

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/03/2016
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) COMPLETE DATE
L 000	Initial Comments An Annual Licensure survey was conducted on April 29, 2016 through May 3, 2016. The deficiencies are based on observation, record review, resident and staff interviews for 11 sampled residents.	L 000		
L 099	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 observation and staff interview it was determined that facility staff failed to: remove foods from storage past the expiration date, maintain food contact surfaces to prevent cross-contamination, and failed to develop a method to ensure the freezer that contained resident food was maintained in proper working order. The findings include: 1. Facility staff failed to remove expired food from the dry storage pantry. On May 2, 2016 at approximately 1:10 PM a kitchen tour was conducted with Employees #4 and #12. During the observation, multiple food items were observed on a metal rolling cart with three (3) shelves. The first shelf contained 14 individual bags of " Brownie Brittle, " each bag had an expiration date of October 26, 2015 marked by the manufacturer.	L 099	L 099 Finding #1: 1. There was no resident who was reported or observed to have been affected or harmed by this deficient practice. All outdated food items were immediately removed and discarded from the dry storage pantry on 5/02/16. 2. Dietary manager performed a thorough check in the dry storage pantry on 5/04/16, no other expired items noted and the facility is found to be in compliance. 3. An in service was given to all dietary personnel on 5/04/16 to check dry storage pantry for expired food on a weekly basis. All expired or outdated dry foods will be disposed of promptly. 4. Dietary manager and QA nurse will do a random and monthly check of the dry storage pantry for expired food. All findings will be reported to the monthly safety and quarterly QAPI meeting. 5. Corrective action was completed on 5/04/2016.	5/04/2016

Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Dr. Alphonse Marie Jones

TITLE

Administrator

(X6) DATE

5/12/2016

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L 099	<p>Continued From page 1</p> <p>The second shelf contained five (5) bags of Greek Yogurt Pretzel Crisps with a manufacturer's expiration date of October 8, 2015.</p> <p>The third shelf contained a case of " Peanut Butter Chips " with a manufacturer's expiration date of July 2015, and there were 22 bags of " Semi-Sweet Chocolate Chips " with a manufacturer's expiration date of September 2015.</p> <p>On May 2, 2016 at approximately 1:10 PM a face-to-face interview was conducted with Employee #4 and #12 regarding the expired foods observed in the pantry. Both acknowledged the aforementioned findings.</p> <p>2. Facility staff failed to maintain food contact surfaces to prevent cross-contamination.</p> <p>On May 2, 2016 at approximately 1:20 PM a Kitchen observation was conducted in the presence of Employee #4 and #12. During this observation one (1) of one (1) green cutting board used to cut fruits and vegetables, was observed with three deep grooves approximately one-inch-long on the cutting surface.</p> <p>On May 2, 2016 at approximately 1:22 PM a face to face interview was conducted with Employees # 4, and 12. Both acknowledged the aforementioned findings.</p> <p>3. Facility staff failed to develop a method to ensure the freezer that contained resident food was maintained in proper working order.</p>	L 099	<p>L 099 Finding #2:</p> <ol style="list-style-type: none"> 1. There was no resident who was reported or observed to have been affected or harmed by this deficient practice. The deficient cutting board was immediately removed and disposed of on 5/02/2016. 2. Dietary manager checked all cutting boards in the kitchen on 5/02/2016 and the facility was found to be in compliance. 3. An in service was given to all dietary personnel on 5/04/2016 to check all cutting boards for grooves and its wear and tear on a daily basis utilizing a newly created checklist form. Any cutting board that does not pass the checklist criteria will be discarded immediately. 4. Dietary Manager and QA nurse will perform monthly and quarterly checks of all the cutting boards in the kitchen. All findings will be reported to the monthly Safety and Infection meetings and quarterly QAPI meetings. 5. Corrective action was completed on 5/04/2016. 	5/04/2016

