

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

PRINTED: 07/26/2018
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 06/12/2018	
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 The Life Safety Code Survey was conducted on June 12, 2018. The following deficiencies are based on observation, interview and record review.	K 000		
K 353 SS=E	<p>Sprinkler System - Maintenance and Testing CFR(s): NFPA 101</p> <p>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.</p> <p>a) <u> </u> Date sprinkler system last checked</p> <p>b) <u> </u> Who provided system test</p> <p>c) <u> </u> Water system supply source</p> <p>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:</p> <p>Based on interview and observations made on June 12, 2018, the facility failed to maintain fire sprinklers and escutcheon rings free of dust, corrosion or paint.</p> <p>Findings included ...</p> <p>1. The escutcheon ring to one (1) of nine (9) fire sprinklers located in the Television lounge was</p>	K 353	<p>K 353 Paint on Sprinklers</p> <p>1. Immediate Response: The paint was removed from the identified sprinklers and escutcheon ring on one sprinkler.</p> <p>2. Risk Identification: All sprinklers were checked to ensure no paint was on them.</p> <p>3. Systemic Changes: An in-service was held for staff on checking sprinklers quarterly to make sure they are free of paint.</p> <p>4. Monitoring: Findings of the sprinkler checks will be reported by Facilities Manager or designee at the quarterly QA Meetings.</p>	7/27/18

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

TITLE

(X6) DATE

Susan Murphy CMTA

Administrator

8/1/18

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 soiled with paint. 2. Two (2) fire sprinklers located across from the nursing station were partially covered with paint. These observations were made in the presence of Employee #14 who acknowledged the findings.	K 353			