

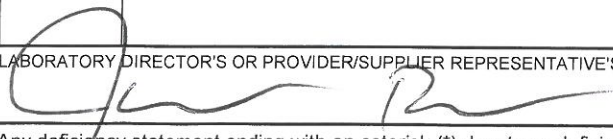
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/18/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>095015</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/30/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BRINTON WOODS HEALTH &amp; REHAB OF WASHINGTON DC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1380 SOUTHERN AVE SE WASHINGTON, DC 20032</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	<p><b>INITIAL COMMENTS</b></p> <p>A Recertification Quality Indicator Survey (QIS) and a complaint investigation for C-15-057, DC-3019 was conducted at your facility on June 22, 2015 through June 30, 2015.</p> <p>The following deficiencies are based on observations, record reviews, resident and staff interviews for 44 sampled residents.</p> <p>The following is a directory of abbreviations and/or acronyms that may be utilized in the report:</p> <p>Abbreviations            AMS - Altered Mental Status            ARD - assessment reference date            BID - Twice- a-day            B/P - Blood Pressure            cm - Centimeters            CMS - Centers for Medicare and Medicaid Services            CNA- Certified Nurse Aide            CRF - Community Residential Facility            D.C. - District of Columbia            DCMR- District of Columbia Municipal Regulations            D/C Discontinue            DI - deciliter            DMH - Department of Mental Health            EKG - 12 lead Electrocardiogram            EMS - Emergency Medical Services (911)            G-tube Gastrostomy tube            HVAC - Heating ventilation/Air conditioning            ID - Intellectual disability            IDT - interdisciplinary team            L - Liter</p>	F 000	<p>Brinton Woods of Washington DC, LLC, "BWDC" is filing this Plan of Correction in accordance with the compliance requirements for Federal and State regulations. This Plan of Correction constitutes the facility's written allegation of compliance for deficiencies cited. However submission of this Plan of Correction does not constitute admission of facts or conclusions cited.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE AD Nurse Trainer (X6) DATE 27 Aug 15

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 000	Continued From page 1 Lbs - Pounds (unit of mass) MAR - Medication Administration Record MD- Medical Doctor MDS - Minimum Data Set Mg - milligrams (metric system unit of mass) mL - milliliters (metric system measure of volume) mg/dl - milligrams per deciliter mm/Hg - millimeters of mercury Neuro - Neurological NP - Nurse Practitioner PASRR - Preadmission screen and Resident Review Peg tube - Percutaneous Endoscopic Gastrostomy PO- by mouth POS - physician ' s order sheet Prn - As needed Pt - Patient Q- Every QIS - Quality Indicator Survey Rp, R/P- Responsible party Sol- Solution TAR - Treatment Administration Record	F 000			
F 156 SS=C	483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES  The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in	F 156			

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F 156	<p>Continued From page 2 writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's</p>	F 156			

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F 156	<p>Continued From page 3</p> <p>medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on one (1) of 3 family interviews and a review of the facility 's new admission packet, it was determined that the facility failed to inform residents, at the time of admission, regarding the cost for services that that the facility offers [such as beauty and barber services] and for which the resident may be charged and the amount of</p>	F 156	<p>1. The 144 residents did not suffer any adverse effects related to the alleged deficient practice.</p>	8/30/15	

