

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/27/2019
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NAME OF PROVIDER OR SUPPLIER CARROLL MANOR NURSING & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 725 BUCHANAN ST., NE WASHINGTON, DC 20017
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L 000	<p>Initial Comments</p> <p>An unannounced Long Term Care Survey was conducted at Carroll Manor Nursing & Rehabilitation from September 23, 2019 through September 27, 2019. Survey activities consisted of a review of 54 sampled residents. The following deficiencies are based on observation, record review and resident and staff interviews. After analysis of the findings, it was determined that the facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities. The resident census during the survey was 212.</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 AV- Arteriovenous BID - Twice- a-day B/P - Blood Pressure cm - Centimeters CFR- Code of Federal Regulations CMS - Centers for Medicare and Medicaid Services CNA- Certified Nurse Aide CRF - Community Residential Facility CRNP- Certified Registered Nurse Practitioner D.C. - District of Columbia DCMR- District of Columbia Municipal Regulations D/C- Discontinue</p>	L 000	Carroll Manor makes its best effort to operate in Substantial compliance. with both Federal and State laws. Submission of this Plan of Correction (POC) does not constitute an admission or agreement by any party, its officers, directors, employees or agents as the truth of the facts alleged or the validity of the conditions set forth in the statement of deficiencies. This plan of correction (POC) is prepared and/or executed because it is required by the State and Federal laws.	

Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Executive Director	(X6) DATE 11/13/2019
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L 000	Continued From page 1 DI- Deciliter DMH - Department of Mental Health DOH- Department of Health EKG - 12 lead Electrocardiogram EMS - Emergency Medical Services (911) F - Fahrenheit FR.- French G-tube- Gastrostomy tube HR- Hour HSC - Health Service Center HVAC - Heating ventilation/Air conditioning ID - Intellectual disability IDT - Interdisciplinary team IPCP- Infection Prevention and Control Program LPN- Licensed Practical Nurse L - Liter Lbs - Pounds (unit of mass) MAR - Medication Administration Record MD- Medical Doctor MDS - Minimum Data Set Mg - milligrams (metric system unit of mass) M- minute mL - milliliters (metric system measure of volume) mg/dl - milligrams per deciliter mm/Hg - millimeters of mercury MN midnight N/C- nasal canula Neuro - Neurological NFPA - National Fire Protection Association NP - Nurse Practitioner O2- Oxygen PASRR - Preadmission screen and Resident Review Peg tube - Percutaneous Endoscopic Gastrostomy PO- by mouth POA - Power of Attorney POS - physician ' s order sheet	L 000		

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L 000	Continued From page 2 Prn - As needed Pt - Patient Q- Every QIS - Quality Indicator Survey RD- Registered Dietitian RN- Registered Nurse ROM Range of Motion RP R/P - Responsible party SBAR - Situation, Background, Assessment, Recommendation SCC Special Care Center Sol- Solution TAR - Treatment Administration Record Ug - Microgram	L 000		
L 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 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	L 051		

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L 051	<p>Continued From page 3</p> <p>(f) Keeping the Director of Nursing Services or his or her designee informed about the status of residents. This Statute is not met as evidenced by:</p> <p>Based on record review and staff interview for two (2) of 54 sampled residents, the charge nurse staff failed to develop and implement a comprehensive person-centered care plan for the use of psychotropic medications for one (1) resident and the use of nebulizer treatments for one (1) resident. Residents' #107 and #117.</p> <p>Findings include. . .</p> <p>1. Resident #107 was admitted to the facility on June 30, 2017 with diagnoses to include Anxiety Disorder, Depression and Psychotic Disorder; Thyroid Disorder, Hypertension and Diabetes.</p> <p>Review of the Physician's Order Sheet showed a Physician's Orders dated February 11, 2019 which directed Risperidone (used to treat certain mental/mood disorders) 0.5mg PO daily for psychotic episodes and behavior disturbances and Cymbalta (used to treat depression and anxiety) 30mg PO Bid for Depression.</p> <p>Review of Annual MDS dated May 14, 2019 Section N0410 (Medications Received) showed the resident was coded for receiving Antidepressant and Antipsychotic medications.</p> <p>However, review of the resident's care plans failed to show any evidence of a care plan that was developed for the resident's use of</p>	L 051	<p>1) Resident #107's careplan was updated to include psychotropic medications on 9/27/2019. Resident #117's Careplan was updated to include nebulizer treatment usage on 9/26/2019.</p> <p>2) Based on record review there were no other resident care plans identified to need an update.</p> <p>3) The Nurse Managers were educated on updating resident careplans to ensure that they are person-centered. The Nurse Managers or designee will audit 33 percent of the resident care plans on a monthly basis times 3 months to ensure that the careplans are person-centered.</p> <p>4) The results of the audits will be discussed during the monthly QAPI time 3 months to ensure substantial compliance.</p>	10/27/2019

