

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD02-0026</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>08/18/2017</b>
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**SIBLEY MEM HOSP RENAISSANCE**

**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) COMPLETE DATE
L 000	<p><b>Initial Comments</b></p> <p>An Annual Licensure survey was conducted on August 14, 2017 through August 18, 2017. The deficiencies are based on observation, record review, resident and staff interviews for 26 sampled residents.</p> <p>The following is a directory of abbreviations and/or acronyms that may be utilized in the report:</p> <p><b>Abbreviations</b></p> <p>AMS - Altered Mental Status ARD - assessment reference date BID - Twice- a-day B/P - Blood Pressure cm - Centimeters CMS - Centers for Medicare and Medicaid Services CNA- Certified Nurse Aide CFU - Colony Forming Unit CRF - Community Residential Facility D.C. - District of Columbia DCMR- District of Columbia Municipal Regulations D/C Discontinue DI - deciliter DMH - Department of Mental Health EKG - 12 lead Electrocardiogram EMS - Emergency Medical Services (911) G-tube Gastrostomy tube HSC - Health Service Center HVAC - Heating ventilation/Air conditioning ID - Intellectual disability IDT - Interdisciplinary team L - Liter Lbs. - Pounds (unit of mass) MAR - Medication Administration Record MD- Medical Doctor</p>	L 000	<p>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 August 14, 2017 through August 18, 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.</p> <p><b>The following comments are in response L099 – Failure to prepare and distribute foods under sanitary conditions:</b></p> <ol style="list-style-type: none"> <li>1. Corrective Action for Identified Residents: No direct impact identified to residents from the deficient practice of a soiled refrigerator shelf and soiled muffin pans</li> <li>2. Identification of Other Residents Having the Potential of being Affected: No additional residents were identified as being negatively impacted by the soiled refrigerator shelf or the soiled muffin pans</li> <li>3. Systemic Changes to Prevent Recurrence: The Food and Nutrition Services Management Team and Sanitation Team have met with all employees and re-educate staff about the importance of cleaning any shelves that are soiled in department. The sanitation team will meet monthly to discuss special cleaning assignments</li> <li>4. Monitoring and Incorporation into Quality Assurance / Performance Improvement Process: Daily monitoring by management will identify soiled shelving and muffin pans. The Food and Nutrition Services Management Team will review compliance on a monthly basis. Ongoing monitoring will be included in the annual report to the Environment of Care Committee.</li> </ol>	

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

TITLE

(X6) DATE

*Reborah Elise Miller*

*Administrator*

*10/9/17*

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L 000	Continued From page 1  MDS - Minimum Data Set Mg - milligrams (metric system unit of mass) mL - milliliters (metric system measure of volume) mg/dl - milligrams per deciliter mm/Hg - millimeters of mercury MN - midnight Neuro - Neurological NP - Nurse Practitioner PASRR - Preadmission screen and Resident Review Peg tube - Percutaneous Endoscopic Gastrostomy PO- by mouth POS - physician 's order sheet Prn - As needed Pt - Patient PU- Partial Upper PL- Partial Lower Q- Every QIS - Quality Indicator Survey Rap, R/P - Responsible party SCC - Special Care Center Sol- Solution TAR - Treatment Administration Record Trach- Tracheostomy TX- Treatment	L 000	5. Date Corrective Action Completed: October 2, 2017.  <b>The following comments are in response L240 - Failure to properly dispose of refuse:</b> 1. Corrective Action for Identified Residents: No direct impact identified to residents from the deficient practice of spilled grease on the floor around the grease trap on the loading dock. 2. Identification of Other Residents Having the Potential of Being Affected: No additional residents were identified as being negatively impacted by spill grease on the loading dock. 3. Systemic Changes to Prevent Recurrence: The Food and Nutrition Services Management Team and Sanitation Team have met with all employees and re-educated on the importance of avoiding hazardous spills. The Food and Nutrition Services Management Team will provide ongoing education to avoid recurrence. 4. Monitoring and Incorporation into Quality Assurance / Performance Improvement Process: Daily monitoring of grease trap condition in currently in progress with daily report to the management team. Ongoing monitoring will be included in the annual report to the Environment of Care Committee.	
L 099	3219.1 Nursing Facilities  Food and drink shall be clean, wholesome, free from spoilage, safe for human consumption, and served in accordance with the requirements set forth in Title 23, Subtitle B, D. C. Municipal Regulations (DCMR), Chapter 24 through 40. This Statute is not met as evidenced by:  Based on observations, the facility failed to prepare and distribute foods under sanitary	L 099	5. Date Corrective Action Completed: August 25, 2017  <b>The following comments are in response L410 - Failure to maintain resident's environment, in a sanitary manner:</b>  <b>Soiled Exhaust Vents</b> 1. Corrective Action for Identified Residents: No known direct impact to residents from soiled exhaust vents.	