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F 156	<p>Continued From page 4 charges for those services.</p> <p>The findings include:</p> <p>A telephone interview was held with a family member of Resident #20, who identified themselves as the representative for financial decisions. The interview was conducted on June 24, 2015 at 10:52 AM and in response to the query, " Did staff (facility) give you a list of serves and items that you would and would not be charged for? " he/she stated " no they did not. "</p> <p>The documents that are provided to residents at the time of admission [e.g. admission packet] were reviewed. There was no evidence of a price list of charges for services offered in the facility that residents may be charged.</p> <p>A face-to-face interview was conducted with Employee #11 on June 29, 2015 at approximately 4:00 PM. During the interview, Employee #11 was asked for a copy of the list of services and prices that residents are expected to pay for. He/she stated that the facility did not have a price list for resident services.</p> <p>There was no evidence that facility staff ensured that newly admitted residents were informed and provided a list of services with prices they may or may not be charged.</p>	F 156	<ol style="list-style-type: none"> <li>2. Signage/information has been placed on all resident care units on how to apply and use Medicare and Medicaid benefits. In addition the contact information on the Medicare Fraud Unit has been posted on all resident care units. The Social Services department will also maintain the Medicare and Medicaid benefit information.</li> <li>3. The Medicare and Medicaid benefit information will be presented to the Resident Council and disseminated throughout the facility. Environmental Rounds will be done weekly x4 weeks and then monthly x2 to ensure the Medicare and Medicaid benefits as well as Medicare fraud contact information is posted.</li> <li>4. The results of the Environmental Rounds will be submitted to the QA committee x2 months. The QA committee will determine the need for further action.</li> </ol>	8/30/15  8/30/15  8/30/15
F 166 SS=D	<p>483.10(f)(2) RIGHT TO PROMPT EFFORTS TO RESOLVE GRIEVANCES</p> <p>A resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior</p>	F 166		

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F 166	<p>Continued From page 5 of other residents.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on resident and staff interviews and record review for (1) of 44 sampled residents, it was determined that facility staff failed to act upon Resident #114 ' s grievance in a timely manner.</p> <p>The findings include:</p> <p>A resident interview was conducted on June 22, 2015 at approximately 10:00 AM with Resident #114. Resident #114 expressed concerns that he/she no longer wished to continue with the current Power of Attorney (POA) that is assigned to him/her and alleged that the POA has taken his/her money. Resident #114 further stated that [he/she] is capable of handling his/her own money and that the Social Worker who was addressing this matter [to become responsible for self and to manage his/her own personal funds] no longer works here.</p> <p>A review of a Social Worker note dated May 26, 2015 revealed, " Report of Consultation- Report requested regarding: Revocation: The resident for guardianship. He/she wants to be his/her own Responsible Party; findings: [Resident name] claims [Power of Attorney, POA named] allegedly took [his/her] money. Transferred to [his/her] own [POA] account. [He/she] is c/o [complaining of] [he/she] used to receive \$70 allowance monthly - not anymore. [He/she] is requesting a court date so [he/she] can ask the judge to assign [him/her] another Guardian. [He/she is not currently overtly psychotic, nor suicidal, or</p>	F 166	<ol style="list-style-type: none"> <li>1. Resident # 114 did not have any adverse effects related to the alleged deficiency.</li> <li>2. Residents with court appointed guardians have been assessed to determine if they would want to start the process to revoke the guardianship in place.</li> <li>3. If it is determined a resident would like a change in guardianship. The process will be initiated within the facility within five business days.</li> <li>4. Social Service Director will monitor and audit all residents with guardians monthly times three months. Results of audits will be submitted to QA committee times three months. QA committee will determine the need for further audits.</li> </ol>	<p>8/30/15</p> <p>8/30/15</p> <p>8/30/15</p> <p>8/30/15</p>	

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F 166	<p>Continued From page 6</p> <p>homicidal; Diagnosis R/O [Rule/out Adjustment Disorder with mixed features; Recommendations (1) Set a Court Date for [Resident named] ASAP [as soon as possible] for a Guardianship hearing revocation."</p> <p>A review of subsequent social service documentation lacked evidence of follow through with the recommendations related to a ' court date. ' There was no evidence of further communication with the resident regarding the status of the request related to guardianship.</p> <p>A face-to-face interview was conducted on June 25, 2015 at approximately 3:00 PM with Employee #20. A query was made regarding the residents personal funds. Employee #20 verified that Resident #114 previously received SSI (Supplemental Security Insurance) monthly, but his/her money no longer comes to the facility. The last time that the resident received \$70.00 was April 9, 2015.</p> <p>A face-to-face interview was conducted with Employee #19 on June 26, 2015 at approximately 10:30 AM. He/she indicated the resident and the family had problems regarding the money so a POA [Power of Attorney] was granted to the resident on September 12, 2013.</p> <p>A face-to-face interview was conducted with Employee #10 on June 30, 2015 at approximately 3:00 PM. He/she was able to speak with the POA and obtain information regarding the finances of the resident. Employee #10 indicated that a family member mismanaged the resident ' s money and that the resident is currently receiving \$70.00 monthly. However, \$40.00 [goes to SSI] is to repay the mismanaged funds and the</p>	F 166			

