STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095031		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE S COMPLE			
NAME OF F	PROVIDER OR SUPPLIER		STREET AL	DDRESS, CITY,	STATE, ZIP CODE	0172	012000
ROCK C	REEK MANOR NURS	ING CTR	2131 0 5	STREET NW GTON, DC 2			
(X4) ID PREFIX TAG				ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION S REFERENCED TO THE APPROP	HOULD BE CROSS-	(X5) COMPLETE DATE
L 000	An annual licensure survey was conducted on January 17 through 20, 2006. The following deficiencies were based on record review, observations and interviews with staff and residents. The sample included 25 residents based on a census of 165 residents on the first day of survey and one (1) supplemental resident			L 000			
L 051	supplemental resident. 3210.4 Nursing Facilities A charge nurse shall be responsible for the following:			L 051			
	 (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; 						
	appropriate goals at them as needed; (d)Delegating respo	ents' plans of care for nd approaches, and nsibility to the nursin	revising g staff for				
		etor of Nursing Service rmed about the statumet as evidenced by	es or his				

ABORATORY PIRECTORS OF PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE

Administration

2/16/06

(eusie 2/23/5% PKINTED: 02/0/12006 FORM APPROVED

STATEME AND PLAN	FATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		R/CLIA MBER:	A. BUILD		(X3) DATE SURVEY COMPLETED	
	095031			B. WING		01/	20/2006
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY	, STATE, ZIP CODE		
ROCK	REEK MANOR NURS		WASHING	TREET NW STON, DC			
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	residents, it was de nurse failed to reas report of edema to Resident #17. The findings include On January 17, 200 the resident was ob with his/her leg in a edema to the right for During the review of note dated January indicated, "Alert and the fact that the resident were swollen, right fragitation noted this stemperature (T) 98-20, and blood pressident edemator of the 24-Hour Nursing January 9, 2006. Do shift report indicated swollen edematous and P 70."	termined that the chases Resident #17 after the right lower extrement of at approximately 9: served sitting in a whole dependent position who the clinical record, a 10, 2006 at 5:58 AM of verbal, CNA alerted dent's right lower extrement of elevated with pilloshift. Will continue to pulse (P) 70, respiral ture (B/P) 140/70. Right lower extrement at approximately 10: are Coordinator) was owledged the edemaly she was not aware of the results of the coordinator) was owledged the edemaly she was not aware of the right lower extrement at approximately 10: are Coordinator) was owledged the edemaly she was not aware of the right lower extrement at approximately 10: are Coordinator) was owledged the edemaly she was not aware of the right lower extrement at approximately 10: are Coordinator) was owledged the edemaly she was not aware of the right lower extrement at approximately 10: are Coordinator) was owledged the edemaly she was not aware of the right lower extrement at approximately 10: are Coordinator) was owledged the edemaly she was not aware of the right lower extrement at approximately 10: are Coordinator) was owledged the edemaly she was not aware of the right lower extrement at approximately 10: are Coordinator) was owledged the edemaly she was not aware of the right lower extrement lower	40 AM eel chair vith nurse's d me to remities ow - no monitor tion (R) ght lower ow up. " ed for night nity T 98 and a 13, 2006 and a 13, 2006 and a 14, 2006 and a 15, 2006 and a 16, 2	L 051	 Resident #17 was assessed transferred to the hospital treatment. 1/17/06. All residents with lower Extremity Edema were reassessed and checked to ensure compliance. All Nursing Staff will be in-serviced on daily assess of all residents during All and to report abnormal findings to the RCC and of the physician. 2/28/06. All deficient practices regaphysician documentation with discussed in the monthly R Management/QA meeting, quarterly QA meeting and reported immediately to the Administrator for further remedial actions. 	esment M Care onto arding will be	3/6/06

	1	A STATE OF THE PARTY OF THE PAR		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED
			B. WING	01/20/2006
NAME OF PROVIDER OR SUPPLIER ROCK CREEK MANOR NURSING CTR		STREET ADD	RESS, CITY, STATE, ZIP CODE	
		2131 O STREET NW WASHINGTON DC 20027		

