		AND HUMAN SERVICES & MÉDICAID SERVICES		Rec & 6/2/06	FORM APPROVED OMB NO. 0938-0391
TATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		095025	B. WING		04/27/2006
NAME OF P	ROVIDER OR SUPPLIER		S.	TREET ADDRESS, CITY, STATE, ZIP CODE	
LISNER	OUISE DICKSON HU	JRTHOME	<u> </u>	5425 WESTERN AVE NW WASHINGTON, DC 20015	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE (BE CROSS- COMPLETION
F 000	on April 25 through deficiencies were b observations and ir facility staff. The sa based on a census	rs ration survey was conducted 27, 2006. The following ased on record review, aterviews with residents and ample included 15 residents of 60 residents on the first day 1) supplemental resident.	F 00	0	
F 253 SS=D	The facility must pr maintenance service	ovide housekeeping and comfortable interior.	F 25	3	
	Based on observation was determined to services were not a laundry facility was sanitary manner as lower wall surfaces to direct the flow of soiled floors and wand debris on the bound These findings were the Directors of Hold and Nursing staff. The findings included the washer room with the washer roo	ions during the survey period, hat maintenance and laundry adequate to ensure that the maintained in a safe and evidenced by: openings in the apipe that was not installed water into an open drain, alls, and accumulation of dust burner surfaces of a dryer. The observed in the presence of busekeeping and Maintenance as not secured as evidenced in opening in the wall in one (1) ons at approximately 9:00 AM		LOWER WALL SURFACES IMMEDIATE RESPONSE: Installed new drywall and plastered hole SYSTEMIC CHANGES: Engineering staff will be inserviced on a damage to wall surfaces throughout the the need for repair of such damage. MONITORING: Director of Engineering will include made and add to his quarterly QA report a sect addressing the condition of walls through building.	reporting any facility and 5/31/06 conitoring tion process ction 7/12/06
BORATORY	DIRECTOR'S OR PROVIDE	DER/SUPPLIER REPRESENTATIVE'S SIGN	ATURE	TITLE	(X6) DATE
	MN M Ha	ryright	()	aministrator.	<u> </u>
ner sategua	iras provide sufficient pro	an asterisk (*) denotes a deficiency which election to the patients. (See instructions	n the institu .) Except for	ution may be excused from correcting providor nursing homes, the findings stated above	ding it is determined that are disclosable 90 days

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.

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION No. 108 12 INT PLE COMPLI	U.LTEY
		095025	B. WING _	04/2	7/2006
AME ÓF PI	ROVIDER OR SUPPLIER.			EET ADDRESS, CITY, STATE, ZIP CODE	
ISNER I	LOUISE DICKSON H	URTHOME	1	A25 WESTERN AVE NW VASHINGTON, DC 20015	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN-OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
F 000	on April 25 through deficiencies were to observations and in facility staff. The s	cation survey was conducted 127, 2006. The following based on record review, interviews with residents and sample included 15 residents	F 000		
		s of 60 residents on the first day (1) supplemental resident.	, .		
F 253 SS=D	The facility must p	SEKEEPING/MAINTENANCE rovide housekeeping and ices necessary to maintain a and comfortable interior.	F 253		
	Based on observa it was determined services were not laundry facility was sanitary manner a lower wall surface to direct the flow o soiled floors and wand debris on the	tions during the survey period, that maintenance and laundry adequate to ensure that the s maintained in a safe and s evidenced by: openings in the s, a pipe that was not installed if water into an open drain, yalls, and accumulation of dust burner surfaces of a dryer.	•		
;	These findings we the Directors of H and Nursing staff.	re observed in the presence of ousekeeping and Maintenance		LOWER WALL SURFACES IMMEDIATE RESPONSE: Installed new drywall and plastered hole in wall. SYSTEMIC CHANGES: Engineering staff will be inserviced on reporting an	5/24/06
	The findings included	de: surfaces on the solled side of		damage to wall surfaces throughout the facility and the need for repair of such damage. MONITORING:	Уl 5/31/06
	the washer room v	was not secured as evidenced ch opening in the wall in one (1) tions at approximately 9:00 AM		Director of Engineering will include monitoring damaged drywall in his monthly inspection process and add to his quarterly QA report a section addressing the condition of walls throughout the building.	6/09/06 Never 1