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L 051	<p>Continued From page 4</p> <p>Antidepressant and/or Antipsychotic medications.</p> <p>Facility staff failed to develop and implement a comprehensive person-centered care plan for Resident# 107 use of psychotropic medications. Employee #8 acknowledged the finding during face-to-face interview on September 27, 2019 at approximately 11:00 AM.</p> <p>2. Resident #117 was admitted to the facility on 3/3/16 with diagnoses which include Atrial Fibrillation, Heart Failure, Hypertension, Pulmonary Edema, and Dementia.</p> <p>Review of the Physician's Order Sheet dated 9/2019, showed the following current medication orders:</p> <p>5/31/19 " Albuterol Sulfate solution (used to treat wheezing and shortness of breath) for Nebulization 1.25mg/3ml, Administer 1 vial via nebulizer three times a day as needed for Wheezing."</p> <p>6/3/19 "Rinse nebulizer cup and allow to dry after each neb treatment before storage 3 times per day during the day, evening, night."</p> <p>6/3/19 "Change neb tubing and neb cup every week on Monday 1 time per day every Monday"</p> <p>6/3/19 "Change oxygen tubing every week on Monday 1 time per day every Monday"</p> <p>A review of the Quarterly Minimum Data Set dated 7/30/19 showed that under Section I [Active Diagnoses] I0600 Resident #117 was coded for Heart Failure (e.g., congestive heart failure and Pulmonary edema).</p>	L 051		

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L 051	Continued From page 5 A review of the resident's care plan failed to show goals and approaches for the resident's use of nebulizer treatment as needed. A face-to-face interview was conducted with Employee #9 on 9/26/19, at approximately 3:00 PM. The employee reviewed the record and acknowledged the findings.	L 051		
L 091	3217.6 Nursing Facilities The Infection Control Committee shall ensure that infection control policies and procedures are implemented and shall ensure that environmental services, including housekeeping, pest control, laundry, and linen supply are in accordance with the requirements of this chapter. This Statute is not met as evidenced by: Based on observations and staff interview, facility staff failed to prepare foods under sanitary conditions as evidenced by failure of staff to correctly test the sanitizing solution from the three-compartment sink and ensure that the sanitizing solution is mixed correctly, failure of staff to properly handle clean cook wares and soiled floors on five (5) of five (5) resident care units. Findings included... During observations of dietary services on September 23, 2019, at approximately 10:00 AM: 1. An employee was observed using the three-compartment sink to clean and sanitize pots and pans. When asked to test the sanitizing solution from the	L 091		

