CENTE	RS FOR MEDICARE	& MEDICAID SERVICES	Re	new	12/12/00	N		APPROVE . 0938-039
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			NSTRUCTION		(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	ING			COMPL	
		095031	1				11/0	2/2006
NAME OF F	PRÖVIDER OR SUPPLIER		S	TREET AD	DRESS, CITY, STA	TE, ZIP CODE	1170	2/2000
BOCK C	REEK MANOR NURS	ING CTR			TREET NW	,		
	TCEER MANOR NORO			WASHIN	IGTON, DC 20	037		
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F 000	INITIAL COMMENT		F 000					
	An annual re-certific October 30 through following deficiencie observations, staff i The sample size wa	cation survey was conducted November 2, 2006. The es were based on interviews and record reviews. is 26 residents based on a rest day of survey and one (1)				e.		
F 241	483 15(a) DIGNITY		F 241					
SS=D	manner and in an erenhances each residefull recognition of his This REQUIREMEN: Based on observation review for one (1) of determined that the provide care in a markesident #17's dignitized.	T is not met as evidenced by on, staff interview and record 26 sampled residents, it was treatment nurse failed to nner which would maintain by as evidenced by writing on a gainst the resident's skin.	F 241	1a. 1b. 1c.	Wound Nursimmediately not to write tape after agresidents.  The nurse wat of follow the order on worder on wording discontinued discontinued and the second	the deficient se was corrected on oplying to vas in-service physician's und care. orders were I and a new der was obta		
	directed, "Cleanse sa saline. Pat dry and a Polysporin powder Bl Cover with Coversite. A wound treatment of on October 31, 2006 completion of the trea	bservation was conducted		2a. 2b.	The wound of technique was by the DON receiving worfound be incompleted.  All physicians for wound cachecked and	as monitored for all resider und care ompliance. s orders re were		
d	dressing which was a	gainst the resident's skin.	ATURE		adequately fo	ollowed.	(X	6) DATE
$\mathcal{Y}M$		X			Admin	vistrala	12	112/18

ny deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that her safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days lowing 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 ys following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued orgam participation.

RM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 4N3E11

Facility ID: ROCKCREEK

If continuation sheet Page

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		PLE CONSTRUCTION G	(X3) DATE SU COMPLE		
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,	PROVIDER OR SUPPLIER			21	REET ADDRESS, CITY, STATE, Z 131 O STREET NW VASHINGTON, DC 20037	<del></del>	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN O (EACH CORRECTIVE ACTIO REFERENCED TO THE APPR	N SHOULD BE CROSS-	(X5) COMPLETION DATE
F 241 F 253 SS=D	nurse immediately she stated, "L sign 90% of the time."  483.15(h)(2) HOUSThe facility must primaintenance services anitary, orderly, and This REQUIREMENTED The face on observation of the face of th	view was conducted with the following the treatment. He/ the dressings this way about  SEKEEPING/MAINTENANCE ovide housekeeping and ces necessary to maintain a nd comfortable interior.  NT is not met as evidenced by ions during the survey, it was		2241	in-serviced on Wound care pro  3b. ADON and Ass will monitor wou weekly wound r Compliance.  4. Problems relate	ed to wound cussed in monthly ent meeting, neeting.	11/24/06
	determined that ba damaged and rece findings were obse Directors of Mainte  The findings includ  Baseboards in the and the lobby elevarecessed into the wards.	seboards in the lobby were ssed into the wall. These rved in the presence of the nance and Engineering.  e: hallway near dietary services ators were damaged and vall in two (2) of two (2) een 9:00 AM and 11:00 AM on					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
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•	ROVIDER OR SUPPLIER			2	REET ADDRESS, CITY, STATE, ZIP CODE 131 O STREET NW VASHINGTON, DC 20037			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  MUST BE PRECEEDED BY FULL  SC 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 241	A face-to-face inte	age 1  rview was conducted with the following the treatment. He/ the dressings this way about	F	241				
F 253 SS=D	The facility must portion	SEKEEPING/MAINTENANCE rovide housekeeping and ces necessary to maintain a nd comfortable interior.	F	253	Baseboards located ir lobby area will be repl 12/17/06. The Cove b Is obtained by special	aced ase		
	Based on observal determined that be damaged and rece findings were observanted by the findings included by the findings included by the findings in the lobby elever recessed into the lobby size.	hallway near dietary services ators were damaged and vall in two (2) of two (2) een 9:00 AM and 11:00 AM on		***************************************	2. Baseboards througho Facility were checked Director of Maintenan Asst. Admin/QA and fibe in compliance.  3a. Baseboards will be chweekly during Grand and recorded in the Nog Book to ensure consumers.  3b. The maintenance log checked daily by the of Maintenance for follow-up.  4. Problems related to Chase will be discussed Monthly Risk Manage meeting, Quarterly	by the ce and cound to necked Rounds laintenance ompliance. is Director	12/17/06	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  CENTERS FOR MEDICARE & MEDICAID SERVICES  STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		$Q_{L}$	mul	l, VINOLE	FORM	1 APPROVED 0. 0938-0391	
STATEMEN			(X2) MULT A. BUILDII		STRUCTION	(X3) DATE S COMPL	
		095031	B. WING_			11/0	2/2006
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F 279 SS=D	A facility must use to develop, review a comprehensive plar.  The facility must deplan for each reside objectives and times medical, nursing, anneeds that are ident assessment.  The care plan must to be furnished to athighest practicable psychosocial well-be 25; and any services required under §483 to the resident's exeincluding the right to 10(b)(4).  This REQUIREMEN:  Based on observation review for one (1) of determined that the care plan for Resident Physician's order dat PM, "Foods to onwith salted tops, quicand biscuitsinstantial.	velop a comprehensive care nt that includes measurable rables to meet a resident's ad mental and psychosocial ified in the comprehensive  describe the services that are tain or maintain the resident's ohysical, mental, and eing as required under §483. Is that would otherwise be 1.25 but are not provided due roise of rights under §483.10, refuse treatment under §483.  T is not met as evidenced by an, interview and record 26 sampled residents, it was dietician failed to develop a ant #1's nutritional needs.	F 279	1a. 1b. 2. 3.	Physician's order for resident#1 nutritional news discontinued on 11/2/06.  A new care plan was developed to address resident's current nutritioneds 11/4/06.  All resident care plans frappropriate diet have be reviewed and found to be in compliance.  Dietary and nursing staff be in-serviced on reside assessment to reflect the residents' appropriate nutritional needs and plan of care.  Problems related to dietary care plans will be discussed at the monthly Risk Manageme meeting, Quarterly QA mand reported to the Administrator for remediates.	onal or een f will nt e	12/15/06

