Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HFD02-0001	A. BUILDING: _____ B. WING _____	12/11/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRINTON WOODS HEALTH & REHAB CENTER	2131 O STREET NW WASHINGTON, DC 20037

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L 000	Initial Comments	L 000		

The Annual Licensure Survey was conducted on December 7, 2015 through December 11, 2015. The following deficiencies are based on observation, record review, resident and staff interviews for 30 sampled residents.

The following is a directory of abbreviations and/or acronyms that may be utilized in the report:

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
Dl - deciliter
DMH - Department of Mental Health
EKG - 12 lead Electrocardiogram
EMS - Emergency Medical Services (911)
G-tube Gastrostomy tube
HSC Health Service Center
HVAC - Heating ventilation/Air conditioning
ID - Intellectual disability
IDT - interdisciplinary team
L - Liter
Lbs - Pounds (unit of mass)
MAR - Medication Administration Record
MD- Medical Doctor

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L 000	Continued From page 1 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 MN midnight 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 SCC Special Care Center Sol- Solution TAR - Treatment Administration Record	L 000		
L 051	3210.4 Nursing Facilities A charge nurse shall be responsible for the following: (a)Making daily resident visits to assess physical and emotional status and implementing any required nursing intervention; (b)Reviewing medication records for completeness, accuracy in the transcription of physician orders, and adherences to stop-order policies; (c)Reviewing residents' plans of care for	L 051		

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L 051	Continued From page 2 appropriate goals and approaches, and revising them as needed; (d)Delegating responsibility to the nursing staff for direct resident nursing care of specific residents; (e)Supervising and evaluating each nursing employee on the unit; and (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: Based on record review and staff interview for one (1) of 29 Stage 2 sampled residents, it was determined that the charge nurse failed to review and revise the residents care plan to include the residents decline in locomotion on the unit. Resident #44. 1. The findings include: A review of the July 2015, quarterly MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of July 27, 2015 and the October 2015 quarterly MDS with an ARD date of October 26, 2015 revealed in " Section G Functional Status G0110 Activities of Daily Living (ADL) Assistance in the following areas: E. Locomotion on unit - how the resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair was coded in July: (1) Supervision - oversight, encouragement or cueing and in October: (2) Limited Assistance-resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance. In July and October for Self -Performance the resident was	L 051	1. A decline in locomotion on the unit care plan was immediately put in place for resident #44. 2.Care plans for all residents with any changes in the G section of the MDS' were reviewed on 12/15/15 and none was found with this deficient practice. 3a. Nurse managers were in-serviced on 12/17/15 on the implementation of care plans to reflect changes in the G section. 3b. QA/Designee will conduct bi-weekly audits for ninety days to ensure compliance. 4. Further findings on this matter will be discussed in the weekly, monthly and quarterly QA meetings for six months.	1/19/16

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L 051	Continued From page 3 coded a (2) one [1] person assist for ADL support provided. A review of the residents care plan revealed a focus area for " Resident is dependent on staff for activities r/t [related/to] cognitive deficits/physical/mobility impairments." However, the charge nurse failed to include goals, approaches and interventions to address the resident's decline in locomotion on the unit. There was no evidence in the clinical record that the charge nurse addressed the resident's decline with locomotion . A face-to-face interview was conducted with Employee #19 on December 11, 2015 at approximately 10:50 AM. A query was made regarding what type of ADL assistance does he/she provide to the resident. He/she stated "the resident does not need much assistance from me, he/she can ambulate short distances, however he/she may get our assistance sometimes when he/she may be going to an activity, we may assist him/her wheeling into the elevator". A face-to-face interview was conducted on December 11, 2015 at approximately 11:00 AM with Employee #4 and Employee #10. After review of the care plan both acknowledged that the care plan lacked specific care approaches and interventions to address the decline with locomotion on the unit for the resident. The record was reviewed on December 11, 2015.	L 051		
L 282	3242.2 Nursing Facilities Walls shall be made of materials that will permit	L 282		

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The handrails near rooms 307, 1.