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L 091	<p>Continued From page 6</p> <p>three-compartment sink, Employee #11 dipped the test strip into the solution and quickly withdrew it. Employee #11 was unable to verbalize how long the test strip should remain inserted in the sanitizing solution and what the expected result of the test should be.</p> <p>Employee #8 who was present at the time was asked to test the sanitizing solution and correctly completed the test. However, the sanitizing solution tested at less than 200 Parts per Million (PPM). Posted manufacturer's recommendations for testing the sanitizing solution are to dip the test strip in the solution for ten (10) seconds and the color change to the test strip should indicate a level between 200 to 400 PPM. The sanitizing solution was discarded and another solution was initiated. At the time of observation, Employee #40 had just begun to clean and disinfect the pots and pans.</p> <p>2. Staff was observed using paper towels to dry small pans that had been cleaned through the dishwashing machine.</p> <p>There was no evidence that facility staff used the appropriate drying method (such as drip dry) to reduce the spread of bacteria on the cookware.</p> <p>Employee #8 acknowledged the findings during a face-to-face interview on September 23, 2019, at approximately 1:00 PM.</p>	L 091	<p>1) The solution for the 3 compartment sink was mixed correctly on 9/23/2019. The pans were air-dried on 9/23/2019.</p> <p>2) The solution for the 3 compartment sink solution was mixed correctly on 9/23/2019. Based on the observation, the other cookware was dried appropriately on 9/23/2019.</p> <p>3) Dining staff was inserviced on ensuring that the 3 compartment sink is tested correctly and that cookware is dried appropriately. The dining services manager or designee will randomly observe dining services on a weekly basis times 3 months to ensure that the 3 compartment sink solution is tested correctly and that the cookware is dried appropriately.</p> <p>4) The results of the observations will be discussed during the monthly QAPI times 3 months for substantial compliance.</p>	10/27/2019

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L 099 L 099	Continued From page 7 3219.1 Nursing Facilities 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: Based on observations and staff interview, facility staff failed to serve foods under sanitary conditions as evidenced by soiled floors on five (5) of five (5) resident care units. Findings included... During observations and record on September 23, 2019, at approximately 10:00 AM, Pantry floors on five (5) of five (5) resident care units were soiled with grime (dirt dark in color) throughout. Employee #8 acknowledged the findings during a face-to-face interview on September 23, 2019, at approximately 1:00 PM.	L 099 L 099	1) The pantry floors on the 5 resident units were cleaned on 9/23/2019 2) Upon observation there were no other identified areas that needed to be cleaned. 3) The pantry workers were inserviced on ensuring the cleanliness of the pantry floors The Dining Services Manager will randomly observe 2 units per week tims 3 months to ensure floor cleanliness. 4) Results of the observations will be discussed during the monthly QAPI to ensure substantial compliance.	10/27/2019
L 214	3234.1 Nursing Facilities Each facility shall be designed, constructed, located, equipped, and maintained to provide a functional, healthful, safe, comfortable, and supportive environment for each resident, employee and the visiting public. This Statute is not met as evidenced by: Based on observations and interview, the facility failed to provide an environment free from accident hazards as evidenced by frayed remote bed controller cords in six (6) of 95 resident's rooms.	L 214		

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L 214	<p>Continued From page 8</p> <p>Findings included ...</p> <p>During an environmental tour of the facility on September 24, 2019, between 10:30 AM and 12:30 PM, remote bed controllers' cords in six (6) of 95 resident's rooms were frayed. (Rooms #203, #205, #207, #250, #252, #313).</p> <p>The uncovered, exposed electrical wires created a potential electrical shock hazard to residents, staff and the public.</p> <p>During a face-to-face interview on September 24, 2019, at approximately 12:30 PM. Employee #9 and/or Employee #10 acknowledged the findings.</p>	L 214	<p>1) The remote controls in of the resident #'s 203, 205, 207, 250, 252, and 313 were repaired on 9/24/2019.</p> <p>2) No other remote controls were identified to be in need of repair.</p> <p>3) Maintenance staff was inserviced on ensuring that beds are free from hazards. The Maintenance manager or designee will randomly audit 33 percent of the resident call beds on a monthly basis times 3 months to ensure that they are free from hazards.</p> <p>4) Results of the audits will be shared in the monthly QAPI times 3 months to ensure substantial compliance.</p>	10/27/2019
L 306	<p>3245.10 Nursing Facilities</p> <p>A call system that meets the following requirements shall be provided:</p> <p>(a)Be accessible to each resident, indicating signals from each bed location, toilet room, and bath or shower room and other rooms used by residents;</p> <p>(b)In new facilities or when major renovations are made to existing facilities, be of type in which the call bell can be terminated only in the resident's room;</p> <p>(c)Be of a quality which is, at the time of installation, consistent with current technology; and</p> <p>(d)Be in good working order at all times.</p> <p>This Statute is not met as evidenced by:</p>	L 306		

