STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095031	A. BUILDING _____ B. WING _____	01/20/2006

RECEIVED DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCK CREEK MANOR NURSING CTR	2131 O STREET NW WASHINGTON, DC 20037

2006 FEB 21 P 5:03

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 January 17 through 20, 2006. The following deficiencies were based on record review, observations and interviews with staff and residents. The sample included 25 residents based on a census of 165 residents on the first day of survey and one (1) supplemental resident.	F 000		
F 241 SS=D	483.15(a) DIGNITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by : Based on observation of one (1) of 25 residents, a CNA (Certified Nurse Aide) failed to maintain the dignity of Resident M1 while administering a bed bath. The findings include: On January 17, 2006 at approximately 9:30 AM the survey orientation tour was conducted on the first floor residents ' unit. Upon entering Resident M1's room, it was observed that the privacy curtains were pulled around the bed. However, further observation of the resident revealed that the resident was being bathed and was fully exposed. The CNA (Certified Nurse Aide) failed to maintain the resident's dignity while administering	F 241	1a. Resident M1 is no longer exposed during bed bath. 2. All residents receiving bed bath were checked to make sure they were not exposed and are well draped during bed bath 3a. RCCs/ Team Leaders will make rounds during AM care to make sure all residents are well draped during AM care. 3b. All CNA's will be in serviced on bed bath procedures. 2/28/06. 4. Problems relating to improper exposure of resident during bed bath will be discussed in monthly Risk Management/QA meeting and quarterly QA meeting for remedial action.	3/6/06

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Administrator | (X6) DATE: 2/16/06

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 241	Continued From page 1 a bed bath. The RCC (Resident Care Coordinator) was accompanying the survey during the tour and acknowledged that the resident was exposed. The CNA made no attempt to cover the resident.	F 241		
F 253 SS=E	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 housekeeping and maintenance services were not adequate to ensure that the facility was maintained in a safe and sanitary manner as evidenced by: soiled and stained privacy curtains, excessive telephone and cable wires on floors in ambulating areas, Geri chair armrests were torn and damaged, and housekeeping closets lacked racks for storing cleaning equipment off floor surfaces. These findings were observed in the presence of the Housekeeping and Maintenance Directors. The findings include: 1. Privacy curtains were soiled and stained in the following residents rooms: First floor rooms 113,117, 120 and 130 in four (4) of 13 observations between 2:56 PM and 3:45 PM on January 17, 2006.	F 253		

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F 253	Continued From page 2 Second floor rooms 205, 207 and 215 in three (3) of 13 observations between 2:16 PM and 3:40 PM on January 18, 2006. Fourth floor rooms 403, 404 and 413 between 9: 11 AM and 11:40 AM in three (3) of seven (7) observations on January 19, 2006. Fifth floor rooms 506 and 517 in two (2) of six (6) observations between 11:44 AM and 12:30 PM on January 19, 2006. 2. Excessive telephone cord and communication wires were observed on floors in ambulating areas of residents' rooms. First floor rooms 102 and 117 in two (2) of nine (9) observations between 3:56 and 4:00 PM on January 17, 2006. Fourth floor rooms 404 and 407 in two (2) of six (6) observations between 9:11 AM and 10:00 AM on January 19, 2006. Fifth floor room 517 in one (1) of six (6) observations between 11:44 AM and 12:30 AM on January 19, 2006. 3. Geri chairs armrest in residents' rooms and common areas were torn and damaged in the following areas: Second floor room 216 in one (1) of seven (7) observations at approximately 3:30 PM on January 18, 2006. Third floor rooms 304 and 314 in two (2) of seven (7) observations between 4:45 PM and 5:30 PM on January 19, 2006.	F 253	1a. Privacy curtains in rooms 113, 117, 120, 205, 215, 403, 404, 413, 506, 517 were Cleaned.1/25/06. 1b. Room 207 is a private room and never had privacy curtains. 1c. Contract bids are taken to replace privacy curtains on floors 2, 4 and 5. 2. All privacy curtains have been checked and cleaned. 3. All privacy curtains will be checked daily and during weekly Grand Rounds. 4. The Director of Environmental Services will submit reports related to privacy curtains immediately to the Administrator and report will be given in the quarterly QA Meeting.	3/6/06

