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Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIE IDENTIFICATION NU 02269104			(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/17/2006		
NAME OF PROVIDER OR SUPPLIER STREET AL 4200 HA		4200 HAR	DDRESS, CITY, STATE, ZIP CODE REWOOD ROAD NE GTON, DC 20017				
PREFIX (EACH DEFICIENC)	SUMMARY STATEMENT OF DEFICIENCIES		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHOUL REFERENCED TO THE APPROPRIATE	HOULD BE CROSS- COMPLETE		
February 16 through deficiencies were interviews and reconciled 10 reside	Initial Comments An annual licensure survey was conducted on February 16 through 17, 2006. The following deficiencies were based on observations, staff interviews and record review. The sample included 10 residents based on a census of 29 on the first day of survey.		L 000				
Food and drink sh from spoilage, safserved in accordar forth in Title 23, S Regulations (DCM This Statute is not Based on observation it was determined adequate to ensur served in a safe arevidenced by a dissilverware without metal sensor wires findings were observed in a safe arevidenced by a dissilverware without metal sensor wires findings were observed for Service staff. The findings included the findings included the same staff of the	9 3219.1 Nursing Facilities Food and drink shall be clean, wholesome, free from spoilage, safe for human consumption, and served in accordance with the requirements set forth in Title 23, Subtitle B, D. C. Municipal Regulations (DCMR), Chapter 24 through 40. This Statute is not met as evidenced by: Based on observations during the survey period, it was determined that dietary services were not adequate to ensure that foods were prepared and served in a safe and sanitary manner as evidenced by a dietary staff person handling silverware without wearing gloves and soiled metal sensor wires under cooking hoods. These findings were observed in the presence of the Food Service staff. The findings include: 1. A dietary staff person on the Good Shepard Unit was observed handling silverware (knives, forks and knives) without using gloves in one (1) of one (1) observation at approximately 12:50 PM on February 16, 2005. 2. The Ansul Fire Suppressor sensor wires under cooking hoods were soiled with accumulated grease and dust in one (1) of two (2) observations at approximately 8:40 AM on February 16, 2005.		L 099	1. The dietary staff per responsible for hand silverware without goen instructed to when separating cleasilverware and when them at table. 2. All dietary staff winghoves when separating silverware and when them at table. 3. To ensure that foods served in a safe and manner in accordance requirements set for Title 23, subtitle Municipal Regulation chapter 24-40, an in has been conducted dietary aides by the manager regarding the procedure used in has clean silverware. 4. The dietary manager monitor, on weekly in the table setting by aides in Good Shephe Room. Mandatory annual insurance of continued on sheet.	dling gloves has use gloves an setting dil use ing clean setting discourage with the sth in a.D.C. as (DCMR), aservice for all edietary are proper andling will intervals, dietary erd Dining discourage of the service		

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

administrator

3/2/66 DATE

Health Regulation Administration

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED 02/17/2006		
NAME OF PROVIDER OR SUPPLIER			DDRESS, CITY, STATE, ZIP CODE					
I TEANINE THOUAN DECIDENCE			4200 HAREWOOD ROAD NE WASHINGTON, DC 20017					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	ON SHOULD BE CROSS-			
L 410	Continued From page 1		L 410					
L 410	Each facility shall provide housekeeping and maintenance services necessary to maintain the exterior and the interior of the facility in a safe, sanitary, orderly, comfortable and attractive manner. This Statute is not met as evidenced by: Based on observations during the survey period, it was determined that the facility was not maintained in a safe and sanitary manner as evidenced by marred and splintered entrance, bathroom and closet doors. These findings were observed in the presence of the Housekeeping and Maintenance staff. The findings include: 1. Resident's entrance, closet and bathroom doors were marred and splintered on the frontal and edge surfaces in rooms 1201, 1207, 1209, 1217, 1223, 1407, 1416 and 1420 in eight (8) of 16 observations between 1:10 PM and 2:15 PM on February 17, 2006.		L 410	edges with putty, sanding, stain will be done to rooms #1201, 1207, 1209, 1217, 1223 1407, 1416 and 1420. 2. To identify other potential problems, maintenance will inspect all Residents' doors. A log will be kept of doors needing repairs will be completed by 05-03-06.		05-03-06 03-03-06 06-30-06		
L 099	(continued fro 3219.1 Nursing	om sheet l of 2) Facilities		L 099	(continued from sheet of for dietary aides on for Handling" covers the safe sanitary procedure of haclean silverware and take	ood Ee and andling		

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