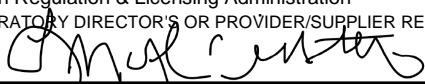


Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2021
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NAME OF PROVIDER OR SUPPLIER ASCENSION LIVING CARROLL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 725 BUCHANAN ST., NE WASHINGTON, DC 20017
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L 000	<p>Initial Comments</p> <p>An unannounced Annual Licensure Survey was conducted at Ascension Living Carroll Manor from July 19, 2021, through July 28, 2021. Survey activities consisted of a review of 60 sampled residents. The following deficiencies are based on observation, record review and resident and staff interviews. After analysis of the findings, it was determined that the facility is not in compliance with the requirements of 22B District of Columbia Municipal Regulations Chapter 32. The resident census during the survey was 173.</p> <p>The following complaints and facility reported incidences were investigated:</p> <p>DC00010112 DC00010117 DC00010118 DC00010120 DC00010149 DC00010159 DC00010169 DC00010173</p> <p>The following is a directory of abbreviations and/or acronyms that may be utilized in the report:</p> <p>AMS - Altered Mental Status ARD - Assessment Reference Date AV- Arteriovenous BID - Twice- a-day B/P - Blood Pressure cm - Centimeters CFR- Code of Federal Regulations CMS - Centers for Medicare and Medicaid Services CNA- Certified Nurse Aide</p>	L 000	Carroll Manor Nursing & Rehabilitation Center makes its best efforts to operate in substantial compliance with both Federal and State laws. Submission of this Plan of Correction (POC) does not constitute an admission or agreement by any party, it's officers, directors, employees or agents as to the truth of the facts alleged or the validity of the conditions set forth on the statement of the deficiencies. This plan of correction (POC) is prepared and/ or executed because it is required by State and Federal laws.	9/17/2021

Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE ED	(X6) DATE 8-27-2021
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Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2021
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L 000	<p>Continued From page 1</p> <p>CRF - Community Residential Facility CRNP- Certified Registered Nurse Practitioner D.C. - District of Columbia DCMR- District of Columbia Municipal Regulations D/C- Discontinue DI- Deciliter DMH - Department of Mental Health DOH- Department of Health EKG - 12 lead Electrocardiogram EMS - Emergency Medical Services (911) F - Fahrenheit FR- French G-tube- Gastrostomy tube HR- Hour HSC - Health Service Center HVAC - Heating ventilation/Air conditioning ID - Intellectual disability IDT - Interdisciplinary team IPCP- Infection Prevention and Control Program LPN- Licensed Practical Nurse L - Liter Lbs - Pounds (unit of mass) MAR - Medication Administration Record MD- Medical Doctor MDS - Minimum Data Set Mg - milligrams (metric system unit of mass) M- minute mL - milliliters (metric system measure of volume) mg/dl - milligrams per deciliter mm/Hg - millimeters of mercury MN midnight N/C- nasal canula Neuro - Neurological NFPA - National Fire Protection Association NP - Nurse Practitioner O2- Oxygen PASRR - Preadmission screen and Resident</p>	L 000		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2021
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L 000	Continued From page 2 Review Peg tube - Percutaneous Endoscopic Gastrostomy PO- by mouth POA - Power of Attorney POS - physician ' s order sheet Prn - As needed Pt - Patient Q- Every QIS - Quality Indicator Survey RD- Registered Dietitian RN- Registered Nurse ROM Range of Motion RP R/P - Responsible party SBAR - Situation, Background, Assessment, Recommendation SCC Special Care Center Sol- Solution TAR - Treatment Administration Record Ug - Microgram	L 000		
L 026	3207.1 Nursing Facilities The Medical Director shall assume full responsibility for the overall supervision of the medical care provided in the facility. If the Medical Director is absent, he or she shall delegate the continuity and supervision of resident care to a qualified physician. This Statute is not met as evidenced by: Based on record review and staff interview, for one (1) of 60 sampled residents, facility failed to ensure the physician reviewed the resident ' s total program of care at each required visit. Resident #123. The findings included:	L 026		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2021
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L 026	<p>Continued From page 3</p> <p>Resident #123 was admitted to the facility on 07/29/2017 with multiple diagnoses that included Depression.</p> <p>Review of a physician ' s order dated 02/12/2021 ordered, "Bupropion (antidepressant) HCL (hydrochloride) SR (sustain released tablet) 150 milligrams by mouth one time a day for depression"</p> <p>Review of the Medication (Bupropion for major depressive disorder) care plan outlined multiple interventions including administer medication as ordered ...</p> <p>Review of physician ' s progress notes dated from 02/12/2021 to 06/14/2021 lacked documented evidence the physician reviewed Resident #123 ' s total care plan including the medication (Bupropion) care plan.</p> <p>During a face-to-face interview on 07/23/2021 at approximately 2:00 PM, Employee #16 (Unit Manager) reviewed the previously mentioned physician progress notes and stated that she did not see where the physician reviewed Resident #123 ' s medication (Bupropion) care plan.</p>	L 026	<p>L026</p> <ol style="list-style-type: none"> 1. Resident # 123' s Bupropion was reviewed by the physician and a GDR was initiated on July 31, 2021. 2. Residents on Antidepressant medications were reviewed for possible GDR on or before 9/17/2021 by the licensed nurse to determine if the physician had reviewed the residents medical care. 3. The Pharmacy provider educated the pharmacist on GDRs for antidepressant medications. The pharmacist will review residents on antidepressant medication during the monthly review for 3 months to determine GDR need. 4. The results from the observations will be reviewed during the monthly QAPI meeting times 3 months and then re-evaluated to determine if further monitoring is indicated. 	<p>9/17/2021</p> <p>9/17/2021</p> <p>9/17/2021</p> <p>9/17/2021</p>
L 051	<p>3210.4 Nursing Facilities</p> <p>A charge nurse shall be responsible for the following:</p> <p>(a)Making daily resident visits to assess physical and emotional status and implementing any required nursing intervention;</p> <p>(b)Reviewing medication records for completeness, accuracy in the transcription of</p>	L 051		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2021
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L 051	<p>Continued From page 4</p> <p>physician orders, and adherences to stop-order policies;</p> <p>(c)Reviewing residents' plans of care for appropriate goals and approaches, and revising them as needed;</p> <p>(d)Delegating responsibility to the nursing staff for direct resident nursing care of specific residents;</p> <p>(e)Supervising and evaluating each nursing employee on the unit; and</p> <p>(f)Keeping the Director of Nursing Services or his or her designee informed about the status of residents. This Statute is not met as evidenced by:</p> <p>Based on observation, record review and staff interview, for three (3) of 60 sampled residents, the charge nurse failed to ensure that a resident with limited range of motion received appropriate treatment and services to increase their range of motion; failed to develop and implement a baseline care plan within 48 hours of a resident's admission. Residents' #87, #92 and #367.</p> <p>The findings included:</p> <p>1. Resident #92 was readmitted to the facility on 06/01/2021, with multiple diagnoses that included: Cancer, Hypertension, Diabetes Mellitus, Dementia, Dysphagia and Gastrostomy status.</p> <p>According to the Minimum Data Set completed on 06/08/2021, Resident #92 's Brief Interview for Mental Status (BIMS) score was coded as "99", indicating the resident was unable to complete the interview. The resident was coded as having "impairment to one side of her upper extremity</p>	L 051		

Health Regulation & Licensing Administration

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L 051	<p>Continued From page 5</p> <p>(shoulder, elbow, wrist, hand)" under Section G0400 Functional Limitation in Range of Motion.</p> <p>On 07/19/2021, at approximately 3:50 PM and on 07/21/2021, at 12:07 PM, Resident #92 was observed lying in bed with her left hand in a closed position.</p> <p>Review of the physician ' s orders and the resident ' s care plan lacked documented evidence of specific interventions to maintain or improve Resident #92 ' s range of motion.</p> <p>During a face-to-face interview conducted on 07/28/2021, at approximately 1:50 PM, with Employee #26 (Director of Rehabilitation), she stated, "The resident ' s four fingers on the left hand have passive range of motion (movement of a joint with no effort from the patient/resident). We will address it, she will be screened." Employee #26 also verified that the resident had no positioning device such as a splint in place.</p> <p>During a face-to-face interview on 07/28/2021 at 4:25 PM, Employee #28 (3rd floor Unit Manager) was made aware of the finding.</p> <p>2. Resident #87 was admitted to the facility on 03/15/2021, with multiple diagnoses that included: Renal Insufficiency, Urinary Retention, Benign Prostatic Hypertrophy (BPH), and Non-Alzheimer's Dementia.</p> <p>Review of the Significant Change Minimum Data Set (MDS) dated 05/25/2021, revealed the following:</p> <p>In Section H (Bowel & Bladder), "... Appliances- Indwelling catheter"</p>	L 051		