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 & MEDICAID SERVICES				APPROVED 0938-0391
TATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		095025	B. WING		04/27	7/2006
-	ROVIDER OR SUPPLIER LOUISE DICKSON HU	IRTHOME		TREET ADDRESS, CITY, STATE, ZIP CODE 5425 WESTERN AVE NW WASHINGTON, DC 20015		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
F 253	2. A plastic drainpip was not installed to an open drain. Wa onto the floor in one	be (PVC) in the main laundry o direct the flow of water into ater was observed draining o (1) of one (1) observation at	F 253	PLASTIC DRAIN PIPE IMMEDIATE RESPONSE: Rerouted the drainpipe to direct the flow into the open drain. Added support brack permanent placement. SYSTEMIC CHANGES:		5/24/06
	were soiled with acone (1) of one (1) of	r, 2006. Infaces at the rear of dryers cumulated dust and debris in bservation at 9:15 AM on April		Laundry personnel will be instructed to oproper water drainage and to report to Er improper drainage or water on floor. As will be posted in the laundry room. Engineering staff will be inserviced on p	ngineer any well, a sign	5/31/06
-	on the burner surfa	accumulated dust and debris ces in one (1) of one (1) AM on April 27, 2006.		line piping installation. MONITORING: Laundry personnel will check during operand report as above. FLOOR AND WALL SURFACES IMMEDIATE RESPONSE: Floor and wall surfaces at rear of dryer was a surface.		6/05/06
F 274 SS=D	WHEN REQUIRED A facility must cond assessment of a re	uct a comprehensive sident within 14 days after the or should have determined.		vacuumed and debris was removed. SYSTEMIC CHANGES: Environmental Services will clean the ba on a monthly basis. Laundry personnel a supervisors will be inserviced. MONITORING:	ack of dryers and	4/27/06 6/05/06
	that there has been resident's physical of purpose of this sect means a major dec resident's status that	a significant change in the or mental condition. (For tion, a significant change line or improvement in the at will not normally resolve		Inspection of the dryers will be checked of Environmental Services on monthly N and will be added to QA checklist. GAS DRYER BURNER DEBRIS IMMEDIATE RESPONSE: Burners were cleaned of dust and debris during the inspection.	F rounds	6/05/06
	implementing stand interventions, that h one area of the resi	intervention by staff or by lard disease-related clinical as an impact on more than dent's health status, and inary review or revision of the		SYSTEMIC CHANGES: Addendum made to maintenance contract Standard Pressing Machine Co. to inspect check burner surfaces on a quarterly basing MONITORING: Checking the gas burner surfaces for dusting the gas burner surfaces.	t, clean and s.	5/30/06
l	This REQUIREMEN:	NT is not met as evidenced by		accumulation has been included in PM p cleaning, if necessary, on a monthly basi incorporated into Engineering QA report	s and will be	6/01/06 7/12/06
	Based on observation	on, interview and record				New John Mark

