



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.

September 15, 2017

Tonoah Hampton, Supervisory Nurse Consultant
Health Regulation and Licensing Administration
Department of Health
Government of the District of Columbia
899 North Capitol Street, NE 2nd Floor
Washington, DC 20002

Dear Ms. Hampton,

In response to the Life Safety Code Survey completed on August 16, 2017, enclosed you will find the Plan of Correction from the Lisner-Louise-Dickson-Hurt Home.

Please feel free to contact me at 202-966-6667 extension 3309 if you have any questions.

All the best,

Susan M. Hargreaves, MSA, LNHA
Administrator

cc: Veronica Longstreth, RN, MSN

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

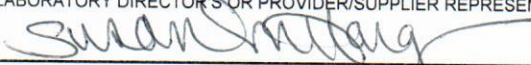
PRINTED: 09/13/2017
FORM APPROVED
OMB NO. 0938-0391

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 08/16/2017
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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	K 000	K352 Sprinkler System- Documentation 1. Immediate Response: Contacted company to request more detailed reports that identify location of the tamper and flow switches, supervisory signal devices and evidence of individual device testing. 2. Risk Identification: No other systems are applicable in the facility for this specific documentation. 3. Systemic Changes: The company and engineering department were educated as to the need for specification in reports provided. Company from this point forward will provide JCAHO reports as used in hospitals. 4. Monitoring: Engineer will make sure proper documentation is provided and will report on this documentation at the quarterly QA Meetings.	10-11-17
K 352 SS=D	NFPA 101 Sprinkler System - Supervisory Signals Sprinkler System - Supervisory Signals Automatic sprinkler system supervisory attachments are installed and monitored for integrity in accordance with NFPA 72, National Fire Alarm and Signaling Code, and provide a signal that sounds and is displayed at a continuously attended location or approved remote facility when sprinkler operation is impaired. 9.7.2.1, NFPA 72 This STANDARD is not met as evidenced by: Based on observations, record review, and staff interview, during the Life Safety Code Inspection; it was determined that documentation was not available to support testing of the water flow alarm devices, such as tamper flow switches and supervisory signal devices; which require quarterly testing. The findings include: During the Life Safety Code inspection on August 16, 2017, the record review revealed the facility's record lacked documentation to support testing of the water flow alarm devices; such as flow and tamper switches and supervisory signal devices, on a quarterly basis in four (4) of four (4) observations. The missing or incomplete supporting	K 352		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 9/15/17
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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 352	Continued From page 1 documentation is as follows: 1. The third quarter of 2016: the location of the tamper and flow switches, supervisory signal devices, and evidence of individual device testing. 2. The fourth quarter of 2016: the location of the tamper and flow switches, supervisory signal devices, and evidence of individual device testing. 3. The first quarter of 2017 location of the tamper and flow switches, supervisory signal devices, and evidence of individual device testing. 4. The second quarter of 2017 location of the tamper and flow switches, supervisory signal devices, and evidence of individual device testing. On August 16, 2017, at the time of record review, the Maintenance Director and Administrator reviewed, discussed, and acknowledged the findings.	K 352			
K 353 SS=D	NFPA 101 Sprinkler System - Maintenance and Testing 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 _____	K 353	K353 Sprinkler System- Dust 1. Immediate Response: The sprinkler heads, shaft surfaces and escutcheon rings were cleaned in the identified rooms. 2. Risk Identification: All sprinkler heads, shaft surfaces and escutcheon rings were checked for cleanliness. 3. Systemic Changes: An in-service was held for maintenance staff on the procedures for weekly checking and cleaning the sprinkler heads, shaft surfaces and escutcheon rings. 4. Monitoring: The Engineering Department will monitor the cleanliness of the sprinkler heads, shaft surfaces and escutcheon rings. The Engineering Director will report findings at the quarterly QA Meetings.	10-11-17	

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K 353	<p>Continued From page 2</p> <p>c) 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 STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection, it was determined that sprinklers were not maintained to ensure proper operation in the event of an emergency, as evidenced by dust accumulation on sprinkler surfaces in four (4) of 17 observations. The following findings were observed in the presence of the Maintenance Director.</p> <p>The findings include:</p> <p>On August 16, 2017, between 9:05 AM and 10:55 AM, the facility's sprinkler system was observed with dust accumulation on sprinkler heads and shaft surfaces, and escutcheon rings as follows:</p> <ol style="list-style-type: none"> 1. Rooms #102 and 104 on Lisner Terrace 2. Room #127 on Lisner Lane 3. Room #112 on Dickerson Drive <p>Failure to maintain the facility's sprinkler system poses a potential fire hazard in the event of an emergency.</p>	K 353		