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

PRINTED: 12/21/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095031	A. BUILDING _____ B. WING _____	R 12/20/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCK CREEK MANOR NURSING CTR	2131 O STREET NW WASHINGTON, DC 20037

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{F 000}	INITIAL COMMENTS A follow-up survey (to the recertification survey on October 26, 2007) was conducted December 20, 2007. The following deficiencies were based on record review, observations and staff interviews. The sample size was 16 records based on 60% of the standard survey sample for 178 residents and two (2) supplemental residents.	{F 000}		
{F 279} SS=D	483.20(d), 483.20(k)(1) 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 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 staff interview and record review for one (1) of 18 sampled residents, it was determined that facility staff failed to initiate a care plan with goals and approaches to address	{F 279}	**1a. Resident F1 was not harmed by the deficient practice.** **1b. A care plan was initiated on 12/20/07 for resident F1 to address the significant weight loss.** **1c. The attending physician reviewed the resident's plan of care for weight loss and lasix was discontinued on 12/20/07.** **1d. Dietary Supplement was increased 12/21/07 and weights are monitored weekly for 12 weeks.** **2. All other resident charts with significant weight loss were reviewed for care plans and were found to be in compliance.**	

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2001 JAN -9 A 11: 28
DEPARTMENT OF HEALTH
HEALTH REGULATION
ADMINISTRATION

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 1/9/08

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 279}	Continued From page 1 Resident F1's weight loss. The findings include: The Monthly weight record revealed the following: November 3, 2007 weight=166.7 December 3, 2007 weight =158 December 5, 2007 weight =159 A review of the Nutrition Quarterly Assessment/Progress Note dated December 3, 2007 revealed, "Assessment: Feeder, eats fair to good. Skin intact. Significant wt [weight] loss x [times] 3 ... Resident had edema in October [2007] wt loss isn't desired at this rate. Wt is greater than IBW [ideal body weight]. Goal: No further wt loss. Plan: f/u [follow up] PRN. Recommendations: Encourage food intake for hydration. Diet shake 4 oz BID [twice a day] to prevent further weight loss. Weekly wts x 4 weeks ...to closely monitor wts." A review of the record lacked evidence that a care plan was initiated with goals and approaches to address Resident F1's weight loss. A face-to-face interview was conducted with Employee #5 on December 20, 2007 at 12:25 PM. He/she acknowledged that a care plan was not initiated to address the resident's weight loss. The record was reviewed on December 20, 2007.	{F 279}	**3a. The MDS Coordinator will re-in-service all interdisciplinary team members on the development of care plans for significant weight loss by 1/11/08.** **3b. The dietician will review resident weights monthly to ensure the development of care plans for any significant weight changes.** **4. Problems relating to resident weight loss and care plans will be reported to the dietician for immediate remedial action. Continued problems will be discussed in the monthly Risk Management/QA Meeting and Quarterly Quality Assurance Meeting for remedial action.**	1/11/08
{F 492} SS=D	483.75(b) ADMINISTRATION The facility must operate and provide services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to professionals providing services in such a facility.	{F 492}		

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{F 492}	Continued From page 2	{F 492}		

This REQUIREMENT is not met as evidenced by:
Based on observations and staff interviews, it was determined that facility staff failed to ensure that expired medication was removed from the medication cart and medication refrigerator for two (2) of five (5) nursing units and that cold food temperatures were below 41 degrees Fahrenheit.

The findings include:

1. Facility staff failed to remove expired medication from the medication cart

22 DCMR (District of Columbia Municipal Regulation) 3227.12 reads as follows: "Each expired medication shall be removed from usage".

On December 20, 2007 at 6:55 AM, two (2) tablets of Bisacodyl 5 mg labeled for Resident W7 with an expiration date of September 2007 were observed in the medication cart on Unit 1.

The tablets were shown to Employee #1 at the time of the observation. He/She acknowledged that the medication was expired.

A review of the resident ' s record revealed that Bisacodyl was discontinued by the physician on August 7, 2007. There was no evidence that the resident received the medication since the discontinuation date.

2. Facility staff failed to remove expired medication from the medication refrigerator.

1a. Resident W-7 was not harmed by the deficient practice.

1b. The expired medication was removed from the medication cart and discarded immediately on 12/20/07.

