

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/27/2017
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NAME OF PROVIDER OR SUPPLIER BRINTON WOODS HEALTH & REHAB OF	STREET ADDRESS, CITY, STATE, ZIP CODE 1380 SOUTHERN AVE SE WASHINGTON, DC 20032
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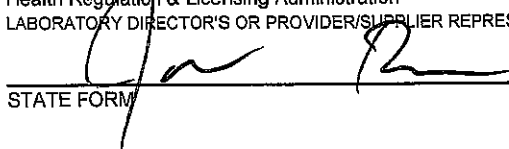
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L 000	<p>Initial Comments</p> <p>The annual Licensure Survey was conducted at Brinton Woods Health and Rehabilitation Center of Washington, D.C. from June 20, 2017 through June 27, 2017. The following deficiencies are based on observation, record review, resident and staff interviews for 29 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 cc - cubic centimeters cm - Centimeters CMS - Centers for Medicare and Medicaid Services CNA- Certified Nurse Aide COPD - Chronic Obstructive Pulmonary Disease 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 Lbs - Pounds (unit of mass)</p>	L 000	<p>Brinton Woods of Washington D.C. 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>	08/11/2017
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Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Administrator 21 Jul 17

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L 000	Continued From page 1 LE- Lower Extremity 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 O2- Oxygen ORIF - Open Reduction Internal Fixation PASRR - Preadmission screen and Resident Review Peg tube - Percutaneous Endoscopic Gastrostomy PO- by mouth PO2- Pulse oximetry POS - physician ' s order sheet Prn - As needed Pt - Patient Q- Every QIS - Quality Indicator Survey Rp, R/P- Responsible party Sol- Solution S/P- Status Post TAR - Treatment Administration Record Tx- Treatment UE- Upper Extremity	L 000		
L 056	3211.5 Nursing Facilities Beginning January 1, 2012, each facility shall provide a minimum daily average of four and one tenth (4.1) hours of direct nursing care per resident per day, of which at least six tenths (0.6) hours shall be provided by an advanced practice registered nurse or registered nurse, which shall	L 056	1. We hold job interviews for all categories of nursing staff every Tuesday unless it is a holiday or an extenuating circumstance. We scheduled job fairs on a frequent basis. We have readjusted (increased) our wage scale. Nursing care is provided 24 hours a day. All nursing staff participates in the care of the residents to meet their needs up to and including ADON/DON.	08/11/2017

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L 056	<p>Continued From page 2</p> <p>be in addition to any coverage required by subsection 3211.4.</p> <p>This Statute is not met as evidenced by: Based on record review and staff interview, during a review of staffing [direct care per resident day hours], it was determined that the facility failed to meet the four and one-tenths (4.1) hours of direct nursing care per resident per day on six (6) of ten (10) days reviewed and the 0.6 [six-tenths] hour for Registered Nurses /Advanced Practice Registered Nurse hours on ten (10) of ten (10) days reviewed in accordance with Title 22 DCMR Section 3211 Nursing Personnel and Required Staffing Levels.</p> <p>The findings include:</p> <p>According to the District of Columbia Municipal Regulations for Nursing Facilities: 3211.5 Beginning January 1, 2012, each facility shall provide a minimum daily average of four and one tenth (4.1) hours of direct nursing care per resident per day, of which at least six-tenths (0.6) hour shall be provided by an advanced practice registered nurse or registered nurse, which shall be in addition to any coverage required by subsection 3211.4.</p> <p>1. The facility failed to meet the minimum direct nursing care staffing rate of four and one-tenths (4.1) hours per resident per day, for six (6) of ten (10) days reviewed as outlined below:</p> <p>June 17, 2017- 3.5 hours June 18, 2017- 3.5 hours June 19, 2017- 4.0 hours</p>	L 056	<p>2. Home office, regional staff and facility management meet on a regular basis regarding recruitment and retention efforts. Human Resources conduct exit interviews to ascertain reason for leaving employment at BWDC.</p> <p>3. A job fair is scheduled for 14 September 2017 to help fill the nursing vacancies. We have advertisements for applicants on several career websites.</p> <p>4. Vacancies, Recruitment efforts, retention rates are discussed in QA Committee monthly. The vacancy rate and retention rates are submitted to the QA Committee. The QA committee continuously evaluates how to recruit and retain nursing staff.</p>	08/11/2017