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F 166	Continued From page 7 resident only receives \$30.00 monthly, which is given to him/her by the POA. A query was made if the resident was aware of the aforementioned. Employee #10 did not know, but will relay the concerns to the POA and administration.  A face-to-face interview was conducted on June 29, 2015 at approximately 12:00 PM with Employee #2. After review of the aforementioned he/she acknowledged that he/she was not aware of the resident ' s concerns.  There was no evidence that the resident was kept abreast of the events to resolve his/her grievance to become responsible for self and to manage his/her own personal funds.  There was no evidence that the Social Worker recommendation of May 26, 2015 "To set a court date for guardianship." was followed through. The record was reviewed on June 22, 2015.	F 166			
F 167 SS=C	483.10(g)(1) RIGHT TO SURVEY RESULTS - READILY ACCESSIBLE  A resident has the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility.  The facility must make the results available for examination and must post in a place readily accessible to residents and must post a notice of their availability.  This REQUIREMENT is not met as evidenced by:	F 167			



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F 167	<p>Continued From page 8</p> <p>Based on observations of three (3) of 3 residential units and common areas of the facility, it was determined that facility staff failed to ensure that the most recent survey results were available for examination.</p> <p>The findings include:</p> <p>A tour of the facility's front lobby and nursing units were conducted on June 22, 2015 and on June 30, 2015 with Employee #1. There was no evidence of signage posted to where survey results could be found.</p> <p>A Resident Council interview was conducted on June 29, 2015 at approximately 10:30 AM with Resident #168. A query was made, " Without having to ask, are the results of the state inspection available to read? " He/she responded," No and I do not know where they are located."</p> <p>Facility staff failed to ensure that the most recent survey results were readily available for examination and that signage was posted to inform residents and visitors of its location.</p> <p>Employee #1 acknowledged the findings at the time of the observations.</p>	F 167	<ol style="list-style-type: none"> <li>1. The 144 residents did not suffer any adverse effects related to the alleged deficient practice.</li> <li>2. The survey results have been placed in a location that is accessible to all resident.</li> <li>3. Resident council has been notified that the Federal and District survey results are available on each resident care unit. Environmental Rounds will be done weekly x4 weeks then monthlyx2 to ensure survey results are located in areas accessible to all residents.</li> <li>4. The results of the Environmental Rounds will be submitted to the QA committee x 2 months. The QA committee will determine the need for further action.</li> </ol>	8/30/15 8/30/15 8/30/15 8/30/15	
F 174 SS=D	<p>483.10(k),(l) RIGHT TO TELEPHONE ACCESS WITH PRIVACY</p> <p>§483.10(k) Telephone The resident has the right to have reasonable access to the use of a telephone where calls can be made without being overheard.</p> <p>§483.10(l) Personal Property</p>	F 174			

