STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095034	A. BUILDING _____ B. WING _____	07/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARROLL MANOR NURSING & REHAB	725 BUCHANAN ST., NE WASHINGTON, DC 20017

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS A recertification Quality Indicator Survey was conducted on July 20, 2015 through July 24, 2015. The following deficiencies are based on observation, record review, resident and staff interviews for 28 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)	F 000	Carroll Manor Nursing and Rehabilitation Center 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, it's officers, directors, employees or agents as the truth of the facts alleged or the validity of the conditions set forth on the statement of deficiencies. This plan of correction (POC) is prepared and/or executed because it is required by the State and Federal laws.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jena Lanel | TITLE: administrator | (X6) DATE: 9/4/15

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

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F 000	Continued From page 1 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 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	F 000		
F 272 SS=E	483.20(b)(1) COMPREHENSIVE ASSESSMENTS The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following:	F 272	483.20(b)(1) COMPREHENSIVE ASSESSMENTS See next page.	

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F 272	Continued From page 2 Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview for five (5) of 28 sampled residents, it was determined that facility staff failed to accurately code the Minimum Data Set (MDS) to identify the location and date of the Care Area Assessment (CAA) information on the admission, annual or significant change Minimum Data Sets (MDS) under Section V0200A. Residents' #44, 139, 151, 164, and 282.	F 272	483.20(b)(1) COMPREHENSIVE ASSESSMENTS 1) 1. Location and date of Care Area Assessment [CAA] information under Section V [V0200A]," Care Area Assessment Summary" of the Annual Minimum Data Set [MDS] for Resident # 44 was automatically prepopulated by the MDS software. Location and date of Care Area Assessment [CAA] information will be identified under Care Plan Consideration area of Care Area Assessment "CAA" checklist form.. 2. Location and date of Care Area Assessment [CAA] information under Section V [V0200A]," Care Area Assessment Summary" Minimum Data Set[MDS] for Annual, admission and significant change MDS for all other residents will be reviewed. Updates will be made as required on each Residents MDS indicating the location and date of CAA information within the Care Plan Consideration area of CAA checklist form. 3.All staff who participate in the MDS Assessment process will be educated on indicating location and date of Care Area Assessment "CAA" information under Care Plan Consideration area of Care Area Assessment "CAA" checklist. 4. Monthly Audits will be conducted by MDS coordinator or designee. Results will be presented at Quarterly QA/QI meetings.	9/11/15 9/22/15 9/22/15 Ongoing.

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F 272	Continued From page 3 The findings include: According to Chapter 4 of the MDS 3.0 Users ' Manual, " for each triggered care area, use the " Location and Date of CAA Documentation " column on the CAA summary (Section V of the MDS 3.0) to note where the CAA information and decision making documentation can be found in the resident ' s record ...written documentation of the CAA findings and decision making process may appear anywhere in the resident ' s record; for example in the progress notes, flow sheets etc ... " 1. 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 Minimum Data Set [MDS] for Resident #44. A review of Resident #44 ' s annual MDS with an Assessment Reference Date (ARD) of November 17, 2014 revealed the following care areas were selected (e.g. triggered) as areas of concern: Cognitive Loss/Dementia, Communication, Urinary Incontinence/Catheter, Behavioral symptoms, Falls, Nutritional Status, Feeding Tube, Dehydration/Fluid Maintenance, Dental Care, Pressure Ulcers and Psychotropic Drug Use. The record revealed that the location and date of CAA information for the identified care areas were recorded as " See CAA Checklist dated 11/25/14 12:00 AM for document. "	F 272	483.20(b)(1) COMPREHENSIVE ASSESSMENTS 2) 1. Location and date of Care Area Assessment [CAA] information under Section V [V0200A]," Care Area Assessment Summary" of the Annual Minimum Data Set [MDS] for Resident # 139 was automatically prepopulated by the MDS software. Location and date of Care Area Assessment [CAA] information will be identified under Care Plan Consideration area of Care Area Assessment "CAA" checklist form. .2. Location and date of Care Area Assessment [CAA] information under Section V [V0200A]," Care Area Assessment Summary" Minimum Data Set[MDS] for Annual, admission and significant change MDS for all other residents will be reviewed. Updates will be made as required on each Residents MDS indicating the location and date of CAA information within the Care Plan Consideration area of CAA checklist form. 3.All staff who participate in the MDS Assessment process will be educated on indicating location and date of Care Area Assessment "CAA" information under Care Plan Consideration area of Care Area Assessment "CAA" checklist. 4. Monthly Audits will be conducted by MDS coordinator or designee. Results will be presented at Quarterly QA/QI meetings.	9/11/15 9/22/15 9/22/15 Ongoing.

