

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

PRINTED: 07/18/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>095030</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/14/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>SIBLEY MEM HOSP RENAISSANCE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5255 LOUGHBORO ROAD NW WASHINGTON, DC 20016</b>		
(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  K000- INITIAL COMMENTS: A Life Safety Code survey was conducted on July 14, 2008 of this 6 story building to determine compliance with applicable provisions of the 2000 edition of the Life Safety Code. The survey was conducted through observations of the interior and exterior of the building and included the installed sprinkler system, smoke detectors, fire panel, etc., and through interviews with the staff.	K 000			
K 130 SS=D	NFPA 101 MISCELLANEOUS  OTHER LSC DEFICIENCY NOT ON 2786  This STANDARD is not met as evidenced by: K130-NFAP 101 MISCELLANEOUS:  OTHER LSC DEFICIENCY NOT ON 2786  This Standard is not met as evidenced by:  2000 Life Safety Code-4.6.12.1 Maintenance and Testing (Sprinklers) Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provision of this Code, such device, equipment, system, condition, arrangement, level of protection, or other feature shall thereafter be continuously maintained in accordance with applicable NFPA requirements or as directed by the authority having jurisdiction.  Based on observation the entity failed to ensure all components of the automatic sprinkler system are continuously maintained in proper operating	K 130	<b>NFPA 101 Miscellaneous LIFE SAFETY CODE STANDARD</b>  <u>Finding # 1</u> 1. No specific residents were identified in the survey report as being affected by the deficient practice. Boxes and paper were removed from the floor in the offices on the North and South sides of the Unit on July 14, 2008. 2. All future boxes and papers utilized and/or received in these offices will not be placed directly on the floor to prevent the deficient practice from recurring. 3. The following measures will be put in place to ensure the same deficient practice will not recur: • The Director of Nursing will order rolling carts for each office to prevent boxes and papers from being placed directly on the floor • Offices will be checked weekly to monitor compliance 4. The quality assurance process will be utilized to maintain and sustain compliance. The findings will be presented at quarterly quality assurance meetings.	07/14/08  08/15/08  08/15/08  08/15/08	

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

*Robert L. [Signature]*

TITLE

*President/CEO 07/28/08*

(X6) DATE

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 130	<p>Continued From page 1 condition.</p> <p>The findings include:</p> <p>Surveyors observed at approximately 9:00am thru 10:30am on 7-14-08, that the facility has dust laden sprinkler heads in the north and south side on 3rd floor.</p> <p>2000 Life Safety Code-4.5.1 Multiple Safeguards The design of every building or structure intended for human occupancy shall be such that reliance for safety to life does not depend solely on any single safeguard. An additional safeguard (s) shall be provided for life safety in case any single safeguard is ineffective due to inappropriate human actions or system failure.</p> <p>Based on observation the entity failed to ensure no fire or life safety hazards exists in the facility.</p> <p>(1) The findings include:</p> <p>Surveyors observed at approximately 9:00am thru 10:30am on 7-14-08, that the facility has storage directly on the floors in the following areas:</p> <p>Director office north side</p> <p>MDS Room south side</p> <p>Staff office south side</p> <p>(2) The findings include:</p> <p>Surveyors observed at approximately 9:00am thru 10:30am on 7-14-08, that the facility has surge protectors not mounted to permanent fixture and</p>	K 130	<p><u>Finding # 2</u></p> <ol style="list-style-type: none"> <li>No specific residents were identified in the survey report as being affected by the deficient practice. All extension cords have been secured off the floor to permanent fixtures. 07/22/08</li> <li>All future equipment utilizing extension cords will be affixed so that they are not on the floor to ensure the deficient practice will not recur. 08/15/08</li> <li>The following systemic changes will be put in place to ensure the deficient practice will not recur: 08/15/08 <ul style="list-style-type: none"> <li>Information Technology and Plant Operations will be notified if extension cords become unsecured</li> <li>Monthly rounds will be made to ensure all extension cords are secure and not on the floor</li> </ul> </li> <li>The quality assurance process will be utilized to maintain and sustain compliance. The findings will be presented at quarterly quality assurance meetings. 08/15/08</li> </ol> <p><u>Finding # 3</u></p> <ol style="list-style-type: none"> <li>No specific residents were identified in the survey report as being affected by the deficient practice. A work order was submitted July 16, 2008. Other lockers in use are secured to the wall. Lockers were secured July 22, 2008. 07/22/08</li> <li>Any new locker installed will be secured to the wall for safety. Inspection of lockers will be part of monthly rounds. 08/15/08</li> <li>The following systemic change will be put in place to ensure the same deficient practice does not recur: 08/15/08 <ul style="list-style-type: none"> <li>All new lockers noted for installation will have a work order submitted to Plant Operations to ensure lockers are secure</li> </ul> </li> </ol>	

