		I AND HUMAN SERVICES			FORM	03/06/2007 APPROVED 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION (X3) DATE SI COMPLE COMPLE	JRVEY
		095024	B. WIN	<b>∙</b> G	AU/101 02/2	2/2007
	PROVIDER OR SUPPLIER	ASHINGTON-HADLEY SNF		4	REET ADDIANS OFTY, STATE, ZIP CODE 601 WIL KING AVE SW VASHINGTON, DC 20032	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	An annual recertific February 20 throug deficiencies were b observations, and in and residents. The based on a census of survey and three 483.13(a) PHYSICA The resident has th physical restraints in discipline or conver treat the resident's in This REQUIREMEN Based on observati review for one (1) s determined that fac Resident S1 for the The findings include During the initial tou on February 20, 200 room in a geri chair straight back chair. A face-to-face intervi immediately with a 0 regarding the positio CNA stated, "I usua Resident S1] gets re geri chair and put histigation of the states of the	ation survey was conducted h 22, 2007. The following ased on record review, nterviews with the facility staff sample included 15 residents of 61 residents on the first day (3) supplemental residents. AL RESTRAINTS e right to be free from any mposed for purposes of tience, and not required to medical symptoms. NT is not met as evidenced by on, staff interview and record upplemental resident, it was ility staff failed to assess use of a restraint. e: or, Resident S1 was observed 07 at 9:30 AM, sitting in his/her with his/her feet resting on a		221	<ol> <li>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? The straight back chair was removed immediately on 2/20/07 and the CNA was instructed by RCC to stop the deficient practice. An assessment of the resident was done. It was determined that restraint is not necessary.</li> <li>How will you identify other residents who have the potential to be affected by the same deficient practice and what corrective action will be taken? Rounds on all residents' room and day rooms were conducted on 2/20/07 to ensure that no other resident is being prevented from getting up by using straight back chairs. No other resident's were found to be affected by this deficient practice.</li> <li>What measure will be put in place or what systemic changes you will make to ensure the deficient practice does not recur? All nursing staff was in-serviced on 2/28/07, 3/5/07, and 3/7/07 on the facility's restraint policy, which includes the types of restraints recognized by the facility. (Emphasis was placed on the use a straight back chair as a form of restraint as not acceptable practice). See attachment #1.</li> </ol>	
	up. It's the only thir asked how long sta	ng that works." The surveyor ff has been using this method.				
ABORATOR		ER/SUPPLIER REPRESENTATIVE'S SIGN	IATURE	×	Jelminstrater 2/15	

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.

		AND HUMAN SERVICES				FORM	03/06/2007 APPROVED
STATEMENT	RS FOR MEDICARE	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	OMB NO. (X3) DATE SL COMPLE	
		095024	B. WI			02/2	2/2007
		ASHINGTON-HADLEY SNF		4	EET ADDRESS, CITY, STATE, ZIP CODE 601 ML KING AVE SW VASHINGTON, DC 20032	02121	<u></u>
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
F 221 F 253 SS=D	A review of the resit there was no asses straight back chair a evidence in the reco back chair was reco restraint. The recor 2007. 483.15(h)(2) HOUS The facility must pro- maintenance servic sanitary, orderly, and This REQUIREMEN During the environm that housekeeping a were not adequate safe and sanitary m marred and scarred damaged walls and These observation	t least since Christmas." dent's record revealed that sment for the use of the as a restraint. There was no ord that the use of the straight ognized by facility staff as a rd was reviewed February 22, EKEEPING/MAINTENANCE ovide housekeeping and es necessary to maintain a id comfortable interior. NT is not met as evidenced by hental tour, it was determined and maintenance services to maintain the facility in a ianner, as evidenced by: I straight back chairs, doors and stained ceiling tiles ns were made in the presence aintenance, Housekeeping		221	F-221 4. How the corrective action(s) monitored to ensure the de practice will not recur (i.e. Quality Assurance Program put into place? RCC's will conduct daily ro monitor, and outcomes v reported to DON and Admin during daily Stand up me Statistics will be reported monthly Quality Assurance m using new QA tool. See atta #2.	eficient ., what will be unds to vill be istrator eetings. to new eetings,	April 5, 2007
	the 3 East dining ro in seven (7) of seve February 21, 2007 a 2. Walls were obs scarred in the follow rooms 301, 312, 31	egs of straight back chairs in om were marred and scarred n (7) chairs observed on					
	67(02-99) Previous Versions	Obsolete Event ID: GH2211		Fac	ility ID: HADLEY If conti	nuation sheet	Page 2 of 39

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		AND HUMAN SERVICES				APPROVE 0938-039
STATEMEN	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DATE S COMPLE	URVEY
		095024	B. WING		02/2	2/2007
	ROVIDER OR SUPPLIER	ASHINGTON-HADLEY SNF		TREET ADDRESS, CITY, STATE, ZIP 4601 ML KING AVE SW WASHINGTON, DC 20032		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION S REFERENCED TO THE APPROF	SHOULD BE CROSS-	(X5) COMPLETION DATE
F 221	Continued From pa	ge 1 t least since Christmas."	F 22	1 F253 1. What corrective act		
	A review of the resi there was no asses straight back chair evidence in the rec back chair was reco	dent's record revealed that sment for the use of the as a restraint. There was no ord that the use of the straight ognized by facility staff as a rd was reviewed February 22,	·	accomplished for th found to have been a deficient practice? The arms and legs of al chairs in 3East dinin painted on 3/16/07. I observed on 3East day painted. Damaged doo	affected by the 17 straight back ng room were Damaged walls 7 room were all rs observed in 3	
F 253 SS=D	483.15(h)(2) HOUS The facility must primaintenance service	EKEEPING/MAINTENANCE ovide housekeeping and es necessary to maintain a id comfortable interior.	F 25	<ul> <li>east day room were pair</li> <li>East shower stretchers were cleaned by ho 2/22/07. The stained 3East ding room wer 3/5/07.</li> <li>How will you identify who have the potentia</li> </ul>	and under mats usekeeping on ceiling tiles on re replaced on other residents	
	During the environment that housekeeping were not adequate safe and sanitary ment marred and scarred damaged walls and These observatio	NT is not met as evidenced by nental tour, it was determined and maintenance services to maintain the facility in a nanner, as evidenced by: I straight back chairs, doors and stained ceiling tiles ns were made in the presence aintenance, Housekeeping sing staff.		by the same deficien what corrective action Engineering and Department did enviro and all other stained correplaced, all damaged marred, soiled doors, correplaced, all damaged marred, soiled doors, correct cleaned and pais stretchers or under mat 3. What measure will be what systemic changed to ensure the deficien	t practice and will be taken? Housekeeping nmental rounds eiling tiles were d, scarred and hairs, and walls nted. No other s were dirty. put in place or s you will make	
	The findings include 1. The arms and I the 3 East dining ro in seven (7) of seve February 21, 2007 2. Walls were obs scarred in the follow rooms 301, 312, 31	es egs of straight back chairs in om were marred and scarred in (7) chairs observed on		not recur? New environmental conducted weekly have to include house maintenance departme checklist will be utilize damages or concerns findings will be re Administrator. All fi fixed immediately.	e been instituted exeeping and ent. A rounds d to identify any in rooms. All ported to the	

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL <sup>-</sup> A. BUILDI	TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	
		095024	B. WING		02/22	2/2007
	ROVIDER OR SUPPLIER	ASHINGTON-HADLEY SNF		REET ADDRESS, CITY, STATE, ZIP CODE 4601 ML KING AVE SW WASHINGTON, DC 20032		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHOUL REFERENCED TO THE APPROPRIATE	D BE CROSS-	(X5) COMPLETI DATE
F 253 F 278 SS=D	February 21, 2007 3. Doors were ob scarred or soiled in dayroom and 3 Ea door observations on February 21, 20 4. Ceiling tiles were damaged in rooms dining room in four observations from February 21, 2007 483.20(g) - (j) RES The assessment m resident's status. A registered nurse each assessment of participation of hea A registered nurse assessment is con Each individual wh assessment must that portion of the a Under Medicare ar willfully and knowir false statement in subject to a civil m \$1,000 for each as willfully and knowir to certify a material resident assessment	served damaged, marred, a rooms 301, 318, 3 East st shower room in four (4) of 18 from 2:00 PM through 3:30 PM 007. The observed stained or 301, 316, 343 and the 3 East (4) of 18 ceiling tile 2:00 PM through 3:30 PM on SIDENT ASSESSMENT hust accurately reflect the must conduct or coordinate with the appropriate alth professionals. must sign and certify that the hpleted. the completes a portion of the sign and certify the accuracy of assessment. a resident assessment is oney penalty of not more than sessment; or an individual who hgly causes another individual I and false statement in a ent is subject to a civil money	F 253	monitored to ensure the practice will not recur (i Quality Assurance Program put into place? The Maintenance and Hour Supervisor will do weekly commence 4/3/07; any findings will be reported in Environment of Care Co Process Improvement, and QA	deficient .e., what n will be sekeeping rounds to deficient monthly pommittee,	April 5, 2007
	penalty of not more assessment.	e than \$5,000 for each				
RM CMS-2	567(02-99) Previous Version	s Obsolete Event ID: GH2211	F	acility ID: HADLEY If co	ntinuation sheet	Page 3 o

	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		NSTRUCTION	(X3) DATE S COMPLE	
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		03024					2/2007
-		ASHINGTON-HADLEY SNF	5	4601 ML	DRESS, CITY, STATE, ZIP COD . <b>King ave sw</b> N <b>gton, DC 20032</b>		
<u></u>			ID	TTASTIII	PROVIDER'S PLAN OF CORE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EA) REFI	CH CORRECTIVE ACTION SHOL ERENCED TO THE APPROPRIA	ULD BE CROSS-	(X5) COMPLET DATE
F 278	Continued From pa	age 3	F 27	8 F-278			
	Clinical disagreeme material and false	ent does not constitute a statement.		1.	What corrective action( accomplished for those	residents	
		NT is not met as evidenced by			found to have been affect deficient practice? MDS Coordinator was survey findings, and re-e	notified of	
	one (1) of 15 samp	rview and record review for led residents, it was sident #12 was inaccurately			2/22/07. MDS modification and transmitted on 2/22/ attachment #1.	on was done 107. See	
		s on the quarterly Minimum		2.	How will you identify othe who have the potential to by the same deficient pu	be affected ractice and	
	The findings includ	e: nt #12's record revealed that			what corrective action wi An audit of all resident behavior monitoring flow	MDS with sheets were	
	according to the qu February 5, 2007, t	arterly MDS completed he resident was coded in d and Behaviors" as resisting			reviewed to ensure that beha were within the parameter look back from the attachment #2.	of the 7 day	
	care. The Assessment the MDS was Febru	nent Reference Date (ARD) for Jary 3, 2007. The ARD date is ervations. The look back		3.	What measure will be put what systemic changes yo to ensure the deficient pr	u will make	
	period for Section E	E4 is seven (7) days. ehavior Monitoring Sheet" for			not recur? At weekly IDT care plan r team members will review t	neeting, the	
	January and Febru notes for January a	ary 2007, and the nurses' nd February 2007, there was e resident resisted care.			resident's scheduled for c compliance to the 7-day 1 behaviors are coded in the	are plan for ook back if	
		view was conducted with the		4.	How the corrective actio monitored to ensure th practice will not recur	e deficient	April : 2007
	at 2:30 PM. He/she	e (CNA) on February 21, 2007 e stated, "[Resident #12] used re tried to give care. But for a			Quality Assurance Progr put into place? Compliance monitoring ou	am will be	
	couple of months, r	now, I haven't heard that [he/ body any trouble." The record			be reported to the Adminis IDT weekly and QA monthly using the MDS Q	trator by the committee	
F 279 SS=D		()(1) COMPREHENSIVE	F 27	9	Attachment #3.		

