

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

*Not accepted*  
8/28/06

PRINTED: 07/28/2006  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  095022	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R 07/19/2006
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NAME OF PROVIDER OR SUPPLIER  WASHINGTON NURSING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2425 25TH STREET SE WASHINGTON, DC 20020
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{F 000} INITIAL COMMENTS  
A follow up survey was conducted on July 19, 2006 (to the May 15 through 19, 2006) recertification survey. The following deficiencies were based on record review, staff and resident interviews and observations. The sample was 18 records based on 60% of the standard survey sample with three (3) supplemental sampled residents. The census was 324 residents. Complaint (#06-083, 06-079 and 06-075)) investigations were conducted during the follow up survey.

F 241 SS=D 483.15(a) DIGNITY  
The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.

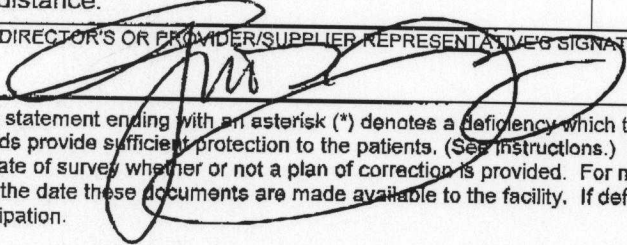
This REQUIREMENT is not met as evidenced by:  
Based on observations during the survey period, it was determined that facility staff failed to ensure that the facility's environment enhanced the residents' dignity as evidenced by a staff member making a derogatory statement concerning the facility and staff's failure to respond to a resident's call for assistance timely.

The findings include:  
1. During review of a record on unit 2 South on July 19, 2006 at 3:38 PM a CNA made the following statement: "This place is a dump". There were nine (9) residents seated in front of the nurses' station at the time within hearing distance.

{F 000}

F 241  
The filing of this Plan of Correction does not constitute an admission that the deficiencies alleged did in fact exist. This Plan of Correction is filed as evidence of the facility's desire to comply with the regulatory requirement of responding to these citations and to continue to provide quality resident care.

483.15(a) DIGNITY  
1. Staff member's statement  
1. Staff member witnessed to have made the derogatory statement was terminated for her misconduct. 7/25/06  
2. Inservicing was done with the CNA staff to ensure their understanding of the Residents' right to dignity and respect. 8/1/06  
3. Clinical Managers and Charge Nurses on each unit will monitor their staff to ensure that each resident is provided a dignified and therapeutic environment. They will forward the results of their monitoring to the Director of Nurses. 8/4/06  
4. The Director of Nurses will oversee the monitoring. The results of her monitoring, along with any action plans for improvement will be integrated into the quality improvement program. 8/4/06

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 8/4/2006
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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 241	Continued From page 1  2. During the tour of unit 2 South at 9:10 AM, the resident in room 252A used the tap bell to call for assistance. Two (2) licensed nurses were observed by the medication cart across from the resident's room. A CNA was also observed walking pass the resident's room. No one responded to the resident's call for assistance. The resident used the tap bell a second time approximately four (4) minutes after the first call for assistance. At this time one of the licensed nurses entered the resident's room.	F 241	<b>2. Response to Tap Bell</b> 1. The resident's call for assistance, by use of the tap bell, was responded to within 4 minutes. The resident's needs were met by the nursing staff. 2. The call system on Unit 2 South has been replaced so that the Tap Bells no longer are in use on that unit. Inservicing was done with the CNA and Licensed Nursing Staff on the Residents Right to prompt and courteous treatment which includes the staff attention to answering the residents' call for assistance in a timely manner. 3. The Clinical Mangers and Assistant Clinical Managers on each unit will monitor their staffs response to calls for assistance from the residents to ensure that the residents right to prompt and courteous care is upheld. They will forward the results of their monitoring to the Director of Nurses. 4. The Director of Nurses will oversee the monitoring. The results of her monitoring, along with any action plans for improvement will be integrated into the quality improvement program.	7/19/06 7/31/06 8/4/06 8/4/06
{F 253} SS=E	<b>483.15(h)(2) HOUSEKEEPING/MAINTENANCE</b>  The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.  This REQUIREMENT is not met as evidenced by:  Based on observations during the survey period, it was determined that housekeeping and maintenance services were not adequate to ensure that the facility was maintained in a safe and sanitary manner as evidenced by: marred entrance and bathroom doors and wall surfaces; soiled and damaged HVAC units, baseboards, floors, wheelchairs, and wall guards; soiled sprinkler heads, exhaust vents, privacy curtains, ceiling tiles and base surfaces of dining room tables; an abundance of personal items in residents' rooms; strong urine odors; and cleaning equipment stored on the floor. These findings were observed in the presence of the Directors of Housekeeping and Maintenance and	{F 253}	<b>483.15(h)(2) HOUSEKEEPING/ MAINTENANCE</b> <b>1. Entrance and bathroom doors and door jambs</b> 1. All doors cited at the time of the survey have been repaired and painted as needed. 2. The attached schedule has been developed to address the painting of other doors and door jambs which may have the need for specific attention from the maintenance department. 3. The Director of Maintenance and his staff will monitor the doors and door jambs	8/4/06 8/4/06 8/4/06