Health Regulation & Licensing Administration

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L 051	<p>Continued From page 6</p> <p>Review of the physician's orders revealed:</p> <p>05/19/2021 "Foley: Change Foley Catheter- 16 Fr (French) 10 ml (milliliters) every month..."</p> <p>05/19/2021 "Indwelling catheter every shift due to urinary retention/BPH ..."</p> <p>Review of the progress notes revealed:</p> <p>05/19/2021 at 1:53 PM (nursing note) "[Resident #87] ... readmitted on 5/18/21 ... Foley catheter 16 F (French) in place secondary to prostate CA (cancer) and urinary retention..."</p> <p>During a review of Resident #87's care plan on the 07/28/2021, there was no documented evidence that facility staff developed a baseline care plan [within 48 hours of admission] to address his use of an indwelling catheter.</p> <p>During a face-to-face interview conducted on 07/28/2021, at approximately 1:00 PM, Employee #5 (4th floor Nurse Manager) acknowledged the finding and stated, "The admitting nurse doing the admissions assessment should have initiated that care plan [indwelling catheter]."</p> <p>3. Resident #372 was admitted to the facility on 07/15/2021, with multiple diagnoses that included: History of Falling, Chronic Kidney Disease, Hypertension and Type 2 Diabetes Mellitus.</p> <p>Review the facility's document entitled, "Falls Risk Assessment" dated 07/15/2021 revealed that Resident #372 had a documented score of "22... a resident whose score is over 9 is at risk for falls ..."</p>	L 051	<p>1. Resident #1 returned from the hospital on 5/24/2021. Resident #92, returned from the hospital on 8/6/2021. Resident #145 returned from the hospital on 8/3/2021.</p> <p>2. The unit manager or designee reviewed the documentation of current hospitalized residents on 8-24-2021 to ensure that the receiving hospital has the resident care plan goals.</p> <p>3. The nurse educator or designee will re-educate the licensed nurses on ensuring that the resident care plan is a part of the transfer documents. The unit manager or designee will review resident hospital discharges 5 days per week for 3 months to ensure that the receiving hospital has the resident care plan goals.</p> <p>4. The results from the reviews will be reviewed during the monthly QAPI meeting for 3 months and then re-evaluated to determine if further monitoring is indicated.</p>	<p>9/17/2021</p> <p>9/17/2021</p> <p>9/17/2021</p> <p>9/17/2021</p> <p>9/17/2021</p>

Health Regulation & Licensing Administration

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L 051	<p>Continued From page 7</p> <p>Review of the progress notes revealed the following:</p> <p>07/15/2021 at 8:07 PM (nursing note) "Resident... admitted from [hospital name]... where she was treated for left side pain post fall from her bed..."</p> <p>07/18/2021 at 2:22 PM (nursing note) "... the resident was observed sitting on the floor on her buttocks besides her bed facing the wall... Resident is s/p (status post) new admission day 3 who presented to the ED (emergency department) after a fall at home ..."</p> <p>Review of Resident #372's care plan lacked documented evidence that facility staff developed a baseline care plan [within 48 hours of admission] to address falls.</p> <p>During a face-to-face interview conducted on 07/26/2021, at approximately 11:30 AM, Employee #6 (Registered Nurse) acknowledged the finding and stated that either the nurse managers or the admitting nurse on the unit develops the baseline care plans.</p>	L 051		
L 052	<p>3211.1 Nursing Facilities</p> <p>Sufficient nursing time shall be given to each resident to ensure that the resident receives the following:</p> <p>(a) Treatment, medications, diet and nutritional supplements and fluids as prescribed, and rehabilitative nursing care as needed;</p> <p>(b) Proper care to minimize pressure ulcers and contractures and to promote the healing of ulcers:</p>	L 052		

Health Regulation & Licensing Administration

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L 052	<p>Continued From page 8</p> <p>(c) Assistants in daily personal grooming so that the resident is comfortable, clean, and neat as evidenced by freedom from body odor, cleaned and trimmed nails, and clean, neat and well-groomed hair;</p> <p>(d) Protection from accident, injury, and infection;</p> <p>(e) Encouragement, assistance, and training in self-care and group activities;</p> <p>(f) Encouragement and assistance to:</p> <p>(1) Get out of the bed and dress or be dressed in his or her own clothing; and shoes or slippers, which shall be clean and in good repair;</p> <p>(2) Use the dining room if he or she is able; and</p> <p>(3) Participate in meaningful social and recreational activities; with eating;</p> <p>(g) Prompt, unhurried assistance if he or she requires or request help with eating;</p> <p>(h) Prescribed adaptive self-help devices to assist him or her in eating independently;</p> <p>(i) Assistance, if needed, with daily hygiene, including oral care; and</p> <p>j) Prompt response to an activated call bell or call for help.</p> <p>This Statute is not met as evidenced by:</p> <p>Based on observation, record reviews and staff interviews, for 13 of 60 sampled residents, facility staff failed to ensure all sufficient nursing time</p>	L 052		

Health Regulation & Licensing Administration

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L 052	<p>Continued From page 9</p> <p>shall be given to each resident to ensure that required documents were conveyed to the receiving health care provider for three (3) residents that were transferred from the facility to the hospital; failed to provide supervision, monitoring and modification of the residents plan of care to decrease the resident ' s risk for falls for one (1) resident; failed to ensure that residents received treatment and care in accordance with the professional standards of practice, the comprehensive person-centered care plan, as evidenced by: failure to ensure one (1) resident ' s blood sugar was obtained in accordance with the professional standards of practice and the physician ' s order; failed to administer hydrocortisone (used to treat redness, swelling, itching, and discomfort of various skin conditions) as ordered by the physician for one (1) resident; and failed to follow the physician ' s orders and care plan approaches for bowel regimen for one (1) resident. Residents' #1, #51, #61, #67, #92, #106, #109, #116, #123, #127, #144, #145, and #369.</p> <p>The findings included:</p> <p>1. Resident #1 was admitted to the facility on 10/13/2016, with diagnoses of Peripheral Vascular Disease Unspecified, Vitamin D Deficiency, Muscle Weakness, and Hypertension.</p> <p>Review of the physician's order dated 05/23/2021, directed, "Send Resident to ER (emergency room) for s/p (status post) fall and fracture"</p> <p>Review of Resident #1's transfer documents dated 05/23/2021, lacked evidence that the</p>	L 052	<p>1. Resident #1 returned from the hospital on 5/24/2021. Resident #92, returned from the hospital on 8/6/2021. Resident #145 returned from the hospital on 8/3/2021.</p> <p>2. The unit manager or designee reviewed the documentation of current hospitalized residents on 8-24-2021 to ensure that the receiving hospital has the resident care plan goals.</p> <p>3. The nurse educator or designee will re-educate the licensed nurses on ensuring that the resident care plan is a part of the transfer documents. The unit manager or designee will review resident hospital discharges 5 days per week for 3 months to ensure that the receiving hospital has the resident care plan goals.</p> <p>4. The results from the reviews will be reviewed during the monthly QAPI meeting for 3 months and then re-evaluated to determine if further monitoring is indicated.</p>	<p>9/17/2021</p> <p>9/17/2021</p> <p>9/17/2021</p> <p>9/17/2021</p>

Health Regulation & Licensing Administration

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L 052	<p>Continued From page 10</p> <p>facility staff included the care plan goals with the transfer documents.</p> <p>During a face-to-face interview conducted on 07/28/2021, at 4:21 PM, Employee #28, acknowledged the finding and stated, "The care plan is separate, we did not send it with them."</p> <p>2. Resident #92 was readmitted to the facility on 06/01/2021, with diagnoses that included: Cancer, Hypertension, Diabetes Mellitus, Dementia, Dysphagia, and Gastrostomy Status.</p> <p>Review of the medical record revealed:</p> <p>A nursing progress note dated 3/16/2021, documented, "....NP (Nurse Practitioner) order given to transfer resident via 911 to the nearest ER (emergency room) for further evaluation of unresponsiveness..."</p> <p>Review of the physician's orders showed the following:</p> <p>05/11/2021 at 15:50 [3:50 PM], "Transfer resident to [Name of Hospital] on 5-12-21 to treat her [unable to read] Limbic Encephalitis, direct admission"</p> <p>06/02/2021 at 20:00 [8:00 PM] "Transfer resident via 911 due to G-Tube (gastrostomy tube) malfunction, patient has a history of seizure and has not taken her medication."</p> <p>A review of the documents [transfer packet] sent to the emergency room with Resident #92 on 05/11/2021 and 06/02/2021, lacked documented evidence that the resident's comprehensive care plan goals were included in the documents sent to the hospital (receiving provider).</p>	L 052		

