PRINTED: 04/07/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>			CTION	(X3) DATE SURVEY COMPLETED	
09E020		B. WING			03/31/2023			
NAME OF PROVIDER OR SUPPLIER						RESS, CITY, STATE, ZIP CODE		
JEANNE JUGAN RESIDENCE			4200 HAREWOOD ROAD NE WASHINGTON, DC 20017					
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES		ID			PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			· · · — · · · · · · · · · · · · · · · ·		(EACH CORRECTIVE ACTION SHOULD BE ROSS-REFERENCED TO THE APPROPRIA		COMPLETION DATE
E 000	0 Initial Comments		E	000				
	An Emergency Preparedness Survey was conducted March 30, 2023, by the Department of Health, Health Regulation and Licensing Administration, in accordance with 42 CFR 483.73. The survey found that the facility was in compliance with Emergency Preparedness requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility's bed capacity is 40, the							
K 000	A life safety code survey was conducted at your facility on March 30, 2023. The following deficiencies are based on observation, interview, and record review.		K	000				
W 004				20.4	14 004			
K 324 SS=E	Cooking Facilities CFR(s): NFPA 101		K	324	K 324			
	with NFPA 96, Standa and Fire Protection of Operations, unless: * residential cooking appliances such as m toasters) are used for cooking in accordanc * cooking facilities op compartments with 3 with the conditions un or * cooking facilities in 3 30 or fewer patients of 18.3.2.5.4, 19.3.2.5.4 Cooking facilities prof	ected according to NFPA 96			2.	The six-burner gas oven unit ar grill and Henny-Penny gas fryer system were checked and place correct alignment and the whee were kept and maintained in loc position.  All residents have the potential affected by this deficient practic facility's contracted hood servic company (Fire and Life Safety America, Inc.) will provide a ser the facility on 4/20/2023 to put t markings on the approved desiglocation on the floor where the cisix-burner gas oven unit and fla and one (1) Henny Penny gas f system are to be placed.	ed in Is	
per 9.2.3 are not required to be enclosed as  ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE					TITLE		(X6) DATE	

Ar alphone Marie Jones

Administrator

4/17/2023

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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		09E020	B. WING		03/31/2023
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 I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION
K 324	4 Continued From page 1 hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2  This REQUIREMENT is not met as evidenced by: Based on observation and interview, facility staff failed to install and maintain cooking equipment protected by the kitchen hood fire suppression system. This deficient practice affected all staff in dietary services.		K 32	the dietary, maintenance and housekeeping staff regarding; the above-mentioned kitchen cooking equipment that, if moved for maintenance and cleaning purpos returned to their designed location  4. A created daily log will be maintain	es are ned by
				the dietary manager or her/his des to monitor and assure compliance placement of the above-mentioned kitchen cooking equipment. Any incorrect placement will be rectified immediately and documented on the This report will be submitted and reviewed at the monthly safety and quarterly QAPI meetings.	on the
	The findings include:			5. Corrective action will be completed 4/28/2023.	d by 4/28/2023
	30, 2023, at approximone (1) six-burner ga one (1) of one (1) Her that were located on the kitchen, were not instituted the appliances are location after they are and cleaning, as required for Ventilation Contro Commercial Cooking 12.1.2.3 and 12.1.2.3	alled in a manner to ensure re returned to their assigned displaced for maintenance sired by NFPA 96, Standard I and Fire Protection of Operations, sections 1 which state:		Chief Engineer/Maintenance Distance Distance and Dietary Manager.	rector
		ercial Cooking Operations			
	12.1.2.3 The fire-extinguishing system shall not require reevaluation where the cooking appliances are moved for the purposes of				

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, ,	ROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01		STRUCTION	(X3) DATE SURVEY COMPLETED	
	09E020	B. WING			03/31/202	
NAME OF PROVIDER OR SUPPLIER  JEANNE JUGAN RESIDENCE			4200 H	AREWOOD ROAD NE INGTON, DC 20017		
PREFIX (EACH DEFICIENCY MUST	BE PRECEDED BY FULL	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
appliances are returned to a location prior to cooking ope disconnected fire-extinguish attached to the appliances a accordance with the manufa manual.  12.1.2.3.1 An Approved methat will ensure that the app an approved design location Employee #5 acknowledged face-to-face interview on Mapproximately 1:00 PM.  K 511 Utilities - Gas and Electric CFR(s): NFPA 101  Utilities - Gas and Electric Equipment using gas or relacomplies with NFPA 54, Nat electrical wiring and equipm NFPA 70, National Electric installations can continue in hazard to life.  18.5.1.1, 19.5.1.1, 9.1.1, 9.1  This REQUIREMENT is no by: Based on observation and if ailed to properly install and equipment. This deficient protesting in dietary services.	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 2 maintenance and cleaning, provided the appliances are returned to approved design location prior to cooking operations, and any disconnected fire-extinguishing system nozzles attached to the appliances are reconnected in accordance with the manufacturer's listed design manual.  12.1.2.3.1 An Approved method shall be provided that will ensure that the appliance is returned to an approved design location.  Employee #5 acknowledged the findings during a face-to-face interview on March 30, 2023, at approximately 1:00 PM. Utilities - Gas and Electric CFR(s): NFPA 101  Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2  This REQUIREMENT is not met as evidenced by: Based on observation and interview, facility staff failed to properly install and maintain cooking equipment. This deficient practice affected all		24 11 K: 1.	A restraining device was install attached from the Henny penny fryer to a metal stud on the stain steel wall on 4/3/2023. A second restraining device was attached the six-burner gas oven unit are grill to a metal stud on the stain steel wall on 4/14/2023. These restraining devices were install limit the movement and avoid so the connections.  All residents and staff have the potential to be affected by this practice. There was no reported or injury related to this deficient practice.	y deep nless- nd d from nd flat aless- ed to atrain on deficient d harm	

