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

PRINTED: 05/02/2007
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
	095020	A. BUILDING ______ B. WING ______	R 04/30/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STODDARD BAPTIST NURSING HOME	1818 NEWTON ST. WASHINGTON, DC 20010

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 000}	INITIAL COMMENTS A follow-up survey was conducted on April 30, 2007 (to the March 1, 2007 recertification survey). The following deficiencies were based on observations, staff interviews and record review. The sample included 15 residents based on 60% of the standard survey sample.	{F 000}	Preparation and/or execution of this Plan of Correction do not constitute admission or agreement by the provider of the truth of the facts alleged or concluded in the Statement of Deficiencies. The Plan of Correction is prepared and/or executed solely because the provisions of Federal and State laws require it. The responses to the deficiencies in the Plan of Correction will be answered in the following numerical sequence: 1. How will the corrective actions be accomplished for those residents found to have been affected by the deficient practice? 2. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? 3. What measures will be put in place or what systematic changes you will make to ensure that the deficient practice does not occur. 4. How do you plan to monitor your performance to make sure that solutions are sustained? 5. When will corrective action be completed?	
{F 278} SS=D	483.20(g) - (j) RESIDENT ASSESSMENT The assessment must accurately reflect the resident's status. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. A registered nurse must sign and certify that the assessment is completed. Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than $1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than $5,000 for each assessment. Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is not met as evidenced	{F 278}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE Administrator — (X6) DATE 5/10/07

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 278}	Continued From page 1 by: Based on record review and staff interview for two (2) of 15 sampled residents, it was determined that facility staff failed to accurately code two (2) residents for behaviors on the Minimum Data Set (MDS). Residents #5 and 9. The findings include: 1. The facility staff failed to code Resident #5 for behaviors on the MDS. A review of Resident #5's record revealed that the quarterly MDS completed April 25, 2007 was not coded for behaviors under Section E1 [Indicators of Depression, Anxiety and Sad Mood] . A review of the progress notes revealed the following: April 12, 2007- "... Resident remained in his/her room, kept to his/her self and refused to come out from his/her room ..." April 15, 2007 - "...Stayed in his/her room throughout the shift. Even when encouraged to come outside he/she refused ..." April 17, 2007 - "...Resident refused to come out of his/her room after several attempts ..." April 24, 2007 - "...Encouraged to come out of his/her room but refused ..." A review of the April 2007 "Behavior Monitoring Flow Sheet" revealed that the resident was coded for exhibiting withdrawn behaviors on April 1, 12, 15, 17, 21, 22 and 24, 2007.	{F 278}	F278 1. Modification coding for residents #5 and 9 will be corrected on 5/10/07, to reflect resident's behavioral concerns in Section E1. 2. Section E1 of all residents' MDS are being checked for accuracy and will be corrected if required. 3. The MDS Coordinator provided in-service for the Social Services Department regarding accuracy of residents MDS assessment on 5/3/07 4. Residents' MDS assessments will be monitored monthly and any trends/issues will be reported to the CQI committee quarterly. 5. Completion date 5/10/07.	5/10/07 5/3/07 5/10/07

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{F 278}	Continued From page 2 A face-to-face interview was conducted with the MDS Coordinator on April 30, 2007 at 12:38 PM. He/she acknowledged that the quarterly MDS was not coded for withdrawn behaviors. The record was reviewed on April 30, 2007. 2. The facility staff failed to code Resident #9 for behaviors on the MDS. A review of Resident #9's record revealed that the quarterly MDS completed April 24, 2007 was not coded for behaviors under Section E1 [Indicators of Depression, Anxiety and Sad Mood] . A review of the April 2007 " Behavior Monitoring Flow Sheet " revealed that the resident was coded for having behaviors which included crying, persistent yelling and nervousness on April 1-6, 9-13, 15-20, and 22-24, 2007. A face-to-face interview was conducted with the MDS Coordinator on April 30, 2007 at 3:25 PM. He/she acknowledged that the quarterly MDS was not coded for the above cited behaviors. The record was reviewed on April 30, 2007.	{F 278}	F371 1. The two fans were cleaned and removed from the dish area on 5/2/07. 2. All other fans in Dietary Serves have been cleaned. 3. In-service was provided to dietary staff on 5/2/07 regarding cleaning of equipment. All staff have been assigned a cleaning schedule for the fans. 4. The staff assignment cleaning schedule will be monitored daily and reported quarterly to the CQI committee. 5. Completion date: 5/2/07 - on-going. #2 and 7 1. The soiled coffee cups and trays were removed and discarded. 2. All coffee cups and trays were check and cleaned, if required. Additional new cups were ordered on 4/26/07. 3. In-service was provided to the staff on Proper Washing Techniques and Inspection on cups and other dishes. 4. Spot checks will be conducted weekly on dishes and be monitored quarterly through CQI. 5. Completion date 4/30/07.	5/2/07 on-going
{F 371} SS=E	483.35(i)(2) SANITARY CONDITIONS - FOOD PREP & SERVICE The facility must store, prepare, distribute, and serve food under sanitary conditions. This REQUIREMENT is not met as evidenced by: Based on observations of the kitchen, it was determined that the dietary services were not adequate to ensure that foods were prepared and	{F 371}		

