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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095022	A. BUILDING _____ B. WING _____	R 12/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRANSITIONS HEALTHCARE CAPITOL CITY	2425 25TH STREET SE WASHINGTON, DC 20020

(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	{F 000}	Transitions Healthcare Capitol City is filing this Plan of Correction in accordance with State and Federal requirements. Submission of this Plan of Correction is not an admission of any of the deficiencies identified are correct. This Plan of Correction is to serve as the facility's credible allegation of compliance with all the requirements of the Medicare/Medicaid Programs	

A revisit survey was conducted on December 15 and 16, 2016 as a follow-up to the annual Quality Indicator Survey (QIS) recertification survey conducted October 25, 2016. The following deficiencies are based on observations, record reviews and staff interviews for 30 sampled residents.

The following is a directory of abbreviations and/or acronyms that may be utilized in the report:

Abbreviations
AMS - Altered Mental Status
g-tube- Gastrostomy tube
EKG - 12 lead Electrocardiogram
NP - Nurse Practitioner
BID - Twice- a-day
EMS - emergency medical services (911)
HVAC - Heating ventilation/Air conditioning
Neuro - Neurological
B/P - Blood Pressure
CRF - Community Residential Facility
CNA- Certified Nurse Aide
DMH - Department of Mental Health
Peg tube - Percutaneous Endoscopic Gastrostomy
NP - Nurse Practitioner
L - Liter
Dl - deciliter
CMS - Centers for Medicare and Medicaid Services
Lbs - pounds (unit of mass)
MAR - Medication Administration Record
MD- Medical Doctor
MDS - Minimum Data Set
Mg - milligrams (metric system unit of mass)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Administrator | (X6) DATE: 12/28/16

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 000}	Continued From page 1	{F 000}		

mL - milliliters (metric system measure of volume)
mg/dl - milligrams per deciliter
mm/Hg - millimeters of mercury
POS - physician ' s order sheet
Prn - As needed
Pt- Patient
TAR - Treatment Administration Record
PASRR - Preadmission screen and Resident Review
ARD - assessment reference date
IDT - interdisciplinary team
ID - Intellectual disability
QIS - Quality Indicator Survey
D.C. - District of Columbia
D/C- discontinue
Rp, R/P- responsible party
PO- By Mouth

F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and a review of the facility ' s medical device (Glucometer) log sheets, it was determined that facility staff failed to meet professional standards of quality as evidenced by the documentation of a false [inaccurate] account of the quality control high and low glucose control results and lot numbers for one (1) Glucometer device. The findings include:	F 281	**483.20(k)(3)(i) Services Provided Meet Professional Standards** 1. The nurses involved were subjected to disciplinary action per the personnel policies of the facility. 12/28/16 2. All of the remaining 13 Glucometer Logs were reviewed immediately and no other out of range results or evidence of any kind of altering was found. 12/16/16 3. All licensed nursing staff were inserviced on the Glucometer Quality Control policy, a review of the Glucometer User Manual, a review of the Glucometer Quality Control Log which included documentation, out-of-range variances, correction of erroneous entries, and a demonstration and competency. The Clinical Managers will review the Glucometer Logs on a weekly basis and the DON/designee will review all the logs on a monthly basis to ensure compliance. 12/28/16 4. The DON will present the Glucometer Logs to the Safety Committee each month for their review. Such a review has been added as a permanent agenda item for the Safety Committee where all Department Heads and the Administrator sit as members. 12/28/16	

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F 281	Continued From page 2	F 281	**483.20(k)(3)(i) Services Provided Meet Professional Standards (continued)**	

" Corrections, amendments and addendums in paper records should be performed by placing a single line through the incorrect entry, being careful not to obliterate the inaccurate information; writing " error " , " mistaken entry " , or " omit " next to the incorrect text as determined by the organizational policy; providing the rational for the correction above the inaccurate entry if room is available or adding it to the margin of the document; signing and dating the entry; and entering the correct information in the next available space or adjacent to the acknowledged inaccurate information " (Burlingame, et al., 2015, pp. 499-500).

Glucometer - a medical device for determining the approximate concentration of glucose in the blood.

Purpose of the Glucometer Quality Control check is to verify the quality of the meter and test strips to determine if they are working properly.