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{F 253}	Continued From page 2 Nursing Staff. The findings include: 1. Entrance and bathroom doors and door jams were marred on the frontal and rear surfaces in the following areas: 1 North rooms: 111, 125, 153, tub room in four (4) of observations on July 19, 2006 from 11:20 AM to 11:50 AM. 1 South rooms: 106, 114, 132, 160, and shower room in five (5) of 11 observations on July 19, 2006 from 12:02 PM to 1:30 PM. 2 North rooms: 209, 211, 215, 233, 245, 253, tub room, shower room and pantry in nine (9) of 16 observations on July 19, 2006 from 3:11 PM to 4:30 PM. 2 South rooms: 212, 232, and 238 in three (3) of eight (8) observations on July 19, 2006 from 2:30 PM to 3:10 PM. 3 North rooms: 305 and 313, two (2) of nine (9) observations between 3:30 PM and 4:30 PM on July 19, 2006. 3 South rooms: 302, 304, 308, 312, 324, 337, 343, 345, 357, 359, 340, 348, tub room and shower room in 14 of 18 observations on July 19, 2006 from 3:30 PM to 4:30 PM. Laundry room in one (1) of one (1) observation on July 19, 2006 at 4:45 PM. 2. Wall surfaces were marred and damaged in	{F 253}	to ensure the repairs are sustained. 4. The Director of Maintenance will oversee the monitoring. The results of his monitoring, along with any action plans for improvement will be integrated into the quality improvement program.  2. Wall Surfaces 1. All wall surfaces cited at the time of the survey have been repaired and painted. 2. The attached schedule has been developed to address the repair and painting of other wall surfaces which may have the need for specific attention from the maintenance department. 3. The Director of Maintenance and his staff will monitor the wall surfaces to ensure the repairs and painting are sustained. 4. The Director of Maintenance will oversee the monitoring. The results of his monitoring, along with any action plans for improvement will be integrated into the quality improvement program.  3. Louvered surfaces of HVAC units 1. Louvered surfaces of HVAC units cited at the time of the survey have been repaired and replaced as needed. 2. The attached schedule has been developed to address the repair of the other HVAC units which may have the need for specific attention from the maintenance department. 3. The Director of Maintenance and his staff will monitor the HVAC units to ensure the repairs are sustained. 4. The Director of Maintenance will oversee the monitoring. The results of his monitoring, along with any action plans for	8/4/06 8/4/06 8/4/06 8/4/06 8/4/06 8/4/06 8/4/06