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L 056	<p>Continued From page 3</p> <p>June 23, 2017- 4.0 hours June 24, 2017- 3.7 hours June 25, 2017- 3.4 hours</p> <p>2. The facility failed to meet the minimum Registered Nurse/ Advanced Practice Registered Nurse rate of 0.6 [six-tenths] hour per resident per day on (ten) 10 of the (ten) 10 days reviewed as outlined below:</p> <p>June 17, 2017- 0.4 hours June 18, 2017- 0.4 hours June 19, 2017- 0.5 hours June 20, 2017- 0.5 hours June 21, 2017- 0.5 hours June 22, 2017- 0.5 hours June 23, 2017- 0.5 hours June 24, 2017- 0.4 hours June 25, 2017- 0.5 hours June 26, 2017- 0.4 hours</p> <p>During the staffing review conducted on June 27, 2017, in the presence of Employee # 16, which acknowledged the findings.</p>	L 056		
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 made on June 20, 2017 at approximately 10:00 AM, it was determined that the facility failed to prepare and serve foods under sanitary conditions as evidenced by two (2) of four (4) soiled convection ovens, one (1) of one</p>	L 099	<p>1. All of the equipment determined to be soiled was cleaned. Food containers were also cleaned and any left over residue removed. The drain pipes that extended into the floor drain were corrected by the Environmental Service Department. The FSD has updated and re-assigned the cleaning of the ovens. The new guidelines mandate a, thorough, weekly cleaning done by utility staff and daily spot checks performed by, both, morning and evening cooks.</p>	08/11/2017

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L 099	<p>Continued From page 4</p> <p>(1) soiled grease fryer, four (4) of four (4) soiled steam table covers, two (2) of eight soiled salad dressing containers and two (2) of two (2) drain pipes that extended into the floor drain.</p> <p>The findings include:</p> <ol style="list-style-type: none"> Two (2) of four (4) convection ovens soiled at the bottom. The side panels to one (1) of one (1) grease fryer soiled with grease deposits. Four (4) of four (4) steam table covers soiled and discolored throughout. A one-gallon plastic container of Ranch dressing and a one-gallon plastic container of Ceasar dressing stored in the walk-in refrigerator soiled on the outside with leftover residue. Drain pipes from the tilt skillet and the steamers extended too far into the floor drain and needed to be shortened. <p>The observations made, in the presence of Employee #12 or Employee #13 were acknowledged.</p>	L 099	<ol style="list-style-type: none"> The Chef Manager will conduct daily inspections of the fryer and kitchen equipment, to ensure sanitary requirements are being met and upheld. The steam table discoloration has been corrected by thorough cleaning and removed the item that caused the discoloration. The FSD has educated utility and dietary aides in proper cleaning and sanitation of steam tables. The Chef will conduct an in- service further educating staff on potential dangers of improper food storage. The steam table will be, completely, dismantled and cleaned with the close of business each day. The Chef will conduct food storage training with cooks and all diet aides. The Assistant FSD and/or designee will audit the cleanliness of convection ovens, grease fryers and steam tables monthly x 3months then quarterly x2. The Assistant FSD and/or designee will audit the proper storage of foods housed in the walk-in refrigerator monthly x 3 months and then quarterly x2. The results of the audits will be submitted to the QA committee. The QA committee will determine the need for further audits or actions 	08/11/2017
L 128	<p>3224.3 Nursing Facilities</p> <p>The supervising pharmacist shall do the following:</p> <p>(a)Review the drug regimen of each resident at least monthly and report any irregularities to the Medical Director, Administrator, and the Director of Nursing Services;</p>	L 128	<ol style="list-style-type: none"> We are unable to determine that the alleged failure of the Pharmacist to provide an in-service during the survey look back period affected a specific resident. 	08/11/2017

