

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

Rec'd 6/2/06

FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  095025	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  04/27/2006
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NAME OF PROVIDER OR SUPPLIER  LISNER LOUISE DICKSON HURTHOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5425 WESTERN AVE NW WASHINGTON, DC 20015
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An annual recertification survey was conducted on April 25 through 27, 2006. The following deficiencies were based on record review, observations and interviews with residents and facility staff. The sample included 15 residents based on a census of 60 residents on the first day of survey and one (1) supplemental resident.	F 000		
F 253 SS=D	483.15(h)(2) HOUSEKEEPING/MAINTENANCE  The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.  This REQUIREMENT is not met as evidenced by:  Based on observations during the survey period, it was determined that maintenance and laundry services were not adequate to ensure that the laundry facility was maintained in a safe and sanitary manner as evidenced by: openings in the lower wall surfaces, a pipe that was not installed to direct the flow of water into an open drain, soiled floors and walls, and accumulation of dust and debris on the burner surfaces of a dryer. These findings were observed in the presence of the Directors of Housekeeping and Maintenance and Nursing staff.  The findings include:  1. The lower wall surfaces on the soiled side of the washer room was not secured as evidenced by a 12 "x 14 " inch opening in the wall in one (1) of two (2) observations at approximately 9:00 AM on April 27, 2006.	F 253	<u>LOWER WALL SURFACES</u> <u>IMMEDIATE RESPONSE:</u> Installed new drywall and plastered hole in wall. <u>SYSTEMIC CHANGES:</u> Engineering staff will be inserviced on reporting any damage to wall surfaces throughout the facility and the need for repair of such damage. <u>MONITORING:</u> 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.	5/24/06 5/31/06 6/09/06 7/12/06

*reported reasons of obs*  
5/24/06

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Susan M. Hargreaves</i>	TITLE <i>administrator</i>	(X6) DATE <i>6/1/06</i>
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Susan M. Hargreaves TITLE: administrator (X6) DATE: 6/01/06

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 253	Continued From page 1  2. A plastic drainpipe (PVC) in the main laundry was not installed to direct the flow of water into an open drain. Water was observed draining onto the floor in one (1) of one (1) observation at 9:10 AM on April 27, 2006.  3. Floor and wall surfaces at the rear of dryers were soiled with accumulated dust and debris in one (1) of one (1) observation at 9:15 AM on April 27, 2006.  4. A gas dryer had accumulated dust and debris on the burner surfaces in one (1) of one (1) observation at 9:17 AM on April 27, 2006.	F 253	<u>PLASTIC DRAIN PIPE</u> <u>IMMEDIATE RESPONSE:</u> Rerouted the drainpipe to direct the flow of water into the open drain. Added support bracket to assure permanent placement. <u>SYSTEMIC CHANGES:</u> Laundry personnel will be instructed to check for proper water drainage and to report to Engineer any improper drainage or water on floor. As well, a sign will be posted in the laundry room. Engineering staff will be inserviced on proper drain line piping installation. <u>MONITORING:</u> Laundry personnel will check during operating hours and report as above.	5/24/06  6/05/06  5/31/06  6/05/06
F 274 SS=D	483.20(b)(2)(ii) RESIDENT ASSESSMENT-WHEN REQUIRED  A facility must conduct a comprehensive assessment of a resident within 14 days after the facility determines, or should have determined, that there has been a significant change in the resident's physical or mental condition. (For purpose of this section, a significant change means a major decline or improvement in the resident's status that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one area of the resident's health status, and requires interdisciplinary review or revision of the care plan, or both.)  This REQUIREMENT is not met as evidenced by:  Based on observation, interview and record		<u>FLOOR AND WALL SURFACES</u> <u>IMMEDIATE RESPONSE:</u> Floor and wall surfaces at rear of dryer were vacuumed and debris was removed. <u>SYSTEMIC CHANGES:</u> Environmental Services will clean the back of dryers on a monthly basis. Laundry personnel and supervisors will be inserviced. <u>MONITORING:</u> Inspection of the dryers will be checked by Director of Environmental Services on monthly NF rounds and will be added to QA checklist. <u>GAS DRYER BURNER DEBRIS</u> <u>IMMEDIATE RESPONSE:</u> Burners were cleaned of dust and debris immediately during the inspection. <u>SYSTEMIC CHANGES:</u> Addendum made to maintenance contract with Standard Pressing Machine Co. to inspect, clean and check burner surfaces on a quarterly basis. <u>MONITORING:</u> Checking the gas burner surfaces for dust accumulation has been included in PM program to cleaning, if necessary, on a monthly basis and will be incorporated into Engineering QA report.	4/27/06  6/05/06  6/05/06  4/27/06  5/30/06  6/01/06  7/12/06

