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 HFD02-0022 04/28/2017 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 6200 OREGON AVE NW **KNOLLWOOD HSC** WASHINGTON, DC 20015 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID PREFIX ID (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 L 000 Initial Comments An Annual Licensure survey was conducted on April 24, 2017 through April 27, 2017. The deficiencies are based on observation, record review, resident and staff interviews for 25 sampled residents. This plan of correction is prepared and/or executed solely because it is required by the Provisions of Federal and State law. The following is a directory of abbreviations and/or acronyms that may be utilized in the report: The plan of correction is the Army Distaff Foundation and Knollwood's credible Abbreviations Allegation of Compliance. AMS -Altered Mental Status ARD assessment reference date BID -Twice- a-day B/P -**Blood Pressure** cm -Centimeters Centers for Medicare and Medicaid CMS -Services CNA-Certified Nurse Aide CFU Colony Forming Unit 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 HSC Health Service Center HVAC -Heating ventilation/Air conditioning Intellectual disability ID -IDT -Interdisciplinary team Liter L-Lbs. -Pounds (unit of mass) Medication Administration Record MAR -Medical Doctor MD-

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

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# **KNOLLWOOD HSC**

6200 OREGON AVE NW

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L 000	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 PU- Partial Upper PL- Partial Lower Q- Every QIS - Quality Indicator Survey Rap, R/P - Responsible party SCC Special Care Center Sol- Solution TAR - Treatment Administration Record Trach- Treatment	L 000		
	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 observations made on April 24, 2017, at approximately 9:30 AM, it was determined that	L 099		

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L 099	Continued From page 2 the facility failed to prepare food under sanitary conditions as evidenced by one (1) of one (1) soiled cooking grill; one (1) of one (1) soiled deep fryer, four (4) of seven (7) fire suppressors; and two (2) two (2) convection ovens soiled with food deposits.  The findings include:	of	It is the Army Distaff Foundation and Knollwood's practice to prepare, distribute and serve food under sanitary conditions.  1. Cooking grill, deep fryer, fire suppressors and convection ovens were immediately cleaned removing burnt food deposits and residue.	4/24/17
	<ol> <li>One (1) of one (1) cooking grill soiled with burnt food deposits.</li> <li>One (1) of one (1) deep fryer soiled with remaining fried food residue.</li> <li>Four (4) of seven (7) fire suppressors located above the grease fryer, the grill and the stove soile with accumulated cooked food residue.</li> <li>Two (2) of two (2) convection ovens soiled on the bottom with cooked food deposits.</li> </ol>	ed	<ol> <li>Operations Manager conducted random observations between 4/25/17-5/22/17 to ensure equipment cleanliness and sanitation compliance. Observations were found to be 100% compliant.</li> <li>Dining Staff will be re-trained on proper cleaning and sanitation of kitchen equipment according to professional standards for food service safety.</li> </ol>	5/16/17 6/2/17
L 161	These observations made, in the presence of Employee #4, were acknowledged.  3227.12 Nursing Facilities  Each expired medication shall be removed from usage. This Statute is not met as evidenced by: 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 one (1) medication was not stored beyond the expiration date and one (1) biological was labeled with an expiration date. Resident #50 and #56	L 161	4. Random observations will be conducted by the Operations manager/Designee weekly x4, then monthly x3, then quarterly x3 to ensure cleanliness and sanitation compliance. The result of the observations will be presented to the Quality Assurance Performance Improvement Committee for further recommendations.	6/12/17