PRINTED: 11/13/2006

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) N	ÜLTIF	PLE CONSTRUCTION	(X3) DATE SU COMPLE	
AND PLAN C	F CORRECTION	IDENTIFICATION NUMBER:	A: BU	LDING	G	COMPLE	,=0
		095031	B, Wil	IG_	· · · · · · · · · · · · · · · · · · ·	11/02	2/2006
NAME OF P	ROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE		{
ROCK C	REEK MANOR NURS	ING CTR			ASHINGTON, DC 20037		
(X4) ID PREFIX TAG	/EACH DEFICIENCY	TEMENT OF DEFICIENCIES 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 279	pickled veggies, fro commercially prepa potatoes and prepa processed with salt regular processed sauces, limit butter smoked, cured, pro and poultry, includi cuts, ham, frankfur soups"  Resident #1's meal October 31, 2006, corned beef hash,	ice, including sauerkraut and izen veggies with sauces, ared veggie mixes and ared vegetable mixes; fruits it, malted chocolate milk, cheese, cheese spreads and milk to one cup per week, any ocessed or canned meat, fishing bacon, chipped beef, cold fers, sausages and sardines is were observed as follows: breakfast: boiled egg, toast, biscuit, frosted flakes, orange eee, sugar, jelly, and butter.	F.	279			
	November 1, 2006, frosted flakes, coffi 100% of both meal  The tray slip, which menu, documented salt with regular texto the conduction of the conducted on November 1 and no committee to the conducted on the co	breakfast: boiled egg, toast, ee, orange juice. s were consumed.  I describes the resident's of the following, "Diet-no added cture."  The following of the record that the of a care plan to meet Resident ds.  I describes the resident's of the following of the record that the orange of the following of the follo			•		•

		AND HUMAN SERVICES & MEDICAID SERVICES		lis	und 17/106 g	FORM	D: 11/13/20 M APPROVI D. 0938-03	ΈD
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	MULTIP ILDING	LE CONSTRUCTION	(X3) DATE COMPI	SURVEY	
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	PROVIDER OR SUPPLIER REEK MANOR NURSI	NG CTR		213	ET ADDRESS, CITY, STATE, ZIP CODE 31 O STREET NW ASHINGTON, DC 20037			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	REFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS- CO				
F 309 SS=D	Each resident must provide the necessa or maintain the high mental, and psychos	receive and the facility must ry care and services to attain est practicable physical,	F3		<ul> <li>1a. Physician's order for Resident#1 was discontent</li> <li>1b. A new care plan was developed to address resident's current nutrineeds.</li> </ul>			
	Sklencar, Mary Based on observatio review for three (3) o one (1) supplementa that the facility staff facility staff facility staff for two (2) res communication logs of from the dialysis cent medication sent to the an accurate medicatio for one (1) resident.  The findings include:	n, staff interview and record f 26 sampled residents and I resident, it was determined ailed to update a diet for one a strength on medication idents and ensure that the were complete upon return er, appropriately label e dialysis center and send on list to the dialysis center Residents # 1, 6, 19 and JH			1c. Resident is currently of a regular diet.  2. All resident care plans been reviewed and for to be in compliance with nutritional needs.  3a. Assistant Administrate conduct random audits to ensure residents quicare and compliance.  3b. Dietary and nursing stawill be in-serviced on resident assessment reflect the residents' quof care for residents' nutritional needs and profice of care for resident # 10.	s have und ith their or/QA will s ality of aff or to uality		
i	A review of Resident and physician's order date PM, "Foods to omit: salted tops, quick breadscuitsinstant hot corepared rice, pasta accanned veggies, juice,	thysician's order.  this record revealed a d June 22, 2006 at 6:30 breads, rolls, crackers with ads, self-rising flour and		4	Problems related to resassessment and care passessment and care patients at the monthly Risk Mameeting, Quarterly QA and reported to the adnor Remedial action.	olans for scussed nagement meeting	12/15/06	

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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:		(X2) N A. BU		i	(X3) DATE SURVEY COMPLETED		
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F 309	commercially prepa potatoes and prepa processed with salt regular processed of sauces, limit buttern smoked, cured, pro and poultry, including cuts, ham, frankfurt soups"  The dietician assess recommended a regon June 17, 2006. To	red veggie mixes and red vegetable mixes; fruits, malted chocolate milk, cheese, cheese spreads and milk to one cup per week, any cessed or canned meat, fishing bacon, chipped beef, coldiers, sausages and sardines sed the resident and gular diet with no added salt there was no change in the endations after an assessment	F	309				
	evidence in the reco	per 13, 2006. There was no ord that the resident's diet was noce with the physician's order.	waren over the congress					
	A face-to-face interview dietician on Novembashe acknowledged treflect the resident's was reviewed Novembashe acknowledged treflect the resident's was reviewed Novembashe acknowledged treflect the resident staff faile medication orders for Resident #6.  A review of Resident	view was conducted with the per 1, 2006 at 12:30 PM. He/ shat the current diet does not a physician's order. The record mber 1, 2006.  It to include a strength on the per Kayexalate and Sorbitol for the the the theory of the theory of the theory of the the theory of t			'4			
	AM, "Give Kayexala for potassium level a everyday." The ord physician on Octobe lacked the strength for the October 2006 M	ed October 2, 2006 at 9:45 ate 15 ml po (orally) everyday and give Sorbitol 15 ml po er was signed by the er 3, 2006. The above orders for both medications.  Iedication Administration d evidence of a strength for						

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:			JLTIPLE DING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	REEK MANOR NURSI	NG CTR TEMENT OF DEFICIENCIES	ID	2131	O STREET NW SHINGTON, DC 20037 PROVIDER'S PLAN OF CORRECT	TION	(X5) COMPLETION
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F 309	Sorbitol or Kayexala 2006 MAR, the Kay administered to the through 31, 2006 who medications.  A face-to-face intervenit manager on No He/she acknowledgindicated for either order. The record v 2006.	ate. According to the October exalate and Sorbitol was resident from October 3 ith the exception of October en the resident refused the view was conducted with the exember 1, 2006 at 8:30 AM. ed that there was no strength medication on the physician's was reviewed November 1, do to include a strength on the referous Sulfate for Resident.	F 3	1b 1c 2.	harmed by the deficient practice.  The physician's order for Kayexalate and Sorbital resident #6 was discont and a new order was obtoinclude the strength of Kayexalate and Sorbital Sorbitol is a 70% solution dispensed in quantity or	for inued obtained stal. In ally.	
	telephone order date AM, "Ferrous Sulfar supplement to incree Hematocrit)." The ophysician on August lacked a strength for The August, Septem indicated that the referrous Sulfate 325 A face-to-face intervunit manager on Northe/she acknowledge indicated for the medicated AM, "Ferrous Sulfate" indicated for the medicated for the medicated sulfate sulfate acknowledge indicated for the medicated for the medicated sulfate s	t #19's record revealed a ged August 1, 2006 at 11:30 te one po Q D (daily) ase H&H (Hemoglobin and order was signed by the 7, 2006. The above order or the Ferrous Sulfate.  The above order or the Ferr		3a 3b. 4.	in-serviced to check for completeness and accur of physicians medication orders.	v rders ness	12/15/06