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F 174	<p>Continued From page 9</p> <p>The resident has the right to retain and use personal possessions, including some furnishings, and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, resident and staff interview for one (1) of 44 sampled residents, it was determined that facility staff failed to provide a private area where residents can make and receive telephone calls without being overheard. Resident #27</p> <p>The findings include:</p> <p>A resident interview was conducted on June 22, 2015 at approximately 4:33 PM with Resident #27. A query was made, " Do you have privacy when on the telephone? " Resident #27 responded, " No, everybody can hear you. I use the pay phone in the hall. "</p> <p>A pay telephone for resident use was located on a wall to the left of the nursing station on Unit 2. The telephone was located in an area where calls can be overheard by residents, staff and passersby.</p> <p>A face-to-face interview was conducted on June 30, 2015 with Employee #2 at approximately 1:30PM regarding privacy when using the resident pay telephone. Employee #2 responded that this resident frequently uses the hall phone. He/she furthered, " We used to have a portable telephone, but another resident has since destroyed it. "</p>	F 174	<ol style="list-style-type: none"> <li>1. Resident #27 has been offered the use of the cordless phone to use in his room. The resident was also informed that an office is available in administration to make a private telephone call. The resident has been informed that he is allowed the installation of a telephone in his room and the possibility of a cellular telephone.</li> <li>2. Residents made aware of the opportunity to have private telephones installed in their rooms. Residents made aware of cordless phone availability for use within their personal living areas. Residents also made aware of the ability to make private phone calls within an office in administration.</li> <li>3. Activities Director and/or designee will randomly audit residents to determine their desire to make private telephone calls and determine if they are aware of the availability of the cordless phone and office.</li> <li>4. The results of the audits will be submitted to QA monthly x 3 months. The QA committee will review and determine if further audits or actions are necessary.</li> </ol>	8/30/15  8/30/15  8/30/15  8/30/15	

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NAME OF PROVIDER OR SUPPLIER  <b>BRINTON WOODS HEALTH &amp; REHAB OF WASHINGTON DC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1380 SOUTHERN AVE SE WASHINGTON, DC 20032</b>
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F 174	Continued From page 10 Facility staff failed to ensure that Resident #27 had privacy when using the resident pay telephone.	F 174		
F 247 SS=D	<p>483.15(e)(2) RIGHT TO NOTICE BEFORE ROOM/ROOMMATE CHANGE</p> <p>A resident has the right to receive notice before the resident's room or roommate in the facility is changed.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, resident and staff interview for one (1) of 44 sampled residents, it was determined that the facility staff failed to ensure that Resident #200 received notice prior to changing his/her room.</p> <p>The findings include:</p> <p>On June 22, 2015 at approximately 1:17 PM, a resident interview was conducted. The resident was asked if he/she had been moved to a different room or had a roommate change in the last nine (9) months. He/she stated, " Yes. " The resident was also asked if he/she was given notice before the room change or a change in roommate. The resident responded, " No, they did not tell me about the room or roommate change. "</p> <p>A review of the physician ' s interim order dated May 8, 2015 at 2:00 PM directed, " Transfer the resident from room 223 to room 218. Resident is no longer on isolation. "</p>	F 247	<p>1. Resident # 200 did not have any adverse effects related to alleged deficiency.</p> <p>2. Social services will work in collaboration with admission office to identify residents that are in need of a transfer as early as possible to ensure proper notification is given to resident.</p> <p>3. Social worker will inform resident of projected room transfer upon initial communication from any discipline. Social worker will also inform the receiving roommate that they are expecting a new roommate. The written transfer notice will be signed and placed in the chart of the transferring resident.</p> <p>4. Social Service Director will monitor all room transfer monthly to ensure proper procedures are being followed for the next three months. Results of this audit will be presented to the QA committee times three months for compliance. QA committee will determine the need for further audits.</p>	<p>8/30/15</p> <p>8/30/15</p> <p>8/30/15</p> <p>8/30/115</p>

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F 247	Continued From page 11 On June 30, 2015 at approximately 4:15 PM, a face-to-face interview was conducted with Employee #2 who was asked about the room change. Employee #2 explained that the resident was moved from the private room 223 to room 218A, as ordered. He/she acknowledged that there was no documentation that the resident was notified about the room change or a new roommate.  There was no evidence that the facility staff provided the resident notice, prior to changing his/her room. The record was reviewed on June 30, 2015.	F 247			
F 272 SS=D	483.20(b)(1) COMPREHENSIVE ASSESSMENTS  The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.  A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status;	F 272			

