

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

PRINTED: 10/29/2015
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 09/09/2015
NAME OF PROVIDER OR SUPPLIER LISNER LOUISE DICKSON HURTHOME			STREET ADDRESS, CITY, STATE, ZIP CODE 5425 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)	(X5) COMPLETION DATE	
K 000	INITIAL COMMENTS	K 000			
K 018 SS=D	<p>The following findings are based on observations and staff interview during the Life Safety Code survey conducted on September 9, 2015.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</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 the space between a bathroom door and door jamb was greater than 1/8 inch; and an entrance door to the main shower room failed to close and latch into its frame to prevent the passage of smoke in the event of a fire in two (2) of five (5) observations. These findings were observed in</p>	K 018	<p>K18 Door Gap and Latch</p> <p>1. Immediate Response:</p> <p>The identified door gap was adjusted to NFPA code and the identified door latch was adjusted to function properly.</p> <p>2. Risk Identification:</p> <p>All NF doors were checked to ensure proper latching and acceptable gap spacing.</p> <p>3. Systemic Changes:</p> <p>Maintenance staff in-serviced on proper door function to include latching/closing and proper door gaps.</p> <p>4. Monitoring:</p> <p>The Director of Engineering or designee will do monthly random door checks on NF and report findings at quality assurance meetings held quarterly.</p>	<p>9/10/15</p> <p>9/10/15</p> <p>11/9/15</p> <p>11/16/15</p>	

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

TITLE

(X6) DATE

Susan M. Haigneaur *CHHA* *Administrator* *11/5/15*

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.

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

PRINTED: 10/29/2015
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 09/09/2015
NAME OF PROVIDER OR SUPPLIER LISNER LOUISE DICKSON HURTHOME			STREET ADDRESS, CITY, STATE, ZIP CODE 5425 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)	(X5) COMPLETION DATE	
K 018	Continued From page 1 the presence of the Director of the Maintenance. The findings include: During the Life Safety tour of the facility, it was determined that one (1) door had a gap that exceeded 1/8 inch and one (1) door failed to latch into its frame which would impede the passage of smoke in the event of a fire as follows: 1. An opening on the vertical side of the bathroom door and door jamb on the Lisner Lane Unit was greater than 1/8 inches. The measured opening was 6/8 inches in one (1) of five (5) observations at 3:20 PM on September 9, 2015. NFPA 80 2007. 2. The entrance door to the main shower room on the Lisner Unit failed to close and latch into the frame when tested in one (1) of one (1) observation at 3:35 PM on September 9, 2015. NFPA 19.3.6.3.6 These observations were made in the presence of the Maintenance Director who acknowledged the findings.	K 018	K 25 Penetrations in Smoke Barrier Walls 1. Immediate Response: The identified penetrations were patched around the piping and the 4X10 opening and BX cable penetration was closed with drywall. 2. Risk Identification: The Maintenance staff conducted rounds of all barrier walls in Administrative area to ensure that there were no penetrations in smoke barrier walls. 3. Systemic Changes: Maintenance staff was in-serviced on checking, repairing and reporting of potential smoke penetrations. 4. Monitoring: The Director of Engineering or designee will do random inspections of walls above ceiling in corridors and resident rooms on a monthly basis and report findings at quality assurance meetings held quarterly.	9/14/15 9/14/15 11/9/15 11/16/15	
K 025 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems.	K 025			

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

PRINTED: 10/29/2015
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 09/09/2015
NAME OF PROVIDER OR SUPPLIER LISNER LOUISE DICKSON HURTHOME			STREET ADDRESS, CITY, STATE, ZIP CODE 5425 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)	(X5) COMPLETION DATE	
K 025	<p>Continued From page 2 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection, it was determined that penetrations were observed in smoke barrier walls, which would not impede or prevent the passage of smoke in the event of a fire in three (3) of three (3) observations. These findings were observed in the presence of the Maintenance Director.</p> <p>The findings include:</p> <p>During the Life Safety Code Inspection, it was determined that penetrations were observed in smoke barrier walls above double doors near the Administrative Area, which would not contain the passage of smoke in the event of a fire.</p> <ol style="list-style-type: none"> 1. A 1-2 inch penetration was observed around a 1 inch plastic pipe, in one (1) of three (3) observations at 2:30 PM on September 9, 2015. 2. A 4 x 10 inch opening was observed in the wall, in one (1) of three (3) observations at 2:30 PM on September 9, 2015. 3. A 1-2 inch opening was observed around BX Cable penetrating through the walls surfaces, in one (1) of three (3) observations at 2:30 PM on September 9, 2015. <p>These observations were made in the presence of the Maintenance Director who acknowledged the findings.</p>	K 025			

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

PRINTED: 10/29/2015
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 09/09/2015
NAME OF PROVIDER OR SUPPLIER LISNER LOUISE DICKSON HURTHOME			STREET ADDRESS, CITY, STATE, ZIP CODE 5425 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)	(X5) COMPLETION DATE	
K 062 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</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 sprinklers were not maintained to ensure that sprinkler heads, shafts and escutcheon ring surfaces were maintained and free of dust and corrosion in two (2) of nine (9) observations. These findings were observed in the presence of the Maintenance Director.</p> <p>The findings include:</p> <p>Through observation and interview, it was determined that sprinkler heads, shafts and escutcheon rings were laden with dust and corrosion in the following areas:</p> <p>1. Dining Room area adjacent to the Day Room, in one (1) of nine (9) observations at 3:25 PM on September 9, 2015. NFPA 101 18.7.6, 19.7.6.</p> <p>2. Kitchen Area adjacent to the Day Room, in one (1) of nine (9) observations at 3:25 PM on September 9, 2015. NFPA 101 18.7.6, 19.7.6.</p> <p>The sprinklers were not maintained to ensure proper operation in the event of an emergency. These observations were made in the presence of the Maintenance Director who acknowledged the findings.</p>	K 062	<p>K 62 Sprinkler Heads</p> <p>1. Immediate Response: The sprinkler heads, shafts and escutcheon ring surfaces in the NF kitchen and dining room area were inspected and parts were ordered and replaced.</p> <p>2. Risk Identification: The Maintenance staff conducted rounds throughout the facility to ensure that sprinkler heads, shafts, and escutcheon rings were free from dust and corrosion.</p> <p>3. Systemic Changes: Maintenance staff was in-serviced on ensuring that sprinkler heads, shafts and escutcheon rings were free from dust and corrosion.</p> <p>4. Monitoring: The Director of Engineering or designee will conduct monthly rounds throughout the facility to ensure that sprinkler heads, shafts and escutcheon rings were free from dust and corrosion and will report findings at quality assurance meetings held quarterly.</p>	11/4/15 9/10/15 11/9/15 11/16/15	

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

PRINTED: 10/29/2015
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 09/09/2015
NAME OF PROVIDER OR SUPPLIER LISNER LOUISE DICKSON HURTHOME			STREET ADDRESS, CITY, STATE, ZIP CODE 5425 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)	(X5) COMPLETION DATE	