Health Regulation & Licensing Administration

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L 052	<p>Continued From page 11</p> <p>During a face-to-face interview with Employee #28 (2nd floor Unit Manager) on 06/22/2021, at approximately 10:50 AM, she acknowledged that the comprehensive care plans goals were not sent to the hospital with the resident.</p> <p>3. Resident #145 was admitted to the facility on 07/05/2009, with multiple diagnoses including Heart Failure, Respiratory Distress, Acute Kidney Failure, and Obesity.</p> <p>Review of the document entitled, "Transfer Sheet", dated 07/22/2021, revealed, "...Nurse reason for discharge/transfer ...for evaluation due to respiratory distress... MD (medical doctor) called order given to send resident emergency department (room) for further evaluation. 911 called ..."</p> <p>Review of the physician's order [telephone order] revealed:</p> <p>07/22/2021 "transfer resident out to the nearest ER (emergency room) for evaluation and treatment of respiratory distress."</p> <p>Review of the transfer documents lacked evidence that the facility staff included the resident's comprehensive care plan goals.</p> <p>During a face-to-face interview on 07/22/2021 at approximately 1:00 PM, Employee #17 (Medical Records) stated that the resident's care plan goals are not included in the transfer documents sent to the hospital (emergency room) when residents are transferred.</p> <p>Facility staff failed to provide supervision, monitoring and modification of the residents plan</p>	L 052		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2021
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NAME OF PROVIDER OR SUPPLIER ASCENSION LIVING CARROLL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 725 BUCHANAN ST., NE WASHINGTON, DC 20017
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L 052	<p>Continued From page 12</p> <p>of care to decrease the resident ' s risk for falls. Resident #51, who had a history of falls with injury, sustained another subsequent fall with injury.</p> <p>4.Resident #51 was admitted to the facility on 08/26/2016. The medical record revealed the resident had multiple diagnoses including Dementia, Generalized Muscle Weakness, Wandering, History of Falling, Left Artificial Hip Joint, Fracture of Neck of Left Femur and Age-Related Physical Debility.</p> <p>Review of the medical record revealed the following:</p> <p>04/15/2021 at 2:37 AM [Nursing Supervisor Note] " ...I saw the resident sitting on the floor in front of her room ...Resident complained of severe pain in her left hip ...The resident is alert to herself but confused ...We did not move or turn the resident from the floor ...MD (medical doctor) said to send resident ot [to] hospital for evaluation and treatment ...911 crew arrived ... [Resident #51] left facility at 1:14AM ..."</p> <p>Resident #51 was readmitted to the facility on 04/22/2021 with a diagnoses of Left Hemiarthroplasty (a surgical procedure that involves replacing half of the hip joint).</p> <p>04/23/2021 [Physician ' s Progress Note] MD (medical doctor) readmission ...patient was sent to [hospital name] s/p (status post) fall sustained left hip fracture s/p (status post) left hemiarthroplasty ..."</p> <p>.Review of Resident #51 ' s Fall Risk Assessments revealed the following:</p>	L 052		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2021
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NAME OF PROVIDER OR SUPPLIER ASCENSION LIVING CARROLL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 725 BUCHANAN ST., NE WASHINGTON, DC 20017
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L 052	<p>Continued From page 13</p> <p>On 04/15/2021 - the resident had a score of 14.</p> <p>On 04/22/2021 - the resident had a score of 24.</p> <p>On 06/04/2021 - the resident had a score of 20.</p> <p>According to the fall risk assessment, "A resident whose score is over 9 is at risk for falls."</p> <p>Review of the Significant Change Minimum Data Set (MDS) dated 04/29/2021, revealed the following:</p> <p>In section C (Brief Interview for Mental Status - Summary Score) - the resident was coded as a "3" indicating that the resident was "severely impacted cognitively". In Section E (Rejection of Care) -the resident was coded as behavior not exhibited. In Section G (Toileting Use) - the resident was coded as total dependence and requiring one-person physical assist. In section G (Mobility Device) - the resident was coded as using a wheelchair. In Section J (Health Condition - Fall History/ Recent Surgery)- the resident was coded as having fracture related to fall and having major surgery. In Section M (Other Ulcers, Wounds and Skin Problems) - the resident was coded as having a surgical wound. In Section O (Special Treatments, Procedures, and Programs) - the resident was coded as receiving speech, physical and occupational therapy services. In Section V (Care Area Assessment Summary) - indicated that the resident triggered for falls, which were addressed in the resident ' s care plan.</p> <p>Review of the Fall Care Plan with a start date of 10/23/2018 outlined multiple intervention including:</p>	L 052		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2021
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NAME OF PROVIDER OR SUPPLIER ASCENSION LIVING CARROLL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 725 BUCHANAN ST., NE WASHINGTON, DC 20017
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L 052	<p>Continued From page 14</p> <p>Initial interventions:</p> <p>Complete Fall Risk Assessment quarterly.</p> <p>Encourage resident to request assistance, as needed.</p> <p>Encourage resident to rise slowly and sit in upright position before attempting to transfer.</p> <p>Keep frequently used items in easy reach.</p> <p>Revised interventions after fall on 04/15/2021:</p> <p>PT/OT (physical therapy/occupational therapy) Screen.</p> <p>Transferred to ER (emergency room)</p> <p>Left hip hemiarthroplasty</p> <p>It should be noted that the 10/23/2018 interventions were still being implemented.</p> <p>There was no evidence that facility staff revised the plan of care and or facility practice with goals and approaches to reduce the likelihood of another fall for Resident #51 who has a history of a fall with injury and is cognitively impaired.</p> <p>Review of therapy documents revealed the following:</p> <p>Physical Therapy Plan of Care" with a start care date of 04/23/2021 and end date of 06/02/2021 revealed, "... Treatment diagnosis - aftercare following joint replacement surgery... Frequency/duration of services were four (4) times a week for 60 days"</p>	L 052		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2021
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NAME OF PROVIDER OR SUPPLIER ASCENSION LIVING CARROLL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 725 BUCHANAN ST., NE WASHINGTON, DC 20017
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L 052	<p>Continued From page 15</p> <p>"Resident #51 required skilled services to focused on ... therapeutic exercise, neuromuscular re-education, gait training, manual therapy, physical therapy evaluation moderate complexity, and therapeutic activity."</p> <p>The "Physical Therapy Progress & Discharge Summary" dated 06/02/2021 documented, "Patient has achieved 100% of rehab goal at this time and to be d/c (discharged) to LTC (long term care) with assistance from nursing staff as needed ...Pt (patient) educated in order to improve functional mobility ...Pt (patient) educated on safety precautions in order to decrease ...falls ...Pt. requires *CGA (contact guard assist- the assisting person has one or two hands on your body but provides no other assistance to perform the functional mobility task) -*SBA (stand by assist- the assisting person does not touch you or provide any assistance, but needs to be close by for safety in case you lose your balance or need help to maintain safety during the task being performed.) for safety mobility ..."</p> <p>The therapy discharge summary indicates that Resident #51 (who was assessed as cognitively impaired) was educated. However, there was no evidence in the discharge summary that the resident verbalized understanding or was able to return demonstration of the material she was taught.</p> <p>On 07/27/2021 at 7:50 AM [Physician Geriatric Progress Note] - "Pt (patient) c/o (complained of) severe pain rt (right) hip ... she said [that she] fell down while trying to go to bathroom and got back to bed herself ... transfer to ER (emergency room) acute severe pain ..."</p>	L 052		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2021
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L 052	<p>Continued From page 16</p> <p>07/27/2021 at 8:00 AM [Telephone - physician order] - "Transfer resident via 911 to ER (emergency room) for acute severe right hip pain".</p> <p>07/27/2021 at 9:45 AM [Nursing Note] - "Writer ' s attention was called to the resident ' s room secondary to complaining of pain in her right hip during care ... that won ' t go away ... Resident ... remained alert, oriented to her name only and able to verbally make her needs which is her baseline secondary to diagnosis of Dementia ...Resident confirmed that she did not tell anyone that she fell ... prior to now ... 911 called ...first responder in house ... left with resident via stretcher to [hospital name] ..."</p> <p>During a face-to-face interview conducted on 07/28/2021, at approximately 10:30 AM, Employee #26 (Director of Rehabilitation) stated that the resident required moderate assistance with transfers. She then said she did not see any evidence that therapy staff provided nursing staff education on safety issues including contact guard assist and stand-by assist to reduce falls and improve functional mobility for Resident #51.</p> <p>During a face-to-face interview conducted on 07/28/2021, at approximately 11:00 AM, Employee #5 (4th floor Unit Manager) acknowledged the findings.</p> <p>Facility staff failed to ensure residents who are unable to carry out activities of daily living received the necessary services to maintain good nutrition, grooming, and/or personal hygiene. Residents ' #61, #109, #116, #123, #127, and #144.</p>	L 052		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2021
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L 052	<p>Continued From page 17</p> <p>5. Resident #61 was admitted to the facility on 11/15/2017, with multiple diagnoses that included: Dementia, Anxiety Disorder, Tinea Unguium, Unspecified Mood Disorder and Restlessness and Agitation.</p> <p>During a tour of unit 5 north on 07/26/2021, at 2:57 PM, Resident #61 was observed in bed with her heels offloaded on pillows. A head-to-toe skin assessment of the resident was conducted with Employee #19 (Licensed Practical Nurse). The resident ' s fingernails were observed to be long. Toenails on bilateral feet were noted to be very long, thick and yellow.</p> <p>Review of the Quarterly Minimum Data Set (MDS) dated 05/18/2021, revealed the following:</p> <p>In Section C (Cognitive Patterns) - "Brief Interview for Mental Status (BIMS) score of 0" indicating severe cognitive impairment.</p> <p>In Section G (Functional Status) - "... Personal Hygiene- extensive assistance, two + (or more) persons physical assist."</p> <p>Review of the care plan revealed the following:</p> <p>"11/15/2017 Category ADL (activities of daily living), "[Resident #61] requires assistance with ADL (activities of daily living) secondary to: history of falls/muscle weakness. Approach: assist with bathing, dressing, toileting and personal hygiene as needed"</p> <p>"03/25/2019 Category Mycotic Toenails. "[Resident #61] has mycotic toenails. Approach: Podiatry consult as ordered. Wash and dry feet</p>	L 052		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2021
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L 052	<p>Continued From page 18</p> <p>and between toes with scheduled bath."</p> <p>07/16/2021 Category Behavior "[Resident #61] resisting care: Fingernail care. Approach: Offer assistance with fingernail care, notify MD (medical doctor)/ RR (resident representative) if resident refuses"</p> <p>Review of the physician ' s orders revealed the following:</p> <p>04/16/2021 "Weekly skin check document findings in progress note on shower days..."</p> <p>07/19/2021 "Podiatry consult... podiatry consult for nail care when available..."</p> <p>Review of Nurses ' Notes revealed the following:</p> <p>07/20/2021 at 9:45 PM " ... [Resident #61] was assisted with foot care, toenails are thick, podiatry consults was placed. Resident assisted with fingernail care..."</p> <p>07/26/2021 at 3:26 PM "... Resident [has] a podiatrist consult for foot and nail care on 07/28/2021, head to toe skin assessment done, right second toe corn slightly tender to touch, medicated for pain x1, R/R (resident representative) aware..."</p> <p>During a face-to-face interview conducted on 07/26/2021, at approximately 3:15 PM, Employee #8 (5th floor Nurse Manager) acknowledged the finding and stated, "The podiatrist had not been coming in due to COVID but the staff should have been doing nail care with bathing. The resident is on the list to see the podiatrist on 7/28/2021."</p>	L 052		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2021
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L 052	<p>Continued From page 19</p> <p>6. Resident #109 was admitted to the facility on 02/12/2021, with multiple diagnoses that included: Anemia, Heart Failure, Hypertension, Renal Insufficiency, Alzheimer ' s Disease, /Non-Alzheimer ' s Dementia and Depression.</p> <p>On 07/20/2021 at 04:45 PM Resident #109 was observed wearing blue socks size large. The resident was able to ambulate from the day room to her room. The unit manger removed the resident ' s blue socks and the Resident #109 was observed to have long toe nails.</p> <p>Review of Resident #109 ' s Quarterly Minimum Data Set (MDS) dated 06/08/2021, under Section G0110 Activities of Daily Living Assistance showed the resident required extensive assistance for personal hygiene.</p> <p>Review of Resident #109 ' s care plan identified mycotic toenails as a medical problem and noted the following goal for resident: "Resident #109 will receive routine footcare to prevent complications. Goal date 6/20/2021 to 9/8/2021. Approach: Podiatry consult as ordered ..."</p> <p>Review of the nurses progress note dated 7/19/2021 at 23:03 [11:03 PM] revealed, "... Resident toenails assessment done, needs podiatry care."</p> <p>During a-face-to-face interview conducted at the time of the observation, Employee #12 acknowledged the findings and stated, "We have called the podiatrist. She [Resident #109] has not seen the podiatrist."</p> <p>7. Resident #116 was admitted to the facility on 05/13/2019, with diagnoses that included: Non- Alzheimer's Dementia, Arthritis, Muscle</p>	L 052		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2021
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NAME OF PROVIDER OR SUPPLIER ASCENSION LIVING CARROLL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 725 BUCHANAN ST., NE WASHINGTON, DC 20017
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L 052	<p>Continued From page 20</p> <p>Weakness and Gastroesophageal Reflux Disease.</p> <p>During a tour of unit 1 west on 07/19/2021, at 3:51 PM, Resident #116 was observed sitting in a Geri-chair, outside her room, in the hallway. Her fingernails were noted to be long and toe nails were thick, yellow, long, curving to the left on the left foot and curving to the right on the right foot.</p> <p>Review of the Quarterly MDS dated 06/15/2021, revealed the following:</p> <p>In Section G (Functional Status), the resident is coded as "Activities of Daily Living (ADL) assistance... personal hygiene- ' 4 ' - total dependence, one person physical assist"</p> <p>In Section I (Active Diagnoses) , "Need for assistance with personal care"</p> <p>Review of the Activities of Daily Living care plan dated 05/14/2019 revealed:</p> <p>"[Resident #116] requires assistance with ADL secondary to dementia. Approach: Assist with bathing, dressing, toileting, oral hygiene, and personal hygiene as needed..."</p> <p>During a face-to-face interview conducted on 07/19/2021, at approximately 4:00 PM, Employee #12 (1st floor Unit Manager) acknowledged the finding and stated that podiatry had not been in to see the residents during the pandemic and that the nursing staff should have been doing nail care for the residents who are not diabetics.</p> <p>8. Resident #123 was admitted to the facility on 07/29/2017, with multiple diagnoses including Hemiplegia, Acquired Absence Right Leg Above</p>	L 052		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2021
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NAME OF PROVIDER OR SUPPLIER ASCENSION LIVING CARROLL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 725 BUCHANAN ST., NE WASHINGTON, DC 20017
