Health Regulation & Licensing Administration				(X3) DATE SURVEY	
STATEMENT OF DEFICIENCIES (X1) PF AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	•		COMPLETED
		HFD02-0026	B. WING		09/14/2016
NAME OF PR	OVIDER OR SUPPLIER	STREET ADDI	RESS, CITY, ST/	ATE, ZIP CODE	
			HBORO RO		
SIBLEY M	EM HOSP RENAISSA		TON, DC 20	PROVIDER'S PLAN OF CORRECTION	N (X5)
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	3210.4 Nursing Factors A charge nurse shall (a) Making daily resist emotional status are nursing intervention (b) Reviewing mediaccuracy in the transiderences to stop (c) Reviewing resided goals and approached approaches to stop direct resident nurse (e) Supervising and employee on the unit (f) Keeping the Direct resident nurse employee information of 20 Stage 2 sand that the charge nursident who suffer within 30 days and approaches for the use of nine	cilities If the responsible for the following: Ident visits to assess physical and implementing any required or; cation records for completeness, ascription of physician orders, and o-order policies; ents' plans of care for appropriate thes, and revising them as consibility to the nursing staff for sing care of specific residents; If evaluating each nursing	2) 1 8	Sibley Memorial Hospital Renaissa following plan of correction for purpose to the Quicensure survey conducted on Sethrough September 14, 2016. The this plan of correction to comply who has an admission or statement respect to the alleged deficiencies. The following comments are in Re-weigh: 1. Corrective Action for Identifier a. The resident found to has the deficient practice of the had no adverse outcome b. The Quality and Complia staff education regarding weight policy. c. The Director of Nursing the staff involved in the staff involved in the staff involved in the staff involved in the staff compliance RN. b. Weekly chart audits per and Compliance RN. b. Weekly review of weight follow-up with the staff at to ensure accuracy of d. 3. Systemic Changes to Preve residents with Length of Standuring weekly Care plan me. 4. Monitoring and Incorporation / Performance Improvement Continue weekly chart audit residents by the Quality and Audit results will be reported Renaissance Compliance and C	ality Indicator and ptember 12, 2016 facility is submitting ith applicable law and of agreement with therein. Tesponse to L 051 #1 d Patients: The been affected by not having a re-weight ence RN will provide the Renaissance Services will counsel deficiency ts Having the Potential formed by the Quality the discrepancies with assigned to the resident ocumentation int Recurrence: Identify the Quality Assurance there are performed for all I Compliance RN. It
	The findings inclu	ide:		Committee Meeting. 5. Date Corrective Action Con	npleted: 10/17/16
112-111-5	ulation & Licensing Admir	nistration		TITLE	(X6) DATE

Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

| Description | Descriptio

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Health Regulation & Licensing Administration (x3) DATE SURVEY					
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	COMPLETED
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		HFD02-0026	B. WING		09/14/2016
	ALTER OF SURPLIER	STREET ADDS	RESS, CITY, STA	TE, ZIP CODE	
NAME OF P	ROVIDER OR SUPPLIER		HBORO RO		
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L 051	Continued From page	ge 1 se failed to re-weigh Resident	L 051	The following comments are in Care Plan: 1. Corrective Action for Identification at There are no further comments.	ed Patients:
	#61 who suffered a within 30 days.	significant weight loss of 5%		resident found to have deficient practice as the discharged. b. Care plans for all reside	been affected by this e resident has been
-	A review of documentation of the resident 's weight from April 2016 through September 2016 revealed the following:			medications will be initi admitting RN c. The Director of Nursing individual identified as	ated on admission by the will counsel the
"April, 2016- 179.9 lbs. (pounds) May 5, 2016- 171.3 lbs. May 5, 2016- 183.4 lbs. (re-weigh) June, 2016- 184.5 lbs. July, 2016 - 179.8 lbs. August, 2016- 181.2 lbs. September 8, 2016 - 170.9lbs/171lbs "		lbs. 4 lbs. (re-weigh) bs. bs. 2 lbs. - 170.9lbs/171lbs "		deficiency 2. Identification of Other Patier be Affected: Quality and Co chart audits on new admiss 3. Systemic Changes to Preve	nts Having the Potential to impliance RN will perform ions within 24 hours ent Recurrence: tents with 9 or more inday and Thursday and
	A comparison of the August and September weights revealed that the resident sustained a loss of 10 pounds which was indicative of a 5% weight loss within 30 days. According to Briggs MDS (Minimum Data Set) 3.0 User's Manual: May 2010 the Resident Assessnent Instrument (RAI) Section K. Page K-4, "Weight loss should be assessed and care planned at the time of detection and not delayed until the next MDS assessment." According to the documentation in the clinical record the resident was weighed on September 8, 2016 and the weight was recorded as 171lbs. This weight when compared with the previous month's (August weight of 181lbs indicated a significant weight loss of 5%/10lbs. A dietician's note dated September 8, 2016 in the clinical record revealed the following: "Resident experienced unintentional/significant weight loss of 5%. Suspect measurement error. Reweight requested."			update the respective c. Provide care plan educ within 30 days 4. Monitoring and Incorporatio Performance Improvement Quality and Compliance RI chart audits every week. At at the quarterly Renaissand Assurance Committee Med 5. Date Corrective Action Con	care plan cation to the nursing staff on into Quality Assurance / Process Plan: The N will perform 5 random dit results will be reported be Compliance and Quality eting.