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F 253	Continued From page 2 Second floor rooms 205, 207 and 215 in three (3) of 13 observations between 2:16 PM and 3:40 PM on January 18, 2006. Fourth floor rooms 403, 404 and 413 between 9: 11 AM and 11:40 AM in three (3) of seven (7) observations on January 19, 2006. Fifth floor rooms 506 and 517 in two (2) of six (6) observations between 11:44 AM and 12:30 PM on January 19, 2006. 2. Excessive telephone cord and communication wires were observed on floors in ambulating areas of residents' rooms. First floor rooms 102 and 117 in two (2) of nine (9) observations between 3:56 and 4:00 PM on January 17, 2006. Fourth floor rooms 404 and 407 in two (2) of six (6) observations between 9:11 AM and 10:00 AM on January 19, 2006. Fifth floor room 517 in one (1) of six (6) observations between 11:44 AM and 12:30 AM on January 19, 2006. 3. Geri chairs armrest in residents' rooms and common areas were torn and damaged in the following areas: Second floor room 216 in one (1) of seven (7) observations at approximately 3:30 PM on January 18, 2006. Third floor rooms 304 and 314 in two (2) of seven (7) observations between 4:45 PM and 5:30 PM on January 19, 2006.	F 253	1. Unsecured telephone cords in rooms 102, 117, 504, and 520 were secured. 1/18/06. 2. All telephone cords in residents' rooms were checked by the Director of Maintenance and found to be in Compliance. 3. The Director of Maintenance will check telephone cords weekly during Grand Rounds and record them in the Maintenance logbook to ensure compliance. 4. Problems related to telephone cords, will be reported immediately to the Director of Maintenance unto the Administrator for remedial action and discuss in the quarterly QA meeting.	3/6/06

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F 253	Continued From page 2 Second floor rooms 205, 207 and 215 in three (3) of 13 observations between 2:16 PM and 3:40 PM on January 18, 2006. Fourth floor rooms 403, 404 and 413 between 9: 11 AM and 11:40 AM in three (3) of seven (7) observations on January 19, 2006. Fifth floor rooms 506 and 517 in two (2) of six (6) observations between 11:44 AM and 12:30 PM on January 19, 2006. 2. Excessive telephone cord and communication wires were observed on floors in ambulating areas of residents' rooms. First floor rooms 102 and 117 in two (2) of nine (9) observations between 3:56 and 4:00 PM on January 17, 2006. Fourth floor rooms 404 and 407 in two (2) of six (6) observations between 9:11 AM and 10:00 AM on January 19, 2006. Fifth floor room 517 in one (1) of six (6) observations between 11:44 AM and 12:30 AM on January 19, 2006. 3. Geri chairs armrest in residents' rooms and common areas were torn and damaged in the following areas: Second floor room 216 in one (1) of seven (7) observations at approximately 3:30 PM on January 18, 2006. Third floor rooms 304 and 314 in two (2) of seven (7) observations between 4:45 PM and 5:30 PM on January 19, 2006.	F 253	1. Closet racks were installed in all janitor closets. 2/10/06. 2. All housekeeping closets needing racks were checked and were found to be in compliance. 2/10/06. 3. All housekeeping closets will be checked during Grand Rounds for compliance regarding closet racks.. 4. The Director of Environmental Services (DES) will submit reports related to problems of closet racks immediately to the Administrator and reports will be presented in quarterly QA meeting.	3/6/06