	WASHING	STON, DC 2	20037	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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) COMPLET DATE
L 051	Continued From page 2	L 051		
	Facility staff failed to reassess the resident's right lower extremity after January 10, 2006 when it was observed with edema. The record was reviewed on January 18, 2006.			
L 052	3211.1 Nursing Facilities	L 052		
	Sufficient nursing time shall be given to each resident to ensure that the resident receives the following:			
	(a)Treatment, medications, diet and nutritional supplements and fluids as prescribed, and rehabilitative nursing care as needed;	40		
	(b)Proper care to minimize pressure ulcers and contractures and to promote the healing of ulcers:		•	
	(c)Assistants in daily personal grooming so that the resident is comfortable, clean, and neat as evidenced by freedom from body odor, cleaned and trimmed nails, and clean, neat and well-groomed hair;			
	(d) Protection from accident, injury, and infection;			
	(e)Encouragement, assistance, and training in self-care and group activities;			
	(f)Encouragement and assistance to:			
	(1)Get out of the bed and dress or be dressed in his or her own clothing; and shoes or slippers, which shall be clean and in good repair;			
	(2)Use the dining room if he or she is able; and			
	(3)Participate in meaningful social and recreational activities; with eating;			

L 052 Continued From page 3 (g)Prompt, unhurried assistance if he or she requires or request help with eating; (h)Prescribed adaptive self-help devices to assist him or her in eating independently; (i)Assistance, if needed, with daily hygiene, including oral acre; and j)Prompt response to an activated call bell or call for help. This Statute is not met as evidenced by: Based on observations, it was determined that facility staff failed to maintain proper procedures to help prevent the development and transmission of disease and infections by: failure to wash a bedside table before reuse; walking on a bed side mat, and residents observed seated on solled benches in the court yard. Resident# 17. L 052 1. The protective floor mat for resident #17 was sanitized. 2/19/06. 2. All residents' protective floor mats were checked and sanitized to ensure compliance. 3a. All residents' with fall protective floor mats were identified as a preventative measure to alert staff not to walk on the floor mat. 3b. All staff will be in-serviced on Infection control measures regarding residents' fall protective floor mats and	Health F	Regulation Administra	ation						02/07/2006 APPROVED
NAME OF PROVIDER OR SUPPLIER ROCK CREEK MANOR NURSING CTR 2131 O STREET NW WASHINGTON, DC 20037 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG		STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			A. BUILDING			COMPLETED	
ROCK CREEK MANOR NURSING CTR 2131 0 STREET NW WASHINGTON, DC 20037 Continued From page 3 L 052	NAME OF F	POVIDED OR SURDIUED	033031	CTREET AD	DRESS CITY	CTATE 3	VID CODE	01/20	1/2006
Cach Deficiency Must be preceded by Full REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION PREFIX TAG REGULATORY OR LSC IDENTIFYING INF	BOCK CREEK MANOR NURSING CTP 2131 0 ST			TREET NW		IP CODE			
(g)Prompt, unhurried assistance if he or she requires or request help with eating; (h)Prescribed adaptive self-help devices to assist him or her in eating independently; (i)Assistance, if needed, with daily hygiene, including oral acre; and j)Prompt response to an activated call bell or call for help. This Statute is not met as evidenced by: Based on observations, it was determined that facility staff failed to maintain proper procedures to help prevent the development and transmission of disease and infections by: failure to wash a bedside table before reuse; walking on a bed side mat; and residents observed seated on soiled benches in the court yard. Resident # 17.	PREFIX	(EACH DEFICIENCY	MUST BE PRECEEDED BY	/ FULL	PREFIX		H CORRECTIVE ACTION SHOULD	BE CROSS-	(X5) COMPLETE DATE
requires or request help with eating; (h)Prescribed adaptive self-help devices to assist him or her in eating independently; (i)Assistance, if needed, with daily hygiene, including oral acre; and j)Prompt response to an activated call bell or call for help. This Statute is not met as evidenced by: Based on observations, it was determined that facility staff failed to maintain proper procedures to help prevent the development and transmission of disease and infections by: failure to wash a bedside table before reuse; walking on a bed side mat; and residents observed seated on soiled benches in the court yard. Resident # 17.	L 052	Continued From pa	ige 3		L 052				
Team Leader/RCC's (Resident Care Coordinators) will monitor for compliance. 1. Facility staff failed to clean an over bed table after feeding Resident #17 and reusing it for another resident. On January 17, 2006 at approximately 12:15 PM a CNA was feeding Resident #17 who was in a Team Leader/RCC's (Resident Care Coordinators) will monitor for compliance. 4. Problems with residents' with fall Protective floor mats relating to infection control will be discussed in the quarterly		requires or request (h)Prescribed adaphim or her in eating independently; (i)Assistance, if need including oral acre; j)Prompt response for help. This Statute is not Based on observatificality staff failed to to help prevent the transmission of diset to wash a bedside to a bed side mat; and on soiled benches in 17. The findings included 1. Facility staff failed after feeding Reside another resident. On January 17, 200	tive self-help devices eded, with daily hygie and to an activated call be met as evidenced by ons, it was determine of maintain proper pro development and ease and infections be able before reuse; was development reuse; was development and reusing in et as evidenced by ons, it was determine of maintain proper pro development and ease and infections be able before reuse; was development and ease and infections be able before reuse; was development and development and ease and infections be able before reuse; was development and develop	ne, ell or call ed that cedures y: failure valking on seated ident # d table t for		3a. 4 3b. 4	esident #17 was anitized. 2/19/06. All residents' protective from the same checked and anitized to ensure completed and anitized to ensure completed anitized to ensure completed anitized to ensure completed anitized to ensure identified preventative measure to a staff not to walk on the floward. All staff will be in-serviced Infection control measure regarding residents' fall protective floor mats and anitized to ensure and anitized anitized problems with residents' fall Protective floor mats to infection control will be infection.	loor iance. rotective as a alert coor ed on es ors) ice. with relating	