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L 099	Continued From page 2  conditions as evidenced by one (1) of one (1) refrigerator/freezer unit that soiled on the inside and seven (7) of seven (7) muffin pans that were stained. The observations made on August 14, 2017, at approximately 9:15 AM and on August 17, 2017, at approximately 9:30 AM were in the presence of Employee #5.  The findings include:  1. One (1) of one (1) refrigerator/freezer cart shelf soiled.  2. Five (5) of five (5) small muffin pans and two (2) of two (2) large muffin pans soiled.  Employee #5 acknowledged the findings at the time of the observations.	L 099	2. Identification of Other Residents Having the Potential of Being 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 exhaust vents.  3. Systemic Changes to Prevent Recurrence: Work orders will be submitted to EVS for any soiled exhaust vents. Environmental Rounds will be performed by the Environmental Services Management Team on a monthly basis and the Environment of Care (EOC) Committee semi-annually with attention to soiled exhaust vents.  4. Monitoring and Incorporation into Quality Assurance / Performance Improvement Process: Environmental rounds are aggregated and monitored for deficient trends and corrective measures are implemented as necessary. Environmental services monitors and inspects for the cleaning of exhaust vents on an ongoing basis. This plan of correction is integrated into the quality assurance system through the quarterly report of deficient trends and review of completion and satisfaction rates on an annual basis by the EOC committee.  5. Date Corrective Action Completed: October 2, 2017.		
L 240	3237.1 Nursing Facilities  Each system for the disposal of water-carried sewerage shall be constructed, operated, and maintained in accordance with the 1995 BOCA International National Plumbing Code, District of Columbia Construction Code Supplement, Title 12 DCMR and all applicable District laws and regulations. This Statute is not met as evidenced by:  Based on observations, the facility failed to properly dispose of refuse as evidenced by a spill of used grease that was observed on the floor around the grease trap on the loading dock in one (1) of one (1) observation. The observation made on August 14, 2017, at approximately 9:15 AM and on August 17, 2017, at approximately 9:30 AM in the presence of Employee #5.  The findings include:	L 240	<b>Torn Privacy Curtains Loose Privacy Curtains</b>  1. Corrective Action for Identified Residents: No known direct impact to residents from torn, loose, or off the hooks privacy curtains.  2. Identification of Other Residents Having the Potential of Being Affected: Other residents with the potential of being affected by the same deficient practice will be addressed by the following plan of		