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{F 253}	<p>Continued From page 3</p> <p>residents' rooms and common areas:</p> <p>1 North rooms: 105, 111, 125, 139, 141, 159, toilet room, linen room, pantry and hallway in 10 of 17 observations on July 19, 2006 from 11:20 AM to 1:30 PM.</p> <p>1 South rooms: 106, 114, 116, 122, 132, 142, 144, 154, dining room and toilet room in 10 of 12 observations on July 19, 2006 from 11:30 AM to 1:30 PM.</p> <p>2 North rooms: 203, 211 and 221, in (3) of nine (9) observations on July 19, 2006 from 2:11 PM to 4:30 PM.</p> <p>2 South rooms: 208, 210, 212, 220, and tub room in five (5) of seven (7) observations on July 19, 2006 between 2:30 PM and 3:10 PM.</p> <p>3 North rooms: 313, 337, 343, 345, 353, 355, 357, hallway and dining room in nine (9) of nine (9) observations on July 19, 2006 from 3:30 PM to 4:45 PM.</p> <p>3. The top louver surfaces of HVAC units were damaged and the inner panels were soiled with dust in the following areas:</p> <p>1 North rooms: 105, 111, 113, 139, 145, 151, 153, 159 and dining room in nine (9) of 13 observations on July 19, 2006 from 11:20 AM to 1:30 PM.</p> <p>1 South rooms, 106, 110, 114, 132, 142, 151, 153, 154 and day room in nine (9) of 19 observations on July 19, 2006 from 11:33 AM to 2:30 PM.</p>	{F 253}	<p>improvement will be integrated into the quality improvement program.</p> <p><b>4. Baseboards and Floor Surfaces</b></p> <p>1. Baseboard and floor surfaces cited at the time of the survey have been repaired and/or cleaned as necessary.</p> <p>2. The attached schedule has been developed to address other baseboards which may have the need for specific attention from the maintenance department.</p> <p>3. The Director of Maintenance and his staff will monitor the baseboards and floors to ensure the repairs are sustained.</p> <p>4. The Director of Maintenance will oversee the monitoring. The results of his monitoring, along with any action plans for improvement will be integrated into the quality improvement program.</p> <p><b>5. Wheelchairs</b></p> <p>1. Wheelchairs cited at the time of the survey has been cleaned.</p> <p>2. A monthly schedule of wheelchair cleaning has been put in place to address the routine cleaning of other wheelchairs which may have the need for specific attention from the housekeeping department.</p> <p>3. The Director of Housekeeping and his staff will monitor the wheelchairs to ensure the cleaning has been sustained.</p> <p>4. The Director of Housekeeping will oversee the monitoring. The results of his monitoring, along with any action plans for improvement will be integrated into the quality improvement program.</p>	<p>8/4/06</p> <p>8/4/06</p> <p>8/4/06</p> <p>8/4/06</p> <p>8/4/06</p> <p>8/4/06</p> <p>8/4/06</p>