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (IDENTIFICATION NUMBER:		(X2) MU A. BUIL	DING	STRUCTION	(X3) DATE SURVEY COMPLETED		
		095031	B. WING	3		11/0	02/2006
		ING CTR TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL	ID PREFIX	2131 O ST WASHING	RESS, CITY, STATE, ZIP CODE REET NW GTON, DC 20037 PROVIDER'S PLAN OF CORREC I CORRECTIVE ACTION SHOULD		(X5) COMPLETION
TAG		SC IDENTIFYING INFORMATION)	TAG		RENCED TO THE APPROPRIATE		DATE
	Sorbitol or Kayexala 2006 MAR, the Kay administered to the through 31, 2006 wh medications.  A face-to-face intervunit manager on No He/she acknowledg indicated for either rorder. The record w 2006.  3. Facility staff failed medication order for #19.  A review of Resident telephone order date AM, "Ferrous Sulfat supplement to increase Hematocrit)." The ophysician on August lacked a strength for The August, Septem indicated that the reservous Sulfate 325  A face-to-face interviunit manager on Nov He/she acknowledge indicated for the medicated to the medicated for the medicated for the medicated to the medicated for the me	ate. According to the October exalate and Sorbitol was resident from October 3 ith the exception of October een the resident refused the view was conducted with the exember 1, 2006 at 8:30 AM. ed that there was no strength medication on the physician's vas reviewed November 1, it to include a strength on the Ferrous Sulfate for Resident et #19's record revealed a ed August 1, 2006 at 11:30 re one po Q D (daily) ase H&H (Hemoglobin and order was signed by the 7, 2006. The above order	F 30	1b. 2. 3a. 3b. 4.	Resident # 19 was not harmed by the deficient practice.  Telephone order for resident #19, for Ferror Sulfate without the stree was discontinued and a order was issued to incomplete the strength of the Ferr Sulfate.  All residents charts were reviewed for completer and accuracy of medical orders and no other residents were found to be affect.  All licensed staff will be in-serviced on how to completeness and a of physician's medication orders to ensure complete for completeness and a of physician's orders for compliance.  RCCs will review all need the physician with physician medication orders will be discussed in the monthly Risk Management meed Quarterly QA meeting a reported to the Administ for remedial action.	tus Ingth In	12/10/06
	4. Facility staff failed	to ensure that the					22/10/00