"Glucose control solution [low and high] is a liquid that comes in a small vial and contains a known amount of glucose. The glucose solution is used in place of a drop of blood and the results on the meter should match a range listed on the vial of test strips used with the meter. If the result is outside of the range listed on the test strip vial, this indicates a problem with either the meter or the test strips" http://www.mayoclinic.org/diseases-conditions/diabetes/expert-blog/blood-glucose-control-solution/bgp-20094453

A review of the facility ' s December 2016 Glucometer Quality Control (QC) Log revealed the December 14, 2016 [night shift, no time

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F 281	Continued From page 3	F 281	**483.20(k)(3)(i) Services Provided Meet Professional Standards (continued)**	

indicated] QC assessment "high control level " [Range established by manufacturer; when the device functions accurately, the "high" results should fall within this range] was recorded as 172 mg/dl [milligrams per deciliter]. The pre-established range [indicative that the device was functioning as intended] was 184-248 mg/dl. There was no evidence that facility staff implemented measures to ensure the Glucometer was functioning properly when it was determined the high control level was identified outside of the pre-determined range.

The December 15, 2016 [night shift, no time indicated] the QC assessment "high control level " was recorded as 176 mg/dl. The pre-established range 184-248 mg/dl. No action was taken when the reading was out of range.

There was no evidence that when the quality control values were out of range, facility staff implemented " troubleshooting" measures to verify the accuracy of the glucometer device.

On December 16, 2016 at approximately 11:45 AM, in the presence of Employee #2, further review of the December 2016 Glucometer Control Logs were conducted. Discrepancies were identified between the Glucometer log copies that were provided to survey team on December 15, 2016 as compared to the log sheets [originals] maintained in in the facility as an active record. In response to a query regarding the discrepancy, Employee # 2 stated, the Glucometer Quality Control Log was likely altered.

A face-to-face interview was conducted with Employee #4 [licensed nurse] on December 16, 2016 at approximately 1:00 PM. Employee#4

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F 281	Continued From page 4 admitted that he/she created a new sheet when [he/she] identified that " lot numbers were different ...whatever I saw on the sheet [original], I transferred to the new sheet ... " Employee #4, (admittedly) rewrote/recreated a new December 2016 Glucometer Quality Control Log that differed from the original log(s) presented to the State Agency Representative on December 15, 2016. There was no evidence that he/she made corrections or amendments to the Quality Control Log in accordance with accepted standards of practice. In addition, there was no evidence of untoward effects to residents who received insulin coverage and diabetes management. The records were reviewed December 16, 2016. Reference: Byron Burlingame, B., Denholm, B., Link, T., Ogg, M.J., Spruce, L., Spry, C., Van Wicklin, S. and Wood, A. (2015). The guidelines for preoperative practice (Vol. 1). Denver, CO: AORN.	F 281		
{F 456} SS=D	483.70(c)(2) ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and a review of the facility ' s medical device (Glucometer) log sheets, it was determined that facility staff failed to ensure the functionality of	{F 456}	**483.70(c)(2) Essential Equipment, Safe Operating Condition** 1. The nurses involved were subjected to disciplinary action per the personnel policies of the facility. 12/28/16 2. All of the remaining 13 Glucometer Logs were reviewed immediately and no other out of range results or evidence of any kind of altering was found. 12/16/16 3. All licensed nursing staff were inserviced on the Glucometer Quality Control policy, a review of the Glucometer User Manual, a review of the Glucometer Quality Control Log which included documentation, out-of-range variances, correction of erroneous entries, and a demonstration and competency. The Clinical Managers will review the Glucometer Logs on a weekly basis and the DON/designee will review all the logs on a monthly basis to ensure compliance. 12/28/16 4. The DON will present the Glucometer Logs to the Safety Committee each month for their review. Such a review has been added as a permanent agenda item for the Safety Committee where all Department Heads and the Administrator sit as members. 12/28/16	

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{F 456}	Continued From page 5	{F 456}		

one (1) of twelve (12) glucometers [two meters/6 units Team I & Team II] as evidenced by failing to act when a quality control check value was less than pre-determined parameters on two (2) occasions.

The findings include:

Facility Policy titled Glucose Monitors- Quality Control last updated November 2001 stipulated, " Policy: Quality control testing will be performed on all glucometers in the facility, daily.