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F 253	Continued From page 3 Fourth floor room 413 in one (1) of eight (8) observations at approximately 9:15 PM on January 19, 2006. Fifth floor rooms 506, 514 and Social Room in three (3) of seven (7) observations between 11:44 AM and 12:30 PM on January 19, 2006. 4. Housekeeping closets lacked racks to store mops, brooms and dust pans away from floor surfaces. First Floor in (1) of five (5) observations at approximately 5:10 PM on January 17, 2006. Second Floor in one (1) of five (5) observations at approximately 3:30 PM on January, 2006. Third Floor in one (1) of five (5) observations at approximately 4:20 PM on January 18, 2006. Fourth Floor in one (1) of five (5) observations at 11:25 AM on January 19, 2006. Fifth Floor in one (1) of five (5) observations at 12 :10 PM on January 19, 2006.	F 253		
F 309 SS=D	483.25 QUALITY OF CARE Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by	F 309		

Revised 2/23/06

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

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OMB NO. 0938-0391

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F 309	Continued From page 4 : Based on observation, staff interview and the review of the clinical record for one (1) of 25 residents, it was determined that facility staff failed to reassess Resident #17 after a report of edema to the right lower extremity. Resident #17 . The findings include: On January 17, 2006 at approximately 9:40 AM the resident was observed sitting in a wheel chair with his/her leg in a dependent position with edema to the right foot and leg. During the review of the clinical record, a nurse's note dated January 10, 2006 at 5:58 AM indicated, " Alert and verbal, CNA alerted me to the fact that the resident's right lower extremities were swollen, right foot elevated with pillow - no agitation noted this shift. Will continue to monitor temperature (T) 98- pulse (P) 70, respiration (R) 20, and blood pressure (B/P) 140/70. Right lower extremities edematous, next shift will follow up. " The 24-Hour Nursing Report was reviewed for January 9, 2006. Documentation on the night shift report indicated, "Right lower extremity swollen edematous +3, B/P 140/70, R 20, T 98 and P 70." According to the 24-Hour Nursing report and a physician's progress note dated January 13, 2006 , the resident was visited by the physician. However, there was no documentation regarding edema of the resident's right lower extremity. On January 17, 2006 at approximately 10:30 AM, the RCC (Resident Care Coordinator) was	F 309	1. Resident #17 was assessed and transferred to the hospital for treatment. 1/17/06. 2. All residents with lower Extremity Edema were reassessed and checked to ensure compliance. 3. All Nursing Staff will be in-serviced on daily assessment of all residents during AM Care and to report abnormal findings to the RCC and onto the physician. 2/28/06. 4. All deficient practices regarding physician documentation will be discussed in the monthly Risk Management/QA meeting, quarterly QA meeting and reported immediately to the Administrator for further remedial actions.	3/6/06

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F 309	Continued From page 5 interviewed and acknowledged the edema. He/ She indicated that he/she was not aware of the edema to the resident's right lower extremity on January 10, 2006. Facility staff failed to reassess the resident's right lower extremity after January 10, 2006 when it was observed with edema. The record was reviewed on January 18, 2006.	F 309		
F 363 SS=C	483.35(c) MENUS AND NUTRITIONAL ADEQUACY Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed. This REQUIREMENT is not met as evidenced by : Based on observations during the survey period, it was determined that alternate entree menus were not dated and failed to include a vegetable substitute. This finding was observed in the presence of the dietitian. The findings include: Through observation and a face-to-face interview with the dietitian on January 17 and 18, 2006 at 11:00 AM on both days, it was determined that alternate entree menus on residents' bulletin boards for those days were not dated and lacked a vegetable substitute in two (2) of two (2) observations on January 17 and 18, 2006.	F 363	1. The alternate entrée menu was dated and revised to include a vegetable substitute. 1/30/06. 2. All alternate entrée menus were reviewed and updated to meet Compliance. 3a. The Food Service Director will in-service all dietary staff on weekly dating and posting of all alternate menus. 2/15/06. 3b. The Food Service Director and Diet Techs will monitor all menus to ensure that weekly dating and posting of menus meet compliance.	

