| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 095034 | A. BUILDING 10/31/07 mst<br>B. WING | 09/13/2007 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| CARROLL MANOR NURSING & REHAB | 725 BUCHANAN ST., NE<br>WASHINGTON, DC 20017 |

| (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 |
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| F 000 | INITIAL COMMENTS<br><br>An annual recertification survey was conducted September 10 through 13, 2007. The following deficiencies were based on observations, staff interview and record review. The survey included 30 sampled residents based on a census of 240 the first day of survey and one (1) supplemental resident. | F 000 | | |
| F 241<br>SS=D | 483.15(a) DIGNITY<br><br>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.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on an observation during a sacral pressure ulcer dressing change, facility staff failed to maintain Resident #24's dignity by writing on the wound dressing tape after it was placed on the resident.<br><br>The findings include:<br><br>During an observation of a dressing change to Resident # 24's sacrum, Employee #6 wrote the date and time of the dressing change on the tape after the wound dressing was taped to the resident's skin.<br><br>The observation of the dressing change was made at approximately 11:40 AM. on September 12, 2007.<br><br>A face-to-face interview was conducted with Employee # 6 at approximately 11:55 AM on September 12, 2007. He/She stated " I am | F 241 | **483.15(a.) Dignity**<br><br>1.) Resident #24 received an apology from Employee #6. Tape was timed and dated prior to application from that point on.<br>2.) All Licensed staff was inserviced on proper documentation and application of tape after dressing changes.<br>3.) Treatment competencies will be done on all licensed staff, Pressure ulcer and skin care inservices were done in-house. Staff was scheduled for outside seminars. Assistant Nurse Managers will attend a seminar on 11/5/07.<br>4.) Nurse Managers will conduct monthly random audits on treatments and continue yearly competencies. The results will be submitted to the DON for presentation at the Quarterly QA meeting. | 9/13/2007<br><br>9/13/2007<br><br>10/8/2007<br><br>On-going |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

E Gueramay NHA Administrator 10.4.07

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<br>sorry. I did not mean to write on the patient." | F 241 | | |
| F 253 SS=E | 483.15(h)(2) HOUSEKEEPING/MAINTENANCE<br><br>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observations during the environmental tour of the facility, it was determined that facility staff failed to maintain the facility in a clean and sanitary manner as evidenced by: soiled HVAC (Heating, Ventilation and Air Conditioning) filters, floors, baseboards, trapeze bars, lamp covers and ceiling tiles, damaged blinds, walls, doors, floor tiles and baseboards and missing knobs on furniture.<br><br>These observations were made in the presence of Employees #11, 13, 14 and 15 on September 11, 2007 between 8:30 AM and 12:00 PM and September 12, 2007 between 11:00 AM and 12:00 PM.<br><br>The findings include:<br><br>1. HVAC filters were observed soiled with accumulated dust in the following rooms: 134, 203, 242, 301, 303, 313, 323, 347, 402, 403, 414, 529 and the Rehabilitation Department treatment area in the facility's basement in 13 of 31 HVAC filters observed.<br><br>2. Floors behind personal laundry washers and dryers on the 3rd and 4th floors were observed with accumulated dust and debris in two (2) of five (5) areas of flooring areas observed. | F 253 | **1. 483.15(h)(2) Housekeeping/Maintenance**<br>1.) Filters were changed in the following Resident rooms: 134, 203, 242, 301, 313, 323, 347, 402, 403, 414, and 529.<br>2.) Filters in all other Resident rooms in the Carroll Manor were changed.<br>3.) Monitoring filters will be added to the monthly rounds list.<br>4.) Results of the monthly rounds list will be submitted to the Quarterly QA meeting.<br><br>**2. 483.15(h)(2) Housekeeping/Maintenance**<br>1.) Dust and debris was deep cleaned on the 3rd and 4th floor personal laundrys.<br>2.) All personal laundries were inspected.<br>3.) A deep cleaning of all personal laundrys will occur monthly.<br>4.) A log of monthly deep cleanings will be maintained in the Manager's office. | 10/2/2007<br>10/3/2007<br>10/3/2007<br>On-going<br><br>9/11/2007<br>9/11/2007<br>10/1/2007<br>On-going |

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| F 253 | Continued From page 2<br><br>3. Floors in the facility's basement hallway were soiled and marred in one (1) of three (3) hallway floors observed.<br><br>4. Baseboards were observed soiled with accumulated dust and debris in rooms: 562, 564, 567 and the Rehabilitation Department treatment area in four (4) of 20 baseboards observed on 5 East.<br><br>5. Trapeze bars over residents' beds were observed with accumulated dust in rooms: 562, 563 and 567 in three (3) of seven (7) trapeze bars observed on 5 East.<br><br>6. Over bed lamp covers were observed soiled with accumulated dust in rooms: 562, 563 and 565 in three (3) of seven (7) over bed lamps observed on 5 East.<br><br>7. Ceiling tiles in the facility's main kitchen and storage room were soiled and stained in two (2) of two (2) ceilings observed.<br><br>8. Blinds were observed damaged or broken in rooms: 210, 212, 402, 529 and 543 in five (5) of 31 blinds observed.<br><br>9. Walls were observed damaged/marred in the facility's basement hallway near the dietary and laundry entrances, in the rear and under the counter of the pot and pan wash area, dishwasher and work bench areas in the facility's main kitchen, and on 5 East in rooms: 562, 563, 565, and the Rehabilitation Department treatment area in eight (8) of 20 walls observed.<br><br>10. Closet and entry doors were marred, scarred | F 253 | **3. 483.15(h)(2) Housekeeping/Maintenance**<br>1.) Housekeeping mopped and buffed the facility hall. — 9/14/2007<br>2.) The hallway was added to the evening shift project assignment sheet. — 9/14/2007<br>3.) The manager will inspect the hallway in the morning.<br>4.) Morning rounds will be conducted on a daily basis and the results will be presented at the Quarterly QA meeting by the Manager. — 10/28/2007<br><br>**4. 483.15(h)(2) Housekeeping/Maintenance**<br>Repairs were ordered for rooms 562, 564, 567 and the Rehabilitation Department treatment area. — 10/22/2007<br>2.) All unit baseboards were inspected. — 9/11/2007<br>3.) Unit baseboards will be inspected on a monthly basis and tickets issued immediately by the Engineering Manager. — 10/1/2007<br>4.) The Engineering Manager will report orders and results to the Administrator quarterly at the QI meeting. — 10/28/2007<br><br>**5. 483.15(h)(2) Housekeeping/Maintenance**<br>1.) Trapeze bars were dusted and cleaned. — 9/11/2007<br>2.) All trapeze bars were inspected and all associates were in-serviced on high and low dusting. — 9/27/2007<br>3.) Housekeeping will conduct random inspections daily. — 10/1/2007<br>4.) The Housekeeping Manager will report inspection results to the administrator quarterly at the QI Meeting.<br><br>**6. 483.15(h)(2) Housekeeping/Maintenance**<br>1.) The over bed lampers were dusted and cleaned. — 9/11/2007<br>2.) All bed lamps were inspected and all associates were in-serviced on high and low dusting. — 9/27/2007 | |