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L 052	<p>Continued From page 21</p> <p>Knee, Morbid Severe Obesity and Generalized Muscle Weakness.</p> <p>During a face-to-face interview on 07/23/2021 at approximately 3:30 PM, Resident #123 stated that she had not had a bed bath or shower since 07/01/2021. The resident said that because her motorized wheelchair doesn ' t fit in the tub area on her floor (5th), she would usually go to the 3rd floor shower room. Continued interview revealed that she was unable to go to the 3rd floor for a few months due the facility ' s COVID-19 Precautions.</p> <p>Review of the Annual Minimum Data Set dated 06/15/2021, revealed the following:</p> <p>In section C (Brief Interview for Mental Status), the resident had a summary score of "14", indicating the resident was intact cognitively.</p> <p>In section E (Rejection of Care) - resident was coded as behavior not exhibited.</p> <p>In section G (Functional Status), the resident was coded as needing supervision and the physical assistance of one person for personal hygiene.</p> <p>In section I (Active/Other Diagnoses), the resident was coded for hemiplegia, acquired absence right leg above knee and morbid obesity ...</p> <p>Review of the Activities of Daily Living care plan dated 07/29/2017, outlined multiple interventions including assist with bathing ...and personal hygiene as needed ...</p> <p>Review of the Shower Schedule revealed Resident #123 ' s shower days were every Wednesday and Saturday on day shift.</p>	L 052		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2021
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NAME OF PROVIDER OR SUPPLIER ASCENSION LIVING CARROLL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 725 BUCHANAN ST., NE WASHINGTON, DC 20017
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L 052	<p>Continued From page 22</p> <p>The record lacked documented evidence that the facility ' s staff made arrangements or offered the resident another floor to take a shower.</p> <p>During a face-to-face interview on 07/23/2021 at approximately 4:00 PM, Employee #18 (Certified Nursing Assistant) stated that residents are provided showers twice a week on the days and shifts indicated on the shower schedule.</p> <p>During a face-to face interview on 07/23/2021 at approximately 5:00 PM, Employee #16 (Unit Manager) stated that she would give the resident a bath that evening.</p> <p>9. On 07/19/2021, at approximately 11:45 AM, an observation of Resident #127 ' s room noted the resident lying in bed. The resident was observed to have long, thick, and discolored bilateral toenails.</p> <p>During a face-to-face interview on 07/19/2021, at approximately 11:45 AM, Resident #127 stated that his toenails had not been trimmed in "6-7 months".</p> <p>Resident #127 was admitted to the facility on 08/01/2019. The medical record revealed the resident had multiple diagnoses including Type 2 Diabetes Mellitus without complications, Pain in Right Foot, Pain in Left Foot, Atherosclerosis Heart Disease, Chronic Peripheral Venous Insufficiency, and Generalized Muscle Weakness.</p> <p>Review of the Annual Minimum Data Set dated 06/22/2021, revealed the following:</p> <p>In Section C (Brief Interview for Mental Status),</p>	L 052		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2021
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NAME OF PROVIDER OR SUPPLIER ASCENSION LIVING CARROLL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 725 BUCHANAN ST., NE WASHINGTON, DC 20017
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L 052	<p>Continued From page 23</p> <p>the resident had a summary score of "15", indicating the resident was intact cognitively.</p> <p>In Section G (Functional Status), the resident was coded as needing supervision and the physical assistance of one person for personal hygiene.</p> <p>In Section M (Foot Problems), nothing was coded in this section.</p> <p>Review of the Mycotic toenail care plan listed multiple interventions including podiatry consult as ordered, with start date of 05/10/2021.</p> <p>Review of the progress notes and consults revealed the last podiatry consulted 01/27/2020.</p> <p>During a face-to-face interview conducted on 07/19/2021, at approximately 4:30 PM, Employee #16 (Unit Manager) stated that she would ensure a podiatrist saw the resident today or as soon as possible.</p> <p>Resident #144 was admitted to the facility on 10/01/2014 with multiple diagnoses that included: Hypertension, Alzheimer's Disease and Non-Alzheimer's Dementia.</p> <p>10. During a tour of unit 1 on 07/19/2021 at 10:53 AM, Resident #144 was observed in her room, in bed, with her breakfast tray at her bedside. The food on the tray was noted to be cold and untouched, indicating no attempts had been made to feed the resident.</p> <p>Review of the Annual MDS dated 06/29/2021, revealed the following:</p> <p>In Section G (Physical Function), the resident was coded as "Activities of Daily Living (ADL) - Eating</p>	L 052		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2021
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NAME OF PROVIDER OR SUPPLIER ASCENSION LIVING CARROLL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 725 BUCHANAN ST., NE WASHINGTON, DC 20017
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L 052	<p>Continued From page 24</p> <p>"total dependence" "One person physical assist".</p> <p>Review of the care plan revealed:</p> <p>07/21/2020 "[Resident] requires total assistance with ADL due to decreased cognition..." Goal: [Resident] will be provided total assist with... feeding... Approach: Total assist with ... feeding ... daily q (every) shift ..."</p> <p>Review of the physician ' s orders revealed the following:</p> <p>02/23/2021 "Feeding assistance, total care ... everyday..."</p> <p>During a face-to-face interview conducted on 07/19/2021, at approximately 11:00 AM, Employee #12 (1st floor Unit Manager) she stated, "Breakfast trays were delivered between 8:00 AM and 8:15 AM today."</p> <p>During a face-to-face interview conducted on 07/19/2021, at approximately 11:05 AM, Employee #13 (Certified Nurses Aide) acknowledged the finding and stated, "I thought my coworker was going to feed her since I have three other feeders on my assignment."</p> <p>Facility staff failed to ensure that residents received treatment and care in accordance with the professional standards of practice, the comprehensive person-centered care plan, as evidenced by: failure to ensure one (1) resident ' s blood sugar was obtained in accordance with the professional standards of practice and the physician ' s order; failed to administer hydrocortisone (used to treat redness, swelling, itching, and discomfort of various skin conditions)</p>	L 052		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2021
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NAME OF PROVIDER OR SUPPLIER ASCENSION LIVING CARROLL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 725 BUCHANAN ST., NE WASHINGTON, DC 20017
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L 052	<p>Continued From page 25</p> <p>as ordered by the physician for one (1) resident; and failed to follow the physician ' s orders and care plan approaches for bowel regimen for one (1) resident. Residents ' #67, #106, and #369.</p> <p>11. Facility staff failed to ensure Resident #67 ' s blood sugar was obtained in accordance with the professional standards of practice and the physician ' s order.</p> <p>Resident #67 was admitted to the facility on 7/9/2021, with multiple diagnoses which include: Hypertension, Renal Insufficiency, Acute Cholecystitis, Diabetes Mellitus, Hyperlipidemia, Seizure disorder, and Hemiplegia or Hemiparesis.</p> <p>Review of physician ' s orders dated 5/14/2021, revealed, "Blood glucose check TID (3 times per day) before meals at 07:30; 11:30, 16:30..."</p> <p>On 07/12/2021 at 10:30 AM, Employee #22 was observed checking the resident ' s blood sugar and administering his AM medication. The resident ' s breakfast tray was placed in front of him on the over-the-bed table. Resident #67 stated he had just finished eating his breakfast. Employee #22 performed the resident ' s blood sugar check, and the reading was 169 mg/dl (milligrams/deciliter).</p> <p>Facility staff failed to follow the physician ' s orders for checking the resident ' s blood sugar.</p> <p>During a face-to-face interview conducted at the time of the observation, Employee #22 stated that she was giving the medication late.</p> <p>12. Facility staff failed to administer hydrocortisone as ordered by the physician for</p>	L 052		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2021
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NAME OF PROVIDER OR SUPPLIER ASCENSION LIVING CARROLL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 725 BUCHANAN ST., NE WASHINGTON, DC 20017
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L 052	<p>Continued From page 26</p> <p>Resident #106.</p> <p>Resident #106 was admitted to the facility on 05/10/2018, with multiple diagnoses that included: Dermatitis, Localized Edema, Shortness of Breath and Asthma.</p> <p>Review of the physician ' s orders revealed:</p> <p>06/04/2021 "Hydrocortisone cream 2.5% apply to b/l (bilateral lower) extremities twice a day for severe dry skin X 7 days ..."</p> <p>06/08/2021 "Hydrocortisone cream 2.5% topically apply to b/l low extremity 3 times a week after 06/12/2021 for venous stasis dermatitis ..."</p> <p>Review of the Electronic Medication Administration Record for June 2021 revealed that Resident #106 did not receive the Hydrocortisone cream on 06/11/2021 as ordered by the physician.</p> <p>During a face-to-face interview was conducted on 07/28/2021, at 4:21 PM with Employee #28 (Unit Manager) acknowledged the finding and reviewed the document.</p> <p>13. Facility staff failed to follow the physician ' s orders and care plan approaches for Resident #369.</p> <p>Resident #369 was admitted to the facility on 07/13/2021, with diagnoses that included: Stroke, Hemiplegia Following Cerebral Infarct, Hypertension and Hyperlipidemia.</p> <p>Review of the physician ' s orders revealed:</p> <p>07/13/2021 "Polyethylene Glycol (osmotic</p>	L 052		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2021
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NAME OF PROVIDER OR SUPPLIER ASCENSION LIVING CARROLL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 725 BUCHANAN ST., NE WASHINGTON, DC 20017
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L 052	<p>Continued From page 27</p> <p>laxatives) 3350, powder 17gram/dose ... Give by mouth one time a day as needed for constipation"</p> <p>07/13/2021 "Bisacodyl suppository (stimulant laxative), 10mg (milligram): administer 1 suppository rectally one time a day as needed for constipation"</p> <p>07/13/2021 "Senna (laxative)-S tablet, 8.6-50mg; administer 1 tablet by mouth one time a day as needed for constipation"</p> <p>Review of the Bowel and Bladder care plan revealed the following:</p> <p>07/14/2021 "[Resident #369] is at risk for constipation r/t (related to) decreased mobility and medication regimen. Goal- [Resident #369] will have regular formed BM (bowel movement) at least once every 3 days over the next 30 days. Approach- Medicate a/o (as ordered); monitor BM and record; offer assistance to toilet ..."</p> <p>Review of the facility ' s document entitled, "Bowel and Bladder Summary ... For recordings from 07/13/2021 to 07/21/2021" ... revealed that on the dates: 07/14/2021, 07/15/2021, 07/16/2021, 07/17/2021 and 07/18/2021 (5 days) facility staff documented "0" under the section "Bowel Movement", indicating Resident #369 had no bowel movements'.</p> <p>Review of the electronic medication administration record (EMAR) from dates 07/15/2021 through 07/21/2021 revealed that facility staff failed to follow the physician ' s orders to administer Resident #369 ' s medications for constipation.</p> <p>During a face-to-face interview conducted on</p>	L 052		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2021
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NAME OF PROVIDER OR SUPPLIER ASCENSION LIVING CARROLL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 725 BUCHANAN ST., NE WASHINGTON, DC 20017
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L 052	Continued From page 28 07/26/2021, at 3:27 PM, Employee #6 (Registered Nurse) acknowledged the finding and stated, "The resident does go on her own sometimes and that is not being recorded. I will educate the CNAs (Certified Nurse 's aide) to always ask the resident and document when she reports having a bowel movement."	L 052		
L 088	3217.3 Nursing Facilities The Infection Control Committee shall establish written infection control policies and procedures for at least the following: (a) Investigating, controlling, and preventing infections in the facility; (b) Handling food; (c) Processing laundry; (d) Disposing of environmental and human wastes; (e) Controlling pests and vermin; (f) The prevention of spread of infection; (g) Recording incidents and corrective actions related to infections; and (h) Nondiscrimination in admission, retention, and treatment of persons who are infected with the HIV virus or who have a diagnosis of AIDS. This Statute is not met as evidenced by: Based on observation, record review, and staff interview, for five (5) of 60 sampled residents,	L 088		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2021
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NAME OF PROVIDER OR SUPPLIER ASCENSION LIVING CARROLL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 725 BUCHANAN ST., NE WASHINGTON, DC 20017
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L 088	<p>Continued From page 29</p> <p>facility staff failed to maintain infection prevention and control practices to minimize the potential spread of infections during medication administration, while providing wound care and not continuing transmission-based precautions. Residents' #61, #64, #67, #168, and #370.</p> <p>The findings included:</p> <p>1. Facility staff failed to maintain infection prevention and control practices during medication administration for Residents' #61 and #67.</p> <p>Review of the facility ' s policy and entitled, "Medication Administration Policy..." documented, " ... never touch any of the medication with fingers ..."</p> <p>1a. During an observation of medication administration on 07/21/2021 at 8:15 AM, Employee #19 (Licensed Practical Nurse) performed hand hygiene, poured five (5) tablets into a 30cc (cubic centimeters) plastic cup, introduced herself to Resident #61. As the employee was administering the pill, two (2) pills fell on to the resident ' s gown. The employee failed to maintain infection control practices when she scooped the two (2) pills up from the resident ' s gown using the plastic 30cc cup and administer them to the resident.</p> <p>Resident #61 was admitted to the facility on 11/15/2017. The medical record revealed the resident had multiple diagnoses including Unspecified Pain, Constipation, Iron Deficiency Anemia and Agitation.</p> <p>Review of the sixty-day (05/01/2021 to</p>	L 088		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2021
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L 088	<p>Continued From page 30</p> <p>07/31/2021) Physician Order Sheet Medication Administration Record, showed the following:</p> <p>Employee #19, initialed on 07/21/2021 at 9:00 AM that she administered (by mouth) the following medication orders:</p> <ul style="list-style-type: none"> -Acetaminophen (pain reliever) 500 mg (milligrams) by mouth for pain. -Docusate Sodium (laxative) 100mg by mouth for constipation -Ferrous Sulfate (iron supplement) 325mg by mouth for anemia. -Seroquel (antipsychotic) 25mg by mouth for agitation. <p>During a face-to-face interview on 07/21/2021 at 8:20 AM, Employee #19 stated that she should have discarded and not administered the pills that fell on the resident ' s gown.</p> <p>1b. During an observation on 07/20/2021, at 10:30 AM, Employee #22 (Licensed Practical Nurse) was observed administering medications to Resident #67. Employee #22 placed the clear 30 cc medication cup containing four pills up to the resident ' s lips for him to take the medication. At this time, one pill fell out of the cup and onto the unclean bed linen. Employee #22 then scooped the medication back into the cup with her bare hands and administered the pill to the resident.</p> <p>Resident #67 was admitted to the facility on 07/09/2021, with diagnoses that included: Hypertension, Renal Insufficiency, Diabetes Mellitus and Hyperlipidemia.</p>	L 088	<p>1. Resident # 61 and #67 were assessed by licensed nurse on 7/21/2021 and had no negative outcome from receiving medications that were not handled following infection prevention and control standard practices</p> <p>Resident # 64 and #168 were assessed by a Licensed nurse on 7/21/22 and had no negative outcome related to not using infection prevention and control practices.</p> <p>Resident #370 was assessed and had no negative outcome due to a CNA sitting at his bedside without eye protection.</p> <p>Employees #19, 22, 10, 14 were re-educated on infection prevention and control practices when providing medication and treatment, CNA was re-educated on COVID-19 to include precautions to include wearing eye protection on or before September 17, 2021 by the staff educator or designee</p> <p>2. Unit Manager or Designee will ensure all residents on droplet precautions have signage on their door to indicate precautions status.</p> <p>3. Licensed nursing staff were re-educated on infection prevention and control practices when providing medication and treatment and Staff was re-educated on COVID-19 to include precautions on or before 9/17/2021 by the staff educator or designee. The unit manager or designee will randomly observe one 1 nurse during med pass and treatment administration per week for 3 months to ensure that infection prevention policies are in place. The unit manager or designee will also randomly observe staff in resident care areas to ensure that staff is following COVID-19 precautions.</p>	<p>9/17/2021</p> <p>9/17/2021</p> <p>9/17/2021</p>

