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	2014. The deficient record review, residents. The following is a cacronyms that may accord review. The following is a cacronyms that may accord review. Altered Marks - Altered Marks - Altered Marks - Centime CMS - Centers for C	directory of abbreviations and/or be utilized in the report: Mental Status ent reference date day essure eters for Medicare and Medicaid es diverse Aide ity Residential Facility of Columbia nue ent of Mental Health electrocardiogram ency medical services (911) comy tube eventilation/Air conditioning er /Full Lower al disability plinary team onal Normalised Ratio unit of mass) on Administration Record Doctor in Data Set s (metric system unit of		Carolyn Boone Lewis Health Care Center, "CBL" is filing this Plan of Co accordance with the compliance req for Federal and State regulations. Th Correction constitutes the facility's v allegation of compliance for deficien However submission of this Plan of C does not constitute admission of fac conclusions cited.	uirements is Plan of written icies cited. Correction	
	mL - Milliliters	(metric system measure of				

Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE LXCS11

PRINTED: 08/29/2014 FORM APPROVED Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: ____ R WING HFD02-0011 08/05/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1380 SOUTHERN AVE SE CAROLYN BOONE LEWIS HEALTH CARE WASHINGTON, DC 20032 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX PRÉFIX OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) L 000 L 000 Continued From page 1 volume) mg/dl -Milligrams per deciliter mm/Hg -Millimeters of mercury Medication Regimen Review MRR-Neuro - Neurological NP -Nurse Practitioner OBRA -Omnibus Budget Reconciliation Act PASRR - Preadmission screen and Resident Peg tube - Percutaneous Endoscopic Gastrostomy PO-By mouth Physician 's order sheet POS -Prn -As needed Pt -Patient Q-Every QIS -Quality Indicator Survey

STATE FORM

Rp, R/P-

RAI-

ROM-

TAR -CAA-

QAA-

following:

L 051 3210.4 Nursing Facilities

required nursing intervention;

and adherences to stop-order policies;

(c)Reviewing residents' plans of care for

Responsible party

Care Assessment Area

A charge nurse shall be responsible for the

(a)Making daily resident visits to assess physical and emotional status and implementing any

(b)Reviewing medication records for completeness. accuracy in the transcription of physician orders,

Range of Motion

Resident Assessment Instrument

Treatment Administration Record

Quality Assessment and Assurance

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L 051

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	(e)Supervising and e employee on the uni (f)Keeping the Directher designee informations Statute is not me	tor of Nursing Services or his or ed about the status of residents.		1. Our electronic medical reconsoftware does not show on the Summary the location of wher clinical record information cours found for areas triggered for # 11's admissions MDS. Going staff have been instructed to eather the/she have the location on care areas triggered in the worksheet.	e CAA e the ld be Resident g forward ensure and date	9/10/14
	facility staff failed to the Care Area Asses the admission, annu Minimum Data Sets (MDS) un #11, #34, #37, #42, i #120, #146, #154, #	ents, it was determined that identify the location and date of ssment (CAA) information on all or significant change der Section V0200A. Residents' #66, #70, # 88, #94, #113, 157, #166, and #187.		2. Our electronic medical reconsoftware does not currently to the CAA Summary the location where the clinical record information could be found for care areas for Resident #34's comprehen Going forward staff have been instructed to ensure that he/sh the date and location on care a triggered on the CAA workshe	show on n of mation triggered sive. ne have areas	9/10/14
	Manual, "for each to date and location of documentation shou complicating factors, resident for this care 1. Facility staff faile date of Care Area As under Section V [V02]	riggered care area, indicate the the CAA documentationCAA ld include information on the risks and any referrals for the area " d to identify the location and ssessment [CAA] information 200A], "Care Area Assessment mission Minimum Data Set		3. Our electronic medical reconsoftware does not currently shappened the CAA Summary, the location where the clinical record information could be found for the care are triggered for Resident #37's and MDS. Going forward staff have instructed to ensure that he/shappened the date and location on care at triggered on the CAA workshappened the care to the care and the c	ow on on of mation eas innual e been have areas	9/10/14

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A review of Resident #11 's admission MDS with an Assessment Reference Date (ARD) of April 11, 2014 revealed that "Care Area Triggered fand] the Care Planning Decision Area" were selected for #5 ADL (Activities of Daily Living) Functional Status, #6 Urinary Incontinence / Catheter, #11 Falls, #12 Nutrition, #15 Dental Care, #16 Pressure Ulcers, #17 Psychotropic Medication Use, #19 Pain, and #20 Return to Community Referral. The record reflects that the location and date of CAA information for care areas [# 5, 6, 11, 12, 15, 16, 17, 19, and 20] were recorded as " CAA 3.0 04/09/14." There was no evidence that facility staff documented the date and location where in the clinical record the information related to the triggered areas could be found. In addition, there were no "CAA worksheets" available for review. A face-to-face interview was conducted with Employee #9 on August 5, 2014 at approximately 10:20 PM. He/she acknowledged that the date and location where information related to the triggered care areas could be found was not recorded. The record was reviewed August 5, 2014. 2. Facility staff failed to identify the location and date of CAA information under Section V [V0200A], "Care Area Assessment Summary" of the comprehensive MDS for Resident #34. A review of Resident #34's comprehensive MDS dated April 16, 2014 revealed that "Care Area	Ass 201 Car ADI Urin Nut #17 #20 The CA/ 16, 04/0 The doc clini trigg wer. A fa Emp 10:2 local care record. 2. F date "Cal com A re	r electronic medical software of show on the CAA Summary, ation of where the clinical record ation could be found for the care riggered for Resident #42's MDS. Going forward staff have estructed to have the location to the care areas triggered on the constant of the clinical record information of the care areas and on the CAA worksheet. The electronic medical record information of the care areas and on the CAA worksheet. 9/10/14 9/10/14 9/10/14

