

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

PRINTED: 04/05/2018
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 03/22/2018
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 000	<p>INITIAL COMMENTS</p> <p>An unannounced Recertification Survey was conducted at Jeanne Jugan Residence from March 19, 2018 through March 22, 2018. Survey activities consisted of a review of 17 sampled residents. The following deficiencies are based on observation, record review and staff interviews. After analysis of the findings, it was determined that the facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities.</p> <p>The following is a directory of abbreviations and/or acronyms that may be utilized in the report:</p> <p>Abbreviations AMS - Altered Mental Status ARD - Assessment reference date BID - Twice- a-day B/P - Blood Pressure cm - Centimeters CMS - Centers for Medicare and Medicaid Services CNA- Certified Nurse Aide CPR- Cardiopulmonary Resuscitation 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)</p>	F 000	<p>1. Resident #90 was not observed or reported to have been harmed by this deficient practice. Advair Diskus inhaler was immediately removed from the medication cart on 3/22/18.</p> <p>2. The medication carts on both units were checked and inspected for any discontinued medications and the facility was found to be in compliance.</p> <p>3. Nurse #4 was given an in-service on "Preventing Medication Error" on 3/22/18. In-service to Licensed Nurses on "Preventing Medication Error and Proper Removal and Disposal of Discontinued Medication" is in progress, to be completed by 4/6/18. Charge nurses will immediately remove discontinued medications from the medication carts when a resident is admitted to the hospital and upon receipt of order from the doctor. Discontinued medications will be given to the ADON/DON for disposal and destruction. In the absence of ADON/DON, charge nurses may destroy and discard discontinued medication following facility's protocol.</p>	

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

Dr. Alphonse Marie Jones

TITLE
Administrator

(X6) DATE
4-5-18

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.

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

PRINTED: 04/05/2018
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 03/22/2018
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 000	Continued From page 1 G-tube Gastrostomy tube HSC Health Service Center HVAC - Heating ventilation/Air conditioning ID - Intellectual disability IDT - Interdisciplinary team L - Liter Lbs - Pounds (unit of mass) MAR - Medication Administration Record MD- Medical Doctor MDS - Minimum Data Set Mg - milligrams (metric system unit of mass) mL - milliliters (metric system measure of volume) mg/dl - milligrams per deciliter mm/Hg - millimeters of mercury MN midnight Neuro - Neurological NP - Nurse Practitioner PASRR - Preadmission screen and Resident Review Peg tube - Percutaneous Endoscopic Gastrostomy PO- by mouth POS - physician ' s order sheet Prn - As needed Pt - Patient Q- Every QIS - Quality Indicator Survey Rp, R/P - Responsible party SCC Special Care Center Sol- Solution TAR - Treatment Administration Record Trach- Tracheostomy	F 000	4. DON/QA nurse will perform a random check of the medication carts on a monthly basis for the first 3 months, then every 3 months thereafter. All findings will be reported at the monthly Safety Meetings and Quarterly QAPI Meetings to ensure that correction is achieved and sustained. 5. Corrective action will be completed by 4/6/18.	4/6/18
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility,	F 658		

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

PRINTED: 04/05/2018
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 03/22/2018	
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 658	<p>Continued From page 2</p> <p>as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on medication pass observation and staff interview, the facility staff failed to provide accepted standards of clinical practice for administering medication to one (1) of 17 sampled residents. Resident# 90.</p> <p>Findings included...</p> <p>Facility staff failed to adhere to physicians prescribed order to discontinue medication Advair.</p> <p>A review of the medical record on March 22, 2018, showed an Admission Record sheet for Resident# 90 with the following diagnoses: Chronic Obstructive Pulmonary Disease with (Acute) Exacerbation, Hypothyroidism (Unspecified), and Unspecified Atrial Fibrillation.</p> <p>An observation on March 22, 2018, at approximately 9:00 AM showed Employee# 4, Registered Nurse, administered morning medications to Resident# 90. Employee# 4 stated, "I have all of your morning medications, and I have your inhaler, you are to take one puff." Employee# 4 was observed to remove the Advair Diskus (inhaler used to control and prevent symptoms of wheezing and shortness of breath) from its original packaging. Employee# 4, asked the Resident to inhale once, the Resident inhaled the medication as instructed and Employee# 4 returned the medication to the box labeled Advair Diskus (fluticasone propionate 100/50</p>	F 658	<p>F 689</p> <p>1. Residents in Room Numbers #1201, 1205, 1206, 1209, 1216, 1218, 1401, and 1408 (office) were not reported or observed to have been harmed by this deficient practice. The water temperatures in the aforementioned rooms were immediately adjusted by Maintenance Engineer on 3/19/2018.</p> <p>2. The maintenance engineer checked water temperature in all other residents' rooms and the facility was found to be in compliance.</p> <p>3. A hot water thermostat was installed on 4/2/18 on the hot water booster heater in order to maintain the proper temperature for the water being supplied to the residents' rooms. A random check of 4 rooms daily to monitor for acceptable water temperatures will be performed by Engineer or maintenance designee Results will be recorded on the water temperature monitoring log.</p> <p>4. A monthly summary of log results will be presented at the monthly Safety Meetings and quarterly QAPI meetings.</p> <p>5. Corrective action was completed on 4/2/18.</p>	4/2/18