STATEMENT OF DEPOCIATION OF PROVIDER OR SUPPLIER  ROCK CREEK MANOR NURSING CTR  (PA) ID (PA) PROVIDER OR SUPPLIER  ROCK CREEK MANOR NURSING CTR  (PA) ID (PA) PROVIDER OR SUPPLIER  ROCK CREEK MANOR NURSING CTR  (PA) ID (PA) PROVIDER OR SUPPLIER  ROCK CREEK MANOR NURSING CTR  (PA) ID (PA) PROVIDER OR SUPPLIER  ROCK CREEK MANOR NURSING CTR  (PA) ID (PA) PROVIDER OR SUPPLIER  ROCK CREEK MANOR NURSING CTR  (PA) ID (PA) PROVIDER OR SUPPLIER  ROCK CREEK MANOR NURSING CTR  (PA) ID (PA) PROVIDER OR SUPPLIER  ROCK CREEK MANOR NURSING CTR  (PA) ID (PA) PROVIDER OR SUPPLIER  ROCK CREEK MANOR NURSING CTR  (PA) ID (PA) PROVIDER OR SUPPLIER  ROCK CREEK MANOR NURSING CTR  (PA) ID (PA) PROVIDER OR SUPPLIER  ROCK CREEK MANOR NURSING CTR  (PA) ID (PA) PROVIDER PLAN OF CORRECTION PROVIDER OR SUPPLIER OR SUP			AND HUMAN SERVICES	N	w	nln	1040		APPROVED
AND FLAN OF CORRECTION  INAME OF PROVIDER OR SUPPLIER  ROCK CREEK MANOR NURSING CTR  PREFIX TAG  COMPLETED  SUMMARY STATEMENT OF DEPICIENCIES (FACH DEPICIENCY MAIST BE PRECEDED BY PULL (RECULATORY OR LSC IDENTIFYING INFORMATION)  F 309  Continued From page 7  communication log was complete upon Resident JH1's return from the dialysis center, appropriately label medication sent to the dialysis center and send an accurate medication list to the dialysis center and send an accurate medication list to the dialysis center (appropriately label medication sent to the dialysis center)  The "Rock Creek Manor Nursing Center, Dialysis Communication Logs" [a form used for communication between the nursing center and the dialysis center] dated October 26 and 28, 2006 were reviewed. The communication logs lacked weights, blood pressure readings, liab draws with results, medications administered at dialysis, medication administered at dialysis, enterly contained on Dialysis communication logs were completed to reflect the resident from the unising center to the dialysis center, loss owner to the dialysis center, loss of the prefix of the resident from the dialysis communication logs were completed to reflect the resident from the dialysis communication logs were completed to reflect the resident from the dialysis communication logs were completed to reflect the resident from the dialysis communication logs were completed to reflect the resident for our beauting center to the dialysis center. According to the October 2006 Medication Administration Record (MAR), Resident JH1 goes to dialysis on truesday, Thursday and Saturday. The MAR also stipulated that the resident should take Renagel 800mg 4 tablets, three times a day and on dialysis days the lunch does should be given at the dialysis center. The October 2006 MAR was signed everyday [ indicating that the lunch does for Renagel was				(X2) N	MULTIP	LE CONS	TRUCTION	T	
NAME OF PROVIDER OR SUPPLIER  ROCK CREEK MANOR NURSING CTR    CACH DEFICIENCY MINEST BE PRECEDED BY FULL TAGE   FACH DEFICIENCY MINEST BE PRECEDED BY FULL TAGE   TAGE   TAGE   TAGE   TAGE				]` `					
ROCK CREEK MANOR NURSING CTR    2131 O STREET NW   WASHINGTON, DC 20037			095031	B. WI	NG			11/0	2/2006
PROPRIETIX TAG  F 309  Continued From page 7  communication log was complete upon Resident JH 1's return from the dialysis center, appropriately label medication sent to the dialysis center, appropriately label medication sent to the dialysis center. The "Patient Rounding Report" dated October 10, 2006 documented that the resident's center. The "Patient Rounding Report" dated October 2006 Medication Admiration logs were completed to reflect the resident's status upon return from the dialysis center. According to the October 2006 Medication Admiration logs were completed to reflect the resident's status upon return from the dialysis center. According to the October 2006 Medication Admiration logs were completed to reflect the dialysis center. According to the October 2006 Medication Admiration logs were completed to reflect the resident's current medications. The facility staff did not ensure that the dialysis center. According to the October 2006 Medication Admiration logs were completed to reflect the resident's current medications. The facility staff did not ensure that the dialysis center. According to the October 2006 Medication Admiration logs were completed to reflect the resident's current medications. The facility staff did not ensure that the dialysis center. According to the October 2006 Medication Admiristration Record (MAR), Resident JH1 goes to dialysis on Tuesday, Thursday and Saturday. The MAR also stipulated that the resident should take Renagel 800mg 4 tablets, three times a day and on dialysis days the lunch dose for Renagel was	NAME OF F	ROVIDER OR SUPPLIER			STRE	ET ADDR	ESS, CITY, STATE, ZIP CODE		
F 309 Continued From page 7 communication log was complete upon Resident JH1's return from the dialysis center, appropriately label medication sent to the dialysis center.  The "Rock Creek Manor Nursing Center, Dialysis Communication logs" I a form used for communication Logs" I a form used for communication between the nursing center and the dialysis center] dated October 26 and 28, 2006 were reviewed. The communication logs had been updated to reflect the resident's stream emidications for new orders and status [of resident]. Additionally, the attached copy of the resident's medication ist status upon return from the dialysis center.  The "Patient Rounding Report" dated October 10, 2006 documented that the resident received Zemplar 5 mcg and Epogen 4400 units at the dialysis center. According to the October 2006 Medication Administration Record (MAR), Resident JH1 goes to dialysis only dialysis only atablets, three times a day and on dialysis days the lunch dose should be given at the dialysis center. The October 2006 MAR was signed everyday [ indicating that the lunch dose for Renagel was	ROCK C	REEK MANOR NURSI	NG CTR		1				
FREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  F 309  Continued From page 7  communication log was complete upon Resident JH1's return from the dialysis center, appropriately label medication sent to the dialysis center and send an accurate medication list to the dialysis center and send an accurate medication list to the dialysis center and send an accurate medication list to the dialysis center and send an accurate medication list to the dialysis center. The "Rock Creek Manor Nursing Center, Dialysis Communication Logs" [a form used for communication between the nursing center and the dialysis center] dated October 26 and 28, 2006 were reviewed. The communication logs lacked weights, blood pressure readings, lab draws with results, medications administered at dialysis, medication ist [sent from the nursing center to the dialysis center] had not been updated to reflect the resident's current medications. The facility staff did not ensure that the dialysis center.  The "Patient Rounding Report" dated October 10, 2006 documented that the resident received Zemplar 5 mcg and Epogen 4400 units at the dialysis center. According to the October 2006 Medication Administration Record (MAR), Resident JH1 goes to dialysis on Tuesday, Thursday and Saturday. The MAR also stipulated that the resident should take Renagel 800mg 4 tablets, three times a day and on dialysis days the lunch dose should be given at the dialysis center. The October 2006 MAR was signed everyday [indicating that the lunch dose for Renagel was		0.11.11.17.4.07.4	TOWERT OF DEFINITIONS			·		TION .	0.0
communication log was complete upon Resident JH1's return from the dialysis center, appropriately label medication sent to the dialysis center and send an accurate medication list to the dialysis center.  The "Rock Creek Manor Nursing Center, Dialysis Communication Logs" [a form used for communication between the nursing center and the dialysis center] dated October 26 and 28, 2006 were reviewed. The communication logs lacked weights, blood pressure readings, lab draws with results, medications administered at dialysis, medication changes/recommendations for new orders and status [of resident]. Additionally, the attached copy of the resident's medication list [sent from the nursing center to the dialysis center] had not been updated to reflect the resident's current medications. The facility staff did not ensure that the dialysis communication logs were completed to reflect the resident status upon return from the dialysis center.  The "Patient Rounding Report" dated October 10, 2006 documented that the resident received Zemplar 5 mcg and Epogen 4400 units at the dialysis center. According to the October 2006 Medication Administration Record (MAR), Resident IM1 was not harmed by the deficient practice.  1b. The Dialysis communication log for resident #H11 was chemathy was prohnged to reflect appropriate assessment for pre and post dialysis visits.  2. No other residents other than #JH1is currently attending Dialysis.  2. No other residents other than #JH1is currently attending Dialysis.  2. No other residents other than #JH1is currently attending Dialysis.  2. No other residents with for pre and post dialysis visits.  3a. Resident information contained on Dialysis Center Rounding Report will be transferred to RCM Pre/Post Dialysis Information Sheet.  3b. Each Dialysis Center Rounding report will also be attached to RCM's Dialysis Center Rounding report will also be attached to RCM's Dialysis Center Rounding report will also be attached to RCM's Dialysis Center Rounding report will also be attached to RCM's Dial	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEEDED BY FULL	PREF		(EACH	CORRECTIVE ACTION SHOULD	BE CROSS-	
given] although the resident was not in the facility at the time.		communication log JH1's return from the appropriately label in center and send andialysis center.  The "Rock Creek M Communication Log communication betwith the dialysis center] of 2006 were reviewed lacked weights, blood draws with results, indialysis, medication for new orders and send Additionally, the attainedication list [sent the dialysis center] in reflect the resident's facility staff did not ecommunication logs resident's status upon center.  The "Patient Rounding 2006 documented the Zemplar 5 mcg and dialysis center. Accommunication Administration and Sature that the resident should be Thursday and Sature that the resident should be The October 2006 Mindicating that the lungiven] although the resident should be The October 2006 Mindicating that the resident the resident should be The October 2006 Mindicating that the lungiven] although the resident should be The October 2006 Mindicating that the lungiven] although the resident should be the october 2006 Mindicating that the lungiven] although the resident should be the october 2006 Mindicating that the lungiven] although the resident should be the october 2006 Mindicating that the lungiven] although the resident should be the october 2006 Mindicating that the lungiven although the resident should be the october 2006 Mindicating that the lungiven although the resident should be the october 2006 Mindicating that the lungiven although the resident should be the october 2006 Mindicating that the lungiven although the resident should be the october 2006 Mindicating that the lungiven although the resident should be the october 2006 Mindicating that the lungiven although the resident should be the october 2006 Mindicating the october 2006 Mindic	was complete upon Resident to dialysis center, medication sent to the dialysis accurate medication list to the anor Nursing Center, Dialysis accurate medication list to the graph of the nursing center and dated October 26 and 28, and pressure readings, lab medications administered at changes/recommendations estatus [of resident]. The communication logs of pressure readings, lab medications administered at changes/recommendations estatus [of resident]. The nursing center to add not been updated to current medications. The ensure that the dialysis were completed to reflect the on return from the dialysis on return from the dialysis.  The MAR also stipulated updated to the October 2006 reation Record (MAR), or dialysis on Tuesday, and and on dialysis days the degiven at the dialysis center. AR was signed everyday [and dose for Renagel was]	F		1b. 2. 3a.	harmed by the deficient practice.  The Dialysis communication for resident #JH1 was changed to reflect appropriate assessment for pre and post dialysis visits.  No other residents other than #JH1is currently attending Dialysis.  Resident information contained on Dialysis Center Rounding Repowill be transferred to RCM Pre/Post Dialysis Information Sheet.  Each Dialysis Center Rounding report will also be attached to RCM's Dialysis Report.  Licensed staff will be in-serviced on how to complete and maintain Dialysis Communication Log. RCC's will check communication log daily for appropriate	eation  Int  Int	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 11/13/2006