JEPAK I JENTER	Jun. 26. 2006 9	:28AMDICALisner Home:		,		N 10011110	
ATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N		IPLE CONSTRUCTION	No. 1081 ATE S	.,, <u>. = </u>
		095025	B, Wi	NG _		04/2	7/2006
IAME OF P	ROVIDER OR SUPPLIER			STI	REET ADDRESS, CITY, STATE, ZIP CO	DDE	
Lisner I	LOUISE DICKSON HU	JRTHOME			6425 WESTERN AVE NW NASHINGTON, DC 20015		
(X4) ID		TEMENT OF DEFICIENCIES	טו		PROVIDER'S PLAN-OF GO		COMPLETION
PRÉFIX TAG		MUST BE PRECEEDED BY FULL SC (DENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SH REFERENCED TO THE APPROPR	NATE DEFICIENCY)	DATE
F 253	Continued From pa	ge 1	F	253	PLASTIC DRAIN PIPE		
	was not installed to	be (PVC) in the main laundry be direct the flow of water into later was observed draining			IMMEDIATE RESPONSE: Remouted the drainpipe to direct the into the open drain. Added support		5/24/06
		e (1) of one (1) observation at			permanent placement. SYSTEMIC CHANGES: Laundry personnel will be instruct		6/05/06
	were soiled with ac	orfaces at the rear of dryers cumulated dust and debris in observation at 9:15 AM on April			proper water drainage and to report improper drainage or water on flow will be posted in the laundry room Engineering staff will be inserviced	or As well, a signt	5/31/06
	27, 2006.	·			line piping installation. MONITORING:		6/05/06
	on the burner surfa	accumulated dust and debris ces in one (1) of one (1) AM on April 27, 2006.			Laundry personnel will check duri and report as above. FLOOR AND WALL SURFAC IMMEDIATE RESPONSE:	ES	
F 274 SS=D		SIDENT ASSESSMENT-			Ploor and wall surfaces at rear of of vacuumed and debris was removed SYSTEMIC CHANGES: Environmental Services will clean	d. the back of dryers	4/27/06
	assessment of a re	luct a comprehensive sident within 14 days after the			on a monthly basis. Laundry perso supervisors will be inserviced. MONITORING:	,	6/05/06
	that there has beer resident's physical purpose of this sec	or should have determined, a significant change in the or mental condition. (For tion, a significant change			Inspection of the dryers will be che of Environmental Services on more and will be added to QA checklist GAS DRYER BURNER DEBRI	othly NF rounds	6/05/06
	resident's status that	line or improvement in the at will not normally resolve			IMMEDIATE RESPONSE: Burners were cleaned of dust and during the inspection.	debris immediately	
		rintervention by staff or by lard disease-related clinical			SYSTEMIC CHANGES:		4/27/06
	interventions, that to one area of the res requires interdiscip	has an impact on more than ident's health status, and linary review or revision of the			Addendum made to maintenance of Standard Pressing Machine Co. to check burner surfaces on a quarter MONITORING:	inspect, clean and ly basis.	5/30/06
	care plan, or both.)				Checking the gas burner surfaces in accumulation has been included in cleaning, if necessary, on a monthl incorporated into Engineering QA	PM program to ly basis and will be	6/01/06
ı	· · · · · · · · · · · · · · · · · · ·	NT is not met as evidenced by			Loranza miss eliminating Au	4	ursu
	Based on observati	on, interview and record					recent beby
DIA CHE N	ering on Benjava Vassis a						

PRINTED. DOGGAGO EPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED ENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA TEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY) PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING 095025 04/27/2006 ME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5425 WESTERN AVE NW** ISNER LOUISE DICKSON HURTHOME WASHINGTON, DC 20015 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION DATE (X4) ID in (EACH DEFICIENCY MUST BE PRECEEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-PREFIX PRÉFIX REFERENCED TO THE APPROPRIATE DEFICIENCY) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG F 274 Continued From page 2 F 274 1) Corrective Action for those residents specifically identified: 06/11/06 review for one (1) of 15 sampled residents, it was i) Resident #4 has had another quarterly done on 12/2/05 and an annual on determined that facility staff failed to complete a 03/07/06 which is reflective of resident's significant change Minimum Data Set (MDS) current status since 09/07/05 quarterly assessment for Resident #4. assessment. The findings include: ii) Each individual who completes a portion of the MDS (Care Plan Team) A review of Resident #4's record revealed a will be in-serviced on "Significant quarterly MDS assessment dated June 6, 2005 Change in Status Assessments (SCSA)" coded the resident in Section G1A (Physical based on CMS's RAI Version 2.0 (page Functioning and Structural Problems) as 2-7 to Page 2-13.) independent with walking in the room(0) and 2) How to identify other residents at corridor (0); requiring supervision for bed mobility(risk: 0), transfers(1), dressing (0), eating (0), toilet use 06/11/06 Resident with significant change in 3 or 4 (1) and personal hygiene (0); and limited ADL's are at risk. assistance for bathing (2). 3) Corrective Action and Systemic According to a quarterly MDS completed Changes: September 7, 2005, the resident was coded in i) Each individual who completes a 06/11/06 Section G1A as requiring supervision for eating (0 portion of the MDS (Care Plan Team)) and personal hygiene (1); limited assistance for will be in-serviced on "Significant bed mobility (2), transfers (2), dressing (2) and Change in Status Assessments (SCSA)" based on CMS's RAI Version 2.0 (page bathing (2); extensive assistance for toilet use (3), 2-7 to Page 2-13.) walking in the room (8) and walking in the corridor (8) did not occur during the assessment period. ii) Residents that experiences a significant change in 3 or 4 ADL's will According to the "MDS 2.0 User's Manual", page be reviewed by the care plan team and 2-8, "Guidelines for Determining Significant have a significant change assessment Change in Resident Status...Any decline in an completed in accordance with ADL physical functioning area where a resident is regulations. newly coded as 3, 4 or 8 (extensive assistance, 4) Monitoring: total dependency, Activity did not occur for Item G The MDS will be monitored and 1A..." evaluated by the assessment care plan team using the weekly compliance tool