			f	be affected: Daily monitori identify other patients havi	fied Patients: No direct is from the deficient invection ovens that were esits. In the Potential to ing by management will ing the potential to be dient practice.

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/C	LIA RER-	(X2) MULTIPLE C	CONSTRUCTION	COMPLETED
AND PLAN (OF CORRECTION	. IDENTIFICATION ROM		A. BUILDING:	<u> </u>	
HFD02-0026			B. WING		09/14/2016	
	DOLERED OR GURDUIED		STREET ADDRI	ESS, CITY, STAT	TE, ZIP CODE	·
NAME OF P	ROVIDER OR SUPPLIER			HBORO ROA		
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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 SHOUL CROSS-REFERENCED TO THE APPROPRIATE	D BE COMPLETE
L 051	Continued From pa	ge 2		:	The following comments are in r Soiled Convection Ovens (conti	response to L 099 nued):
	weights failed to revistaff reweighed the the 5%/10 lbs weight A face-to-face inter September 12, 201 Employee #3. A quesident was reweight	e resident 's document veal any evidence that to resident to determine what loss was accurate. view was conducted on 6 at approximately 11:3 uery was made whethe ghed. He/she responding wiew was conducted with view was was was was was was was was was wa	he facility whether 0 AM with or the ed, "No.		4. Monitoring and Incorporation in / Performance Improvement P sanitation manager and super regular cleaning of the convect sanitation cleaning assignment of the quality assurance systet Nutrition Services Department at the monthly managers meets. Date Corrective Action Comp. The following comments are in Water Temperature:	Process Plan: The visor will monitor cition ovens. The not log will become part im for the Food and t and will be reviewed eting.
	A face-to-face interview was conducted with Employee #2 at approximately 10:30 AM on September 13, 2016. The employee acknowledged the finding during the interview. The record was reviewed on September 12, 2016.		on nowledged d was		Corrective Action for Identified direct impact to patients from temperatures above 110 degree Operations and Maintenance adjusted the water temperature.	hot water rees at faucets. Plant (PO&M) manually
	2. The charge nurse failed to initiate a care plan with goals and approaches for the potential adverse reactions from the use of nine (9) or more medications for Resident #76.				temperatures down to meet the water on 9/13/2016 during the 2. Identification of Other Patient to be Affected: Although the appears to be working at this	ne requirements for hot e survey. Is Having the Potential hot water mixing valve time PO&M will
	August 16, 2016 re orders: "Tylenol, Lac-Hydrin, Dulcol Flonase, Lactinex Lidoderm 5% patc and Gas-X. There was no evic initiated a care pla address the poten associated with th	ysician 's Orders signe evealed the following mandarone, Ammonium ax, Wellbutrin, Lanoxin (probiotic-aiding digestinh, Mycostatin, Protonix, dence that the charge name with goals and approtial adverse drug reaction use of nine (9) or more in Resident's #76's charge resident's #76's charge name and approximation and the sident's #76's charge name and approximation and the sident's #76's charge name	edication m , Colace, ion), , Miralax, urse aches to ons		continue to monitor and man temperature as needed to stathe required temperature. 3. Systemic Changes to Prever Environmental Rounds perfor Plant Operations and Mainter a monthly basis and the Environmental Rounds performental Rounds performenta	ay in compliance with at Recurrence: rmed by the Director of nance (Plant O&M) on ronment of Care (EOC) Il include attention to ucets. Work orders

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 5 7	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
1			A. BUILUING:			
		HFD02-0026	B. WING		09/14/2016	
NAME OF D	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	ATE, ZIP CODE		
		5255 LOU	GHBORO RO	AD NW		
SIBLEY N	MEM HOSP RENAISSA	ANCE WASHING	STON, DC 20			
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L 051	O51 Continued From page 3 L 051 The following comments are in respor Water Temperature (continued):			response to L 214 #1):		
	Employee #2 at app September 14, 201 plans, he/she acknowlevidence of a care interaction of the us	view was conducted with proximately 2:00 PM on 6. After reviewing the care owledged that the record lacked plan for the potential adverse se of nine (9) or more record was reviewed on 6.		4. Monitoring and Incorporation Performance Improvement F Environmental rounds are ag for deficient trends on a quart measures are implemented a monitors the work order syst satisfaction rates. This plan of into the quality assurance sy quarterly report of deficient t completion and satisfaction is	Process Plan: ggregated and monitored terly basis and corrective as necessary. Plant O&M em for completion and of correction is integrated estem through the rends and review of	