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{F 371}	Continued From page 3 served in a safe and sanitary manner as evidenced by: soiled fans operating in the kitchen, soiled coffee cups, deep fryer, hotel pans, a pot and serving trays and a hole was observed in the wall in the food preparation area. Observations were made on April 30, 2007 at approximately 10:10 AM. These findings were observed in the presence of the Director of Dietary Services. The findings include: 1. Breakfast dishes were being washed and two (2) large industrial size fans, soiled with grease and dust, were blowing onto the soiled and clean sides of the mechanical dish washer in two (2) of two (2) fans observed. 2. Coffee cups washed and ready for re-use were soiled with debris on the interior surfaces in 10 of 18 coffee cups observed. 3. The side and frontal surfaces of the deep fryer were soiled with grease and debris in one (1) of one (1) deep fryer observed. 4. The interior surfaces of hotel pans were soiled with grease and food debris after being washed and stored for re-use in nine (9) of 13 hotel pans observed. 5. The interior surfaces of deep hotel pans were soiled with grease and debris in two (2) of three (3) deep hotel pans observed. 6. The interior surface of a large pot was soiled with grease in one (1) of three (3) pots observed 7. The surfaces of serving trays were soiled with debris and food in 15 of 42 trays observed.	{F 371}	F371 #3 1. The fryers were cleaned and degreased on 5/3/07. 2. Residents were not affected/ harmed by this deficient practice. 3. Cleaning assignments have been assigned to staff. In-service provided to staff on importance of keeping equipment clean. 4. Daily cleaning assignments will be reviewed and recorded on a checklist. Any trends/issues will be reported to the CQI Committee quarterly. 5. Completion date 5/3/07. #4, 5 and 6 1. The soiled pans and pots were removed from service and rewashed on 4/30/07. 2. All other pots and pans were checked and cleaned. 3. Cleaning assignments have been assigned to all staff. In-service provided to staff on the importance of keeping equipment clean and sanitized. 4. Daily cleaning assignments will be monitored quarterly through CQI committee. 5. Completion date 5/2/07.	5/3/07 05/3/07

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{F 371}	Continued From page 3 served in a safe and sanitary manner as evidenced by: soiled fans operating in the kitchen, soiled coffee cups, deep fryer, hotel pans, a pot and serving trays and a hole was observed in the wall in the food preparation area. Observations were made on April 30, 2007 at approximately 10:10 AM. These findings were observed in the presence of the Director of Dietary Services. The findings include: 1. Breakfast dishes were being washed and two (2) large industrial size fans, soiled with grease and dust, were blowing onto the soiled and clean sides of the mechanical dish washer in two (2) of two (2) fans observed. 2. Coffee cups washed and ready for re-use were soiled with debris on the interior surfaces in 10 of 18 coffee cups observed. 3. The side and frontal surfaces of the deep fryer were soiled with grease and debris in one (1) of one (1) deep fryer observed. 4. The interior surfaces of hotel pans were soiled with grease and food debris after being washed and stored for re-use in nine (9) of 13 hotel pans observed. 5. The interior surfaces of deep hotel pans were soiled with grease and debris in two (2) of three (3) deep hotel pans observed. 6. The interior surface of a large pot was soiled with grease in one (1) of three (3) pots observed 7. The surfaces of serving trays were soiled with debris and food in 15 of 42 trays observed.	{F 371}	F371 #8 1. The hole in the wall in the food services area was sealed on 5/8/07. 2. There were no other holes in the wall in the food service area. 3. The maintenance department has placed monitoring hole structures on routine preventive maintenance surveillance. 4. All hole structures near or in the food preparation or other areas in the kitchen will be monitored quarterly through the CQI committee. 5. Completion date 5/9/07	