A face-to-face interview with the Assistant

Director of Nursing was conducted on April 25,

2006 at 3:20 PM. He/she acknowledged that a significant change MDS should have been done

quarterly.

and report findings to the QA committee

06/11/06

		I AND HUMAN SERVICES & MEDICAID SERVICES				FORM	U5/22/2000 APPROVED 0938-0391
TEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		TIPLE CONSTRUCTION NG	(X3) DATE SI COMPLE	JRVEY
		095025	B. WII	NG_		04/2	7/2006
WE OF P	ROVIDER OR SUPPLIER	<u> </u>		ST	REET ADDRESS, CITY, STATE, ZIP CODE	1	772000
ISNER	OUISE DICKSON H	JRTHOME		,	5425 WESTERN AVE NW WASHINGTON, DC 20015		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
F 274		ige 3 terly MDS on September 7, was reviewed April 25, 2006.	F	274	1		
F 309 SS=D	provide the necess or maintain the high mental, and psycho	or CARE t receive and the facility must ary care and services to attain hest practicable physical, psocial well-being, in a comprehensive assessment	·F	309	1) Corrective Action for those residents specifically identified: i) Resident JH1- had a Dilantin le results on 04/18/06, being 10.7ug which was within therapeutic range (laboratory values range 10-20ug/ This was reviewed with the surve April 27th, 2006.	vel with /ml ge /ml.)	04/27/06
	: Based on observat 1) supplemental re the nursing staff fa	NT is not met as evidenced by ion and record review for one (sident, it was determined that illed to administer nine (9) Resident JH1 for the month of			 ii) Resident has not had any more seizures. Staff is administering an documenting medications as order the physician. There are no new minitials as of this date. iii) Staff in-serviced on missing in on the MAR, medication administ and documentation guidelines on 28th, 2006. 	d red by nissing nitials ration	05/30/06 04/28/06
	resident JH1 was r dated January 24, mg, 200 mg (4 tabl seizure disorder." I for 10:00 AM and 6 The resident's Med MAR) for April 200	a medication record for eviewed. A physician's order 2006 directed, "Dilantin 50 ets) by mouth twice daily for The medication was scheduled			2) How to identify other residen risk: All residents receiving Dilantin ar risk. 3) Corrective Action and System Changes: i) Licensed Staff in-serviced on medication administration and documentation guidelines on 05/25 through 05/28/06. The rest of the s will be in-serviced and completed 06/11/06	e at ic 5/06 taff	05/25/06 06/11/06
	was administered t dates and times: A	o the resident] on the following pril 6 at 6:00 PM, April 9 and oril 11, 12 and 13 at 6:00 PM,			ii) The DON or designee to review identified residents' charts and MA for compliance with medication administration and documentation.		06/11/06

		I AND HUMAN SERVICES E& MEDICAID SERVICES					APPROVED 0938-0391
TEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N		TIPLE CONSTRUCTION ING	(X3) DATE SI COMPLE	JRVEY
		095025	B. WII	NG.		04/2	7/2006
	ROVIDER OR SUPPLIER LOUISE DICKSON HU	JRTHOME			TREET ADDRESS, CITY, STATE, ZIP CODE 5425 WESTERN AVE NW WASHINGTON, DC 20015		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED 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 309	PM. A review of the nurat 11:00 AM reveal a petit mal seizure. note dated April 17 Blood drawn today ordered." The labout 18, 2006, were 10. range 10 -20 ug/ml recent laboratory reducember 29, 200 within normal limits. On April 27, 2006 a Director of Nurses.	se's note dated April 16, 2006 ed that resident JH1 sustained Documentation in the nurse's , 2006 at 3:00 PM indicated, " to have Dilantin level done as pratory report results for April 7 ug/ml, (laboratory values l.). Prior to the seizure, the most eports results were dated 5, the Dilantin levels were	F	309	4) Monitoring: The Unit supervisor or designee of perform random audits of MAR's compliance, weekly x 90 days, the monthly thereafter. The results of audit will be reported to the QA committee quarterly.	s for en	06/11/06
F 371 SS=F	PREP & SERVICE	ore, prepare, distribute, and	F	37 [,]	1		
	Based on observatit was determined adequate to ensure safe and sanitary r	NT is not met as evidenced by tions during the survey period, that dietary services were not that foods were served in a manner as evidenced by: hot the dish machine was below					