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| F 253 | Continued From page 3<br>and/or damaged in rooms: 562, 563, 564, 567 and the Rehabilitation Department on 5 East in five (5) of nine (9) doors observed.<br><br>11. Floor tiles were cracked, uneven and damaged in the facility's basement hallway near dietary, the cafeteria and elevators in one (1) of three (3) hallways observed.<br><br>12. The grout surfaces between floor tiles in the main kitchen and pot and pan wash area were eroded and standing water was observed between tile surfaces in two (2) of two (2) observations of floor tiles.<br><br>13. Baseboards were observed damaged/missing in the facility's basement Rehabilitation Department in one (1) of two (2) baseboards observed.<br><br>14. Knobs were observed missing on wardrobes and dresser drawers in the following rooms: 134, 146, 255, 323, 403 and 454 in six (6) of 31 wardrobes and dresser drawers observed in the facility.<br><br>Employee #11, 13, 14 and 15 acknowledged the findings at the time of the observations. | F 253 | **6. 483.15(h)(2) Housekeeping/Maintenance**<br>3.) Houskeeping will conduct random inspections daily.<br>4.) The Housekeeping Manager will report inspection results to the administrator quarterly at the QI Meeting.<br><br>**7. 483.15(h)(2) Housekeeping/Maintenance**<br>1.) The ceiling tiles were changed.<br>2.) The ceiling tiles in the main kitchen and storage room were inspected and replaced as needed.<br>3.) Manitenance will add area to the monthly rounds list and monitor.<br>4.) The Maintenance Engineering Manager will report the inspection results to the Administrator quarterly at the QI Meeting..<br><br>**8. 483.15(h)(2) Housekeeping/Maintenance**<br>1.) The blinds in rooms 210, 212, 402, 529 and 543 were replaced or repaired.<br>2.) The Manager inspected all blinds to ensure compliance.<br>3.) All departmental associates were in-serviced on properly opening and closing blinds and how to identify and replace broken/damaged blinds. Houskeeping will monitor blind quality.<br>4.) The Housekeeping Manager will report monitoring results to the Administrator quarterly at the QI Meeting. | 10/1/2007<br><br>10/22/2007<br>10/22/2007<br>10/28/2007<br>10/28/2007<br>10/28/2007<br>10/28/2007<br>10/28/2007<br>10/28/2007 |
| F 279 SS=D | 483.20(d), 483.20(k)(1) COMPREHENSIVE CARE PLANS<br><br>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.<br><br>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial | F 279 | **9. 483.15(h)(2) Housekeeping/Maintenance**<br>1.) Tickets were issued for repairs and painting of areas.<br>2.) All walls were inspected.<br>3.) Maintnenace will monitor quality during the monthly rounds.<br>4.) The Maintenance Engineering Manager will report the inspection results to the Administrator quarterly at the QI Meeting.. | 10/27/2007<br>10/1/2007<br>On-going |

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| F 279 | Continued From page 4<br>needs that are identified in the comprehensive assessment.<br><br>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and facility staff interview, for one (1) of 30 sampled residents, it was determined that facility staff failed to initiate a care plan for Resident #22 for depression and pain management.<br><br>The findings include:<br><br>A. Facility staff failed to develop a care plan for Resident #22 for depression.<br><br>A review of Resident #22's record revealed that the resident was admitted to the facility on June 7, 2007 for a fractured right hip and femur post motor vehicle accident. The resident had two (2) wounds on the right leg, the graft site on the right lower leg and a wound on the right inner leg covered with eschar.<br><br>The resident was placed on contact isolation for clostridium difficile on admission.<br><br>A "Geriatric Depression" scale was completed by | F 279 | **10. 483.15(h)(2) Housekeeping/Maintenance**<br>1.) Orders were generated for doors that were marred, scarred and/or damaged in rooms 562, 563, 564, 576 and the Rehab department on 5 East for repairs to be done.<br>2.) All other doors were inspected.<br>3.) Doors will be inspected on a monthly basis by Engineering Manager.<br>4.) The Engineering Manager will report inspection results to the Administrator quarterly at the QI Meeting.<br>**11. 483.15(h)(2) Housekeeping/Maintenance**<br>1.) Maintnenace scheduled the repairs of floor tiles.<br>2.) All floor tiles were inspected.<br>3.) The floor tiles will be included on the monthly rounds list.<br>4.) The Maintenance Engineering Manager will report the inspection results to the Administrator quarterly at the QI Meeting..<br>**12. 483.15(h)(2) Housekeeping/Maintenance**<br>1.) Repairs are being made to correct the grout surfaces and standing water.<br>2.) All floor tile grout was inspected.<br>3.) The floor tile grout will be included on the monthly rounds list for monitoring.<br>4.) The Maintenance Engineering Manager will report the inspection results to the Administrator quarterly at the QI Meeting..<br>**13. 483.15(h)(2) Housekeeping/Maintenance**<br>1.) Repairs to the baseboards are being completed in Rehabilitation.<br>2.) The baseboards were inspected.<br>3.) The baseboards will be included on the monthly rounds list for monitoring.<br>4.) The Maintenance Engineering Manager will report the inspection results to the Administrator quarterly at the QI Meeting.. | 10/22/2007<br>9/11/2007<br>10/28/2007<br>10/28/2007<br>10/27/2007<br>9/11/2007<br>On-going<br>10/27/2007<br>9/11/2007<br>10/1/2007<br>On-going<br>10/27/2007<br>9/11/2007<br>10/1/2007<br>10/28/2007 |

