

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

PRINTED: 01/15/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095028	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/25/2014
NAME OF PROVIDER OR SUPPLIER INGLESIDE AT ROCK CREEK			STREET ADDRESS, CITY, STATE, ZIP CODE 3050 MILITARY ROAD NW WASHINGTON, DC 20015		
(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 000	INITIAL COMMENTS A complaint investigation (I-14-091; DC-2878) was conducted during the annual recertification survey completed August 18, 2014 regarding missing oral appliances for Resident #127. A follow up to the investigation was conducted November 25, 2014. The sample size was 51 sampled residents.	F 000	F156 1. Resident has been discharged from the facility. We cannot retrospectively correct. 2. Facility Administration & Admissions Department will audit all admissions paperwork for current residents to ensure that all identified paperwork has been explained and was signed by the resident or their Responsible Party. Any discrepancies will be corrected within 48 hours of finding.	2/20/2015	
F 156 SS=D	483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing. The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.	F 156	3. Within 48 hours of admission, the Admissions Coordinator/Clinical Liaison or designee will review all admissions paperwork including all additional documents to ensure completeness. Any discrepancies found will be corrected at that time. 4. Facility Administrator or designee will audit all Admissions paperwork weekly x 4, then monthly to ensure compliance. All findings will be discussed by the QA committee.	ongoing	

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

TITLE

(X6) DATE

R. Schiff, Administrator 1/26/15

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 156	<p>Continued From page 1</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p>	F 156			

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F 156	<p>Continued From page 2</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, resident and staff interview for an isolated sampled resident, it was determined that facility staff failed to obtain documented evidence to demonstrate that Resident #127 was in receipt of and received an explanation of the " additional documents " section of the facility ' s admission contract that detailed the facility ' s lack of liability for personal appliances such as dentures.</p> <p>The findings include:</p> <p>A complaint was received via electronic mail in the Department of Health, Health Regulation and Licensing Administration, Health Care Facilities Division on August 8, 2014 that alleged facility staff discarded Resident #127 ' s oral appliances, valued at \$20,000.00.</p> <p>A telephone interview was conducted with Resident #127 on November 25, 2014 wherein he/she was queried regarding the dentures that were lost while a resident at the nursing facility</p>	F 156			

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F 156	<p>Continued From page 3</p> <p>[named]. He/she stated that one morning he/she wrapped his/her dental appliances [referred to as 'dentures' for this report] in a paper towel and placed them on a table in his/her room. He/she looked for the dentures near dinner time that evening, and was unable to locate the dentures. The facility staff were notified and looked through the trash but did not locate the dentures. Resident #127 stated that replacement dentures would cost approximately \$5,000.00 dollars.</p> <p>An interview was conducted with the facility administrator during the recertification survey on August 18, 2014. In response to a query regarding Resident #127 's missing dentures, he/she stated that the resident reported the dentures were wrapped in a paper towel and placed on a surface in his/her room, possibly the sink, bedside table or meal tray. Facility staff searched the trash [resident 's room, kitchen, etc.], the kitchen disposal products and the resident 's room without locating the dentures. The administrator provided a copy of the admission contract signed by the resident and stated that the contract states that the facility is not responsible for personal possessions such as dentures.</p> <p>A review of the clinical record for Resident #127 revealed that he/she was admitted to the facility on July 18, 2014 and signed an admission contract entitled " Direct Admissions Agreement ... a contract between Resident #127 [named] and the nursing facility [named] " on July 25, 2014.</p> <p>The admission contract signed by Resident #127 included items such as costs for services, rights and policies of the facility. Item #10 of the</p>	F 156			

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F 156	<p>Continued From page 4</p> <p>contract was labeled " Additional Documents " and read: " It is not possible to cover everything that is important to your stay in our facility in the body of this contract, therefore we have included additional important documents as exhibits ...please verify that you received the exhibits and that the contents of the exhibits were explained to you by placing your initials on the line next to the description of each exhibit. "</p> <p>There were ten (10) separate exhibits included in the " Additional Documents " section, with ' Exhibit 10 ' identified as " Health Care Center Policies. " The following was documented in the Health Care Center Policies section: " The following is a list of policies applicable to the Health Care Center of [facility named]The facility manages the use of personal appliances (i.e. glasses, hearing aids, teeth) but is not financially responsible for any loss of or damage to these items. The facility will investigate all reports of lost and damaged items. "</p> <p>The lines next to each of the ten (10) exhibits in the ' Additional Documents ' section of Resident #127 ' s admission agreement were blank. There was no evidence that Resident #127 initialed the allotted spaces to attest that the documents were received and/or an explanation of the Exhibits was provided.</p> <p>According to the clinical record, the incident of the ' lost ' dentures occurred on or about July 28, 2014.</p> <p>Facility staff failed to obtain documented evidence that Resident #127 reviewed and received an explanation of the facility ' s contract amendment, " Exhibit 10 Healthcare Policies "</p>	F 156			

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F 156	Continued From page 5 that stipulates the facility is not responsible for personal appliances such as " teeth. " The resident ' s dentures were lost during his/her stay at the facility.	F 156			