

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

PRINTED: 08/07/2006  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>095026</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/01/2006</b>
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NAME OF PROVIDER OR SUPPLIER  <b>KNOLLWOOD HSC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6200 OREGON AVE NW WASHINGTON, DC 20015</b>
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{F 000}	<p><b>INITIAL COMMENTS</b></p> <p>A follow-up survey (to the annual recertification survey June 12 through 13, 2006) was conducted on August 1, 2006. The following deficiencies were based on observations, staff interview and record review. The sample was seven (7) records based on 60% of the standard survey sample.</p>	{F 000}		
F 309 SS=D	<p><b>483.25 QUALITY OF CARE</b></p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by :</p> <p>Based on observation, record review and staff interview for one (1) of seven (7) sampled residents, it was determined that facility staff failed to: ensure that Miacalcin nasal spray was available for administration and administer a pain medication according to the physician 's order. Resident #7.</p> <p>The findings include:</p> <p>According to the annual MDS (Minimum Data Set ) dated May 25, 2006, Section I, included the following diagnoses: Hypothyroidism, Osteoporosis and Pathological bone fracture.</p> <p>A. Facility staff failed to ensure that that Miacalcin nasal spray was available to administer</p>	F 309	<p>(1) A. Miacalcin nasal spray was administered to Resident #7 at approximately 1:00 PM on 07/31/2006.</p> <p>(1) B. A stat dose of Oxycodone was administered to Resident #7 at approximately 1:00 PM on 07/31/2006.</p> <p>(2) A. The pharmacy had been contacted on three (3) separate occasions to reorder Miacalcin nasal spray and failed to deliver the medication. The facility had already taken action with the pharmacy and cancelled the contract effective 09/07/2006. A medication error form was done for the missed dose of medication on 7/31/06.</p> <p>(2) B. All MAR's (Medication Administration Records) have been reviewed on all residents to assure that all residents have received their medication as ordered. A medication error form was done for the missed doses of medication on 7/31/06.</p> <p>(3) A. The contract with the new pharmacy will begin 09/07/2006. In addition, nursing staff have been inserviced to alert the Director of Nursing if any medications are not delivered on a timely basis.</p> <p>(3) B. Nursing staff has been inserviced on medication errors. In addition, MAR's will continue to be reviewed between shifts by licensed nurses to assure that all residents have received all ordered medications.</p> <p>(4) A. and B. Results of these findings will be incorporated into the Quality Assurance Program.</p>	<p>8/02/2006</p> <p><i>Review requested 8/14/06</i></p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Barbara O'Connell</i>	TITLE <i>Administrator</i>	(X6) DATE <i>08/14/06</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 45 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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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*Revised  
8/14/06  
RB*

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{F 000}	INITIAL COMMENTS A follow-up survey (to the annual recertification survey June 12 through 13, 2006) was conducted on August 1, 2006. The following deficiencies were based on observations, staff interview and record review. The sample was seven (7) records based on 60% of the standard survey sample.	{F 000}		8/02/2006
F 309 SS=D	483 25 QUALITY OF CARE 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 observation, record review and staff interview for one (1) of seven (7) sampled residents, it was determined that facility staff failed to: ensure that Miacalcin nasal spray was available for administration and administer a pain medication according to the physician 's order. Resident #7.  The findings include.  According to the annual MDS (Minimum Data Set ) dated May 25, 2006, Section I, included the following diagnoses Hypothyroidism, Osteoporosis and Pathological bone fracture.  A. Facility staff failed to ensure that that Miacalcin nasal spray was available to administer	F 309	(1) A. Miacalcin nasal spray was administered to Resident #7 at approximately 1 00 PM on 07/31/2006. The pharmacy had been contacted on three (3) separate occasions to reorder Miacalcin nasal spray and failed to deliver the medication  (1) B A stat dose of Oxycodone was administered to Resident #7 at approximately 1:00 PM on 07/31/2006.  (2) A. The facility had already taken action with the pharmacy and cancelled the contract effective 09/07/2006. A medication error form was done for the missed dose of medication on 7/31/06  (2) B All MAR's (Medication Administration Records) have been reviewed on all residents to assure that all residents have received their medication as ordered. A medication error form was done for the missed doses of medication on 7/31/06.  (3) A. The contract with the new pharmacy will begin 09/07/2006. In addition, nursing staff have been inserviced to alert the Director of Nursing if any medications are not delivered on a timely basis  (3) B. Nursing staff has been inserviced on medication errors. In addition, MAR's will continue to be reviewed between shifts by licensed nurses to assure that all residents have received all ordered medications  (4) A and B Results of these findings will be incorporated into the Quality Assurance Program	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Dulana O'Costino* TITLE: Administrator (X6) DATE: 08/14/06

A deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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 309	<p>Continued From page 1</p> <p>to Resident #7 as per physician ' s orders.</p> <p>The July 2006 Physician's Order Sheet which was signed by the physician on July 11, 2006 included the following order: "Miacalcin nasal spray/pump use 1 spray alternating nostrils daily for Osteoporosis".</p> <p>During observation of the medication pass on August 1, 2006 at approximately 9:00 AM, Resident #7's 9:00 AM dose of Miacalcin nasal spray was not administered.</p> <p>A review of the July 2006 MAR (Medication Administration Record) revealed that Miacalcin nasal spray was not administered on July 31, 2006.</p> <p>A face-to-face interview was conducted with the Director of Nursing on August 1, 2006 at approximately 1:15 PM. He/She stated that the pharmacy had been contacted prior to running out of the medication; however, the medication had not been delivered.</p> <p>The facility policy and procedure entitled " Medication Delivery and Labeling System" included: "...9. Receiving Drugs. B. All other new drug orders should be received and available for administration within 24 hours of the time the order is transmitted to the pharmacy".</p> <p>B. Facility staff failed to administer Oxycodone as ordered by the physician.</p> <p>The July 2006 Physician ' s Order Sheet which was signed by the physician on July 11, 2006 included the following order: " Oxycodone 40 mg</p>	F 309		
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F 309	<p>Continued From page 2</p> <p>1 tablet by mouth every 12 hours for pain" .</p> <p>A review of the MAR revealed that the 9:00 AM dose of Oxycodone was not signed [initials in the box] on July 31, 2006 indicating that the medication was administered to the resident. The MAR indicated that the resident received the Oxycodone for the 9:00 PM dose.</p> <p>The " Controlled Medication Utilization Record " was reviewed and revealed that on July 31, 2006, Oxycodone was signed out once, at 9:00 PM. The record was reviewed on August 1, 2006.</p>	F 309		
{F 371} SS=C	<p>483.35(i)(2) SANITARY CONDITIONS - FOOD PREP &amp; SERVICE</p> <p>The facility must store, prepare, distribute, and serve food under sanitary conditions.</p> <p>This REQUIREMENT is not met as evidenced by :</p> <p>Based on observations during the survey period, it was determined that dietary services were not adequate to ensure that foods were prepared and served under sanitary conditions as evidenced by soiled sheet pans and grate surfaces of a grill. These findings were observed in the presence of the food service director.</p> <p>The findings include:</p> <p>1. The inner and outer surfaces of sheet pans were soiled with leftover food and grease after</p>	{F 371}	<p>(1) A. The inner and outer surfaces of the sheet pans were rewashed in the pot and pan wash area on 08/01/2006. Sheet pans that could not be adequately cleaned were discarded.</p> <p>(1) B. The grate surfaces of a grill located in the cook's preparation area were cleaned on 08/01/2006.</p> <p>(2) A. Food Service staff has been re-educated to include demonstration on the proper washing techniques of sheet pans. Staff has been instructed to notify the Food Service Manager if the sheet pans cannot be appropriately cleaned and need to be discarded. Management will continue to monitor and spot check dishes on a daily basis as they come out of the pot and pan area.</p> <p>(2) B. Food Service staff has been re-educated with demonstration on the proper cleaning of the grate surfaces. Management will continue to monitor and spot check the grate surfaces on a daily basis.</p>	8/02/2006

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{F 371}	Continued From page 3  washing in the pot and pan wash area and were stored on a rack and ready for reuse by staff in 12 of 19 observations at approximately 9:30 AM on August 1, 2006.  2. The grate surfaces of a grill located in the cook's preparation area were soiled with food and carbon buildup in one (1) of one (1) observations at 8:55 AM on August 1, 2006.  F 441 SS=D 483.65(a) INFECTION CONTROL  The facility must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to prevent the development and transmission of disease and infection. The facility must establish an infection control program under which it investigates, controls, and prevents infections in the facility; decides what procedures, such as isolation should be applied to an individual resident; and maintains a record of incidents and corrective actions related to infections.  This REQUIREMENT is not met as evidenced by:  Based on an observation during the initial tour, it was determined that a breakfast tray was transported through the facility without a cover for the food.  The findings include:  At 8:05 AM, on August 1, 2006, it was observed that a breakfast tray was transported from the Health Center kitchen, down the hallway to room	{F 371}	(3) A and B. Food Service Management will monitor the above on a daily basis. The Director of Dining Services and Administrator will monitor this quarterly during grand rounds.  (4) The results of management's findings will be incorporated into the Quality Assurance Program.  (1) Dining Services management staff reported that the breakfast tray was covered when it left the kitchen. The resident has a private duty aide who reheated the residents breakfast and failed to put the top back on the breakfast tray. A new tray was ordered for this resident and the food on the previous tray was discarded.  (2) All private duty aides, food service staff and nursing staff have been instructed on the facilities infection control program. All have been directed that food must be covered during transport.  (3) Meal service will be monitored by Dining Services management to assure continued compliance.  (4) The results of these findings will be incorporated in the Quality Assurance Program.	08/02/2006

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F 441	Continued From page 4  17. The entree consisted of meat, pancakes, muffin and a hard boiled egg. The entree was not covered while the tray was transported.	F 441			