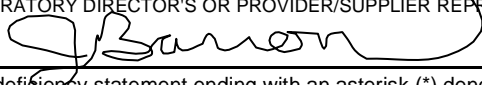


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095030	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/07/2024
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NAME OF PROVIDER OR SUPPLIER SIBLEY MEM HOSP RENAISSANCE	STREET ADDRESS, CITY, STATE, ZIP CODE 5255 LOUGHBORO ROAD NW WASHINGTON, DC 20016
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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	<p>INITIAL COMMENTS</p> <p>A life safety code survey was conducted at your facility on August 6, and August 7, 2024, by the Department of Health, Health Regulations and Licensing Administration. The following deficiencies are based on observation, interview, and record review. The facility census was 18.</p>	K 000	<p>Sibley Memorial Hospital Renaissance is filing the following plan of corrections for regulatory compliance. The facility is submitting this plan of corrections to comply with the applicable law and not as an admission or statement of agreement concerning the alleged deficiencies.</p>	
K 324 SS=F	<p>Cooking Facilities CFR(s): NFPA 101</p> <p>Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>This REQUIREMENT is not met as evidenced by:</p>	K 324	<p>K 324 Cooking Facilities: facility staff failed to install and maintain cooking equipment shielded by the kitchen hood fire suspension system as evident by the char broiler and cooking grill not being installed in a manner to ensure the appliances are returned to their assigned location after cleaning or maintenance.</p> <ol style="list-style-type: none"> How the corrective action was accomplished for those residents found to have been affected by the deficient practice. <ul style="list-style-type: none"> There were no residents affected by the deficient practice. The appliances were in place with tethers, under the kitchen hood, at the time of survey. How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective actions have been taken? <ul style="list-style-type: none"> There were no other residents impacted by this deficient practice. The appliances were in place with tethers, under the kitchen hood, at the time of survey. Systemic changes to ensure deficient practice does not reoccur: <ul style="list-style-type: none"> The Director of Plant Operations and the Executive Chef/Culinary Manager checked tethers for both appliances, there were no changes needed. 	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator, Sibley Renaissance	(X6) DATE 8/30/24
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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 324	<p>Continued From page 1</p> <p>Based on observation and interview, facility staff failed to install and maintain cooking equipment shielded by the kitchen hood fire suppression system. This deficient practice affected all staff in dietary services.</p> <p>The findings include:</p> <p>During a tour of dietary services on August 6, 2024, at approximately 9:30 AM, one (1) of one (1) char broiler and one (1) of one (1) cooking grill that were located on the cooking line in the kitchen, were not installed in a manner to ensure that the appliances are returned to their assigned location after they are displaced for maintenance and cleaning, as required by NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, sections 12.1.2.3 and 12.1.2.3.1 which state:</p> <p>NFPA 96 (2011)</p> <p>Standard for Ventilation Control and Fire Protections of Commercial Cooking Operations</p> <p>12.1.2.3 The fire-extinguishing system shall not require reevaluation where the cooking appliances are moved for the purposes of maintenance and cleaning, provided the appliances are returned to approved design location prior to cooking operations, and any disconnected fire-extinguishing system nozzles attached to the appliances are reconnected in accordance with the manufacturer ' s listed design manual.</p> <p>12.1.2.3.1 An Approved method shall be provided that will ensure that the appliance is returned to an approved design location.</p>	K 324	<ul style="list-style-type: none"> • Colored tiles will be installed on the floor as a visual cue to ensure the appliances return to their assigned location after cleaning or maintenance. • The Director of Plant Operations will educate the Executive Chef/Culinary Manager on: <ul style="list-style-type: none"> ○ Importance of ensuring appliances are shielded by the kitchen hood fire suppression system. ○ Use of colored tiles as visual cues on the floor to ensure that the appliances are returned to their approved designated location after cleaning or maintenance. <p>4. Plan for monitoring performance/sustainability:</p> <ul style="list-style-type: none"> • The Executive Chef/Culinary Manager (or designee) will conduct weekly audits to ensure the char broiler and cooker grill are in their designated location until 3 months of 100% compliance is sustained, then periodically thereafter, which will default to the facility's routine audit process. Any instances of non-compliance will be addressed immediately. <ul style="list-style-type: none"> ○ Data will be reported monthly to the Renaissance QAPI Committee. <p>5. Date corrective action will be complete:</p> <ul style="list-style-type: none"> • October 7, 2024 <p>6. Title of the person responsible for implementing acceptable POC:</p> <ul style="list-style-type: none"> • Director of Plant Operations 	

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K 324	Continued From page 2 Interview with the interim food service director revealed the facility was not aware of this requirement. Employee #4 acknowledged the findings during a face-to-face interview on August 12, 2024, at approximately 9:30 AM.	K 324		
K 353 SS=F	Sprinkler System - Maintenance and Testing 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 a fire emergency as evidenced by sprinklers with grease and/or foreign substance on the shaft and head surfaces in the main kitchen. This deficient practice could	K 353	K 353 Sprinkler System – Maintenance and Testing: facility staff failed to maintain sprinkler heads to ensure proper operation in the event of a fire emergency as evidenced by sprinklers with grease and/or foreign substance on shaft and head surfaces in the main kitchen. 1. How the corrective action was accomplished for those residents found to have been affected by the deficient practice. <ul style="list-style-type: none"> There were no residents affected by the deficient practice. Vendor (Delta Industries) was called to address grease and/or foreign substance on sprinkler. 2. How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective actions have been taken? <ul style="list-style-type: none"> There were no other residents impacted by this deficient practice. Vendor (Delta Industries) was called to address grease and/or foreign substance on sprinkler. 3. Systemic changes to ensure deficient practice does not reoccur: <ul style="list-style-type: none"> Vendor (Delta Industries) will replace sprinkler head on 9/5/24. The sprinkler heads will be cleaned by Delta Industries on a quarterly basis moving forward. 	

