

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

PRINTED: 09/29/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095030	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/05/2017
NAME OF PROVIDER OR SUPPLIER SIBLEY MEM HOSP RENAISSANCE			STREET ADDRESS, CITY, STATE, ZIP CODE 5255 LOUGHBORO ROAD NW WASHINGTON, DC 20016	
(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	Sibley Memorial Hospital Renaissance is filing the following plan of correction for purposes of regulatory compliance, in response to the Quality Indicator and licensure survey conducted on September 5, 2017. The facility is submitting this plan of correction to comply with applicable law and not as an admission or statement of agreement with respect to the alleged deficiencies herein.	
K 353 SS=E	<p>NFPA 101 Sprinkler System - Maintenance and Testing</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) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</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:</p> <p>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 on sprinkler heads in 15 of 38 observations and paint in one (1) of nine (9) observations on sprinkler heads and shaft surface. The Manager of Regulatory Compliance and Maintenance were present at the time of the observations.</p>	K 353	<p>The following comments are in response K353 – Sprinkler heads maintenance:</p> <p>A. Sprinkler Heads soiled with dust as follows:</p> <ul style="list-style-type: none"> • Room 303, one of three heads. Work Order # 91207 Completed 10/4/17 • Room 305, one of three heads. Work Order # 91207 Completed 10/4/17 • Room 307, one of three heads. Work Order # 91207 Completed 10/4/17 • Room 308, two of three heads. Work Order # 91207 Completed 10/4/17 • Room 309, two of three heads. Work Order # 91207 Completed 10/4/17 • Room 312, two of three heads. Work Order # 91207 Completed 10/4/17 • Room 315, two of two heads. Work Order # 91207 Completed 10/4/17 • Room 326, one of three heads. Work Order # 91216 Completed 9/11/17 <p>B. Sprinkler heads missing escutcheon rings soiled with dust as follows:</p> <ul style="list-style-type: none"> • Nurse station missing one of six escutcheon rings. 	

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

Dekorah Elise Miller

TITLE

Administrator

(X6) DATE

10/9/17

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 The findings include: A. During the inspection of the facility's sprinklers, the sprinklers were not maintained to ensure proper operation in the event of an emergency; as evidenced by soiled sprinkler heads and shaft surface, paint on the sprinkler heads and escutcheon rings and missing escutcheon rings in residents rooms and bathrooms. A. Sprinkler heads soiled with dust as follows: Room 303 in one (1) of three (3) observations; Room 305 in one (1) of three (3) observations; Room 307 in one (1) of three (3) observations; Room 308 in two (2) of three (3) observations; Room 309 in two (2) of three (3) observations; Room 312 in two (2) of three (3) observations; Room 315 two (2) of two (2) observations; Room 326 in one (1) of three (3) observations; B. Nurses Station missing escutcheon rings in one (1) of six (6) observations and dust on sprinkler heads, in three (3) of six (6) observations. C. Paint observed on sprinkler heads, and shaft surfaced in Room 305 in one (1) of five (5) observations and Room 328 in one (1) of four (4) observations at 11:45 AM on September 5, 2017.	K 353	Work Order # 91209 Completed 10/4/17 • Nurse station, 3 of six heads soiled with dust. Work Order # 91209 Completed 10/4/17 C. Sprinkler heads and shaft with paint as follows: • Room 305, one of five heads. Work Order # 91207 Completed 10/4/17 • Room 328 one of four heads. Work Order # 91216 Completed 10/4/17 1. Corrective Action for Identified Residents: No known direct impact to residents from soiled, dusty, painted sprinkler heads and/or missing escutcheon rings. The identified areas have all been corrected. 2. Identification of Other Residents having the Potential to be affected: Other residents with the potential of being affected by the same deficient practice will be addressed by the following plan of correction: Environmental Rounds with attention to soiled, dusty, painted sprinkler heads and/or missing escutcheon rings. 3. Systemic Changes to Prevent Recurrence: Environmental Rounds performed by the Director of Plant Operations and Maintenance (Plant O&M) on a monthly basis and the Environment of Care (EOC) Committee semi-annually will include attention to soiled, dusty, painted sprinkler heads and/or missing escutcheon rings. Work orders will be submitted to Plant O&M for any repairs or cleaning of sprinkler heads as needed. 4. Monitoring and Incorporation into Quality Assurance / Performance Improvement Process: Environmental rounds are		
K 907 SS=D	NFPA 101 Gas and Vacuum Piped Systems - Maintenance Pr Gas and Vacuum Piped Systems - Maintenance Program Medical gas, vacuum, WAGD, or support gas systems have documented maintenance programs. The program includes an inventory of all source systems, control valves, alarms,	K 907			

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K 907	<p>Continued From page 2</p> <p>manufactured assemblies, and outlets. Inspection and maintenance schedules are established through risk assessment considering manufacturer recommendations. Inspection procedures and testing methods are established through risk assessment. Persons maintaining systems are qualified as demonstrated by training and certification or credentialing to the requirements of AASE 6030 or 6040. 5.1.14.2.1, 5.1.14.2.2, 5.1.15, 5.2.14, 5.3.13.4.2 (NFPA 99)</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observations during the Life Safety Code Inspection, the facility failed to ensure the Medical Gas System was inspected annually, to ensure that the primary and reserve supply systems operate as intended.</p> <p>The findings include:</p> <p>Review of Medical Gas System maintenance documents on September 5, 2017, during the Life Safety Code Inspection, it was determined that proper documentation to demonstrate that the primary and reserve system of the Medical Air Gas System, are tested and serviced annually; per National Fire Protection (NFPA) 99 Health Facilities Code was not available.</p> <p>The last annual inspection of the primary and reserve supply of the Medical Air Gas System occurred on August 24, 2016, on the primary and reserve supply of the of the Medical Air Gas System.</p>	K 907	<p>aggregated and monitored for deficient trends on a monthly basis and corrective measures are implemented as necessary. Plant O&M Leadership Team will monitor the work order system for completion and satisfaction rates. This plan of correction is integrated into the quality assurance system through the quarterly reports with annual report to the EOC committee.</p> <p>5. Dates When Corrective Action Will Be Completed: October 4, 2017</p> <p>The following comments are in response K907 – failure to ensure the Medical Gas System was inspected annually:</p> <ol style="list-style-type: none"> 1. Corrective Action for Identified Residents: No known direct impact to residents from missed inspection. 2. Identification of Other Residents having the Potential to be affected: Other residents with the potential of being affected by the same deficient practice will be addressed by the following plan of correction: Ensure that the contractor, Air Products, does not miss or delay their scheduled annual inspection. 3. Systemic Changes to Prevent Recurrence: Director of Plant Operations and Maintenance (Plant O&M) will closely monitor the scheduling of the Preventative Maintenance (PM) to ensure that PMs are performed and documented every twelve months. 4. Monitoring and Incorporation into Quality Assurance / Performance Improvement Process: Inspections are scheduled and monitored for deficient trends on a monthly basis and corrective measures are implemented as necessary. This plan of correction is integrated into the quality assurance system through the quarterly PM report with annual PM report to the EOC committee. 5. Dates When corrective Action Will Be Completed: Inspection was performed by Air Products on October 6, 2017. 		