2a. All medication carts and medication refrigerators were checked for expired medications and found to be in compliance.

3a. Licensed staff will be re-inserviced by 01/10/08 on the process of identification and disposal of expired medications.

3b. RCCs (Resident Care Coordinator, Supervisors and Charge nurses will monitor medication carts and medication refrigerators daily for expired medications.

3c. RCCs will ensure compliance.

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The findings include:

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The tablets were shown to Employee #1 at the time of the observation. He/She acknowledged that the medication was expired.

A review of the resident's record revealed that Bisacodyl was discontinued by the physician on August 7, 2007. There was no evidence that the resident received the medication since the discontinuation date.

2. Facility staff failed to remove expired medication from the medication refrigerator.

4. Problems relating to expired medications will be discussed in the Monthly Risk Management/QA meeting and Quarterly Quality Assurance meeting for remedial action. **1/10/08**

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(F 492)	Continued From page 3 A. On December 20, 2007 at 7:40 AM, a vial of Tuberculin Purified Protein Derivative with an expiration date of November 2 [there was no year included] was observed in the medication refrigerator on Unit 3. The date that the vial was opened was documented as October 2, 2007 on the label. A face-to-face interview was conducted with Employee #2 at the time of the observation. He/She stated that the vial was good for 30 days after the open date, which would be November 2, 2007. A face-to-face interview was conducted with Employee #2 at 10:30 AM and he/she identified two (2) residents, Residents F1 and F2 as receiving the Tuberculin injection on December 10, 2007. A review of the nurses notes for Residents F1 and F2 revealed that the residents had no adverse reactions from the Tuberculin injection. The records were reviewed on December 20, 2007. B. On December 20, 2007 at approximately 8:10 AM, a vial of Tuberculin Purified Protein Derivative with an expiration date of November 7, 2007 was observed in the medication refrigerator on Unit 4. A face-to-face interview was conducted with Employee #4 at the time of the observation. He/She acknowledged that the Tuberculin was expired. There were no residents identified to have received a Tuberculin injection on Unit 4.	(F 492)	**1a.** **Resident F1 and F2 were not harmed by the deficient practice.** **1b.** **Tuberculin purified protein vial was discarded immediately on 12/20/07.** **1c.** **The PPD for resident F1 and F2 were redone on 12/22/07 with normal skin test.** **2a.** **All medication carts and medication refrigerators were checked for expired medication and found to be in compliance.** **3a.** **Licensed staff will be re-in-serviced by 01/10/08 on the process of identification and disposal of expired medications.** **3b.** **RCCs, Supervisors and Charge nurses will monitor medication carts and medication refrigerators daily for expired medication.** **3c.** **RCCs will ensure compliance.**	

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F 492)	Continued From page 4 2. Facility staff failed to maintain food temperatures for cold foods below 41 degrees Fahrenheit (F) at the point of delivery to the resident. 22 DCMR 3220.2 reads as follows: "The temperature for cold foods shall not exceed forty-one degrees Fahrenheit ... at the point of delivery to the resident". On December 20, 2007, it was observed that the breakfast test tray left the kitchen at 9:03 AM, arrived on the unit at 9:04 AM. Food temperatures were tested after the last tray was passed and all residents were eating at 9:25 AM: 2% Milk 54 F Apple Juice 62.8 F Temperatures of the food were tested in the presence of Employee #1. Upon completion of testing the food, Employee #1 was asked what the food temperatures should be when served. He/she stated, "Cold foods should be below 40 degrees (Fahrenheit) and hot foods above 140 degrees (Fahrenheit)".	(F 492)	**1a. No resident was harmed by the deficient practice.** **1b. The 2% milk and apple juice whose temperature were above 41 degree Fahrenheit was discarded.** **2a. All other cartons of milk and juices were checked and found to be in refrigeration with temperature below 41 degrees Fahrenheit.** **3a. All dietary staff and nursing staff were re-in-serviced on 12/24/07 on how to maintain beverage temperature at 40 degree Fahrenheit or below.** **3b. Cartons of milk and juices are carried on ice to the units to maintain the temperature below 41 degrees fahrenheit.** **3c. A designated staff will monitor the tray line to ensure appropriate temperature of meals and beverages.** **3d. Dietary staff will monitor weekly the temperature of test trays to ensure correct food temperature.**	

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