Aug 4 2006 18:59 P.07      WASHINGTON NURSING FAC Fax:2026785994

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{F 253}	Continued From page 4  2 North rooms: 203, 209, 211 215, 225, 233, 245, 253 and day room in 9 of 18 observations on July 19, 2006 from 3:11 PM to 4:30 PM.  2 South rooms: 210, 226, 232, and 238 in four (4) of seven (7) observations on July 19, 2006 from 2 :33 PM to 3:10 PM.  3 North rooms: 325, 335, 351, 343, 345 and 353 in six (6) of nine (9) observations on July 19, 2006 from 3:30 PM to 4:45 PM.  3 South rooms: 312, 316, 326, 332, 340 and day room in six (6) of 12 observations on July 19, 2006 from 3:30 PM to 5:00 PM.  4. Baseboards and floor surfaces were soiled, stained and separated from wall surfaces in the following areas:  First floor rooms: 123, 125, 132, 145, 146, 150, 153, 154 and dining room in nine (9) of 20 observations between 10:20 AM and 2:30 PM on July 19, 2006.  Second and third floor rooms 202, 203, 210, 233, 236, 238, 253, 255, second and third floor day rooms, 303, 305, 308, 313, 316, 324, 325, 327, 332, 334, 335, 337, 343, 345, 351, 357, 358, and 359 in 28 of 52 observations between 10:21 AM and 4:30 PM on July 19, 2006.  5. Wheelchairs were soiled on the spoke and frame surfaces and arms were worn and damaged in the following areas:  First Floor Rooms: 110, 146 160 in three (3) of 13 observations on July 19, 2006 between 11:30 AM	{F 253}	<b>6. Wall guards</b> 1. Wall guards cited at the time of the survey have been repaired as needed. 2. Wallguards throughout the facility have been evaluated so that maintenance can address their painting and repair. 3. The Director of Maintenance and his staff will monitor the condition of the wall guards to ensure the repairs are sustained. 4. The Director of Maintenance will oversee the monitoring. The results of his monitoring, along with any action plans for improvement will be integrated into the quality improvement program.  <b>7. Sprinkler Heads</b> 1. Sprinkler heads cited at the time of the survey have been cleaned. 2. Sprinkler heads throughout the facility have been evaluated so that maintenance can address their cleanliness. 3. The Director of Maintenance and his staff will monitor the cleanliness of the sprinkler heads to ensure their cleanliness has been sustained. 4. The Director of Maintenance will oversee the monitoring. The results of his monitoring, along with any action plans for improvement will be integrated into the quality improvement program.	8/4/06 8/4/06 8/4/06 8/4/06 8/4/06 8/4/06
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{F 253}	<p>Continued From page 5 and 1:00 PM.</p> <p>2 North rooms: 225, 253, 255 in three (3) of 11 observations on July 19, 2006 at 11:33 AM to 2:30 PM.</p> <p>2 South room 238 in one (1) of five (5) observations on July 19, 2006 at approximately 3:00 PM.</p> <p>6. Wall guards in the hallways on the first, second and third floors were marred in three (3) of three (3) observations on July 19, 2006 between 10:20 AM and 4:30 PM.</p> <p>7. Sprinkler heads were soiled with dust and debris in rooms 144 and 160 in two (2) of 22 observations between 1:18 PM and 2:25 PM on July 19, 2006.</p> <p>8. The interior surfaces of exhaust vents were soiled with dust.</p> <p>1 North rooms: 105, 123, 125, 139, and 153 in five (5) of 11 observations on July 19, 2006 from 11:20 AM to 1:30 PM.</p> <p>1 South room 110, tub room, and shower room in three (3) of nine (9) observations on July 19, 2006 1:30 PM to 2:00 PM.</p> <p>2 North rooms: 209, 211, 233, 245 and staff bathroom in five (5) of seven (7) observations on July 19, 2006 from 2:44 PM to 4:30 PM.</p> <p>2 South room 238, shower and toilet rooms in three (3) of 12 observations on July 19, 2006 from 2:33 PM to 4:30 PM.</p>	{F 253}	<p><b>8. Exhaust vents</b></p> <p>1. Exhaust vents cited at the time of the survey have been cleaned.</p> <p>2. Exhaust vents throughout the facility have been evaluated so that maintenance can address their cleanliness.</p> <p>3. The Director of Maintenance and his staff will monitor the cleanliness of the exhaust vents ensure their cleanliness has been sustained.</p> <p>4. The Director of Maintenance will oversee the monitoring. The results of his monitoring, along with any action plans for improvement will be integrated into the quality improvement program.</p> <p><b>9. Privacy Curtains</b></p> <p>1. Privacy curtains cited at the time of the survey have been replaced.</p> <p>2. Privacy curtains throughout the facility have been evaluated so that housekeeping can address their cleanliness.</p> <p>3. The Director of Housekeeping and his staff will monitor the cleanliness of the privacy curtains to ensure their cleanliness has been sustained.</p> <p>4. The Director of Housekeeping will oversee the monitoring. The results of his monitoring, along with any action plans for improvement will be integrated into the quality improvement program.</p>	<p>8/4/06</p> <p>8/4/06</p> <p>8/4/06</p> <p>8/4/06</p> <p>8/4/06</p> <p>8/4/06</p> <p>8/4/06</p>

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{F 253}	Continued From page 6  9. Soiled and worn privacy curtains were observed in the following areas: resident's rooms 253 and 323 and the Rehabilitation Department in three (3) of three (3) observations between 3:30 PM and 4:00 PM on July 19, 2006.  10. Ceiling tiles were soiled and stained in resident's rooms and common areas in the following areas:  1 North rooms: 105, 113, 123, 125, 139, 149, 151, 159, hallway, shower room, toilet room and pantry in 12 of 13 observations on July 19, 2006 between 11:30 and 1:30 PM.  1 South rooms: 104, 106, 132, 142, 144, 146, 150, 154, 160, toilet room, supply room and dining room in 12 of 12 observations on July 19, 2006 from 11:30 AM and 1:30 PM.  2 North rooms: 203, 205, 211, 215, 245, 253, 255, dining room, pantry, Rehabilitation Department and soiled utility room in 11 of 13 observations on July 19, 2006 from 3:44 to 4:30 PM.  2 South rooms: 202, 208, and janitor's closet in three (3) of 10 observations on July 19, 2006 from 2:33 PM to 3:30 PM.  3 North rooms: 305, 349, 351 and 357 in four (4) of seven (7) observations between 3:30 PM and 4:45 PM on July 19, 2006.  3 South room 312 and dining room on July 19, 2006 in two (2) of seven (7) observations from 3:30 PM to 4:30 PM.	{F 253}	<b>10. Ceiling Tiles</b> 1. Ceiling tiles cited at the time of the survey have been replaced. 2. The attached schedule has been developed to address the replacement of stained and ill-fitting ceiling tiles which may have the need for specific attention from the maintenance department. 3. The Director of Maintenance and his staff will monitor the ceiling tiles to ensure their cleanliness and secure fit are sustained. 4. The Director of Maintenance will oversee the monitoring. The results of his monitoring, along with any action plans for improvement will be integrated into the quality improvement program.  <b>11. Base of Dining Room Tables</b> 1. The bases of the dining room tables cited at the time of the survey have been cleaned. 2. Table bases throughout the facility have been evaluated so that housekeeping can address their cleanliness. 3. The Director of Housekeeping and his staff will monitor the cleanliness of the table bases to ensure their cleanliness has been sustained. 4. The Director of Housekeeping will oversee the monitoring. The results of his monitoring, along with any action plans for improvement will be integrated into the quality improvement program.	8/4/06 8/4/06 8/4/06 8/4/06 8/4/06 8/4/06	

