

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/11/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>095034</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/15/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CARROLL MANOR NURSING &amp; REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>725 BUCHANAN ST., NE WASHINGTON, DC 20017</b>
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced Quality Indicator Survey conducted at Carroll Manor Nursing and Rehabilitation Center from September 11, 2017, through September 15, 2017. Survey activities consisted of a review of 40 resident clinical records during Stage 1; review of 29 sampled residents during Stage 2; observations of staff practices; review of the facility's operating procedures; and interviews with residents, families and facility staff. 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.</p> <p>The following is a directory of abbreviations and acronyms that may be utilized in the report:</p> <p>Abbreviations  AMS - Altered Mental Status  ARD - Assessment Reference Date  BID - Twice- a-day  B/P - Blood Pressure  cc - cubic centimeters  cm - Centimeters  CMS - Centers for Medicare and Medicaid Services  CNA- Certified Nurse Aide  COPD - Chronic Obstructive Pulmonary Disease  CRF - Community Residential Facility  D.C. - District of Columbia  DCMR- District of Columbia Municipal Regulations</p>	F 000	<p>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.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Carol West, Unit Executive Director</i>	TITLE <i>Unit Executive Director</i>	(X6) DATE <i>10/20/2017</i>
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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 D/C Discontinue DI - deciliter DMH - Department of Mental Health EKG - 12 lead Electrocardiogram EMS - Emergency Medical Services (911) G-tube Gastrostomy tube HVAC - Heating ventilation/Air conditioning ID - Intellectual disability IDT - interdisciplinary team L - Liter Lbs - Pounds (unit of mass) LE- Lower Extremity MAR - Medication Administration Record MD- Medical Doctor MDS - Minimum Data Set Mg - milligrams (metric system unit of mass) mL - milliliters (metric system measure of volume) mg/dl - milligrams per deciliter mm/Hg - millimeters of mercury Neuro - Neurological NP - Nurse Practitioner O2- Oxygen ORIF - Open Reduction Internal Fixation PASRR - Preadmission screen and Resident Review Peg tube - Percutaneous Endoscopic Gastrostomy PO- by mouth PO2- Pulse oximetry POS - physician ' s order sheet Prn - As needed Pt - Patient Q- Every QIS - Quality Indicator Survey Rp, R/P- Responsible party Sol- Solution S/P- Status Post TAR - Treatment Administration Record	F 000		

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F 000	Continued From page 2 Tx- Treatment UE- Upper Extremity	F 000			
F 246 SS=D	483.10(e)(3) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES  483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including:  (e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is not met as evidenced by:  Based on an observation of one (1) of 29 sampled residents, the facility staff failed to accommodate one resident's need for a working television. Resident #473.  The findings include:  During a face-to-face interview with the Resident #473 on September 13, 2017, at approximately 10:30 AM, the Resident informed the surveyor that the television did not work. The surveyor attempted to turn the television on with the remote control. The television did not turn on despite several attempts.  During a face-to-face interview with Employee #7 at approximately 11:00 AM, the employee stated, "No one told me that the television was not	F 246	F 246  1. Resident #7 was provided with a replacement television on September 13, 2017.  2. There were no other residents identified who needed their televisions to be replaced.  3. Staff will be educated on the process of reporting maintenance repair needs to maintain proper televisions.  4. Unit Managers or designee will conduct random audits of the resident rooms on a weekly basis to maintain operational televisions. Results will be reported to the quarterly QA/PI.	9-13-17  10/23/17  10/23/17  ongoing	



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F 253	Continued From page 4 47 rooms including resident rooms #228, 249, 251,255, 306, 332, 426, #428, 445, and 447.  5. The Bi-fold bathroom door in resident room #131 was broken and unable to fully closed.  6. Time clocks in three (3) of 47 resident's rooms did not display the current time. Rooms #113, 134, and 135.  The observations made in the presence of Employees #5 and 6 were acknowledged.	F 253	F253 (continued)  4. Environmental Service manager or designee will conduct random audits of 10 vents per week to ensure that they are not dusty and 10 privacy curtains per week to monitor that curtains are hung on the hooks. Facilities Management or designee will audit 10 exhaust vents each week to monitor functioning. The activities associate or designee will make rounds and audit 10 rooms per week to ensure that clocks display the current time. Results will be submitted to monthly QA/QI meeting for review.	ongoing
F 371 SS=D	483.60(i)(1)-(3) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY  (i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.  (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.  (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.  (iii) This provision does not preclude residents from consuming foods not procured by the facility.  (i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.  (i)(3) Have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage,	F 371		