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F 272	<p>Continued From page 12</p> <p>Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interview for one (1) of 44 sampled residents, it was determined that the facility staff failed to code the Minimum Data Set (MDS) for refusal of care for one (1) resident. Resident #95.</p> <p>The findings include:</p> <p>Facility staff failed to accurately code the quarterly MDS dated April 4, 2015 for behaviors for Resident #95.</p> <p>A review of the quarterly MDS dated April 4, 2015 was conducted. Under Section E0800 Rejection of Care-Presence &amp; Frequency, the resident was coded as having " behavior not exhibited. " A review of the progress notes revealed the following:</p> <p>April 3, 2015 at 12:23, " ...Refused monthly</p>	F 272	<p>1. Resident # 95 did not have any adverse effects related to alleged deficiency. Resident was already discharge from the facility and MDS can not be corrected. 8/30/15</p> <p>2. Obtain a list of residents with behavior problems from CNA charting in PCC and interview the staff and compare with MDS. Invite a CNA representative to care plan meetings from each unit. 8/30/15</p> <p>3. In-service SW on RAI manual on coding behavior. Continuously monitor the accurate coding of behavior on the MDS both Quarterly and Comprehensive. Provide education to the staff on each unit regarding the importance of reporting all residents with behavior of concern. 8/30/15</p>		

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F 272	Continued From page 13 maintenance weight ...Resident left alone and [reproached] but intervention abortive. "  There was no evidence that facility staff captured the resident ' s refusal of care that was within the assessment reference date of April 4, 2015.  A face-to-face interview was conducted on June 29, 2015 at approximately 9:50 AM with Employee #14. He/she acknowledged the findings. The record was reviewed on June 29, 2015.	F 272	4. Conduct chart audits for compliance on all units monthly times three months. Results of this audit will be presented to the QA committee times three months for compliance. QA committee will determine the need for further audits.	8/30/15	
F 279 SS=E	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS  A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.  The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.  The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).  This REQUIREMENT is not met as evidenced	F 279			

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F 279	<p>Continued From page 14</p> <p>by: Based on record reviews and staff interview for seven (7) of 44 sampled residents, it was determined that the facility staff failed to develop a comprehensive care plan that included measureable goals and objectives to meet the resident ' s medical, nursing, and mental and psychological needs that were identified in the comprehensive assessment for: failed to implement a care plan to address one (1) resident's swallowing impairment; for one (1) resident with multiple falls; one (1) resident who receives hospice care; to initiate a care plan with goals and approaches to address one (1) residents' s refusals of care; one (1) resident with care needs related to diagnoses of end stage renal disease and diabetes mellitus; one (1) resident who required use of a bipap (bilevel positive airway pressure), Noncompliance with the use of the Bipap treatment, treatment for Hypercalcemia, and altered skin integrity to the resident ' s left shoulder; and for one (1) resident who was receiving Digoxin [medication for treatment of Atrial Fibrillation] Residents' #20, #64, #79, #95, #130, #150, and #247.</p> <p>The findings include:</p> <p>1.Facility staff failed to implement a care plan to address Resident #20 ' s swallowing impairment.</p> <p>A review of the Progress Notes revealed:</p> <p>March 25, 2015 at 21:23 [10:23 PM] Admission Note: " ...Resident came to the facility from [Hospital Name] at 2 PM. Resident came with the following admitted diagnosis: aspiration pneumonitis, nausea and vomiting ...seizure disorder ...In addition, left foot big toe has a</p>	F 279			