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{F 253}	<p>Continued From page 7</p> <p>11. The base surfaces of dining room tables were soiled with dust and debris in seven (7) of 18 observations at 3:30 PM on July 19, 2006 on the third floor.</p> <p>12. An abundance of personal items were in residents' rooms beside the bed and on the floor in the following areas: room 114, 209 and 210 in three (3) of three (3) observations on July 19, 2006 between 10:20 AM and 4:00 PM.</p> <p>13. Strong urine odors were detected in the hallways and residents' rooms in the following areas: first, second and third floor hallways near the main elevator, and residents' rooms 122, 210 and 215 in six (6) of nine (9) observations between 10:20 AM and 4:30 PM on July 19, 2006.</p> <p>14. Cleaning equipment such as a dust mop, broom and dust pan were stored on the floor in the hallway on 1 North and the floor of the janitorial closet on 2 North in two (2) of two (2) observation at between 2:30 PM and 3:44 PM on July 19, 2006.</p> <p>This was a repeat deficiency from the recertification survey completed May 19, 2006. The plan of correction indicated all items would be repaired, replaced and/or corrected by June 30, 2006.</p>	{F 253}	<p><b>12. Abundance of Personal Items</b></p> <p>1. Those rooms noted with an abundance of personal items have been addressed with storage of items with the residents' permission.</p> <p>2. Resident storage of personal items throughout the facility have been evaluated so that housekeeping can address their proper disposition.</p> <p>3. The Director of Housekeeping and his staff will monitor the abundance of personal items to ensure their proper storage has been sustained.</p> <p>4. The Director of Housekeeping will oversee the monitoring. The results of his monitoring, along with any action plans for improvement will be integrated into the quality improvement program.</p> <p><b>13. Urine Odors</b></p> <p>1. Sources of urine odors noted at the time of the survey have been addressed aggressively.</p> <p>2. The source of any unpleasant odor found throughout the facility have been evaluated so that housekeeping can address their elimination.</p> <p>3. The Director of Housekeeping and his staff will monitor the sources of odor to ensure their prompt elimination has been sustained.</p> <p>4. The Director of Housekeeping will oversee the monitoring. The results of his monitoring, along with any action plans for improvement will be integrated into the quality improvement program.</p>	<p>8/4/06</p> <p>8/4/06</p> <p>8/4/06</p> <p>8/4/06</p> <p>8/4/06</p> <p>8/4/06</p> <p>8/4/06</p> <p>8/4/06</p> <p>8/4/06</p> <p><i>Repeat</i></p>
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Revised 8/14/06