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| F 279 | Continued From page 5<br>the social worker on June 8, 2007 with a score of "7" . According to the scoring scale on the "Geriatric Depression Scale," the social worker identified the resident with "mild depression."<br><br>On June 10, 2007, the resident's husband expired unexpectedly on June 11, 2007.<br><br>A psychiatric consult was requested on June 11, 2007. The psychiatrist saw the resident on June 12, 2007 and documented, "Depression related to significant decline in physical and psychological status ... The psychiatrist recommended Wellbutrin 50 mg daily, an antidepressant. The resident received the medication daily, beginning June 13, 2007.<br><br>The resident was hospitalized on June 29 through July 12, 2007 for severe depression and failure to thrive.<br><br>A review of the resident's care plan, initiated June 14, 2007, revealed no goals or approaches for depression.<br><br>B. Facility staff failed to develop a care plan for Resident #22 for pain management.<br><br>A review of Resident #22's admission Minimum Data Set assessment, completed June 20, 2007, revealed that the resident was coded in Section J2, "Pain Symptoms" for incisional pain that was excruciating at times.<br><br>Admission orders signed by the physician on June 8, 2007, directed, "Acetaminophen/codeine #3 tablet, take 1 tablet by mouth as needed for moderate to severe pain." | F 279 | **14. 483.15(h)(2) Housekeeping/Maintenance**<br>1.) Knobs have been replaced on the identified wardrobes and dresser drawers.<br>2.) All of the furniture was inspected.<br>3.) The knobs will be included on the monthly rounds list for monitoring.<br>4.) The Maintenance Engineering Manager will report the inspection results to the Administrator quarterly at the QI Meeting..<br><br>**483.20(d.), 483.20(k.)(1.)**<br>**A. Comprehensive Care Plans**<br>1.) A depression care plan was generated for Resident #22.<br>2.) All Residents with a diagnosis of depression were identified and a care plan is in place.<br>3.) All RN staff members will be in-serviced on the care plan process.<br>All Social Workers and Activity Assistants will be in-serviced on the care plan process.<br>4.) Nurse Managers will conduct monthly audits and submit the resuilts to the DON for presentation at the Quarterly QA meeting. Social Worker Manager and Activity Manager will conduct monthly audits and submit results for presentation at the Quarterly QA meeting.<br><br>**483.20(d.), 483.20(k.)(1.)**<br>**B. Comprehensive Care Plans**<br><br>1.) A pain management care plan was generated for Resident #22.<br>2.) All Residents were assessed and pain management care plans were generated<br>3.) All RN staff was in-serviced on the care plan process.<br>4.) Nurse Managers wil conduct monthly audits and submit them to the DON for presentation at the Quarterly QA meeting. | 9/13/2007<br><br>9/13/2007<br>10/1/2007<br><br>On-going<br><br>9/14/2007<br><br>9/30/2007<br><br>10/8/2007<br><br>10/19/2007<br><br>On-going<br><br>9/13/2007<br><br>10/3/2007<br><br>10/28/2007 |

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| F 279 | Continued From page 6<br>According to the June 2007 Medication Administration Record (MAR), the resident received pain medication on June 9, 2007.<br><br>The resident was hospitalized on June 29 through July 12, 2007. According to the July 2007 MAR, the resident received pain medication on July 17, 20, 22, 23, 28, 29 and 31, 2007.<br><br>According to the August 2007 MAR the resident received pain medication on August 3, 6, 7, 10, 11, 12, 13, 15, 16, 17, 19, 20, 21, 22, 23, 24, 25, 26, 28, and 31, 2007.<br><br>According to the September MAR, the resident received pain medication on September 2, 3, 4, 6, 7, 8, and 9, 2007.<br><br>The resident was hospitalized on September 11, 2007 and had not returned to the facility at the time of this review.<br><br>A review of the resident's care plan, initiated June 14, 2007, revealed no goals or approaches for pain management.<br><br>A face-to-face interview with Employee #3 was conducted on September 13, 2007 at 8:40 AM. He/she acknowledged that a care plan was not developed for depression or pain management for Resident #22. The record was reviewed on September 13, 2007. | F 279 | | |
| F 280 SS=D | 483.20(d)(3), 483.10(k)(2) COMPREHENSIVE CARE PLANS<br><br>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or | F 280 | | |

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| F 280 | Continued From page 7<br>changes in care and treatment.<br><br>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on staff interviews and record review for three (3) of 30 sampled residents, it was determined that facility staff failed to update the care plan with additional goals and approaches for three (3) residents with falls. Residents #10, 15 and 16.<br><br>The findings include:<br><br>1. Facility staff failed to revise the falls care plan for Resident #10 after three (3) falls.<br><br>The review of the care plan initiated September 21, 2006 and last reviewed August 15, 2007, revealed "Resident at risk for falling related to generalized weakness; Diagnosis Hypertension."<br><br>There were entries in the care plan dated July 12, 17 and August 30, 2007 that indicated, "Found | F 280 | **483.20(d.)(3.), 483.10(k.)(2.)**<br>**1. Comprehensive Care Plans**<br>1.) Resident #10 care plan was reviewed and revised.<br>2.) All resident with history of falls and at risks for falls care plans were reviewed.<br>3.) Licensed staff was instructed on the care plan process.<br>4.) Nurse Managers wil conduct monthly audits and submit them to the DON for presentation at the Quarterly QA meeting. | 9/13/2007<br>10/3/2007<br>10/8/2007<br>10/28/2007 |