Procedure: 1. The 11-7 nurse will be responsible for the quality control testing of monitors. 5. Make sure the calibration (bar code) strip, if the monitor requires it ' s use, matches the code number on the test strip bottle. 10. The person who performs the test must enter results on the record. Enter all identifying information on the Quality Control Record for the Glucose meter. Each monitor requires a separate record. 11. Information must include: c. name of person submitting results ...instrument serial number, and manufacturer of glucose tips, lot# [number] and expiration date ... 12. Enter the date and the control results in the appropriate column. Two level of controls must be run daily on each glucose meter. The 11-7 nurse on each unit will documents on the control record. 13. Always enter the actual numerical values of the control. 15. Each time a results falls outside the acceptable limits (below the minimum or above the maximum range) appropriate correction action must be taken and documented in the appropriate column (i.e. recalibration). 18.Corrective action should be taken: replace

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{F 456}	Continued From page 6	{F 456}		

control solution and/or test strips as needed, recalibrate the meter and retest. Document all step taken and the results in the appropriate column. The nurse must notify administration if the monitor cannot be calibrated WNL (within normal limits). "

Glucometer - a medical device for determining the approximate concentration of glucose in the blood.

Purpose of the Glucometer Quality Control check is to verify the quality of the meter and test strips to determine if they are working properly.

"Glucose control solution [low and high] is a liquid [used to test the 'quality' of the Glucometer] that comes in a small vial and contains a known amount of glucose. The glucose solution is used in place [instead] of a drop of blood and the results on the meter [Glucometer] should match a range listed on the vial of test strips used with the meter. If the result is outside of the range listed on the test strip vial, this indicates a problem with either the meter or the test strips"
http://www.mayoclinic.org/diseases-conditions/diabetes/expert-blog/blood-glucose-control-solution/bgp-20094453

A review of the facility ' s December 2016 Glucometer Quality Control Log for Glucometer devices revealed that facility staff determined that the Quality Control test value for one (1) device fell below pre-established parameters.

On December 14, 2016 [night shift, no time

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{F 456}	Continued From page 7	{F 456}		

indicated] the " high control level " [Range established by manufacturer; when the device functions accurately, the " high " results should fall within this range] was recorded as 172 mg/dl [milligrams per deciliter]. The pre-established range indicative that the device was functioning as intended was 184-248 mg/dl. There was no evidence that facility staff implemented measures to ensure the Glucometer was functioning properly when it was determined the high control level was identified outside of the pre-determined range.

On December 15, 2016 [night shift, no time indicated] the " high control level " was recorded as 176 mg/dl. The pre-established range indicative that the device was functioning as intended was 184-248 mg/dl. No action was taken when the reading was out of range.

There was no evidence that when the quality control values were out of range, facility staff implemented " troubleshooting" measures to verify the accuracy and functionality of the glucometer devices.

A face-to-face interview was conducted with Employees #1, 2, 3 and 4 December 16, 2016 at approximately 2:30 PM, regarding the aforementioned glucometer log concerns. It was acknowledged that staff should have taken measures to recalibrate the device and retest as stipulated in the facility policy/protocol. The records were reviewed on December 16, 2016.

Health Regulation & Licensing Administration

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	HFD02-0020	A. BUILDING: _____ B. WING _____	R 12/16/2016

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{L 000}	Initial Comments A follow up to the annual licensure survey (of October 25, 2016) was conducted on December 15 and 16, 2016. The following deficiencies are based on observations, record reviews and staff interviews for 30 sampled residents. The following is a directory of abbreviations and/or acronyms that may be utilized in the report: Abbreviations AMS - Altered Mental Status g-tube- Gastrostomy tube EKG - 12 lead Electrocardiogram NP - Nurse Practitioner BID - Twice- a-day EMS - emergency medical services (911) HVAC - Heating ventilation/Air conditioning Neuro - Neurological B/P - Blood Pressure CRF - Community Residential Facility CNA- Certified Nurse Aide DMH - Department of Mental Health Peg tube - Percutaneous Endoscopic Gastrostomy NP - Nurse Practitioner L - Liter Dl - deciliter CMS - Centers for Medicare and Medicaid Services Lbs - pounds (unit of mass) MAR - Medication Administration Record MD- Medical Doctor MDS - Minimum Data Set Mg - milligrams (metric system unit of mass) mL - milliliters (metric system measure of volume)	{L 000}	Transitions Healthcare Capitol City is filing this Plan of Correction in accordance with State and Federal requirements. Submission of this Plan of Correction is not an admission of any of the deficiencies identified are correct. This Plan of Correction is to serve as the facility's credible allegation of compliance with all the requirements of the Medicare/Medicaid Programs	

