

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

PRINTED: 06/22/2010
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 06/03/2010
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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
K 000	INITIAL COMMENTS	K 000		
K 017 SS=D	<p>The annual Life Safety Code Survey was conducted on June 2-3, 2010, the following findings were observed.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observations during the Life Safety Code Inspection it was determined that penetrations were observed in smoke barrier walls around electrical wires and cables in two (2) of five observations on Unit 3 south. These observations were observed in the presence of the Maintenance Director, Employee #6.</p> <p>The findings include:</p> <p>A 1 inch penetration was observed in wall</p>	K 017	<p>K017 – NFPA 101 Life Safety Code Standard</p> <ol style="list-style-type: none"> No specific residents were identified in the survey report as being affected by the deficient practice. The following corrective actions were taken: <ul style="list-style-type: none"> <u>Finding #1:</u> The penetration by the stairwell was sealed and repaired. <u>Finding #2:</u> The hole above the water fountain was reviewed. The wall is not part of the smoke compartment wall and as such is properly sealed up to the ceiling as required in a fully sprinkled building. The following measures will be put in place to ensure the same deficient practice will not recur: <ul style="list-style-type: none"> Inspections will continue to be conducted on an annual basis on all of the rated walls in the facility and work orders will be issued for repairs as needed. The quality assurance process will be utilized to maintain and sustain compliance. The findings will be presented at the quarterly meeting of the Renaissance Quality Committee. 	<p>6/2/2010</p> <p>6/7/2010</p> <p>6/4/2010</p> <p>ONGOING</p> <p>ONGOING</p>

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



TITLE

Administrator

(X6) DATE

7/2/10

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 017	Continued From page 1 surfaces around BX cable that passes through wall surfaces over the exit door to the stairwell and a 1-2 inch penetration was observed in the wall surfaces around BX cable that passes through the outer wall over the water fountain on Unit 3 South in two (2) of five (5) observations between 3:50 PM and 4:05 PM on June 2, 2010.	K 017		
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¼ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection it was determined that closet doors and bathroom doors prevented resident entrance doors from closing when doors were in the open position in three (3) of five (5) observations, and double fire doors failed to close	K 018	<u>K018 – NFPA 101 Life Safety Code Standard</u> 1. No specific residents were identified in the survey report as being affected by the deficient practices. 2. The following corrective actions were taken: • <u>Finding #1:</u> Work orders were issued to repair the spring loaded hinges on the bathroom doors in rooms #308 and #311 and the closet door in room #311. • <u>Finding #2:</u> The cross corridor doors were repaired to ensure the doors close and latch properly. 3. The following measures will be put in place to ensure the same deficient practices will not recur: • Inspections of all rated doors in the facility will continue to be conducted during safety rounds • Work orders will be issued for needed repairs. 4. The quality assurance process will be utilized to maintain and sustain compliance. The findings will be presented at the quarterly meeting of the Renaissance Quality Committee.	6/2/2010 7/28/2010 6/7/2010 ONGOING ONGOING

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K 018	Continued From page 2 when tested in one (1) of two (2) observations. These observations were made in the presence of the Maintenance Director, Employee # 6. The findings include: 1. Bathroom doors failed to close without assistance and prevented resident 's room doors from closing in rooms 308 and 311 and the closet door in room 311 prevented the resident 's entrance door from closing when in the open position in three (3) of ten observations between 3:50 PM and 4:15 PM on June 2, 2010 on Unit 3 South. 2. Double doors located at the entrance to the Renaissance Unit from the Cafeteria failed to close and latch into the frame when tested in one (1) of two (2) observations at 4:55 PM on June 2, 2010.	K 018		
K 056 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by:	K 056	<u>K056 – NFP 101 Life Safety Code Standard</u> 1. No specific residents were identified in the survey report as being affected by the deficient practice. 2. The water flow alarm devices were tested with no deficiencies noted. 3. The following measures will be put in place to ensure the same deficient practices will not recur: • The computerized preventative maintenance system that generates monthly PMs has been changed from a semi-annual to a quarterly inspection frequency for the inspection of the water flow devices. • Tests have been performed per regulatory requirements and will continue to be scheduled, performed, and documented. 4. The quality assurance process will be utilized to maintain and sustain compliance. The findings will be presented at the quarterly meeting of the Renaissance Quality Committee.	6/2/2010 6/3/2010 8/18/2010 & 11/18/2010 ONGOING ONGOING

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K 056	<p>Continued From page 3</p> <p>This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection it was determined that alarm devices were not tested and maintained as required on a quarterly basis as required in one (1) of four(4) observations. These observations were observed in the presence of the Maintenance Director, Employee # 6.</p> <p>The findings include:</p> <p>Based on observation and interview during the Life Safety Code Inspection it was determined that water flow alarm devices that provide visual and audible signals were not tested quarterly as required; the documentation provided indicated that water flow alarm devices were not tested since November 24, 2010 in one (1) of four (4) observations at 5:20 PM on June 2, 2010.</p>	K 056		