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2021
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NAME OF PROVIDER OR SUPPLIER ASCENSION LIVING CARROLL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 725 BUCHANAN ST., NE WASHINGTON, DC 20017
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L 088	<p>Continued From page 31</p> <p>During a face-to-face interview conducted at the time of the observation, Employee #22 acknowledged the findings and stated, "I should have discarded the medication."</p> <p>2. Facility staff failed to maintain infection prevention and control practices during wound care for Residents ' #64 and #168.</p> <p>Review of the facility ' s "Wound Care/Dressing Policy" with a review date of 12/2021 instructed staff to, "...place a disposable cloth ...under the wound to serve as a barrier to protect ...other body sites". The procedure also instructed staff to [after removing the old dressing] "pull glove over dressing and discard into appropriate receptacles ...wash and dry hands thoroughly ...apply clean gloves ...then proceed with wound care."</p> <p>2a. During an observation on 07/21/2021 at 10:58 AM, Employee #10 (Registered Nurse) was providing wound care to Resident #64 ' s Stage 4 sacral wound. The employee failed to maintain infection control practices by not placing a barrier under the resident while providing wound care. Instead, Employee #10 opened the resident ' s incontinent brief (which was blood tinged due to the resident ' s wound not being covered with a gauze) and provided wound care.</p> <p>Resident #64 was admitted to the facility on 09/24/2019 with multiple diagnoses including Generalized Muscle Weakness, Mild Cognitive Impairment, and Acute Kidney Failure.</p> <p>A review of the medical record showed the</p>	L 088	4.The results of the rounds will also be reported during the monthly QAPI committee meeting for 3 months for review.	9/17/2021

