

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09E020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/18/2011
NAME OF PROVIDER OR SUPPLIER JEANNE JUGAN RESIDENCE			STREET ADDRESS, CITY, STATE, ZIP CODE 4200 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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 253	Continued From page 1	F 253	<ol style="list-style-type: none"> 1. No resident was observed or reported to have been harmed by this deficient practice. 2. Steel wool pad was removed and penetration hole was patched with compound immediately in the dirty utility room in Sacred Heart Unit. 3. Maintenance department will inspect all utility and residents' rooms monthly during safety checks to ensure that there are no penetration holes in the walls. 4. QA nurse will do random and weekly checks on residents' overall and general environment including utility rooms and will report to DON and Administrator and will be discussed in the weekly safety meetings and quarterly QA meetings. 5. Corrective action of deficient practice was completed on 3/18/11. 	3/18/2011	
F 279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>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 needs that are identified in the comprehensive assessment.</p> <p>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).</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>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</p> <p>The findings include:</p> <p>A review of an annual MDS [Minimum Data</p>				

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F 279	<p>Continued From page 2</p> <p>Set] dated 12/16/2/010 revealed in Section L -Oral/Dental Status L0200 -D was checked indicating "obvious or likely cavity or broken teeth ". This Care area triggered for Care planning.</p> <p>The Care Plan section of the record contained a Care Plan initiated 12/18/2010 [December 18, 2010] with the Section labeled " Focus " containing the following description: " Care deficit pertaining to teeth or oral cavity characterized by altered oral mucous membrane; problems with dentures teeth/gums related to carious teeth " The sections labeled Goals and Interventions were both Blank - No goals and interventions were identified.</p> <p>.A face to face interview was conducted on March 17, 2011 @ 10:45 AM with Employee # 3 regarding the lack of goals and interventions on the care plan. He/she stated: " I will look in the computer. Sometimes if you don't hit "update "the goals and interventions don't load on the care plan. "</p> <p>A revised care plan was received from Employee #3 on March 17, 2011 about 12:00 Noon. A review of the care plan indicated that goals and interventions were created on 03/17/11.</p> <p>Facility staff failed to develop a comprehensive care plan with goals and approaches to address oral health status for resident #16.</p> <p>The record was reviewed on March 17, 2011.</p>	F 279	<ol style="list-style-type: none"> 1. Resident #16 was not harmed by this deficient practice. 2. Care plan of resident # 16 on oral/dental caries was updated and corrected immediately on 3/17/11. 3. Nursing staff reviewed all residents' care plan on oral/dental focus on 3/18/11 and the facility was found to be in compliance. 4. All nursing staff were in serviced on initiating a care plan for oral/dental deficit. Focus, goals and interventions will be in the care plan. MDS coordinator with QA nurse will ensure that this deficiency will not be repeated by doing random and weekly chart audits. This will be reported in the quarterly QA meeting. Corrective action on this deficiency was done On 3/17/2011. 	3/17/2011
F 371 SS=E	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must -</p>	F 371		

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F 371	Continued From page 4 kitchen on March 14, 2011 at approximately 9:30 AM: one (1) container of buttermilk ranch dressing, one (1) bucket of pickles and one (1) roll of deli turkey. 3. 32 bags of rolls, 16 loaves of bread, 3 packs of bagels and 3 packs of pita bread were observed without expiration dates. The observations were made in the presence of Employee #6 who acknowledged the findings.	F 371	1. 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. 2. 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. 3. All staff has been in serviced on standard operating procedures to follow when foods are delivered without expiration dates. Purchased foods without expiration dates will be returned to company and donated foods without expiration date will be discarded immediately. Food without expiration date cannot be accepted or used by the Home. 4. QA nurse will monitor randomly and weekly to ensure compliance. QA nurse will report to DON and Administrator on all findings. Any infraction will be addressed immediately. 5. Inservicing of staff was completed on 4/4/11.	3/14/2011	4/4/2011