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L 161	Continued From page 3  The findings include:  1.On April 27, 2017 at approximately 12:30PM, observation of the Medication refrigerator located on the Special Care Center Unit were made in the presence of Employee #8. At this time, Resident #50 had a package comprised of two (2) unopened syringes of "Diazepam Gel," [each syringe contains 20mg/4ml] which was observed with labels that read "Expiration Date" Exp. 06 - 2016 full unopened stored for use in the Medication Refrigerator.  A review of the Physician's order dated May 20, 2016, revealed an order that read, "Diazepam 20mg Col." "Circ. 15 mg par regular avers 4 hours as	L 161	It is the Army distaff Foundation and Knollwood's practice not to store medications beyond the expiration date and to ensure that medications are labeled with expiration dates.  1. The expired package of Diazepam 20mg/4ml Gel for Resident #50 was immediately removed from the SCC refrigerator and destroyed, then re-ordered. (b) Controlled medication Opium Tincture 1% for Resident #56 was replaced by pharmacy with a new bottle which was labeled appropriately with the expiration date.	4/27/17
	Gel, "Give 15mg per rectum every 4 hours as needed for seizure."  There was no evidence that facility staff ensured that Resident #50 Diazepam medication was not stored beyond the expiration date.		An audit of stored medications was conducted and (a) No other medications were stored beyond their expiration date. (b) 100% of stored medications were properly labeled with expiration dates.	4/27/17
	2.On April 27, 2017 at approximately 12:20 PM, observations of the Narcotic lock box on the medication cart [SCC cart #2] located on the Special Care Center Unit were made in the presence of Employee #8. At this time, Resident #56 medication had one (1) bottle containing 4ml Opium Tincture which was observed with a label that had no expiration date.		Licensed Nurses will be re-trained by the ADON/designee on removal of expired medications from storage/supply and how/when to inspect medications to ensure medications/biologicals are labeled with expiration dates.	6/2/17
	A review of the Physician's order dated April 18, 2017 revealed an order that read, "Opium Tincture 1%, Give 0.2 ml under tongue three times daily before meals at 8AM-12PM-5PM for Crohn's Disease.  A review of the Controlled Medication Accountability (Receipt/ Record/ Disposition)		4. The ADON/Designee will conduct weekly audits x4, then monthly x3, then quarterly x3 to ensure that expired medications are removed from storage/supply and medications are labeled with expiration dates. The results of the audits will be submitted to the Quality Assurance and Performance Improvement Committee for further recommendations.	6/12/17
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L 161	Continued From page 4 record revealed that the last time the resident received "0.2ml Opium Tincture 1%" was documented as April 27, 2017 at 12PM.  There was no evidence that facility staff ensured that Resident #56 Opium Tincture 1% medication label had an expiration date.	L 161	It is the Army Distaff Foundation and Knollwood's practice to ensure that the resident environment remains as free of accident hazards as is	
	A face-to-face interview was conducted with Employee #7 on April 27, 2017 at approximately 12:50 PM, he/she acknowledged the aforementioned findings.		possible; and each resident receives adequate supervision and assistance devices to prevent accidents.	
L 214	Each facility shall be designed, constructed, located, equipped, and maintained to provide a functional, healthful, safe, comfortable, and supportive environment for each resident, employee and the visiting public.  This Statute is not met as evidenced by:  Based on observations made on April 26, 2017 at approximately 10:00 AM, it was determined that the facility failed to maintain resident environment free of accident hazards as evidenced by a surge protector stored on top of a resident's dresser in one (1) of 21 resident's rooms and two (2) of 27 oxygen tanks that stored unsecured in the oxygen storage room	L 214	1. Surge protector in room 51B was secured to the wall. Oxygen tanks (2) located in oxygen storage room were immediately secured.  2. Room inspections were conducted by the engineering staff to ensure that surge protectors were secured to the wall. Two (2) surge protectors were found out of compliance and were immediately resecured to the wall. There are no other oxygen tank storage areas.  3. Staff will be re-trained on proper use and safety mounting of surge protectors as well	4/26/17 5/2/17
	storage room.  The findings include:  1. A surge protector observed in use, on top of a resident's dresser in one (1) of 21 resident's rooms (#51B).  2. Two (2) of 27 oxygen tanks located in the oxygen storage room stored loose and unsecured.		as proper storage of oxygen tanks.  4. Engineering staff will conduct room & oxygen storage room inspections weekly x12, then monthly x3, then quarterly x2 to ensure compliance. The result of the observations will be presented to the Quality Assurance and Performance Improvement Committee for further recommendations.	6/12/17

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### **KNOLLWOOD HSC**

# 6200 OREGON AVE NW WASHINGTON, DC 20015

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L 214	Continued From page 5  These observations made, in the presence of Employee #5 and Employee #6, were acknowledged.  3245.10 Nursing Facilities  A call system that meets the following requirements shall be provided:  (a)Be accessible to each resident, indicating signals	L 214	It is the Army Distaff Foundation and Knollwood's practice to be adequately equipped to allow residents to call for staff assistance through a communication system which relays the call	
	from each bed location, toilet room, and bath or shower room and other rooms used by residents;  (b)In new facilities or when major renovations are made to existing facilities, be of type in which the call bell can be terminated only in the resident's		directly to a staff member or to a centralized staff work area.  1. Call bells in three (3) of 21 residents rooms were immediately corrected.	4/26/17
	room;  (c)Be of a quality which is, at the time of installation, consistent with current technology; and  (d)Be in good working order at all times.  This Statute is not met as evidenced by:		2. An audit of call bells was conducted which resulted in two (2) additional call bell cords needing replaced. An order for replacemen cords was immediately placed with provide For room #30, the call bell unit needed replacement and the contractor was notified. The Engineering team will remove and instance cords upon arrival of equipment.	5/2/17
	Based on observations made on April 26, 2017, at approximately 10:00 am, it was determined that the facility failed to ensure that call bells function as intended, as evidenced by broken call bells in three (3) of 21 resident's rooms.  The findings include:  Call bells in three (3) of 21 resident's rooms failed to alarm when tested (Rooms #23, #30, #41).  These observations made, in the presence of		3. A policy will be developed to address periodic testing of the individual call bell cords and system during routine building inspections. The engineering staff will be trained on this new policy once in place.	6/2/17

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L 306	Continued From page 6	L 306		
L 306	Continued From page 6 Employee #5 and Employee #6, were acknowledged.	L 306	4. The Engineering Director/designee will present the results of the inspections monthly x3, then quarterly x4 to ensure substantial compliance. The Quality Assurance Performance Improvement Committee will provide further recommendations.	6/12/17

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