L 099	3219.1 Nursing Fac	cilities	L 099	by the EOC Committee. 5. Date Corrective Action Completed: 9/13/2016		
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 made on September 13, 2016 at approximately 9:45 AM, it was determined that the facility failed to prepare food under sanitary conditions as evidenced by five (5) of seven (7) convection ovens that were soiled with burnt food deposits. The findings include: Five (5) of seven (7) convection ovens were soiled with burnt food deposits. These observations were made in the presence of Employee #8 who acknowledged the findings.		1	The following comments are in Water on Floor: 1. Corrective Action for Identific impact identified to patients practices of standing water I dish-machine. 2. Identification of Other Patien be affected: Daily monitoring maintenance walk thru of an management during every s 3. Systemic Changes to Preve placed a slip resistant mat in standing water is settling. The Services Management Tear Team will meet with all team new practice to ensure safe 4. Monitoring and Incorporation Performance Improvement I and Nutrition Team will more daily until a complete renovation completed. The opening /clc any hazards that are found 5. Date Corrective Action Comments.	ed Patients: No direct from the deficient ocated by the and preventive ea will be conducted by hift. In the area where the ne Food and Nutrition and Food Service members to discuss this ty to all employees. In into Quality Assurance / Process Plan: The Food altor this safety risk area ation of the floor is osing manager will log daily.		
L 214	3234.1 Nursing Fa	cilities	L 214			
1	Each facility shall I	be designed, constructed,				
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	Construction of the Constr	more than the second of the se	Harvara (gradigrafi) Till Garring (harvara)		- Santa Cara	
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	HFD02-0026		B. WING		09/14/2016	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADDI	RESS, CITY, STA	TE, ZIP CODE	•	
		5255 LOUG	HBORO RO	AD NW		
SIBLEY !	MEM HOSP RENAISSA	NCE WASHING	TON, DC 20	016		
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L 214	located, equipped, a functional, healthful supportive environment the visiting publication of the visiting publica	and maintained to provide a safe, comfortable, and nent for each resident, employee ic. met as evidenced by: ons made on September 13, ely 2:00 PM, it was determined do to maintain resident accident hazards as evidenced eratures in two (2) of 15 residents or in the dishwashing machine accident hazards as evidenced eratures in two (2) of 15 residents or in the dishwashing machine accident room #318 the water and degrees fahrenheit and in the water temperature was enheit. area where the dishwashing was constantly covered with ech of water and presented a taff. were made in the presence of acknowledged the findings.	L 306	The following comments are in recall Bell: 1. Corrective Action for Identified direct impact to patients from a bell. Plant Operations and Mair repaired the call bell during the Identification of Other Patients to be Affected: Environmental F to nonfunctioning call bells. 3. Systemic Changes to Prevent Environmental Rounds perform Plant Operations and Maintens a monthly basis and the Environ Committee semi-annually will in nonfunctioning call bells. Work submitted to Plant O&M for any Assurance / Performance Impacts Plan: Environmental rounds are monitored for deficient trends and corrective measures are in necessary. Plant O&M monitor system for completion and satinglan of correction is integrated assurance system through the deficient trends and review of satisfaction rates on an annual Committee. 5. Date Corrective Action Completing Comments are in recent in the committee of the following comments are in recent in the committee. 1. Corrective Action for Identified direct impact to patients from a light of the patients of the p	Patients: Nonfunctionintenance of survey. Having the Rounds with Recurrence and by the Dance (Plant ament of Canclude atternorders shown a quarter process of the work of a quarterly recompletion and passis by the	o known ng call laff Potential attention attention attention attention are (EOC) ntion and be eeded. rocess ed and rly basis d as order less. This ality eport of and he EOC 2016 L 410 #1 No known ust vents. e Potential tential of tice will be tion:
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			TON, DC 20	0016	