		AND HUMAN SERVICES				FORM	03/06/2007 APPROVED 0938-0391
	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		LTIPLE CONSTRUCTION	(X3) DATE SI COMPLE	
		095024	B. WI	ING	<u> </u>	02/2	2/2007
	PROVIDER OR SUPPLIER	ASHINGTON-HADLEY SNF		s	STREET ADDRESS, CITY, STATE, ZIP CODE 4601 ML KING AVE SW WASHINGTON, DC 20032		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	=IX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE I	BE CROSS-	(X5) COMPLETION DATE
F 279	A facility must use to to develop, review a comprehensive plan The facility must de plan for each reside objectives and time medical, nursing, an needs that are iden assessment. The care plan must to be furnished to a highest practicable psychosocial well-b 25; and any service required under §483 to the resident's exe including the right to 10(b)(4). This REQUIREMEN Based on observation of the clinical record residents, it was de failed to initiate a ca precautions during of The findings include A review of Resider physician's orders of directed, "4 Gram N nectar thick [nectar precautions require assistance at meal	he results of the assessment and revise the resident's in of care. Velop a comprehensive care ent that includes measurable tables to meet a resident's ind mental and psychosocial tified in the comprehensive describe the services that are ttain or maintain the resident's physical, mental, and eing as required under §483. s that would otherwise be 3.25 but are not provided due ercise of rights under §483.10, o refuse treatment under §483. WT is not met as evidenced by on, staff interview and review d for one (1) of 15 sampled termined that facility staff are plan for aspiration meal time for Resident #3.	F	27	<ol> <li>What corrective action(s) w accomplished for those resi found to have been affected to deficient practice? The care plan for resident #2 reviewed and additional appro for aspiration precautions added and shared with the sur during the surveyor on 2/20/07 attachment #1.</li> <li>How will you identify residents who have the potent be affected by the same def practice and what corrective a will be taken? Audits of all resident's care pla are on a puree diet were review include aspiration precautions tool was done on 2/20/07. attachment #2. No other resi were found to have this def practice.</li> <li>What measure will be put in or what systemic changes you make to ensure the def practice does not recur? The interdisciplinary team we educated (2/23/07) on components of the care plar residents who will be placed puree diet will include Aspi precautions in their comprehe care plans as the order for a diet is carried out by the nu staff.</li> </ol>	dents by the 3 was aches were veyor 7, See other tial to icient action in that ved to See idents icient place u will icient as re- all on a ration ensive puree	

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		AND HUMAN SERVICES				FORM	03/06/2007 APPROVED 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL			(X3) DATE SU COMPLE	
		095024	B. WIN	G		02/2:	2/2007
	PROVIDER OR SUPPLIER	ASHINGTON-HADLEY SNF		4601	T ADDRESS, CITY, STATE, ZIP CODE 1 ML KING AVE SW		
	SUMMARY STA		ID	WA	SHINGTON, DC 20032 PROVIDER'S PLAN OF CORRECT		(¥5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG		(EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
F 279	Continued From pa after meals."	ige 5	F 2				
F 280 SS=D	plan dated Februar with goals and appr precautions during A face-to-face inter Resident Care Coo at approximately 9: the resident's care approaches for asp meal time. The rec 20, 2007. 483.20(d)(3), 483.1 CARE PLANS The resident has the incompetent or othe incapacitated under	view was conducted with the rdinator on February 20, 2007 30 AM who acknowledged that plan lacked goals and irration precautions during ord was reviewed on February 0(k)(2) COMPREHENSIVE e right, unless adjudged	F 2	F27	<ul> <li>4. How the corrective action(s) w monitored to ensure the defi practice will not recur. (i.e., Quality Assurance Program w put into place? Monitoring for compliance wi conducted by the IDT weekly d care plan meeting. The RCC's report all deficient practices t DON and Administrator weekly the monthly QA meeting monitoring. See new QA attachment #3</li> </ul>	cient what rill be uring s will o the y and for	April 5, 2007
	within 7 days after to comprehensive assist interdisciplinary tea physician, a register for the resident, and disciplines as deter and, to the extent p the resident, the resi legal representative and revised by a tea each assessment.	d treatment. are plan must be developed the completion of the sessment; prepared by an m, that includes the attending red nurse with responsibility d other appropriate staff in mined by the resident's needs, racticable, the participation of sident's family or the resident's e; and periodically reviewed am of qualified persons after					
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		e Service State					

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

## CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING 095024 02/22/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4601 ML KING AVE SW SPECIALTY HOSPITAL OF WASHINGTON-HADLEY SNF WASHINGTON, DC 20032 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-PREFIX PRÉFIX DATE REFERENCED TO THE APPROPRIATE DEFICIENCY) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG F 280 Continued From page 6 F 280 Based on staff interview and record review for F280 one (1) of 15 sampled residents, it was What corrective action(s) will be determined that facility staff failed to update 1 accomplished for those residents Resident #12's fall care plan with goals and found to have been affected by the approaches after multiple falls with a subsequent deficient practice? injury. A care plan meeting was held on 2/23/07 for resident #12 by IDT team The findings include: who reviewed additional approaches to prevent future falls such as utilization A review of Resident #12's record revealed the of a chair alarm, a new low bed and following: floor mat for this resident. See March 11, 2006 - found on the floor in room attachment #1. Chair alarms arrived 3/6/07, and in-service conducted for August 10, 2006 - observed kneeling on floor September 17, 2006 - observed climbing out of staff, attachment #2. How will you identify other residents 21 bed who have the potential to be affected October 15, 2006 - attempting to climb out of bed by the same deficient practice and October 28, 2006 -attempting to climb out of bed what corrective action will be taken? November 23, 2006 - found on the floor An audit of the all the remaining November 28, 2006 - found crawling on the floor residents with multiple falls was done November 29, 2006 - attempted to get out of bed on 2/23/07 per facility protocol by the February 3, 2007 - sitting on the floor RCCs to prevent any other resident February 17, 2007 - found on the floor with from being affected by this practice. swelling and complaint of pain to left wrist All residents at risk for falls were evaluated for chair alarms, low beds, An x-ray of the left wrist and arm was taken on and floor mats. See attachment #3. February 18, 2007 and revealed a fracture of the left wrist. What measure will be put in place or what systemic changes you will make A review of the care plan revealed that on March to ensure the deficient practice does 12, 2006, facility staff initiated the approach of not recur? The falls prevention protocol was replacing the resident across from the nurse's visited on 3/5/07 to institute low beds, station when up in the geri chair. There was no floor mats and chair alarms for all evidence that facility staff implemented any residents at risk for frequent falls. additional approaches to prevent the resident Ongoing education for staff and from falling. On February 17, 2007, Resident #12 auditing of the charts of all residents fell out of the geri chair, onto the floor in the day per facility protocol will be done by the room and fractured his/her left wrist. RCC to ensure that deficient practice does not recur. A face-to-face interview was conducted with the

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		AND HUMAN SERVICES			FORM	03/06/200 APPROVEL _0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL <sup>-</sup> A. BUILDI	TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	
		095024	B. WING		02/22	2/2007
	ROVIDER OR SUPPLIER	ASHINGTON-HADLEY SNF		REET ADDRESS, CITY, STATE, ZIP CODE 4601 ML KING AVE SW WASHINGTON, DC 20032	1	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
F 280 F 309	Resident Care Coo at 8:15 AM. He/she were no new goals March 12, 2006 to p	rdinator on February 22, 2007 e acknowledged that there and approaches initiated after prevent Resident #12 from was reviewed February 22,	F 280	4. How the corrective action(s) monitored to ensure the d practice will not recur (i.e Quality Assurance Program put into place? RCC will use the facility cha	leficient ., what will be art audit	April 5, 2007
SS=G	Each resident must provide the necess or maintain the high mental, and psycho	receive and the facility must ary care and services to attain nest practicable physical, psocial well-being, in e comprehensive assessment		form and audit all charts of r presently at risk for falls and a admissions to ensure that a care put in place after any resident fa deficient practices will be rep the DON and the monthly QA r	any new e plan is alls. Any orted to	
-	Based on staff inter three (3) of 15 sam supplemental reside	NT is not met as evidenced by view and record review for pled residents and one (1) ent, it was determined that b; follow up on a Dilantin level				
	for one (1) resident diagnosed with Dila complete order was monitoring and follo to decrease frequer of feeling depressed weigh one (1) reside	who was subsequently intin toxicity; ensure that a swritten for blood sugar w-up on the resident's request ncy of fingersticks and a report d for one (1) resident; re- ent who lost 48 pounds in one				
		that a PT/INR level was drawn hysician. Residents #14, 1, 6 e:		· · ·		· · · · ·
	Phenytoin) level res	d to follow up on a Dilantin ( sult for Resident #14 who was ted to the hospital with a				

		AND HUMAN SERVICES				FORM	03/06/2007 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI			(X3) DATE SU COMPLE	JRVEY
		095024	B. WIN	IG _	 	02/2:	2/2007
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
SPECIAL	TY HOSPITAL OF W	ASHINGTON-HADLEY SNF			4601 ML KING AVE SW WASHINGTON, DC 20032		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
F 309	Continued From pa	 ge 8	 F 3	309	)		
	diagnosis of Dilantii	-			F-309 (2A)		
	2006 directed, "Dila March/June/Sept/D September 8, 2006 A review of the labor record revealed tha December 1, 2006. record that the resu Dilantin level were p review. A face-to-face intern Resident Care Coo Nursing on Februar reviewing the record that there were no f According to the fol February 7, 2007 at came up on the uni was much weaker of in therapy. A call ha ] to make [him/her] February 7, 2007 at expressed concern weakness on the rig Doctor [name] to co and decline in spee ordered that resider emergency room] fo neurological status	pratory (lab) section of the t a Dilantin level was drawn on There was no evidence in the lits for the aforementioned present at the time of this view was conducted with the rdinator and the Director of y 21, 2007 at 12:30 PM. After d, they both acknowledged Dilantin level results. lowing nurses' notes: 2:00 PM "Physical therapist t and stated that the resident on the left side than yesterday is been made to Doctor [name			<ol> <li>What corrective action(s) accomplished for those refound to have been affected deficient practice? The physician was notified a order for finger stick was receives arried out for resident # attachment #1.</li> <li>How will you identify other results what corrective action will be Medical records of all receiving finger sticks were refor completeness of the (completeness of parameters). It residents were found to be affect this deficient practice.</li> <li>What measure will be put in 1 what systemic changes you wit to ensure the deficient praction out complete physician order monitoring tool created to deficient practice.</li> <li>How the corrective action(s) monitored to ensure the deficient (affection) and out complete physician order monitoring tool created to deficient practice.</li> <li>How the corrective action(s) monitored to ensure the deficient set of practice will not recur? Musting staff on both units y serviced about receiving and out complete physician order monitoring tool created to deficient practice.</li> <li>How the corrective action(s) monitored to ensure the deficient practice.</li> <li>How the corrective action(s) monitored to ensure the deficient practice.</li> </ol>	sidents by the nd new ved and 1. See sidents offected ice and taken? esidents eviewed orders No other ected by blace or ill make ice does were in- carrying s. New by track will be leficient ., what will be	April 5, 2007
	67(02-99) Previous Versions	Obsolete Event ID: GH2211		Fa	acility ID: HADLEY If conti	nuation sheet	Page 9 of 39

CENTER	RS FOR MEDICARE	AND HUMAN SERVICES			terenced up 2/28/67	FORM	: 03/06/2007 APPROVED .0938-0391
STATEMENT AND PLOIN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A, BUILD		LE CONSTRUCTION	(X3) DATE SI COMPLE	
	:	095024	B. WING			02/2	2/2007
NAME OF P	ROVIDER OR SUPPLIER		s	TRE	ET ADDRESS, CITY, STATE, ZIP CODE		
SPECIAL	TY HOSPITAL OF W	ASHINGTON-HADLEY SNF		46	01 ML KING AVE SW ASHINGTON, DC 20032	^	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
F 309	Continued From pa	ge 9	F 30		* <del>309 (2B)</del> What corrective action(s)	will be	
	On February 21, 20 obtained the Dilanti of the surveyor. The	07 at 4:15 PM the facility staff n level results at the request e lab report revealed a Dilantin h], [normal range 10.0-20.0],			accomplished for those re found to have been affected deficient practice? Physician was notified on 2/22 resident #1s request. The phys	esidents by the /07 of	
12 12 12 12 12 12 12 12 12 12 12 12 12 1	up on the Dilantin le 2006. Subsequently hospitalized with a c	nce that facility staff followed evel drawn on December 1, , the resident was diagnosis of Dilantin toxicity on he record was reviewed on		2	did not change the order. The Director was notified and chan order from daily to finger stick Monday and Friday.	medical god the s every esidents	
NAL SPi (X PR	<ul><li>February 21, 2007.</li><li>2. Facility staff failed order was written for follow-up on Resider</li></ul>	d to ensure that a complete r blood sugar monitoring and ent #1's request to decrease gersticks and the resident's		3	by the same deficient pract what corrective action will be A chart audit was conducted or of all nursing notes to ensure staff follow-up of all residents do occur. No other deficient p were noted.	tee and taken? n 3/5/07 nursing request tractices	
	physician's order da subsequently renew most recent order s	dent #1's record revealed a need June 6, 2006 and ved every 30 days, with the igned February 2, 2007. The cose finger stick every day at			what systemic changes you we to ensure the deficient practi- not recur? The RCC/designces will resident's records in the re- units of evidence of docum addressing follow up of re- requests from the previous shift	II make ice does review spective entation sident's	
	regarding the action the results of the fin	tion from the physician facility staff should take for ger stick. ose monitoring record and the			Identified deficient practices called to the attention of staff i to correct immediately. Failure compliance will result in pro- disciplinary action.	will be nvolved for staff	
910 	nurses' notes from . 2007, revealed that to 252. On Novemb fingerstick was 252 There was no evide	June 2006 through February finger sticks ranged from 90 per 13, 2006, the resident's (Normal range is 60-120). nce that facility staff notified elevated finger stick results.		4	How the corrective action(s) monitored to ensure the d practice will not recur (i.e Quality Assurance Program put into place? Outcomes will be reported t daily and DON will rep Administrator daily at sta	eficient ., what will be o DON port to	April 5, 2007
		view was conducted with the bruary 20, 2007 at 11:00 AM.			meetings. All deficient practi be tracked and monitored at QA meetings.	ccs will monthly	Page 10 of 39