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2021
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NAME OF PROVIDER OR SUPPLIER ASCENSION LIVING CARROLL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 725 BUCHANAN ST., NE WASHINGTON, DC 20017
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L 088	<p>Continued From page 32</p> <p>following physician ' s order dated 05/19/2021 that directed staff to "Cleanse sacrum wound Stage 4 [wound] with normal saline, pat dry, pack with calcium alginate ribbon 2 times a day ...for sacrum wound stage 4 ...".</p> <p>Review of the Skin Condition Report dated 07/21/2021, documented, " ... Coccyx is a deep tissue injury ... Stage 4, length in cm (centimeter) = 5, width in cm = 3.5, depth in cm = 2.2, skin is not blanchable, no odor is apparent, moderate drainage is present, color is serosanguineous ... wound base is visible, pink wound base = 100%, granulation tissue type = 100%..."</p> <p>A review of the Alteration in Skin Integrity care plan outlined multiple interventions including "Cleanse [wound] W (with) NS (normal saline), pat dry, apply calcium alginate ribbon, cover with gauze and Alleyvn Life dressing BID (twice a day) and prn (as needed)" with a start date of 07/21/2021.</p> <p>During a face-to-face interview on 07/21/2021 at 11:15 AM, Employee #10 stated that she should have placed a barrier under the resident before providing wound care.</p> <p>2b. During an observation on 07/21/2021 at 10:00 AM, Employee #14 (Licensed Practical Nurse) provided wound care for Resident #168 ' s unstageable sacral pressure ulcer, left buttocks blister, lower back blister, and left heel deep tissue injury. While providing wound care, Employee #14 failed to maintain infection control practices by not placing a barrier under the resident. Instead, the employee provided wound care on top of the draw sheet Resident #168 was lying on prior to the wound care services.</p>	L 088		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2021
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NAME OF PROVIDER OR SUPPLIER ASCENSION LIVING CARROLL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 725 BUCHANAN ST., NE WASHINGTON, DC 20017
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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) COMPLETE DATE
L 088	<p>Continued From page 33</p> <p>Additionally, Employee #14 failed to perform hand hygiene after providing wound care for each wound including the unstageable sacral pressure ulcer, left buttocks blister, lower back blister, and left heel deep tissue injury wounds. However, the employee was observed wearing two pairs of gloves during each wound change. Employee #14 removed the top pair of gloves after each wound change, but she did not remove the bottom pair of gloves until she completed all the wound care.</p> <p>Resident #168 was admitted to the facility on 06/30/2021 with multiple diagnoses including Venous Insufficient, Muscle Weakness, and Essential Hypertension.</p> <p>A review of the medical record revealed the following: 07/20/21:</p> <p>07/20/2021 [Physician order] - Sacral and left buttocks: clean with NS (normal saline), apply Santyl (debridement ointment) BID (two times a day) and prn (as needed) , cover with moist gauze and apply Alleyvn Life (dressing).</p> <p>07/20/2021 [Physician order] - Lower back open blister: clean with NS (normal saline) apply Santyl daily and prn (as needed), cover with moist gauze and Alleyvn Life.</p> <p>07/20/2021 [Physician order] - DTI (Deep Tissue Injury) left heel: apply betadine daily and prn (as needed).</p> <p>Review of the Skin Condition Report dated 07/22/2021 documented the following:</p> <p>Sacrum Pressure Ulcer/Injury - " ... Unable to accurately stage - suspected deep tissue injury</p>	L 088		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2021
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NAME OF PROVIDER OR SUPPLIER ASCENSION LIVING CARROLL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 725 BUCHANAN ST., NE WASHINGTON, DC 20017
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L 088	<p>Continued From page 34</p> <p>... length =8.5 cm (centimeters), width = 7.5 cm ... wound base is visible, pink wound base = 60 %, other color in wound base +40 %, granulation tissue type = 60%, slough tissue type = 40% ... wound noted with mild drainage of serosanguinous, with no cellulitis and no odor noted ...this wound present on admission."</p> <p>Left lower buttocks - "open blister, length = 1 cm, width = 2 cm, skin is not blanchable, no odor is apparent, no drainage apparent ... wound base is visible = 100 %, granulation tissue type = 100% ... this wound was not present on admission "</p> <p>Left heel Pressure Ulcer/Injury - " ... length in cm = 3, width in cm = 3, skin is not blanchable, no odor is apparent, no drainage is apparent ... This wound was not present on admission ..."</p> <p>A review of the Alteration in Skin Integrity care plan outlined multiple interventions including: Clean [sacral and left buttocks clean with NS (normal saline), apply Santly (debridement ointment) BID (two times a day) and prn (as needed), cover with moist gauze and apply Alleyvn Life (dressing) with a start date of 07/20/2021.</p> <p>During a face-to-face interview on 07/21/2021 at 10:30 AM, Employee #14 stated that she should have placed a barrier under the resident ' s wounds, removed her gloves, and used hand sanitizer (hand hygiene) after providing wound care for each wound.</p> <p>3. Facility staff failed to maintain infection prevention and control practices by not providing Droplet Precautions as ordered for Resident #370.</p>	L 088		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2021
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NAME OF PROVIDER OR SUPPLIER ASCENSION LIVING CARROLL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 725 BUCHANAN ST., NE WASHINGTON, DC 20017
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L 088	<p>Continued From page 35</p> <p>During a unit tour of the 1st floor on 07/21/2021 at 10:20 AM, Resident #370 was observed in bed, with the door open, with a CNA (Certified Nurse ' s Aide) sitting at his bedside (less than six feet apart). It should be noted that the CNA was wearing only a surgical face mask. Also, there was no signage observed on the door to indicate the resident was on Droplet Precautions.</p> <p>Resident #370 was admitted to the facility on 07/13/2021, with diagnoses that included: Unspecified Dementia without Behavioral Disturbance and Altered Mental Status.</p> <p>Review of the physician ' s orders revealed the following:</p> <p>07/14/2021 "COVID-19 Precautions: droplet precautions (gloves, gown, mask, eye protection) every shift for 14 days... Finish date 7/27/2021"</p> <p>07/15/2021 "Re-locate resident to room 128 for safety and continue COVID observations precautions"</p> <p>Review of the care plan revealed the following:</p> <p>07/14/2021 "Resident is high risk for infection; developing signs and symptoms of COVID-19 related to presence of underlying health ... Approach: Follow [facility name] protocol for COVID-19 Screening/precautions ..."</p> <p>Review of the progress notes revealed the following:</p> <p>07/15/2021 5:44 PM (nursing note) " ... received call from infection control nurse that the resident should be moved to room 128 for safety and</p>	L 088		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2021
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L 088	<p>Continued From page 36</p> <p>continued COVID-19 observation... Upon his transfer to room 128 all precautions are to be continued."</p> <p>During a face-to-face interview conducted on 07/21/2021 at 10:44 AM, when asked about Resident #370 ' s transmission-based precautions, Employee #12 (Unit Manager) stated, "The infection control nurse said it was OK. He was only on COVID-19 observation because he has not received his vaccine yet; he's scheduled to get it later this week."</p> <p>During a face-to-face interview conducted on 07/27/2021, at 3:42 PM, Employee #15 (Infection Control Preventionist) acknowledged the finding and stated Resident #370 was moved to that room [128] where he was the only resident on that wing since he wanders. COVID-19 precautions should have been maintained for the full 14 days.</p>	L 088		
L 099	<p>3219.1 Nursing Facilities</p> <p>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:</p> <p>Based on observations and staff interview, facility staff failed to distribute and serve foods under sanitary conditions as evidenced by 10 of 11 steam pans that were stacked wet, two (2) of two (2) convection ovens that were soiled throughout, 14 of 42 plastic dinner plates that were soiled, seven (7) of seven (7) food tray transport carts that were marred, two (2) of two food tray transport carts plastic coverings that were torn</p>	L 099		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2021
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L 099	<p>Continued From page 37</p> <p>and soiled, and one (1) of 14 baffle filters from the kitchen range hood that was damaged.</p> <p>The findings included:</p> <ol style="list-style-type: none"> 10 of 11 full steam pans were stored wet, on a shelf, ready for use. Two (2) of two (2) convection ovens were soiled throughout with leftover burnt food deposits. 14 of 42 dinner plates were soiled throughout. Seven (7) of seven (7) enclosed food tray transport carts located on the second (2), third (1), fourth (2), and fifth floor (2), were soiled on the outside Two (2) of two plastic covers to open food tray transport carts on the first-floor unit were torn and soiled. Stainless-steel/aluminum panels to one (1) of 14 baffle filters from the kitchen range hood, were loose and bent. <p>Employee #9 acknowledged the findings during a face-to-face interview on 07/21/2021, at approximately 10:00 AM.</p>	L 099	<p>1.2 Soiled convection ovens were immediately cleaned and the leftover burnt food deposits were removed by the dining services associate on 7/21/2021</p> <p>14 dinner plates that were soiled were immediately cleaned by the dining services associate on 7/21/2021.</p> <p>2 plastic covers to open food plates that were torn on the first floor unit were replaced on 7/21/2021 by the dining services associate.</p> <p>Wet steam pans stored wet were immediately dried by the dining services associate on 7/21/2021</p> <p>7 enclosed food tray transport carts on the 2nd, third and fifth floor were immediately cleaned from soiling on the outside by the dining services associate on 7/21/2021.</p> <p>Stainless steel/aluminum panels to kitchen range hood were inspected and fastened/straightened on 7/21/2021 by the dining services associate.,</p> <p>2.Kitchen staff was re-educated on proper storage of steam pans, cleaning convection ovens, cleaning soiled plates, cleaning the outside of enclosed food tray transport carts, inspecting and replacing torn plastic food tray covers, and ensuring no loose or bent baffle filters from the Kitchen range.</p> <p>3.The Dining Services Manager or designee will make rounds 3 times per week to ensure proper procedures were followed times 3 months</p> <p>4.The results of the rounds will also be reported at the monthly QAPI committee meeting for review</p>	<p>9/17/2021</p> <p>9/17/2021</p> <p>9/17/2021</p>
L 306	<p>3245.10 Nursing Facilities</p> <p>A call system that meets the following requirements shall be provided:</p> <p>(a)Be accessible to each resident, indicating signals from each bed location, toilet room, and bath or shower room and other rooms used by</p>	L 306		<p>9/17/2021</p>