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L 128	<p>Continued From page 5</p> <p>(b) Submit a written report to the Administrator on the status of the pharmaceutical services and staff performances, at least quarterly;</p> <p>(c) Provide a minimum of two (2) in-service sessions per year to all nursing employees, including one (1) session that includes indications, contraindications and possible side effects of commonly used medications;</p> <p>(d) Establish a system of records of receipt and disposition of all controlled substances in sufficient detail to enable an accurate reconciliation; and</p> <p>(e) Determine that drug records are in order and that an account of all controlled substances is maintained and periodically reconciled. This Statute is not met as evidenced by:</p> <p>Based on staff interview and record reviews, it was determined that the facility failed to ensure that in-service training for nursing personnel was conducted by a pharmacist.</p> <p>The findings include:</p> <p>The District of Columbia Municipal Regulations for Nursing Facilities: 3224 Supervision of Pharmaceutical Services (3c) stipulates, "The supervising pharmacist shall provide a minimum of two (2) in services sessions per year to all nursing employees, including one (1) session that includes indications, contraindications and possible side effects of commonly used medications."</p> <p>The in-service training files review conducted on June 27, 2017, revealed no pharmacy in-services were provided during the survey look back period.</p>	L 128	<p>2. We have notified the pharmacist of the inability of the Nurse Educator to locate any in-service records which indicate a pharmacy in-service was provided during the survey look back period. The pharmacist has provided one in-service on July 10, 2017 regarding antimicrobial stewardship.</p> <p>3. The Nurse Educator will schedule the second pharmacy in-service which will include indications, contraindications and possible side effects of commonly used medications. Going forth, annual pharmacy in-services will be scheduled for March (pharmacy awareness month) and October of each year.</p> <p>4. The DON and/or designee will audit mandatory in-service education monthly x3 months then quarterly x 2. The results of audits will be submitted to the QA committee. The QA committee will determine the need for further audits or actions.</p>	08/11/2017

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L 128	Continued From page 6 During the face-to-face interview conducted on June 27, 2017, Employee #11 acknowledged the findings.	L 128		
L 170	3228.2 Nursing Facilities Podiatry services shall include direct services to residents, as well as consultation and in-service training for nursing employees. This Statute is not met as evidenced by: Based on staff interview and a review of records, facility staff failed to ensure a podiatrist conducted in-service training for nursing employees. The findings include: District of Columbia Municipal Regulations for Nursing Facilities: "Podiatry services shall include direct services to residents, as well as consultation and in-service training for nursing employees." A review of the in-service training files revealed no podiatry in-services were provided during the survey look-back period. During a face-to-face interview conducted on June 27, 2017, Employee#2 acknowledged the findings.	L 170	1. We are unable to determine that the alleged failure of the Podiatrist to provide an in-service during the survey look back period affected a specific resident. 2. We have notified the Podiatrist of the inability of the Nurse Educator to locate any in-service records which indicate a podiatry in-service was provided during the survey look back period. The podiatrist will provide an in-service to BWDC clinical staff in August 2017. 3. The Nurse Educator will schedule a podiatry in-service each April to coincide with National Foot health month. The consultant podiatrist will be written notification by registered mail in March as a reminder to complete the in-service in April. 4. The DON and/or designee will audit mandatory In-service education monthly x 3 months then quarterly x2. Results of audits will be submitted to the QA committee. The QA committee will determine the need for further audits or actions.	08/11/2017
L 240	3237.1 Nursing Facilities Each system for the disposal of water-carried sewerage shall be constructed, operated, and maintained in accordance with the 1995 BOCA International National Plumbing Code, District of Columbia Construction Code Supplement, Title	L 240	1. On June 20, 2017, the loose trash bags were removed besides the trash bins and placed inside the trash bins. The Housekeeping and some Food Service staff cleaned outside the garbage disposal area. There were no residents affected by this allegedly deficient practice.	08/11/2017

