

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

PRINTED: 06/13/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095025	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/15/2019
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NAME OF PROVIDER OR SUPPLIER LISNER LOUISE DICKSON HURTHOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5425 WESTERN AVE NW WASHINGTON, DC 20015
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(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

A Life safety Code survey was conducted at your facility May 15, 2019, through May 16, 2019. The following deficiencies are based on observation, interview and record review.

K 353 Sprinkler System - Maintenance and Testing
SS=F CFR(s): NFPA 101

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 REQUIREMENT is not met as evidenced by:

Based on observations and staff interview, fire sprinkler heads were not maintained to ensure proper operation in the event of an emergency as evidenced by a damaged sprinkler head in one (1) of one (1) walk-in refrigerator.

Findings included ...

During a walk-through of Dietary Services on May

K 000

K 353 Sprinkler Head dented

- 1. Immediate Response:** Contractor contacted to replace sprinkler head.
- 2. Risk Identification:** All other sprinkler heads were checked for dents.
- 3. Systemic Changes:** Facility Manager will conduct monthly audits of all sprinkler heads for dents.
- 4. Monitoring:** Monthly sprinkler heads audit will be done by Facility Manager and reported at Quarterly QAPI meetings.

7/1/19

K 353

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

Swan Sh. Nangreave

TITLE

Administrator

(X6) DATE

6/11/19

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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NAME OF PROVIDER OR SUPPLIER LISNER LOUISE DICKSON HURTHOME		STREET ADDRESS, CITY, STATE, ZIP CODE 6426 WESTERN AVE NW WASHINGTON, DC 20015	
(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)
K 353	<p>Continued From page 1</p> <p>13, 2019, at approximately 9:30 AM, one (1) of one (1) fire sprinkler head mounted to the ceiling of one (1) of one (1) walk-in refrigerator in the main kitchen was bent at the shaft.</p> <p>This deficient practice could prevent the fire sprinkler from discharging water in the event of a fire emergency.</p> <p>During a face-to-face interview on May 17, 2019, at approximately 11:00 AM, Employee #11 confirmed the finding.</p>	K 353	