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

PRINTED: 07/28/2006  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>095022</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>07/19/2006</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WASHINGTON NURSING FACILITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2425 25TH STREET SE WASHINGTON, DC 20020</b>
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{F 253}	<p>Continued From page 7</p> <p>11. The base surfaces of dining room tables were soiled with dust and debris in seven (7) of 18 observations at 3:30 PM on July 19, 2006 on the third floor.</p> <p>12. An abundance of personal items were in residents' rooms beside the bed and on the floor in the following areas: room 114, 209 and 210 in three (3) of three (3) observations on July 19, 2006 between 10:20 AM and 4:00 PM.</p> <p>13. Strong urine odors were detected in the hallways and residents' rooms in the following areas: first, second and third floor hallways near the main elevator, and residents' rooms 122, 210 and 215 in six (6) of nine (9) observations between 10:20 AM and 4:30 PM on July 19, 2006.</p> <p>14. Cleaning equipment such as a dust mop, broom and dust pan were stored on the floor in the hallway on 1 North and the floor of the janitorial closet on 2 North in two (2) of two (2) observation at between 2:30 PM and 3:44 PM on July 19, 2006.</p> <p>This was a repeat deficiency from the recertification survey completed May 19, 2006. The plan of correction indicated all items would be repaired, replaced and/or corrected by June 30, 2006.</p>	{F 253}	<p><b>12. Abundance of Personal Items</b></p> <p>1. Those rooms noted with an abundance of personal items have been addressed with storage of items with the residents' permission.</p> <p>2. Resident storage of personal items throughout the facility have been evaluated so that housekeeping can address their proper disposition.</p> <p>3. The Director of Housekeeping and his staff will monitor the abundance of personal items to ensure their proper storage has been sustained.</p> <p>4. The Director of Housekeeping will oversee the monitoring. The results of his monitoring, along with any action plans for improvement will be integrated into the quality improvement program.</p> <p><b>13. Urine Odors</b></p> <p>1. Sources of urine odors noted at the time of the survey have been addressed aggressively by cleaning the room several times a day, ensuring proper caulking around sink and toilets, cleaning the HVAC unit, washing down the side chairs in the room, and encouraging fluids to the residents.</p> <p>2. The source of any unpleasant odor found throughout the facility have been evaluated so that housekeeping can address their elimination.</p> <p>3. The Director of Housekeeping and his staff will monitor the sources of odor to ensure their prompt elimination has been sustained.</p> <p>4. The Director of Housekeeping will oversee the monitoring. The results of his monitoring, along with any action plans for improvement will be integrated into the quality improvement program.</p>	<p>8/4/06</p> <p>8/4/06</p> <p>8/4/06</p> <p>8/4/06</p> <p>8/4/06</p> <p>8/4/06</p> <p>8/4/06</p>

*Revised 8/16/06*

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER  WASHINGTON NURSING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2425 25TH STREET SE WASHINGTON, DC 20020
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<p>{F 279} SS=D</p>	<p>483.20(d), 483.20(k)(1) COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>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.</p> <p>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).</p> <p>This REQUIREMENT is not met as evidenced by :</p> <p>Based on the review of one (1) of 18 sampled residents, it was determined that facility staff failed to develop a care plan for one (1) resident who was receiving medication for anticoagulant therapy. Resident MH1.</p> <p>The findings include:</p> <p>During the review of the clinical record for Resident MH1, the physician's orders signed and dated on July 3, 2006 included an order that directed, "Coumadin 5.5 mg po (by mouth) QHS (every night) for anticoagulation." The original</p>	<p>{F 279}</p>	<p><del>14. Storing of Cleaning Equipment</del></p> <p>1. The storage of cleaning equipment on the floor of the janitor's closet was corrected immediately upon discovery.</p> <p>2. The janitors closets throughout the facility have been inspected to ensure the proper storage of housekeeping equipment. Inservice has been done with the staff to ensure their understanding of the importance of proper storage of cleaning equipment.</p> <p>3. The Director of Housekeeping and his staff will monitor the storage of cleaning equipment to ensure that their proper placement in the janitors closets has been sustained.</p> <p>4. The Director of Housekeeping will oversee the monitoring. The results of his monitoring, along with any action plans for improvement will be integrated into the quality improvement program.</p> <p>483.20(d) COMPREHENSIVE CARE PLANS Resident #MH1</p> <p>1. The care plan was updated immediately to include anti-coagulant therapy.</p> <p>2. A 100% audit was completed on all anti-coagulant medications to ensure that care plans were present in each medical record.</p> <p>3. Inservice was completed for licensed nurses that included a review of anti-coagulant therapy, monitoring of the accompanying lab test results, assessment and observation of residents on this type of medications, and care planning in relation to treatment plans. The Clinical Mangers and Assistant Clinical Managers on each unit will monitor their residents on anti-</p>	<p>8/4/06</p> <p>8/4/06</p> <p>8/4/06</p> <p>8/4/06</p> <p>7/19/06</p> <p>8/1/06</p> <p>8/1/06</p> <p><i>Revised 8/16/06</i></p>
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CENTERS FOR MEDICARE & MEDICAID SERVICES