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L 306	(b)In new facilities of made to existing facilities of bell can be terminated (c)Be of a quality who consistent with curred (d)Be in good working. This Statute is not a Based on observation 2016 at approximate that the facility failed in good working conditions.	or when major renovations are ilities, be of type in which the call ed only in the resident's room; nich is, at the time of installation, ent technology; and	L 306	The following comments are in re Exhaust Vents (continued): 3. Systemic Changes to Prevent F Environmental Rounds perform Plant Operations and Maintena a monthly basis and the Enviror Committee semi-annually will in soiled exhaust vents. Work ordes submitted to Plant O&M for any 4. Monitoring and Incorporation into / Performance Improvement Professional Environmental rounds are aggression monitored for deficient trends of and corrective measures are improved for completion and satisplan of correction is integrated in assurance system through the deficient trends and review of continued in the committee. 5. Date Corrective Action Completed	Recurrence: and by the Director of once (Plant O&M) on one of Care (EOC) onclude attention to the error should be oncess Plant of Care (Boch on Care o
	alarm when tested. This observation was Employee #9 who ac 3256.1 Nursing Facil Each facility shall promaintenance service exterior and the intersanitary, orderly, con This Statute is not respective.	ent room #320 did not initiate an s made in the presence of cknowledged the finding. lities by ide housekeeping and es necessary to maintain the rior of the facility in a safe, infortable and attractive manner. In met as evidenced by: lities something the facility in a safe, infortable and attractive manner. In met as evidenced by: lities the facility in a safe, infortable and attractive manner. In met as evidenced by: lities the facility in a safe, infortable and attractive manner. In met as evidenced by: lities the facility in a safe, in manual tractive manner. In met as evidenced by: lities the finding.	L 410	 The following comments are in re Loose Curtains: Corrective Action for Identified Fimpact to patients from loose shourtains/curtains. Identification of Other Patients Fto be Affected: No direct impact from curtains loose. Systemic Changes to Prevent Renvironmental Services manage Environmental rounds performe Environment of Care Committee replacement of all curtains when and showers. Monitoring and Incorporation int / Performance Improvement Professional Founds are aggreemonitored for deficient trends are measures are implemented as replacing of curtains on an ongoto. Date Corrective Action Complet 	Patients: No direct nower Having the Potential to other patients Recurrence: ement team and do by the with attention to the needed for rooms o Quality Assurance poess Plan: egated and not correction necessary. In a constant of the point of the needed for rooms of the poess plan: egated and not correction necessary. In a constant of the point of the point of the poess plans of the poess p

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		HFD02-0026	B. WING		09/14/2016
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, ST.	ATE, ZIP CODE	
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	sanitary environmen vents in 10 of 15 res curtains in five (5) of privacy curtains in the and low water temper residents' rooms. The findings included 1. Exhaust vents we bathrooms including 308, 310, 311, 315, 32. Privacy curtains hooks in five (5) of 1 303A and B, 305A, 33. Privacy curtains markings in three (3) rooms #303B, 305A, 4. Water temperature 95 degrees Fahrenharooms (#308 and #377 These observations of #308 and #377 These observations of #308 and #377 The facility shall main electrical, and patien operating condition. This Statute is not rouse and provided at approximate in the security of the security shall main electrical and patien operating condition. This Statute is not rouse security approximate in the security of the security shall main electrical, and patien operating condition. This Statute is not rouse security approximate in the security of t	tes necessary to maintain a tas evidenced by soiled exhaust idents' rooms, loose privacy 15 residents' rooms, stained tree (3) of 15 residents' rooms eratures in two (2) of 15 residents' rooms #301, 302, 303, 305, 318 and #320. were hanging loose and off the 5 residents' rooms. (#301B, 10A, 311). were stained with black of 15 residents' rooms including and 310B. tres were measured at less than eit in two (2) of 15 residents' 15). were made in the presence of knowledged the findings. dilities that all essential mechanical, that care equipment in safe met as evidenced by: the made on September 13, by 9:45 AM, it was determined to maintain essential equipment.	