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2021
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L 306	<p>Continued From page 38</p> <p>residents;</p> <p>(b)In new facilities or when major renovations are made to existing facilities, be of type in which the call bell can be terminated only in the resident's room;</p> <p>(c)Be of a quality which is, at the time of installation, consistent with current technology; and</p> <p>(d)Be in good working order at all times.</p> <p>This Statute is not met as evidenced by:</p> <p>Based on observations and staff interview, the facility failed to maintain the call bell system in good working condition as evidenced by call bells in three (3) of 43 resident's rooms that failed to alarm when tested.</p> <p>The findings include:</p> <p>During an environmental tour of the facility on July 21, 2021, at approximately 3:00 PM, and on July 22, 2021, at approximately 11:00 AM, call bells in three (3) of 47 resident's rooms (#215, #455, #555) failed to initiate an alarm when tested.</p> <p>These breakdowns could prevent or delay staff from responding to resident's needs in a timely manner.</p> <p>During a face-to-face interview on July 22, 2021, at approximately 12:30 AM, Employee #7 acknowledged the findings.</p>	L 306	<ol style="list-style-type: none"> 1. The call bells for room #'s 215, 455, 555 were reset by the Maintenance Director reset on Jul 23, 2021 and they alarmed when tested. 2. No other call bells were identified to be in need of reset. 3. The Maintenance Staff was re-educated on maintaining the call bell system in good working condition at all times. 4. The Facilities Maintenance Associate or Designee will randomly test the call bells for 4 rooms per resident wing/ per week. The results of the call bell tests will also be reported at the monthly QAPI committee meeting for review. 	<p>9/17/2021</p> <p>9/17/2021</p> <p>9/17/2021</p> <p>9/17/2021</p>
L 410	3256.1 Nursing Facilities	L 410		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2021
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L 410	<p>Continued From page 39</p> <p>Each facility shall provide housekeeping and maintenance services necessary to maintain the exterior and the interior of the facility in a safe, sanitary, orderly, comfortable and attractive manner.</p> <p>This Statute is not met as evidenced by:</p> <p>Based on observations and staff interview, facility staff failed to provide housekeeping services necessary to maintain a safe, clean, comfortable environment as evidenced by a dome cover that was missing from one (1) of 10 ceiling lights in the fifth floor dining room, dome covers that were missing from two (2) of nine (9) ceiling lights in the second floor dining room, a dome cover that was missing from one (1) of 10 ceiling lights in the first floor dining room, two (2) stained ceiling tiles in the Activity's room on the fifth floor, one (1) of eight (8) electrical outlets in the second floor dining room that lacked an outside cover, low water temperatures in 10 of 47 resident's rooms, and missing dresser knobs from one (1) of 47 resident's rooms.</p> <p>The findings included:</p> <p>During an environmental walkthrough of the facility on 07/21/2021 and 07/22/2021, the following was observed:</p> <ol style="list-style-type: none"> 1. One (1) of 10 ceiling light dome cover located in the dining room on the fifth floor was missing. 2. Two (2) of nine (9) ceiling light dome covers located in the dining room on the second floor was missing. 3. One (1) of ten (10) ceiling light dome cover located in the dining room on the first floor was missing. 	L 410	<ol style="list-style-type: none"> 1.Environmental Services Director or Designee reviewed and addressed the following items: The ceiling light dome covers in the dining rooms (1st, 2nd, and 5th floor) were replaced on 7/22/2021. The ceiling tiles in the 5th floor Activity's Room were replaced on 7/22/2021. The dresser knob in room 254 was replaced on 7/22/2021. The water temperatures in rooms: 114, 135, 205, 230, 235, 313, 315, 414,431, and 433 were retested on 7/22/2021 and were within acceptable range. 2nd floor dining room missing electrical outlet outside cover on 7/22/2021 2.The Environmental Services Director or Designee made rounds to ensure that the ceiling lights on each of the units have covers; that there are no stained ceiling tiles; that dressers have knobs, water temperatures are within acceptable ranges and outlets have covers. No new findings observed. 3.The Environmental Services Director or Designee will re-educate the maintenance associates on ensuring that the ceiling lights on each of the units have dome covers; stained ceiling tiles are replaced; dressers have knobs; water temperatures are within acceptable ranges; and electrical outlets have covers. The facilities maintenance associates will randomly observe: two units of ceiling lights to ensure that they have covers; two units of ceiling tiles to ensure that stained tiles are replaced; two units of resident rooms to ensure that electrical outlets have covers; and two units of dresser knobs. The observations will be conducted on a monthly basis for 3 months.The facilities maintenance associates will also randomly test the water temperature of 4 rooms per resident wing per week. re-evaluated to determine if further monitoring is indicated 	<p>9/17/2021</p> <p>9/17/2021</p> <p>9/17/2021</p>