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIPL LDING	E CONSTRUCTION	(X3) DATE SI COMPLE	
		095024	B. WIN	IG		02/2	2/2007
NAME OF F				STREE	ET ADDRESS, CITY, STATE, ZIP CODE	02/2	2/2007
SPECIAL	TY HOSPITAL OF W	ASHINGTON-HADLEY SNF			1 ML KING AVE SW SHINGTON, DC 20032		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE (	BE CROSS-	(X5) COMPLETION DATE
F 309	be taken if the resid or above 120. The judgement to notify There was no evide resident experience hyperglycemic read reviewed February B. According to a m 2006 at 6:00 AM, "F my finger stick. I an have AM nurse call [blood sugar] can b There was no evide up on the resident's Medication Adminis through February 24 had a finger stick de A face-to-face inter conducted on Febru He/she stated, "I wa didn't want daily fing C. According to a n 2006 at 3:45 PM, "F to come and see re he/she] is depresse see resident tonight There was no evide resident on June 19 evidence that facility resident's statemen	d the nurse what action would dent's fingerstick was below 60 nurse stated, "It is a nursing the physician." ence in the record that the ed hypoglycemic or stions. The record was 20, 2007. urse's note dated June 9, Resident stated, "I don't want n not that bad a diabetic." Will [physician] and see if daily BS e changed." ence that facility staff followed s request. A review of the stration Record for June 2006 007 revealed that the resident one every morning at 6:00 AM view with the RCC was uary 20, 2007 at 11:30 AM. asn't aware that the resident ger sticks. No one told me." urse's note dated June 19, Resident MD has been called sident because resident said [ ed. MD promised to come and t."	F 3	309 F-1 1. 2. 3.	309 (2C) What corrective action(s) accomplished for those residents have been affected by the practice? The Psychiatrist was notified resident's request. The Psychia the resident on March 3, 200 attachment #1. How will you identify other reside have the potential to be affecte same deficient practice and corrective action will be taken? A chart audit was conducted to resident's request to see Psy were followed. No other reside found to have this deficient p All residents with the diagr depression and /or verbalize fee sadness, anger, or de documented in record were ref the clinical social work intervention and/or follow-u Psychiatrist as deemed approp What measure will be put in place systemic changes you will make to the deficient practice does not re Nursing staff were in-serviced to expressions of mood and be changes of their residents to leaders for intervention/refe social worker. A new QA to created see attachment #2. How the corrective action(s) monitored to ensure the deficient will not reeur (i.e., what Assurance Program will be put in Outcomes will be reported to daily and DON will rep Administrator daily at sta meetings. All deficient practic be tracked and monitored at QA meetings.	found to deficient d of the trist saw V7. See ents who d by the d what o ensure chiatrist ints were practice. hosis of elings of pression Ferred to er for up with riate. to report behavior to team cur? to report behavior to team cursal to ool was will be practice Quality to place? to and up ces will	April 5, 2007
	67(02-99) Previous Versions	-	_		y ID: HADLEY If contin	uation sheet I	

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d plan o	FCORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	1(^2/"	ULII	PLECONSTRUCTION	(X3) DATE SI	JRVEY
	• •	IDENTIFICATION NUMBER:	A. BU	ILDIN	G	COMPLE	TED ·
		095024	B. WI	NG		02/2:	2/2007
ME OF P	ROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·			EET ADDRESS, CITY, STATE, ZIP CODE		
PECIAL	TY HOSPITAL OF W	ASHINGTON-HADLEY SNF			VASHINGTON, DC 20032		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	'IX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD I REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
F 309	Continued From pa	ge 11	F	309	F-309 (3)	<b></b> ,	
		prescribed Zoloft for			F-309(3) 1. What corrective action(s) v	vill be	
	depression.				accomplished for those re-		ſ
	A face-to-face inter	view was conducted with the			found to have been affected deficient practice?	by the	
Ċ		0, 2007 at 11:35 AM. He/she		[	The resident was weighed on 2		
	The psychiatrist sav	nt is on an antidepressant. w [him/her]"	•		Employee was counseled o importance of weighing residen		
	After reviewing the	Resident's record, the RCC			2, How will you identify other re	sidents	,
	stated, "The psychia	atrist didn't see the resident for			who have the potential to be a	flected	
	about a month after	[he/she] said [he/she] was			by the same deficient practi- what corrective action will be		
	depressed." The re 20, 2007.	cord was reviewed February			A chart audit was conducted		1
	·				remaining residents to ensure were being done and were corre		[
	<ol> <li>Facility staff failed after significant weil</li> </ol>	d to re-weigh Residerit #6			attachment #1.		ŕ
					<ol> <li>What measure will be put in p what systemic changes you will</li> </ol>		
~		m Data Set assessment dated			to ensure the deficient practic		
	diagnoses in Sectio	included the following n I: Diabetes Mellitus,		.	not recur? A newly created Weight con	mittee	
	Congestive Heart F	ailure, Hypertension,			began 3/7/07 to include dieta	ry and	l I
	Peripheral Vascular	Disease, other ease, Arthritis, Allergies,			nursing to commence month attached #2. Education of sta		
	Anemia and Renal	Failure.			conducted on 3/7/07. Weight	Policy	.  -
alia Second		- why 14/ai-bt Obawill for			was updated to reflect weight done 1st thru the 5th of each		
51	Resident #6, the re	early Weight Chart" for sident weighed:			Re-weights will be done when the difference of 2-4 lbs from 2 suc		i l
	August 2, 2006	277# (pounds)			weights and will be done no lat		
	September 1, 2006 October 3, 2006	229 <i>.2</i> # 230#			the 6 <sup>th</sup> of every month. 4. How the corrective action(s)	will be	
	November 2, 2006				monitored to ensure the de	ficient	April 5, 2007
	There was as 199/	weight change between			practice will not recur (i.e. Quality Assurance Program		}
	August and Septem	weight change between ber 2006 and 7% between			put into place?		
	October and Noven				Wight committee will monito compliance. Outcomes will be r		
	There was no evide	nce in the record that facility			to DON and administrator daily	at stand	ļ
	staff re-weighed the	e resident after the			up meetings. All deficient p will be tracked and monite		{
	aforementioned we	ight loss.			monthly QA meetings.		. <u></u>
M CMS-25	67(02-99) Previous Versions	Obsciete Event ID; GH2211		FB	clity ID: HADLEY If contin	uation sheet	Page 12 of

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ATEMEN	T OF DEFICIENCIES OF CORRECTION	A MEDICAID SERVICES     (X1) PROVIDER/SUPPLIER/CLIA     IDENTIFICATION NUMBER:	(X2) Mul A. Build	TIPLE CONSTRUCTION	(X3) DATE SL COMPLE	
		095024	B. WING	·	02/22/2007	
	PROVIDER OR SUPPLIER	ASHINGTON-HADLEY SNF	s	TREET ADDRESS, CITY, STATE, ZIP CODE 4601 ML KING AVE SW WASHINGTON, DC 20032	02/22/2007	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE	BE CROSS-	(X5) COMPLETION DATE
F 309	A face-to-face intern Resident Care Coo at 4:00 PM. He/she loss is greater than weight the resident. wasn't re-weighed a November 2006). A face-to-face intern dietician on Februal she stated, "I did a Resident] at least tw August, September talked about the car she] ate and how in high in sodium beca informed the doctor and that I was coun twice a week. I talke resident to eat only not to eat the carry weight loss is desire medical condition. more edema and th According to the face Resident 's Weight exists between two weight should be ot licensed nurse or de Charge Nurse and I Significant Weight O residents with signif reweighed under the nurse within 48 hou	Aview was conducted with the provinator on February 20, 2007 e stated, "When the weight a five pounds we have to re- t. I don't know why the resident at these times (September and Aview was conducted with the ary 20, 2007 at 3:45 PM. He/ lot of counseling with [ wo or three times a week in r, October and November. We arry out Chinese food that [he/ mportant it was not to eat foods ause of [Resident's] edema. I r of the resident's condition hseling the resident at least ed at great length with the the food we provided here, out food. [His/her] on-going ed because of the resident's [Resident] doesn't have any he breathing is better." cility's policy, SNS. 59 " t ": "If a variance of 2-4 lb successive weights a re- btained and verified by the lesignee and reported to the DON " and " Addressing Changes" states: "All ficant weight changes will be the supervision of a licensed	F 30	<ul> <li>9</li> <li>F-309 (4)</li> <li>1. What corrective action(s) accomplished for those of found to have been affected deficient practice? Retrospectively corrective action to be done. On 2/22/07 bioredrawn and found to be he Blood was redrawn on 2/22 results were shared with physical placed on resident's reconstruction attachment #1.</li> <li>2. How will you identify other of who have the potential to be by the same deficient practice what corrective action will be the A chart audit was conducted residents receiving Coumadi PT/INR ordered were reviewed results and if they were in the MD was notified. Microsoften the MD was revised to the BD og was revised to follow-up of results on tests This will be done by the licer on the night shift on a daily ba will check logs on a daily be dedicated fax line to receive la from reference lab daily was interval was set of the shift on a daily be dedicated fax line to receive la from reference lab daily was interval to the set of the shift on a daily be dedicated fax line to receive la from reference lab daily was interval to the set of the s</li></ul>	residents J by the on could ood was malized. 3/07 and ician and rd. See residents affected tice and e taken? d on all n with a bd for lab he record lo other this same nent #2. place or vill make tice does include ordered. used staff sis. RCC asis. A bb reports	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUII		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		095024	B. WIN	G		02/2	2/2007
	PROVIDER OR SUPPLIER	ASHINGTON-HADLEY SNF		46	REET ADDRESS, CITY, STATE, ZIP CODE 601 ML KING AVE SW VASHINGTON, DC 20032		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHOUL REFERENCED TO THE APPROPRIATE	D BE CROSS-	(X5) COMPLETION DATE
F 309	<ul> <li>5% in one month</li> <li>7.5% in three mont</li> <li>10% in six months</li> <li>There was no evide</li> <li>staff re-weighed the</li> <li>The record was rev</li> <li>4. Facility staff faile</li> <li>level was drawn as</li> <li>Resident H1.</li> <li>A review of Reside</li> <li>physician's order da</li> <li>directed, "Increase</li> <li>tube (gastrostomy function)</li> <li>mas been given for</li> </ul>	hs and ence in the record that facility e resident after the weight loss. viewed February 20, 2007. d to ensure that a PT/INR ordered by the physician for ht H1's record revealed a ated February 8, 2007 that Coumadin to 6mg daily via G- sube) for pulmonary embolism e week when 6 mg Coumadin one week."	F 3	ĺ	<ul> <li>F-309 (4)</li> <li>How the corrective action(smonitored to ensure the practice will not recur (i Quality Assurance Program put into place? RCC will report to De Administrator at daily smeeting. Outcomes monitor be reported to the QA comonthly.</li> </ul>	deficient .e., what n will be ON and stand up oring will	April 5, 2007
F 323 SS=D	INR was drawn on A face-to-face inter RCC on February 2 acknowledged that drawn on February reviewed February 483.25(h)(1) ACCII The facility must er environment remain as is possible. This REQUIREMENT Based on observati tour, it was determ	view was conducted with the 23, 2007 at 1:45 PM. He/she the PT/INR should have been 15, 2007. The record was 22, 2007.	F 3	23			

		AND HUMAN SERVICES				FORM	03/06/2007 APPROVED
STATEMENT	RS FOR MEDICARE	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		LTIPLE CONSTRUCTION	OMB NO. (X3) DATE SI COMPLE	
		095024	B. WI	NG		02/2	2/2007
	ROVIDER OR SUPPLIER	ASHINGTON-HADLEY SNF		s	TREET ADDRESS, CITY, STATE, ZIP CODE 4601 ML KING AVE SW WASHINGTON, DC 20032		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	FIΧ	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE I	BE CROSS-	(X5) COMPLETION DATE
F 323	resident's bed that closing and one (1) in a resident's room made in the presen Maintenance, Hous nursing staff. The findings include 1. During the enviro observation at 2:40 revealed that the por room 333 preventer closing. A face-to-face inter- with the surveyor w Staff members indic bed had been a cor resident refused to Resident S3 was in 2007 at 3:00 PM. A surveyor of the com- resident agreed to p door to close. 2. During the initial 20, 2007, an isolate blanket on the floor in room 324. The b easily moved when A face-to-face inter- Resident Care Coo touring with the sur- Resident] has had to Christmas. [Residen	s evidenced by one (1) prevented the door from blanket observed on the floor a. These observations were ce of the Director of ekeeping Supervisor and e: anmental tour, an isolated PM on February 21, 2007, osition of Resident S3's bed in d the resident's door from view with facility staff touring as conducted immediately. cated that the position of the neern for many years. The move the position of the bed. terviewed on February 21, after explanation by the cerns regarding the door, the bosition the bed to allow the tour, at 9:30 AM on February d observation revealed a near the bed of Resident S4 lanket was not secured and touched. view was conducted with the rdinator (RCC) who was veyor. He/she stated, "[ hat down on the floor since ent] complains the floor is cold.		32	<ul> <li>F323 (1)</li> <li>What corrective action(s) accomplished for those r found to have been affected deficient practice? The resident agreed to cha position of the bed to allow the be closed, and the wheels of were locked in place. Mainten put a permanent mark on the staff and resident to know positioning of bed.</li> <li>How will you identify other r who have the potential to be by the same deficient pract what corrective action will be All other rooms were evaluated deficient practice and no other was found to be affected.</li> <li>What measure will be put in what systemic changes you w to ensure the deficient pract not recur? All staff was educated as to the of accident and the prever 3/7/07. Housekeeping Maintenance Departments responsible for monitoring weekly environmental rounds.</li> <li>How the corrective action(s) monitored to ensure the practice will not recur (i. Quality Assurance Program put into place? The Maintenance and Hous Supervisor will monitor the a schedule and report any practices to the Administraton and monthly to EOC Co Patient Safety, Process Impr and Quality Assurance meeting</li> </ul>	esidents by the nge the e door to the bed ance will floor for correct esidents affected tice and e taken? d for this resident place or fill make tice does e hazards ntion on g and will be deficient e, what h will be ekceping reas on a deficient r weekly, mmittee, ovement, g.	April 5, 2007
ORM CMS-25	67(02-99) Previous Versions	Obsolete Event ID: GH2211		ł	Facility ID: HADLEY If contin	nuation sheet	Page 15 of 39