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| F 280 | Continued From page 8<br>lying on blue mat no injury". However, there were no additional goals and approaches included on the falls care plan.<br><br>On September 13, 2007 at approximately 10:00 AM, a face-to-face interview was conducted with Employee # 4, who acknowledged that the care plan was not revised with additional goals and approaches for the aforementioned falls. The record was reviewed on September 11, 2007.<br><br>2. Facility staff failed to initiate additional goals and approaches for Resident #15 after a fall.<br><br>A review of Resident #15's record revealed a nurse's note dated July 12, 2007 at 1425 (2:25 PM), " Resident noted on the floor in the dining room ...no visible injury noted."<br><br>Physical therapy was initiated on June 8, 2007 after the resident fell on June 6, 2007 and the resident was receiving treatment three (3) times per week. However, there was no evidence that the physical therapist initiated any additional therapeutic modalities after the resident fell on July 12, 2007.<br><br>A "Falls" care plan was in place at the time of this review. The care plan was reviewed by the interdisciplinary care team on July 31, 2007. There was no evidence that additional goals and approaches were initiated after the resident's fall of July 12, 2007.<br><br>A face-to-face interview was conducted with Employee #4 on September 11, 2007 at 3:30 PM. He/she acknowledged that no additional goals and approaches were initiated after the resident fell on July 12, 2007. The record was reviewed | F 280 | **483.20(d.)(3.), 483.10(k.)(2.)**<br>**2. Comprehensive Care Plans**<br>1.) Resident #15 care plan was reviewed and revised.<br>2.) All Residents with a history of falls and risk of falls care plans were reveiwed and updated as needed.<br>3.) Licensed staff was in-serviced on the care plan process.<br>4.) Nurse Managers wil conduct monthly audits and submit them to the DON for presentation at the Quarterly QA meeting. | 9/13/2007<br>10/3/2007<br>10/5/2007<br>On-going |

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| F 280 | Continued From page 9<br>September 11, 2007.<br><br>3. Facility staff failed to update the "Falls" care plan with new approaches and interventions for Resident #16 after a fall.<br><br>According to a nurse's note dated May 16, 2007 at 0855 [[8:55 AM], "Resident found on the floor in the bathroom at 0800. [8:00 AM] [He/she] was alert but could not respond verbally. [He/she] was confused and irritated ...MD notified and ordered resident to be sent to the hospital."<br><br>A care plan entitled "High risk for fall" was initiated October 25, 2006. The care plan was reviewed by the interdisciplinary team on July 26, 2007. There was no evidence that additional goals and approaches were developed in response to the resident's fall on May 16, 2007.<br><br>A face-to-face interview was conducted with Employee #3 on September 12, 2007 at 10:30 AM. He/she acknowledged that the care plan should have been updated after the resident's fall on May 16, 2007. The record was reviewed September 12, 2007. | F 280 | **483.20(d.)(3.), 483.10(k.)(2.)**<br>**3. Comprehensive Care Plans**<br><br>1.) Resident #16 care plan was reviewed and revised.<br>2.) All Residents with a history of falls or risk of falls were reviewed and updated.<br>3.) Licensed staff was in-serviced on the care plan process.<br>4.) Nurse Managers wil conduct monthly audits and submit them to the DON for presentation at the Quarterly QA meeting. | 9/13/2007<br>10/3/2007<br>10/8/2007<br>On-going |
| F 309 SS=D | 483.25 QUALITY OF CARE<br><br>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.<br><br>This REQUIREMENT is not met as evidenced by: | F 309 | | |

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| F 309 | Continued From page 10<br>Based on observations, record review and staff interviews for three (3) of 30 sampled residents and one (1) supplemental resident, it was determined that facility staff failed to: follow-up on an 18 pound weight loss for one (1) resident; differentiate between the use of multiple pain medications for (1) resident, follow-up on a swollen right hand and elevate the feet per physician's orders for one (1) resident, and follow aseptic technique for a surgical wound dressing change and rinse the wound with normal saline as per physician's orders for one (1) resident. Residents #6, 12, 15 and S1.<br><br>The findings include:<br><br>1. Facility staff failed to follow up on an 18 pound weight loss for Resident #6.<br><br>A review of the "Weekly Weights" book revealed Resident #6's weights as follows:<br><br>August 8, 2007 148.2 pounds<br>August 13, 2007 140.2 pounds<br>August 22, 2007 134.6 pounds<br>September 1, 2007 130.2 pounds<br>September 10, 2007 132.2 pounds<br>September 12, 2007 134.0 pounds<br><br>The resident lost 18 pounds from August 8 through September 1, 2007.<br><br>A review of the dietician's note dated August 13, 2007 discussed the resident's severely depleted protein stores and recommended Ensure three (3) times daily and Beneprotein twice daily. The recommendations were initiated. According to the "Weekly Weights" book, the resident lost 8 pounds in one (1) week when the dietician had | F 309 | **1. 483.25 Quality of Care**<br>1.) A reweight was done on Resident #6. A dietary, speech and pharmacy consults were ordered. Resident #6 was placed on weekly weights for monitoring.<br>2.) Weights were reviewed on all residents for a + or - loss or gain and will be addressed where needed.<br>3.) All staff was in-services on the weight loss protocal.<br>4.) Residents weights will be monitored monthly and reported at the Nutrition and Hydration monthly meeting and at the Quarterly QA meeting. | 9/11/2007<br><br>10/3/2007<br><br>10/8/2007<br><br>10/28/2007 |