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2021
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L 410	<p>Continued From page 40</p> <p>4. Two (2) ceiling tiles in the Activity's room on the fifth floor were stained.</p> <p>5. One (1) of eight (8) electrical outlets in the dining room on the second floor did not have an outside cover.</p> <p>6. Water temperatures were tested at less than 95 degrees Fahrenheit in 10 of 47 resident's rooms, including rooms #114, #135, #205, #230, #235, #313, #315, #414, #431, #433.</p> <p>7. Knobs were missing off a dresser in resident room #254</p> <p>During a face-to-face interview conducted on 07/22/2021, at approximately 12:30 AM, Employee #7 acknowledged the findings.</p> <p>Based on observations, record reviews and staff interviews, for three (3) of 60 sampled residents, facility staff failed to ensure that residents received treatment and care in accordance with the professional standards of practice, the comprehensive person-centered care plan, as evidenced by: failure to ensure one (1) resident 's blood sugar was obtained in accordance with the professional standards of practice and the physician 's order; failed to administer hydrocortisone (used to treat redness, swelling, itching, and discomfort of various skin conditions) as ordered by the physician for one (1) resident; and failed to follow the physician 's orders and care plan approaches for bowel regimen for one (1) resident. Residents ' #67, #106, and #369.</p> <p>The findings included:</p>	L 410	4.The results from the observations will be reviewed during the monthly QAPI meeting times 3 months and then	9/17/2021

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2021
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L 410	<p>Continued From page 41</p> <p>1. Facility staff failed to ensure Resident #67 ' s blood sugar was obtained in accordance with the professional standards of practice and the physician ' s order.</p> <p>Resident #67 was admitted to the facility on 7/9/2021, with multiple diagnoses which include: Hypertension, Renal Insufficiency, Acute Cholecystitis, Diabetes Mellitus, Hyperlipidemia, Seizure disorder, and Hemiplegia or Hemiparesis.</p> <p>Review of physician ' s orders dated 5/14/2021, revealed, "Blood glucose check TID (3 times per day) before meals at 07:30; 11:30, 16:30..."</p> <p>On 07/12/2021 at 10:30 AM, Employee #22 was observed checking the resident ' s blood sugar and administering his AM medication. The resident ' s breakfast tray was placed in front of him on the over-the-bed table. Resident #67 stated he had just finished eating his breakfast. Employee #22 performed the resident ' s blood sugar check, and the reading was 169 mg/dl (milligrams/deciliter).</p> <p>Facility staff failed to follow the physician ' s orders for checking the resident ' s blood sugar.</p> <p>During a face-to-face interview conducted at the time of the observation, Employee #22 stated that she was giving the medication late.</p> <p>2. Facility staff failed to administer hydrocortisone as ordered by the physician for Resident #106.</p> <p>Resident #106 was admitted to the facility on 05/10/2018, with multiple diagnoses that included: Dermatitis, Localized Edema, Shortness of Breath and Asthma.</p>	L 410		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2021
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L 410	<p>Continued From page 42</p> <p>Review of the physician ' s orders revealed:</p> <p>06/04/2021 "Hydrocortisone cream 2.5% apply to b/l (bilateral lower) extremities twice a day for severe dry skin X 7 days ..."</p> <p>06/08/2021 "Hydrocortisone cream 2.5% topically apply to b/l low extremity 3 times a week after 06/12/2021 for venous stasis dermatitis ..."</p> <p>Review of the Electronic Medication Administration Record for June 2021 revealed that Resident #106 did not receive the Hydrocortisone cream on 06/11/2021 as ordered by the physician.</p> <p>During a face-to-face interview was conducted on 07/28/2021, at 4:21 PM with Employee #28 (Unit Manager) acknowledged the finding and reviewed the document.</p> <p>3. Facility staff failed to follow the physician ' s orders and care plan approaches for Resident #369.</p> <p>Resident #369 was admitted to the facility on 07/13/2021, with diagnoses that included: Stroke, Hemiplegia Following Cerebral Infarct, Hypertension and Hyperlipidemia.</p> <p>Review of the physician ' s orders revealed:</p> <p>07/13/2021 "Polyethylene Glycol (osmotic laxatives) 3350, powder 17gram/dose ... Give by mouth one time a day as needed for constipation"</p> <p>07/13/2021 "Bisacodyl suppository (stimulant laxative), 10mg (milligram): administer 1 suppository rectally one time a day as needed for constipation"</p>	L 410		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2021
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L 410	<p>Continued From page 43</p> <p>07/13/2021 "Senna (laxative)-S tablet, 8.6-50mg; administer 1 tablet by mouth one time a day as needed for constipation"</p> <p>Review of the Bowel and Bladder care plan revealed the following:</p> <p>07/14/2021 "[Resident #369] is at risk for constipation r/t (related to) decreased mobility and medication regimen. Goal- [Resident #369] will have regular formed BM (bowel movement) at least once every 3 days over the next 30 days. Approach- Medicate a/o (as ordered); monitor BM and record; offer assistance to toilet ..."</p> <p>Review of the facility 's document entitled, "Bowel and Bladder Summary ... For recordings from 07/13/2021 to 07/21/2021" ... revealed that on the dates: 07/14/2021, 07/15/2021, 07/16/2021, 07/17/2021 and 07/18/2021 (5 days) facility staff documented "0" under the section "Bowel Movement", indicating Resident #369 had no bowel movements'.</p> <p>Review of the electronic medication administration record (EMAR) from dates 07/15/2021 through 07/21/2021 revealed that facility staff failed to follow the physician 's orders to administer Resident #369 's medications for constipation.</p> <p>During a face-to-face interview conducted on 07/26/2021, at 3:27 PM, Employee #6 (Registered Nurse) acknowledged the finding and stated, "The resident does go on her own sometimes and that is not being recorded. I will educate the CNAs (Certified Nurse's Aide) to always ask the resident and document when she reports having a bowel movement."</p>	L 410		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2021
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L 430	<p>3258.1 Nursing Facilities</p> <p>The facility shall have detailed plans and procedures to meet all potential emergencies and disasters such as fire, severe weather, and missing residents.</p> <p>This Statute is not met as evidenced by: Based on observations, record review and staff interview, the facility staff failed to maintain a low air loss mattress (for pressure redistribution) in a safe operating condition for one (1) of 60 sampled resident ' s using a low air loss mattress, Resident #64; and failed to maintain essential equipment in safe condition as evidenced by one (1) of 14 baffle filters from the kitchen range hood that was damaged.</p> <p>The findings included:</p> <p>1. Facility staff failed to maintain a low air loss mattress in a safe operating condition for Resident #64.</p> <p>During observations on 07/23/2021 at 8:30 AM, 10:30 AM and 12:23 PM, Resident #64 ' s low air loss mattress was inflated, but the mattress pump ' s operating light was off.</p> <p>Resident #64 ' s medical record revealed the resident was admitted to the facility on 09/24/2019 with multiple diagnoses including Generalized Muscle Weakness, Mild Cognitive Impairment, and Acute Kidney Failure.</p> <p>A review of the current physician ' s orders showed the following:</p> <p>10/21/2020 "Low air mattress 3 times a day ...for sacral wound Stage 4"</p>	L 430	<p>1. Resident #64 low air loss mattress was replaced on 7/23/2021 by housekeeping associate. The baffle filter from the kitchen range was replaced on 7/19/2021 by dining services associate.</p> <p>2. There were no other low air mattresses identified to have issues. There were no other baffle filters identified to have issues.</p> <p>3. The Staff Education nurse or designee re-educated staff on the process of reporting items in need of repair. The Dining Services Manager or designee will make rounds 3 days per week, times 3 months to ensure that the baffle filters are not broken or in need of repair. The unit manager or designee will make rounds on a weekly basis to ensure that air mattress pumps are functioning.</p> <p>4. The results of the rounds will also be reported at the monthly QAPI committee meeting for review.</p>	<p>9/17/2021</p> <p>9/17/2021</p> <p>9/17/2021</p> <p>9/17/2021</p>

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2021
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L 430	<p>Continued From page 45</p> <p>Review of the Skin Condition Report dated 07/21/2021, documented, " ... Coccyx is a deep tissue injury ... Stage 4, length in cm (centimeter) = 5, width in cm = 3.5, depth in cm = 2.2, skin is not blanchable, no odor is apparent, moderate drainage is present, color is serosanguineous ... wound base is visible, pink wound base = 100%, granulation tissue type = 100%..."</p> <p>A review of the Alteration in Skin Integrity care plan with a start date of 09/26/2019 listed multiple interventions including low air loss mattress to bed for pressure redistribution.</p> <p>During a face-to-face interview on 07/23/2021 at approximately 12:25 PM, Employee #5 (Director of Facility Management) stated that the pump for the mattress was not working. The employee then stated he would replace the resident ' s pump and [low air loss] mattress.</p> <p>2. Facility staff failed to maintain essential equipment in safe condition as evidenced by one (1) of 14 baffle filters from the kitchen range hood that was damaged.</p> <p>During a tour of dietary services on 07/19/2021, at approximately 1000 AM, the stainless-steel/aluminum panels to one (1) of 14 baffle filters from the kitchen range hood, were loose and damaged.</p> <p>Employee #9 acknowledged the findings during a face-to-face interview on 07/21/2021, at approximately 10:00 AM.</p>	L 430		