completion of the Life Safety Code survey conducted by a surveyor from the Department of Health on March 16, 2017.

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

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** B. WING _____	**03/16/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JEANNE JUGAN RESIDENCE	**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 were identified during the Life Safety Code Inspection conducted on March 16, 2017.	K 000		
K 353 SS=E	NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: A. Based on observation during the Life Safety Code Inspection, it was determined that sprinklers and escutcheon rings were not maintained to ensure proper operation in the event of an emergency as evidenced by mineral deposits on the escutcheon rings and sprinkler head and shaft surfaces in 18 of 36 observations. The observations were made in the presence of the Director of Engineering.	K 353	K 353 A. 1-4 1. No resident was reported or observed to have been harmed by this deficient practice. The Escutcheon rings on Good Shepherd Unit in Rooms 1209, 1211, 1218, and 1219; pantry; bathing area; toilet room in the nurses' station were replaced on March 23, 2017. Sprinkler heads and shaft surfaces on Sacred Heart Unit in Rooms 1403, 1405, 1414, 1415, 1422, and 1424; and loading dock were cleaned and escutcheon rings were replaced on March 28, 2017. The sprinkler heads and shaft surfaces, in the Sacred Heart Unit laundry room was cleaned by maintenance staff on March 28, 2017. The sprinkler head surfaces in the soiled utility area of the laundry room were cleaned and the escutcheon rings were replaced on March 29, 2017. 2. Identified deficient escutcheon rings in other residents' rooms or areas in the facility were also replaced and deficient sprinkler heads and shaft surfaces were cleaned. No other resident had been reported or observed to have been harmed by this deficient practice. 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 maintain compliance.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Sr. Alphonse Marie Jones	Administrator	April 7, 2017

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 353	Continued From page 1 These findings include: 1. Mineral deposits were observed on the outer surfaces of escutcheon rings, on the Good Shepherd Unit, in the following areas: Rooms 1209, 1211, 1218, and 1219; pantry; bathing area; toilet room in the nurses' station, in seven (7) of 14 observations between 10:25 AM and 11:03 AM on March 16, 2017. 2. Mineral deposits were observed on the circumference surfaces of escutcheon rings and the sprinkler head shaft surfaces, on the Sacred Hearts Unit, in the following areas: Rooms 1403, 1405, 1414, 1415, 1422, and 1424; and loading dock area in seven (7) of 18 observations between 11:05 AM and 12:15 PM on March 16, 2017. 3. Mineral deposits were observed on the sprinkler head and shaft surfaces, in the Sacred Heart Unit laundry room, in two (2) of two (2) sprinklers, between 11:05 AM and 12:15 PM on March 16, 2017. 4. Mineral deposits were observed on the sprinkler head surfaces and escutcheon rings cylindrical surfaces in the soiled utility area of the laundry room in two (2) of two (2) observations at 2:30 PM on March 16, 2017. B. Based on observations and record reviews, it was determined the facility failed to ensure the fire alarm system functioned as intended as evidenced by smoke and duct detectors, tamper and flow switches malfunction documented during quarterly inspections conducted by	K 353	4. Any findings will be immediately corrected and recorded in an inspection log and will be reported to the monthly safety meeting and the QA committee during the quarterly meeting. 5. Corrective action was completed on 3/29/2017. K 353 B. 1-4 1. No resident was reported or observed to have been harmed by this deficient practice. Smoke detectors #M 33-63, # M3392 and #M 33-106 have been removed and new smoke detectors have been installed as part of the new fire alarm system that was completed in November, 2016. Electrical repair, programming, and automation of the duct detectors L2S067, L1S021 and L1S006 have been completed. Retesting was done and duct detectors have been found to be functioning properly. The Quarterly Sprinkler Test Inspection Record that was done on 3/13/17 revealed that the tamper flow switches and supervisory valve were tested. An outside contractor was acquired to check and correct the sprinkler tamper switches #34348826, #24415327, # 24415315 and 24415344 in order to assure proper function. This work will be completed as of 4/20/17. 2. No other resident was reported or observed to have been harmed by this deficient practice. 3. Director of Engineering will request a verbal report of tests and inspections done by contractors before they leave the facility. Any malfunction or deficient finding will be immediately rectified.	3/29/17