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F 272	Continued From page 4 There was no evidence that facility staff documented the date and location where in the clinical record the information related to the triggered care areas could be found. A face-to-face interview was conducted with Employee #2 on July 23, 2015 at 4:00 PM. He/she acknowledged the findings. The record was reviewed July 23, 2015. 2. 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 a Annual Minimum Data Set [MDS] for Resident #139. A review of Resident #139's admission MDS with an Assessment Reference Date (ARD) of December 28, 2014 revealed the following care areas were selected (e.g. triggered) as areas of concern: Communication, ADL (Activities of Daily Living), Functioning/Rehab [rehabilitation] Potential, Urinary Incontinence/Catheter, Mood State, Falls, Nutrition, Pressure Ulcers and Psychotropic Drug Use. The record revealed that the location and date of CAA information for the identified care areas were recorded as " See CAA Checklist dated1/5/2015 12:00 AM for document." There was no evidence that facility staff documented the date and location where in the clinical record the information related to the triggered care areas could be found. A face-to-face interview was conducted with Employee #2 on July 23, 2015 at 4:00 PM.	F 272	483.20(b)(1) COMPREHENSIVE ASSESSMENTS 3) 1. Location and date of Care Area Assessment [CAA] information under Section V [V0200A]," Care Area Assessment Summary" of the Annual Minimum Data Set [MDS] for Resident #151 was automatically prepopulated by the MDS software. Location and date of Care Area Assessment [CAA] information will be identified under Care Plan Consideration area of Care Area Assessment "CAA" checklist form.. 2. Location and date of Care Area Assessment [CAA] information under Section V [V0200A]," Care Area Assessment Summary" Minimum Data Set[MDS] for Annual, admission and significant change MDS for all other residents will be reviewed. Updates will be made as required on each Residents MDS indicating the location and date of CAA information within the Care Plan Consideration area of CAA checklist form. 3. All staff who participate in the MDS Assessment process will be educated on indicating location and date of Care Area Assessment "CAA" information under Care Plan Consideration area of Care Area Assessment "CAA" checklist. 4. Monthly Audits will be conducted by MDS coordinator or designee. Results will be presented at Quarterly QA/QI meetings.	9/11/15 9/22/15 9/22/15 Ongoing.

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F 272	Continued From page 5 He/she acknowledged the findings. The record was reviewed July 23, 2015. 3. 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 a Annual Minimum Data Set [MDS] for Resident #151. A review of Resident #151 ' s admission MDS with an Assessment Reference Date (ARD) of March 1, 2015 revealed the following care areas were selected (e.g. triggered) as areas of concern: Cognitive Loss/Dementia, Visual Function, Communication, Urinary Incontinence/Catheter, Activities, Falls, Nutrition, Feeding Tube, Dehydration and Pressure Ulcers. The record revealed that the location and date of CAA information for the identified care areas were recorded as " See CAA Checklist dated 3/09/15 12:00 AM for document." 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 the designated CAA column on the MDS form. A face-to-face interview was conducted with Employee #2 on July 23, 2015 at 4:00 PM. He/she acknowledged the findings. The record was reviewed July 23, 2015. 4. Facility staff failed to identify the location and date of Care Area Assessment [CAA] information under Section V [V0200A], " Care Area	F 272	483.20(b)(1) COMPREHENSIVE ASSESSMENTS 4) 1. Location and date of Care Area Assessment [CAA] information under Section V [V0200A]," Care Area Assessment Summary" of the admission Minimum Data Set [MDS] for Resident #164 was automatically prepopulated by MDS software. Resident #164 is no longer in facility at the time of this response. Changes will not be made on location and date of Care Area Assessment [CAA] information. 2. Location and date of Care Area Assessment [CAA] information under Section V [V0200A]," Care Area Assessment Summary" Minimum Data Set[MDS] for Annual, admission and significant change MDS for all other residents will be reviewed. Updates will be made as required on each Residents MDS indicating the location and date of CAA information within the Care Plan Consideration area of CAA checklist form. .3.All staff who participate in the MDS Assessment process will be educated on indicating location and date of Care Area Assessment "CAA" information under Care Plan Consideration area of Care Area Assessment "CAA" checklist. 4. Monthly Audits will be conducted by MDS coordinator or designee. Results will be presented at Quarterly QA/QI meetings.	9/4/15 9/22/15 9/22/15 Ongoing