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L 240	Continued From page 3  A. Used grease on the floor, around the grease trap on the loading dock.  Employee #5 who acknowledged the findings at the time of the observation.	L 240	correction: Environmental Rounds with attention to torn, loose, or off the hooks privacy curtains. 3. Systemic Changes to Prevent Recurrence: Work orders will be submitted to EVS for any torn, loose, or off the hooks privacy curtains. Environmental Rounds will be performed by the Environmental Services Management Team on a monthly basis and the Environment of Care (EOC) Committee semi-annually with attention to the replacement of all curtains when needed for rooms and showers.	
L 410	3256.1 Nursing Facilities  Each facility shall provide housekeeping and maintenance services necessary to maintain the exterior and the interior of the facility in a safe, sanitary, orderly, comfortable and attractive manner. This Statute is not met as evidenced by: Based on observations made on August 17, 2017 at approximately 11:00 AM, the facility failed to maintain resident's environment, in a sanitary manner, as evidenced by soiled exhaust vents in eight (8) of 14 resident's rooms, torn privacy curtains in one (1) of 14 resident's room and loose privacy curtains in three (3) of 14 resident's rooms.  The findings include:  1. Exhaust vents soiled in eight (8) of 14 resident's bathrooms including rooms #301, 303, 306, 308, 310, 314, 320 and 328.  2. Two (2) of two (2) privacy curtains in resident room #310 torn, one (1) of 14 resident's rooms surveyed.  3. Privacy curtains hanging loose and off the hooks in three (3) of 14 resident's rooms #303, 308, and 328.	L 410	4. Monitoring and Incorporation into Quality Assurance / Performance Improvement Process: Environmental rounds are aggregated and monitored for deficient trends and correction measures are implemented as necessary. Environmental services monitors and inspects for replacing of curtains on an ongoing basis. This plan of correction is integrated into the quality assurance system through quarterly reports with annual report to the EOC committee. 5. Date Corrective Action Completed: October 2, 2017.  The following comments are in response L442 – Failure to maintain essential equipment in good working condition: 1. Corrective Action for Identified Residents: No direct impact identified to residents from the deficient practice of water pooled around the dish machine and fire extinguisher stored on top of an electrical box. 2. Identification of Other Residents Having the Potential of Being Affected: No additional residents were identified as being negatively impacted by water pooled around the dish machine and fire extinguisher stored on top of an electrical box.	

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L 410	Continued From page 4  These observations made in the presence of Employee #6 who acknowledged the findings.	L 410	<p>3. Systemic Changes to Prevent Recurrence:</p> <ul style="list-style-type: none"> <li>a. Temporarily – We have also placed a slip resistant mat in the area where the standing water is settling.</li> <li>b. Long-term – A replacement dish machine is being built by the manufacturer and will be installed once construction of the dish machine is completed.</li> <li>c. The fire extinguisher has been relocated to a place that was approved by Plant Operations. Staff have been educated on the important of safety hazards and the use of the slip resistant mat as well as the new location of the fire extinguisher.</li> </ul> <p>4. Monitoring and Incorporation into Quality Assurance / Performance Improvement Process: Daily monitoring and preventive maintenance walk thru of area will be conducted by management during every shift to make sure staff are safe from slip hazards. Monthly monitoring of the fire extinguisher to ensure compliance. Ongoing monitoring will be included in the annual report to the Environment of Care Committee.</p> <p>5. Date Corrective Action Completed: Slip resistant mat was placed around the dish machine on October 2, 2017. The new dish machine is scheduled to be installed on November 15, 2017. The Fire Extinguisher was relocated October 2, 2017.</p> <p>END OF DOCUMENT</p>	
L 442	<p>3258.13 Nursing Facilities</p> <p>The facility shall maintain all essential mechanical, electrical, and patient care equipment in safe operating condition. This Statute is not met as evidenced by: Based on observations, the facility failed to maintain essential equipment in good working condition as evidenced by a pool of water observed on the floor, next to the dishwashing machine, and a fire extinguisher inappropriately stored. On August 14, 2017, at approximately 9:15 AM and on August 17, 2017, at approximately 9:30 AM, Employee #5 was present at the time of the observations.</p> <p>The findings include:</p> <ul style="list-style-type: none"> <li>A. Approximately half an inch of water observed on the floor next to the dishwashing machine, the facility staff stated that the dishwasher was leaking.</li> <li>B. A fire extinguisher stored on top of an electrical box unsecured</li> </ul> <p>Employee #5 acknowledged the findings at the time of the observations.</p>	L 442		