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L 282	Continued From page 4 frequent washing. This Statute is not met as evidenced by: Based on observations made during an environmental tour of the facility on December 10, 2015 at approximately 10:00 AM, it was determined that the facility failed to ensure that handrails were firmly secured in residents areas as evidenced by loose handrails on the third, fourth and fifth floor. The findings include: 1. The handrail located next to room #301 was loose and needed to be tightened. 2. The handrail next to room #404 was not firmly secured to the wall. 3. Handrails located across from the two (2) small elevators on the fifth floor were not securely attached to the wall. These observations were made in the presence of Employee #11 and/or Employee #18 who acknowledged the findings.	L 282	1. The handrails near rooms 307, 401, and 501 were immediately identified and firmly secured. 2. Handrails in the facility were inspected by the Director of Maintenance on 12/15/15 and none was found with this deficient practice. 3a. Maintenance staff were in-serviced on monitoring of handrails and the need to ensure handrails are firmly secured. 3b. The Director of Maintenance/Designee will conduct bi-weekly audits for ninety days to ensure compliance. 4. Further findings on this matter will be discussed in the weekly, monthly, and quarterly QA meetings for six months.	1/19/16
L 410	3256.1 Nursing Facilities 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 during an environmental tour of the facility on December 10, 2015 at approximately 10:00 AM, it was determined that the facility failed to provide housekeeping and maintenance services	L 410		

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L 410	Continued From page 5 necessary to maintain a sanitary, orderly, and comfortable interior as evidenced by: marred walls in 10 of 52 residents' rooms surveyed, dusty bathroom vents in four (4) of 52 residents' rooms surveyed and an inoperative wall clock in one (1) of 52 resident ' s rooms surveyed. The findings include: 1. Walls in 10 of 52 residents' rooms were marred (rooms #104, 119, 307, 314, 404, 407, 412, 415, 507, and 516). 2. Bathroom vents were dusty in four (4) of 52 residents' rooms (rooms #103,117, 219, and 508). 3. In one (1) of 52 resident rooms surveyed, the wall clock displayed the time of 3:00 o'clock, however the actual time was 10:30 AM. Employee #11 and/or Employee #18 were present at the time of the observations and acknowledged the findings.	L 410	1. The marred and scuffed walls in rooms 104, 119, 307, 314, 404, 407, 412, 415, 509, and 516 were immediately scheduled for repainting. 2. Other rooms in the facility were checked on 12/15/15 and none was found with this deficient practice. 3a. Maintenance staff were in-serviced on stained and marred wall on 12/15/15 and the need to maintain these within compliance. 3b. The Director of Maintenance/Designee will conduct weekly rounds for ninety days to ensure compliance. 4a. Further findings on this matter will be discussed in the weekly, monthly and quarterly QA meetings for six months	1/19/16
L 442	3258.13 Nursing Facilities The facility shall maintain all essential mechanical, electrical, and patient care equipment in safe operating condition. This Statute is not met as evidenced by: Based on observations made on December 10, 2015 at approximately 2:30 PM, it was determined that the facility failed to maintain essential equipment in proper working condition as evidenced by low wash temperatures from the dishwashing machine that measured below 150 degrees Fahrenheit (F). The findings include:	L 442		

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L 442	Continued From page 6 The dishwashing machine failed to reach the minimum recommended wash temperature of 150 degrees Fahrenheit (F) as per regulations during observations on December 10, 2015 at approximately 2:30 PM. According to the Food and Drug Administration (FDA) 2013 food code, section 4-501.110, the temperature of the wash solution for a conveyor type dishwashing machine " may not be less than " 150 degrees F. A review of a work order from a commercial kitchen repair service representative on December 11, 2015 at approximately 10:30 A.M. revealed that a burnt element in the pre-wash tank of the dishwashing machine caused the low wash temperatures. During that time, the final rinse temperature consistently exceeded 180 degrees F and settled at 192 Degrees F. Once repairs were completed, the wash temperature came up to 165 degrees F. These observations were made in the presence of Employee #9 who acknowledged the findings.	L 442	1. The commercial kitchen repair service vendor was immediately notified on temperatures below 150 degrees Fahrenheit. 2 The burnt element in the pre-wash tank of the dishwashing machine was replaced immediately and low wash temperatures are currently noted to be less than 150 degrees Fahrenheit. 3a. Dietary staff were in-serviced on 12/17/15 on the need to monitor and ensure that the temperature of the wash solution is not less than 150 degrees Fahrenheit. 3b. QA/Designee will conduct bi-weekly audits for ninety days to ensure compliance. 4. Further findings on this matter will be discussed in the weekly, monthly and quarterly QA meetings for six months.	1/19/16