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

PRINTED: 03/29/2011 FORM APPROVED MB NO 0938-0391

STATEMENT OF DEFICIENCIES         (X1)         PROVIDER/SUPPLIER/CLIA           AND PLAN OF CORRECTION         IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		09E020	B. WING	-	03/18/2011
NAME OF PROVIDER OR SUPPLIER JEANNE JUGAN RESIDENCE				REET ADDRESS, CITY, STATE, ZIP CODE 4200 HAREWOOD ROAD NE WASHINGTON, DC 20017	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
SS=D	conducted from Marc size consists of 38 re of survey and review findings are based o and staff interviews, 483.15(h)(2) HOUSE SERVICES The facility must prov maintenance services sanitary, orderly, and This REQUIREMENT Based on observatio environmental tour o it was determined that effective maintenance stained floor tiles in o an uneven floor surfa from the floor in the of hole was observed in dirty utility rooms. The findings include: 1. Stained floor tiles of of room #1206. 2. An uneven floor su Shepard Unit] in the of contained a jet tub. M protruding through th 3. A penetration hole baseboard of one (1) Heart Unit]. The hole wool pad.	ation (Health) Survey was ch 14-18, 2011. The sample esidents present on the first day of 4 closed records. The n observations, resident, family and record reviews. KEEPING & MAINTENANCE ide housekeeping and a necessary to maintain a comfortable interior. T is not met as evidenced by: ns made during an f the facility on March 18, 2011, at the facility failed to provide e services as evidenced by one (1) of 38 resident's rooms; ace with metal bolts protruding only tub room and a penetration in the baseboard of one (1) of 2 were observed in the bathroom urface was observed [Good only bathing room that letal bolts were observed e floor surface. was observed in the of 2 dirty utility rooms [Sacred was filled with a copper steel	F 000	<ol> <li>No resident was observed or report have been harmed by this deficient pro- 2. All bathroom floor tiles in residents' were inspected by maintenance to ens- compliance.</li> <li>Maintenance and housekeeping stat serviced on 3/18/11 to check for stained tiles In all residents' bathrooms. Maint department will Inspect floors quarter ensure that preventive maintenance p is adhered to.</li> <li>QA nurse will do random and weekh on residents' over all general environmincluding resident bathroom and will m findings to DON and Administrator and discussed in the weekly safety meeting quarterly QA meeting.</li> <li>Stained bathroom floor tiles in Room were replaced on 3/28/11.</li> <li>No resident was observed or reporter To be harmed by this deficient practice 2. Metal bolts in the bathing room in G Shepherd were removed immediately a four 2x2 tiles were put on the floor sur 3. Maintenance department will do floo inspection quarterly to assure that preventive management program is ad 4. QA nurse will do random and weekly over all general environment including rooms and will report findings to DON Administrator and will be discussed in the weekly safety meetings and quarterly to assure that preventive management program is ad</li> </ol>	actice. rooms ure if were in ed floor renance by to rogram y checks hent eport I will be ts and h 1206 3/28/11 ed ood and face. or hered to. y checks on tub and the
	The findings were ma	ade in the presence of		meeting. 5. Corrective action on this deficiency v completed on 3/20/11.	vas 3/20/2011
	DIRECTOR'S OR PROVIDER/S	upplier representative's signature	inist	TITLE	(X6) DATE

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.

#### **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09E020 03/18/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4200 HAREWOOD ROAD NE JEANNE JUGAN RESIDENCE WASHINGTON, DC 20017 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX (FACH CORRECTIVE ACTION SHOULD BE PREFIX DATE OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) 1. No resident was observed or reported to have F 253 Continued From page 1 F 253 been harmed by this deficient practice. Employee #7 who acknowledged the findings at the 2. Steel wool pad was removed and penetration time of observation. hole was patched with compound immediately in 483.20(d), 483.20(k)(1) DEVELOP the dirty utility room in Sacred Heart Unit. F 279 COMPREHENSIVE CARE PLANS 3. Maintenance department will inspect all utility SS=D and residents' rooms monthly during safety checks A facility must use the results of the assessment to to ensure that there are no penetration holes in develop, review and revise the resident's the walls. comprehensive plan of care. 4. QA nurse will do random and weekly checks on residents' overall and general environment The facility must develop a comprehensive care including utility rooms and will report to DON and plan for each resident that includes measurable Administrator and will be discussed in the weekly safety meetings and quarterly QA meetings. objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial 3/18/2011 5. Corrective action of deficient practice was needs that are identified in the comprehensive completed on 3/18/11. assessment. 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). This REQUIREMENT is not met as evidenced by: Based on the review of one (1) of four (4) residents with dental status concerns of the 38 sampled residents, it was determined that facility staff failed to develop a comprehensive care plan with goals and approaches to address the oral health status for one resident. Resident # 16 The findings include: A review of an annual MDS [Minimum Data