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{F 371}	Continued From page 4 8. A hole measuring approximately 4 " x 6 " was observed in the food preparation area behind the garbage disposal in one (1) of one (1) hole observed. The Director of Dietary Services acknowledged the above cited areas at the time of the observations.	{F 371}	F492 1. Two (2) vials of expired insulin and two (2) vials of unused biological test solutions in the medication refrigerator were discarded on 4/30/07. 2. All other nursing units medication refrigerators were checked or expired medications and none were found. 3. In-service on expired medications was provided for licensed nurses on 5/3 and 5/4. 4. Management of refrigerated medications for expiration will be monitored monthly and any trends/issues will be reported to the CQI committee quarterly to CQI Committee quarterly. 5. Completion date 5/10/07	4/30/07 5/3/07 5/4/07 5/10/07
{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. This REQUIREMENT is not met as evidenced by: Based on observation of the medication refrigerators on one (1) of three (3) nursing units, it was determined that facility staff failed to remove expired medications and unused biological test vials from usage as required by the District of Columbia regulations. These observations were made in the presence of the charge nurse. The findings include: On April 30, 2007 at approximately 8:10 AM, during an inspection of the first floor nursing unit medication storage area, two (2) vials of expired medications and two (2) unused biological test vials were observed stored in the medication refrigerator that were beyond their 30 day expiration date as follows:	{F 492}		

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{F 492}	Continued From page 5 According to 22 DCMR 3227.12, "Each expired medication shall be removed from usage." Medication Vials: 1. Lantus was opened on March 27, 2007 with an expiration date of April 27, 2007. 2. Novolin R was opened March 21, 2007 with an expiration date of April 27, 2007. Biological Test Vials 1. Micro Test (bottle #1) had an expiration date of March 25, 2004. 2. Micro Test (bottle #2) had an expiration date of March 25, 2004. A face-to-face interview was conducted at the time of the observation with the Charge Nurse. He/she acknowledged that the above cited medications and biological test vials should have been discarded on the expiration date.	{F 492}	F514 Resident #1 1. The resident was interviewed and it was determined that the resident received the medication from April 1 through April 28, 207. Complete documentation on the resident's MAR is present. 2. All other residents MARs were checked for complete and accurate documentation. 3. In-services were provided for licensed nurses on accurate MAR documentation on 5/3/07 and 5/4/07 4. Accurate MAR documentation will be monitored daily and any trends/issues will be reported to the Quarterly CQI committee. 5. Corrective action completed 5/4/07	4/30/07 5/4/07

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 095020	MULTIPLE CONSTRUCTION A. BUILDING ______ B. WING ______	DATE SURVEY COMPLETE: 4/30/2007
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
{F 514}	483.75(l)(1) CLINICAL RECORDS

The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.

The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.

This REQUIREMENT is not met as evidenced by:
Based on record review and staff interview for one (1) of 15 sampled residents, it was determined that facility staff failed to document the administration of Flovent on the Medication Administration Record (MAR) for Resident #1.

The findings include:

A review of the April 2007 Physician's Order Sheet signed and dated April 28, 2007 revealed, "Flovent HFA 44 MCG AER w/ADAP - Inhale 2 puffs by mouth every day for wheezing for Bronchitis and Asthma".

The April 2007 MAR was reviewed and indicated that Flovent was administered on April 7, 8 and 22, 2007 as evidenced by initials entered in the allotted areas for the dates mentioned. The MAR lacked evidence that Flovent was administered daily as ordered by the physician for April 2007.

A face-to-face interview was conducted with the Charge Nurse on April 30, 2007 at 12:20 PM. He/she stated, "I gave the Flovent as ordered, but I did not document that I gave it."

A face-to-face interview was conducted with Resident #1 on April 30, 2007 at 3:55 PM. He/she stated, "The nurse gives me Flovent in the morning with other medications." The record was reviewed April 30, 2007.

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The above isolated deficiencies pose no actual harm to the residents