



5425 Western Avenue, NW, Washington, DC 20015
202.966.6667 - fax 202.362.0360 - www.lldhhome.org

Purpose Statement

The mission of the Lisner-Louise-Dickson-Hurt Home is to provide extraordinary health and life care services to indigent and modest income seniors of the District of Columbia, empowering them to live their lives to the fullest.

October 24, 2016

Veronica Longstreth, RN, MSN
Interim Program Manager
Health Regulation and Licensing Administration
DC Department of Health
899 North Capitol Street, NE 2nd Floor
Washington, DC 20002

Dear Ms. Longstreth,

Attached you will find the Plan of Correction on the Form CMS-2567 for the Life Safety Code Survey that was conducted at the Lisner-Louise-Dickson-Hurt Home on September 22, 2016 .

Please contact me at 202-966-6667, ext. 3309 if you have any questions.

All the best,

Susan M. Hargreaves, MSA, LNHA
Administrator

cc: Cassandra Kingsberry, RN, Supervisory Nurse Consultant

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

PRINTED: 10/20/2016
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 09/22/2016
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 following findings were observed during the Life Safety Code survey conducted on September 22, 2016.	K 000		
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 13/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Clearance between bottom of door and floor covering is not exceeding 1 inch. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Doors shall be provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.2.3.2.1. Roller latches are prohibited by CMS regulations in all health care facilities. 19.3.6.3 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection, it was determined that one (1) of three (3) entrance doors failed to close and latch into the frames. The findings were observed in the presence of the Director of Engineering. The findings include: Double doors located at the entrance to the facility failed to close and latch into frames when tested at 9:45 AM in one (1) of three (3) observations on September 22, 2016.	K 018	K018 One Entrance Door Failed to Latch into Frame 1. Immediate Response: The identified door was repaired so that it latched properly. 2. Risk Identification: All other entrance doors were checked to assure they were properly latching into their frames. 3. Systemic Changes: All entrance doors will be checked by engineering staff daily to ensure they are latching and engineering staff were in serviced on this procedure. 4. Monitoring: 10-24-2016 The Engineering Department will monitor the condition of the entrance doors and report findings at the quality assurance meetings held quarterly.	

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

Susan M. Hargreaves

TITLE

Administrator

(X6) DATE

10/24/16

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 062 SS=E	<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 This STANDARD is not met as evidenced by:</p> <p>Based on observations during the Life Safety code inspection; it was determined that dust accumulation and paint was observed on sprinkler head and shaft surfaces; which could potentially adversely affect the operation of sprinklers in the event of an emergency.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. One (1) of 4 sprinkler heads in the Day Room was observed soiled with dust accumulation at 10:10 AM on September 22, 2016. 2. Paint was observed on sprinkler head and shaft surfaces in the Main Lounge adjacent to the Dining Room in three (3) of seven (7) observations at 10:20 AM on September 22, 2016. 	K 062	<p>K062 Soiled, Dust or Paint on Sprinkler Head</p> <p>1. Immediate Response: The identified sprinkler heads were cleaned immediately and any dust and paint was removed</p> <p>2. Risk Identification: All sprinkler heads were checked and cleaned if needed.</p> <p>3. Systemic Changes: All sprinkler heads will be checked by engineering staff weekly to ensure they are not soiled and are free of dust and paint. Engineering staff was in-serviced on this procedure.</p> <p>4. Monitoring: 10-24-2016 The Engineering Department will monitor the condition of the sprinkler heads and report findings at the quality assurance meetings held quarterly.</p>	