semi-private room, with two (2) over bed tables.

His/Her lunch was placed on one (1) over bed

table. The other over bed table was in use with supplies for Resident #17's treatment that was to be administered by the licensed nurse after the

The CNA completed feeding Resident #17,

resident ate his/her lunch.

QA meeting for remedial

action.

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3/6/06

STATEMENT	OF	DEFICIENCIES
AND PLAN OF	- CO	ORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILDING

(X3) DATE SURVEY COMPLETED

095031

B. WING

01/20/2006

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ROCK CREEK MANOR NURSING CTR

2131 O STREET NW WASHINGTON, DC 20037

ROCK CREEK MANOR NURSING CTR WASHI			GTON, DC	20037	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEEDED BY REGULATORY OR LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 052	Continued From page 3		L 052		
L 052	(g)Prompt, unhurried assistance if he or requires or request help with eating; (h)Prescribed adaptive self-help devices him or her in eating independently; (i)Assistance, if needed, with daily hygier including oral acre; and j)Prompt response to an activated call be for help. This Statute is not met as evidenced by: Based on observations, it was determine facility staff failed to maintain proper procto help prevent the development and transmission of disease and infections by to wash a bedside table before reuse; was a bed side mat; and residents observed son soiled benches in the court yard. Residents. The findings include:	to assist ne, ell or call d that cedures r: failure alking on seated dent #	L 052	 Bird dropping on all courtyard benches were cleaned. 1/20/06. Benches on the courtyard, were checked by the Director of Maintenance and found to be in compliance. The Director of Maintenance will check courtyard benches daily during courtyard clean up and 	
	Facility staff failed to clean an over bed table after feeding Resident #17 and reusing it for another resident.			during smoking period to ensure compliance.	
	On January 17, 2006 at approximately 12 a CNA was feeding Resident #17 who wa semi-private room, with two (2) over bed this/Her lunch was placed on one (1) over table. The other over bed table was in use supplies for Resident #17's treatment that be administered by the licensed nurse after resident ate his/her lunch. The CNA completed feeding Resident #17	s in a ables. In bed with a was to er the		4. Problems related to bird droppings, on benches and courtyard will be reported to the Director of Maintenance on to the Administrator for remedial action and will be discussed in the quarterly QA meeting.	3/6/06
	tion Administration	1			b

Health Re	gulation Ad	ministra	atic
	OF DEFICIENC CORRECTION		(X·
NAME OF PR	OVIDER OR SU	IPPLIER	
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	IDENTIFICATION NUMBER:	