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L	were selected for Function, #4 Com Function, #4 Com Functional/Rehab Incontinence and #12 Nutritional St Maintenance, #15 and #17 Psychotr The record reflect CAA information for 12,14,15,16 and 04/17/2014". There was no evidocumented where lated to the trigg addition, there we available for review A face-to-face into Employee #2 on He/she acknowle where information found was not do The medical reco 2014. 3. Facility staff fair date of CAA inform "Care Area Asses MDS for Resident A review of Resid March 25, 2014 re [and] the Care Plaselected triggered Functional Status	the Care Planning Decision Area" #2 Cognitive Loss, #3 Visual Imunication, #5 ADL Idilitation Potential, #6 Urinary Indwelling Catheter, #11 Falls, Industry Indwelling Catheter, #11 Falls, Industry Indwelling Catheter, #12 Falls, Industry Indwelling Catheter, #13 Falls, Industry In	L 051	Continued From page 4 7. Our electronic medical reconsoftware does not currently have capability to show on the CAA Summary, the location of where clinical record information could found for care areas triggered for Resident #88' comprehensive M Going forward staff have been instructed to ensure that the darendard for care areas triggered recorded on the CAA workshee 8. Our electronic medical reconsoftware does not currently show the CAA Summary, the location where the clinical record information could be found for care areas triggered for Resident #94's admission M Going forward staffs have been instructed to ensure that the location and date for care areas triggered recorded in the CAA worksheet 9. Our electronic medical reconsoftware does not currently show the CAA Summary, the location where the clinical record information could be found for care areas triggered for Resident #113's annual MD Going forward staff have been instructed to ensure that the location date for care areas triggered for the CAA worksheet for CAA worksheet instructed to ensure that the location date for care areas triggered for the CAA worksheet for the CAA worksheet for the CAA worksheet for the CAA work	ve the e the d be for MDS. ate and d are et. ord ow on n of nation riggered MDS. n cation ed are t. ord ow on n of nation riggered ow on n of nation cation ed are t. ord ow on n of nation cation ed are t.	9/10/14

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	Use. The record reflects CAA information for 16, and 17] were re 03/25/2014. " There was no evid documented where related to the trigger	and #17 Psychotropic Medication s that the location and date of or care areas [#3, 5, 11, 12, 14, recorded as " CAA 3.0 lence that facility staff e in the clinical record information ered areas could be found. In re no " CAA worksheets " w.		10. Our electronic medical reconsoftware does not currently should be calculated as a could be found for care areas to for Resident #120's admission. Going forward staff have been instructed to ensure that the loand date for care areas trigger recorded in the CAA workshee.	ow on n of nation triggered MDS. cation ed are et.	9/10/14
	Employee #9 on Ai 12:05 PM. He/she location where info care areas could be record was reviewed 4.Facility staff faile of CAA information Care Area Assessi	erview was conducted with august 5, 2014 at approximately acknowledged that the date and primation related to the triggered be found was not recorded. The ed August 5, 2014. Ed to identify the location and date in under Section V [V0200A], "ment Summary" of the annual		software does not currently sho the CAA Summary the location where the clinical record inform could be found for care areas t for Resident #146's admission Going forward staff have been instructed to ensure that the locand date for care areas trigger recorded in the CAA workshee	ow on of nation triggered MDS. cation ed are	3/10/14
	Set dated July 30, Triggered [and] the were selected for # Function, #4 Comn Incontinence / Cath Tube (s), #14 Dehy Dental Care and #1 The record reflects Care Area Assessr	#42. ent #42' s annual Minimum Data 2014 revealed that "Care Area e Care Planning Decision Area" #2 Cognitive Loss, #3 Visual munication, #6 Urinary heter, #12 Nutrition, #13 Feeding ydration/ Fluid Maintenance, #15 16 Pressure Ulcers. s that the location and date of the ment for care areas [#3, 4, 6, 12, were recorded as " CAA		12. Our electronic medical recompositions and currently should be calculated and some software does not currently should be care areas that the location where the clinical record information could be found for care areas that for Resident #154 annual MDS forward staff have been instructed ensure that the location and data care areas triggered are record the CAA worksheet.	ow on n of nation triggered 5. Going ted to ate for	9/10/14