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L 099	Continued From page 2 On May 2, 2016 at approximately 12:35 PM a tour of the first floor resident pantry was conducted. At this time the freezer located in the pantry was observed to have no apparatus to ensure that the freezer was functioning properly. After the observation was made, a thermometer was placed in the freezer by facility staff in the presence of Employee #3. On May 3, 2016 at approximately 10:00 AM a face-to-face interview was conducted with Employee # 4. He/she explained that there was no log kept of temperatures to monitor the freezer. He/she acknowledged the aforementioned findings.	L 099	L 099 Finding #3: 1. There was no resident who was reported or observed to have been affected by this deficient practice. The existing refrigerator temperature log was revised on 5/04/2016 to include monitoring the freezer temperature. 2. The revised temperature log was immediately utilized for all freezers in the pantry area after an in service was given to the dietary personnel. 3. An in service was given to all dietary personnel on 5/04/2016 to check for freezer thermometers and temperatures for compliance and accuracy twice a day utilizing the revised temperature log. 4. Dietary manager and QA nurse will perform a random and monthly check of the freezer thermometer and thermometer log to ensure compliance. All findings will be reported to the monthly Safety meeting and quarterly QAPI meetings. 5. Corrective action was completed on 5/04/2016.	
L 235	3236.4 Nursing Facilities The temperature of hot water of each fixture that is used by each resident shall be automatically controlled and shall not exceed one-hundred and ten degrees Fahrenheit (110 F) nor be less than ninety-five degrees Fahrenheit (95 F). This Statute is not met as evidenced by: Based on observations made on May 3, 2016 at approximately 11:30 AM and on interviews on May 3, 2016 at approximately 1:45 PM, it was determined that facility staff failed to ensure the environment was free of potential accident hazards as evidenced by elevated water temperatures that exceeded 110 degrees Fahrenheit in two (2) of 19 resident rooms. The findings include The water temperature in resident room #1416 tested at 112 degrees Fahrenheit, above the 110 degrees ' Fahrenheit requirement. The water temperature in resident room #1420 tested at 114	L 235		5/04/2016

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L 235	Continued From page 3 degrees Fahrenheit on May 3, 2016 at approximately 11:30 AM. A face to face interview with Employee #7 was conducted on May 3, 2016 at approximately 1:40 PM. Employee #7 was asked how he/she determines that the water temperature is comfortable enough to shower or bathe the residents. Employee #7 responded that he/she uses his/her arm to test the water until it is lukewarm then he/she asked the resident to do the same. Depending on what the resident says, he/she adjusts the water temperature if necessary. A face to face interview with Employee #8 was conducted on May 3, 2016 at approximately 1:45 PM. Employee #8 was asked how he/she determines that the water temperature is comfortable enough to shower or bathe the residents. Employee #8 responded that he/she uses his/her arm to test the water until it is lukewarm then he/she asked the resident to do the same. Depending on what the resident says, he/she adjusts the water temperature if necessary. A face to face interview with resident #12 was conducted on May 3, 2016 at approximately 1:47 PM. Resident #12 admitted that he/she needs assistance to go to the bathroom and to shower or bathe. Resident #12 was asked how he/she knows that the water temperature is comfortable enough for him/her to shower or bathe. Resident #12 responded that the CNA adjusts the water temperature then he/she ask him/her to feel it. Resident #12 said that he/she uses his/her hand to check the water temperature. A face to face interview with resident #4 was	L 235	1. Residents # 12 and #4 were not reported or observed to have been harmed by this deficient practice. The water temperatures in rooms #1416 and #1420 were immediately adjusted by Maintenance Engineer on 5/03/2016. 2. The maintenance engineer checked water temperature in all other residents' rooms and adjustments were made to the deficient rooms. 3. A log was created to monitor water temperature randomly in residents' rooms on a daily basis by the maintenance department. 4. Maintenance engineer and QA nurse will perform random monthly and quarterly check of the water temperature in residents' rooms. All findings will be reported to the monthly Safety and quarterly QAPI meetings. 5. Corrective action was completed on 5/10/2016	5/10/2016

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L 235	Continued From page 4 conducted on May 3, 2016 at approximately 1:50 PM. Resident #4 admitted that he/she needs assistance to go to the bathroom and to shower or bathe. Resident #4 was asked how he/she knows that the water temperature is comfortable enough for him/her to shower or bathe. Resident #4 responded that after the CNA checks the water temperature then he/she will ask him/her to check it. Resident #4 also said that he/she uses his/her hand to check the water temperature. Resident #4 said " If it ' s too hot or too cold, I let them know. " Employee #9 adjusted the water temperatures in rooms #1416 and #1420 to range between 95 and 110 degrees Fahrenheit. These findings were acknowledged by Employee #9 and Employee #10.	L 235		