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F 371	<p>Continued From page 5 handling, and consumption. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations made on September 11, 2017, at approximately 9:00 AM, the facility failed to store foods under sanitary conditions as evidenced by one (1) of one (1) gallon container of salad dressing and one (1) of one (1) quart of Dairy Pure Half and Half container stored open and without date in the walk-in refrigerator; two (2) of two (2) expired packs of tortilla rolls; a soiled kitchen floor; six (6) of six (6) dusty fire sprinklers above the food preparation equipment; and a dusty fire sprinkler.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>One (1) of one (1) one-gallon container of one-thousand island salad dressing was stored in the walk-in refrigerator open and not dated.</li> <li>One (1) of one (1) quart of Dairy Pure Half and Half container was stored in the walk-in refrigerator open and not dated.</li> <li>Two (2) of two (2) packs of Tortilla rolls, stored in the walk-in refrigerator expired on July 27, 2017.</li> <li>The entire kitchen floor soiled and marred with numerous unidentified stains.</li> <li>Six (6) of six (6) fire sprinklers located above the cooking grill, the grease fryers and the tilt skillet soiled with dust.</li> <li>The fire extinguisher from the Ansul Fire System soiled with dust throughout.</li> </ol>	F 371	<p>F371</p> <ol style="list-style-type: none"> <li>The Thousand Island dressing, half and half container and tortilla rolls were discarded. The kitchen floor was scrubbed and mopped. The (6) fire sprinklers above the grill, the grease fryers, the tilt skillet, and the fire extinguisher from the Ansul Fire System were dusted.</li> <li>The dietary manager made rounds in the kitchen to monitor that food items were labeled and not expired and that kitchen equipment was free from dust. The kitchen floor was scrubbed and mopped by environmental services.</li> <li>Dietary staff was in- serviced on labeling food items, food expiration dates, dusting equipment, and cleaning the kitchen floor. Facilities management was in-serviced on monitoring that fire sprinklers are dusted and the extinguisher from the Ansul Fire System is dusted.</li> </ol>	<p>10-23-17</p> <p>10-23-17</p> <p>10-23-17</p>

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F 371	Continued From page 6	F 371	F371 (continued)	Ongoing
F 456 SS=D	<p>The observations made in the presence of Employee #4 were acknowledged.</p> <p><b>483.90(d)(2)(e) ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION</b></p> <p>(d)(2) Maintain all mechanical, electrical, and patient care equipment in safe operating condition.</p> <p>(e) Resident Rooms Resident rooms must be designed and equipped for adequate nursing care, comfort, and privacy of residents. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations made on September 11, 2017, at approximately 9:00 AM, it was determined that the facility failed to maintain essential kitchen equipment in good working condition as evidenced by two (2) of four (4) steamers with rusty valves, one (1) of one (1) food warmer with a torn door gasket, five (5) of five (5) food transport carts with missing door gaskets, two (2) of four refrigerator/freezer units with missing temperature gauges and an Ansul Fire suppression system that had not been inspected since August 2016.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>Two (2) of four (4) steamers with a rusted inlet/outlet water valve.</li> <li>The door gasket to one (1) of one (1) food warmer torn in numerous areas.</li> <li>Five (5) of five (5) food transport carts missing door gaskets. The dark blue colored cart and the</li> </ol>	F 456	<p>4. Dietary staff will conduct an audit on a weekly basis times 3 months to monitor that food items are labeled, food is not expired, kitchen equipment is dusted and the kitchen floor is clean. Facilities management will audit 10 fire sprinklers and the extinguisher from the Ansul Fire System on a weekly basis times 3 months. Results of the audits will be submitted to the monthly QAPI committee for review.</p>	
			F456	10/18/17
			<ol style="list-style-type: none"> <li>The two steamers with rusted inlet/outlet water valves were removed on 9/11/2017. The repair technician vendor replaced the warmer door gasket on 9/19/17. The gaskets on the food carts were replaced. The 5 transport cart gaskets and 2 temperature gauges for refrigeration units were replaced 10/18/17. The Ansul Fire Suppression System was inspected on 9/11/17.</li> </ol>	

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F 456	Continued From page 7 light blue colored cart missing two (2) of three (3) door gaskets, and the red, the brown, and the green colored carts missing one (1) of three (3) door gaskets.  4. The refrigerator/freezer unit located on the fifth floor lacked an outside, built-in freezer gauge and the refrigerator/freezer unit located on the third floor lacked an outside, built-in refrigerator temperature gauge, in two (2) of four refrigerator/freezer units in the facility.  5. The Ansul Fire Suppression System annual inspection was past due. The last inspection was completed in August 2016.  The observations made in the presence of Employee #4 acknowledged.	F 456	F456 (Continued)  2. Facilities management staff made rounds to monitor essential equipment are in safe and operable condition. No additional items were identified.  3. Dietary staff was in-serviced on the process of reporting maintenance repair needs. Facilities management was in-serviced on ensuring that the Ansul Fire Suppression system is inspected on an annual basis.  4. The dietary manager will conduct a weekly audit of dietary equipment times 3 months to ensure that equipment is in good repair. The results will be presented to monthly QAPI committee for review.	10/23/17  10/23/17  Ongoing	