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F 272	Continued From page 6 Assessment Summary " of the Annual Minimum Data Set [MDS] for Resident #164. A review of Resident #164 ' s admission MDS with an Assessment Reference Date (ARD) of March 12, 2015 revealed the following care areas were selected (e.g. triggered) as areas of concern: Cognitive Loss/Dementia, Visual Function, Communication, Urinary Incontinence/Catheter, Psychological well-being, Activities, Falls, Nutrition, Dehydration and Pressure Ulcers. The record revealed that the location and date of CAA information for the identified care areas were recorded as " See CAA Checklist dated 3/16/15 12:00 AM for document." 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 the designated column on the MDS form. A face-to-face interview was conducted with Employee #2 on July 23, 2015 at 4:00 PM. He/she acknowledged the findings. The record was reviewed July 23, 2015. 5. 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 Minimum Data Set [MDS] for Resident #282. A review of Resident #282 ' s admission MDS with an Assessment Reference Date (ARD) of May 17, 2015 revealed the following care areas were selected (e.g. triggered) as areas of	F 272	483.20(b)(1) COMPREHENSIVE ASSESSMENTS 5) 1.Location and date of Care Area Assessment [CAA] information under Section V [V0200A]," Care Area Assessment Summary" of the Annual Minimum Data Set [MDS] for Resident # 282 was automatically prepopulated by the MDS software. Location and date of Care Area Assessment [CAA] information will be identified under Care Plan Consideration area of Care Area Assessment "CAA" checklist form.. 2. Location and date of Care Area Assessment [CAA] information under Section V [V0200A]," Care Area Assessment Summary" Minimum Data Set[MDS] for Annual, admission and significant change MDS for all other residents will be reviewed. Updates will be made as required on each Residents MDS indicating the location and date of CAA information within the Care Plan Consideration area of CAA checklist form. .3.All staff who participate in the MDS Assessment process will be educated on indicating location and date of Care Area Assessment "CAA" information under Care Plan Consideration area of Care Area Assessment "CAA" checklist. 4. Monthly Audits will be conducted by MDS coordinator or designee. Results will be presented at Quarterly QA/QI meetings.	9/11/15 9/22/15 9/22/15 Ongoing.

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F 272	Continued From page 7 concern: Cognitive Loss/Dementia, Visual Function, Communication ADL Functional Status, Urinary Incontinence/Catheter, Psychological well-being, Behavioral symptoms, Activities, Falls, Pressure Ulcers and Psychotropic Drug Use. The record revealed that the location and date of CAA information for the identified care areas were recorded as " See CAA Checklist dated 5/26/15 12:00 AM for document." 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 A face-to-face interview was conducted with Employee #2 on July 23, 2015 at 4:00 PM. He/she acknowledged the findings. The record was reviewed July 23, 2015.	F 272	F 279: 483.20 (d). 483.20 (k) (l) Develop Comprehensive Care Plans 1. Care plan with goals and approaches to address occasional urinary incontinence was initiated for resident #160 immediately. 2. There were no other residents identified to need urinary incontinence care plan. 3. Licensed staff have been in-serviced on initiating a care plan for any resident who is identified with urinary incontinence.	7/23/15 9/3/15 9/4/15
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and	F 279	4. Monthly audits will be completed by nurse managers, or designee. Results will be submitted to DON or designee for review and presentation at Quarterly QA/QI meetings.	ongoing

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F 279	Continued From page 8 psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). This REQUIREMENT is not met as evidenced by: Based on clinical record review and staff interview for one (1) of 28 sampled residents, it was determined that facility staff failed to initiate a care plan with goals and approaches to address urinary incontinence for Resident #160. The findings include: Resident #160 was readmitted to the facility on December 26, 2014. The history and physical dated April 2, 2015 revealed diagnoses that included: Progressive Cognitive Decline, Hypertension and Degenerative Joint Disease. The annual MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of January 19, 2015, revealed that urinary incontinence triggered for care planning. A review of the care plans, last updated June 26, 2015, lacked evidence that a care plan for urinary incontinence was initiated.	F 279	**F371 Responses start here:** 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY **Response for item 1 and 2** 1. Identified bins of raw chicken and packages of mechanical turkey meat items were labeled with a date immediately. 2. There were no other bins of raw chicken or turkey meat identified without labels. 3. Staff have been in-serviced on proper labeling of all items that need to be labeled. 4.Weekly audits will be completed by food/nutrition coordinator. Results will be submitted to manager/ designee for review and presentation at quarterly QA/QI meetings.	7/20/15 7/20/15 9/4/15 ongoing