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*Revised*  
8/10/06

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NAME OF PROVIDER OR SUPPLIER  <b>WASHINGTON NURSING FACILITY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2425 25TH STREET SE WASHINGTON, DC 20020</b>	
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{F 279} SS=D	<p><b>483.20(d), 483.20(k)(1) COMPREHENSIVE CARE PLANS</b></p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>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.</p> <p>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).</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on the review of one (1) of 18 sampled residents, it was determined that facility staff failed to develop a care plan for one (1) resident who was receiving medication for anticoagulant therapy. Resident MH1.</p> <p>The findings include:</p> <p>During the review of the clinical record for Resident MH1, the physician's orders signed and dated on July 3, 2006 included an order that directed, "Coumadin 5.5 mg po (by mouth) QHS (every night) for anticoagulation." The original</p>	{F 279}	<p><b>14. Storing of Cleaning Equipment</b></p> <ol style="list-style-type: none"> <li>The storage of cleaning equipment on the floor of the janitor's closet was corrected immediately upon discovery. Appropriate hangers are available in all closets but not always used appropriately.</li> <li>The janitors closets throughout the facility have been inspected to ensure the proper storage of housekeeping equipment. Inservice has been done with the staff to ensure their understanding of the importance of proper storage of cleaning equipment. See attached.</li> <li>The Director of Housekeeping and his staff will monitor the storage of cleaning equipment to ensure that their proper placement in the janitors closets has been sustained.</li> <li>The Director of Housekeeping will oversee the monitoring. The results of his monitoring, along with any action plans for improvement will be integrated into the quality improvement program.</li> </ol> <p><b>483.20(d) COMPREHENSIVE CARE PLANS</b> Resident #MH1</p> <ol style="list-style-type: none"> <li>The care plan was updated immediately to include anti-coagulant therapy.</li> <li>A 100% audit was completed on all anti-coagulant medications to ensure that care plans were present in each medical record.</li> <li>Inservicing was completed for licensed nurses that included a review of anti-coagulant therapy, monitoring of the accompanying lab test results, assessment and observation of residents on this type of medications, and care planning in relation to treatment plans. The Clinical Mangers and Assistant Clinical Managers on each unit will monitor their residents on anti-</li> </ol>	<p>8/4/06</p> <p>8/4/06</p> <p>8/4/06</p> <p>8/4/06</p> <p>7/19/06</p> <p>8/1/06</p> <p>5/1/06</p>

*Review*  
8/16/06

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{F 279}	Continued From page 9 order was dated June 26, 2006.  The care plan dated April 27, 2006 was not updated to include goals and approaches for anticoagulant therapy.  On July 19, 2006 at approximately 1:10 PM, a face-to-face interview was conducted with the clinical manager who stated, "I missed it." The record was reviewed on July 19, 2006.	{F 279}	coagulant therapy to ensure that the care plan is present when appropriate. They will report their findings to the Director of Nurses. 4. The Director of Nurses will oversee the monitoring. The results of her monitoring, along with any action plans for improvement will be integrated into the quality improvement program.	8/4/06
{F 309} SS=D	<b>483.25 QUALITY OF CARE</b>  Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.  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 obtain a blood test for Resident #11.  The findings include:  A review of Resident #11's record revealed a re-admission order dated July 10, 2006 and signed by the physician on July 12, 2006, "PT/INR -7/10/06." (Prothrombin Time, International Normalized Ratio). At the time of this review, there was no evidence in the record that the blood test was	{F 309}	<b>483.25 QUALITY OF CARE</b> Resident #11 1. The lab test was done immediately and the results were within prescribed parameters. The PT was 18.4 and the Prottime INR was 1.5. The physician signed the lab report and made no adjustments to the resident's medication regime. 2. A 100% audit was done of all PT/INRs to ensure that each one was completed as ordered. An inservice was done for the licensed nurses that included review of anticoagulant therapy, monitoring of appropriate test results, assessment and observation of residents on anti-coagulants, individualizing care plans in relation to treatment plans, and the importance of performing the tests as ordered, review of the lab results and appropriate notification of the physician when the results are abnormal. 3 The Clinical Mangers and Assistant Clinical Managers on each unit will monitor their residents on anti-coagulant therapy to ensure that the lab tests are performed when ordered and the physician is notified if the results are abnormal. 4. The Director of Nurses will oversee the monitoring. The results of her monitoring, along with any action plans for improvement will be integrated into the quality improvement program.	7/19/06 8/1/06 8/4/06 8/4/06

Aug 16 2006 13:47 P.15

WASHINGTON NURSING FAC Fax:2026785994