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	mg/dl - milligrams per deciliter mm/Hg - millimeters of mercury POS - physician ' s order sheet Prn - As needed Pt- Patient TAR - Treatment Administration Record PASRR - Preadmission screen and Resident Review ARD - assessment reference date IDT - interdisciplinary team ID - Intellectual disability QIS - Quality Indicator Survey D.C. - District of Columbia D/C- discontinue Rp, R/P- responsible party PO-By Mouth			
L 001	3200.1 Nursing Facilities Each nursing facility shall comply with the Act, these rules and the requirements of 42 CFR Part 483, Subpart B, Sections 483.1 to 483.75; Subpart D, Sections 483.150 to 483.158; and Subpart E, section 483.200 to 483.206, all of which shall constitute licensing standards for nursing facilities in the District of Columbia. This Statute is not met as evidenced by: Based on observation, staff interview and a review of the facility ' s medical device (Glucometer) log sheets, it was determined that facility staff failed to meet professional standards of quality as evidenced by the documentation of a false [inaccurate] account of quality control assessment results and lot numbers for one (1) Glucometer device. 42 CFR Part 483, Subpart B, Sections 483.20(k)(3) F281. The findings include:	L 001	**3200.1 Nursing Facilities** 1. The nurses involved were subjected to disciplinary action per the personnel policies of the facility. 12/28/16 2. All of the remaining 13 Glucometer Logs were reviewed immediately and no other out of range results or evidence of any kind of altering was found. 12/16/16 3. All licensed nursing staff were inserviced on the Glucometer Quality Control policy, a review of the Glucometer User Manual, a review of the Glucometer Quality Control Log which included documentation, out-of-range variances, correction of erroneous entries, and a demonstration and competency. The Clinical Managers will review the Glucometer Logs on a weekly basis and the DON/designee will review all the logs on a monthly basis to ensure compliance. 12/28/16 4. The DON will present the Glucometer Logs to the Safety Committee each month for their review. Such a review has been added as a permanent agenda item for the Safety Committee where all Department Heads and the Administrator sit as members. 12/28/16	

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A review of the facility ' s December 2016 Glucometer Quality Control (QC) Log revealed the December 14, 2016 [night shift, no time

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L 001	Continued From page 3	L 001		

indicated] QC assessment "high control level " [Range established by manufacturer; when the device functions accurately, the "high" results should fall within this range] was recorded as 172 mg/dl [milligrams per deciliter]. The pre-established range [indicative that the device was functioning as intended] was 184-248 mg/dl. There was no evidence that facility staff implemented measures to ensure the Glucometer was functioning properly when it was determined the high control level was identified outside of the pre-determined range.

The December 15, 2016 [night shift, no time indicated] the QC assessment "high control level " was recorded as 176 mg/dl. The pre-established range 184-248 mg/dl. No action was taken when the reading was out of range.

There was no evidence that when the quality control values were out of range, facility staff implemented " troubleshooting" measures to verify the accuracy of the glucometer device.

On December 16, 2016 at approximately 11:45 AM, in the presence of Employee #2, further review of the December 2016 Glucometer Control Logs were conducted. Discrepancies were identified between the Glucometer log copies that were provided to survey team on December 15, 2016 as compared to the log sheets [originals] maintained in in the facility as an active record. In response to a query regarding the discrepancy, Employee # 2 stated, the Glucometer Quality Control Log was likely altered.

A face-to-face interview was conducted with Employee #4 [licensed nurse] on December 16, 2016 at approximately 1:00 PM. Employee#4 admitted that he/she created a new sheet when

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	HFD02-0020	A. BUILDING: _____ B. WING _____	R 12/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRANSITIONS HEALTHCARE CAPITOL CITY	2425 25TH STREET SE WASHINGTON, DC 20020

