Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING HFD02-0008 08/21/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3050 MILITARY ROAD NW **INGLESIDE AT ROCK CREEK** WASHINGTON, DC 20015 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) L 000 Initial Comments L 000 The Annual Licensure Survey was conducted at your facility on August 17 through August 21, 2015. The following deficiencies are based on observations, record reviews, resident and staff interviews for 24 sampled residents. The following is a directory of abbreviations and/or acronyms that may be utilized in the report: **Abbreviations** AMS -Altered Mental Status ARD assessment reference date BID -Twice- a-day B/P -**Blood Pressure** cm -Centimeter CMS -Centers for Medicare and Medicaid Services CNA-Certified Nurse Aide CRF Community Residential Facility D.C. -District of Columbia DCMR- District of Columbia Municipal Regulations D/C Discontinue DI - deciliter DMH -Department of Mental Health EKG -12 lead Electrocardiogram EMS -**Emergency Medical Services (911)** G-tube Gastrostomy tube HVAC -Heating ventilation/Air conditioning ID -Intellectual disability IDT interdisciplinary team L - Liter Lbs -Pounds (unit of mass) MAR -Medication Administration Record Medical Doctor MD-MDS -Minimum Data Set milligram (metric system unit of mass) Mg -

Health Regulation & Licensing Administration

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

TITLE

10/16/2015

STATE FORM

EXHG11

f continuation sheet 1 of 9

PRINTED: 10/06/2015 FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B. WING HFD02-0008 08/21/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3050 MILITARY ROAD NW INGLESIDE AT ROCK CREEK WASHINGTON, DC 20015 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** TAG OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) L 000 Continued From page 1 L 000 mL milliliter (metric system measure of L052 volume) mg/dl milligram per deciliter 1. No resident was affected by the mm/Hg - millimeter of mercury findings. Neuro -Neurological NP -Nurse Practitioner 2. All residents with diagnosis of PASRR - Preadmission screen and Resident 8/21/2015 Diabetic Mellitus receiving a finger Review Peg tube - Percutaneous Endoscopic Gastrostomy stick were assessed. There were no PO- by mouth glycemic reactions. physician 's order sheet POS -Prn -As needed 3. All licensed staff will be in-serviced Pt -Patient on the care and use, including 9/15/2015 Q-Every programming, of glucose machines. QIS -Quality Indicator Survey

L 052

Health Regulation & Licensing Administration

hair:

Rp, R/P- Responsible party

Treatment Administration Record

Sufficient nursing time shall be given to each

(a)Treatment, medications, diet and nutritional

(b)Proper care to minimize pressure ulcers and contractures and to promote the healing of ulcers:

(c)Assistants in daily personal grooming so that the

evidenced by freedom from body odor, cleaned and trimmed nails, and clean, neat and well-groomed

supplements and fluids as prescribed, and rehabilitative nursing care as needed:

resident is comfortable, clean, and neat as

resident to ensure that the resident

Solution

L 052 3211.1 Nursing Facilities

receives the following:

Sol-

TAR -

review.

Demonstration will show nursing

understanding of machine operations.

records of glucometer was conducted by night Supervisor for one month.

4. Daily audit of staff technique and

Random weekly audits by Unit

Manager/Designee will be done to

monitor compliance. All findings will be brought to the QA committee for

9/30/2015

Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_ B. WING HFD02-0008 08/21/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3050 MILITARY ROAD NW **INGLESIDE AT ROCK CREEK** WASHINGTON, DC 20015 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX (EACH CORRECTIVE ACTION SHOULD BE OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) L 052 Continued From page 2 L 052 (d) Protection from accident, injury, and infection; (e)Encouragement, assistance, and training in self-care and group activities; (f)Encouragement and assistance to: (1)Get out of the bed and dress or be dressed in his or her own clothing; and shoes or slippers, which shall be clean and in good repair; (2)Use the dining room if he or she is able; and (3)Participate in meaningful social and recreational activities; with eating; (g)Prompt, unhurried assistance if he or she requires or request help with eating; (h)Prescribed adaptive self-help devices to assist him or her in eating independently; (i)Assistance, if needed, with daily hygiene, including oral acre; and j)Prompt response to an activated call bell or call for help. This Statute is not met as evidenced by: A. Based on record review and staff interview for one (1) of 15 sampled residents identified with a diagnosis of Diabetes Mellitus, it was determined that sufficient nursing time was not given to notify the physician when Resident #117's fingerstick blood glucose levels exceeded prescribed parameters [greater than 250 mg/dl]. Resident #117