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED		
		095031	B. WI	NG_		11/0	2/2006	ĺ
	PROVIDER OR SUPPLIER	NG CTR		<b>2</b> :	REET ADDRESS, CITY, STATE, ZIP CODE 131 O STREET NW VASHINGTON, DC 20037			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 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 309	November 9, 2006 a Nurse and the techr They stated, "We g Zemplar. We are no #JH1] taking any oth dialysis. The staff h taking any medication dialysis."	ge 8  w was conducted on at 3:30 PM with the Charge nician at the dialysis center. ive him/her Epogen and ot aware of him/her [Resident ner medication while here at as not observed him/her ons while he/she is here at riew was conducted on	F	809				
	October 30, 2006 at Care Coordinator (R	3:30 PM with the Resident CC). He/she acknowledged				· Aleman	a parameter de la company	
		mmunication log was there was no documentation				•		
	that the resident rec He/she stated that the Renagel 800 mg 4 to bag and labeled with	eived medication at dialysis. ne resident's medication [ ablets] was put in a Ziploc the name of the drug; the as hand written by the staff [						
	Care Coordinator. H 800 mg 4 tablets] wa	t 2:55 PM with the Resident le/she stated, "It [Renagel as packed, but we were not ling." The record was			· ·			
							1	

	RTMENT OF HEALTH AND HUMAN SERVICES		R	muly 12/068	FOR	D: 11/13/20 M APPROVE D. 0938-039	ΞD
	OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	AULTIPLI ILDING	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
	095031	B. WI	NG		11/	02/2006	
	PROVIDER OR SUPPLIER CREEK MANOR NURSING CTR		2131	ET ADDRESS, CITY, STATE, ZIP CODI 1 O STREET NW SHINGTON, DC 20037			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SHOU REFERENCED TO THE APPROPRIAT	LD BE CROSS-	(X5) COMPLETION DATE	V
F 314 SS=D	Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment ar services to promote healing, prevent infection ar prevent new sores from developing.	d d	1	1a. Resident #17 was no harmed by the deficie practice.  1b. The treatment order fresident #17 was charmed after verification with the attending physician.  1b. The physician's order wound care for resident wound care for resident is currently being follows.	ent for inged an. for ent #17		
	This REQUIREMENT is not met as evidenced by the series of	5	36	All medication orders wound care were revi and no deficient pract were noted.  A follow-up formal in-s training will be given to wound care nurse to it all licensed staff.	ewed ices service o the	On-going	50
	A. The treatment nurse failed to administer a wound treatment according to physician's orders. A physician's order dated October 10, 2006, directed, "Cleanse sacral wound with normal saline. Pat dry and apply Santyl ointment with Polysporin powder BID (twice daily) x 30 days. Cover with Coversite"  A wound treatment for a Stage IV sacral pressure ulcer was observed on October 31, 2006 at 10:30 AM. The nurse applied a dime size amount of Santyl ointment to a sterile gauze pad. The nurse rubbed the two sides of the gauze pad together to spread the ointment. There was not enough ointment on the gauze pad to cover the wound		4.	monitored during the v wound care rounds to ensure that physician's are followed for reside	veekly s orders nt #17.  ound in gement meeting the	12/15/06	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BU		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED . 11/02/2006			
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NAME OF PROVIDER OR SUPPLIER ROCK CREEK MANOR NURSING CTR				21	REET ADDRESS, CITY, STATE, ZIP CODE 131 O STREET NW VASHINGTON, DC 20037			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 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 314	bed. The nurse fail powder.  A face-to-face intender October 31, 2006 at nurse. He/she state this treatment and I The treatment nurse Wound Rounds Repsheet was, "Use Sagauze."]. I  According to an intender Nursing on Novembasheet [Weekly Wound during wound round treatment recomme	ed to apply the Polysporin  view was conducted on t 10:50 AM with the treatment ed, "This is the first time I did am working off this sheet [ e was using the "Weekly port." Documented on the ntyl ointment. Cover with 4 x 4  rview with the Director of er 2, 2006 at 2:30 PM, the nd Rounds Report] is utilized s for the team to make ndations. The re then presented to the	F;	314				
	charge nurse on No He/she stated, "The on October 31, 2006 treatment and used ointment."  B. The treatment nutechnique during the During the wound treconducted on October treatment nurse state be used and cleanse sanitizer, gathered sand set up the clean with the drape partial							

		AND HUMAN SERVICES (	eril	12	Ando	, 4Q,	FORM	): 11/13/2006 MAPPROVED ): 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	(X2) MULTIPLE CONSTRUCTION A. BUILDING				SURVEY ETED	
		095031	B. WII	NG			11/0	02/2006
NAME OF P	ROVIDER OR SUPPLIER			STF	REET ADDR	RESS, CITY, STATE, ZIP CODE		
ROCK C	REEK MANOR NURSI	NG CTR		ı	131 O STE VASHING	REET NW STON, DC 20037		
(X4) ID PREFIX TAG			ID PREF TAG		(EACH	PROVIDER'S PLAN OF CORRECTORRECTIVE ACTION SHOULD ENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
F 314	Continued From pa	ge 11 ,	F;	314	1a	Resident was not harme by the deficient practice,		
	gloves and removed dressing had a mode drainage with flecks removed and clean cleansed the wound glove only. A clean was hand. Medication was gauze pads and pla The nurse removed donned a clean glovand secured to the removed to the removed donned a clean glovand secured to the removed donned a clean glovand infection. At the response to question should wash their had dressings from the (not contaminate the	field. The nurse donned of the soiled dressing. The lerate amount of brown of red. Soiled gloves were gloves applied. The nurse of then removed the left hand glove was donned on the left has applied to 4 x 4 sterile ced over the pressure ulcer. The left hand glove and re. A dressing was applied resident with tape.  A dressing was applied resident with tape.  Are Ulcer Advisory Board, "uestions, Wound Infection of, "web site www.npuap.org/".revealed the following: In m #309, "Care providers ands before they remove dressing) package in order to dressings by reaching into illed hands and/or gloves."			1b. 1c. 2.	Resident #17 is currently receiving appropriate wound care with respect applying adequate amout of Polysporin ointment to dressing.  The Wound Care nurse immediately corrected to appropriate wound care to include clean techniquing resident #17.  All residents receiving wo care were assessed and receiving appropriate wo care treatments.  A follow-up formal in-sentraining will be given to the wound care nurse.	was ouse protocol ue for ound are	On-going
	organization web site Clean technique invo reduce the overall nu Clean technique invo				3b. 3c.	The Wound Care Nurse' technique will be monitor weekly by the ADON.  All weekend licensed nu	red	
	and instruments. Cle defined as the replac	ld, and using clean gloves an dressing change may be been ent of the wound technique and supplies. "				will be inserviced on app wound care protocol to it use of clean technique.		