*revised  
review of  
audit*

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F 274 SS=D	483.20(b)(2)(ii) RESIDENT ASSESSMENT-WHEN REQUIRED  A facility must conduct a comprehensive assessment of a resident within 14 days after the facility determines, or should have determined, that there has been a significant change in the resident's physical or mental condition. (For purpose of this section, a significant change means a major decline or improvement in the resident's status that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one area of the resident's health status, and requires interdisciplinary review or revision of the care plan, or both.)  This REQUIREMENT is not met as evidenced by:  Based on observation, interview and record		<u>FLOOR AND WALL SURFACES</u> <u>IMMEDIATE RESPONSE:</u> Floor and wall surfaces at rear of dryer were vacuumed and debris was removed. <u>SYSTEMIC CHANGES:</u> Environmental Services will clean the back of dryers on a monthly basis. Laundry personnel and supervisors will be inserviced. <u>MONITORING:</u> Inspection of the dryers will be checked by Director of Environmental Services on monthly NF rounds and will be added to QA checklist. <u>GAS DRYER BURNER DEBRIS</u> <u>IMMEDIATE RESPONSE:</u> Burners were cleaned of dust and debris immediately during the inspection. <u>SYSTEMIC CHANGES:</u> Addendum made to maintenance contract with Standard Pressing Machine Co. to inspect, clean and check burner surfaces on a quarterly basis. <u>MONITORING:</u> Checking the gas burner surfaces for dust accumulation has been included in PM program to cleaning, if necessary, on a monthly basis and will be incorporated into Engineering QA report.	4/27/06 6/05/06 6/05/06 4/27/06 5/30/06 6/01/06

*Review record*  
6/26/06

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F 274	Continued From page 2  review for one (1) of 15 sampled residents, it was determined that facility staff failed to complete a significant change Minimum Data Set (MDS) assessment for Resident #4.  The findings include:  A review of Resident #4's record revealed a quarterly MDS assessment dated June 6, 2005 coded the resident in Section G1A (Physical Functioning and Structural Problems) as independent with walking in the room(0) and corridor (0); requiring supervision for bed mobility(0), transfers(1), dressing (0), eating (0), toilet use (1) and personal hygiene (0); and limited assistance for bathing (2).  According to a quarterly MDS completed September 7, 2005, the resident was coded in Section G1A as requiring supervision for eating (0) and personal hygiene (1); limited assistance for bed mobility (2), transfers (2), dressing (2) and bathing (2); extensive assistance for toilet use (3), walking in the room (8) and walking in the corridor (8) did not occur during the assessment period.  According to the "MDS 2.0 User's Manual", page 2-8, "Guidelines for Determining Significant Change in Resident Status...Any decline in an ADL physical functioning area where a resident is newly coded as 3, 4 or 8 (extensive assistance, total dependency, Activity did not occur for Item G 1A..."  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	F 274	<b>1) Corrective Action for those residents specifically identified:</b> i) Resident #4 has had another quarterly done on 12/2/05 and an annual on 03/07/06 which is reflective of resident's current status since 09/07/05 quarterly assessment.  ii) Each individual who completes a portion of the MDS (Care Plan Team) will be in-serviced on "Significant Change in Status Assessments (SCSA)" based on CMS's RAI Version 2.0 (page 2-7 to Page 2-13.)  <b>2) How to identify other residents at risk:</b> Resident with significant change in 3 or 4 ADL's are at risk.  <b>3) Corrective Action and Systemic Changes:</b> i) Each individual who completes a portion of the MDS (Care Plan Team) will be in-serviced on "Significant Change in Status Assessments (SCSA)" based on CMS's RAI Version 2.0 (page 2-7 to Page 2-13.)  ii) Residents that experiences a significant change in 3 or 4 ADL's will be reviewed by the care plan team and have a significant change assessment completed in accordance with regulations.  <b>4) Monitoring:</b> The MDS will be monitored and evaluated by the assessment care plan team using the weekly compliance tool and report findings to the QA committee quarterly.	06/11/06  06/11/06  06/11/06  06/11/06