PRINTED: 08/29/2014 FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ B. WING HFD02-0011 08/05/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1380 SOUTHERN AVE SE CAROLYN BOONE LEWIS HEALTH CARE WASHINGTON, DC 20032 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE PRFFIX OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) L 051 Continued From page 6 L 051 Continued From page 6 3.0 03/25/2014. " 13. Our electronic medical record 9/10/14 software does not currently show on There was no evidence that facility staff documented where in the clinical record information the CAA Summary the location of related to the CAA 's could be found. where the clinical record information could be found for care areas triggered A face-to-face interview was conducted with for Resident #157's admission MDS. Employee #9 on August 5, 2014 at approximately Going forward staff have been 12:10 PM. He/she acknowledged that the date and instructed to ensure that the location location where information related to the triggered and date for care areas triggered are care areas could be found was not recorded. The recorded in the CAA worksheet. record was reviewed August 5, 2014. 14. Our electronic medical record 9/10/14 5. Facility staff failed to identify the location and date software does not currently show on of CAA information under Section V [V0200A], " the CAA Summary the location of Care Area Assessment Summary " of the where the clinical record information comprehensive MDS for Resident #66. could be found for care areas triggered for Resident #166 admission MDS. A review of Resident #66 's comprehensive MDS Going forward staff have been dated December 23, 2013 revealed that "Care Area instructed to ensure that the location Triggered [and] the Care Planning Decision Area" and date of care areas triggered are were selected for #3 Visual Function, #4 recorded in the CAA worksheet. Communication, #6 Urinary Incontinence / Catheter, #15 Dental Care, and #16 Pressure Ulcers. 15. Our electronic medical record 9/10/14 The record reflects that the location and date of the software does not currently show on Care Area Assessment for care areas [#3, 4, 6, 15, the CAA Summary the location of and16] were recorded as " CAA 3.0 03/25/2013." where the clinical record information could be found for care areas triggered There was no evidence that facility staff for Resident #187's admission MDS. documented where in the clinical record information Going forward staff have been related to the CAA's could be found instructed to ensure that the location and date of care areas triggered are A face-to-face interview was conducted with recorded in the CAA worksheet. Employee #9 on August 5, 2014 at approximately

12:15 PM. He/she acknowledged that the date and

location where information related to the

FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ R WING HFD02-0011 08/05/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1380 SOUTHERN AVE SE CAROLYN BOONE LEWIS HEALTH CARE WASHINGTON, DC 20032 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX PREFIX OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) L 051 L 051 Continued From page 7 Continued From page 7 triggered care areas could be found was not recorded. The record was reviewed August 5, 2014. #2 for 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 9/11/14 13, 14, 15 MDS's have been reviewed for 6. Facility staff failed to identify the location and date residents' admissions, annual, and of Care Area Assessment [CAA] information under comprehensive MDS's within the last year Section V [V0200A], " Care Area Assessment to identify those residents that have the Summary " of the comprehensive MDS for potential to be affected. Resident #70. 9/11/14 #3 for 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, A review of Resident #70's comprehensive MDS 13, 14, 15 A required in-service for dated June 4, 2014 revealed that "Care Area members of the interdisciplinary care team Triggered [and] the Care Planning Decision Area" has been developed and presented to were selected for #3 Visual Function, #4 reinforce the MDS requirement for Communication, #5 ADL Functional Status, #6 identifying the location and having the date Urinary Incontinence / Catheter, #11 Falls, #12 for clinical record information for care areas Nutrition, #15 Dental Care, #16 Pressure Ulcers and triggered for the admissions, annual, #17 Psychotropic Medication Use. comprehensive, significant change MDS's. The record reflects that the location and date of CAA information for care areas [#3, 4, 5, 6, 12, An audit system has been put in place Monthly 15,16, and 17] were recorded as " CAA 3.0 for the MDS Director will do continuous 06/11/2014. " times 3 months monitoring for of the MDS's On-going Monthly x3 for compliance. There was no evidence that facility staff documented where in the clinical record information #4 for 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, Monthly related to the CAA's could be found. 13, 14, 15 Results of the monitoring will be compiled monthly to assess the rate of On-going A face-to-face interview was conducted with compliance and this will be presented to Monthly x3 Employee #9 on August 5, 2014 at approximately the QAPI Committee at the monthly QAPI 12:30 PM. He/she acknowledged that the date and meetings. location where information related to the triggered care areas could be found was not recorded. The record was reviewed August 5, 2014. 7. Facility staff failed to identify the location and date of Care Area Assessment [CAA] information under Section V [V0200A], " Care Area Assessment Summary " of the comprehensive

