

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

PRINTED: 05/03/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095026	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2016
NAME OF PROVIDER OR SUPPLIER KNOLLWOOD HSC			STREET ADDRESS, CITY, STATE, ZIP CODE 6200 OREGON AVE 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	<p>INITIAL COMMENTS</p> <p>An unannounced Quality Indicator Survey was conducted at Knollwood Health Services Facility from April 11, 2016 through April 14, 2016. Survey activities consisted of a review of 40 resident clinical records during Stage 1; and review of 25 sampled residents during Stage 2. The following deficiencies are based on observation, record review and resident 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 G-tube- Gastrostomy tube EKG - 12 lead Electrocardiogram NP - Nurse Practitioner BID - Twice- a-day EMS - emergency medical services (911) EMAR- electronic medication administration record HVAC - Heating ventilation/Air conditioning Neuro - Neurological B/P - Blood Pressure CRF - Community Residential Facility CNA- Certified Nurse Assistant cc - cubic centimeter DMH - Department of Mental Health DWC - Dermal Wound Cleanser</p>	F 000	<p>This plan of correction is prepared and/or executed solely because it is required by the Provisions of Federal and State law. The plan of correction is the Army Distaff Foundation and Knollwood's credible Allegation of Compliance.</p>	

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

Eden Wheeler

TITLE

LNHA

(X6) DATE

5.6.16

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 000	Continued From page 1 Peg tube - Percutaneous Endoscopic Gastrostomy NP - Nurse Practitioner L - Liter dL - deciliter CMS - Centers for Medicare and Medicaid Services 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 POS - physician ' s order sheet Prn - As needed Pt- Patient TAR - Treatment Administration Record PASRR - Preadmission screen and Resident Review ARD - assessment reference date IDT - Interdisciplinary team ID - Intellectual disability QIS - Quality Indicator Survey D.C. - District of Columbia D/C- Discontinue Rp, R/P- Responsible Party PO-By Mouth S/he She/he SIC Documented as written	F 000		
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical,	F 309		

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F 309	<p>Continued From page 3</p> <p>Resident #36 had diagnoses that included Dementia, Anxiety Disorder, Depression, Psychotic Disorder, and Parkinson ' s disease.</p> <p>Nursing Note: Review of the nursing note dated April 2, 2016 at 7:25 PM revealed, " Resident alert and responsive at 7:25 PM. Observed left cheek slightly swollen, writer attended to the resident immediately, assessment done, no discoloration noted at this time, denies pain at present time, skin intact and warm to touch non tender, during assessment noted resident talking and smiling, no report of trauma reported or noted, no incident or accident noted or reported, resident stated during assessment, " You know I fell yesterday at 8PM when I was walking in my room and I got up by myself and continued walking, " per resident baseline under normal circumstances resident is not and hand not been able to get [his/herself] [off] the floor due to bil. (bilateral) LE (lower extremity) and UE (upper extremity) weakness ...ROM (range of motion) WNL (within normal limits) ... [Physician Name] contacted at 7:33 pm, replied at 7:52 pm ... "</p> <p>A review of the "Interim Order" dated April 2, 2016 at 7:52, PM directed, 1) Perform Neuro [checks] per facility protocol [every] shift times 24 hours ... "</p> <p>Review of the " Neurological Assessment Flow Sheet " revealed that the column on the sheet designated to assess the Motor Functions -movement of extremities was left blank between 12:15 AM on April 3, 2016 and 10:15 AM on April 3, 2016. The assessment period was from 7:30</p>	F 309			

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F 309	<p>Continued From page 4 PM on April 2, 2016 to 7:30 PM on April 3, 2016.</p> <p>There was no evidence that facility staff fully assessed the neurological status for Resident #36 by failing to consistently assess the residents motor functions after he/she sustained an injury to his/her left cheek.</p> <p>A face-to-face interview was conducted on April 14, 2016 at approximately 4:50 PM with Employee #2. He/she reviewed the record and acknowledged the findings. The record was reviewed on April 14, 2016.</p>	F 309		
F 323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and staff interview, it was determined that the facility failed to maintain the environment free of potential accident hazards as evidenced by two (2) of four (4) unmounted surge protectors and one (1) of one (1) extension cord that was not secured in one of 17 resident rooms observed. Additionally, one (1) bedrail failed to fit the bed properly in one (1) resident room.</p>	F 323		

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F 323	<p>Continued From page 5</p> <p>The findings include:</p> <ol style="list-style-type: none"> Two (2) of four (4) surge protectors were observed in use in resident room #9. The surge protectors were stored on the floor and unsecured which posed a potential trip hazard. One (1) of one (1) extension cord was observed in use and unsecured in room #9 which posed a potential trip hazard. <p>The observations were made on April 13, 2016 at approximately 10:00 AM in the presence of Employee #9 and Employee #10 who acknowledged the findings.</p> <ol style="list-style-type: none"> Facility staff failed to maintain an environment free of potential accident hazards as evidenced by a loose right side rail affixed to a resident ' s bed. <p>On April 11, 2016 at approximately 3:45 PM the half (1/2) bedrail positioned on the right side of the bed in room #08B failed to fit properly. The rail appeared to be loose and moved inward and outward when tested, leaving a gap between the rail and the mattress.</p> <p>A physician ' s order dated April 09, 2016 at 4:38 PM directed; " Side rails (s), ½ rails to facilitate repositioning and to increase participation in ADL ' s (Activities of Daily Living).</p> <p>A nurses ' note dated April 11, 2016 at 16:13</p>	F 323	<p>It is the Army Distaff Foundation and Knollwood's practice to ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <ol style="list-style-type: none"> Surge protectors in room 9 were secured to the wall. The extension cord was removed and replaced with a secured surge protector. The loose side rail in room 8 was replaced. Room inspections were conducted by the engineering staff to ensure that surge protectors were secured to the wall, that there were no extension cords, and side rails were properly affixed to the resident's beds. Resident rooms/beds were found to be in compliance. Staff will be in serviced on proper use of surge protectors, extension cords and reporting of loose side rails. Engineering staff will conduct room inspections weekly x4, then monthly x3, then quarterly x3 to ensure compliance. The result of the observations will be presented to the Quality Assurance and Performance Improvement Committee for further recommendations. 	<p>4.13.16</p> <p>5.6.16</p> <p>5.29.16</p> <p>5.29.16</p>