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

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STREET ADDRESS, CITY, STATE, ZIP CODE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
	(g)Prompt, unhurried assistance if he or she requires or request help with eating; (h)Prescribed adaptive self-help devices to ass him or her in eating independently; (i)Assistance, if needed, with daily hygiene, including oral acre; and j)Prompt response to an activated call bell or cafor help. This Statute is not met as evidenced by: Based on observations, it was determined that facility staff failed to maintain proper procedures to help prevent the development and transmission of disease and infections by: failure to wash a bedside table before reuse; walking of a bed side mat; and residents observed seated on soiled benches in the court yard. Resident #17. The findings include: 1. Facility staff failed to clean an over bed table after feeding Resident #17 and reusing it for another resident. On January 17, 2006 at approximately 12:15 PM a CNA was feeding Resident #17 who was in a semi-private room, with two (2) over bed tables. His/Her lunch was placed on one (1) over bed table. The other over bed table was in use with supplies for Resident #17's treatment that was to be administered by the licensed nurse after the resident ate his/her lunch. The CNA completed feeding Resident #17,	all e on	 Over bed table of resident # 17 as well as that of the roommate was immediately cleaned and sanitized. The nursing staff was immediately in-serviced on proper use and sanitation of over bed tables regarding infection control. All nursing staff will be in- serviced on sanitizing of over bed tables after each use to prevent cross contamination. 2/15/06. On-going in-services will be conducted to remind staff to always sanitize over bed table after being used by another resident. RCC's (Resident Care Coordinators) and team leaders will monitor for compliance. All deficient practices relating to Infection Control of over bed tables will be discussed in the monthly Risk Management/QA and quarterly QA meeting for further remedial action. 	3/6/06 .

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AND PLAN OF CORRECTION IDENTIFICATION N		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULT A. BUILDIN B. WING		(X3) DATE SURVEY COMPLETED - 01/20/2006	
NAME OF E	PROVIDER OR SUPPLIER	000001	STREET AD	DRESS CITY	STATE, ZIP CODE	0112	.0/2006
	REEK MANOR NURS	ING CTR	2131 O S	TREET NW STON, DC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF COM (EACH CORRECTIVE ACTION SHO REFERENCED TO THE APPROPRI	DULD BE CROSS-	(X5) COMPLETE DATE
	removed the lunch proceeded to place of the resident's roo The surveyor was let CNA was entering the Resident #17's room was not washed befon the table. The transident started eating On January 18, 200 a face-to-face interved (Resident Careacknowledged that the table and indicated the recently on infection 2. A CNA was obserprotective mat. On January 17, 2006 CNA was preparing dinner. A covered fallor at the resident's the dinner tray to the on the mat and place table. After placing the placed the folded material of the dinner tray to the on the mat and place table. After placing the placed the folded material of the dinner tray to the on the mat and place table. After placing the placed the folded materials are the resident and placed the folded materials.	tray from the table are the over bed table are the over bed table are mate's bed. eaving the room and the room with a lunch mate. The over bed fore the CNA placed ay was uncovered aring his/her lunch. 6 at approximately 1 view was conducted we Coordinator) who the CNA failed to was that the staff was insected to feed Resident #17 all protective mat was seed the tray on the over the tray on the over the tray on the table, at against the wall.	another tray for d table the tray and the 1:00 AM with the sh the serviced 00 PM a his/her son the bought stepped er bed the CNA	L 052			
	a face-to-face intervi RCC who acknowled on the mat and indica	S at approximately 11 ew was conducted w lged that the CNA ste ated that the staff wa infection control prac	ith the epped s in-				
l t	penches in the courty pird droppings on the	oserved seated on wo yard that were soiled e seat and back surfa bservations at approx	with ces in				