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION	(X3) DATE S COMPL	
			A. BUILD			
		095024	B. WING	G	02/2	2/2007
AME OF F	ROVIDER OR SUPPLIER		s	STREET ADDRESS, CITY, STATE, ZIP C		<u>-</u>
SPECIAI	TY HOSPITAL OF W	ASHINGTON-HADLEY SNF		4601 ML KING AVE SW WASHINGTON, DC 20032		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION SI REFERENCED TO THE APPROPI	HOULD BE CROSS-	(X5) COMPLETION DATE
F 323	Continued From pa	age 15	 F 32	23		
	Housekeeping clea blanket back down why the resident w	ans the floor then put the o nit." The surveyor asked as using a blanket and not a backing. The RCC stated, "		F324 What corrective action accomplished for the found to have been af deficient practice?	ose residents fected by the	
F 324 SS=G	483.25(h)(2) ACCI The facility must e	-	F 32	24 Retrospectively no cor could be done as there w staff on the day the incid 2. How will you identify o who have the potential	as insufficient lent occurred. <b>ther residents</b>	(. ·   
	devices to prevent	accidents.		by the same deficient what corrective action All residents have the p affected by this deficient	practice and will be taken? potential to be	
	Based on staff inte	NT is not met as evidenced by		the PPD falls below 3.5 nurse staffing rule was staff to ensure that a min	. The 24 hour reviewed with	
. 1	determined that fac adequate supervis	bled residents, it was cility staff failed to provide ion for Resident #12 who had a subsequent injury.		of 3.5 is achieved on a d 3. What measure will be what systemic changes to ensure the deficient	out in place or you will make	
	The findings includ	le:		not recur? The DON is in the proce for PRN staff. A unit cle		
	A review of Reside following:	nt #12's record revealed the		weekends on both nurs approved to keep nurs majority of administra	sing units was es from doing tive duties on	
	August 8, 2006 - c rails	ound on the floor in room bserved climbing over the side attempting to climb over side		weekends. On weeker inclement weather days call outs we have emergency bonus plan fo	when there are instituted an	
	rails October 28, 2006 - November 12, 200	attempting to climb out of bed 6 - found on the floor		See attached #1. 4. How the corrective ac monitored to ensure practice will not rec	the deficient	April 5, 2007
·	November 29, 200 February 3, 2007 - February 17, 2007	6 - found crawling on the floor 6 - attempted to get out of bed sitting on the floor - found on the floor with laint of pain to left wrist		Quality Assurance Pr put into place? All deficient practices v to DON and Administ RCC for immediate correction.	ogram will be vill be reported rator daily by	

Event ID: GH2211

TATEMEN		& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	OMB NO. (X3) DATE SI COMPLE	JRVEY
		095024	B. WING_		02/22/2007	
	ROVIDER OR SUPPLIER	ASHINGTON-HADLEY SNF	4	REET ADDRESS, CITY, STATE, ZIP CODE 4601 ML KING AVE SW WASHINGTON, DC 20032		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHOUL REFERENCED TO THE APPROPRIATE	D BE CROSS-	(X5) COMPLET DATE
F 324	Continued From pa	ge 17	F 324			
	during the day of the	e incident was 3.0 nursing		F-329 (1)		
F 329 SS=D	requirement of 3.5 m day. A face-to-face intern Resident Care Coor at 8:15 AM. He/she reviewing the record initiated after March resident from falling February 22, 2007. 483.25(I) UNNECES Each resident's drug unnecessary drugs. drug when used in e duplicate therapy); o without adequate m indications for its us adverse consequent should be reduced of combinations of the Based on a compre- resident, the facility who have not used given these drugs u therapy is necessar as diagnosed and d record; and resident drugs receive gradu behavioral intervent	g regimen must be free from An unnecessary drug is any excessive dose (including or for excessive duration; or ionitoring; or without adequate se; or in the presence of ices which indicate the dose or discontinued; or any	F 329	<ol> <li>What corrective action(s) accomplished for those found to have been affected deficient practice? The Psychiatrist of residen notified of the survey finding re-assessed the residen discontinued the Haldol, see a #1.</li> <li>How will you identify other who have the potential to be by the same deficient prac- what corrective action will I The charts of all other ress Haldol were reviewed. If residents are affected by this practice.</li> <li>What measure will be put in what systemic changes you to ensure the deficient prac- not recur? All residents receiving Haldon monitored for presence/ab clinical indication for contin Monitoring and outcomes reported to the MD for adjustments or discontinu Charge Nurses. See attachm</li> <li>How the corrective actio be monitored to ensure deficient practice will no (i.e., what Quality A Program will be put into plan Compliance monitoring outc be reported to monthly Assurance.</li> </ol>	residents d by the t #1 was s, and she nt and ttachment residents e affected ctice and be taken? idents on No other deficient a place or will make ttice does ol will be sence of nued use. will be dosage ation by ent #2. n(s) will ure the by recur ssurance ce? omes will	April 5 2007

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP		(X3) DATE SI COMPLE	
		095024	B. WING		02/2	2/28.07
NAME OF P	ROVIDER OR SUPPLIER		STRE	EET ADDRESS, CITY, STATE, ZIP CODE	02/2	2/2007
SPECIAL	TY HOSPITAL OF W	ASHINGTON-HADLEY SNF		01 ML KING AVE SW ASHINGTON, DC 20032		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE	BE CROSS-	(X5) COMPLET DATE
F 329	Based on staff inter (2) of 15 sampled re that facility staff fail resident was adeque for the continued us resident was asses multiple pain medic regimen was free fr Residents #1 and 9 The findings include 1. Facility staff faile assess Resident #1 seven (7) months. According to the ad assessment comple 1 was coded in Sec with no short or lon resident was coded behavior issues in S Patterns." According to an nut at 11:00 PM, "Resid visited by family. C frightening [him/her "	NT is not met as evidenced by view and record review for two esidents, it was determined ed to ensure that one (1) lately monitored and assessed se of Haldol and one (1) sed for the continued use of ations and that the drug om unnecessary drugs.	F 329 F 1 2 3	<ul> <li>What corrective action(s) accomplished for those in found to have been affected deficient practice? Resident #9's Attending Physic notified of survey findings or medication dosages were red physician after assessment or See attachment #1. How will you identify other in who have the potential to be by the same deficient prace what corrective action will b The charts of all other resident medications were audited. It residents were found to be affi- this deficient practice.</li> <li>What measure will be put in what systemic changes you we to ensure the deficient prace not recur? RCC's and Charge Nurses educated as to when pain me were changed per facility prof policies. See attachment #2 in list. In the event the applysicians does not address p consultants recommendation documented explanations the director will be notified by of Cases referred to Medical Dire be reviewed at monthly QA re How the corrective action(s monitored to ensure the practice will not recur (i. Quality Assurance Program put into place? Compliance monitoring</li> </ul>	residents d by the d by d d d d d d d d d d d d d d d d d d d	April 5, 2007
े के कि	and saying strange	] room mate moaning, yelling things out loudly" none order dated July 17, 2006		conducted monthly by RCC/ any deficient practices will be to monthly Quality Assurance	reported	
DRM CMS-2	67(02-99) Previous Versions		Faci	lity ID: HADLEY If cont	inuation sheet	Page 19 d
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		E & MEDICAID SERVICES			OMB NO.	
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	G	(X3) DATE SU COMPLE	
		095024	B. WING		02/2	2/2007
	ROVIDER OR SUPPLIER	VASHINGTON-HADLEY SNF	4	EET ADDRESS, CITY, STATE, ZIP COD 601 ML KING AVE SW /ASHINGTON, DC 20032	E	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES XY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION SHO REFERENCED TO THE APPROPRIA	ULD BE CROSS-	(X5) COMPLETI DATE
F 329	at 3:120 PM direct Psychiatrist]." The psychiatrist's 2006 documented depressive disorde In the margin of th word "Dictated." T dictated note on th review. Additional psychiatrist had se visit of July 17, 200 A psychiatrist's ord directed, "Haldol 2 bedtime for [unable A face-to-face inte psychiatrist on Fet After reviewing the have to review the you." There was n psychiatrist during The physician and resident August 21 October 5, Octobe and December 4, 2 2 and February 12 not include discuss the on-going use of the Haldol. The resident was h	red, "Psychiatry consult with [ progress note dated July 17, , "R/O [rule out] major er, Schizophrenic Disorder" e above cited note was the There was no evidence of a ne record at the time of this ly, there was no evidence the een the resident since the initial D6. der dated July 17, 2006, mg po q (by mouth every) e to read]." erview was conducted with the pruary 21, 2007 at 11:20 AM. e record, he/she stated, "I would dictated note. I will get back to no further contact with the the survey period. /or nurse practitioner saw the I, September 4, October 2, r 9, October 11, November 4 2006 and January 6, February , 2007. The progress notes did sion of the resident's behaviors, of Haldol or a dose reduction of peing monitored for agitation, lessness. A review was	F 329			
	the Haldol. The resident was to outbursts and rest conducted of the b from July 2006 thr	being monitored for agitation, lessness. A review was behavior monitoring records ough February 2007. There of the above cited behaviors				

FORM CMS-2567 (02-99) 1 10-----

		AND HUMAN SERVICES			FORM	03/06/2007 APPROVED 0938-0391
STATEMEN	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILE		(X3) DATE SI COMPLE	JRVEY
		095024	B. WING	B	02/2	2/2007
NAME OF P			5	STREET ADDRESS, CITY, STATE, ZIP COD 4601 ML KING AVE SW	E	
SPECIAL	TY HOSPITAL OF W	ASHINGTON-HADLEY SNF		WASHINGTON, DC 20032		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION SHO REFERENCED TO THE APPROPRIA	JLD BE CROSS-	(X5) COMPLETION DATE
F 329	Continued From pa	ge 20	F 32	29		
	-going use or a dos	ence of an indication for the on e reduction of Haldol from July Jary 2007. The record was 20, 2007.				
	was assessed for the	ed to ensure that Resident #9 ne continued use of multiple nd that the drug regimen was ary drugs.				
	2005. The annual I assessment dated the following diagno Quadriplegia, Manie	October 18, 2006, revealed oses in Section I: c Depression, Anemia, Urinary stritis, Drug Abuse, Joint				
	Methadone 5 mg tw	ated July 6, 2005, directed, " vice daily for withdrawal. 4 hours PRN (as needed) for				
	directed, "Methador There was no evide	2005, a physician's order ne 5 mg twice daily for pain." ence a pain assessment was ursing staff or the physician.				
· ·	directed, "Dilaudid 4 There was no evide	2005, a physician's order 4 mg every 4 hours for pain." ence a pain assessment was ursing staff or the physician.				
	physician orders da the following medic Benadryl 50 mg eve	nt #9's record revealed ted December 28, 2006 for ations and indications for use: ery night for anxiety and sleep, y 4 hours for pain, Methadone				

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		AND HUMAN SERVICES				FORM	03/06/2007 APPROVED 0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BUI		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	
		095024	B. WI	NG _	·	02/2:	2/2007
NAME OF P				ST	REET ADDRESS, CITY, STATE, ZIP CODE		
SPECIAL	TY HOSPITAL OF W	ASHINGTON-HADLEY SNF			4601 ML KING AVE SW WASHINGTON, DC 20032	<u> </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
F 329	Continued From pa	ge 21	 F :	329	)		
	5 mg twice daily for Codeine #3, 2 tabs dental pain, Ambier for sleep and Flexe needed for muscle discontinued Janua	pain, Acetaminophen with every 6 hours as needed for n 5 mg at bedtime as needed ril 5 mg three times daily as spasms. The Benadryl was ry 11, 2007. The other above vere renewed January 30,		520			
	as routine pain med and January and Fe	done were administered daily lication for December 2006 ebruary 2007. The specific aforementioned medications as not indicated.					
	dated July 22, 2005 diagnosis could not 's chart for the follo Methadone Reco diagnosis on physic administration of the	ommendation - Please add sian's order sheet to support e medication listed below. done DX: Narcotic withdrawal					
	form dated Septem "This resident is on withdrawal. Howev Dilaudid, a narcotic, management and h periodically over the a contraindication in Please reevaluate t makes Methadone Physician Response suggestions and do changes for the follow	hysician Communication" ber 19, 2005 included, Methadone for narcotic er, he is also prescribed , on a PRN basis for pain as received at his request e past month. This represents in therapy. Recommendation: he usage of Dilaudid as it treatment ineffective. e: I have read the above not wish to implement any owing reasons: The us to use lower doses of the					