L 442	The following comments are in restained Curtains: 1. Corrective Action for Identified impact to patients from shower 2. Identification of Other Patients to be Affected: No direct impact from curtains stained with blact 3. Systemic Changes to Prevent Environmental Services manage Environmental rounds perform Environment of Care Committe the replacement of all curtains rooms and showers. 4. Monitoring and Incorporation in / Performance Improvement Prenvironmental rounds are aggreed monitored for deficient trends a measures are implemented as Environmental services monitoreplacing of curtains on an ong 5. Date Corrective Action Comples The following comments are in resulting to patients from head to patients from the peratures up to meet the rewater on 9/13/2016 during the second present of the patients of the Affected: Although the hoappears to be working at this time continue to monitor and manual temperature as needed to stay the required temperature. 3. Systemic Changes to Prevent Fenvironmental Rounds perform Plant Operations and Maintena a monthly basis and the Environ Committee semi-annually will in hot water temperatures at fauce should be submitted to Plant Orneeded.	Patients: No direct curtains / curtains / curtains Having the Potential t to other patients commarkings. Recurrence: gement team and ed by the e with attention to when needed for to Quality Assurance ocess Plan: regated and ed correction necessary. The sand inspects for long basis. The security of the potential team and provided the potential to water and brought the equirements for hot survey. Having the Potential to water mixing valve me PO&M will lly adjust the in compliance with Recurrence: red by the Director of long (Plant O&M) on ment of Care (EOC) reduce attention to rets. Work orders

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NAME OF F	PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	TATE, ZIP CODE	09/14/2016	
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L 442	evidenced by three (that were missing from The findings include: Three (3) of seven (7 stove were missing. These observations in	3) of seven (7) fire control knobs m the gas stove.	L 442	The following comments are in re Water Temperatures (continued): 4. Monitoring and Incorporation int Performance Improvement Proc Environmental rounds are aggre for deficient trends on a quarterly measures are implemented as n monitors the work order system satisfaction rates. This plan of control the quality assurance system quarterly report of deficient trend completion and satisfaction rates by the EOC Committee. 5. Date Corrective Action Complete Impact identified to patients from practice of five of seven convections oiled with burnt food deposits. 1. Corrective Action for Identified Primpact identified to patients from practice of five of seven convections oiled with burnt food deposits. 2. Identification of Other Patients Habe Affected: Daily monitoring by identify other patients having the affected by the same deficient processory of the same deficient processory of the patients have deficient processory of the same deficient processory of the patients have deficient processory of the same deficient processory of the patients having the affected by the same deficient processory of the patients having the affected by the same deficient processory of the patients having the affected by the same deficient processory of the patients having the affected by the same deficient processory of the patients having the affected by the same deficient processory of the patients having the affected by the same deficient processory of the patients having the affected by the same deficient processory of the patients having the affected by the same deficient processory of the patients having the affected by the same deficient processory of the patients having the affected by the same deficient processory of the patients having the affected by the same deficient processory of the patients having the affected by the same deficient processory of the patients having the affected by the patients having the patients having th	o Quality Assurance / sess Plan: gated and monitored / basis and corrective ecessary. Plant O&M for completion and orrection is integrated in through the distant review of son an annual basis ed: 9/13/2016 ponse to L 442 Fire attents: No direct the deficient on ovens that were eaving the Potential to management will potential to be actice. Ecurrence: The Food ent Team and I sanitation fan cleaning added Quality Assurance / ss Plan: The or will monitor in ovens. The gwill become part or the Food and did will be reviewed at	
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