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ B WING HFD02-0011 08/05/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1380 SOUTHERN AVE SE CAROLYN BOONE LEWIS HEALTH CARE WASHINGTON, DC 20032 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) L 051 L 051 Continued From page 8 MDS for Resident #88. A review of Resident #88's comprehensive MDS dated April 16, 2014 revealed that "Care Area Triggered [and] the Care Planning Decision Area" were selected for #2 Cognitive Loss, #3 Visual Function, #4 Communication, #5 ADL Functional/Rehabilitation Potential, #6 Urinary Incontinence and Indwelling Catheter, #11 Falls, #12 Nutritional Status, #14 Dehydration/Fluid Maintenance, #15 Dental Care #16 Pressure Ulcer #and #17 Psychotropic Medication Use. The record revealed that the location and date of CAA information for care areas [#2, 3, 4, 5, 6, 11, 12,14,15,16 and 17] were recorded as "CAA 3.0 04/17/2014 " . There was no evidence that facility staff documented where in the clinical record information related to the CAA's could be found. There were no "CAA worksheets " available for review. A face-to-face interview was conducted with Employee #2 on August 1, 2014 at 3:30 PM. He/she acknowledged that the date and location where information related to the CAA's could be found was not documented in the CAA Summary. The medical record was reviewed on August 1, 2014. 8. Facility staff failed to identify the location and date of Care Area Assessment [CAA] information under Section V [V0200A], " Care Area Assessment Summary " of the admission MDS for Resident #94. A review of Resident #94's admission MDS dated May 19, 2014 revealed that Care Area Triggered [and] the Care Planning Decision Area" were

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L 051	Continued From page CAA information for and 16] were record. There was no evide documented where related to the CAA's "CAA worksheets" A face-to-face interved Employee #2 on Authe/she acknowledg where information refound was not documented was not documented was not documented for Care Area Aunder Section V [VOAssessment Summa Resident #120. A review of Residen July 18, 2014 reveal [and] the Care Plant selected for #3 Visus Status, #6 Urinary I Falls, #12 Nutrition, Maintenance, and # The record reflects to Care Area Assessm [#3, 5, 6, 11, 12, 14, 3.0 07/18/2014." There was no evided documented where in the condition of the	r care areas [#4] ded as "CAA 3] nce that facility in the clinical in available for review was cond gust 1, 2014 a ed that the dat elated to the Comented in the was reviewed ed to identify the assessment [Comented in the available for reviewed at #120's admissible for reviewed at #120's admis	y staff record information nd. There were no review. lucted with at 3:30 PM. te and location CAA's could be CAA Summary. on August 1, the location and AA] information a Area mission MDS for ssion MDS dated Area Triggered Area" were 5 ADL Functional Catheter, #11 ion/ Fluid Ulcers, on and date of the on for care areas recorded as "CAA"	L 051			

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PR	FIX (EACH DEFICIENCY	Y STATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL REGULATORY C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
1	A face-to-face in Employee #9 on 12:00 PM. He/s location where in care areas could record was review 11. Facility staff date of Care Are under Section V Summary " of th #146. A review of Resi June 8, 2014 rev "Care Area Trigg Decision Area" t ADL Functional /Catheter, #11 F Fluid Maintenan Psychotropic Me Community Refe There was no ev CAA information and 16] were record There was no everal to the CAA face-to-face in Employee #9 on 11:10 AM. He/s	ed to the CAA's could be found. Iterview was conducted with August 5, 2014 at approximately he acknowledged that the date an information related to the triggered be found was not recorded. The ewed August 5, 2014. If ailed to identify the location and a Assessment [CAA] information [V0200A], " Care Area Assessme e admission MDS for Resident Ident #146's admission MDS dated wealed that gered [and] the Care Planning riggered for: #2 Cognitive Loss, # Status, #6 Urinary Incontinence alls, #12 Nutrition, #14 Dehydratio ce, #16 Pressure Ulcers, #17 Indication Use and #20 Return to	nt 5 n/ of 4			

PRINTED: 08/29/2014 FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ HFD02-0011 08/05/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1380 SOUTHERN AVE SE CAROLYN BOONE LEWIS HEALTH CARE WASHINGTON, DC 20032 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) L 051 Continued From page 12 L 051 triggered care areas could be found was not recorded. The record was reviewed August 5, 2014. 12. Facility staff failed to identify the location and date of Care Area Assessment [CAA] information under Section V [V0200A], " Care Area Assessment Summary " of the annual MDS for Resident #154. A review of Resident #154's annual MDS dated January 28, 2014 revealed that "Care Area Triggered [and] the Care Planning Decision Area" triggered for, #5 ADL Function Status, #11 Falls, #15 Dental care, and #16 Pressure Ulcers. The record revealed that the location and date of CAA information for care areas [#5, 11, 15, and 16] were recorded as " CAA 3.0 02/03/2014." There was no evidence that facility staff documented where in the clinical record information related to the CAA's could be found. There were no " CAA worksheets" available for review. A face-to-face interview was conducted with Employee #2 on August 1, 2014 at 3:30 PM. He/she acknowledged that the date and location where information related to the CAA's could be found was not documented in the CAA Summary. The medical record was reviewed on August 1, 2014.

Resident #157.