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09E020			B. WING _	B. WING			03/31/2023	
NAME OF PROVIDER OR SUPPLIER  JEANNE JUGAN RESIDENCE				420	REET ADDRESS, CITY, STATE, ZIP CODE 00 HAREWOOD ROAD NE ASHINGTON, DC 20017			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
K 918 SS=E	During a Life Safety 30, 2023, at approxinone (1) six- burner garone (1) of one (1) Het that were located on kitchen, were not inst movement of the app the connections, as rendered in the connection in	Code inspection on March nately 1:00 PM, one (1) of soven unit and flat grill, and any Penny gas fryer system the cooking line in the alled with a restraint, to limit liances, and avoid strain on equired by NFPA 54, ode, sections 9.6.1.2 and deep vement of appliances with the by a restraining device are with the connector and rer's installation instructions.  Iters. Floor-mounted are shall be listed for such libe installed in accordance r's installation instructions ment of the appliance to connection.  Idedged the findings during a ron March 30, 2023, at M.  Essential Electric System		918	<ol> <li>An in-service program will be give the dietary, maintenance and housekeeping staff regarding the purpose of restraining devices. A check that the restraining devices the connections are intact will also documented on the monitoring lower Any finding will be recorded and rectified immediately. The Chief Engineer/ Maintenance Director of contacted as necessary.</li> <li>A summary of any findings on the monitoring logs will be submitted the kitchen manager at the month safety and quarterly QAPI meeting. The QA nurse will also do randor checks of these devices.</li> <li>Corrective action will be completed 4/28/2023.</li> <li>Chief Engineer/Maintenance Director and Dietary Manager.</li> </ol>	daily s and o be g.  will be by hly ag. n ector	4/28/2023	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01		(X3) DATE SURVEY COMPLETED	
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K 918	criterion is not met du process shall be provicapability for the life is Maintenance and tes transfer switches are with NFPA 110.  Generator sets are in under load 30 minute day intervals, and exemonths for 4 continuous under load conditions simulated cold start at transfer of all EES load competent personnel stored energy power accordance with NFP circuit breakers are in program for periodical components is estable manufacturer require maintenance and tes readily available. EES circuits are marked, in separate from normathe possibility of dams source is a design coinstallations.  6.4.4, 6.5.4, 6.6.4 (NF 111, 700.10 (NFPA 70 This REQUIREMENT by:  Based on observation failed to ensure that a switch for the general outside of the general	onds. If the 10-second uring the monthly test, a rided to annually confirm this safety and critical branches. Iting of the generator and performed in accordance aspected weekly, exercised as 12 times a year in 20-40 ercised once every 36 ous hours. Scheduled test include a complete and automatic or manual ads, and are conducted by an and are conducted by an an area and testing of sources (Type 3 EES) are in an area and testing of sources (Type 3 EES) are in an area and testing of sources (Type 3 EES) are in an area and testing of sources (Type 3 EES) are in an area and testing of sources (Type 3 EES) are in an area and testing of sources (Type 3 EES) are in an area and testing of sources (Type 3 EES) are in an area and testing of sources (Type 3 EES) are in and interview, facility staff are mote emergency power ansideration for new  FPA 99), NFPA 110, NFPA  The is not met as evidenced and interview, facility staff are mote emergency stop tor was installed in an area and tor enclosure. This deficient for visitors, and residents. The	KS	918	The stop switch was field tested to confirm proper operation by the sar company and it is clearly labeled.  2. This deficient practice affected staf visitors, and residents, but there had no reported harm or injury related the deficient practice.  3. The functionality of the remote emeshutoff switch for the generator will monitored and tested by the contracompany (Fidelity Power Systems) time of their scheduled service visit will be included in the report they set to the facility.  4. The facility's Chief Engineer or deswill check and monitor that the emestop switch is intact and has not be tampered with on a weekly basis. A will be utilized to document weekly random checks and will be submitted the monthly safety and quarterly Quarterings including the report submather contracted company.  5. The Corrective action will be compod/28/2023.  6. Chief Engineer/Maintenance. Directive action will be compod/28/2023.	f, as been of this ergency be cted at the est. This about the ergency ten and ed at API sitted by letted by	4/28/2023

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG <b>01</b>		(X3) DATE SURVEY COMPLETED		
		09E020	B. WING _			03/31/2023	
NAME OF PROVIDER OR SUPPLIER  JEANNE JUGAN RESIDENCE				STREET ADDRESS, CITY, STATE, ZIP CO 4200 HAREWOOD ROAD NE WASHINGTON, DC 20017	DDE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI	ER'S PLAN OF CORRECTION RRECTIVE ACTION SHOULD BE ERENCED TO THE APPROPRIATE DEFICIENCY)		
K 918	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		KS	918			