(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) COMPLETE DATE
L 001	Continued From page 4 [he/she] identified that " lot numbers were different ...whatever I saw on the sheet [original], I transferred to the new sheet ... " Employee #4, (admittedly) rewrote/recreated a new December 2016 Glucometer Quality Control Log that differed from the original log(s) presented to the State Agency Representative on December 15, 2016. There was no evidence that he/she made corrections or amendments to the Quality Control Log in accordance with accepted standards of practice. In addition, there was no evidence of untoward effects to residents who received insulin coverage and diabetes management. The records were reviewed December 16, 2016. Reference: Byron Burlingame, B., Denholm, B., Link, T., Ogg, M.J., Spruce, L., Spry, C., Van Wicklin, S. and Wood, A. (2015). The guidelines for preoperative practice (Vol. 1). Denver, CO: AORN.	L 001		
{L 442}	3258.13 Nursing Facilities The facility shall maintain all essential mechanical, electrical, and patient care equipment in safe operating condition. This Statute is not met as evidenced by: Based on observation, staff interview and a review of the facility ' s medical device (Glucometer) log sheets, it was determined that facility staff failed to ensure the functionality of one (1) of twelve (12) glucometers [two meters/6 units Team I & Team II] as evidenced by failing to act when a quality control check value was less than pre-determined parameters on two (2) occasions.	{L 442}	**3258.13 Nursing Facilities** 1. The nurses involved were subjected to disciplinary action per the personnel policies of the facility. 12/28/16 2. All of the remaining 13 Glucometer Logs were reviewed immediately and no other out of range results or evidence of any kind of altering was found. 12/16/16 3. All licensed nursing staff were inserviced on the Glucometer Quality Control policy, a review of the Glucometer User Manual, a review of the Glucometer Quality Control Log which included documentation, out-of-range variances, correction of erroneous entries, and a demonstration and competency. The Clinical Managers will review the Glucometer Logs on a weekly basis and the DON/designee will review all the logs on a monthly basis to ensure compliance. 12/28/16 4. The DON will present the Glucometer Logs to the Safety Committee each month for their review. Such a review has been added as a permanent agenda item for the Safety Committee where all Department Heads and the Administrator sit as members. 12/28/16	

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{L 442}	Continued From page 5	{L 442}		

The findings include:

Facility Policy titled Glucose Monitors- Quality Control last updated November 2001 stipulated, " Policy: Quality control testing will be performed on all glucometers in the facility, daily.

Procedure: 1. The 11-7 nurse will be responsible for the quality control testing of monitors. 5. Make sure the calibration (bar code) strip, if the monitor requires it ' s use, matches the code number on the test strip bottle. 10. The person who performs the test must enter results on the record. Enter all identifying information on the Quality Control Record for the Glucose meter. Each monitor requires a separate record. 11. Information must include: c. name of person submitting results ...instrument serial number, and manufacturer of glucose tips, lot# [number] and expiration date ... 12. Enter the date and the control results in the appropriate column. Two level of controls must be run daily on each glucose meter. The 11-7 nurse on each unit will documents on the control record. 13. Always enter the actual numerical values of the control. 15. Each time a results falls outside the acceptable limits (below the minimum or above the maximum range) appropriate correction action must be taken and documented in the appropriate column (i.e. recalibration). 18.Corrective action should be taken: replace control solution and/or test strips as needed, recalibrate the meter and retest. Document all step taken and the results in the appropriate column. The nurse must notify administration if the monitor cannot be calibrated WNL (within normal limits). "

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{L 442}	Continued From page 6	{L 442}		

Glucometer - a medical device for determining the approximate concentration of glucose in the blood.

Purpose of the Glucometer Quality Control check is to verify the quality of the meter and test strips to determine if they are working properly.

"Glucose control solution [low and high] is a liquid [used to test the 'quality' of the Glucometer] that comes in a small vial and contains a known amount of glucose. The glucose solution is used in place [instead] of a drop of blood and the results on the meter [Glucometer] should match a range listed on the vial of test strips used with the meter. If the result is outside of the range listed on the test strip vial, this indicates a problem with either the meter or the test strips"
http://www.mayoclinic.org/diseases-conditions/diabetes/expert-blog/blood-glucose-control-solution/bgp-20094453

A review of the facility ' s December 2016 Glucometer Quality Control Log for Glucometer devices revealed that facility staff determined that the Quality Control test value for one (1) device fell below pre-established parameters.

On December 14, 2016 [night shift, no time indicated] the " high control level " [Range established by manufacturer; when the device functions accurately, the " high " results should fall within this range] was recorded as 172 mg/dl [milligrams per deciliter]. The pre-established range indicative that the device was functioning as intended was 184-248 mg/dl. There was no

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evidence that facility staff implemented measures to ensure the Glucometer was functioning properly when it was determined the high control level was identified outside of the pre-determined range.

On December 15, 2016 [night shift, no time indicated] the " high control level " was recorded as 176 mg/dl. The pre-established range indicative that the device was functioning as intended was 184-248 mg/dl. No action was taken when the reading was out of range.

There was no evidence that when the quality control values were out of range, facility staff implemented " troubleshooting" measures to verify the accuracy and functionality of the glucometer devices.

A face-to-face interview was conducted with Employees #1, 2, 3 and 4 December 16, 2016 at approximately 2:30 PM, regarding the aforementioned glucometer log concerns. It was acknowledged that staff should have taken measures to recalibrate the device and retest as stipulated in the facility policy/protocol. The records were reviewed on December 16, 2016.