13. Facility staff failed to identify the location and date of Care Area Assessment [CAA] information

Assessment Summary " of the admission MDS for

under Section V [V0200A], "Care Area

Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A. BUILDING: _ B. WING HFD02-0011 08/05/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1380 SOUTHERN AVE SE CAROLYN BOONE LEWIS HEALTH CARE WASHINGTON, DC 20032 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX PREFIX DATE TAG OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) L 051 L 051 Continued From page 13 A review of Resident #157's admission MDS dated July 15, 2014 revealed that "Care Area Triggered [and] the Care Planning Decision Area" triggered for #2 Cognitive Loss, #3 Visual Function, #5 ADL, #6 Urinary Incontinence / Catheter, #7 Psychosocial Well-being, #9 Behavioral Symptoms, #11 Falls. #12 Nutrition, and #16 Pressure Ulcers. The record reflects that the location and date of the Care Area Assessment information for care areas [# 2,3 5, 6, 7, 9, 11, 12, and 16] were recorded as "CAA 3.0 07/16/2014." There was no evidence that facility staff documented the location in the clinical record where the information related to the CAA's could be found. A face-to-face interview was conducted with Employee #9 on August 5, 2014 at approximately 10:03 AM. He/she acknowledged that the date and location where information related to the triggered care areas could be found was not recorded. The record was reviewed August 5, 2014. 14. Facility staff failed to identify the location and date of Care Area Assessment [CAA] information under Section V [V0200A], "Care Area Assessment Summary " of the admission MDS for Resident # 166. A review of Resident #166's admission MDS

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STATEMEN	Requiation & Licensing T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (CONSTRUCTION	(X3) DATE COMP	SURVEY
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L 051	dated January 17, 2 Triggered [and] the triggered for: #2 Co; #4 Communication, Incontinence /Cathe Well-Being, #10 Ac Tube (s), #14 Dehyd Dental Care, #16 Pr Restraints, and #19 The record reflects to Care Area Assessm 6, 7, 10, 11, 13, 14, recorded as "CAA 3 There was no evide documented where related to the CAA's A face-to-face interv Employee #9 on Au 11: 50 AM. He/she location where infort care areas could be record was reviewed 15. Facility staff faile date of Care Area A under Section V [V0 Assessment Summa Resident #187.	Care Planning Decision Area Care Planning Decision Area gnitive Loss, #3 Visual Function, #5 ADLs, #6 Urinary eter, #7 Psychosocial stivities, #11 Falls, #13 Feeding dration/ Fluid Maintenance, #15 ressure Ulcers, #18 Physical Pain. Ithat the location and date of the lent for care areas [# 2, 3, 4, 5, 15,16, 18, and 19] were 1.0 02/03/2014. " Ince that facility staff in the clinical record information is could be found. Inceit was conducted with gust 5, 2014 at approximately acknowledged that the date and mation related to the triggered found was not recorded. The date and the county is a county to the county acknowledged that the date and mation related to the triggered found was not recorded. The date and the county is a county to the county acknowledged that the date and found was not recorded. The date and the county is a county to the county acknowledged that the date and found was not recorded. The date of the county is a county to the county acknowledged that the date and found was not recorded. The date of the county the location and seessment [CAA] information	L 051			

07/01/2014 revealed that "Care Area Triggered [and] the Care Planning Decision Area" triggered for #5 ADL/ Functional Status, #6

FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING: _ B WING HFD02-0011 08/05/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1380 SOUTHERN AVE SE CAROLYN BOONE LEWIS HEALTH CARE WASHINGTON, DC 20032 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) L 051 L 051 Continued From page 15 Urinary Incontinence / Catheter, #11 Falls, and #16 Continued From page 15 Pressure Ulcers. #1 The record reflects that the location and date of the 1.Care plan has been initiated for Resident 7/31/14 Care Area Assessment information for care areas #146 to address the use of Buspirone, with [#5, 6, 11, and 16] were recorded as "CAA 3.0 the goals and approaches and potential 07/1/2014." side effects. There was no evidence that facility staff documented the location in the clinical record where 7/31/14 2.Care plan has been initiated for Resident the information related to the CAA's could be found. # 152 to address the use of Psychotropic medications (Prozac, Xyprexia, Klonopin) A face-to-face interview was conducted with with goals and approaches and potential Employee #9 on August 5, 2014 at approximately side effects. 10:03 AM. He/she acknowledged that the date and location where information related to the triggered #2 for 1. 2 care areas could be found was not recorded. The record was reviewed August 5, 2014. To identify other residents that have the 9/8/14 Potential to be affected, medical records B.Based on record review and staff interview for and care plans have been reviewed for three (3) of 41 sampled residents, it was determined residents on anti-anxiety medications and that facility staff failed to initiate a care plan with psychotropic medications. goals and approaches for one (1) resident receiving psychotropic medications, and for one (1) resident #3 for 1, 2 receiving an anxiolytic medication. Residents' #146. and 152. 9/11/14 In-service on care planning to reinforce the Care planning process and need to initiate Care plans for residents on anti-anxiety The findings include: and psychotropic medications. We have put a system in place for unit managers to review care plan documentation monthly 1. Facility staff failed to initiate a care plan with goals and approaches and potential side effects to and quarterly to ensure care plans are address the use of Buspirone (Therapeutic Class: initiated. Anxiolytic Medication) for Resident #146.