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| F 309 | Continued From page 11<br>written the progress note. There was no acknowledgement of the resident's weight loss or recommendation to prevent further weight loss after the dietician's note of August 13, 2007.<br><br>Without additional interventions, the resident gained two (2) pounds when weighed on September 10, 2007 and two (2) pounds when weighed on September 12, 2007.<br><br>A face-to-face interview was conducted with Employee #9 on September 10, 2007 at 3:40 PM. He/she stated,"[Resident #6] lost all that weight and was just diagnosed with multiple myeloma. But the weight loss occurred before the cancer diagnosis. When someone looses weight, nursing requests a dietary consult. It got missed." The record was reviewed September 10, 2007.<br><br>2. Facility staff failed to differentiate between the use of multiple pain medications for Resident #12.<br><br>A review of Resident #12's record revealed 60-day physician's orders on August 13, 2007, as follows:<br><br>Acetaminophen 650 mg suppository, insert 1 suppository rectally every 6 hours for pain. Acetaminophen with Codeine #3, 1 tablet by mouth every 6 hours as needed for pain. Morphine 10 mg/ml, inject 0.2 ml IM (intramuscular) as needed for pain.<br><br>There was no differentiation between the use of the three (3) medications for pain as listed above.<br><br>A face-to-face interview was conducted with Employee #10 on September 11, 2007 at 3:20 | F 309 | **2. 483.25 Quality of Care**<br><br>1.) Resident #12 pain med orders were reviewed. The morphine sulfate was discontinued. Tylenol #3, 1 tab for mild pain and Tylenol #3, 2 tabs for severe pain was ordered.<br>2.) Pain medication on all Residents will be reviewed to ensure documented indications.<br>3.) Staff will be in-serviced on proper documentation when obtaining medication orders.<br>4.) Nurse Managers will conduct monthly audits to ensure all medications include an indication. The results will be submitted to the DON for presentation at the Quarterly QA meeting. | 9/11/2007<br><br>10/8/2007<br><br>10/8/2007<br><br>10/28/2007 |

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| F 309 | Continued From page 12<br>PM. He/she stated, "I medicated [Resident #12] this morning for pain. I gave [the resident] Tylenol #3. The suppository was ordered when [he/she] was not eating a couple months ago and the morphine came with [him/her] when [Resident #12] returned from the hospital in April (2007). I have always used Tylenol #3 because it works. We really don't need the other medication orders."<br><br>A review of the June, July, August and September 2007 Medication Administration Records revealed that the resident had never received morphine and had received a Tylenol suppository on June 4, 2007. The record was reviewed September 11, 2007.<br><br>3. Facility staff failed to follow-up on a swollen right hand and elevate Resident #15' s feet as per physician's orders.<br><br>A. Facility staff failed to follow-up on Resident #15's swollen right hand.<br><br>According to a nurse's note dated May 15, 2007 at 0700 (7:00 AM), "During AM care at 6:30 AM the staff giving care called the writer to resident's room. Right hand swollen."<br><br>According to a nurse's note dated May 15, 2007 at 1500 (3:00 PM), "Resident remains stable the swelling of [his/her] right hand subsiding. Denies pain or discomfort."<br><br>There were no further entries by nursing regarding the resident's swollen right hand. There was no evidence in the record that the physician had been notified or treatment initiated regarding the resident's swollen right hand. | F 309 | **3A. 483.25 Quality of Care**<br><br>1.) Resident #15 was ordered Lasix 10mg. PO every other day. She no longer has a right hand edema.<br>2.) All residents were assessed to ensure there was no evidence of swelling that was not addressed.<br>3.) Staff will be inserviced on shift to shift reporting to ensure appropriate communication.<br>4.) Daily audits will be done on the 24 hr. report sheet to ensure Resident status changes are communicated. The results will be submitted to the DON for presentation at the Quarterly QA meeting. | 9/13/2007<br><br>10/8/2007<br><br>10/8/2007<br><br>10/28/2007 |

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| F 309 | Continued From page 13<br><br>A face-to-face interview was conducted with Employee #4 on September 11, 2007 at 3:20 PM. He/she stated, "I wasn't aware that there ever was a problem with [Resident #15's] right hand."<br><br>The resident was observed on September 11, 2007 from 1:45 PM until 3:15 PM. The resident's right hand was not swollen.<br><br>B. Facility staff failed to elevate Resident #15's feet while in the wheelchair.<br><br>A review of Resident #15's record revealed a physician's order dated August 10, 2007 that directed, "Elevate bilateral lower extremities at all times while in wheelchair. Bilateral lower extremity edema."<br><br>Resident #15 was observed in the wheelchair on September 11, 2007 from 1:45 PM until 3:15 PM while in the living room area. The resident's feet remained on the floor during the observation period. Facility staff did not attempt to elevate Resident #15's feet during the observation period.<br><br>The resident left the living room area and self-propelled the wheelchair using both feet down the hallway toward his/her room. There were no foot pedals on the wheelchair. The resident's bilateral ankles appeared swollen. Employee #10 was passing Resident #15 and stated,"Your feet are very swollen." Employee #10 initiated no action regarding the resident's swollen feet.<br><br>A face-to-face interview was conducted with Employee #4 on September 11, 2007 at 3:20 PM. He/she stated,"[Resident #15] uses [his/her] feet | F 309 | **3B. 483.25 Quality of Care**<br><br>1.) Resident #15 orders were reviewed. All orders were changed to elevate bilateral lower extremeties at all times while in bed. 9/13/2007<br>2.) All residents orders were reviewed to ensure that special instructions were communicated to care givers. 10/8/2007<br>3.) Staff will be in-serviced of the communications of the Residents Plan of Care to all disciplines. 10/8/2007<br>4.) Nurse Managers will conduct monthly audits of the 24 hr. report and submit to the results to the DON for presentation at the Quarterly QA meeting. 10/28/2007 | |

