

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD02-0016</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/31/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>JEANNE JUGAN RESIDENCE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4200 HAREWOOD ROAD NE</b> <b>WASHINGTON, DC 20017</b>
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L 000	<p>Initial Comments</p> <p>An unannounced Recertification Survey was conducted at this facility from March 29, 2023 to March 31, 2023. Survey activities consisted of observations, record reviews, and resident and staff interviews. The facility's census on the first day of the survey was 30 and the survey sample included 16 residents.</p> <p>The following Facility Reported Incidents were investigated during this survey: DC00010943, DC00010960, DC00011114, and DC00011350. There were not deficiencies identified related to the allegations of these facility reported incidents.</p> <p>After analysis of the findings, it was determined that the facility was not in compliance with the requirements of 22B District of Columbia Municipal Regulations (DCMR) Chapter 32 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>AMS - Altered Mental Status ARD - Assessment Reference Date AV- Arteriovenous BID - Twice- a-day B/P - Blood Pressure cm - Centimeters CFR- Code of Federal Regulations CMS - Centers for Medicare and Medicaid Services CNA- Certified Nurse Aide CRF - Community Residential Facility CRNP- Certified Registered Nurse Practitioner D.C. - District of Columbia DCMR- District of Columbia Municipal Regulations</p>	L 000		
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Health Regulation & Licensing Administration  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Dr. Alphonse Marie Jones*

TITLE

Administrator

(X6) DATE

4/17/2023

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L 000	Continued From page 1  D/C - Discontinue DI - Deciliter DMH - Department of Mental Health DOH - Department of Health DON - Director of Nursing ED - Emergency Department EKG - 12 lead Electrocardiogram EMS - Emergency Medical Services (911) ER - Emergency Room F - Fahrenheit FR. - French FRI - Facility reported incident G-tube - Gastrostomy tube HR - Human Resources Hrs - Hours HS - hour of sleep HSC - Health Service Center HVAC - Heating ventilation/Air conditioning ID - Intellectual disability IDT - Interdisciplinary team IPCP - Infection Prevention and Control Program LPN - Licensed Practical Nurse 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) M - Minute ML - milliliters (metric system measure of volume) Mg/dl - milligrams per deciliter Mm/Hg - millimeters of mercury MN - midnight N/C - nasal cannula Neuro - Neurological NFPA - National Fire Protection Association NP - Nurse Practitioner O2 - Oxygen PA - Physician's Assistant PASRR - Preadmission screen and Resident	L 000		

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L 000	Continued From page 2  Review Peg tube - Percutaneous Endoscopic Gastrostomy PO - by mouth POA - Power of Attorney POS - physician's order sheet Prn - As needed Pt - Patient Q - Every RD - Registered Dietitian RN - Registered Nurse ROM - Range of Motion RP R/P - Responsible party SBAR - Situation, Background, Assessment, Recommendation SCC - Special Care Center Sol - Solution SW - Social Worker TAR - Treatment Administration Record Ug - Microgram	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	#1  1. A comprehensive person-centered care plan of resident #29 with appropriate goals and interventions was developed and implemented on 3/31/2023 to address resident's diagnosis of convulsions and use of anti-seizure medication.  2. All other residents have the potential to be affected by this deficient practice. A general review of each resident's medication profile and related diagnoses was done with cross-reference to assure inclusion in their person-centered care plan. No other resident has been affected by this deficient practice.  3. A comprehensive review of medications and diagnoses for which they are prescribed will be done on admission	

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L 051	<p>Continued From page 3</p> <p>(d) Delegating responsibility to the nursing staff for direct resident nursing care of specific residents;</p> <p>(e) Supervising and evaluating each nursing employee on the unit; and</p> <p>(f) Keeping the Director of Nursing Services or his or her designee informed about the status of residents.</p> <p>This Statute is not met as evidenced by: Based on record review and staff interview, for two (2) of 16 sampled residents, facility staff failed to develop and implement a comprehensive person-centered care plan with goals and interventions to address one resident's diagnosis of Convulsions and use of anti-seizure medications; and to revise one resident's "medium risk for falls" care plan to "high risk for falls" after sustaining two falls. Residents' #29 and #24.</p> <p>The findings included:</p> <p>1. Facility staff failed to develop and implement a comprehensive person-centered care plan with goals and interventions to address Resident #29's diagnosis of Convulsions and use of anti-seizure medications.</p> <p>Resident #29 was admitted to the facility on 12/01/21 with multiple diagnoses that included: Unspecified Convulsions, Schizoaffective Disorder and Anxiety Disorder.</p> <p>Review of Resident #29's medical record revealed the following:</p> <p>Physician's orders dated 08/14/22: "Divalproex (anti-seizure medication) Sodium ER (extended release) Tablet ... 500 MG (milligrams) Give 2</p>	L 051	<p>and at least every 60 days in preparation for physicians' visits. If there have been any other consultants' visits, the consultation report must also be reviewed for new diagnosis and/or new medication orders and a person-centered care plan will be initiated and implemented with appropriate goals and interventions.</p> <p>4. MDS Coordinator will utilize a checklist prior to each care conference to assure that all medications and diagnoses are appropriately documented in the care plans. Post each care conference, this documentation will be submitted to the QA nurse who will review to assure compliance. Any findings will be noted on the form and discrepancies will be addressed in a timely manner and discussed at each quarterly QAPI meeting.</p> <p>5. The corrective action will be completed by 4/28/2023.</p> <p>6. MDS Coordinator/Resident Assessment Coordinator.</p> <p>#2</p> <p>1. The "medium risk for falls" care plan of resident #24 was revised on 3/31/23 to indicate that the resident is a "high risk for falls". Interventions were updated as appropriate to reflect that the resident is high risk for falls.</p> <p>2. All other residents have the potential to be affected by this deficient practice. Fall assessment of each resident was reviewed and each resident's level of risk has been captured and incorporated in the care plan.</p>	4/28/2023