A face-to-face interview was conducted on

October 31, 2006 at 10:50 AM with the treatment

nurse. He/she stated, "I do 90% of my treatments this way. I set up the field on the bed." The nurse did not state why he/she set up the

4.

12/15/06

Problems related to Wound

Administrator for remedial

action.

Care will be discussed in the

monthly Risk Management meeting, Quarterly QA meeting and results reported to the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  095031		A: BUII		PLE CONSTRUCTION  G		COMPLETED 11/02/2006			
		B. WIN	iG						
NAME OF PROVIDER OR SUPPLIER  ROCK CREEK MANOR NURSING CTR			STREET ADDRESS, CITY, STATE, ZIP CODE2131 O STREET NW WASHINGTON, DC 20037						
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F 314	Continued From pa treatment field on ti 483.25(h)(1) ACCII	ne bed.		314	401, 421 were rep 2. Over be	d lamps in room I, 506, 512, 521 paired 11/05/06 d lamps in all s rooms have b			
SS=D	The facility must en	sure that the resident ns as free of accident hazards			checked Mainten be in co	by the Director ance and found mpliance. d lamps will be	of		
	: Based on observati for two (2) of five (5 determined that lan not secured into the	ons during the survey period ) nursing units, it was hps over residents' beds were housing units. These			checked mainten during G and reco Mainten	I weekly by the ance staff and Grand Rounds orded in the ance Log Book e compliance.			
	Directors of Mainte nursing staff.	made in the presence of the nance and Engineering and			will ensu	ector of Mainten ire immediate on of any proble d.			
	between 9:15 AM a 2) observations. Rooms 506, 515 ar	1 on November 1, 2006 nd 9:30 AM in two (2) of two ( nd 521 in three (3) of three (3) vember 1, 2006 between 10:			lamp wil monthly meeting meeting	is related to over I be discussed i Risk Managem , Quarterly QA and reported to trator for remed	n the ent	11/05/06	

		AND HUMAN SERVICES & MEDICAID SERVICES	Ren	11/2/1-	1063	FOR	D: 11/13/200 M APPROVE O. 0938-039	D
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			1	IULTIPLE CO	NSTRUCTION .	(X3) DATE COMF	SURVEY	
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NAME OF	PROVIDER OR SUPPLIER	,			DRESS, CITY, STATE, ZIP C	ODE		
ROCK	REEK MANOR NURSI	NG CTR		× ·	TREET NW IGTON, DC 20037			
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F 386 SS=D			F3	386				
	program of care, inc treatments, at each of this section, write, notes at each visit; a with the exception of polysaccharide vaccadministered per phy	review the resident's total luding medications and visit required by paragraph (c) sign, and date progress and sign and date all orders influenza and pneumococcal ines, which may be vsician-approved facility sment for contraindications.						
	This REQUIREMEN	Γ is not met as evidenced by		1a.	Residents #6 and not harmed by the practices.			
	2) of 26 sampled res that the physician fail	n and record review for two (dents, it was determined ed to review telephone completeness prior to and 19.		1b.	The strength of m for resident #6 and included in the phyorder.	d #19 were		
	telephone order dated	nt #6's record revealed a		2.	All resident charts reviewed for incomorders and all were to be in compliance	nplete e found		
	for potassium level ar everyday." The physi strength for the Kayes signing the telephone	a 15ml po (orally) everyday and give Sorbitol 15 ml po cian failed to include a calate and Sorbitol prior to order on October 3, 2006. wed November 1, 2006.		За.	All physicians will to in-serviced on the concerning accurate completeness of morders.	regulations te and		
i di	telephone order dated AM, "Ferrous Sulfate supplement to increas Hematocrit)." The ph strength for the Ferrou	e H&H (Hemoglobin and ysician failed to include a is Sulfate prior to signing 2006. The record was		4.	Problems related to incomplete physicial will be discussed a Risk Management Quarterly QA meet will be reported to the Administrator for reaction.	an's orders at the monthly meeting, ting and the	11/22/06	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,		LE CONS	(X3) DATE SURVEY COMPLETED		
ANDIDANGI GGINLEGIIGN			A. BUI					
095031			B. Wil	4G			11/02/2006	
NAME OF PROVIDER OR SUPPLIER  ROCK CREEK MANOR NURSING CTR				21	31 O ST	RESS, CITY, STATE, ZIP CODE REET NW GTON, DC 20037		
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F 386 SS=D	The physician must program of care, in treatments, at each of this section; writh notes at each visit; with the exception polysaccharide vacadministered per policy after an assemble of the composition of the policy after an assemble of the composition of the policy after an assemble of the composition of the program of	t review the resident's total soluding medications and a visit required by paragraph (c) e, sign, and date progress and sign and date all orders of influenza and pneumococcal ocines, which may be hysician-approved facility essment for contraindications.  NT is not met as evidenced by tion and record review for two (esidents, it was determined	F	386	1a. 1b. 2.	Resident #6 and #19 w not harmed by the omit of the medication strent.  Order for Kayexalate we the strength for resider clarified and a new ord was obtained to include the strength of the Kay.  All residents charts were reviewed for complete orders and nother residents' were found to be affected.  All physicians will be in-serviced on regulation.	ssion gth.  vithout ht #6 was er e exalate.	
	that the physician medication orders signing. Residents					concerning accurate and completeness of medication orders, orders.	Jiis	
	telephone order da AM, "Give Kayexa for potassium leve everyday." The ph strength for the Ka signing the telephor The record was re  2. A review of Res telephone order da AM, "Ferrous Sulf supplement to incr Hematocrit)." The strength for the Fethe order on August	eview of Resident #6's record revealed a none order dated October 3, 2006 at 9:45 Give Kayexalate 15ml po (orally) everyday stassium level and give Sorbitol 15 ml po day." The physician failed to include a gth for the Kayexalate and Sorbitol prior to ag the telephone order on October 3, 2006. ecord was reviewed November 1, 2006.  eview of Resident #19's record revealed a none order dated August 1, 2006 at 11:30 'Ferrous Sulfate one po Q D (daily) ement to increase H&H (Hemoglobin and atocrit)." The physician failed to include a gth for the Ferrous Sulfate prior to signing reder on August 7, 2006. The record was wed November 1, 2006.			3c 4.	RCCs will review all ne physician orders for compliance.  Problems with physicia medication orders will I discussed in the month Risk Management mee Quarterly QA meeting a reported to the Adminis for remedial action.	nn be aly eting,	11/22/06



