

PRINTED: 08/31/2007  
FORM APPROVED

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION          |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>095038</b>                               | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____   | (X3) DATE SURVEY COMPLETED<br><br><b>08/24/2007</b>  |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>METHODIST HOME</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>4901 CONNECTICUT AVENUE, N/W<br/>WASHINGTON, DC 20008</b> |  |  |
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| L 000   | Initial Comments<br><br>An annual licensure survey was conducted August 22 through 24, 2007. The following deficiencies were based on observations and record review. The sample size was 13 residents based on a census of 49 residents the first day of survey.   | L 000   | THIS PLAN OF CORRECTION IS SUBMITTED FOR PURPOSES OF REGULATORY COMPLIANCE AND AS PART OF THE METHODIST HOME'S ONGOING EFFORTS TO CONTINUOUSLY MAINTAIN THE HIGH QUALITY OF CARE AND SERVICES PROVIDED. AS SUCH IT DOES NOT CONSTITUTE AN ADMISSION OF THE FACTS OR CONCLUSIONS CITED IN THE SURVEY REPORT FOR ANY PURPOSE WHATSOEVER. |  |
| L 099   | 3219.1 Nursing Facilities<br><br>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:<br>Based on observations during a tour of the main kitchen on August 22, 2007 between 8:50 AM and 10:30 AM, with a second observation on August 22, 2007 at 12:30 PM, it was determined that facility staff failed to prepare, store and serve food in a safe and sanitary manner as evidenced by the following: soiled floors, baseboards, holding rack, oven, deep fryer and tilt skillet; unlabeled, undated and expired foods stored in the dry storage room, refrigerator and freezer; and steam table holding temperatures of hot foods below 140 degrees Fahrenheit (F). These observations were made in the presence of Employee #1.<br><br>The findings include:<br><br>1. The floor in the main kitchen was observed to be soiled with grease and debris in one (1) of one (1) floor observed.<br><br>2. Baseboards in the dry storage area were observed to be soiled with dust and debris in one (1) of one (1) dry storage area observed. | L 099   |  | 1. Floors, baseboards, holding rack, oven, deep fryer, and tilt skillet were cleaned of grease and debris.<br><br>2. A systematic deep cleaning of all equipment, walls, floors, and baseboards was completed.<br><br>3. Daily cleaning schedules have been posted, and associates have been trained on specific area/position responsibility.<br><br>4. Director of Dining Services will monitor and perform a weekly sanitation audit. |

Health Regulation Administration

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

STATE FORM

TITLE

(X6) DATE

CEO/ADMINISTRATOR

10 SEPT 2007

8899

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If continuation sheet 1 of 6

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| L 099  | Continued From page 1<br><br>3. A holding rack was observed stored in the dry storage room soiled with food debris in one (1) of one (1) holding rack observed.<br><br>4. The oven, deep fryer and tilt skillet were observed soiled on outside and inside surfaces with grease and debris in three (3) of three (3) cooking appliances observed.<br><br>5. Undated, unlabeled, and/or expired foods observed in the dry storage area, Refrigerator #1, walk in refrigerator and walk in freezer as follows:<br><br>Dry Storage: 10 packages of unlabeled dry mixes for food stuffs were stored in a box on a lower shelf.<br><br>Refrigerator #1: Sweet pickles dated as opened on February 27, 2007, cucumber chips dated March 10, 2007, sliced apples dated August 14, 2007, white American cheese dated July 23, 2007, Monterey Jack cheese opened with no date.<br><br>Walk in refrigerator: 3 pans of chicken not labeled or dated, brisket and ribs (left over foods) unlabeled and undated, 249 cartons of skim milk expired between August 10 through August 18, 2007 and two (2) containers of dispenser milk that expired August 16, 2007.<br><br>Freezer: pearl onions were uncovered, undated and unlabeled, a plastic bag of biscuits were undated and unlabeled, a package of turkey bacon was dated on the box as March 16, 2006 and undated as to the open date, and a package of onion rings was observed with ice crystals formed on the inside of the bag. | L 099   | 1. All food items which were identified as out of compliance were destroyed.<br>2. A comprehensive review of all food storage areas was conducted to identify any further food items which were out of date, or were not labeled/dated.<br>3. Dietary staff was in serviced on the correct usage of left over food, including the correct procedures for wrapping, labeling, and dating.<br>4. Daily monitoring of food storage areas by Dining Services Director and Chef Manager. | 8/22/2007<br><br>8/23/2007<br><br>8/27/2007<br><br>8/29/2007 |