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L 051	<p>Continued From page 4</p> <p>tablet by mouth two times a day related to Unspecified Convulsions"; "Seizure precaution every shift related to Unspecified Convulsions"; and Primidone (anti-seizure medication) Tablet 50 MG Give 2 tablet by mouth two times a day related to Unspecified Convulsions".</p> <p>Review of Resident #24's comprehensive care plan with a review date of 02/21/23, showed no documented evidence that facility staff developed and implemented care plans with goals and interventions to address her diagnosis of Convulsions and use of anti-seizure medications.</p> <p>During a face-to-face interview conducted on 03/31/23 at 11:27 AM, Employee #4 (MDS Coordinator) acknowledged the findings and stated, "I don't know how I missed that."</p> <p>2. Facility Staff failed to revise Resident #24's "medium risk for falls" care plan to "high risk for falls" after she sustained two falls.</p> <p>Resident #24 was admitted to the facility on 05/06/21 with multiple diagnoses that included: Parkinson's Disease, Hypertension and Hypothyroidism.</p> <p>Review of Resident #24's medical record revealed the following:</p> <p>11/15/22 at 2:16 AM [Fall Risk Assessment] " ...Recent Fall ... Score: 12.0; Category: High Risk ... Instructions/scoring ... 10 or above [equals] High Risk ... Notes: Sustained a fall in her room ..."</p> <p>11/15/22 at 3:23 AM [Nursing Progress Note] "Resident reports that approximately 12"45 a.m.,</p>	L 051	<p>3. A created form will be utilized at the time of each care conference requiring a written affirmation of having reviewed the fall risk assessment for each resident to determine that the documented risk level in the care plan is accurate. This form will be completed and submitted by the MDS Coordinator to the QA nurse during care plan review and anytime a fall has occurred. Any identified discrepancies will be corrected immediately by MDS coordinator.</p> <p>4. MDS Coordinator will report at the QAPI quarterly meeting on any falls that may have occurred during the quarter and that each resident's fall risk level is documented accurately in their care plan with appropriate goals and interventions.</p> <p>5. The corrective action will be completed by 4/28/2023</p> <p>6. MDS Coordinator.</p>	4/28/2023
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L 051	<p>Continued From page 5</p> <p>she fell after using the bathroom ..."</p> <p>01/04/23 at 1:00 PM [Fall Risk Assessment] "...Recent Fall ... Score: 16.0; Category: High Risk ..."</p> <p>01/04/23 at 2:20 PM [Nursing Progress Note] "At about 1:00 pm Writer was called by House keeping to the hallway who observe resident fell on the floor ..."</p> <p>Care plan focus area, "The resident is a medium risk for falls r/t (related to) gait/balance problems and history of fall" showed a revision date of 01/18/23.</p> <p>The evidence showed that facility staff failed to revise Resident #24's care plan to indicate that she is a "high risk for falls" and update the interventions as appropriate for a resident who is a high risk for falls.</p> <p>During a face-to-face interview conducted on 03/31/23 at 12:26 PM, Employee #4 reviewed the care plan, acknowledged the findings and sated, "OK."</p>	L 051		
L 201	<p>3231.12 Nursing Facilities</p> <p>Each medical record shall include the following information:</p> <p>(a) The resident's name, age, sex, date of birth, race, martial status home address, telephone number, and religion;</p> <p>(b) Full name, addresses and telephone numbers of the personal physician, dentist and interested family member or sponsor;</p>	L 201	<ol style="list-style-type: none"> <li>1. A modification of the quarterly Minimum Data Set assessment of Resident #24 dated 1/19/23 was completed, submitted, and accepted on 4/6/2023 to reflect the accurate number of falls sustained during the quarterly assessment.</li> <li>2. All the other residents have the potential to be affected by the same deficient practice. The Risk Management section of our electronic health record system where any falls are recorded and the submitted quarterly assessments of each resident with falls were reviewed and no other resident was found to have been affected by this deficient practice.</li> </ol>	

