

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 09/15/2017
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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>The Annual Licensure Survey was conducted at Carroll Manor Nursing and Rehabilitation Facility September 11, 2017 through September 15, 2017. Survey activities consisted of a review of 29 sampled residents. The following deficiencies are based on observation, record review and staff interviews.</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 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 D/C Discontinue DI - deciliter DMH - Department of Mental Health EKG - 12 lead Electrocardiogram EMS - Emergency Medical Services (911) G-tube Gastrostomy tube</p>	L 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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Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Chad Satt Asst. Executive Director
TITLE
(X6) DATE
10/24/2017

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L 000	Continued From page 1 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 Tx- Treatment UE- Upper Extremity	L 000		
L 012	3203.2 Nursing Facilities A list of all employees, with the appropriate	L 012		

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L 012	<p>Continued From page 2</p> <p>current license or certification numbers, shall be on file at the facility and available to the Director. This Statute is not met as evidenced by:</p> <p>Based on observations and records review on August 14, 2017, at approximately 10:15 A.M., it was determined that the facility failed to ensure that persons in charge, who are certified food protection managers, obtained or renewed a District of Columbia-issued Food Protection Manager Identification Card as evidenced by four (4) of four (4) persons in charge who did not have a District of Columbia issued Certified Food Protection Manager Identification Card.</p> <p>The findings include:</p> <p>During record review on August 14, 2017, four (4) of four (4) Persons in Charge did not have a District of Columbia issued Food Protection Manager Identification Card.</p> <p>According to the 2012 District of Columbia Food Code, Section 203.3 of Chapter 2 stipulates the following:</p> <p>2012 District of Columbia Food Code 203 CERTIFICATION AND DISTRICT-ISSUED ID REQUIREMENTS FOOD PROTECTION MANAGER, PERSON IN CHARGE 203.3 A person in charge who is a certified food protection manager as required in §203.1 shall obtain a District-issued Food Protection Manager Identification Card (ID Card), issued by the Department, and shall renew the District-issued ID Card every three (3) years.</p> <p>The observations made in the presence of Employee #4 were acknowledged.</p>	L 012	<p>L012</p> <ol style="list-style-type: none"> The Chef and the dietary manager obtained District of Columbia Food Protection Identification Cards on 9-11-17. There were no other dietary staff identified who needed to obtain a District of Columbia Protection Identification Card. Dietary Staff was in-serviced on ensuring that persons in charge have a District of Columbia-issued Food Protection Manager Identification Card. The Food Service Director or designee will audit the dietary schedule on a weekly basis times 3 months, to ensure that individuals in charge have District of Columbia Identification Cards. 	<p>9-11-17</p> <p>10-23-17</p> <p>10-23-17</p> <p>Ongoing</p>

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L 099	Continued From page 3	L 099	L 099	
L 099	<p>3219.1 Nursing Facilities</p> <p>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:</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"> 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. One (1) of one (1) quart of Dairy Pure Half and Half container was stored in the walk-in refrigerator open and not dated. Two (2) of two (2) packs of Tortilla rolls, stored in the walk-in refrigerator expired on July 27, 2017. The entire kitchen floor soiled and marred with numerous unidentified stains. Six (6) of six (6) fire sprinklers located above the cooking grill, the grease fryers and the tilt skillet soiled with dust. 	L 099	<ol style="list-style-type: none"> 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. 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. Dietary staff was in-serviced on labeling food items, food expiration dates, dusting equipment, and cleaning the kitchen floor. Facilities management was re- in-serviced on monitoring that fire sprinklers are dusted and the extinguisher from the Ansul Fire System is dusted. 	<p>9/11/17</p> <p>10/23/17</p> <p>10/23/17</p>

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L 099	Continued From page 4 6. The fire extinguisher from the Ansul Fire System soiled with dust throughout. The observations made in the presence of Employee #4 were acknowledged.	L 099	L099 (continued) 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.	Ongoing
L 410	3256.1 Nursing Facilities Each facility shall provide housekeeping and maintenance services necessary to maintain the exterior and the interior of the facility in a safe, sanitary, orderly, comfortable and attractive manner. This Statute is not met as evidenced by: Based on observations made on September 14, 2017, at approximately 3:00 PM, the facility failed to maintain resident's environment in a comfortable, orderly manner as evidenced by malfunctioning exhaust vents in nine (9) of 47 resident's rooms, soiled return vents in resident's dining room on the first, second, third, fourth and fifth floor, dusty exhaust vents in four (4) of 47 resident's rooms, loose privacy curtains in 10 of 47 resident's rooms, a broken bathroom door in one (1) of 47 resident's rooms and inoperative time clocks in three (3) of 47 resident's rooms. The findings include: 1. Exhaust vents in nine (9) of 47 resident's bathrooms did not provide any suction when tested. (Rooms #201, 253, 410, 436, 450, 515, 546, 551, and 553) 2. Return vents in five (5) of five (5) resident's dining rooms soiled with dust. 3. Exhaust vents in four (4) of 47 resident's bathrooms dusty including rooms #410, 436,	L 410	Facilities management will audit 10 fire sprinklers and the extinguisher from the Ansul Fire System on a weekly basis time 3 months. Results of the audits will be submitted to the monthly QAPI committee for review. L410 1. The exhaust vents in rooms # 201, 253, 410, 436, 450, 515, 546, 551, and 553 were repaired. The vents in the 5 dining rooms were dusted. The exhaust vents in the bathrooms of room #s 410,436,450,553 were dusted. The privacy curtains in rooms #228,249,251,255,306,332,426,428,445 and 447 were rehung. The bi-fold bathroom door in room #131 was repaired. The clocks were set to the current time in room #113,134, and 135. 2. Facilities Management made rounds to ensure that exhaust vents were functioning appropriately and that resident bi-fold bathroom doors are able to close. EVS made rounds to ensure that vents were not dusty and that privacy curtains were on the hooks. Activities associates made rounds to ensure that clocks displayed the current time.	9/15/17 10/23/17

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L 410	<p>Continued From page 5</p> <p>#450, #553.</p> <p>4. Privacy curtains hanging off the hooks in 10 of 47 rooms including resident rooms #228, 249, 251, 255, 306, 332, 426, #428, 445, and 447.</p> <p>5. The Bi-fold bathroom door in resident room #131 was broken and unable to fully closed.</p> <p>6. Time clocks in three (3) of 47 resident's rooms did not display the current time. Rooms #113, 134, and 135.</p> <p>The observations made in the presence of Employees #5 and 6 were acknowledged.</p>	L 410	<p>L410 (continued)</p> <p>3. Staff will be re- educated on ensuring that vents are free from dust and doors, vents are functioning, doors are able to close, clocks display the current time, and privacy curtain are hung on the hooks.</p> <p>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.</p>	<p>10/23/17</p> <p>Ongoing</p>
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 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> <p>1. Two (2) of four (4) steamers with a rusted inlet/outlet water valve.</p>	L 442	<p>L442</p> <p>1.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 will be replaced on 10/23/17. The Ansul Fire Suppression System was inspected on 9/11/17.Refrigerator and freezer gauze have been installed.</p>	<p>10/18/17</p>

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L 442	Continued From page 6 2. The door gasket to one (1) of one (1) food warmer torn in numerous areas. 3. Five (5) of five (5) food transport carts missing door gaskets. The dark blue colored cart and the 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.	L 442	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 monitoring 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