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Event ID: KUYI11

Facility ID: JEANNEJUGAN

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES				ONR NO	0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SUF COMPL	
		09E020	B. WIN	IG		03/18	8/2011
NAME OF PROVIDER OR SUPPLIER				STR	REET ADDRESS, CITY, STATE, ZIP CODE		
JEANNE JUGAN RESIDENCE				200 HAREWOOD ROAD NE WASHINGTON, DC 20017			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 279	Set] dated 12/16/2/0 L -Oral/Dental Statu indicating "obvious of This Care area trigg The Care Plan section Care Plan initiated 1 with the Section labe following description teeth or oral cavity of mucous membrane; teeth/gums related to sections labeled Goa Blank - No goals and A face to face interv 17, 2011 @ 10:45 At the lack of goals and He/she stated: " I will Sometimes if you do interventions don't lo A revised care plan v on March 17, 2011 a the care plan indicat were created on 03/7 Facility staff failed to plan with goals and a health status for resi	10 revealed in Section s L0200 -D was checked or likely cavity or broken teeth ". ered for Care planning. on of the record contained a 2/18/2010 [December 18, 2010] eled "Focus" containing the : "Care deficit pertaining to haracterized by altered oral problems with dentures to carious teeth "The als and Interventions were both d interventions were identified. view was conducted on March M with Employee # 3 regarding 1 interventions on the care plan. I look in the computer. n't hit "update "the goals and bout 12:00 Noon. A review of ed that goals and interventions 17/11. develop a comprehensive care approaches to address oral	F 2	79	<ol> <li>Resident #16 was not harmed by the deficient practice.</li> <li>Care plan of resident # 16 on oral/d was updated and corrected immediat 3/17/11.</li> <li>Nursing staff reviewed all residents oral/dental focus on 3/18/11 and the found to be in compliance.</li> <li>All nursing staff were in serviced or a care plan for oral/dental deficit. Foc and interventions will be in the care p coordinator with QA nurse will ensure deficiency will not be repeated by doi random and weekly chart audits. This reported in the quarterly QA meeting. Corrective action on this deficiency will on the service or 3/17/2011.</li> </ol>	ental caries ely on ' care plan on facility was i initiating us, goals lan. MDS that this ng will be	3/17/2011
F 371 SS=E	483.35(i) FOOD PRO STORE/PREPARE/S The facility must -		F3	371			
FORM CMS-256	RM CMS-2567(02-99) Previous Versions Obsolete Event ID: KUYI11 Facility ID: JEANNEJUGAN If continuation sheet Page 3 of 5						

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F 371	<ul> <li>(1) Procure food from considered satisfacts authorities; and</li> <li>(2) Store, prepare, disanitary conditions</li> <li>This REQUIREMENT</li> <li>Based on observation 2011 at approximate that facility staff faile under sanitary conditions are that facility staff faile under sanitary conditions a package of cooked her chopped ham, 32 bas 3 packs of bagels and beyond their expiration dressing, a bucket of previously opened do unlabeled and without The findings include:</li> <li>1. The following food beyond their expiration 02/22/2000 chopped ham with expiration 02/22/2000 chopped ham with</li></ul>	T is not met as evidenced by: ns of the kitchen on March 14, ly 9:30 AM, it was determined d to prepare and serve food tions as evidenced by one (1) ham, one (1) package of gs of rolls, 16 loaves of bread, d 3 packs of pita bread stored on date; buttermilk ranch f pickles and one(1) roll of eli turkey were stored, ut an expiration date.	F 37	<ol> <li>No resident was observed on be harmed by this deficient pra Package of cooked ham dated 2/22/2009 was discarded imme Package of chopped ham dated was discarded immediately. Out dated 32 bags of rolls, 16 h packs of bagels and 3 packs of buttermilk ranch dressing, buck and one roll of previously oper turkey were all discarded immed 3/14/11.</li> <li>All foods were checked for a and correct expiration dates. N was found to be out dated.</li> <li>All dietary staff were in servi Importance of how to procure, label food with accurate expira and instructed them on the imp discarding any food that is out</li> <li>QA nurse will be checking ra weekly to ensure compliance. A be given to Administrator and I violations will be addressed im dietary management. This will discussed in the quarterly QA n 5. Inservices with staff complet Facility in compliance.</li> </ol>	actice. ediately. d 12/20/2010 oaves of bread, pita bread, ket of pickles, red deli ediately on ccurate labeling to other food iced on the store and tion dates portance of dated. ndomly and All findings will DON and any mediately with also be neeting.	3/14/2011

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09E020		B. WING			03/18/2011		
NAME OF PROVIDER OR SUPPLIER JEANNE JUGAN RESIDENCE			STREET ADDRESS, CITY, STATE, ZIP CODE 4200 HAREWOOD ROAD NE WASHINGTON, DC 20017				
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F 371	<ul> <li>AM: one (1) contained one (1) bucket of picturkey.</li> <li>3. 32 bags of rolls, 1 bagels and 3 packs without expiration dates the observations were spiration of the observations were spiration of the observations were spiration of the observations were spirated as a spirate of the observation of the observations were spirated as a spirate of the observation of the observations were spirated as a spirate of the observation of the observa</li></ul>	ch 14, 2011 at approximately 9:30 ntainer of buttermilk ranch dressing, of pickles and one (1) roll of deli olls, 16 loaves of bread, 3 packs of acks of pita bread were observed		371	<ol> <li>No resident was observed or reported to have been harmed by this deficient practice. All food items were checked for appropriate labeling and expiration dates. All foods without expiration date were discarded on 3/14/11.</li> <li>Foods which are purchased without expiration dates will be sent back immediately to company where items were purchased from and donated foods without expiration dates will be identified upon delivery by food service manager or designee and will be discarded immediately.</li> </ol>		3/14/2011
					<ol> <li>All staff has been in serviced on stooperating procedures to follow where are delivered without expiration date Purchased foods without expiration be returned to company and donate foods without expiration date will be discarded immediately. Food without expiration date cannot be accepted the Home.</li> <li>QA nurse will monitor randomly at to ensure compliance.QA nurse will to DON and Administrator on all find infraction will be addressed immediated immediated infraction will be addressed immediated immediated infraction will be addressed immediated immedimmed immediated immediate</li></ol>	n foods ces. dates will e at or used by and weekly report dings. Any ately.	
					5. Inservicing of staff was completed	l on 4/4/11.	4/4/2011

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