EPARTMENT OF HEALTH AND HUMAN SERVICES

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		I AND HUMAN SERVICES & MEDICAID SERVICES					APPROVED 0938-0391	
FATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 04/27/2006		
		095025						
	ROVIDER OR SUPPLIER	JRTHOME		54	EET ADDRESS, CITY, STATE, ZIP CODE 125 WESTERN AVE NW VASHINGTON, DC 20015			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	1	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DE	E CROSS-	(X5) COMPLETION DATE	
F 371	Continued From pa	age 5	F 3	371				
		enheit and soiled rice, potato, s, a deep fryer, a kitchen rack, cereal bowls.				·		
i	The findings includ	e: ed to the dish machine from		}	HOT WATER TO DISH MACHINE IMMEDIATE RESPONSE:		4.00.00	
	the boiler was belo recommended tem	w the manufacturer's perature of 140 degrees		Į	Dietary Dept. was inserviced to monitor h temperatures twice per shift. Also, inservi switch to paper if temperature goes below	ced to	4/30/06	
		ng the rinse cycle. The ure during the rinse cycle was			recommended temperature. Ecolab service call to check hot water boo		4/26/06	
		ne (1) of one (1) observation at EPM on April 25, 2006.		- 1	Food service contractor regional managements consulted.		5/05/06	
	2. The top surfaces	s of rice, potato, flour and		}	Engineering contractor consultant provide analysis of temperatures.	ed an	5/16/06	
	sugar bins were so	iled with food in four (4) of four 8:22 AM on April 25, 2006.			Magnolia Plumbing evaluation completed SYSTEMIC CHANGES:		5/25/06	· ·
		faces and inner electrical and			Determined that c temperatures would be better assured with		6/10/06	
	gas valve surfaces with accumulated g	of the deep fryer were soiled grease and debris in one (1) of at 8:30 AM on April 25, 2006.			existing booster pump. MONITORING: Dishwashing staff will water temperature 3 meals per day, twice Temperature log will be monitored daily be	per shift.	4/30/06	
		ower surfaces of the kitchen			supervisor on duty. Engineering will take weekly temperature into PM program and report at QA meetir		6/09/06	
		ith dust and debris in one (1) n at 8:30 AM on April 25, 2006.		Į	Temperature issues will be reported at QA		7/12/06	No.
	under cooking hood accumulated greas	sprinkler head covers located ds were soiled with e and debris in 15 of 15 5 AM on April 25, 2006.			TOP SURFACES OF BINS IMMEDIATE RESPONSE: Bins were immediately cleaned and saniti inspection. Staff inserviced on added item opening and closing checklists.		4/25/06	8
	observed to be soil	aces of cereal bowls were led with leftover food after were not allowed to dry before	·		SYSTEMIC CHANGES: Checking of surfaces of bins was added to opening/closing checklist. MONITORING:	>	4/26/06	 -
		in 39 of 39 observations at 2:			Supervisors will check behind cooks and daily.	monitor	4/27/06	

