

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/28/2017
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) COMPLETE DATE
L 000	<p>Initial Comments</p> <p>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.</p> <p>The following is a directory of abbreviations and/or acronyms that may be utilized in the report:</p> <p>Abbreviations</p> <p>AMS - Altered Mental Status</p> <p>ARD - assessment reference date</p> <p>BID - Twice- a-day</p> <p>B/P - Blood Pressure</p> <p>cm - Centimeters</p> <p>CMS - Centers for Medicare and Medicaid Services</p> <p>CNA- Certified Nurse Aide</p> <p>CFU Colony Forming Unit</p> <p>CRF - Community Residential Facility</p> <p>D.C. - District of Columbia</p> <p>DCMR- District of Columbia Municipal</p> <p>Regulations</p> <p>D/C Discontinue</p> <p>DI - deciliter</p> <p>DMH - Department of Mental Health</p> <p>EKG - 12 lead Electrocardiogram</p> <p>EMS - Emergency Medical Services (911)</p> <p>G-tube Gastrostomy tube</p> <p>HSC Health Service Center</p> <p>HVAC - Heating ventilation/Air conditioning</p> <p>ID - Intellectual disability</p> <p>IDT - Interdisciplinary team</p> <p>L - Liter</p> <p>Lbs. - Pounds (unit of mass)</p> <p>MAR - Medication Administration Record</p> <p>MD- Medical Doctor</p>	L 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>	

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

Erin Wheeler

TITLE

LNHA

(X6) DATE

5/26/17

Health Regulation & Licensing Administration

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KNOLLWOOD HSC

**6200 OREGON AVE NW
WASHINGTON, DC 20015**

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L 000	Continued From page 1 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- Tracheostomy TX- Treatment	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 observations made on April 24, 2017, at approximately 9:30 AM, it was determined that	L 099		

If continuation sheet 3 of 7

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L 161	<p>Continued From page 3</p> <p>The findings include:</p> <p>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.</p> <p>A review of the Physician's order dated May 20, 2016, revealed an order that read, "Diazepam 20mg Gel, "Give 15mg per rectum every 4 hours as needed for seizure."</p> <p>There was no evidence that facility staff ensured that Resident #50 Diazepam medication was not stored beyond the expiration date.</p> <p>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.</p> <p>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.</p> <p>A review of the Controlled Medication Accountability (Receipt/ Record/ Disposition)</p>	L 161	<p>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.</p> <p>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.</p> <p>2. 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.</p> <p>3. 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.</p> <p>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.</p>	<p>4/27/17</p> <p>4/27/17</p> <p>6/2/17</p> <p>6/12/17</p>

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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