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F 274	Continued From page 3  instead of the quarterly MDS on September 7, 2005. The record was reviewed April 25, 2006.	F 274		
F 309 SS=D	<p><b>483.25 QUALITY OF CARE</b></p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and record review for one (1) supplemental resident, it was determined that the nursing staff failed to administer nine (9) doses of Dilantin to Resident JH1 for the month of April 2006.</p> <p>The findings include:</p> <p>On April 25, 2006, a medication record for resident JH1 was reviewed. A physician's order dated January 24, 2006 directed, "Dilantin 50 mg, 200 mg (4 tablets) by mouth twice daily for seizure disorder." The medication was scheduled for 10:00 AM and 5:00 PM.</p> <p>The resident's Medication Administration Record (MAR) for April 2006 revealed that the nurse failed to enter his/her initials [indicating that the Dilantin was administered to the resident] on the following dates and times: April 6 at 6:00 PM, April 9 and 10 at 10:00 AM, April 11, 12 and 13 at 6:00 PM,</p>	F 309	<p><b>1) Corrective Action for those residents specifically identified:</b></p> <p>i) Resident JH1- had a Dilantin level with results on 04/18/06, being 10.7ug/ml which was within therapeutic range (laboratory values range 10-20ug/ml.) This was reviewed with the surveyor on April 27<sup>th</sup>, 2006. <span style="float: right;">04/27/06</span></p> <p>ii) Resident has not had any more seizures. Staff is administering and documenting medications as ordered by the physician. There are no new missing initials as of this date. <span style="float: right;">05/30/06</span></p> <p>iii) Staff in-serviced on missing initials on the MAR, medication administration and documentation guidelines on April 28<sup>th</sup>, 2006. <span style="float: right;">04/28/06</span></p> <p><b>2) How to identify other residents at risk:</b> All residents receiving Dilantin are at risk. <span style="float: right;">05/25/06</span></p> <p><b>3) Corrective Action and Systemic Changes:</b></p> <p>i) Licensed Staff in-serviced on medication administration and documentation guidelines on 05/25/06 through 05/28/06. The rest of the staff will be in-serviced and completed by 06/11/06 <span style="float: right;">06/11/06</span></p> <p>ii) The DON or designee to review all identified residents' charts and MAR's for compliance with medication administration and documentation. <span style="float: right;">06/11/06</span></p>	

