

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/22/2017
NAME OF PROVIDER OR SUPPLIER FOREST HILLS OF DC		STREET ADDRESS, CITY, STATE, ZIP CODE 4901 CONNECTICUT AVENUE, NW WASHINGTON, DC 20008		
(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 000	<p>Initial Comments</p> <p>An annual Licensure Survey was conducted on September 20, 2017 through September 22, 2017 at Forest Hills of DC. The deficiencies are based on observation, record review, resident and staff interviews for 22 sampled residents.</p> <p>The following is a directory of abbreviations and/or acronyms that may be utilized in the report:</p> <p>Abbreviations</p> <p>AMS - Altered Mental Status</p> <p>ARD - Assessment Reference Date</p> <p>BID - Twice- a-day</p> <p>B/P - Blood Pressure</p> <p>cc - cubic centimeters</p> <p>cm - Centimeters</p> <p>CMS - Centers for Medicare and Medicaid Services</p> <p>CNA- Certified Nurse Aide</p> <p>D.C. - District of Columbia</p> <p>DCMR- District of Columbia Municipal Regulations</p> <p>D/C Discontinue</p> <p>DI - deciliter</p> <p>DMH - Department of Mental Health</p> <p>G-tube Gastrostomy tube</p> <p>HVAC - Heating ventilation/Air conditioning</p> <p>ID - Intellectual disability</p> <p>IDT - interdisciplinary team</p> <p>L - Liter</p> <p>Lbs - Pounds (unit of mass)</p> <p>LE- Lower Extremity</p> <p>MAR - Medication Administration Record</p> <p>MD- Medical Doctor</p> <p>MDS - Minimum Data Set</p> <p>Mg - milligrams (metric system unit of mass)</p> <p>mL - milliliters (metric system measure of</p>	L 000		

Health Regulation & Licensing Administration

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

TITLE

(X6) DATE

Mary Savoy

Administrator

October 21, 2017

Health Regulation & Licensing Administration

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L 000	Continued From page 1 volume) mg/dl - milligrams per deciliter mm/Hg - millimeters of mercury Neuro - Neurological NP - Nurse Practitioner O2- Oxygen PASRR - Preadmission screen and Resident Review PO- by mouth POS - physician ' s order sheet Prn - As needed Pt - Patient Q- Every QIS - Quality Indicator Survey Rp, R/P- Responsible party Sol- Solution S/P- Status Post TAR - Treatment Administration Record Tx- Treatment UE- Upper Extremity	L 000		
L 051	3210.4 Nursing Facilities A charge nurse shall be responsible for the following: (a)Making daily resident visits to assess physical and emotional status and implementing any required nursing intervention; (b)Reviewing medication records for completeness, accuracy in the transcription of physician orders, and adherences to stop-order policies; (c)Reviewing residents' plans of care for appropriate goals and approaches, and revising them as needed;	L 051		

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STATE FORM

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L 214 L 214	Continued From page 3 3234.1 Nursing Facilities Each facility shall be designed, constructed, located, equipped, and maintained to provide a functional, healthful, safe, comfortable, and supportive environment for each resident, employee and the visiting public. This Statute is not met as evidenced by: Based on observations made on September 20, 2017 at approximately 10:00 AM, the facility failed to maintain resident's environment free of accident hazards as evidenced by a portable heater that was in use in one (1) of 21 resident's rooms. The findings include: A portable heater was plugged in and in use in resident room #140, one (1) of 21 resident's rooms surveyed. This observation made in the presence of Employees #11 and #12 was acknowledged.	L 214 L 214	L 214 – Portable Heater in Resident's Room 1. Corrective Action for Deficient Practice: heater was immediately removed from room. 2. Residents Affected by Deficient Practice: No resident was affected by deficient practice. 3. Systemic Changes to Ensure Deficient Practice Does Not Recur: a) Safety rounds Checklist has been updated to include observation for portable heaters and other equipment in resident rooms that may pose safety hazards. b) Education was provided to all private duty caregivers regarding equipment safety and other safety measures to be maintained while caring for a resident. Emphasis included use of portable heaters. 4. Performance Monitoring to Ensure Sustainability: Results of bi-weekly safety rounds will be reported quarterly to QAPI Committee. L442 – Failure to Maintain Essential Equipment in Good Working Condition A. Missing Temperature Control Knob 1. Corrective Action for Deficient Practice: The Knob was found and placed back on the warmer. 2. Residents Affected by Deficient Practice: No resident was affected by deficient practice. 3. Systemic Changes to Ensure Deficient Practice Does Not Recur: The monthly Safety and Sanitation Audit Checklist has been updated to include checking the working condition of all equipment. 4. Performance Monitoring to Ensure Sustainability: The Assistant Dining Director and the Executive Chef will monitor results recorded on the Checklist. Concerns will be discussed with the Director at weekly Managers' meetings and presented to the QAPI Committee quarterly.	9/20/17 9/20/17 9/27/17 9/27/17 10/26/17
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 observations made on September 20, 2017 between 8:30 AM and 9:45 AM, the facility failed to maintain essential equipment in good working condition as evidenced by one (1) of one (1) food warmer with no temperature control knob, one (1) of one (1) tilt skillet which failed to power up when turned on, and one (1) of one (1) dishwashing machine which failed to reach 180 degrees Fahrenheit at final rinse.	L 442		9/20/17 9/20/17 9/27/17 10/26/17

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L 442	<p>Continued From page 4</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. The temperature control knob for one (1) of one (1) food warmer was missing. 2. One (1) of one (1) tilt skillet failed to power up when the 'on' switch was activated. 3. The dishwashing machine in the main kitchen failed to reach a final rinse temperature of 180 degrees Fahrenheit during several consecutive rinse cycles. The dishwashing machine located in the dining room of the Healthcare 1 Unit was used to clean and disinfect all dishes. <p>The observations made in the presence of Employee #13 and Employee #14 were acknowledged.</p>	L 442	<p>L442 – Failure to Maintain Essential Equipment in Good Working Condition (cont'd)</p> <p>B. <u>Tilt Skillet Failed to Power Up</u> 1. Corrective Action for Deficient Practice: Written notice placed on skillet stating that it was not working. 2. Residents Affected by Deficient Practice: No residents were affected. 3. Systemic Changes to Ensure Deficient Practice Does Not Recur: Purchase of new tilt skillet has been approved by Administrator. Upon arrival, tilt skillet will be added to Safety Rounds Checklist. 4. Performance Monitoring to Ensure Sustainability: Results from safety rounds will be reported quarterly to QAPI Committee.</p> <p>C. <u>Dishwashing Machine Failed to Reach Final Temperature of 180⁰</u></p> <p>1. Corrective Action for Deficient Practice: Ecolab was called and responded immediately. Assessed dish machine and made recommendations regarding process flow changes to prevent depletion of hot water in booster heater before rinse cycle is complete. 2. Residents Affected by Deficient Practice: No residents were affected. 3. Systemic Changes to Ensure Deficient Practice Does Not Recur: a) New process that incorporates Ecolab's recommendations was developed, and all utility staff were in-serviced. b) Purchase of new dish machine has been approved by Administrator. c) Upon arrival, dish machine temperatures will be added to Safety Rounds Checklist. 4. Performance Monitoring to Ensure Sustainability: Results from safety rounds will be reported quarterly to QAPI</p>	<p>9/20/17</p> <p>9/20/17</p> <p>9/26/17</p> <p>10/26/17</p> <p>9/20/17</p> <p>9/20/17</p> <p>9/23/17</p> <p>9/26/17</p> <p>10/26/17</p>