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| L 099   | Continued From page 2<br><br>6. Items on the steam table were tested for temperatures at the lunch meal on August 23, 2007 at 12:30 PM. The holding temperatures for pureed turkey was observed to be 132 degrees F and pureed green beans were observed to be 110 degrees F.<br><br>Employee #1 acknowledged the above findings at the time of the observations.   | L 099   | 1. New steam table ordered by Methodist Home.<br>2. New steam table installed.<br>3. Temperatures of all food items will be recorded prior to service at each meal period. Any non compliant food will be brought up to temperature or discarded.<br>4. Director of Dining Services and Chef Manager to monitor temperature charts daily. Director of Dining Services will monitor and results will be reported to the QA committee. | 08/13/2007<br>09/07/2007<br>08/23/2007                     |
| L 233   | 3236.2 Nursing Facilities<br><br>There shall be no cross-connection between the potable safe water supply and each water supply that is non-potable, or any source of pollution through which a safe supply might become contaminated.<br>This Statute is not met as evidenced by: Based on observations during the survey period, it was determined that facility staff failed to maintain an air gap in three (3) of three (3) ice machines. These observations were made in the presence of Employees #1 and 2.<br><br>The findings include:<br><br>The ice machines in the main kitchen, 1st floor pantry and 2nd floor pantry were observed to have no air gaps in three (3) of three (3) ice machines observed on August 22, 2007 between 8:50 AM and 12:30 PM. These findings were acknowledged by Employees #1 and 2 at the time of the observations. | L 233   | 1. Air Gap completed on ice machines in kitchen and 1 <sup>st</sup> floor pantry.<br>2 <sup>nd</sup> floor machine to be completed.<br>2. No other ice machines in building.<br>3. Maintenance aware to check condition of air gap to ensure no blockage on a regular basis.<br>4. Director of Maintenance shall monitor any repairs to ice machines and oversee the installation of any new machines.                               | 08/23/2007<br>09/07/07<br>09/12/07<br>08/24/07<br>09/07/07 |
| L 410   | 3256.1 Nursing Facilities<br><br>Each facility shall provide housekeeping and maintenance services necessary to maintain the exterior and the interior of the facility in a safe,   | L 410   |  | 09/07/07   |

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| L 410  | Continued From page 3<br><br>sanitary, orderly, comfortable and attractive manner.<br>This Statute is not met as evidenced by:<br>Based on observations during the survey period, it was determined that facility staff failed to maintain an environment free of accident hazards.<br><br>The findings include:<br><br>1. The floor in the main kitchen was observed with a loose tile directly behind the serving area on August 22, 2007 at 9:50 AM in the presence of Employee #1.<br><br>2. The floor in the walk in refrigerator was observed to be unsecured, moved when walked on and the metal panels were bent in an upward curve on August 22, 2007 at 10:05 AM in the presence of Employee #1.<br><br>The above findings were acknowledged by Employees #1 and 2 at the time of the observations. | L 410  | 1. The loose tile observed directly behind the serving area was removed, cleaned and cemented in place. Grouting was redone.<br>2. Entire kitchen tile floor area was inspected by maintenance staff and no other repairs were required.<br>3. Maintenance and Food Service staff will inspect and repair loose tiles as they are identified. Quotes are being considered for re-tiling the entire floor area.<br>4. Flooring surface has been added to the quarterly QA report and will be monitored.<br><br>1. Curved floor panels will be secured with Pro Con 5" screws to concrete below. Diamond Tread Aluminum ordered for floor coverage per Kolpak representative. Expected delivery and installation 09/11/07.<br>2. Complete inspection of walk-in refrigerator and no other raised panels found.<br>3. Food Service Staff educated to report any future variance in floor surface to Dining Services Manager. Maintenance staff will repair.<br>4. Flooring surface has been added to the quarterly QA report and will be monitored by Dining Services Manager. | 08/27/07<br><br>08/27/07<br><br>08/27/07<br>08/27/07<br><br>09/11/07<br>08/27/07<br>08/27/07<br>08/27/07 |
| L 999  | DC CODE<br><br>This Statute is not met as evidenced by:<br>Based on record review and staff interview for four (4) of five (5) contract employees hired in the dietary department within the last three (3) months, it was determined that a criminal background was not completed prior to the date of hire. Additionally, no reference checks from prior employees were completed for Employees D1, D2, D3 and D4.<br><br>The findings include:   | L 999  |   |  |

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| L 999  | <p>Continued From page 4</p> <p>According to 22 DCMR 4701.2, " Except as provided in section 4701.6, each facility shall obtain a criminal background check ...before employing or using the contract services of an unlicensed person."</p> <p>A review of the employees hired into the dietary department within the last three (3) months, revealed that four (4) employees date of hire occurred before the criminal background check was completed.</p> <p>1. Employee D1's date of hire was June 22, 2007. The criminal background check was completed on June 29, 2007. No reference checks were completed prior to the date of hire.</p> <p>2. Employee D2's date of hire was June 16, 2007. The criminal background check was completed June 18, 2007. No reference checks were completed prior to the date of hire.</p> <p>3. Employee D3's date of hire was June 28, 2007. The criminal background check was completed July 3, 2007. No reference checks were completed prior to the date of hire.</p> <p>4. Employee D4's date of hire was June 28, 2007. The criminal background check was completed July 3, 2007. No reference checks were completed prior to the date of hire. There were no issues identified on any of the criminal background checks reviewed.</p> <p>A face-to-face interview was conducted with Employee #1 on August 23, 2007 at 11:10 AM. He/she stated, " The background checks are done by the corporate office. They tell us if a manager can hire a candidate. It is the responsibility of each facility manager to follow-up</p> | L 999  | <ol style="list-style-type: none"> <li>1. All current dietary staff records have been reviewed and are in compliance for criminal background check clearance.</li> <li>2. All new hires will not be processed to start employment without documented criminal background or reference checks on file.</li> <li>3. The Regional Director of Operations will audit this process monthly for compliance.</li> <li>4. Employee file documentation has been added to the quarterly QA report.</li> </ol> | <br><br>08/23/2007<br><br>08/23/2007<br><br>08/23/2007<br><br>08/23/2007 |

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| L 999   | Continued From page 5<br><br>with reference checks. I have been here two weeks. I can't tell you why the previous manager did not do reference checks. I don't know why we were told by corporate to hire these people before the background checks were back." | L 999  |   |   |