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F 309	Continued From page 4  April 17 at 6:00 PM and April 23 and 24 at 6:00 PM.  A review of the nurse's note dated April 16, 2006 at 11:00 AM revealed that resident JH1 sustained a petit mal seizure. Documentation in the nurse's note dated April 17, 2006 at 3:00 PM indicated, "Blood drawn today to have Dilantin level done as ordered." The laboratory report results for April 18, 2006, were 10.7 ug/ml, (laboratory values range 10 -20 ug/ml). Prior to the seizure, the most recent laboratory reports results were dated December 29, 2005, the Dilantin levels were within normal limits (10.9).  On April 27, 2006 at approximately 11:00 AM the Director of Nurses (DON) was interviewed and he /she acknowledged that there were missing initials on the MAR. The record was reviewed on April 26, 2006.	F 309	<b>4) Monitoring:</b> The Unit supervisor or designee to perform random audits of MAR's for compliance, weekly x 90 days, then monthly thereafter. The results of the audit will be reported to the QA committee quarterly.	06/11/06
F 371 SS=F	483.35(i)(2) SANITARY CONDITIONS - FOOD PREP & SERVICE  The facility must store, prepare, distribute, and serve food under sanitary conditions.  This REQUIREMENT is not met as evidenced by:  Based on observations during the survey period, it was determined that dietary services were not adequate to ensure that foods were served in a safe and sanitary manner as evidenced by: hot water supplied to the dish machine was below	F 371		

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F 371	<p>Continued From page 5</p> <p>140 degrees Fahrenheit and soiled rice, potato, flour and sugar bins, a deep fryer, a kitchen rack, cooking hoods and cereal bowls.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>Hot water supplied to the dish machine from the boiler was below the manufacturer's recommended temperature of 140 degrees Fahrenheit (F) during the rinse cycle. The observed temperature during the rinse cycle was 110 degrees F in one (1) of one (1) observation at approximately 2:15 PM on April 25, 2006.</li> <li>The top surfaces of rice, potato, flour and sugar bins were soiled with food in four (4) of four (4) observations at 8:22 AM on April 25, 2006.</li> <li>The exterior surfaces and inner electrical and gas valve surfaces of the deep fryer were soiled with accumulated grease and debris in one (1) of one (1) observation at 8:30 AM on April 25, 2006.</li> <li>The upper and lower surfaces of the kitchen rack were soiled with dust and debris in one (1) of one (1) observation at 8:30 AM on April 25, 2006.</li> <li>Metal filters and sprinkler head covers located under cooking hoods were soiled with accumulated grease and debris in 15 of 15 observations at 8:35 AM on April 25, 2006.</li> <li>The interior surfaces of cereal bowls were observed to be soiled with leftover food after washing and bowls were not allowed to dry before storing in a cabinet in 39 of 39 observations at 2:45 PM on April 25, 2006.</li> </ol>	F 371	<p><b><u>HOT WATER TO DISH MACHINE</u></b> <b><u>IMMEDIATE RESPONSE:</u></b> Dietary Dept. was inserviced to monitor hot water temperatures twice per shift. Also, inserviced to switch to paper if temperature goes below recommended temperature. Ecolab service call to check hot water booster. Food service contractor regional management consulted. Engineering contractor consultant provided an analysis of temperatures. Magnolia Plumbing evaluation completed.</p> <p><b><u>SYSTEMIC CHANGES:</u></b> Determined that consistent temperatures would be better assured with change of existing booster pump.</p> <p><b><u>MONITORING:</u></b> Dishwashing staff will monitor water temperature 3 meals per day, twice per shift. Temperature log will be monitored daily by supervisor on duty. Engineering will take weekly temperatures, logged into PM program and report at QA meetings. Temperature issues will be reported at QA meetings.</p> <p><b><u>TOP SURFACES OF BINS</u></b> <b><u>IMMEDIATE RESPONSE:</u></b> Bins were immediately cleaned and sanitized during inspection. Staff inserviced on added items to opening and closing checklists.</p> <p><b><u>SYSTEMIC CHANGES:</u></b> Checking of surfaces of bins was added to opening/closing checklist.</p> <p><b><u>MONITORING:</u></b> Supervisors will check behind cooks and monitor daily.</p> <p><b><u>SEE ATTACHMENT NUMBER 1 FOR ITEMS 3, 4, 5 AND 6</u></b></p>	<p>4/30/06</p> <p>4/26/06</p> <p>5/05/06</p> <p>5/16/06</p> <p>5/25/06</p> <p>6/10/06</p> <p>4/30/06</p> <p>6/09/06</p> <p>7/12/06</p> <p>4/25/06</p> <p>4/26/06</p> <p>4/27/06</p>

