

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

PRINTED: 09/30/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095025	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/08/2014
NAME OF PROVIDER OR SUPPLIER LISNER LOUISE DICKSON HURTHOME			STREET ADDRESS, CITY, STATE, ZIP CODE 5425 WESTERN AVE NW WASHINGTON, DC 20015	
(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 130 SS=E	<p>NFPA 101 MISCELLANEOUS</p> <p>OTHER LSC DEFICIENCY NOT ON 2786</p> <p>This STANDARD is not met as evidenced by: Based on observations and staff interview during the Life Safety Code Survey conducted on September 8, 2014, it was determined that facility staff failed to ensure that a passageway for egress was free of potential hazards as evidenced by a ramp located at the rear of the Dickerson Lane exit door that was not secured and posed a trip hazard to staff and/or residents that may utilize the exit in the event of an emergency in one (1) of one (1) observation; the Public Address System used to announce an emergency was set at a low decibel level making it difficult to follow the announcement instructions during the Pull Station Test in one (1) of one (1) test; and a water leak was observed on both sides of the Fire Pump Assembly in the bearing/packing areas in one (1) one (1) of observation.</p> <p>The findings include:</p> <p>1. During the walk through inspection of exit proximal to Dickerson Lane, it was determined that a ramp covering the steps on the exterior of the building had loose panels on the ramp</p>	<p>K 130</p> <p>K 130 NFPA 101 Misc. Ramp for emergency exiting</p> <p>1. Immediate Response: Researched options to put in place a correct egress passageway in case of emergency that is secure and free of trip hazards.</p> <p>2. Risk Identification: All other passageways for egress inspected by Director of Engineering to ensure they are secure and pose no trip hazard.</p> <p>3. Systemic Changes: A secure and hazard free egress to be installed. Staff in-serviced on use of passageway for egress. Condition of passageway for egress will be inspected monthly by the Director of Engineering or designee.</p> <p>4. Monitoring: Director of Engineering will report monthly inspection of egress passageway findings at the quarterly QA meetings.</p>	<p>9/8/14</p> <p>9/8/14</p> <p>10/15/14</p> <p>10/15/14</p>	

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

Susan Shargree

TITLE

Administrator

(X6) DATE

10/2/14

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	Continued From page 1 surfaces. The ramp was not level and/or secure to prevent accidental trips or falls should staff or residents need to use this exit as a mode of egress during an emergency in one (1) of one (1) observation at 9:17 AM on September 8, 2014. 2. During the Pull Station Fire Alarm Test, it was determined that the Public Address System used to inform residents, staff and visitors of emergencies, was operating at a low decibel level and it was difficult for residents and staff to hear the announcement/instructions [e.g. location of emergency and " all clear "] in two (2) of two (2) observations at 10:03 AM on September 8, 2014. 3. During a tour of the Fire Pump Room; water was observed leaking around the Fire Pump housing and the packing/bearing areas on both sides of the pump. In addition, there was evidence of rust formation on the lower frame of the pump in two (2) of two (2) observations at 10:03 AM on September 8, 2014. These findings were acknowledged by the Engineering Director who was present at the time of the observation.	K 130	K 130 NFPA 101 Misc. Public Address System 1. Immediate Response: Researched options to put into place an additional public address system to ensure that residents and staff are able to hear instructions over alarms in the event of an emergency. 2. Risk Identification: Reviewed current emergency plans to ensure no other sound issues needed to be addressed. 3. Systemic Changes: New address system will be installed. Director of Engineering in-serviced staff on new public address system to be used in case of an emergency. System will be tested per regulation. 4. Monitoring Director of Engineering will report on testing of new public address system at the quarterly QA meetings.	9-8-14 9-8-14 10-15-14 10-15-14
K 144 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.	K 144	K 130 NFPA 101 Misc. Fire Pump leaking and rust 1. Immediate Response: A contractor was secured to correct the leaking fire pump parts. 2. Risk Identification: An inspection was conducted on all fire sprinkler equipment and functions. (K 130 NFPA 101 Misc. Fire Pump leaking and rust – Continued on next page)	9-8-14 9-8-14