Health Regulation & Licensing Administration

The findings include:

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_ HFD02-0008 B. WING 08/21/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3050 MILITARY ROAD NW INGLESIDE AT ROCK CREEK WASHINGTON, DC 20015 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PRÉFIX TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) L 052 Continued From page 3 L 052 The August 2015 Physician's Orders signed [unable to read date] directed the following insulin: Novolog R 100 Unit/ML Unit; Inject SQ (subcutaneously) per sliding scale: Check blood sugar twice daily [administer insulin coverage in units as follows] [Blood glucose level] 0 -150 = [administer] 0 unit; 151-200 =2 units: 201-250=4 units: 251-300 =6 units For blood glucose levels less than 70 or greater than 250 call MD [medical doctor] A review of the August 2015 Medication Administration Record revealed: August 1, 2015 at 4:30 PM Blood Glucose result -257 mg/dl, 6 units of insulin was administered; August 2, 2015 at 4:30 PM Blood Glucose result -300 mg/dl, 6 units of insulin was administered; August 3, 2015 at 4:30 PM Blood Glucose result -260mg/dl, 6 units of insulin was administered: August 4, 2015 at 4:30 PM Blood Glucose result -297mg/dl, 6 units of insulin was administered; August 5, 2015 at 4:30 PM Blood Glucose result -278 mg/dl, 6 units of insulin was administered; August 6, 2015 at 4:30 PM Blood Glucose result -283 mg/dl, 6 units of insulin was administered; August 8, 2015 at 4:30 PM Blood Glucose result -279 mg/dl, 6 units of insulin was administered;

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Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_ HFD02-0008 08/21/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3050 MILITARY ROAD NW INGLESIDE AT ROCK CREEK WASHINGTON, DC 20015 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) L 052 Continued From page 5 L 052 B. Based on observation, record review and staff interview for two (2) of two (2) glucometers (blood glucose measuring devices), it was determined that sufficient nursing time was not given to consistently record residents blood glucose test results on the Medication Administration Record and/or clinical record. The findings include: On August 20, 2015 between 3:00 PM and 4:30 PM glucometers from nursing units: Upper level and Lower Level were reviewed. During the review of the glucometer " memory readings " [stored blood glucose values in the glucometer] it was noted that the devices lacked the feature to enter resident identifiers. The following represents the blood glucose values in glucometers (memory readings) that could not be correlated to a specific resident. A review of the Glucometer for the Upper Level: "January 15, 2015 at 6:00 AM: Blood glucose value was 98 mg/dl (milligrams/deciliter)" "January 15, 2015 [time not indicated]: Blood glucose value 244 mg/dl (milligrams/deciliter)" "January 15, 2015 [time not indicated]: Blood glucose value 279 mg/dl (milligrams/deciliter)" "January 15, 2015 [time not indicated]: Blood glucose value 473 mg/dl (milligrams/deciliter)" There was no documented evidence that the aforementioned blood glucose values were associated with specific residents' on the Upper

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Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_ B. WING HFD02-0008 08/21/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3050 MILITARY ROAD NW **INGLESIDE AT ROCK CREEK** WASHINGTON, DC 20015 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PRÉFIX PREFIX OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) L 052 L 052 Continued From page 7 8:12 AM -51 mg/dl; 12:05 PM - 108 mg/dl August 17, 2015 at 6:35 AM - 164 mg/dl August 18, 2015: 7:47 AM - 106 mg/dl; 4:07 PM -285 mg/dl August 19, 2015 at 6:18 AM - 144 mg/dl August 20, 2015 at 6:29 AM - 129 mg/dl There was no documented evidence that the aforementioned blood glucose values were associated with specific residents' on the Lower Level nursing unit. A face-to-face interview was conducted on August 20, 2015 at approximately 4:30 PM with Employee #3 and Employee #5. After a review of the aforementioned, both employees acknowledged the findings. L 108 L 108 3220.2 Nursing Facilities The temperature for cold foods shall not exceed forty-five degrees (45°F) Fahrenheit, and for hot foods shall be above one hundred and forty degrees (140°F) Fahrenheit at the point of delivery to the resident. This Statute is not met as evidenced by: Based on observation and staff interview for one (1) test tray conducted, it was determined that

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