*see attachment of items*



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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 371	Continued From page 5  140 degrees Fahrenheit and soiled rice, potato, flour and sugar bins, a deep fryer, a kitchen rack, cooking hoods and cereal bowls.  The findings include:  1. Hot water supplied to the dish machine from the boiler was below the manufacturer's recommended temperature of 140 degrees Fahrenheit (F) during the rinse cycle. The observed temperature during the rinse cycle was 110 degrees F in one (1) of one (1) observation at approximately 2:15 PM on April 25, 2006.  2. The top surfaces of rice, potato, flour and sugar bins were soiled with food in four (4) of four (4) observations at 8:22 AM on April 25, 2006.  3. The exterior surfaces and inner electrical and gas valve surfaces of the deep fryer were soiled with accumulated grease and debris in one (1) of one (1) observation at 8:30 AM on April 25, 2006.  4. The upper and lower surfaces of the kitchen rack were soiled with dust and debris in one (1) one (1) observation at 8:30 AM on April 25, 2006.  5. Metal filters and sprinkler head covers located under cooking hoods were soiled with accumulated grease and debris in 15 of 15 observations at 8:35 AM on April 25, 2006.  6. The interior surfaces of cereal bowls were observed to be soiled with leftover food after washing and bowls were not allowed to dry before storing in a cabinet in 39 of 39 observations at 2:45 PM on April 25, 2006.	F 371	<b><u>HOT WATER TO DISH MACHINE</u></b> <b><u>IMMEDIATE RESPONSE:</u></b> Dietary Dept. was inserviced to monitor hot water temperatures twice per shift. Also, inserviced to switch to paper if temperature goes below recommended temperature. Ecolab service call to check hot water booster. Food service contractor regional management consulted. Engineering contractor consultant provided an analysis of temperatures. Magnolia Plumbing evaluation completed. <b><u>SYSTEMIC CHANGES:</u></b> Determined that consistent temperatures would be better assured with change of existing booster pump. <b><u>MONITORING:</u></b> Dishwashing staff will monitor water temperature 3 meals per day, twice per shift. Temperature log will be monitored daily by supervisor on duty. Engineering will take weekly temperatures, logged into PM program and report at QA meetings. Temperature issues will be reported at QA meetings.  <b><u>TOP SURFACES OF BINS</u></b> <b><u>IMMEDIATE RESPONSE:</u></b> Bins were immediately cleaned and sanitized during inspection. Staff inserviced on added items to opening and closing checklists. <b><u>SYSTEMIC CHANGES:</u></b> Checking of surfaces of bins was added to opening/closing checklist. <b><u>MONITORING:</u></b> Supervisors will check behind cooks and monitor daily. <b><u>SEE ATTACHMENT NUMBER 1 FOR ITEMS 3, 4, 5 AND 6</u></b>	4/30/06 4/26/06 5/05/06 5/16/06 5/25/06 6/10/06 4/30/06 6/09/06 4/25/06 4/26/06 4/27/06