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F 279	<p>Continued From page 15</p> <p>wound of 1 cm x 1 cm and no bleeding noted ... "</p> <p>Discharge/Transfer Summary for [Hospital Name] dated March 25, 2015 revealed that the resident was admitted to the hospital on March 16, 2015 with a diagnosis of Aspiration Pneumonitis; and the Discharge Diagnosis was listed as Aspiration Pneumonitis Improved ...</p> <p>Physician's Orders: A review of the " Physician Order Sheet and Plan of Care " dated March 25, 2015 directed, " Treatments: No banana, no orange juice on meal tray ...Aspiration precautions ...Diet-pureed ...Under Rehabilitation Screen PT [physical therapy], OT [occupational therapy] was checked (indicating that the screens were ordered) ... "</p> <p>The physician ' s order dated June 26, 2015 revealed, " clarification of diet: pureed, nectar thickened liquid. "</p> <p>A review of the Nutrition Assessments revealed: March 31, 2015 at 13:37 [1:37 PM] Nutrition Assessment: " Type of Assessment-Re-admit ...Diet/Enteral Orders: Pureed Diet ...In past 30 days resident was hospitalized for n/v [nausea and vomiting] and aspiration pneumonia related to vomitus ... "</p> <p>June 25, 2015 at 11:39 Nutrition Assessment: " Type of Assessment- Q3 (quarterly 3) ...Diet/Enteral Orders: Pureed Diet, nectar liquids ...Seen during lunch/assisted for feeds and tolerating pureed diet with no signs of aspiration during my visit. Per SLP nectar thickened liquids indicated ... "</p> <p>A review of the care plan section of the clinical record revealed that the interdisciplinary team</p>	F 279	<ol style="list-style-type: none"> <li>Care plans for Residents # 20, #80, #126 and #172 have been updated. 8/30/15</li> <li>Care plans have been reviewed for current residents to ensure a comprehensive care plan has been completed. Care plans have been updates as needed. 8/30/15</li> <li>Nurse Educator, DON and/or designee will educate licensed nursing staff and members of the IDT on completing comprehensive care plans. Random audits of care plans will be completed DON and/or designee to ensure comprehensive care plans are in place monthly x 3 months. 8/30/15</li> <li>Results of the audits will be forwarded to the QA committee for review. The QA committee will determine the need for further audits or actions. 8/30/15</li> </ol>		



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F 279	<p>Continued From page 16</p> <p>(IDT) identified the problem " Dysphagia related to dementia ... " on June 25, 2015, nearly 3 months following the determination of the resident ' s swallowing disorder. The care plan addressed the need for the resident to have a pureed diet with nectar thicken liquids. However, there were no goals and approaches to address the resident ' s feeding requirements and/or approaches to ensure safe swallowing techniques and aspiration prevention.</p> <p>Observation:</p> <p>On June 29, 2015 at 12:45 PM, a face-to-face interview was conducted with Therapist #1. He/she was asked if the resident was or had received therapeutic services upon return for the hospital with a diagnosis of Aspiration Pneumonitis Improved. Therapist #1 stated, " He/she] was not picked up after admission from the hospital. I review my recommendations with the staff on the units, I in-service them [the staff] verbally. "</p> <p>On June 30, 2015 at approximately 9:30 AM an observation of the staff feeding Resident #20 was conducted. At this time the resident ' s tray was observed to have pureed textured foods and a container of orange juice in a thin liquid consistency. The CNA(certified nurse aide) then place the orange juice with the straw to the resident ' s lips, before the resident consumed the orange juice the State Agency Representative stopped the administration of the orange juice. The CNA was asked about the residents feeding protocol. He/she stated, " The resident should have a container of thickener already mixed. I was trained two weeks ago on how to feed the resident. "</p>	F 279			