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F 323	<p>Continued From page 6</p> <p>(4:13 PM) revealed: " ... right upper side rail in place but not as tight as left rail ... Updated by facility staff that new side rails were on order for [his/her] bed ... Followed up with unit coordinator re: estimated arrival. Side rails (smaller plastic) noted in storage room to replace longer metal rails. Engineer dept (department) updated-and applied them ... "</p> <p>According to a purchase order dated March 21, 2016, the replacement side rails were delivered to the facility on March 28, 2016.</p> <p>Facility staff failed to maintain an environment free of potential accident hazards as evidenced by a loose right side rail affixed to a resident ' s bed. The facility failed to act with timeliness in the replacement of the ill-fitted rail. Fourteen days lapsed between the time the replacement rails were available and when they were applied. There was no evidence the resident sustained any adverse effects.</p> <p>A face-to-face interview was conducted with Employee #5 on April 11, 2016 at approximately 4:00PM. He/she acknowledged the aforementioned findings. The observation and clinical record review were conducted on April 11, 2016.</p>	F 323		
F 371 SS=E	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must -</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p>	F 371		

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F 371	Continued From page 7 This REQUIREMENT is not met as evidenced by: Based on observations made on April 11, 2016 at approximately 9:30 AM, it was determined that the facility failed to prepare foods under sanitary conditions as evidenced by a soiled grill in the main kitchen. The findings include: The cooking grill in the main kitchen was observed soiled with burnt food deposits. This observation was made in the presence of Employee #7 who acknowledged the finding.	F 371	It is the Army Distaff Foundation and Knollwood's practice to prepare, distribute and serve food under sanitary conditions. 1. The cooking grill in the main kitchen was immediately cleaned. 2. The Interim Dining Director/Designee conducted observations to assure the grill was sufficiently cleaned following each use from April 11-May 6, 2016. 3. Each Dining Services staff will be re-educated on the proper cleaning of the kitchen grill following each use. A daily log will be maintained to track cleaning. 4. The Interim Dining Director/Designee will conduct routine observations of the grill & monitor the daily log weekly x4, then monthly x3, then quarterly x3. The result of the observations will be presented to the Quality Assurance and Performance Improvement Committee for further recommendations.	4.11.16	5.6.16
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when				

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F 431	<p>Continued From page 8 applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and staff interviews, it was determined that the facility staff failed to maintain medications in accordance with currently accepted professional principles as evidenced by failure to ensure that biologicals and medications were not stored beyond the discard date.</p> <p>The findings include:</p> <p>On April 12, 2016 at approximately 4:20 PM, observations of the emergency cart, and red emergency box located on the Special Care Center Unit were made in the presence of Employee #6. At this time , two (2) of two (2) 100 ml (milliliter) bottles of Normal Saline Sterile 0.9% Sodium Chloride were observed with labels that read " Expiration Date " Exp 02 - 2015, " in the</p>	F 431	<p>It is the Army Distaff Foundation and Knollwood practice to ensure that biologicals and medications are not stored beyond the discard date.</p> <ol style="list-style-type: none"> Expired medications, two (2) 100 milliliter bottles of Normal Saline 0.9% and two (2) vials of Vitamin K 100mg/1ml were discarded on 4/12/16. The red emergency box was returned to pharmacy as the facility uses a computerized emergency storage system called Med-Dispense An audit was conducted on the emergency medication storage system (Med-Dispense) on 5/4/2016 by the licensed pharmacist and there were no biologicals and medications stored beyond the discard date. (a) The licensed nurse will restock the Med-Dispense as needed and check on the expiring dates of medications being restocked then will adjust the computerized system, if necessary, to show the medications which will expire the soonest. (b) Nursing staff will be in-serviced by the Pharmacy Account Manager/Designee on how to restock medications and how to follow professional principles to ensure that biologicals and medications are not stored beyond the discard date in the Med-Dispense. 	<p>4.12.16</p> <p>5.4.16</p> <p>5.29.16</p> <p>5.29.16</p>

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F 431	Continued From page 9 emergency cart. Additionally, two (2) of two (2) vials of Vitamin K 10mg(milligrams)/1ml were observed with labels that read " Expire Date 1 March 2016 " stored for use in the red emergency box. A face-to-face interview was conducted with Employee #6 on April 12, 2016 at approximately 4:25 PM, he/she acknowledged the aforementioned findings. There was no evidence that facility staff discarded the Normal Saline and Vitamin K after the discard dates.	F 431	4. An audit of the Med-Dispense will be conducted monthly by the ADON/Designee to ensure that biologicals and medications are not stored beyond the discard date. The monthly audit will generate a report of biologicals and medications that will expire within the next 60 days. The results will be presented to the Quality Assurance Performance Improvement Committee for further recommendations.	5.29.16	