#### PRINTED: 11/13/2006 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B. WING 095031 11/02/2006 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2131 O STREET NW **ROCK CREEK MANOR NURSING CTR** WASHINGTON, DC 20037 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETION (EACH DEFICIENCY MUST BE PRECEEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) REFERENCED TO THE APPROPRIATE DEFICIENCY) TAG TAG F 429 | 483.60(c)(2) DRUG REGIMEN REVIEW F 429 1a. Residents # 6 and # 19 SS≃D were not harmed The pharmacist must report any irregularities to by the deficient practice. the attending physician and the director of nursing 1b. The strength of the medication for resident #6 and resident # 19 were included in the This REQUIREMENT is not met as evidenced by physician order. 2. All medication orders were Based on observation and record review for two ( reviewed by licensed staff and 2) of 26 sampled residents, it was determined no other residents were that the pharmacist failed to identify and report medication irregularities to the attending physician affected by the deficient and the director of nursing. Residents #6 and 19. practices. 3a. The findings include: The Administrator will inform the pharmacist in writing of 1. A review of Resident #6's record revealed a the importance of the telephone order dated October 3, 2006 at 9:45 completeness, accuracy AM, "Give Kayexalate 15 ml po (orally) everyday of medication review under for potassium level and give Sorbitol 15 ml po pharmacy service and will everyday." The order was signed by the demand a response for the physician on October 3, 2006. inquiry. The pharmacist reviewed the record on Pharmacy reviews will be 3b. September 10 and October 11, 2006. There was monitored by the RCC's no evidence that the pharmacist identified and for compliance. reported that the medication orders failed to

2006.

include the strengths for the Kayexalate and

Sorbitol. The record was reviewed November 1,

2. A review of Resident #19's record revealed a

telephone order dated August 1, 2006 at 11:30

supplement to increase H&H (Hemoglobin and

Hematocrit)." The order was signed by the

AM, "Ferrous Sulfate one po Q D (daily)

physician on August 7, 2006.

4.

Problems related to review

Consulting Pharmacist will be discussed at the monthly

Risk Management meeting.

and reported to the Administrator

Quarterly QA meeting

for remedial action.

of Medical orders by the

11/22/06

#### PRINTED: 11/13/2006 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 095031 11/02/2006 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2131 O STREET NW ROCK CREEK MANOR NURSING CTR WASHINGTON, DC 20037 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5)COMPLETION (EACH DEFICIENCY MUST BE PRECEEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-**PREFIX** PREFIX DATE REFERENCED TO THE APPROPRIATE DEFICIENCY) REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG F 429 Continued From page 15 F 429

F 441 SS=E

### 483.65(a) INFECTION CONTROL

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.

The pharmacist reviewed the record September

20 and October 11, 2006. There was no evidence that the pharmacist identified or reported that the medication order failed to include the strength for the Ferrous Sulfate. The

record was reviewed November 1, 2006.

This REQUIREMENT is not met as evidenced by

Based on observations during the survey period for three (3) of five (5) nursing units, it was determined that the facility failed to maintain a sanitary environment as evidenced by: oxygen concentrators soiled with dust, ice scoops stored on top of ice chests and cleaning equipment stored on the floor of the janitorial closet.

The findings include:

1. Oxygen concentrators were observed with dust on the interior surfaces behind the filter in rooms

- F 441 1a.
  - 1a. Related residents were assessed by a licensed nurse and no respiratory problems relating to infection was found.
  - 1b. The oxygen concentrators in rooms 301, 302 found to be soiled were replaced with clean concentrators 11/14/06
  - 1c. No oxygen concentrator in room 215. Room 315 instead.
  - All soiled oxygen concentrators were removed from the units and sent out to be cleaned by an outside contractor.
  - The interior of oxygen concentrators will be cleaned annually by Roberts as indicated in our oxygen concentrator service agreement.

		HAND HUMAN SERVICES	Rin	N	12/12/06 3	FORM	: 11/13/2006 APPROVED : 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		095031	B. WII	1G		11/0	2/2006
NAME OF	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
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F 429	Continued From pa	ge 15	F	129			
	20 and October 11, evidence that the preported that the me include the strength	iewed the record September 2006. There was no narmacist identified or edication order failed to for the Ferrous Sulfate. The d November 1, 2006.	F4	41	4. Problems related to oxygonometric concentrators will be discontinuous at the monthly Risk Manameeting, Quarterly QA material problems will be reported Administrator for remedian	cussed agement eeting.	11/14/06
F 441	483.65(a) INFECTION	ON CONTROL				i	
SS=E	infection control pro- safe, sanitary, and of to prevent the development of disease and infection an infection control pro- investigates, controls the facility; decides wisolation should be a	rablish and maintain an gram designed to provide a comfortable environment and opment and transmission of n. The facility must establish program under which it s, and prevents infections in what procedures, such as applied to an individual ins a record of incidents and lated to infections.					
	This REQUIREMEN	T is not met as evidenced by					
	for three (3) of five (5 determined that the f	ns during the survey period  i) nursing units, it was acility failed to maintain a as evidenced by: oxygen					

ORM CMS-2567(02-99) Previous Versions Obsolete

The findings include:

concentrators soiled with dust, ice scoops stored on top of ice chests and cleaning equipment stored on the floor of the janitorial closet.