Event ID: GH2211 Facility ID: HADLEY

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		I AND HUMAN SERVICES				FORM	03/06/2007 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		095024	B. WI	NG _		02/2	2/2007
	ROVIDER OR SUPPLIER	ASHINGTON-HADLEY SNF		4	REET ADDRESS, CITY, STATE, ZIP CO 601 ML KING AVE SW VASHINGTON, DC 20032		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	IX	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION SH REFERENCED TO THE APPROPR	IOULD BE CROSS-	(X5) COMPLETION DATE
F 329	Continued From page 22 narcotics "			329	· · ·		
	the following proble #11 - "Resident is medications every of reaction from medic listed was to "Rev of indication and ca Problem #5 - "Res due to DJD, toothad Methadone for pain spasm, on Tylenol f "Encourage to vert ordered prn (when reviews revealed th Demands for his mo order " and " 1/19/ subjective) but it 's	e plan dated 7/15/06 revealed ms and approaches: Problem using more than 9 day. Potential for adverse cations." One approach iew medication for duplication ill the attention of MD ". sident is on pain management che. On Dilaudid for pain, on mail and for pain and for pain ". Approaches listed, palize pain and Analgesics as needed) ". The care plan e following, "7/28/06, edications given as per MD 's 106, Pain medications given ( given with immediate result. care plan was last reviewed on					
	Administration Reco The resident receiv sleep, Benadryl and mg and Ambien 5 n	ember 2006 MAR (Medication ord) revealed the following: ed two (2) medications for d Ambien. Both Benadryl 50 ng were given on December 1, id 29 through 31, 2006.					
	) hours daily, Metha day and Acetamino times in December Dilaudid 4mg and M 10AM and 6PM. Acetaminophen with administered within aforementioned me		· · ·				
				Fa	cility ID: HADLEY If	continuation sheet	Page 23 of 39

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TATEMEN	T OF DEFICIENCIES OF CORRECTION	E & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LDING		(X3) DATE SU COMPLE	
		095024	D. 990	<u> </u>		02/2	2/2007
	ROVIDER OR SUPPLIER	ASHINGTON-HADLEY SNF		STRI 46 W			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SHOU REFERENCED TO THE APPROPRIAT	LD BE CROSS-	(X5) COMPLETION DATE
F 329	Continued From p	age 23	F	329		-	
	revealed that the r nursing staff for pa administration of p pain. There were 1 assessments prior The resident was	ment Log for December 2006 esident was assessed by ain 69 times prior to the ain medication as having mild 0 entries without pain to administration of medication s assessed as having no pain pain medication was					
	following: Benadryl 50 mg ev was discontinued o Benadryl 50 mg ar January 1 through	uary 2007 MAR revealed the rery night for anxiety and sleep on January 11, 2007. Both ad Ambien 5 mg were given on 4 and 6 through 11, 2007. given January 13 and 15			• • •		
	) hours daily, Meth day and Acetamine times in January 2 Dilaudid 4 mg and 10AM and 6PM. Acetaminophen wi administered within aforementioned m	ved Dilaudid 4 mg every four (4 adone 5 mg two times every ophen with Codeine #3, 60 007. The resident received Methadone 5 mg everyday at th Codeine #3 was n one (1) hour of the edications 10 times and was e same time nine (9) times.					
	revealed that the re nursing staff for pa administration of p pain; and once as resident was asses	nent Log for January 2007 esident was assessed by in 155 times prior to the ain medication as having mild having moderate pain. The ssed as having no pain one (1) dication was administered.					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		095024	B, WING	·	02/2	2/2007
÷	ROVIDER OR SUPPLIER		4	REET ADDRESS, CITY, STATE, ZIP CO 1601 ML KING AVE SW WASHINGTON, DC 20032		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATÈMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION SHO REFERENCED TO THE APPROPRI	OULD BE CROSS-	(X5) COMPLETION DATE
F 329 F 371 SS=E	following: The resident recei February 1 throug The resident recei ) hours daily, Meth day and Acetamin times in January 2 Dilaudid 4 mg and 10AM and 6PM. Acetaminophen w administered withi aforementioned m The Pain Manage revealed that the r nursing staff for pa administration of p pain; and two (2) t There was one en prior to administra resident was asse times and modera hour after pain me February 1 at 11:0 assessment one ( pain medication. T February 20, 2007 483.35(i)(2) SANI PREP & SERVICE The facility must s serve food under a	ived Ambien 5 mg for sleep h 17 and 19, 2007. ived Dilaudid 4 mg every four (4 hadone 5 mg two times every ophen with Codeine #3, 32 2007. The resident received Methadone 5 mg everyday at ith Codeine #3 was in one (1) hour of the hedications 13 times. ment Log for February 2007 resident was assessed by ain 64 times prior to the bain medication as having mild times as having moderate pain. try without a pain assessment tition of pain medication. The sessed as having no pain 63 the pain two (2) times, one (1) edication was administered. On 00 AM, there was no entry for an 1) hour after administration of The record was reviewed on 7. TARY CONDITIONS - FOOD	F 329	<ul> <li>F371 (1,2,3,&amp; 4)</li> <li>What corrective action accomplished for the found to have been aff deficient practice? All Chinaware, spoons, sciedles, and hotel pans we rewashed and checked supervisor prior to drying</li> <li>How will you identify of who have the potential to by the same deficient what corrective action what systemic changes y to ensure the deficient protocore action action</li></ul>	se residents ected by the coops, scrving rethoroughly ed by the g ther residents to be affected practice and will be taken? oons, scoops, el pans were by No other y this deficient will make practice does ns, chinaware, nd hotel pans capital budget checks will be Production isor and a log ack the daily ion(s) will be the deficient or (i.e., what gram will be	April 5, 2007
CRM CMS-2	567(02-99) Previous Versio	ns Obsolete Event/1D: GH2211	Fi	acility ID: HADLEY If	continuation sheet	Page 25 of
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION       (X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER       (X2) MULTIPLE CONSTRUCTION A BUILDING       (X3) DATE SUPPLY COMPLETED         NAME OF PROVIDER OR SUPPLIER       95024       STREET ADDRESS, CITY, STATE, ZIP CODE 4601 ML KING AVE SW       (X3) DATE SUPPLY COMPLETED         SPECIALTY HOSPITAL OF WASHINGTON-HADLEY SNF       STREET ADDRESS, CITY, STATE, ZIP CODE 4601 ML KING AVE SW       STREET ADDRESS, CITY, STATE, ZIP CODE 4601 ML KING AVE SW         (X4) ID PREFIX TAG       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG       ID PREFIX REGULATOR NOL SE CONSERVICES       ID PREFIX       PROVIDERS PLAN OF CORRECTION (EACH ODRECTIVE ACTION SNOLD) BE CROSS. COMPL (EACH ODRECTIVE ACTION SNOLD) BE CROSS. ID PREFIX       COMPL (EACH ODRECTIVE ACTION SNOLD) BE CROSS. ID PREFIX       Th ID PREFI			AND HUMAN SERVICES				FORM	03/06/2007 APPROVED 0938-0391
NAME OF PROVIDER OR SUPPLIER       02/22/2007         SPECIALTY HOSPITAL OF WASHINGTON-HADLEY SNF       STREET ADDRESS, CITY, STATE, ZIP CODE         4601 ML KING AVE SW       4601 ML KING AVE SW         WASHINGTON, DC 20032       PROVIDERS PLAN OF CORRECTION (EACH DEFICIENCY WASHINGTOR SHOLL DE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)       Complexity         Yaaji Di PRETIX TAG       STREET ADDRESS, CITY, STATE, ZIP CODE       4601 ML KING AVE SW         Yaaji Di PRETIX TAG       SUMMARY STATEMENT OF DEFICIENCIES       ID       PROVIDERS PLAN OF CORRECTION (EACH DEFICIENCY WASHINGTON, SHOUL DE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)       Complexity         F 371       Continued From page 25       F 371       F371 (5)         Based on observations during the survey period, it was determined that dietary services were not adequate to ensure that foods were prepared and served in a safe and sanitary manner as evidenced by: soiled chinaware, spoons, ladles, hotel pans and cooking hood filters and an opening in the ceiling around the Ansul supply lines. These findings were observed in the presence of the Food Service Director.       No thave the potential to be affected by the same deficient practice?         The findings include:       1. Leftover food particles were observed on the top and bottom surfaces of plates (chinaware) in 16 of 50 plate observations at 9:40 AM on February 20, 2007.       2. How will you identify other residents what systemic changes you will make to ensure the deficient practice and what systemic changes you will make to ensure the deficient practice des not recut? All hoods and filter	STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			TIPLE CONSTRUCTION (X3	3) DATE SU	RVEY
NAME OF PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         SPECIALTY HOSPITAL OF WASHINGTON-HADLEY SNF       STREET ADDRESS, CITY, STATE, ZIP CODE         (X4) ID PREFIX TAG       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX       PROVIDER'S FLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS. REFERENCED TO THE APPROPRIATE DEFICIENCY)       COMPL OW         F 371       Continued From page 25       F 371       F 371         Based on observations during the survey period, It was determined that dietary services were not adequate to ensure that foods were prepared and served in a safe and sanitary manner as evidenced by: soiled chinaware, spoons, ladles, hotel pans and cooking hood filters and an opening in the ceiling around the Ansul supply lines. These findings were observed in the presence of the Food Service Director.       F 371         The findings include:       1. Leftover food particles were observed on the top and bottom surfaces of plates (chinaware) in 16 of 50 plate observations at 9:40 AM on February 20, 2007.       AM to measure will be put in place or what systemic changes you will make to ensure the deficient practice.         3. Serving scoops and ladles in a rack near the       What measure will be checked bi- weckly for cleanlines by the			095024	B. WI	NG_		02/22	/2007
PREFX TAG(EACH DEFICENCY WUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)PREFX TAG(EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)COMPL DAYF 371Continued From page 25 <td< td=""><td></td><td></td><td>ASHINGTON-HADLEY SNF</td><td></td><td></td><td>4601 ML KING AVE SW</td><td></td><td></td></td<>			ASHINGTON-HADLEY SNF			4601 ML KING AVE SW		
<ul> <li>F371 (5)</li> <li>Based on observations during the survey period, it was determined that dietary services were not adequate to ensure that foods were prepared and served in a safe and sanitary manner as evidenced by: soiled chinaware, spoons, ladles, hotel pans and cooking hood filters and an opening in the ceiling around the Ansul supply lines. These findings were observed in the presence of the Food Service Director.</li> <li>The findings include: <ol> <li>Leftover food particles were observed on the top and bottom surfaces of plates (chinaware) in 16 of 50 plate observations at 9:40 AM on February 20, 2007.</li> <li>Spoons were not thoroughly cleaned of food residue after washing in 12 of 43 spoons observed at 9:45 AM on February 20, 2007.</li> <li>Serving scoops and ladles in a rack near the</li> </ol> </li> <li>Kased on observations during the survey period, it was determined that dietary services were not and sanitary manner as evidenced bi-weekly for cleanliness by the</li> </ul>	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF	'IX	(EACH CORRECTIVE ACTION SHOULD BE (	CROSS-	(X5) COMPLETION DATE
adequate to ensure that foods were prepared and served in a safe and sanitary manner as evidenced by: soiled chinaware, spoons, ladles, hotel pans and cooking hood filters and an opening in the ceiling around the Ansul supply lines. These findings were observed in the presence of the Food Service Director.found to have been affected by the deficient practice?The findings include:1. Leftover food particles were observed on the top and bottom surfaces of plates (chinaware) in 16 of 50 plate observations at 9:40 AM on February 20, 2007.2. How will you identify other residents who have the potential to be affected by the same deficient practice and what corrective action will be taken? 20/20 areas were checked and cleaned. No other residents were affected by this deficient practice.2. Spoons were not thoroughly cleaned of food residue after washing in 12 of 43 spoons observed at 9:45 AM on February 20, 2007.3. What measure will be put in place or what systemic changes you will make to ensure the deficient practice does not recur? All hoods and filters will be checked bi- weekly for cleanliness by the	F 371	Based on observati it was determined t	ons during the survey period, hat dietary services were not	F	371	F371 (5) 1. What corrective action(s) will		
<ul> <li>2. How will you identify other residents who have the potential to be affected by the same deficient practice and what corrective action will be taken? 20/20 areas were checked and cleaned. No other residents were affected by this deficient practice.</li> <li>2. How will you identify other residents who have the potential to be affected by the same deficient practice and what corrective action will be taken? 20/20 areas were checked and cleaned. No other residents were affected by this deficient practice.</li> <li>3. What measure will be put in place or what systemic changes you will make to ensure the deficient practice does not recur? All hoods and filters will be checked biweekly for cleanliness by the</li> </ul>		served in a safe an evidenced by: soile hotel pans and cool opening in the ceilir lines. These finding	d sanitary manner as d chinaware, spoons, ladles, king hood filters and an ng around the Ansul supply gs were observed in the			found to have been affected by deficient practice? The inner surfaces of cooking he and filters soiled with accumul grease and dust over cooking a	oods lated areas	
<ul> <li>2. Spoons were not thoroughly cleaned of food residue after washing in 12 of 43 spoons observed at 9:45 AM on February 20, 2007.</li> <li>3. Serving scoops and ladles in a rack near the</li> <li>3. What measure will be put in place or what systemic changes you will make to ensure the deficient practice does not recur? All hoods and filters will be checked biweekly for cleanliness by the</li> </ul>		The findings include 1. Leftover food par top and bottom surf 16 of 50 plate obse	e: ticles were observed on the faces of plates (chinaware) in			who have the potential to be affer by the same deficient practice what corrective action will be tak 20/20 areas were checked and clea No other residents were affected by	ected and ken? aned.	
inner and bottom surfaces in 5 of 14 scoops and ladles observed at approximately 12:15 PM on and/or cleaning will be conducted at this time.		<ol> <li>Spoons were not residue after washin observed at 9:45 Al</li> <li>Serving scoops a tray line were soiled inner and bottom so ladles observed at a</li> </ol>	ng in 12 of 43 spoons M on February 20, 2007. and ladles in a rack near the I with food and debris on the urfaces in 5 of 14 scoops and			what systemic changes you will m to ensure the deficient practice of not recur? All hoods and filters will be checked weekly for cleanliness by Production Manager. Replacem and/or cleaning will be conducted	nake does ed bi- the nents	
<ul> <li>February 20, 2007.</li> <li>4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur (i.e., what Quality Assurance Program will be put into place?</li> <li>Dietary Production Manager will report any deficient practices to monthly Quality Assurance.</li> </ul>		4. Hotel pans (12x1 thoroughly cleaned were observed on t and pans were not on racks in the dish hotel pans observed	after washing. Food particles he inner and outer surfaces allowed to dry before storing room in five (5) of five (5)			monitored to ensure the defice practice will not recur (i.e., w Quality Assurance Program will put into place? Dietary Production Manager will re any deficient practices to mon	cient what II be eport	April 5, 2007
5. The inner surfaces of cooking hood filters were soiled with accumulated grease and dust over cooking areas in 20 of 20 hood filter observations		soiled with accumul cooking areas in 20	ated grease and dust over of 20 hood filter observations					

DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES					03/06/2007 APPROVED
		& MEDICAID SERVICES					<u>0938-0391</u>
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	
		095024	B. WIN	IG _	· · ·	02/2	2/2007
	ROVIDER OR SUPPLIER	ASHINGTON-HADLEY SNF		4	REET ADDRESS, CITY, STATE, ZIP CODE 601 ML KING AVE SW VASHINGTON, DC 20032		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
F 371	Continued From pa at 9:00 AM on Febr	-	F	371	F371 (6)		
F 385	ceiling adjacent to t the Ansul supply lin	8 inches) was observed in the he cook's preparation around es in one (1) of one (1) ceiling AM on February 20, 2007. AN SERVICES	FS	385	<ol> <li>What corrective action(s) v accomplished for those re found to have been affected deficient practice? The opening around the ansul lines observed in the ceiling adj</li> </ol>	esidents by the supply	
SS=D	A physician must per recommendation th	ersonally approve in writing a lat an individual be admitted to lident must remain under the			<ol> <li>How will you identify other rewho have the potential to be a by the same deficient practice</li> </ol>	as fixed esidents affected	
	each resident is su another physician s	sure that the medical care of pervised by a physician; and supervises the medical care of ir attending physician is			what corrective action will be Rounds were conducted throug kitchen to ensure no other o were present. No resident affected by this deficient practi	taken? hout the penings s were	
	: Based on staff inter (2) of 15 sampled re that the physician fa	NT is not met as evidenced by rview and record review for two esidents, it was determined ailed to: complete the annual l assessment for two (2) is #3 and 6.			rounds will be done to	II make ice does 07 as to needing nmental	
	history and physica #3. During the review o physician's orders s	e: led to complete an annual l examination for Resident of the resident's record the signed and dated December 1, P (History and Physical) every			<ol> <li>How the corrective action(s) monitored to ensure the d practice will not recur (i.e Quality Assurance Program put into place? Outcome of rounds will be rep Administration weekly, and mo EOC committee, Patient Committee, Process Improven QA meetings.</li> </ol>	eficient ., what will be ported to onthly to Safety	April 5, 2007
FORM CMS-25	1. The physician fai history and physica #3. During the review o physician's orders s 2006 included, "H&	led to complete an annual I examination for Resident of the resident's record the signed and dated December 1, P (History and Physical) every			<ol> <li>How the corrective action(s) monitored to ensure the d practice will not recur (i.e Quality Assurance Program put into place? Outcome of rounds will be rep Administration weekly, and mo EOC committee, Patient Committee, Process Improven QA meetings.</li> </ol>	eficient ., what will be ported to onthly to Safety	2007

		AND HUMAN SERVICES	- <b>T</b>				03/06/20 APPROVE _0938-03
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) Mul A. Build			(X3) DATE SU COMPLE	
		095024	B. WING	;		02/2	2/2007
IAME OF P	ROVIDER OR SUPPLIER	·	s	TREET	ADDRESS, CITY, STATE, ZIP CO	DE	
SPECIAL	TY HOSPITAL OF W	ASHINGTON-HADLEY SNF			ML KING AVE SW HINGTON, DC 20032		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF COF EACH CORRECTIVE ACTION SHO EFERENCED TO THE APPROPRIA	ULD BE CROSS-	(X5) COMPLETIC DATE
F 385	Continued From pa	age 27	F 38	35			
		d physical examination form in		F38:	5 (1 2)		
		ed November 22, 2005.				/ \ <b>III</b> -	
				1.	What corrective action		
	On February 22, 20	006 at approximately 9:30 AM,			accomplished for thos found to have been affe		
	a face-to-face inter	view was conducted with the			deficient practice?	cied by the	
		re Coordinator) who			The Primary Physician a	and Medical	
		a H&P was not in the record			Director were notified of		
		6. The record was reviewed on			practice. The primary ca		
	February 20, 2007.				completed the H&P for res #6.	sident #3 and	
	2. The attending p	hysician failed to complete an		2.	How will you identify oth	or residents	
		physical assessment for		۷.	who have the potential to		
	Resident #6.				by the same deficient p		
	A review of the faci	lity's policy "Medical Staff			what corrective action w	ill be taken?	
		n," Section K, documented, "			An audit of all remaini		
		have a medical examination			charts were done to de		
		is/her heath status at least			presence of H&P's. No ot were affected by this defic		
	every twelve month	s which shall be documented			were affected by this defic	ient practice.	
	both in the appropr	iate History and Physical Form		3.	What measure will be pu	t in place or	
	and the progress n	otes "			what systemic changes yo		
					to ensure the deficient p	ractice does	
		ical record for Resident #6			not recur?		
		amination dated January 26, or evidence of an annual			Medical Records will b monthly physician docum		
		I (H&P) examination. for			required H&P. Deficie		
	January 2007.				reported to Medical D	•	
					Administrator. Physician		
	A face-to-face inter	view was conducted with the			comply within a timely		
	Resident Care Coo	rdinator on February 22, 2007			have privileges suspended	minectatery.	
		ne acknowledged that the H&P		4.	How the corrective action	on(s) will be	
		for January 2007. The record			monitored to ensure t	he deficient	April 5,
	was reviewed on Fe		E 00		practice will not recur	• •	2007
F 386	483.40(b) PHYSICI	AN VISH S	F 38	50	Quality Assurance Prog	ram will be	
SS=G	The physician mus	troview the resident's total			<b>put into place?</b> All deficient practices wil	l be reported	
		t review the resident's total cluding medications and			by Medical Records staff		
		visit required by paragraph (c)			QA meetings.		
		e, sign, and date progress	•		~ U		
	c. and deciden, white			· ·			

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STATEMEN	T OF DEFICIENCIES OF CORRECTION	KANNERS      KANNERS	(X2) MU A. BUILI			(X3) DATE SI COMPLE	
		095024	B. WING	6		02/2	2/2007
	PROVIDER OR SUPPLIER	ASHINGTON-HADLEY SNF	S	4601 ML KIN	ESS, CITY, STATE, ZIP CODE IG AVE SW FON, DC 20032		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH C	ROVIDER'S PLAN OF CORRI ORRECTIVE ACTION SHOU NCED TO THE APPROPRIAT	LD BE CROSS-	(X5) COMPLETION DATE
F 386	notes at each visit; with the exception polysaccharide vac administered per p policy after an asse This REQUIREME Based on staff inte one (1) of 15 samp determined that the on Dilantin level res was subsequently h The findings includ The physician's on 2006 directed, "Dila March/June/Sept/D September 8, 2006 A review of the labor record revealed tha December 1, 2006 record that the resu Dilantin level were review. A face-to-face inter Resident Care Coo Nursing on Februar reviewing the recor that there were no According to the fol February 7, 2007 a came up on the uni	and sign and date all orders of influenza and pneumococcal ccines, which may be hysician-approved facility essment for contraindications. NT is not met as evidenced by rview and record review for led residents, it was e physician failed to follow-up sults for Residents #14, who nospitalized for Dilantin toxicity. e: der sheet dated December antin level every 3 months- bec [original order dated ]." oratory (lab) section of the at a Dilantin level was drawn on There was no evidence in the ults for the aforementioned present at the time of this view was conducted with the rdinator and the Director of ry 21, 2007 at 12:30 PM. After d, they both acknowledged Dilantin level results.	F 38	a fr d d T T h k c a a r c M d 2. H b b 2. H S 0 2. H S 0 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	What corrective action(s complished for those bund to have been affect eficient practice? he physician was notified is failure to follow-up on the vel results for resident throspective corrective acti- complished at this time soldent is no longer at the fedical Director was also eficient practice. Now will you identify other the have the potential to the y the same deficient pra- that corrective action will he medical records of esidents on Dilantin le- eviewed. No other reside ound to have the same ractice. What measure will be put if that systemic changes you o ensure the deficient pra- tot recur? fedical records of future res- till receive Dilantin with Di- est order will be reviewed censed staff on the night sh- utcomes will be document bolog sheet. See attachmer ag 309(1). low the corrective action ionitored to ensure the ractice will not recur ( ouality Assurance Progra ut into place? fonitoring outcomes will be onitoring outcomes will be ponitoring outcomes wil	residents ted by the regarding he Dilantin #14. No ion can be he as the he facility. notified of r residents be affected actice and be taken? all other vels were deficient in place or will make netice does sidents who lantin level d daily by ift. Review ted on the ht #2 for F- (s) will be deficient i.e., what m will be	April 5, 2007
		on the left side than yesterday			A committee by DON.	, , , , , , , , , , , , , , , , , , ,	
ORM CMS-25	567(02-99) Previous Versions	: Obsolete Event ID: GH2211		Facility ID: HADI	.⊨Y If cor	ntinuation sheet I	Page 29 of 3

CENTE STATEMEN AND PLAN		AND HUMAN SERVICES & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095024	(X2) M A. BUI B. Wit	ILDING		FORM OMB NO. (X3) DATE SI COMPLE	
		ASHINGTON-HADLEY SNF		46	REET ADDRESS, CITY, STATE, ZIP CODE 601 ML KING AVE SW VASHINGTON, DC 20032		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE	BE CROSS-	(X5) COMPLETION DATE
F 386	in therapy. A call ha ] to make [him/her] February 7, 2007 at expressed concern weakness on the rig Doctor [name] to co and decline in spee ordered that resider emergency room] fo neurological status [name] and admitted dehydration Physician notes we December 11, 2006 February 5, 2007. February 5, 2007. There was notes we Dotained the Dilanti 1, 2006, at the require report revealed a D normal range 10.0- There was no evider followed up on the I December 1, 2006. was hospitalized witoxicity on February reviewed on February 483.60(c) DRUG R	as been made to Doctor [name aware." t 8:00 PM "Speech therapist to writer about resident 's ght side. This writer contacted onvey concerns of weakness ch pattern. Doctor [name] In the transferred to ER [ for evaluation of altered Follow up call made to resident was taken to hospital d for Dilantin toxicity and re present in the record dated S, January 10, 2007 and The progress note dated cluded a review of the y reports. However, there was e Dilantin level of December 1, 07 at 4:15 PM the facility staff n results, drawn on December est of the surveyor. The lab ilantin result of 29.6 H [high], [ 20.0]. Ince that the physician Dilantin level drawn on Subsequently, the resident th a diagnosis of Dilantin 7, 2007. The record was ary 21, 2007.			-	esidents I by the Attending d of the e fasting n panels esidents affected tice and e taken? m the ewed for deficient ces were place or ill make tice does ians of macist's obysician e shared ) will be deficient e., what a will be ported by Meetings	April 5, 2007