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B WING HFD02-0011 08/05/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1380 SOUTHERN AVE SE CAROLYN BOONE LEWIS HEALTH CARE WASHINGTON, DC 20032 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) L 051 L 051 Continued From page 16 Continued From page 16 #4 for 1, 2 According to a readmission "Physician Order Sheet and Plan of Care " signed June 19, 2014 at To monitor for compliance, Assistant Monthly 11:00 AM directed, "Buspirone 10mg (milligram) -Director of Nursing/designee with unit 1 po bid (twice a day) for anxiety disorder." managers, and Director of Nursing will On-going present results of care plan reviews to Monthly x3 QAPI Committee monthly for three months. A "Psychiatric Evaluation " dated 6/17/14 revealed, " Psychiatric Diagnosis: Anxiety, Depression. " A review of the June 2014 Medication Administration Record revealed initials in the allotted spaces indicating Buspirone was given daily at 9:00 AM and 9:00 PM. A review of the care plan section of the clinical record was last updated June 17, 2014. There was no evidence that a care plan was initiated with goals and approaches for the use of and potential side effects for Resident #146 's anxiolytic medication. A face-to-face interview was conducted with Employee #6 on July 31, 2014 at approximately 4:00PM. He/she acknowledged the aforementioned findings. The clinical record was reviewed on July 31, 2014. 2. Facility staff failed to initiate a care plan with

FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: ___ R WING HFD02-0011 08/05/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1380 SOUTHERN AVE SE CAROLYN BOONE LEWIS HEALTH CARE WASHINGTON, DC 20032 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** TAG OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) L 051 L 051 Continued From page 17 goal and approaches for the use of and potential side effects of Psychotropic medications for Resident #152. A review of the resident's annual MDS revealed that it was coded for the use of Psychotropic medications. A review of the resident 's clinical record revealed a physician 's order which directed that the resident receive the following: Prozac 10 mg (milligrams) PO (by mouth) daily Xyprexia 2.5mg PO PRN (as needed) for Psychosis Klonopin 0.5mg PO PRN for Agitated behavior. A review of the care plan section located on the resident's record, revealed that there was no care plan initiated for the use of and potential side effects from the use of psychotropic medications. A face-to-face interview was conducted with Employee #5 at approximately 3:00 PM on July 31, 2014. The employee acknowledged the finding during the interview. The record was reviewed on July 31, 204. C. Based on observation, record review and staff interview for one (1) of 41 sampled residents, it was

determined that facility staff failed to amend a care

plan to include a cervical head pillow to

PRINTED: 08/29/2014 FORM APPROVED Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING: B. WING HFD02-0011 08/05/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1380 SOUTHERN AVE SE CAROLYN BOONE LEWIS HEALTH CARE WASHINGTON, DC 20032 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) L 051 L 051 Continued From page 18 Continued From page 18 prevent right cervical flexion contracture for Resident #42 The findings include: 9/5/14 # 1.The care plan for Resident #42 has been amended to include the cervical Resident #42 was observed on August 1, 2014 at pillow as an intervention for resident's approximately 1:30 PM. He/she was lying on his/her contracture. back with a white triangle shaped cervical neck foam pillow around his/her neck. His/her head and 9/11/14 #2. To identify other residents that may be neck was slightly positioned towards his/her right affected, all residents' clinical records and shoulder. care plans have been reviewed to ensure that care plans are updated. #3. In-service on care planning to reinforce 9/11/14 A history and physical dated October 20, 2013 the care planning process and need to revealed Resident #42 diagnoses included CVA update care plans for residents. (Cerebral Vascular Accident) with Left Hemiplegia. We have put a system in place for Unit Monthly Quarterly Managers to review care plan Documentations monthly x3 and quarterly On-going A review of an "Occupational Therapy Screen Ensure care plans are updated. Form " dated August 4, 2014 revealed; " [Patient] was referred to OT (Occupational Therapy) for head neck positioning. Patient was seen in room supine #4. To monitor for compliance Assistant Monthly [lying on back] be in bed with head/neck well Director of Nursing, Unit Managers and & positioned with triangular wedge, cervical pillow and Director of Nursing will present results of On-going regular pillow. [Patient 's] head neck was observed Care Plan review to QAPI Committee Monthly x3 to be well positioned and supported. No decline in Monthly for 3 months. ROM (range of motion) or change in pain noted from prior status. No new intervention needed at

this time. Nursing can continue to position [patient]

as per previous OT recommendation '

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hair;