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6/26/06*

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

FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>095025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/27/2006</b>
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F 441 SS=F	<p><b>483.65(a) INFECTION CONTROL</b></p> <p>The facility must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to prevent the development and transmission of disease and infection. The facility must establish an infection control program under which it investigates, controls, and prevents infections in the facility; decides what procedures, such as isolation should be applied to an individual resident; and maintains a record of incidents and corrective actions related to infections.</p> <p>This REQUIREMENT is not met as evidenced by :</p> <p>Based on observations during the survey period, it was determined that hot water supplied to washers in the main laundry had a temperature below CDC (Centers for Disease Control) recommendations.</p> <p>The findings include:</p> <p>The recommended hot water temperature for washing laundry is "at least 160 degrees F ( Fahrenheit) according to CDC [Guidelines for Handwashing and hospital Environmental Control, 1985, Section 6: Laundry]. Hot water supplied to washers in the main laundry room was observed to be 143 degrees F in one (1) of one (1) observation at approximately 3:30 PM on April 26, 2006.</p>	F 441	<p><b><u>WATER TEMPERATURE OF WASHERS IMMEDIATE RESPONSE:</u></b></p> <p>Laundry machine contractor called to evaluate issue. Contacted Ecolab, Magnolia Plumbing and engineering consultant for evaluations.</p> <p><b><u>SYSTEMIC CHANGES:</u></b></p> <p>New temperature gauges have been ordered and will be replaced. Recirculating pump has been ordered and will be installed.</p> <p><b><u>MONITORING:</u></b></p> <p>Environmental Services Staff will monitor and log laundry machine temperatures twice daily. Any temperatures that fall below recommended temperature will be reported to Director of Environmental Services or designee for immediate action. Will be incorporated into QA.</p>	<p>4/28/06</p> <p>5/25/06</p> <p>6/10/06</p> <p>6/10/06</p> <p>7/12/06</p> <p><i>Revised</i></p>

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 ENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/22/2006  
 FORM APPROVED  
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STATEMENT OF DEFICIENCIES  
 PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA  
 IDENTIFICATION NUMBER:

095025

(X2) MULTIPLE CONSTRUCTION

A. BUILDING \_\_\_\_\_

B. WING \_\_\_\_\_

(X3) DATE SURVEY  
 COMPLETED

04/27/2006

NAME OF PROVIDER OR SUPPLIER

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F 492 SS=D	<p>483.75(b) ADMINISTRATION</p> <p>The facility must operate and provide services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to professionals providing services in such a facility.</p> <p>This REQUIREMENT is not met as evidenced by :</p> <p>Based on review of records, it was determined that the facility failed to comply with 22 DCMR, 3224.3 as evidenced by the pharmacist failing to conduct an inservice regarding indications, contraindications and possible side effects of commonly used medications.</p> <p>The findings include:</p> <p>22 DCMR, 3224.3(c) stipulates, " The supervising pharmacist shall do the following: Provide a minimum of two (2) in-service sessions per year to all nursing employees, including one (1) session that includes indications, contraindications and possible side effects of commonly used medications. "</p> <p>On April 26, 2006, during a review of the consultant pharmacist in-service programs, it was determined that four (4) inservices were given by the consulting pharmacist on the following dates: January 25, 2005, May 15, 2005, August 24, 2005 and October 6, 2005. None of these in-services conducted by the consultant pharmacist included indications, contraindications and possible side effects of commonly used medications.</p>	F 492	<p><b>IMMEDIATE RESPONSE:</b></p> <p>i) Consultant pharmacist provided 4 in-services in 2005. In-services were on i) multiple psychiatric medications, osteoporosis medications, medications used to treat Urinary tract infections. These in-services also included indications for use, contraindications and possible side effects.</p> <p>ii) Consultant pharmacist will conduct an in-service for all nursing staff that includes indications, contraindications and possible side effects of commonly used medications per 22 DCMR, 3224.3(c) regulations. This is in-service is scheduled for 05/31/06 to be completed by 06/11/06.</p> <p><b>Corrective Action and Systemic Changes:</b></p> <p>i) Consultant pharmacist will provide a minimum of two (2) in-services per year to all nursing employees, including one (1) session that includes indications, contraindications and possible side effects of commonly used medications per 22 DCMR, 3224.3 (c).</p> <p>ii) The in-service coordinator or designee will track / monitor the in-services for compliance.</p> <p><b>4) Monitoring:</b>                      This will be monitored and tracked by the in-service coordinator or designee and results reported to the QA committee quarterly.</p>	06/11/06  06/11/06  06/11/06  06/11/06