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F 279	Continued From page 9 A face-to-face interview was conducted with Employees #10 and #11 on July 23, 2015 at approximately 10:53 AM regarding the aforementioned findings. Both acknowledged the findings. The clinical record was reviewed on July 23, 2015.	F 279	**F371 Responses continue** 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE – SANITARY **3.** 1.Three(3) metal dome plates were cleaned immediately.	7/20/15
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observations made on July 19, 2015 at during a tour of the facility's main kitchen and pantries from 8:50 AM to 9:30 AM and at approximately 3:45 PM, it was determined that the facility failed to serve, prepare and store food under sanitary conditions as evidenced by: two (2) of two (2) bins of raw chicken and eight (8) of eight (8) packages of mechanical turkey meat were stored in the refrigerator and not labeled with a date; three (3) of 25 metal dome plates were observed with brown colored stains; three (3) of 10 steam tray covers did not have a handle; ceiling tiles located in the main kitchen and the third and the fourth floor pantries were	F 371	2.There were no other metal dome plates found with stains. 3.Staff have been in-serviced on proper cleaning of metal dome plates. 4. Weekly audits will be completed by food/nutrition coordinator. Results will be submitted to manager/ designee for review and presentation at QA/ QI meetings **Response for item 4 and 5** 1.All steam table covers on the third and fourth floor pantries were replaced. 2.There were no other steam table covers missing handles on any pantry. 3.Staff were in-serviced on identifying and reporting broken equipment. 4. Weekly audits will be completed by food/nutrition coordinator. Results will be submitted to manager/ designee for review and presentation at quarterly QA/QI meetings.	7/20/15 9/4/15 ongoing 7/20/15 7/20/15 9/4/15 ongoing

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F 371	Continued From page 10 soiled; and six (6) of seven (7) cutting boards were observed to have multiple deep grooves. The findings include: 1. Two (2) of two (2) bins of raw chicken were stored in the walk-in refrigerator and not labeled with a date. 2. Eight (8) of eight (8) packages of mechanical turkey meat were stored in the walk-in refrigerator and not labeled with a dated. 3. Three (3) of 25 metal dome plates were observed with brown colored stains in the third floor pantry. 4. Two (2) of five (5) steam tray covers located on the third floor pantry did not have a handle. 5. One (1) of five (5) steam tray covers located on the fourth floor pantry did not have a handle. 6. Ceiling tiles located in the main kitchen, on the third and the fourth floor pantries were soiled. 7. Six (6) of seven (7) cutting boards were observed to have multiple deep grooves. These observations were made in the presence of Employees #9 and #12 who acknowledged the findings.	F 371	6 1.All soiled ceiling tiles were replaced. 7/23/15 2.No other soiled ceiling tiles were found in the kitchen or pantries. 7/23/15 3.Staff were in-serviced on identifying and reporting soiled ceiling tiles. 9/4/15 4. Weekly audits will be completed by food/nutrition coordinator. Results will be submitted to manager/ designee for review and presentation at quarterly QA/QI meetings. ongoing 7 1. All cutting boards with multiple deep grooves were replaced with new cutting boards immediately. 7/20/15 2.No other cutting boards were observed with multiple grooves. 7/20/15 3.Staff were in-serviced on identifying and reporting cutting boards with multiple grooves. 9/4/15 4. Weekly audits will be completed by food/nutrition coordinator. Results will be submitted to manager/ designee for review and presentation at quarterly QA/QI meetings. ongoing	
F 456 SS=D	483.70(c)(2) ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition.	F 456		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095034	A. BUILDING _____ B. WING _____	07/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 456	Continued From page 11 This REQUIREMENT is not met as evidenced by: Based on observations made on July 21, 2015 at approximately 10:00 AM and on July 22, 2015 at approximately 10:00 AM, it was determined that facility staff failed to ensure that handrails were maintained in good working condition as evidenced by an isolated handrail located outside of the nurses charting room area on Unit-one was missing a corner/edge cover plate. The findings include: The corner/edge of the handrail located in the corridor outside of the nurse ' s charting room area on Unit-one was missing a cover plate. The corner/edge of the handrail was observed covered with white colored bandage tape; however, if exposed could pose a sharps hazard. Facility staff failed to ensure that a handrail was in good working condition and remedied the exposed edge of the handrail with material that was not intended for equipment use [bandage tape]. This finding was acknowledged by Employee #1 on July 22, 2015 at 10:15 AM.	F 456	**F456 Response Begins Here.** 483.70(c)(2) ESSENTIAL EQUIPMENT,SAFE OPERATING CONDITION 1. Corner/edge cover plate on handrail outside nurses charting room area on unit one was repaired with proper material. 2. All handrails corner/edges were checked by maintenance staff. And found to be in good working condition. 3. Maintenance staff were notified to ensure that handrails are in good working condition. 4. Monthly inspections of hand-rails will be completed by maintenance staff. Results will be submitted to maintenance director for review and presentation at quarterly QA/ QI meetings.	7/27/15 7/27/15 9/4/15 ongoing