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F 309	Continued From page 5 interviewed and acknowledged the edema. He/ She indicated that he/she was not aware of the edema to the resident's right lower extremity on January 10, 2006. Facility staff failed to reassess the resident's right lower extremity after January 10, 2006 when it was observed with edema. The record was reviewed on January 18, 2006.	F 309	4. The Director of Food Service will report problems with residents menus to the Administrator and discuss those problems at the quarterly QA meeting for remedial action.	3/6/06
F 363 SS=C	483.35(c) MENUS AND NUTRITIONAL ADEQUACY Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed. This REQUIREMENT is not met as evidenced by : Based on observations during the survey period, it was determined that alternate entree menus were not dated and failed to include a vegetable substitute. This finding was observed in the presence of the dietitian. The findings include: Through observation and a face-to-face interview with the dietitian on January 17 and 18, 2006 at 11:00 AM on both days, it was determined that alternate entree menus on residents' bulletin boards for those days were not dated and lacked a vegetable substitute in two (2) of two (2) observations on January 17 and 18, 2006.	F 363		

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F 371 SS=E	483.35(h)(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 prepared and served in a safe and sanitary manner as evidenced by soiled sprinkler heads directly over cooking areas. These findings were observed in the presence of the dietitian. The findings include: Sprinkler heads located directly over food preparation areas were soiled with accumulated dust and debris in three (3) of four (4) observations at approximately 9:20 AM on January 17, 2006.	F 371	1. Sprinkler heads located directly over food preparation area were changed. 1/23/06. 2. All sprinkler heads located in the cooking area was checked and changed to meet compliance. 3. The Food Service Director and the Director of Maintenance will monitor monthly to ensure compliance. 4. The Director of Food Service will report problems of kitchen sanitation to include sprinkler heads to the Administrator and will reports will be given at the quarterly QA meeting for remedial action.	3/6/06
F 386 SS=D	483.40(b) PHYSICIAN VISITS The physician must review the resident's total program of care, including medications and treatments, at each visit required by paragraph (c) of this section; write, sign, and date progress notes at each visit; and sign and date all orders with the exception of influenza and pneumococcal polysaccharide vaccines, which may be administered per physician-approved facility policy after an assessment for contraindications.	F 386		