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PRINTED: 02/07/2006 Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 095031 01/20/2006 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2131 O STREET NW ROCK CREEK MANOR NURSING CTR WASHINGTON, DC 20037 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE CROSS-COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REFERENCED TO THE APPROPRIATE DEFICIENCY) TAG DATE Continued From page 5 L 052 L 052 12:30 PM on January 18, 2006. L 359 3250.1 Nursing Facilities L 359 Each food service areas shall be planned, 1. Sprinkler heads located equipped, and operated in accordance with Title directly over food preparation 23 DCMR, Chapter 22, 23 and 24, and with all area will be replaced. other applicable District laws and regulations. This Statute is not met as evidenced by: Based on observations during the survey period, 2. All sprinkler heads located in it was determined that dietary services were not the cooking area was checked and adequate to ensure that foods were prepared and changed to meet compliance. served in a safe and sanitary manner as evidenced by soiled sprinkler heads directly over 3. The Food Service Director and cooking areas. These findings were observed in the Director of Maintenance the presence of the dietitian. will monitor monthly to ensure The findings include: compliance. Sprinkler heads located directly over food 4. The Director of Food Service preparation areas were soiled with accumulated dust and debris in three (3) of four (4) will report problems of observations at approximately 9:20 AM on kitchen sanitation to include January 17, 2006. sprinkler heads to the Administrator and will reports L 410 3256.1 Nursing Facilities L 410 will be given at the quarterly QA meeting for remedial action. 3/6/06 Each facility shall provide housekeeping and maintenance services necessary to maintain the exterior and the interior of the facility in a safe, sanitary, orderly, comfortable and attractive

manner.

This Statute is not met as evidenced by: Based on observations during the survey period, it was determined that housekeeping and maintenance services were not adequate to ensure that the facility was maintained in a safe and sanitary manner as evidenced by: soiled and stained privacy curtains, excessive telephone and

Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 095031 01/20/2006 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2131 O STREET NW ROCK CREEK MANOR NURSING CTR WASHINGTON, DC 20037 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE CROSS-COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE L 052 Continued From page 5 L 052 1a. Privacy curtains in rooms 12:30 PM on January 18, 2006. 113, 117, 120, 205, 215, 403, 404, 413, 506, 517 were L 359 3250.1 Nursing Facilities L 359 Cleaned, 1/25/06. Each food service areas shall be planned, equipped, and operated in accordance with Title 1b. Room 207 is a private room 23 DCMR, Chapter 22, 23 and 24, and with all and never had privacy curtains. other applicable District laws and regulations. This Statute is not met as evidenced by: 1c. Contract bids are taken to Based on observations during the survey period. it was determined that dietary services were not replace privacy curtains adequate to ensure that foods were prepared and on floors 2, 4 and 5. served in a safe and sanitary manner as evidenced by soiled sprinkler heads directly over 2. All privacy curtains have cooking areas. These findings were observed in been checked and cleaned the presence of the dietitian. The findings include: 3. All privacy curtains will be checked daily and during Sprinkler heads located directly over food weekly Grand Rounds. preparation areas were soiled with accumulated dust and debris in three (3) of four (4) observations at approximately 9:20 AM on 4. The Director of Environmental January 17, 2006. Services will submit reports related to privacy curtains L 410 3256.1 Nursing Facilities L 410 immediately to the Administrator and report will be given in the Each facility shall provide housekeeping and

Health Regulation Administration

manner.

maintenance services necessary to maintain the

Based on observations during the survey period, it was determined that housekeeping and maintenance services were not adequate to ensure that the facility was maintained in a safe and sanitary manner as evidenced by: soiled and stained privacy curtains, excessive telephone and

exterior and the interior of the facility in a safe, sanitary, orderly, comfortable and attractive

This Statute is not met as evidenced by:

quarterly QA Meeting.

3/6/06

PRINTED: 02/07/2006 Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 095031 01/20/2006 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2131 O STREET NW ROCK CREEK MANOR NURSING CTR WASHINGTON, DC 20037 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-**PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE L 052 Continued From page 5 L 052 12:30 PM on January 18, 2006. L 359 3250.1 Nursing Facilities L 359 Each food service areas shall be planned, equipped, and operated in accordance with Title 23 DCMR, Chapter 22, 23 and 24, and with all other applicable District laws and regulations. This Statute is not met as evidenced by: Based on observations during the survey period, it was determined that dietary services were not 1. Unsecured telephone cords adequate to ensure that foods were prepared and served in a safe and sanitary manner as in rooms 102, 117, 504, evidenced by soiled sprinkler heads directly over and 520 were secured. cooking areas. These findings were observed in 1/18/06. the presence of the dietitian. The findings include: 2. All telephone cords in residents' rooms were checked by the Sprinkler heads located directly over food Director of Maintenance and preparation areas were soiled with accumulated found to be in Compliance. dust and debris in three (3) of four (4) observations at approximately 9:20 AM on January 17, 2006. 3. The Director of Maintenance will check telephone cords weekly L 410 3256.1 Nursing Facilities L 410 during Grand Rounds and record

Health Regulation Administration

manner.