SEE ATTACHMENT NUMBER 1 FOR ITEMS 3,4,5 AND 6

EPAR I	Jun. 26. 2006 9	29AMDICALisner Home			No. 1081-NUF	VQ-032 I	
ATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA , IDENTIFICATION NUMBER:	(X2) ML A. BUIL	JLTIPLE CONSTRUCTION	(XJ) DATE Su	COMPLETED	
		095025	B. WIN	G	04/27	7/2006	
AME OF P	ROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·		STREET ADDRESS, CITY, STATE, ZIP CODE			ĺ
.ISNER !	OUISE DICKSON H	URTHOME	}	5425 WESTERN AVE NW WASHINGTON, DC 20015		·	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORR		COMPLETION	-
PREFIX TAG		Y MUST BE PRECEEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI) TAG			DATE	
F 371	Continued From p	age 5	F 3	71			
-		enheit and soiled rice, potato, is, a deep fryer, a kitchen rack, it cereal bowls.					
	The findings include	de:		HOT WATER TO DISH MACHI	<u>NE</u>	}	
	the boiler was belo recommended ten	ied to the dish machine from bw the manufacturer's operature of 140 degrees	,	<u>IMMEDIATE RESPONSE:</u> Dietary Dept. was inserviced to montemperatures twice per shift. Also, in switch to paper if temperature goes be	serviced to	4/30/06	
	observed tempera	ing the rinse cycle. The ture during the rinse cycle was		recommended temperature. Ecolab service call to check hot wate		4/26/06	
		one (1) of one (1) observation at 5 PM on April 25, 2006.		Food service contractor regional man consulted.		5/05/06	,
	2. The top surface	s of rice, potato, flour and		Engineering contractor consultant parameters of temperatures.	ovided an	5/16/06	
l	sugar bins were so	oiled with food in four (4) of four to 8:22 AM on April 25, 2006		Magnolia Plumbing evaluation comp SYSTEMIC CHANGES:		5/25/06	
	3. The exterior sur	faces and inner electrical and		temperatures would be better assured	hat consistent with change of	6/10/06	
	with accumulated	s of the deep fryer were solled grease and debris in one (1) of n at 8:30 AM on April 25, 2006.	,	existing booster pump. MONITORING: Dishwashing staff water temperature 3 meals per day, t Temperature log will be monitored d	wice per shift	4/30/06	
	4. The upper and	ower surfaces of the kitchen		supervisor on duty. Engineering will take weekly temper		6/09/06	11
ļ	rack were soiled w	rith dust and debris in one (1) n at 8:30 AM on April 25, 2006.		into PM program and report at QA in Temperature issues will be reported	eetings.	مرمیور معر	b bud
	under cooking hoc accumulated grea	sprinkler head covers located ads were soiled with se and debris in 15 of 15		TOP SURFACES OF BINS IMMEDIATE RESPONSE: Bins were immediately cleaned and a inspection. Staff inserviced on added	anitized during	4/25/06	
	6. The interior surf	35 AM on April 25, 2006.		opening and closing checklists. SYSTEMIC CHANGES: Checking of surfaces of bins was add	led to	4/26/06	
	washing and bowl	led with leftover food after swere not allowed to dry before t in 39 of 39 observations at 2: 2006.		opening/closing checklist. MONITORING: Supervisors will check behind cooks daily. SEE ATTACHMENT NUMBER 1 3,4,5 AND 6		4/27/06	

		AND HUMAN SERVICES & MEDICAID SERVICES					APPROVED
FATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED	
		095025	B. WIN	√G_		04/27	7/2006
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
LISNER	LOUISE DICKSON HU	JRTHOME		i i	425 WESTERN AVE NW VASHINGTON, DC 20015		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD I REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
F 441 SS=F	infection control prosafe, sanitary, and to prevent the deve disease and infection control investigates, control the facility; decides isolation should be resident; and main corrective actions of this REQUIREME. Based on observatit was determined the washers in the main control of the cont	etablish and maintain an orgram designed to provide a comfortable environment and elopment and transmission of con. The facility must establish program under which it ols, and prevents infections in what procedures, such as applied to an individual tains a record of incidents and	F	441			
	The findings included The recommended washing laundry is Fahrenheit) accorded Handwashing and Control, 1985, Section supplied to washer was observed to be	e: I hot water temperature for "at least 160 degrees F (ling to CDC [Guidelines for hospital Environmental tion 6: Laundry]. Hot water s in the main laundry room e 143 degrees F in one (1) of n at approximately 3:30 PM on			WATER TEMPERATURE OF WAS IMMEDIATE RESPONSE: Laundry machine contractor called to ever Contacted Ecolab, Magnolia Plumbing a engineering consultant for evaluations. SYSTEMIC CHANGES: New temperature gauges have been order be replaced. Recirculating pump has been and will be installed. MONITORING: Environmental Services Staff will monit laundry machine temperatures twice dail temperatures that fall below recommend temperature will be reported to Director Environmental Services or designee for action. Will be incorporated into QA.	aluate issue. Tred and will an ordered or and log ly. Any ed of	4/28/06 5/25/06 6/10/06 6/10/06