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F 279	Continued From page 17  On June 30, 2015 at approximately 9:35 AM, the State Agency Representative and Employee # 13 observed the contents of a pink pitcher that was stored on the night stand adjacent to the resident 's bed. It was noted to have a thin clear liquid in the container that was identified by Employee #13 as being water and there was no evidence that thickener was mixed with the liquid. He/she stated, " The resident is on thickened liquids. " In addition, the tray ticket [which lists the resident's diet] for Resident #20 was reviewed and revealed that the resident was to receive a Pureed diet and pureed texture. There was no mention of the type of liquid the resident was to receive. These observations were made in the presence of Employee #13 and Employee #22.  In summary, the resident was readmitted to the facility (post hospitalization) with a diagnosis which included Aspiration Pneumonitis Improved. Through observation, staff interview and record review it was noted that the resident was to receive a pureed diet with nectar thickened liquids. However, there was no written plan of care with goals and approaches to address safe swallowing strategies and precautions for Resident #20.  A face-to-face interview was conducted on June 30, 2015 at approximately 10:00 AM with Employee # 13. He/she acknowledged the findings. The record was reviewed on June 30, 2015.  2. Facility staff failed to develop a comprehensive care plan for Resident #64 who sustained 2 falls without injury within eleven days.	F 279			

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F 279	<p>Continued From page 18</p> <p>A review of the incident/accident form revealed the following falls occurred:</p> <p>" Incident date: 5/27/2015 Time 6:50 Location: Unit 1 hall way, Findings: At 6:50, a call was received from first floor stating that one of unit three ' s resident by name [resident name] was found on the floor by [housekeeper name], a housekeeper. Upon assessment resident was in a stable condition with no evidence of injury noted or expressed ..."</p> <p>" Incident date: 6/5/2015 Time 15:45 Location: dining room main, Findings: At 15:45, writer was notified by [RN name], [he/she] saw resident falling on the ground slowly unto [his/her] left side but did not hit [his/her] head. Resident denies pain at this time... "</p> <p>A review of the Care plan section of the electronic medical record revealed that there was no care plan with goals and approaches in place to address the resident's multiple falls.</p> <p>A face-to-face interview was conducted on June 25, 2015 at approximately 2:00 PM with Employee #14. He/she acknowledged the aforementioned findings. The record was reviewed on June 25, 2015.</p> <p>3. Facility staff failed to develop a care plan with integrated goals and approaches for Resident # 79 who received hospice services.</p> <p>A review of the resident ' s clinical record revealed an order on May 18, 2015 which</p>	F 279		
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F 279	<p>Continued From page 19</p> <p>directed: Please accept into hospice care w/Dx [with/Diagnoses] Dementia and CKD [Chronic Kidney Disease].</p> <p>A review of the clinical record lacked evidence that a care plan with integrated goals and approaches was initiated for Resident #79 who received hospice services.</p> <p>A face-to-face interview was conducted on June 29, 2015 at approximately 3:00 PM with Employee #13. After review of the aforementioned, he/she acknowledged the findings. The record was reviewed on June 29, 2015.</p> <p>4. Facility staff failed to initiate a care plan with goals and approaches to address Resident #95 's refusals of care.</p> <p>A review of the interdisciplinary progress notes from January 2015 to June 2015 revealed that Resident #95 refused care such as: having his/her monthly weight taken, refused to change his/her clothes, and refused the weekly skin assessment.</p> <p>A review of the care plan attendance sheet revealed that care plan meetings were held on January 6, 2015 and April 8, 2015.</p> <p>A review of the care plan section of the clinical record lacked evidence that a " Focus " area with goals and approaches was initiated to address the resident ' s " Problematic Behavior ...resistive care " until June 26, 2015.</p> <p>A face-to-face interview was conducted on June 29, 2015 at approximately 9:50 AM with</p>	F 279			