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L 306	<p>Continued From page 9</p> <p>Based on observations and staff interview, facility staff failed to maintain the call bell system in good working condition as evidenced by call bells in four (4) of 95 resident's rooms that did not emit an audio or visual alarm when tested.</p> <p>Findings included...</p> <p>During an environmental walkthrough of the facility on September 24, 2019, between 10:30 AM and 12:30 PM, call bells in resident rooms #309, #342, #450 and #522 did not alarm when tested, four (4) of 95 resident's rooms.</p> <p>This breakdown could prevent or delay care to residents in an emergency.</p> <p>Employee #9 and/or Employee #10 acknowledged the above findings during a face-to-face interview on September 24, 2019, at approximately 12:30 PM.</p>	L 306	<p>1) The call bells in rooms of resident #'s 309, 342, 450, 522 were repaired on 9/24/2019.</p> <p>2) No other call bells were identified to be in need of repair.</p> <p>3) Maintenance staff was inserviced on maintaining the call bell system in good working condition. The Maintenance manager or designee will randomly audit 33 percent of the resident call bell on a monthly basis times 3 months to ensure that they are in good working condition.</p> <p>4) The Results of the audits will be shared during the monthly QAPI times 3months to ensure substantial compliance.</p>	10/27/2019
L 442	<p>3258.13 Nursing Facilities</p> <p>The facility shall maintain all essential mechanical, electrical, and patient care equipment in safe operating condition.</p> <p>This Statute is not met as evidenced by:</p> <p>Based on observations and interview, facility staff failed to maintain mechanical and electrical equipment in good condition as evidenced by frayed remote bed controller cords in six (6) of 95 resident's rooms and a loose, torn gasket from the walk-in freezer.</p> <p>Findings included ...</p> <p>During an environmental tour of the facility on September 24, 2019, between 10:30 AM and</p>	L 442		

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L 442	Continued From page 10 12:30 PM: 1. Remote bed controllers' cords in six (6) of 95 resident's rooms were frayed. 2. One (1) of 10 ceiling lights located in the dining room on the fifth floor did not have a protective cover. 3. During a tour of dietary services on September 9, 2019, at approximately 10:00 AM, a gasket hanging loose from the bottom of the door to one (1) of one (1) walk-in freezer was torn. During a face-to-face interview on September 24, 2019, at approximately 12:30 PM, Employee 8 and/or Employee #10 acknowledged the findings.	L 442	1) The remote control in the rooms of resident #'s 203, 205, 207, 250, 252, and 313 were repaired on 9/24/2019. The ceiling light on the 5th floor was covered on 9/24/2019. The freezer gasket was replaced on 9/25/2019. 2) No other remote controls, call bells or gaskets were identified to be in need of repair. Not other ceiling lights were identified to need protective covers. 3) Maintenance staff was inserviced on ensuring that beds were free from hazards and call bells are in good working condition. Dining services staff was inserviced on reporting items in need of repair. Maintenance manager or designee will randomly audit 33 percent of the resident call bells and bed controls on a monthly basis times 3 months to ensure that they are in good working condition and free from hazards respectively. The Dining services manager will randomly observe the dining rooms and kitchen weekly X's 3 months to ensure that maintenance needs are reported to maintenance. 4) Results of the audits and observations will be shared during the monthly QAPI to ensure substantial compliance.	10/27/2019
L 452	3264.2 Nursing Facilities Each new construction of a facility, and each addition to or repair, and remodeling of an existing building that is used for the facility, shall conform to the 1996 BOCA National Code, to all other applicable District rules and regulations pertaining to building construction and all applicable NFPA standards. This Statute is not met as evidenced by: Based on observation and interview, it was determined that facility staff failed to comply with the District of Columbia (DC) rules and regulations pertaining to construction requirements. Findings included ... During a walk-through inspection of the facility on September 23, 2019, at approximately 11:00 AM,	L 452		