FATEMENT	FOR DEFICIENCIES OF CORRECTION	30AMEDICLISHER Homes (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION OCCUPATION OCCUPATION	TED
•		095025	B, WING_	04/2	7/2006
	PROVIDER OR SUPPLIER	Intions	1	REET ADDRESS, CITY, STATE, ZIP CODE 425 WESTERN AVE NW	
LISNER	LOUISE DICKSON HI	JRTHUME	ν	VASHINGTON, DC 20015	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
F 441 SS=F	The facility must es infection control prosafe, sanitary, and to prevent the development of the facility; decides isolation should be resident; and main corrective actions of the facility; decides isolation should be resident; and main corrective actions of the facility and the facility a	stablish and maintain an orgram designed to provide a comfortable environment and elopment and transmission of on. The facility must establish program under which it ols, and prevents infections in what procedures, such as applied to an individual tains a record of incidents and related to infections. NT is not met as evidenced by it ions during the survey period, that hot water supplied to in laundry had a temperature rs for Disease Control)	F 441		
	washing laundry is Fahrenhelt) accord Handwashing and Control, 1985, Sec supplied to washed was observed to be	e: I hot water temperature for "at least 160 degrees F (ling to CDC [Guidelines for hospital Environmental tion 6; Laundry]. Hot water s in the main laundry room e 143 degrees F in one (1) of n at approximately 3:30 PM on		WATER TEMPERATURE OF WASHERS IMMEDIATE RESPONSE: Laundry machine contractor called to evaluate issue. Contacted Ecolab, Magnolia Plumbing and engineering consultant for evaluations. SYSTEMIC CHANGES: New temperature gauges have been ordered and will be replaced. Recirculating pump has been ordered and will be installed. MONITORING: Environmental Services Staff will monitor and log laundry machine temperatures twice daily. Any temperature will be reported to Director of Environmental Services or designee for immediate action. Will be incorporated into QA.	5/25/06

		I AND HUMAN SERVICES & MEDICAID SERVICES				FORM	05/22/2000 APPROVED 0938-0391
TEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		095025	B, WII	NG		04/2	7/2006
ME OF P	ROVIDER OR SUPPLIER			s	TREET ADDRESS, CITY, STATE, ZIP CODE	· · · · · · · · · · · · · · · · · · ·	
SNER-I	OUISE DICKSON HE	IRTHOME			5425 WESTERN AVE NW WASHINGTON-DC-20015		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	FΙΧ	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE [BE CROSS-	(X5) COMPLETION DATE
F 492 SS=D	compliance with all local laws, regulation accepted profession that apply to profess such a facility. This REQUIREMENT: Based on review of that the facility failer 3224.3 as evidence conduct an inservice contraindications a commonly used mean accommonly used means are such as a commonly used means accommonly used	perate and provide services in applicable Federal, State, and ons, and codes, and with anal standards and principles sionals providing services in on the services in one of the services in one of the services and principles sionals providing services in one of the service services of edications. The supervising of the service sessions per year of the following: Provide a provide a provide in the service sessions per year of the service sessions per year of the services were given by macist on the following dates: May 15, 2005, August 24, 2005, None of these in-services on sultant pharmacist included andications and possible side	F	49	IMMEDIATE RESPONSE: i) Consultant pharmacist provided services in 2005. In-services were multiple psychiatric medications, osteoporosis medications, medications dused to treat Urinary tract infection. These in-services also included indications for use, contraindications possible side effects. ii) Consultant pharmacist will consultant pharmacist will consultant pharmacist will consultant pharmacist make includes indications, contraindications and possible side effects of commused medications per 22 DCMR, 3224.3(c) regulations. This is in-sis scheduled for 05/31/06 to be composed by 06/11/06. Corrective Action and Systemic Changes: i) Consultant pharmacist will prominimum of two (2) in-services probable side effects of commonly used medication contraindications and possible side effects of commonly used medication per 22 DCMR, 3224.3 (c). ii) The in-service coordinator or owill track / monitor the in-service compliance. 4) Monitoring: This will be monitored and tracked in-service coordinator or designed results reported to the QA commit quarterly.	tions tions ons and duct an tions only ervice empleted vide a er year g one ns, e tions designee s for	06/11/06 06/11/06 06/11/06
	effects of common	y used medications.					