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Facility ID: HADLEY

If continuation sheet Page 30 of 39

		AND HUMAN SERVICES	·			FORM	03/06/2007 APPROVED 0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUIL		NSTRUCTION	(X3) DATE S COMPLE	URVEY
		095024	B. WIN	G		02/2	2/2007
	ROVIDER OR SUPPLIER	ASHINGTON-HADLEY SNF		4601 ML	DRESS, CITY, STATE, ZIP COD KING AVE SW NGTON, DC 20032		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORI CH CORRECTIVE ACTION SHOI ERENCED TO THE APPROPRIA	ULD BE CROSS-	(X5) COMPLETION DATE
F 428	the attending physic nursing, and these This REQUIREMEN Based on record re residents, the physic	ge 30 est report any irregularities to cian, and the director of reports must be acted upon. NT is not met as evidenced by view for one (1) of 15 sampled cian failed to respond to the cist's report. Resident #1.	F 4	28 F441 1. 2.	What corrective action( accomplished for those found to have been affec deficient practice? Both shower stretchers underside of the mat we immediately 2/22/07. How will you identify othe who have the potential to by the same deficient pu what corrective action will All other shower stretche underside of all other mat we and were found to be clean	er residents and the ere cleaned er residents be affected ractice and II be taken? ers and the vere checked	
F 441 SS=D	pharmacist's "Cons December 5, 2006, simvastatin (statin) a fasting lipid panel weeks after initiatio dosage increase ar semiannually) there toxicity of this thera consider monitoring hepatic function paid day and every six in The physician signer February 7, 2007. I evidence on the con physician's progres response to the pha	of Resident #1's record, a ultation Report" dated noted, "[Resident] takes It is recommended to monitor and hepatic function panel 12 n of therapy or following any deperiodically (e.g., after to monitor efficacy and py. Recommendation: Please a fasting lipid panel and hel on the next convenient lab nonths there after." ed the consultation report on However, there was no hsultation report or in the s notes of the physician's armacist's recommendation. iewed February 20, 2007.	F 4	3. <b>4.</b>	What measure will be put what systemic changes you to ensure the deficient pr not recur? Nursing staff were in-see instructed to clean off between each resident's u check the undersurfaces ensure they are clean. Ho staff will clean and disinfec on a weekly basis. See atta How the corrective action monitored to ensure th practice will not recur Quality Assurance Progr put into place? Team leader CNAs will n report deficient practices nurses. RCC will notify Administrator daily. Defici will be reported to mu Meetings.	u will make factice does stretchers uses and to of mats to pusekeeping these items these items these items these items the deficient (i.e., what am will be nonitor and to Charge DON and ient findings	April 5, 2007

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		I AND HUMAN SERVICES				FORM	03/06/2007 APPROVED 0938-0391
STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU			(X3) DATE SU COMPLE	JRVEY
		095024	B. WI	NG_		02/2	2/2007
	ROVIDER OR SUPPLIER	ASHINGTON-HADLEY SNF		4	REET ADDRESS, CITY, STATE, ZIP CODE 1601 ML KING AVE SW WASHINGTON, DC 20032		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE	BE CROSS-	(X5) COMPLETION DATE
F 441 F 492 SS=E	infection control pro- safe, sanitary, and to prevent the deve disease and infection an infection control investigates, contro- the facility; decides isolation should be resident; and maint corrective actions re- This REQUIREMEN Based on observati tour, facility staff fai sanitary manner as stretcher. This obs presence of the Dire Housekeeping Supe The findings include The shower stretche observed with resid the bath mat and a plastic surface of the underside of the mat stretchers observed PM. 483.75(b) ADMINIS The facility must op compliance with all local laws, regulatio accepted profession	tablish and maintain an ogram designed to provide a comfortable environment and lopment and transmission of on. The facility must establish program under which it Is, and prevents infections in what procedures, such as applied to an individual ains a record of incidents and elated to infections. AT is not met as evidenced by ons during the environmental led to maintain equipment in a evidenced by a soiled shower ervation was made in the ector of Maintenance, ervisor and nursing staff. e: er on unit 3 East was ual soap on the underside of grey substance on the flat e stretcher frame and at in one (1) of two (2) I on February 22, 2007 at 2:10			<ul> <li>F-492 (1)</li> <li>1. What corrective action(s) accomplished for those r found to have been affected deficient practice? One of the in-services require not conducted within the year 2 in-services were done consultant pharmacist. retrospective corrective action done.</li> <li>2. How will you identify other r who have the potential to be by the same deficient practice what corrective action will be The Pharmacy was contareference to the in-service n conducted by the compharmacist. No residents were by this deficient practice.</li> <li>3. What measure will be put in what systemic changes you w to ensure the deficient praction of recur? A new consultant pharmacy field by the Administ attend pharmacy meetings effence to read the Administrator will traannual basis to ensure the requested by the administ attend pharmacists. Admin QA tool was updated to monitoring, see attachment #1</li> </ul>	esidents I by the red were although by the No n can be esidents affected tice and e taken? cted in ot being onsultant affected place or ill make tice does sist was rator to ctive the he DON ck on an uired in- by the nistrative reflect . what a will be ad will be	April 5, 2007

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		AND HUMAN SERVICES				FORM	03/06/2007 APPROVED 0938-0391
	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL			(X3) DATE S COMPLE	
		095024	B. WIN	G		02/2	2/2007
	ROVIDER OR SUPPLIER	ASHINGTON-HADLEY SNF		4	REET ADDRESS, CITY, STATE, ZIP CODE 1601 ML KING AVE SW WASHINGTON, DC 20032		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHOUL REFERENCED TO THE APPROPRIATE	D BE CROSS-	(X5) COMPLETION DATE
F 492		lge 32	F 4	92	F-492 (2) 1. What corrective action(s) accomplished for those found to have been affected	residents	
	Based on staff inter was determined that failed to conduct an District of Columbia failed to remove ex interim box, obtain for two (2) employe	views and record review, it at the contract pharmacist in-service as required by the a regulations and facility staff pired medications from the a criminal background check es before the date of hire and fing at 3.5 nursing hours per		-	<ul> <li>deficient practice?</li> <li>Expired drugs were im removed and destroyed acc regulatory requirements 2/20 documentation was submitt contracted Pharmacy services informed of the deficient pra</li> <li>How will you identify other who have the potential to b by the same deficient pra</li> </ul>	ording to //07. The ed to the who were ctice. residents e affected	
	that included indica	e: ailed to conduct an in-service tions, contraindications and s of commonly used			<ul> <li>what corrective action will         In the presence of the survey             of the narcotics were inspect             other expired narcotics were             other residents were affecte             deficient practice.         </li> <li>What measure will be put in             what systemic changes you</li> </ul>	be taken? or the rest ed and no found. No d by this n place or will make	
	Municipal Regulatic supervising pharma Provide a minimum per year to all nursi 1) session that inclu	nd possible side effects of			to ensure the deficient pra- not recur? The administrator requested to be conducted with the of pharmacy services on 3/16/07 consultant pharmacist respo- and pharmacy policy and manual. A new consultant p was requested by the Admin attend pharmacy meetings eff April 5, 2007.	a meeting contracted to review nsibilities procedure harmacist istrator to ective the	
	consultant pharmac determined that (2) conducted in 2006: in The Elderly " and	07, during a review of the cist in-service programs, it was two in-services were May 17, 2006, "Tuberculosis August 23, 2006, "Bacterial Elderly Nursing Home			4. How the corrective action monitored to ensure the practice will not recur (i Quality Assurance Progra put into place? All deficient practices will b by RCC's to the D Administrator at monthly QA	deficient .e., what n will be e reported ON and	April 5, 2007
FORM CMS-25	conducted in 2006: in The Elderly " and Pneumonia and the Resident ".	May 17, 2006, "Tuberculosis August 23, 2006, "Bacterial Elderly Nursing Home		Fac	Quality Assurance Progra put into place? All deficient practices will b by RCC's to the D Administrator at monthly QA	n v e re ON Me	vill be ported and

		AND HUMAN SERVICES			FORM	03/06/2007 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		(X3) DATE SI COMPLE	JRVEY
		095024	B. WINC	3	02/2	2/2007
	Rovider or Supplier .T <b>Y HOSPITAL OF W</b> a	ASHINGTON-HADLEY SNF	\$	STREET ADDRESS, CITY, STATE, ZIP C 4601 ML KING AVE SW WASHINGTON, DC 20032	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION S REFERENCED TO THE APPROP	HOULD BE CROSS-	(X5) COMPLETION DATE
F 492	required indications possible side effect medications. 2. Facility staff faile medications from th 22 DCMR, 3227.12 medication shall be On February 20, 20 the Narcotic Interim contain the followin 1. Roxicet 5mg / 3 Exp. January 20, 20 2. Morphine Sulfa 8315051987, Exp. / During a face-to-fac Care Coordinator (I PM on February 20 medications were b The RCC stated, "I medication from the 3. Facility staff faile background check p employees. The review of perso employees revealed hired and allowed to criminal background	of these sessions included the a, contraindications and s of commonly used ed to remove expired he narcotic interim box. stipulates, "Each expired removed from usage." 07, at approximately 1:00 PM, Box on 3 West was found to g expired medications: 25 mg tablet, Lot#557151A, 07. te 15 mg tablet, Lot# August 8, 2006. ce interview with the Resident RCC) at approximately 1:15 , 2007, the expired rought to his/her attention. did not know that the xpired and will remove the e box and destroy them". d to obtain a criminal prior to hire for two (2) d that the employees were o work in the facility before a d check was completed.	F 45	<ul> <li>F-492 (3)</li> <li>What corrective actia accomplished for the found to have been at deficient practice? Criminal background obtained for both question on 2/21/07.</li> <li>How will you identify of who have the potential by the same deficient what corrective action All new hires for the p were reviewed to ensure background checks w prior to hire on 2/22/07. other deficient practices</li> <li>What measure will be what systemic changes to ensure the deficient not recur? A concurrent audit to ensure that all prequirements are met pr. All HR employees were regulatory requirements</li> <li>How the corrective action to ensure practice will not recur? HR director will repor practices noted after m Process Improvemen meetings.</li> </ul>	ose residents ffected by the checks were employees in other residents to be affected practice and will be taken? ast six months e that criminal ere completed There were no so noted. put in place or you will make practice does ool utilized to re-employment ior to hire date. educated as the on 2/21/07. tion(s) will be the deficient ur (i.e., what ogram will be	April 5, 2007
· .		ee #1's personnel record [that administration] revealed a ber 20, 2006.				

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Facility ID: HADLEY

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN		(X3) DATE SU COMPLE	
		095024	B. WING _		02/2	2/2007
	ROVIDER OR SUPPLIER	ASHINGTON-HADLEY SNF	4	REET ADDRESS, CITY, STATE, ZIP CODE 601 ML KING AVE SW VASHINGTON, DC 20032	_	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHOUL REFERENCED TO THE APPROPRIATE	D BE CROSS-	(X5) COMPLETI DATE
F 492	A review of employ was hired as a Cer revealed a hire dat According to the 22 shall obtain a crimi shall either obtain of District of Columbia employing or using unlicensed person. On February 23 at face-to-face intervie Human Resource r acknowledged the background check and 2. He/she indic during an audit that prior to the comple checks. The crimin reveal any criminal records were review 4. Facility staff faile 3.5 nursing hours p According to 22 DC later that January 1 employ sufficient n minimum daily ave resident per day." The Nursing Daily S requested for Febru actual staffing sche Director of Nursing and 20, 2007. Two	ree #2's personnel record [that tified Nursing Assistant] e of December 15, 2006. 2 DCMR 4701.2 "Each facility nal background check, and or conduct a check of the a Nurse Aide Registry before the contract services of an " approximately 11:00 AM, a ew was conducted with the epresentative who lack of the criminal prior to hire for employees'#1 eated that it was discovered the employees were hired tion of the criminal background al background checks did not convictions. The personnel wed on February 21, 2007. d to maintain nurse staffing at ber resident per day. CMR 3211.3, Beginning no , 2005, "Each facility shall ursing staff to provide a rage of 3.5 nursing hours per Staffing Sheets were uary 17 through 20, 2007. The edules were reviewed with the [DON] for February 17, 18, 19, o (2) of the four (4) days	F 492	<ul> <li>F-492 (4)</li> <li>What corrective action(s) accomplished for those found to have been affecte deficient practice? Retrospectively no correctiv could be done as there was in staff on the day the incident of 2. How will you identify other who have the potential to be by the same deficient prac what corrective action will I All residents have the poten affected by this deficient prac the PPD falls below 3.5. Th nurse staffing rule was revie staff to ensure that a minimum of 3.5 is achieved on a daily I 8. What measure will be put in what systemic changes you to ensure the deficient prac not recur? The DON is in the pr recruiting, and interviewing staff. A unit clerk pos weekends on both nursing approved to keep nurses fr majority of administrative weekends. On weekends / inclement weather days wher call outs we have insti emergency bonus plan for num See attachment #1 from F-Ta 4. How the corrective action( monitored to ensure the practice will not recur (if Quality Assurance Program put into place? All deficient practices will b to administration daily for intervention, and immediate</li> </ul>	residents d by the // action sufficient // action sufficient // action // affected etice and // be taken? tial to be tice when e 24 hour wed with n of PPD pasis. <b>a place or</b> will make etice does occess of for PRN ition for units was pom doing duties on Holidays/ there are tuted an sing staff. g 324. s) will be deficient .e., what n will be	April 5, 2007
	reviewed, revealed	that the actual staffing was				<u> </u>