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| F 309 | Continued From page 14<br>for moving the chair. [Resident] will not keep his/her feet on the foot pedals."<br><br>Employee #4 was informed that facility staff did not attempt to elevate the resident's feet during the observation period. Employee #4 stated, "[Resident #15's] feet have been swollen a long time. [He/she] has never complained of any pain or discomfort of [his/her] feet or legs. I guess we're used to the feet being down." The record was reviewed September 11, 2007.<br><br>4. Facility staff failed to maintain aseptic technique and rinse the surgical wound with normal saline as per physician's orders for Resident S1.<br><br>A physician's order dated September 9, 2007 directed, "Wash with soap and water. Rinse with normal saline. Apply Bacitracin ointment to the suture line and cover with gauze."<br><br>A wound treatment observation was conducted on September 11, 2007 at 1:20 PM. Employee #7 washed his/her hands, established a clean field, donned gloves, removed the soiled dressing, and cleansed the wound with soap and water. The wound was not rinsed with normal saline.<br><br>Employee #7 applied Bacitracin ointment to the suture lines and covered the wound with gauze. During all steps of the wound treatment, Employee #7 used the same pair of gloves.<br><br>At the end of the wound treatment, Employee #7 looked at his/her hands and acknowledged that he/she had used one (1) pair of gloves for the complete wound treatment. | F 309 | **4. 483.25 Quality of Care**<br><br>1.) The treatment order for Resident #S1 was reviewed. Dressing changes to start 9/8/07 was washed with soap and water, rinsed with saline and apply bacitricin ointment on suture line.<br>2.) All Residents with pressure ulcers were reviewed to ensure treatment was done per physician orders.<br>3.) All licensed staff was in-serviced on Infection Control and aseptic technique. And in-serviced on pressure ulcer and skin care. The staff members cited were scheduled for an off campus seminar of wound care.<br>4.) Monthly audits will be conducted by the Nurse Managers and submitted to the DON for presentation at the quarterly QA meeting. | 9/11/2007<br>10/8/2007<br>9/28/2007<br>10/3/2007<br>10/28/2007 |

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| F 309 | Continued From page 15<br><br>Resident S1 returned from a hospitalization on July 6, 2007 for a surgical flap closure of a pressure sore. A drain was present in the lower portion of the suture line. The soiled dressing contained a small amount of dark serous drainage with no odor. The two (2) suture lines were well approximated with no redness. The record was reviewed on September 11, 2007. | F 309 | | |
| F 314 SS=D | 483.25(c) PRESSURE SORES<br><br>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 and services to promote healing, prevent infection and prevent new sores from developing.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on the observation of one (1) of five (5) pressure sore treatments, it was determined that facility staff failed to maintain aseptic technique for Resident #24's dressing change.<br><br>The findings include:<br><br>A physician's order dated August 15, 2007, directed, "Cleanse coccyx ulcer with Allclenz. Apply Panafil ointment and cover with 4 x 4 [gauze] dressing then [apply] Tegaderm twice daily."<br><br>During an observation of a the coccyx wound dressing change on September 12, 2007 at | F 314 | **F314 483.25(c.) Pressure Sores**<br><br>1.) Treatment was completed on Resident #24 using aseptic technique.<br>2.) All residents with pressure ulcers were reviewed to ensure aseptic technique.<br>3.) Licensed staff was in-serviced on Infection Control and aseptic technique. Treatment competenicies were completed.<br>4.) Monthly audits will be completed and submitted to DON for presentation at the Quarterly QA meeting. | 9/11/2007<br>10/8/2007<br>10/8/2007<br>10/29/2007 |

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| F 314 | Continued From page 16<br>approximately 11:40 AM, Employee #6 cleansed the wound area with Allclenz and applied the Panafil, 4 x 4 gauze dressing and Tegaderm covering without washing his/her hands and changing his/her gloves.<br><br>The facility's "Competency Skills Evaluation, Licensed Nurse Treatment Competency" form revealed, "...Remove gloves after cleansing wound and wash hands or use alcohol-based hand rub. Apply clean gloves..."<br><br>A face-to-face interview was conducted with Employee # 6 at approximately 11:55 AM on September 12, 2007. He/She stated "I am sorry. I thought I changed my gloves. I did not realize it [that he/she did not change gloves]." | F 314 | | |
| F 323 SS=D | 483.25(h) ACCIDENTS AND SUPERVISION<br><br>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.<br><br>This REQUIREMENT is not met as evidenced by:<br>During the environmental tour of the Rehabilitation Department on the 3rd floor of the facility, it was determined that facility staff failed to maintain a hazard free environment as evidenced by unsecured skid strips on the "single step" practice steps and the "standing table". These observations were made in the presence of Employees #11, 12 and 16. | F 323 | **483.25(h) Accidents and Supervision**<br><br>1.) Rolls of antiskid tape were ordered. The rolls of tape are in 2, 4 and 6 inches in width. The 6 inch was used to cover the "single step" practice step.<br>2.)An inspection of all training stairs, parallel bars, standing tables and any areas requiring antiskid support was performed. All areas showing evidence of worn tape were covered with new antiskid tape.<br>3.) All Physical/Occupational Therapy associates were in-serviced on the safety risks that exist by not having these surfaces secured. Daily inspections of these areas is now included in the job duties of Rehab Technicians.<br>4.) The results of the daily inspections will be submitted to the Director of Rehab Services monthly and results reported to to the Administrator quarterly at the QI. | 9/13/2007<br>9/14/2007<br>9/15/2007<br>10/28/2007 |