1. Oxygen concentrators were observed with dust on the interior surfaces behind the filter in rooms

Event ID: 4N3E11

Facility ID: ROCKCREEK

If continuation sheet Page 16 of 19

16a

#### PRINTED: 11/13/2006 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B. WING 095031 11/02/2006 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2131 O STREET NW ROCK CREEK MANOR NURSING CTR WASHINGTON, DC 20037 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X4) ID PREFIX COMPLETION (EACH DEFICIENCY MUST BE PRECEEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE REFERENCED TO THE APPROPRIATE DEFICIENCY) TAG TAG~ No resident was harmed 1a. F 441 Continued From page 16 F 441 by the deficient practice. 215, 301 and 302 in three (3) of three (3) observations on October 31, 2006 between 9:28 1b. The Ice Scoop was sanitized AM and 1:40 PM. immediately and placed in the scoop holder. 2. Ice scoops were observed on units 2 and 5 stored on top of the ice chest and soiled in two (2) 2. All other ice scoops were of five (5) observations on November 1, 2006 checked and found to be between 9:40 AM and 10:20 AM. in compliance. 3. Cleaning equipment, such as mops, brooms 3. Team leaders, RCCs and and dustpans, was stored on the floor of the ADON will be in-serviced ianitorial closet and soiled utility room on unit 3 in on making daily rounds to two (2) of two (2) observations on October 31. ensure ice scoops are stored 2006 at 3:10 PM. properly in the ice bins. Problems related to the ice F 514 F 514 483.75(I)(1) CLINICAL RECORDS scoop storage will be SS=D discussed at the monthly The facility must maintain clinical records on each Risk Management meeting. resident in accordance with accepted professional Quarterly QA meeting. Problems standards and practices that are complete; will be reported to the accurately documented; readily accessible; and Administrator for remedial systematically organized. 12/15/06 action.

and progress notes.

The clinical record must contain sufficient

services provided; the results of any

information to identify the resident; a record of the resident's assessments; the plan of care and

preadmission screening conducted by the State;

This REQUIREMENT is not met as evidenced by

Based on record review and staff interview for one (1) supplemental resident, it was determined that facility staff failed to ensure that the dialysis communication logs were complete upon the

Jenney 1/066 b

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MI A. BUIL	JLTIPLE COI .DING	(X3) DATE SURVEY COMPLETED  11/02/2006			
095031			B. WIN			G	
NAME OF PROVIDER OR SUPPLIER  ROCK CREEK MANOR NURSING CTR				2131 O S	DRESS, CITY, STATE, ZIP CODE TREET NW NGTON, DC 20037		
(X4) ID PREFIX TAG				ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS TAG REFERENCED TO THE APPROPRIATE DEFICIENCE			(X5) COMPLETION DATE
F 441	215, 301 and 302 in observations on Oc AM and 1:40 PM.  2. Ice scoops were stored on top of the of five (5) observations between 9:40 AM a  3. Cleaning equipm and dustpans, was janitorial closet and two (2) of two (2) observations.	observed on units 2 and 5 ice chest and soiled in two (2) ons on November 1, 2006 nd 10:20 AM.  ent, such as mops, brooms stored on the floor of the soiled utility room on unit 3 in oservations on October 31,	F 4		Resident #JH1 was not		
	resident in accordar standards and pract accurately document systematically organ. The clinical record numbers in the clinical record numbers in the clinical record numbers in the clinical resident's assessment services provided; the preadmission screen and progress notes.  This REQUIREMENT:  Based on record revious (1) supplementat that facility staff failed	nust contain sufficient by the resident; a record of the ents; the plan of care and		1b. 2a. 3a.	harmed by the deficient practice.  The physicians order for Renagel was discontinuand a new order obtaine administer the Renegal in the facility before and Dialysis.  No other resident than # is currently attending Dia or was affected by the depractice.  Nursing staff will be in-s on regulations regarding of medication, dispensing medication and medication	ed to after  JH1 alysis eficient  erviced labeling g of	



### PRINTED: 11/13/2006 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B. WING 095031 11/02/2006 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2131 O STREET NW ROCK CREEK MANOR NURSING CTR WASHINGTON, DC 20037 SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-(FACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) REFERENCED TO THE APPROPRIATE DEFICIENCY) TAG TAG F 514 | Continued From page 17 F 514 RCC's and ADON will monitor 3b. to ensure that medications are resident's return to the facility and that the not labeled and dispensed by Medication Administration Record accurately staff to include medication pass. reflected the administration of Renagel. Resident JH1. Problems related to labeling 4. and dispensing of medication The findings include: by staff will be discussed in Monthly Risk Management The "Rock Creek Manor Nursing Center, Dialysis meeting, Quarterly QA meeting, Communication Logs" [a form used for and Problems will be reported to communication between the nursing center and the Administrator for remedial the dialysis center) dated October 26 and 28, 12/10/06 action. 2006 were reviewed. The communication logs lacked weights, blood pressure readings, lab draws with results, medications administered at dialysis, medication changes/recommendations for new orders and status [of resident]. Additionally, the attached copy of the resident's medication list [sent from the nursing center to the dialysis center] had not been updated to reflect the resident's current medications. The facility staff did not ensure that the dialysis communication logs were completed to reflect the resident's status upon return from the dialysis center. The "Patient Rounding Report" dated October 10, 2006 documented that the resident received Zemplar 5 mcg and Epogen 4400 units at the dialysis center. According to the October 2006 Medication Administration Record (MAR),

Resident JH1 goes to dialysis on Tuesday, Thursday and Saturday. The MAR also stipulated that the resident should take Renagel 800mg 4 tablets, three times a day and on dialysis days the lunch dose should be given at the dialysis center. The October 2006 MAR was signed everyday [indicating that the lunch dose for Renagel was given] although the resident was not in the facility

lemin/n/0/2

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) N A. BU		PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED			
095031			B. WII	۷G		11/02/2006		
NAME OF PROVIDER OR SUPPLIER  ROCK CREEK MANOR NURSING CTR				21	EET ADDRESS, CITY, STATE, ZIP CODE 131 O STREET NW VASHINGTON, DC 20037			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 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	
	at the time.  A telephone intervie November 9, 2006 at Nurse and the techric They stated, "We gizemplar. We are nuffler and the staff his taking any medication dialysis. The staff his taking any medication dialysis."  A face-to-face interview October 30, 2006 at Care Coordinator (Richard the dialysis comincomplete and that the resident recomplete and that the the resident recomplete and that the the stated that the Renagel 800 mg 4 to bag and labeled with name of the drug was on the Ziploc bag].  A telephone interview November 9, 2003 at Care Coordinator. His 800 mg 4 tablets] was	ew was conducted on at 3:30 PM with the Charge nician at the dialysis center. ive him/her Epogen and ot aware of him/her [Resident ner medication while here at as not observed him/her ons while he/she is here at wiew was conducted on 3:30 PM with the Resident acc). He/she acknowledged injunication log was there was no documentation eived medication at dialysis ne resident's medication [ablets] was put in a Ziploc at the name of the drug; the is hand written by the staff [ablets] was conducted on t 2:55 PM with the Resident le/she stated, "It [Renage] is packed, but we were not ling." The record was	F	514				