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TATEMENT OF DEFICIENCIES AND FUN OF CORRECTION         (x) DATE SURVEY DESTIFICATION NUMBER 095024         (x) DATE SURVEY A. BULINNG         (x) DATE SURVEY COMPLETE SUBJECT           NAME OF PROVIDER OR SUPPLIER         095024         NAME OF PROVIDER OR SUPPLIER         STREET ADDRESS, CITY, STATE, 2P CODE 4601 ML KING AVE SW WASHINGTON, DC 20032         00222/2007           MAME OF PROVIDER OR SUPPLIER         STREET ADDRESS, CITY, STATE, 2P CODE 4601 ML KING AVE SW WASHINGTON, DC 20032         (p) PROVIDER SPLAY OF CORRECTION (EACH ORDERCTIVENTIST REPRECEDED BY FULL (EACH ORDERCTIVENTIST REPRECED BY FULL (EACH ORDERCTIVENTIST REPRECED BY FULL (EACH ORDERCTIVENTIST REPRECED BY FULL (EACH ORDERCTIVENTIST REPRECED BY FULL (EACH ORDERCTIVENTIST REPRECED (EACH ORDERCTIVENTIST REPRECED BY FULL (EACH ORDERCTIVENTIST REPRECED BY FULL (EA			AND HUMAN SERVICES			FORM	03/06/2007 APPROVED 0938-0391
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SPECIALTY HOSPITAL OF WASHINGTON-HADLEY SNF         4601 ML KING AVE SW WASHINGTON, DC 20032         Continued From page 35 (EACH DEFICIENCY MUST BE PRECEDED BY PULL TAG         F 492         Continued From page 35 (East han 3.5 nursing hours per resident per day. The same days were reviewed again by the DON and the result of the staffing schedule indicated:         F 492       Continued From page 35 (East han 3.5 nursing hours per resident per day. The staffing schedule indicated:       F 492 F305         F voc (2) of the four (4) days revealed staffing below the required 3.5 nursing hours per resident per day. The staffing schedules were reviewed on February 22, 2007.       B         F 506       83.50/[C](2)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)			095024	B. WING		02/2	2/2007
SPECIALTY HOSPITAL OF WASHINGTON-HADLEY SMP       WASHINGTON, DC 20032         (%4) ID PREFX TAG       SUMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCIES) (EACH DEFICIENC	NAME OF P	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP CODE		
PRÉEX TAG       (EACH CORRECTIVE ACTION SHOULD BE CROSS- ENDATION OF CREATER ACTION SHOULD BE CROSS- ENDATION OF CREATER ACTION SHOULD BE CROSS- COMPACTIVE ACTION The facility must promptly notify the attending physician of the findings.         F505	SPECIAL	TY HOSPITAL OF W	ASHINGTON-HADLEY SNF				
<ul> <li>less than 3.5 nursing hours per resident per day. The same days were reviewed again by the DON and the result of the staffing schedule indicated:</li> <li>February 17, 2007 3.0</li> <li>February 18, 2007 3.25</li> <li>Two (2) of the four (4) days revealed staffing below the required 3.5 nursing hours per resident per day. The staffing sheets/schedules were reviewed on February 22, 2007.</li> <li>F 505</li> <li>F 505</li> <li>F 505</li> <li>SS=D</li> <li>The facility must promptly notify the attending physician of the findings.</li> <li>This REQUIREMENT is not met as evidenced by the same deficient practice and what corrective action will be taken?</li> <li>F 505</li> <li>Based on staff interview and record review for one (1) supplemental resident, it was determined that facility staff failed to notify the attending physician of an abnormal Dilantin level of Resident S2.</li> <li>The findings include:</li> <li>A review of Resident S2's record revealed a laboratory report dated January 2, 2007 of a Dilantin level of 6.8 (normal D-20.0 ug/m)). There was no evidence that facility staff notified the physician of an et preview in the corrective action if any. See attachment # 1 For F-tag 309 (1).</li> <li>Wat metage you will make to ensure the deficient practice des monitored to ensure the deficient practice will be qut in place or what systemic changes you will make to ensure the deficient practice des monitored to ensure the deficient practice will not recure?</li> <li>Monitoring outcomes will be connected on the labo gabeer. See attachment # 2 F-tag 309 (1).</li> <li>How the corrective action(s) will be resident din not experience seizure activity from January 2 through February 22, 2007.</li> <li>A face-to-face interview was conducted with the RCC (Resident Care Coordinator) on February 22</li> <li>Wonto the by DON.</li> </ul>	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE CROSS-	COMPLETION
January 2 through February 22, 2007.       to the Administrator at daily standup         A face-to-face interview was conducted with the RCC (Resident Care Coordinator) on February 22       meetings.       Monthly compliance         Monthly compliance       Monthly compliance       Monthly compliance         Monthly compliance       Monthly compliance         Monthly compliance       Monthly compliance         RCC (Resident Care Coordinator) on February 22       Monthly compliance	F 505	less than 3.5 nursin The same days were and the result of the February 17, 2007 February 18, 2007 Two (2) of the four below the required per day. The staffin reviewed on Februa 483.75(j)(2)(ii) LAB The facility must pro- physician of the find This REQUIREMEN Based on staff inter one (1) supplement that facility staff faile physician of an abn Resident S2. The findings include A review of Resider laboratory report da Dilantin level of 6.8 There was no evide the physician of the nurs resident did not exp	ag hours per resident per day. re reviewed again by the DON e staffing schedule indicated: 3.0 3.25 (4) days revealed staffing 3.5 nursing hours per resident ng sheets/schedules were ary 22, 2007. ORATORY SERVICES omptly notify the attending lings. NT is not met as evidenced by view and record review for al resident, it was determined ed to notify the attending ormal Dilantin level for e: at S2's record revealed a ted January 2, 2007 of a (normal 10-20.0 ug/ml). nce that facility staff notified Dilantin level. ses' notes revealed that the erience seizure activity from		<ol> <li>What corrective action(s) accomplished for those r found to have been affected deficient practice? Retrospectively corrective actin not be done for this incider resident never returned to the facility.</li> <li>How will you identify other r who have the potential to be by the same deficient pract what corrective action will b Records of all residents r Dilantin level orders were rev check if; results were in the re if not results were obtained were reported to physician an carried out accordingly; app documentation are recorded medical records of intervention See attachment # 1 for F-tag 3</li> <li>What measure will be put in what systemic changes you w to ensure the deficient pract not recur? Medical records of future resid will receive Dilantin with Dilant test order will be reviewed licensed staff on the night shift outcomes will be documented lab log sheet, see attachment 309 (1).</li> <li>How the corrective action(s) monitored to ensure the practice will not recur (i.e Quality Assurance Program put into place?</li> </ol>	esidents I by the on could it as the nursing esidents affected tice and e taken? receiving iewed to cord and ; results d orders oropriate in the ns if any. 09 (1). place or fill make ice does ents who ntin level daily by . Review d on the #2 F-tag ) will be deficient e., what a will be	
		A face-to-face inter RCC (Resident Car	view was conducted with the e Coordinator) on February 22		meetings. Monthly con monitoring outcomes will b re QA committee by DON.	mpliance ported to	

	OF DEFICIENCIES	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ·		OMB NO. (X3) DATE SI COMPLE	JRVEY
• • • •.*		005024	A. BUILDIN B. WING			
		095024				2/2007
		ASHINGTON-HADLEY SNF	4	REET ADDRESS, CITY, STATE, ZIP C 601 ML KING AVE SW VASHINGTON, DC 20032		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION SI REFERENCED TO THE APPROPI	IOULD BE CROSS-	(X5) COMPLETI DATE
F 505 SS=D	and acknowledged been notified of the was reviewed Febru 483.75(I)(1) CLINIC The facility must ma resident in accordan standards and prace accurately documen systematically organ The clinical record n information to ident resident's assessm services provided; t	He/she reviewed the record that the physician should have Dilantin value. The record uary 22, 2007. AL RECORDS aintain clinical records on each nce with accepted professional tices that are complete; nted; readily accessible; and nized. must contain sufficient ify the resident; a record of the ents; the plan of care and	F 505 F 514	<ul> <li>F514</li> <li>What corrective action accomplished for thos found to have been affer deficient practice? This weights loss was de diurctic agent and weigh plan of her carc. No reaction could be accompresident #6. Resident weighed weekly for 8 we to 4/25/07) to establish weight goals with the adm of diuretic agents. The care vised. Resident's currevised. Resident's curre plan attachment #1.</li> </ul>	e residents seted by the sirable with it loss was a ctrospective lished with it will be beeks (3/7/07 in base line ministration are plan was rent weight. See revised	
	and progress notes This REQUIREMEN : Based on staff and review for one (1) o determined that the	NT is not met as evidenced by resident interviews and record f 15 sampled residents, it was dietician failed to document ed for Resident #6's weight		2. How will you iden residents who have the be affected by the sam practice and what corre- will be taken? All charts have been a residents on weight Charts were audited weights and reweights completed and interver documented as applicabl residents were found to in this practice.	potential to le deficient ctive action udit for all loss goals, to ensure ghs were tions were c. No other	
	Resident #6, the res August 2, 2006 September 1, 2006 October 3, 2006 November 2, 2006 Monthly dietary note	277# (pounds)				
PM CMS-25	67(02-99) Previous Versions		Fac	cility ID: HADLEY	f continuation sheet	Page 37 ¢
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CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED		
		005034	A. BUILDING	·		
		095024				2/2007
2.	ROVIDER OR SUPPLIER	ASHINGTON-HADLEY SNF	40	EET ADDRESS, CITY, STATE, ZIP CODE 501 ML KING AVE SW /ASHINGTON, DC 20032		
(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 CORR (EACH CORRECTIVE ACTION SHOU REFERENCED TO THE APPROPRIAT	LD BE CROSS-	(X5) COMPLETI DATE
F 514	general status of the was no evidence in interventions initiate A face-to-face inter- dietician on Februa she stated, "I did a Resident] at least to August, September talked about the car she] ate and how in high in sodium beca- informed the doctor and that I was count twice a week. I talke resident to eat only not to eat the carry weight loss is desire medical condition. more edema and the A face-to-face inter- Resident #6 on Feb He/she stated, "The couple times a wee and other carry out and see me when I would talk about the was eating. [Dietici should stop eating of on my tray. The firs- out at the end of the of weight. I have be and I feel really goo	he weight history, appetite and e resident monthly. There the dietician's notes of ed during this time. view was conducted with the ry 20, 2007 at 3:45 PM. He/ lot of counseling with [ wo or three times a week in , October and November. We rry out Chinese food that [he/ hportant it was not to eat foods ause of [Resident's] edema. I of the resident's condition seling the resident at least ed at great length with the the food we provided here, out food. [His/her] on-going ed because of the resident's [Resident] doesn't have any e breathing is better. " view was conducted with ruary 21, 2007 at 10:00 AM. e dietician was on my case a k about eating Chinese food foods. [Dietician] would come was eating dinner and we e good foods and bad foods I an] finally convinced me that I carry out and just eat what was t month I stopped eating carry e summer (August) I lost a lot een loosing weight ever since	F 514	documentation immediately in chart whi detail the appr	you will deficient rotocol weights placed ew QA tary for chment notified ntation. p with me not e have ally to for with During esidents weight related placed ch will opriate nmittee (, what a will be acnt #3) ort any	H 5, 2007

STATEMENT OF DEFICIENCIES AD PLAN OF CORRECTION       [V11] PROVIDER SUPPLIER DeSTRECTANING       IX12000       (X12) DATE SURVEY COMPLETED       (X12) DATE SURVEY COMPLETED         MARE OF PROVIDER OR SUPPLIER SPECIALTY HOSPITAL OF WASHINGTON-HADLEY SNF       ISTREET ADDRESS, CITY. STATE, ZIP CODE 4001 ML KING AVE SW WASHINGTON, DC 20032       (X12) (X12) (X22) 4001 ML KING AVE SW WASHINGTON, DC 20032         (M10) PRE/ML TAG       SUMMARY STATEMENT OF OFFICIENCIES (ICAN CORRECTIVE ATTOM SHOULD BE CORRECTION REFORMED TO THE APPROPRIATE DEFICIENCY (RECORDED TO THE APPROPRIATE DEFICIENCY)       (X10)			AND HUMAN SERVIC	ES			FORM	: 03/06/2007 APPROVED . 0938-0391	
Image: constraint of the second system       03024       02/22/2007         NAME OF PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE       4601 ML KING AVE SW         SPECIALTY HOSPITAL OF WASHINGTON-HADLEY SNF       WASHINGTON, DC 20032       4601 ML KING AVE SW         (X4) ID       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID       PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)       CMPLETION DATE         F 514       Continued From page 38 from the resident's weight loss. The record was       F 514       F 514				ER:			(X3) DATE S COMPLI	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         SPECIALTY HOSPITAL OF WASHINGTON-HADLEY SNF       4601 ML KING AVE SW         (X4) ID       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID       PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)       (X5) COMPLETION DATE         F 514       Continued From page 38 from the resident's weight loss. The record was       F 514		095024			B. WING		02/22/2007		
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Facility ID: HADLEY

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