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| F 323 | Continued From page 17<br>The findings include:<br><br>On September 12, 2007 at 11:20 AM, the skid strips on the "single step" practice steps and the "standing table" were observed to be damaged and unsecured to the wooden platforms.<br><br>A face-to-face interview was conducted at the time of this observation with Employees #11, 12 and 16, who acknowledged the findings at the time of these observations. | F 323 | **1. 483.35(I)(2) Sanitary Conditions - Food Prep & Service**<br>1.) The drains were immediately cleaned, scrubbed and sanitized.<br>2.) All affected areas were inspected.<br>3.) Porters were in-serviced to clean the drains twice daily and the Manager will inspect daily.<br>4.) The Director will inspect weekly, conduct monthly audits and the results will be presented to the Quarterly QA meeting. | 9/10/2007<br>9/10/2007<br>9/11/2007<br>10/28/2007 |
| F 371 SS=E | 483.35(i)(2) SANITARY CONDITIONS - FOOD PREP & SERVICE<br><br>The facility must store, prepare, distribute, and serve food under sanitary conditions.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observations during the survey period, it was determined that dietary services were not adequate to ensure that foods were served and prepared in a safe and sanitary manner as evidenced by: soiled floor drains in the main kitchen and cafeteria, bio-generator hose, convection ovens, floors under the cook's food preparation sink and cafeteria tray line, interior and exterior surfaces of the deep fryers and dishwasher slats and ice scoops were improperly stored. These observations were made in the presence of Employee #17.<br><br>The findings include:<br><br>1. Open floor drains were soiled and stained with food debris under steamers, cook's preparation | F 371 | **2. 483.35(I)(2) Sanitary Conditions - Food Prep & Service**<br>1.) The hose and bases were cleaned.<br>2.) All areas were inspected.<br>3.) Porters were instructed to clean hose and bases daily, after each shift. A schedule was provided and the Manager will inspect daily.<br>4.) The Director will inspect weekly, conduct monthly audits and the results will be presented to the Quarterly QA meeting.<br>**3. 483.35(I)(2) Sanitary Conditions - Food Prep & Service**<br>1.) The exterior surfaces of the convection oven hoods were deep cleaned.<br>2.) All surfaces were inspected.<br>3.) Porters were instructed to clean surfaces on a weekly basis.<br>4.) The Manager will conduct weekly inspections and the results will be presented the Quarterly QA meeting. | 9/10/2007<br>9/10/2007<br>9/10/2007<br>10/28/2007<br>9/10/2007<br>9/10/2007<br>9/10/2007<br>10/28/2007 |

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| CARROLL MANOR NURSING & REHAB | 725 BUCHANAN ST., NE WASHINGTON, DC 20017 |

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| F 371 | Continued From page 18<br>sink, dishwasher, and pot and pan wash area in the main kitchen, steam table in the cafeteria and first, third and fifth floor pantry sinks in eight (8) of 10 drains in food preparation areas observed between 8:30 AM and 11:30 AM on September 10, 2007.<br><br>2. The bio-generator hose was soiled and stained with debris in the pot and pan wash area in one (1) of one (1) bio-generator hose observed at approximately 10:00 AM on September 10, 2007.<br><br>3. The side and top exterior surfaces of the convection oven hoods in the cook's preparation area were soiled with dust and grease in two (2) of two (2) hoods observed at 9:15 AM on September 10, 2007.<br><br>4. Floor surfaces under food preparation sinks in the main kitchen and a steam table in the cafeteria were soiled and stained in two (2) of two (2) floors observed in the main kitchen and cafeteria at 9:30 AM on September 10, 2007.<br><br>5. The outer surfaces, inner gas supply lines, valves and electrical wiring of the deep fryers were soiled with accumulated grease and food deposits in the main kitchen in two (2) of two (2) deep fryers observed at 9:10 AM on September 10, 2007.<br><br>6. The slat surfaces on the soiled and clean side of the dishwasher were soiled with mineral deposits and food debris in one (1) of one (1) dishwasher observed at 1:30 PM on September 10, 2007.<br><br>7. Scoops were stored on top of the ice machine without covers or holders in the main kitchen in | F 371 | **4. 483.35(I)(2) Sanitary Conditions - Food Prep & Service**<br>1.) The floors were immediately cleaned. — 9/10/2007<br>2.) All areas were inspected. — 9/10/2007<br>3.) Porters were instructed to sweep and mop under the steam tables every evening. — 9/11/2007<br>4.) The Manager will inspect daily and the results presented to the Quarterly QA meeting. — 10/28/2007<br>**5. 483.35(I)(2) Sanitary Conditions - Food Prep & Service**<br>1.) The outer surfaces, inner gas supply lines, valves and electrical wiring were cleaned immediately. — 9/10/2007<br>2.) The cooks have been instructed to clean these areas after each use on a daily basis. — 9/10/2007<br>3.) The Manager inspects on a daily basis and document findings on a daily log. — 9/10/2007<br>4.) The daily logs are presented to the Director who will present to the Quarterly QA meeting. — 10/28/2007<br>**6. 483.35(I)(2) Sanitary Conditions - Food Prep & Service**<br>1.)The dishwasher was delimed and cleaned. — 9/10/2007<br>2.) The food service workers have been instructed to delime the dishwasher weekly and clean after each meal. — 9/10/2007<br>3.) The Manager inspects on a daily basis and document findings on a daily log. — 9/10/2007<br>4.) The daily logs are presented to the Director who will present to the Quarterly QA meeting. — 10/28/2007<br>**7. 483.35(I)(2) Sanitary Conditions - Food Prep & Service**<br>1.)The scoops were immediately removed, washed, sanitized and placed in the scoop holders. — 9/10/2007<br>2.) The food service workers have been instructed to place scoops correctly. — 9/10/2007<br>3.) The Manager inspects on a daily basis and document findings on a daily log. — 9/10/2007<br>4.) The daily logs are presented to the Director who will present to the Quarterly QA meeting. — 10/28/2007 | |

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| F 371 | Continued From page 19<br>four (4) of four (4) ice scoops observed at 1:55 PM on September 10, 2007.<br><br>Employee #17 acknowledged these findings at the time of the observations. | F 371 | | |
| F 386 SS=D | 483.40(b) PHYSICIAN VISITS<br><br>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.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and staff interview for one (1) of 30 sampled residents, it was determined that the physician failed to include all diagnoses on the History and Physical (H&P) for Resident #18.<br><br>The findings include:<br><br>A review of Resident #18's "Admission and Annual Physical Exam Form" dated and signed by the attending physician on March 8, 2007 listed diagnoses, "Annual Examination - ...ADL (Activities of Daily Living) Dysfunction, H/o [history of] UGI [Upper Gastrointestinal] bleed secondary to Gastritis, Schizophrenia and Progressive Cognitive Decline...; Head, eyes, ears, nose and throat: WNL [within normal limits] ... "<br><br>According to the annual Minimum Data Set | F 386 | **483.40(b) Physician Visits**<br>1.) The Medical Director verbally counseled the physician who was aware that the resident was blind. The physician corrected the chart.<br>2.) The MDS Coordinator will continue to review charts quarterly for H and P quality and communicate deficiencies to Medical Records.<br>3.) The Medical Director will communicate the annual H & P documentation requirement to all attending physicians. Medical Records will notify the Medical Director of H & P quality monitoring results monthly.<br>4.) The Medical Director will report monitoring results to the Administrator quarterly at the Quarterly QA meeting. | 10/2/2007<br><br>10/28/2007<br><br>10/28/2007<br><br>10/28/2007 |