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

PRINTED: 04/05/2018
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 03/22/2018
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 658	<p>Continued From page 3 micrograms and salmeterol inhalation powder).</p> <p>A further review of the medical record showed a Physician Interim Order Form with a date of March 13, 2018 "D/C (discontinue) Advair." A review of the March 2018 Medication Administration Record (MAR) for Resident# 90 showed Advair Diskus Aerosol Powder Breath Activated 100-50 microgram dose one puff inhale orally twice a day; start date 3/6/18 and discontinue date 3/12/18. The medication administration record showed the facility staff administered Advair medication twice a day from March 7-12.</p> <p>During an interview on March 22, 2018, at approximately 10:00 AM, Employee# 3, Assitant Director of Nursing, stated: "according to the order the medication should be discontinued." An observation of the medication cart showed the Advair Diskus medication was in a draw marked for Resident# 90 medications. Employee# 3, Assistant Director of Nursing, stated: "this should not be here since the medication was discontinued, why is it still in the resident's draw, I am going to remove it right now."</p> <p>During an interview on March 22, 2018, at approximately 10:30 AM, Employee# 4, Registered Nurse, stated: "you were there you saw what medication I gave it was her morning medications and the inhalers Advair and the other one was B something." The Physician Interim order form (with a date of March 13, 2018) was shown to Employee# 4, and she stated: "I see the Advair was discontinued and it should not have been given but it was in her draw."</p> <p>Employee# 3 and #4 acknowledged the finding.</p>	F 658	<p>F 812 (1)</p> <ol style="list-style-type: none"> 1. There was no resident observed or reported to have been harmed or affected by this deficient practice. The two soiled fryers were immediately cleaned on 3/19/18. 2. The kitchen was checked for other soiled cookware and the kitchen was found to be in compliance. 3. An in-service was given on 4/3/18 to all cooks and utility staff on draining and cleaning fryers after every use. A log sheet was created to document dates when fryers were used and cleaned. 4. Food Service Director or designee will perform random checks on fryers once weekly to monitor effectiveness of procedure. Any finding will be reported at the Monthly Safety and Quarterly QAPI Meetings. 5. Corrective action was completed on 4/3/18. 	4/3/18

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

PRINTED: 04/05/2018
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 03/22/2018	
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 689 SS=E	<p>Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)</p> <p>§483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations made on March 19, 2018, between 11:30 AM and 1:30 PM, the facility staff failed to provide an environment that is free from accident hazards as evidenced by elevated water temperatures in eight (8) of 20 resident rooms.</p> <p>Findings included ...</p> <p>Water temperatures tested above 110 degrees Fahrenheit in eight (8) of 20 resident rooms including rooms #1201, 1205, 1206, 1209, 1216, 1218, 1401 and 1408.</p> <p>Employee #6 and/or Employee #7 acknowledged the findings.</p>	F 689		
F 812 SS=E	<p>Food Procurement, Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.</p>	F 812		

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 03/22/2018
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 812	<p>Continued From page 5</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations made on March 19, 2018, at approximately 9:30 AM, facility staff failed to prepare foods under sanitary conditions as evidenced by two (2) of three (3) grease fryers that were soiled and six (6) of six (6) sixty-four fluid ounce containers of grapefruit juice held beyond the 'use by' date of 8-19-2017 stored in the dry storage room.</p> <p>Findings included ...</p> <p>1. Two (2) of three (3) grease fryers soiled with leftover fried food residue.</p> <p>2. Six (6) of six (6) sixty-four fluid ounce containers of grapefruit juice, stored in the dry storage area, held beyond the 'use by' date of 8-19-2017.</p> <p>Employee #5, present at the time of observation, acknowledged the findings.</p>	F 812	<p>F 812 (2)</p> <p>1. There was no resident observed or reported to have been harmed by this deficient practice. The six bottles of outdated juice were removed immediately on 3/19/18.</p> <p>2. The dry food storage room was rechecked for any outdated items and facility was found to be in compliance.</p> <p>3. An in-service was given on 4/4/18 to all utility workers on policy regarding receiving food and checking for expiration dates to ensure compliance. Any food items found not in compliance will be immediately discarded. A log has been created to document date of delivery of any food items and any outdated items found, which will be disposed of immediately.</p> <p>4. Food Service Director or Designee will perform weekly review of log sheets beginning 4/6/18. A random monthly check of the dry storage room will be done by stock person. Any findings will be documented and reported at the monthly Safety Meetings and Quarterly QAPI Meetings to evaluate effectiveness of procedure.</p> <p>5. Corrective action was completed on 4/6/18.</p>	4/6/18