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L 201	<p>Continued From page 6</p> <p>(c) Medicaid, Medicare and health insurance numbers;</p> <p>(d) Social security and other entitlement numbers;</p> <p>(e) Date of admission, results of pre-admission screening, admitting diagnoses, and final diagnoses;</p> <p>(f) Date of discharge, and condition on discharge;</p> <p>(g) Hospital discharge summaries or a transfer form from the attending physician;</p> <p>(h) Medical history and allergies;</p> <p>(i) Descriptions of physical examination, diagnosis and prognosis;</p> <p>(j) Rehabilitation potential;</p> <p>(k) Vaccine history, if applicable, and other pertinent information about immune status in relation to vaccine preventable disease;</p> <p>(l) Current status of resident's condition;</p> <p>(m) Physician progress notes which shall be written at the time of observation to describe significant changes in the resident's condition, when medication or treatment orders are changed or renewed or when the resident's condition remains stable to indicate a status quo condition;</p> <p>(n) The resident's medical experience upon discharge, which shall be summarized by the attending physician and shall include final</p>	L 201	<p>3. An individualized fall log is maintained at each nurses' station as a secondary means of tracking falls. The specific resident's log will be reviewed at the quarterly care conference to assure that, if a resident has sustained a fall during the assessment period, it will be noted and coded accurately in the Minimum Data Set.</p> <p>4. The MDS Coordinator will utilize an audit tool to record any falls that may have occurred during the quarter consistent with the facility's quarterly QAPI meeting. The QA nurse will review the report and ascertain that the number of falls and their recording on the MDS are accurate. Any discrepancies will be addressed and corrected in a timely manner.</p> <p>5. The corrective action will be completed by 4/28/2023.</p> <p>6. MDS Coordinator.</p>	4/28/2023
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L 201	<p>Continued From page 7</p> <p>diagnoses, course of treatment in the facility, essential information of illness, medications on discharge and location to which the resident was discharged;</p> <p>(o) Nurse's notes which shall be kept in accordance with the resident's medical assessment and the policies of the nursing service;</p> <p>(p) A record of the resident's assessment and ongoing reports of physical therapy, occupational therapy, speech therapy, podiatry, dental, therapeutic recreation, dietary, and social services;</p> <p>(q) The plan of care;</p> <p>(r) Consent forms and advance directives; and</p> <p>(s) A current inventory of the resident's personal clothing, belongings and valuables.</p> <p>This Statute is not met as evidenced by: Based on record review and staff interview, for one (1) of 16 sampled residents, facility staff failed to accurately code one resident's Quarterly Minimum Data Set (MDS) with the accurate number of falls. Resident #24.</p> <p>The findings included:</p> <p>Resident #24 was admitted to the facility on 05/06/21 with multiple diagnoses that included: Parkinson's Disease, Hypertension and Hypothyroidism.</p> <p>Review of Resident #24's medical record</p>	L 201		



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L 201	<p>Continued From page 8</p> <p>revealed the following:</p> <p>A Quarterly MDS dated 10/23/22 in which facility staff coded: a Brief Interview for Mental Status (BIMS) summary score of 15, indicating intact cognitive response; and in section J (Health Conditions), no of falls since admission/entry or reentry or prior assessment, whichever is more recent.</p> <p>11/15/22 at 2:16 AM [Fall Risk Assessment] " ...Recent Fall ... Score: 12.0; Category: High Risk ... Instructions/scoring ... 10 or above [equals] High Risk ... Notes: Sustained a fall in her room ..."</p> <p>11/15/22 at 3:23 AM [Nursing Progress Note] "Resident reports that approximately 12"45 a.m., she fell after using the bathroom ..."</p> <p>01/04/23 at 1:00 PM [Fall Risk Assessment] " ...Recent Fall ... Score: 16.0; Category: High Risk ..."</p> <p>01/04/23 at 2:20 PM [Nursing Progress Note] "At about 1:00 pm Writer was called by House keeping to the hallway who observe resident fell on the floor ..."</p> <p>A Quarterly MDS dated 01/19/23 in which facility staff coded: a BIMS summary score of 15; and in section J (Health Conditions), J1900 (Number of falls ...), "1" fall with no evidence of injury.</p> <p>The evidence showed that facility staff failed to accurately code that Resident #24 had two (2) falls (on 11/15/22 and 01/14/23) since the prior assessment (10/23/22).</p> <p>During a face-to-face interview conducted on</p>	L 201		

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L 201	Continued From page 9  03/31/23 at 12:26 PM, Employee #4 (MDS Coordinator) reviewed the MDS dated 01/23/23, acknowledged the findings and sated, "OK."	L 201		