(c)Assistants in daily personal grooming so that the

evidenced by freedom from body odor, cleaned and trimmed nails, and clean, neat and well-groomed

resident is comfortable, clean, and neat as

Health Regulation & Licensing Administration

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY PLETED
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L 052		ge 20 accident, injury, and infection;	L 052			
	(e)Encouragement, self-care and group	assistance, and training in activities;				
	(f)Encouragement and assistance to: (1)Get out of the bed and dress or be dressed in tor her own clothing; and shoes or slippers, which shall be clean and in good repair;					
	(2)Use the dining ro	oom if he or she is able; and				
	(3)Participate in meaningful social and recreational activities; with eating;					
	(g)Prompt, unhurrie requires or request	ed assistance if he or she help with eating;				
	(h)Prescribed adap him or her in eating independently;	tive self-help devices to assist				
	(i)Assistance, if nee including oral acre;	eded, with daily hygiene, and				
	j)Prompt response thelp.	to an activated call bell or call for				
	This Statute is not	met as evidenced by:				
	interview, and staff residents, it was de failed to provide car residents ' highest psychosocial well-b ensure that one (1)	ons, record review, resident interviews for 10 of 41 sampled termined that the facility staff re and services to attain the practicable physical, mental, and eing as evidenced by failure: to resident was seen by the commended three month it;				

FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A. BUILDING: _ B WING HFD02-0011 08/05/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1380 SOUTHERN AVE SE CAROLYN BOONE LEWIS HEALTH CARE WASHINGTON, DC 20032 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (FACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) L 052 L 052 Continued From page 21 Continued From page 21 failed to administer medications in accordance with #1 for 1, 2, the physician 's order for nine (9) residents: and Based on the type of the deficiency for 8/18/14 failed to perform blood glucose checks as ordered for one (1) residents. Residents' #11, 24, 34, 37, Resident #11 and the deficiency for 90, 143, 152, 154, 157, and 166. Resident #24 we cannot retroactively make corrections to these deficiencies. Employees have been counseled and one The findings include: on one competency was conducted for the nurses involved. #2 for 1, 2 1. Facility staff failed to follow the physician 's order To identify other residents that may have 8/29/14 for administration of the appropriate dose of Insulin. the potential to be affected by this, based on the blood glucose level (sliding scale) for medication administration records have Resident # 11. been reviewed to ensure that the correct insulin dosages have been given to Insulin coverage was not administered according to residents as ordered by the physician. the sliding scale on July 28, 2014 at 6:30 AM. The nurse administered 3 units, instead of 4 units of Humalog Insulin coverage. #3 for 1, 2 A review of Residents #11 's clinical record on We have put a system in place to conduct 8/18/14 August 1, 2014, revealed that he/she was admitted one to one competency for nurses to the facility on April 3, 14 with diagnoses which identified by their managers as needing included Diabetes Mellitus, Right Foot Abscess, teaching. Peripheral Vascular Disease, Right Below Knee Amputation, Left Second Toe Amputation, 8/18/14 Also our Education Department has Hypertension (HTN), and Dementia. increased the frequency of competency for & nurses from annual to semi-annual in the Semiarea of medication administration. Annual

A physician 's order dated July 23, 2014 directed, " ...Sliding Scale: Humalog Insulin coverage as

follows: 6:30 AM and 4:30 PM; Blood Sugar of 150-

Units, 301-350=5 Units, > [greater than] 351 units

200= 2 Units, 201- 250= 3 Units, of 251- 300= 4

= 6 Units, < [less than] 60 and > 400 call MD ... '

administration was included in the physician 's

There was no evidence that the route of

9/11/14

Daily

In addition we will have a list of residents

charge nurses to review per shift for to

observe return demonstration for those nurses identified during the survey for

accuracy of administration of the insulin

ordered. The charge nurse will report to the Unit Manager the findings of the shift review.

with diagnosis of Diabetes per unit location

in the facility. This list will be utilized by the

FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ____ B. WING _ HFD02-0011 08/05/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

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L 052	Continued From page 22 order. A review of the Medication Administration Record for July 2014 revealed that on July 28, 2014 the nurse documented his/ her initials, a blood sugar level of 252 milligrams per deciliter (mg/dL), the site were the medication was administered, and "3U [Units].	L 052	Continued From page 22 ordered. The charge nurse will report to the Unit Manager the findings of the shift review. #4 for 1, 2 The Unit Managers will compile the charge nurses' reports and present to the Director of Nursing for further review. This will be	Monthly & On-going
	According to the sliding scale the resident should have received 4 Units of Humalog Insulin coverage. There was no evidence that facility staff administered insulin in accordance with the physician's order for Resident # 11.	eoverage.	presented at monthly QAPI Committee meetings for review and analysis for compliance. The Assistant Director of Nursing and Director of Nursing will monitor for compliance. 3, 8 #1	On-going
	A face-to-face interview was conducted with Employee #6 on August 5, 2014 at approximately 12:50 PM. He/she acknowledged the findings. The record was reviewed on August 5, 2014.		The eye drops were administered to resident 7/29/14. The inhaler was administered to Resident #154 #2	8/29/14
	Facility staff failed to administer insulin in accordance with the physician's order for Resident #24. On July 31, 2014 at approximately 3:30 PM, a Medication Administration Record [MAR] review		To identify other residents that have the potential to be affected, all Medication Administration Records have been reviewed to ensure residents receive their eye drops; also to ensure that residents receive their inhalers.	9/10/14
	revealed an order for Resident #24 as follows: " Novolog [fast acting insulin] 100units/ml [milliliter] sub-Q[subcutaneous] inject per sliding scale: Check blood sugar 6:30 AM 9:30 PM 0-200=0 units 201-250 = 1unit 251-300 = 2 units		#3 We have put a system in place to generate and utilize the "exception report" per shift to review and account for accuracy of medications administered as ordered. The charge nurses will review the exception report and report to the Unit Manager and/or off Shift Supervisors the results of the review of the exception reports. We	9/10/14 & On-going