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L 240	<p>Continued From page 7</p> <p>12 DCMR and all applicable District laws and regulations. This Statute is not met as evidenced by: Based on observations made on June 20, 2017 at approximately 10:00 AM, it was determined that the facility failed to dispose of garbage in a sanitary manner as evidenced by loose trash bags that were improperly stored.</p> <p>The findings include:</p> <p>Loose items such as empty cans, paper and two (2) full trash bags were observed on the ground, next to the trash bins located outside the facility.</p> <p>These observations were made in the presence of Employee #13 who acknowledged the findings.</p>	L 240	<p>2. The Housekeeping and Food Service staff cleaned the outside garbage disposal area.</p> <p>3. The Food Service Director and/or designee will conduct daily inspections of the garbage disposal area, to ensure sanitary requirements are being met and upheld. The Food Service Director will conduct a departmental in service concentrating on the proper disposal and sanitation measures of garbage area.</p> <p>4. The Food Service Director and/or designee will perform random audits to ensure the garbage disposal area is clean and free of trash. The Assistant Food Service Director and/or designee will audit the proper disposal of refuse monthly x3 and then quarterly x2. The results of the audits will be submitted to the QA committee. The QA committee will determine the need for further audits or action.</p>	08/11/2017
L 410	<p>3256.1 Nursing Facilities</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. This Statute is not met as evidenced by: Based on observations made on June 23, 2017, at approximately 10:00 AM, it was determined that the facility failed to maintain resident's environment in proper working condition as evidenced by dusty exhaust vents in 12 of 34 resident's rooms, a lack of hot water from one (1) of five (5) shower stalls on the second floor, missing pull cords from one (1) of five (5) shower stalls on the second floor and from one (1) of 34 residents rooms, missing pull-strings from three (3) of 34 resident's rooms, burnt out light bulbs in three (3) of 34 resident's rooms, soiled bathroom floors in two (2) of 34 resident's rooms, marred</p>	L 410	<p>1. Exhaust vents in rooms #326, 324, 314, 243, 227, 226, 225, 210, 207, 141, 139, and 113 were all cleaned. Hot water stem replaced on second floor shower stall. Call bell cord for shower room on third floor and room 346 Replaced immediately. Pull string on over bed light in rooms 127,214,346 replaced . Light bulb replaced in rooms 207,210B, 243A replaced, Bathroom flooring cleaned 225 and 227. Walls repaired in rooms. 207,226,330. Cleaned and disinfected rooms 225 and 230. Cleaned and decluttered 240 and 326. There were no residents affected by the alleged deficient practice.</p>	08/11/2017

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L 410	<p>Continued From page 8</p> <p>walls in three (3) of 34 resident's rooms, a foul odor in two (2) of 34 resident's rooms and clutter in two (2) of 34 resident's rooms.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Exhaust vents soiled with dust in 12 of 34 resident's rooms including #326, 324, 314, 243, 227, 226, 225, 210, 207, 141, 139, and 113. 2. There was no hot water available from one (1) of five (5) shower stalls located in the shower room on the second floor. 3. The pull cord from one (1) of five (5) call bells located in the shower room on the third floor and from one of 34 resident's rooms (#346) was missing. 4. The pull-string from the overhead light in three of 34 resident's rooms was missing (Rooms #346, 214, and 127). 5. The top lightbulb from the overhead light fixture in three (3) of 34 resident's rooms did not illuminate when tested (Rooms 207, 210B, and 243A). 6. The bathroom floor in two (2) of 34 resident's rooms soiled with numerous stains (Rooms #225 and 227). 7. Walls marred in three (3) of 34 resident's rooms including rooms #207, 226, 330. 8. Offensive, foul odor evident in two (2) of 34 resident's rooms (Rooms #225 and 230). 9. Two (2) of 34 residents' rooms cluttered with many bags, boxes, straws, napkins, sodas and 	L 410	<ol style="list-style-type: none"> 2. The exhaust vents throughout the facility were checked and cleaned. Shower stalls were checked for hot water. The call bell pull cords checked in shower stalls and replaced if required. Audit rooms for light bulbs, clean bathroom, condition of walls, odor and clutter. Each item corrected as deemed appropriate 3. The maintenance director and/or designee will inspect resident room and shower rooms, to provide preventive maintenance for our rooms and shower rooms as appropriate. 4. The maintenance and/or designee will audit resident and shower rooms to ensure the rooms are in proper condition and present monthly for x 3 months then quarterly x 2 months. The results of the audits will be submitted to the QA committee. The QA committee will determine the need for further audits or actions. 	08/112017

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L 410	Continued From page 9 juice (Rooms #240 and 326). These observations made, in the presence of Employee #14 or Employee #15, were acknowledged.	L 410		