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F 279	<p>Continued From page 20</p> <p>Employee #14. He/she acknowledged the findings. The record was reviewed on June 29, 2015.</p> <p>5. Facility staff failed to develop a comprehensive care plans for Resident #130 who had diagnoses to include End Stage Renal Disease and Diabetes Mellitus.</p> <p>A review of the Admission MDS dated May 9, 2015 revealed Resident #130 was admitted to the facility on May 2, 2015 with diagnoses that included Anemia, Atrial Fibrillation, Heart Failure, Hypertension, Peripheral Vascular or Arterial Disease, End Stage Renal Disease, Diabetes Mellitus, Decubitus Ulcer, Hyperparathyroidism ...</p> <p>A review of the clinical record revealed the following nursing care plans:</p> <p>" Increased nutritional requirements related to HD [Hemodialysis] dependence " and " Appropriate adjustment to new environment. "</p> <p>The record lacked evidence that care plans with goals and approaches were initiated to address end stage renal disease and diabetes mellitus for Resident #130.</p> <p>On June 30, 2015 at approximately 4:15 PM, a face-to-face interview was conducted with Employee #1 who acknowledged the aforementioned findings. The record was reviewed on June 26, 2015.</p> <p>6. Facility staff failed to develop a comprehensive care plan for Resident #150 to include care needs</p>	F 279		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>095015</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/30/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRINTON WOODS HEALTH &amp; REHAB OF WASHINGTON DC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1380 SOUTHERN AVE SE WASHINGTON, DC 20032</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 279	<p>Continued From page 21</p> <p>related to Noncompliance with the use of the Bipap (bilevel positive airway pressure); and approaches to manage the following diagnoses: Hypercalcemia, Left Shoulder Pain, and altered skin integrity to the resident ' s left shoulder.</p> <p>A review of the physician ' s orders dated June 2015 revealed " ...an order dated March 2, 2015 for Bipap [a type of noninvasive ventilation that helps patients keep their airways open by providing a flow of air delivered through a face mask] to be applied at night.</p> <p>A physician ' s order dated May 10, 2015 and timed 18:30 directed an order for a " left shoulder X-ray secondary to pain. " The results of the x-ray revealed degenerative joint disease.</p> <p>A physician ' s order dated June 11, 2015 and timed 2:00 PM directed an order to "monitor skin lesion (scab) to left shoulder daily until healed."</p> <p>A physician ' s order dated June 17, 2015 and timed 2:30 PM directed an order for three liters of normal saline infusion for a diagnosis of Hypercalcemia.</p> <p>A review of the nursing notes included the following dates that the resident refused the bipap machine, March 31, April 7, 9, 10, 14, 24, 28, May 12, and May 30, 2015.</p> <p>A review of the clinical record lacked evidence that care plans were initiated with goals and approaches to address the use of Bipap, Noncompliance with the use of the Bipap, treatment to address Hypercalcemia and altered skin integrity to the resident ' s left shoulder and left shoulder pain.</p>	F 279			

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

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F 279	<p>Continued From page 22</p> <p>On June 30, 2015 at approximately 5:00 PM, a face-to-face interview was conducted with Employee #1 who acknowledged the aforementioned findings. The record was reviewed on June 29, 2015.</p> <p>7. Facility staff failed to initiate a care plan with goals and approaches to address a resident who was receiving Digoxin. Resident #247</p> <p>A review of the Physician ' s Orders for June 2015 revealed a telephone order, June 9, 2015 15:30; Digoxin tablet 125 mcg give 1 tablet by mouth one time a day for A-Fib (Atrial fibrillation) and hold if apical pulse less than 60.</p> <p>A review of the residents care plan last updated on June 9, 2015 lacked evidence of goals and approaches to address a resident who was receiving Digoxin.</p> <p>A face-to-face interview was conducted on June 29, 2015 with Employee #13 at approximately 11:00 AM. He/she acknowledged the findings. The record was reviewed on June 29, 2015.</p>	F 279			

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F 279	Continued From page 23	F 279			
F 309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review and staff interview for two (2) of 44 sampled residents, it was determined that facility staff failed to ensure that each resident receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care as evidenced by: one (1) resident did not received a podiatry consult in accordance with the physician 's order and to consistently implement effective use of safe swallowing strategies and precautions for Resident #20 who has a history of aspiration pneumonitis. The facility staff failed to ensure that one (1) resident received his/her laboratory test in a timely manner. Residents' #20 and 95.</p> <p>The findings include:</p>	F 309			