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

2/23/06

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F 386	Continued From page 7 This REQUIREMENT is not met as evidenced by : Based on record review and staff interview for one (1) of 25 sampled residents, it was determined that the physician failed to follow up on an elevated PSA (Prostatic Specific Antigen) level for Resident #9. The findings include: A review of Resident #9's History and Physical dated February 9, 2005 revealed a diagnosis of Benign Prostatic hypertrophy (BPH). A laboratory result dated November 1, 2005 for a PSA level was 10.0 [normal range 0.0 - 4.0]. A PSA level dated July 5, 2005 was 2.4; within normal range. The November 1, 2005 PSA laboratory slip was initialed and dated on November 9, 2005 by the attending physician, indicating review. The attending physician's progress notes dated November 9 and December 4, 2005 did not make reference to the elevated PSA level. There was no documentation in the record that a follow up was done for the elevated PSA level. A face-to-face interview was conducted with the attending physician on January 18, 2006 at 12:48 PM. He/She stated, " [Resident] had a UTI (urinary tract infection) around that time [November 1, 2005]. I'm going to get another PSA ." The record was reviewed on January 18, 2006.	F 386	1. The PSA (Prostatic Specific Antigen) level for resident # 9 was repeated and was within normal limit of 3.6(0-4.0). 2. All residents with abnormal PSA levels were ~~checked~~ repeated and were in compliance. rd 2/24/06 3. All RCC's including physicians will be in-serviced on proper documentation of abnormal labs and a follow-up documentation for new orders. 2/28/06. 4. Deficient practices regarding physician reviews and documentation will be discussed in the quarterly physician Clinical meetings and quarterly QA meeting for remedial actions.	3/6/06
F 441 SS=D	483.65(a) INFECTION CONTROL The facility must establish and maintain an infection control program designed to provide a	F 441		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 441	Continued From page 8 safe, sanitary, and comfortable environment and to prevent the development and transmission of disease and infection. The facility must establish an infection control program under which it investigates, controls, and prevents infections in the facility; decides what procedures, such as isolation should be applied to an individual resident; and maintains a record of incidents and corrective actions related to infections. This REQUIREMENT is not met as evidenced by : Based on observations, it was determined that facility staff failed to maintain proper procedures to help prevent the development and transmission of disease and infections by: failure to wash a bedside table before reuse; walking on a bed side mat; and residents observed seated on soiled benches in the court yard. Resident # 17. The findings include: 1. Facility staff failed to clean an over bed table after feeding Resident #17 and reusing it for another resident. On January 17, 2006 at approximately 12:15 PM a CNA was feeding Resident #17 who was in a semi-private room, with two (2) over bed tables. His/Her lunch was placed on one (1) over bed table. The other over bed table was in use with supplies for Resident #17's treatment that was to be administered by the licensed nurse after the resident ate his/her lunch. The CNA completed feeding Resident #17, removed the lunch tray from the table and proceeded to place the over bed table at the foot	F 441	1a. Over bed table of resident # 17 as well as that of the roommate was immediately cleaned and sanitized. 1b. The nursing staff was immediately in-serviced on proper use and sanitation of over bed tables regarding infection control. 2. All nursing staff will be in-serviced on sanitizing of over bed tables after each use to prevent cross contamination. 2/15/06. 3. On-going in-services will be conducted to remind staff to always sanitize over bed table after being used by another resident. RCC's (Resident Care Coordinators) and team leaders will monitor for compliance. 4. All deficient practices relating to Infection Control of over bed tables will be discussed in the monthly Risk Management/QA and quarterly QA meeting for further remedial action.	3/6/06

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095031	A. BUILDING _____ B. WING _____	01/20/2006

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F 441	Continued From page 9 of the resident's room mate's bed. The surveyor was leaving the room and another CNA was entering the room with a lunch tray for Resident #17's roommate. The over bed table was not washed before the CNA placed the tray on the table. The tray was uncovered and the resident started eating his/her lunch. On January 18, 2006 at approximately 11:00 AM a face-to-face interview was conducted with the RCC (Resident Care Coordinator) who acknowledged that the CNA failed to wash the table and indicated that the staff was in-serviced recently on infection control practices. 2. A CNA was observed walking on a fall protective mat. On January 17, 2006 at approximately 5:00 PM a CNA was preparing to feed Resident #17 his/her dinner. A covered fall protective mat was on the floor at the resident's bedside. The CNA bought the dinner tray to the resident's bedside, stepped on the mat and placed the tray on the over bed table. After placing the tray on the table, the CNA placed the folded mat against the wall. On January 18, 2006 at approximately 11:00 AM a face-to-face interview was conducted with the RCC who acknowledged that the CNA stepped on the mat and indicated that the staff was in-serviced recently on infection control practices. 3. Residents were observed seated on wooden benches in the courtyard that were soiled with bird droppings on the seat and back surfaces in three (3) of four (4) observations at approximately 12:30 PM on January 18, 2006.	F 441	1. The protective floor mat for resident #17 was sanitized. 2/19/06. 2. All residents' protective floor mats were checked and sanitized to ensure compliance. 3a. All residents' with fall protective floor mats were identified as a preventative measure to alert staff not to walk on the floor mat. 3b. All staff will be in-serviced on Infection control measures regarding residents' fall protective floor mats and Team Leader/RCC's (Resident Care Coordinators) will monitor for compliance. 4. Problems with residents' with fall Protective floor mats relating to infection control will be discussed in the quarterly QA meeting for remedial action.	3/6/06

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