

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

PRINTED: 11/01/2019
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 09/13/2019
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		
K 353 SS=F	<p>A Life safety Code survey was conducted at your facility September 9 and September 10, 2019. The following deficiencies are based on observation, record review and interview.</p> <p>Sprinkler System - Maintenance and Testing CFR(s): NFPA 101</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 REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and staff interview, fire sprinkler heads were not maintained to ensure proper operation in the event of an emergency as evidenced by sprinklers with dust and paint on the shaft and/or head surfaces in two (2) of 30 resident rooms and in common areas. This deficient practice could affect sprinklers from operating as expected in a fire emergency.</p>	K 353	<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 September 9, 2019 through September 13, 2019. 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>	

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

TITLE

(X6) DATE

Deborah Elise Miller, Administrator 11/11/19

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 Findings included... During a Life Safety Code inspection on September 9, 2019, at approximately 2:00 PM, the following were observed: 1. One (1) of one (1) fire sprinkler located in the kitchenette was covered with dust. 2. One (1) of one (1) fire sprinkler located at the entrance of resident room #317 and one (1) of one (1) fire sprinkler in the bathroom of resident room #301 were smeared with paint. 3. One (1) of one (1) fire sprinkler located in front of resident room #311 and #312 lacked an escutcheon ring. During a face-to-face interview on September 9, 2019, at approximately 3:45 PM, Employee #5 acknowledged the findings.	K 353	The following comments are in response K353 – Failure to ensure proper operation in the event of emergency. Dust and paint on the shaft/sprinkler heads and missing sprinkler escutcheon: WO#120722 - dust on sprinkler head completed 9/25/19 WO#120627 - paint on sprinkler head completed 9/21/19 WO#120624 - sprinkler escutcheon completed 11/6/19 1. Corrective Action for Identified Patients: No known direct impact to patients from soiled/ painted sprinkler heads, or missing escutcheon rings. The identified areas were corrected by November 6, 2019. 2. Identification of Other Patients Having the Potential of be affected: Environment rounds with attention to soiled/ painted sprinkler heads, or missing escutcheon rings will be performed on an ongoing basis. 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 or painted sprinkler heads, or missing escutcheon rings. Work orders will be submitted to Plant O&M for any repairs needed. 4. Monitoring and Incorporation into Quality Assurance / Performance Improvement Process: Environmental rounds are aggregated and monitored for deficient trends on a quarterly basis and corrective measures are implemented as necessary. Plant O&M monitors the work order system for completion and satisfaction. This plan of correction is integrated into the quality assurance system through the quarterly report of deficient trends and review by the EOC committee. 5. Date Corrective Action Completed: Corrective action completed by November 6, 2019.	