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K 353	Continued From page 2 contractor, in eight (8) of 13 observations. The findings include: During the Life Safety Code Inspection, a review of the quarterly inspections conducted by the fire alarm service contractor on March 16, 2017 at approximately 2:10 PM revealed the fire alarm system malfunctioned as follows: 1. Smoke detectors #M 33-63, # M3392 and # M 33-106 failed to function properly during the quarterly test performed by the contractor staff , in three (3) of three (3) observations on March 16, 2017. In addition, the facility failed to establish mechanisms to document the appropriate repairs were made to address the identified issues. 2. Duct Detectors L2S067, L2S067, L1S021 and L1S006 failed to function properly during five-year test conducted on June 23, 2017, in four (4) of four (4) observations on March 16, 2017. 3. The Quarterly Sprinkle Test Record failed to reveal that the tamper, flow switches and supervisory valves were tested on March 1, 2017, during the quarterly test, in one (1) of one (1) observation on March 16, 2017. 4. According to the Quarterly Sprinkle Test Record, tamper switches # 34348826, # 24415327, #24415327, # 24415315 and # 24415344 failed to function as intended, during the quarterly test done, on March 1, 2016, in five (5) of five (5) observations at 4:10 PM on March 16, 2017.	K 353	4. Director of Engineering or designee will utilize a log/binder to document and file all tests and inspection reports done by contractors including follow ups. Any finding will be reported to the QA committee during the quarterly meetings. 5. Corrective action will be completed by 4/25/2017. K353 C. 1. No resident was reported or observed to have been harmed by this deficient practice. The Ansul sensor wires, located under cooking hoods in the main kitchen were cleaned immediately by the kitchen staff on March 16, 2017. 2. An in service was given to the kitchen staff on the importance of keeping the ansul sensor wires clean, free from dust and grease build up at all times. 3. Kitchen staff will have a rotation schedule to clean the Ansul sensor wires daily before they leave for the day. Dietary manager or designee will perform a random check at least once a week. A log will be utilized daily to document monitoring and compliance. 4. Any finding will be immediately corrected and reported at the monthly safety meeting and the QA committee during the quarterly meeting. 5. Corrective action was completed on 3/16/2017.	4/25/17 3/16/17

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K 353	Continued From page 3 The record review was conducted in the presence of the Director of Engineering, who acknowledged the findings. C. Based on observations during the Life Safety Code Inspection, it was determined that the Annunciator System in the main kitchen was not maintained to ensure proper operation, in the event of an emergency, as evidenced by dust and grease on sensor wires in three (3) of four (4) observations. These findings were observed in the presence of the Director of Engineering. The findings include: The Ansul sensor wires, located under cooking hoods in the main kitchen, were observed with a buildup of dust and grease on sensor wire surfaces, in three (3) of four (4) observations at 2:10 PM on March 16, 2017.	K 353		
K 362 SS=D	NFPA 101 Corridors - Construction of Walls Corridors - Construction of Walls 2012 EXISTING Corridors are separated from use areas by walls constructed with at least 1/2-hour fire resistance rating. In fully sprinklered smoke compartments, partitions are only required to resist the transfer of smoke. In nonsprinklered buildings, walls extend to the underside of the floor or roof deck above the ceiling. Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Fixed fire window assemblies in corridor walls are in accordance with Section 8.3, but in sprinklered compartments there are no restrictions in area or fire resistance of glass or frames.	K 362	K362 1-2 1. No resident was reported or observed to have been harmed by this deficient practice. The penetrations observed located in the ceiling surface, where the conduit pipes and BX cable passed through the ceiling and near the annunciator panel were covered by maintenance staff. New escutcheon rings were installed on 3/29/17 on the Sprinklers located in the laundry area Chemical Room to fit securely and the pipes were tightened to prevent penetration.	

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K 362	Continued From page 4 If the walls have a fire resistance rating, give the rating _____ if the walls terminate at the underside of the ceiling, give brief description in REMARKS, describing the ceiling throughout the floor area. 19.3.6.2, 19.3.6.2.7 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection, it was determined the walls and ceiling surfaces in the Annunciator Panel Room were not maintained to prevent the passage of smoke, in the event of an emergency, as evidenced by the presence of wall penetrations in 11 of 12 observations. The findings were observed in the presence of the Director of Engineering. The findings include: During the Life Safety Code Inspection on March 16, 2017, between 2:03 PM and 2:35 PM, a tour of the first floor Annunciator Panel Room and the laundry area Chemical Room revealed penetrations as follows: 1. Penetrations were observed around a 4 x 18- inch opening located in the ceiling surface, where the conduit pipes and BX cable passed through the ceiling and a 2 x 10- inch penetration near the annunciator panel in 10 of 10 penetrations. 2. Sprinklers located in the laundry area Chemical Room failed to fit securely into the ceiling tile, creating a 1½-inch penetration around the sprinkler head in two (2) of two (2) observations. The wall and ceiling penetrations would not prevent the passage of smoke in the event of an emergency.	K 362	2. No other resident was reported or observed to have been harmed by this deficient practice. 3. Director of Engineering or designee will follow up on outside contractors anytime there is work done in the facility. Any penetration observed upon completion of the work will be covered immediately. 4. Director of Engineering will report any finding at the monthly safety meeting and the QA committee during quarterly meetings. 5. Corrective action was completed on 4/4/17.	4/4/17

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