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L 452	<p>Continued From page 11</p> <p>it was observed that a wall had been erected to divide a room located in the basement. One side of the room was being used to store medical supplies and the other side for the storage of laundry</p> <p>Employee #9 confirmed that the wall was installed approximately three (3) weeks ago to expand storage space in the facility. Documentation from the contracting company, dated 8-23-19, showed a proposal to build a wall '30 feet long and eight (8) feet tall to divide one room in two by laundry room'.</p> <p>When asked if the State Agency (SA) was made aware of the installation and whether a permit for the project was obtained Employee #9 said he did not think so.</p> <p>When asked if the contractor who installed the wall was licensed in the District of Columbia (DC), Employee #9 said he did not know.</p> <p>Employee #9 called the contracting company and confirmed there was no permit for the construction of the wall and the contracting company was not licensed in DC.</p> <p>Section 105.1.1 of the 2013 DCMR 12A (District of Columbia Construction Codes Supplement of 2013), section 105.1.1 states:</p> <p>"105 PERMITS 105.1 Required Permits. Depending on the scope of work, an owner or authorized agent who intends to undertake any of the activities set forth in items 1 through 4 below, or to cause any such work to be done, shall first make application to the code official and obtain the required permit(s) relevant to the intended work:</p>	L 452		

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NAME OF PROVIDER OR SUPPLIER CARROLL MANOR NURSING & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 725 BUCHANAN ST., NE WASHINGTON, DC 20017
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 452	<p>Continued From page 12</p> <ol style="list-style-type: none"> 1. Construct, enlarge, alter, repair, move, demolish, or change the occupancy of a building or other structure; or 2. Erect, install, enlarge, alter, repair, remove, convert or replace any electrical, gas, mechanical, or plumbing system, the installation of which is regulated by the Construction Codes, or to cause any such work to be done; or 3. Install tower cranes or other similar hoisting devices on public space or private property; or 4. Undertake any other activity regulated by the Construction Codes. 105.1.1 Classification of Permits. For the purposes of the Construction Codes." <p>From the Department of Consumer and Regulatory Affairs (DCRA) website, the following was extracted:</p> <p>"Who is required to have a license in the District of Columbia?</p> <p>Anyone doing business in the District of Columbia is required to have a DC business license. Home improvement contractors, electricians, plumbers, interior decorators, and many other professionals hired by District residents every day are all among a number of professions requiring specific licenses to do business."</p> <p>Facility failed to obtain a permit from the Department of Consumer and Regulatory Affairs (DCRA) to alter the occupancy of a building as required by the District of Columbia (DC) rules and regulations pertaining to construction requirements and failed to ensure that its hired</p>	L 452	<ol style="list-style-type: none"> 1) The wall was demolished by the Maintenance staff on 9/26/2019 during survey. 2) There were no other identified areas constructed and in need of a permit or by a contractor unlicensed in DC. 3) The Facilities Manager was inserviced on ensuring that contractors are licensed in DC. The Executive Director of Designee will review the license of future construction contractors to ensure that they are licensed in DC prior to work. 4)The Executive Director or Designee will discuss upcoming projects on a monthly basis time 3 months to ensure that construction contractors are licensed to work in DC and to maintain substantial compliance. 	10/27/2019

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/27/2019
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NAME OF PROVIDER OR SUPPLIER CARROLL MANOR NURSING & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 725 BUCHANAN ST., NE WASHINGTON, DC 20017
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L 452	Continued From page 13 contractor was properly licensed in the District of Columbia (DC). Employee #9 confirmed the findings during a face-to-face interview on September 27, 2019, at approximately 10:00 AM.	L 452		