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| F 386 | Continued From page 20<br>completed July 17, 2007, Section D [Vision Patterns] was coded as severely impaired.<br><br>According to the Resident Care Plan Problem list, start date September 26, 2000 and last updated July 17, 2007 included "...Visual Function (#3) ... blind due to cataracts ... "<br><br>The H&P lacked evidence of Resident #18 being blind due to cataracts.<br><br>A face-to-face interview was conducted on September 12, 2007 at approximately 4:15 PM with Employee #4. He/She acknowledged that the physician failed to list all current diagnoses on the H & P. The record was reviewed on September 12, 2007. | F 386 | | |
| F 387 SS=D | 483.40(c)(1)-(2) FREQUENCY OF PHYSICIAN VISITS<br><br>The resident must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter.<br><br>A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and staff interview for one (1) of 30 sampled residents, it was determined that the physician failed to visit Resident #15 every 60 days.<br><br>The findings include: | F 387 | **483.40(c.)(1)-(2) Frequency of Physican Visits**<br>1.)The attending physician saw Resident # 15 and wrote a progress note.<br>2.) The nursing units will continue to monitor the charts for physician compliance. Medical Records will continue to notify the Medical Director timely.<br>3.) The Medical Director will communicate requirements for timely physician visits to all attending physicians.<br>4.) The Medical Director will report monitoring results to the Administrator quarterly at the QI meeting. | 9/28/2007<br>10/1/2007<br>10/1/2007<br>10/28/2007 |

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| F 387 | Continued From page 21<br>A review of Resident #15's record revealed a History and Physician examination completed by the physician on June 8, 2007. There was no evidence in the record that the physician had seen the resident and written and dated a progress note since June 8, 2007.<br><br>The resident fell with no injuries noted on July 12, 2007. The resident received physical therapy that was initiated on June 6, 2007 after a prior fall. The resident had no additional medical issues from June 8, 2007 until the time of this review.<br><br>A face-to-face interview was conducted with Employee #4 on September 11, 2007 at 3:15 PM. He/she stated, " We have reminded the doctor several times that [Resident #15] needs to be seen." The record was reviewed September 11, 2007. | F 387 | | |
| F 431 SS=E | 483.60(b), (d), (e) PHARMACY SERVICES<br><br>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.<br><br>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.<br><br>In accordance with State and Federal laws, the facility must store all drugs and biologicals in | F 431 | | |

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| F 431 | Continued From page 22<br>locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.<br><br>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observations and staff interview of four (4) of five (5) nursing units, it was determined that the facility staff failed to date and initial opened multi-dose medication vials and store medication properly.<br><br>The findings include:<br><br>1. The facility staff failed to date and initial opened Xalatan and Miacalcin multi-dose medication vials.<br><br>The medication included:<br><br>1st Floor<br>Xalatan ophthalmic drops five (5) vials<br>Miacalcin nasal spray one (1) vial<br><br>Employees #6, #18 and #19 acknowledged that the Xalatan and Miacalcin vials were not dated and/or initialed at the time of the observations. | F 431 | **F431 483.60(b.), (d.), (e.)**<br>**1. Pharmacy Services**<br><br>1.) The open vials of Xalatan and Miacalcin were discarded and replaced with new vials. They were signed and dated.<br>2.) A review on all medication vials were done to ensure they were signed and dated.<br>3.) Staff in-services were conducted on medication storage and dating.<br>4.) Monthly audits by the Nurse Manager and the results submitted to the DON for presentation at the Quarterly QA meeting. | 9/11/2007<br><br>10/3/2007<br><br>10/8/2007<br><br>On-going |

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| F 431 | Continued From page 23<br><br>2nd Floor<br>Xalatan - ophthalmic drops two (2) vials<br><br>Employees #20 and #21 acknowledged that the Xalatan vials were not dated and/or initiated at the time of the observations.<br><br>3rd Floor<br>Xalatan ophthalmic drops two (2) vials<br><br>Employee #3 acknowledged that the Xalatan vials were not dated and/or initiated at the time of the observations.<br><br>4th Floor<br>Xalatan ophthalmic drops two (2) vials<br>Miacalcin nasal spray two (2) vials<br><br>Employee #4 acknowledged that the Xalatan and Miacalcin vials were not dated and/or initiated at the time of the observations.<br><br>2. The facility staff failed to store Miacalcin nasal spray according to facility policy and manufacturer ' s recommendations.<br><br>The facility's policy 4.1 #14, titled, "Medication Storage in the Facility" stipulated "Medications are stored in correct positions per manufacturer's specification". The manufacturer's recommendation was to store Miacalcin spray in an upright position.<br><br>On September 12, 2007, between 2:30 PM and 3:30 PM, the medication carts were inspected and the findings were as follows:<br><br>1st Floor | F 431 | **F431 483.60(b.), (d.), (e.)**<br>**2. Pharmacy Services**<br><br>1.) Miacalcin was discarded and a new one was stored in an upright position.<br>2.) All residents on miacalcin was identified The miacalcin was checked for upright storage.<br>3.) Staff was in-serviced of the proper storage of miacalcin.<br>4.) Daily monitoring will be conducted to ensure proper storage. | 9/13/2007<br><br>10/3/2007<br><br>10/8/2007<br><br>On-going |

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| F 431 | Continued From page 24<br>Miacalcin nasal spray, one (1) vial found on its side<br><br>Employee #18 acknowledged that the Miacalcin vial was lying on its side at the time of the observation.<br><br>4th Floor<br>Miacalcin nasal spray, two (2) vials found on its side<br><br>Employee #4 acknowledged that the Miacalcin vials were lying on its side at the time of the inspection. | F 431 | | |