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K 353	<p>Continued From page 3</p> <p>prevent the fire sprinkler from discharging in a fire emergency.</p> <p>The findings include:</p> <p>During a Life Safety Code inspection on August 6, 2024, at approximately 9:30 AM,</p> <p>fire sprinkler heads located above one (1) of one (1) six-burner gas stove, and one (1) of one (1) cooking grill, were soiled with grease stains and/or a dark sticky substance in three (3) of three (3) observations. This deficient practice could prevent the fire sprinkler from discharging in a fire emergency.</p> <p>Employee #4 acknowledged the findings during a face-to-face interview on August 12, 2024, at approximately 9:30 AM.</p>	K 353	<ul style="list-style-type: none"> • An escalation process has been established to address a sprinkler head that needs to be cleaned between quarterly cleanings: <ul style="list-style-type: none"> ○ Executive Chef/Culinary Manager (or designee) will report occurrence to Director of Plant Operations ○ Director of Plant Operations will then call the vendor to come onsite to clean the sprinkler. • The Director of Plant Operations will educate the Executive Chef/Culinary Manager on: <ul style="list-style-type: none"> ○ Requirement to maintain clean sprinkler heads to ensure proper operation in event of a fire emergency. ○ Escalation process to report a sprinkler head that needs to be cleaned between quarterly cleanings. <p>4. Plan for monitoring performance/sustainability:</p> <ul style="list-style-type: none"> • The Director of Plant Operations (or designee) will conduct monthly audits of kitchen sprinkler heads to ensure 3 months of sustained compliance. A sprinkler head will be considered "in compliance" if it is visually clean or if it has already been reported via the escalation process to the Director of Plant Operations. Any instances of non-compliance will be addressed immediately. <ul style="list-style-type: none"> ○ Data will be reported monthly to the Renaissance QAPI Committee. <p>5. Date corrective action will be complete:</p> <ul style="list-style-type: none"> • October 7, 2024 <p>6. Title of person responsible for POC Implementation:</p> <ul style="list-style-type: none"> • Director of Plant Operations 	

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K 712 ss 5	<p>Fire Drills CFR(s): NFPA 101</p> <p>Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Based on record review and interview, it was determined that facility staff failed to comply with</p> <p>Continued From page 4 applicable provisions of the 2012 edition of the Life Safety Code of the National Fire Protection Association (NFPA) as evidenced by the lack of fire drills during the third and fourth quarter of the year 2023. This deficient practice could delay response in a real fire emergency if staff were hesitant to react.</p> <p>The findings include:</p> <p>The 2012 Edition of NFPA 101 section 21.7.1.6 states "...Drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions".</p> <p>In addition, section 21.7.1.7 states "When drills are conducted between 9:00 p.m. and 6:00 a.m.</p>	K 712	<p>K353 Fire Drills: facility staff failed to comply with applicable provisions of the 2012 edition of the Life Safety Code of the National Fire Protection Association as evident by the lack of fire drills during the third and fourth quarter of the year 2023.</p> <ol style="list-style-type: none"> How the corrective action was accomplished for those residents found to have been affected by the deficient practice. <ul style="list-style-type: none"> There were no residents affected by the deficient practice. There was an unplanned fire drill completed during the survey (8/7/2024 at 11:36am). How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective actions have been taken? <ul style="list-style-type: none"> There were no other residents impacted by this deficient practice. On 8/7/24, Safety and Security Manager reviewed recent fire drill logs. There was documented evidence of compliance with quarterly fire drills on each shift for the past quarter (Q2 of 2024). Systemic changes to ensure deficient practice does not reoccur: <ul style="list-style-type: none"> Standard Operating Procedure: "Fire Plan" was reviewed by the Director of Safety and Security and did not require any revisions related to Renaissance fire drill requirements (quarterly, on each shift). The Director of Safety and Security will re-educate the Safety and Security Manager on the following: <ul style="list-style-type: none"> 2012 Edition of NFPA 101 section 21.7.16: "Fire drills shall be conducted quarterly, on each shift to familiarize facility personal with the signal and emergency action 	

(2100 hours and 0600 hours), a coded announcement shall be permitted to be used instead of audible alarms."

A review of the fire drills logs on August 7, 2024, at approximately 11:00 AM, showed that fire drills were not completed during the third quarter of the year 2023 (first and second shifts), and the fourth quarter of the year 2023 (first and third shifts). This deficient practice could delay staff response in a real fire emergency.

Employee #5 acknowledged the findings during a face-to-face interview on August 7, 2024, at approximately 11:00 AM.

required under varied conditions."

- o 2012 Edition of NFPA 101 section 21.7.17: "When drills are conducted between 9:00pm and 6:00am, a coded announcement shall be permitted to be used instead of audible alarms."

4. Plan for monitoring performance/sustainability:

- The Director of Safety and Security (or designee) will conduct quarterly audits of Renaissance fire drill logs until 3 quarters of 100% compliance (all shifts, every quarter) is sustained, then periodically thereafter, which will default to the facility's routine audit process. Any instances of non-compliance will be addressed immediately.
 - o Data will be reported monthly to the Renaissance QAPI Committee.

5. Date corrective action will be complete:

- October 7, 2024

6. Title of the person responsible for implementing acceptable POC:

- Director of Safety and Security