Health Regulation & Licensing Administration

FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B WING HFD02-0011 08/05/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1380 SOUTHERN AVE SE CAROLYN BOONE LEWIS HEALTH CARE WASHINGTON, DC 20032 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX DATE TAG OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) L 052 L 052 Continued From page 23 Continued From page 23 301-350 = 3 units 351-400 = 4 units have also put a system in place to have 401 and above = 5 units the charge nurse record on the 24-Hour Call MD if less than 60 or greater than 400 " Report any medications that are not delivered by Pharmacy as required. The MAR revealed on July 14, 2014 at 9:30 PM the After faxing of the orders this information blood sugar result of " 222 ", the insulin dose will also be included on the 24-Hour report administered "0", and the site "0." for effective follow up and follow through if the medication is not received during the According to the physician's order the resident shift; to make sure the incoming shift and should have received one unit of insulin. There was the supervisor contact pharmacy. This will no evidence that facility staff administered insulin in ensure that medications are followed up on accordance with the physician 's order. with the Pharmacy if not delivered. A face-to-face interview was conducted with Employee #4 who acknowledged the aforementioned findings. He/she stated he/she Results of the exception reports will be would address the findings with the appropriate staff presented and analyzed at the monthly Monthly member. QAPI meetings. Unit Managers and Supervisors will also report the results of On-going analysis Director of Nursing and Assistant Monthly x3 3. Facility staff failed to administer eye drops as Director of Nursing. Follow through with ordered by the physician for Resident #34. pharmacy will also be presented at the During a medication administration observation on monthly QAPI meetings. Compliance will July 31, 2014 at approximately 10:00 AM, Employee be determined for corrective action as #15 stated that the resident's eye drops were not required. present or available. A review of the Medication Administration Record (MAR) for Resident #34. revealed the eye drops had been documented as " 4A: 4B held " on July 30, 2014. #1 When queried why the medication was not Due to the nature of the deficiencies, we 8/29/14 administered, Employee # 15 stated " pharmacy cannot correct the deficiencies for Resident was probably faxed a requisition to replace the # 37. The employees/staff have been medication and it has not been delivered " counseled to ensure that physician's orders A review of the Physician's Order Form dated and are transcribed accurately, and also to signed July 28, 2014 under routine medications ensure that medications are not missed revealed, "Lumigan 0.01% drops instill 1drop in when resident goes on medical each eye every day for glaucoma " .

appointments.

Health Regulation & Licensing Administration

	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
		HFD02-0011	B. WING		08/0	5/2014
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	ATE, ZIP CODE		
CAROLV	N BOONE LEWIS HEA	1380 SOUT	THERN AVE	SE		
CAROLT	N BOONE LEWIS HE	WASHING	TON, DC 20	032		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES BY BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
L 052	A review of the unit pharmacy for the d 2014 requesting mo of a fax requesting of a fax requesting A face-to-face inter Employee #5 on Jul 10:30 AM. When cobtaining medication stated, "The request the pharmacy and during the next deliar through with the phadministering the effective administered daily days July 30 2014 were acknowledged 2014 at approximate record was reviewed 4A. Facility staff fas medications in accorders. An annual history arevealed Resident of Osteoarthritis, COF Pulmonary Disease	c's record of faxes to the lates July 24 through July 29 edications revealed no evidence in Resident #34 's eye drops. In review was conducted with late and the	L 052	#2 To identify other residents that may the potential to be affected, we have reviewed Medication Administration Records, to ensure that the medicare not missed. #3 We have put a system in place for shift charge nurses to audit physicolorders daily to ensure that physicolorders are transcribed accurately, have also put a system in place to residents appointment list weekly residents going on appointments week. This list will be used by the nurse in order to contact the physichange in the medication time if in appointment will impact on the time medication administration. The Ur Manager or designee has responsensure this process/system is followed by the Medication Administration policy has been updated to include procedure for administration precedure for administration precedures will also be presented to Assistant Director of Nursing and of Nursing for monitoring.	r the night cians' ans We of for the cian for nedical ne of nit sibility to owed. In (ALL) e the or post	Daily & On-going
	An annual history a revealed Resident : Osteoarthritis, COF Pulmonary Disease	#37 's diagnoses included PD (Chronic Obstructive e), Hypertensive Cardiovascular		#4 The above procedures will be more and reported by the Unit Manager QAPI Committee monthly for com Reports will also be presented to Assistant Director of Nursing and	s to the pliance.	& On-going