Each facility shall provide housekeeping and

This Statute is not met as evidenced by:

it was determined that housekeeping and maintenance services were not adequate to

maintenance services necessary to maintain the exterior and the interior of the facility in a safe, sanitary, orderly, comfortable and attractive

Based on observations during the survey period,

ensure that the facility was maintained in a safe

and sanitary manner as evidenced by: soiled and

stained privacy curtains, excessive telephone and

them in the Maintenance

4. Problems related to telephone

cords, will be reported

Director of Maintenance

unto the Administrator for

remedial action and discuss

in the quarterly QA meeting.

immediately to the

logbook to ensure compliance.

3/6/06

STATEMENT OF DEFICIENCIES	
TATEMENT OF DEFICIENCIES	
ND PLAN OF CORRECTION	

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A. BUILDING

(X3) DATE SURVEY COMPLETED

095031

B. WING _

01/20/2006

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

2131 O STREET NW

ROCK C	REEK MANOR NURSING CTR		TREET NW STON, DC 2	0037	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
	cable wires on floors in ambulating areas chair armrests were torn and damaged, a housekeeping closets lacked racks for st cleaning equipment off floor surfaces. The findings were observed in the presence of thousekeeping and Maintenance Director. The findings include: 1. Privacy curtains were soiled and stained following residents rooms: First floor rooms 113,117, 120 and 130 in of 13 observations between 2:56 PM and PM on January 17, 2006. Second floor rooms 205, 207 and 215 in of 13 observations between 2:16 PM and PM on January 18, 2006. Fourth floor rooms 403, 404 and 413 between 11:40 AM in three (3) of sever observations on January 19, 2006. Fifth floor rooms 506 and 517 in two (2) of observations between 11:44 AM and 12:3 on January 19, 2006. 2. Excessive telephone cord and community wires were observed on floors in ambulationareas of residents' rooms. First floor rooms 102 and 117 in two (2) of observations between 3:56 and 4:00 PM January 17, 2006. Fourth floor rooms 404 and 407 in two (2) 6) observations between 9:11 AM and 10:00 January 19, 2006.	and foring hese of the rs. ed in the four (4) 3:45 three (3) 3:40 ween 9: n (7) of six (6) so PM nication ting finine (9) on of six (L 410	 Geri-chair armrest in 216, 304, 344, 413, 506, 514 will be replaced. All Geri-chairs were checked and found to be in compliance. Maintenance Aides will Monitor wheelchairs and Geri-chairs daily for compliance. Nursing Assistants will be in-serviced to avoid misuse of Geri-chairs when transporting residents. Incidents of torn or worn out Geri-chairs and wheelchairs will be discussed in quarterly QA meeting and reported to the Administrator for repairs or replacement. 	3/6/06
ealth Regula	ation Administration				

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Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING 095031 01/20/2006 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2131 O STREET NW ROCK CREEK MANOR NURSING CTR WASHINGTON, DC 20037 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-**PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) DATE REFERENCED TO THE APPROPRIATE DEFICIENCY) TAG TAG L 410 Continued From page 7 L 410 1. Closet racks were installed Fifth floor room 517 in one (1) of six (6) in all janitor closets. 2/10/06. observations between 11:44 AM and 12:30 AM on January 19, 2006. 2. All housekeeping closets 3. Geri chairs armrest in residents' rooms and needing racks were checked and common areas were torn and damaged in the were found to be in compliance. following areas: 2/10/06. Second floor room 216 in one (1) of seven (7) 3. All housekeeping closets observations at approximately 3:30 PM on January 18, 2006. will be checked during Grand Rounds for compliance Third floor rooms 304 and 314 in two (2) of seven regarding closet racks... (7) observations between 4:45 PM and 5:30 PM on January 19, 2006. The Director of Environmental Fourth floor room 413 in one (1) of eight (8) Services (DES) will submit observations at approximately 9:15 PM on reports related to problems of January 19, 2006. closet racks immediately to the Administrator and reports will Fifth floor rooms 506, 514 and Social Room in three (3) of seven (7) observations between 11: be presented in quarterly QA 44 AM and 12:30 PM on January 19, 2006. meeting. 3/6/06 4. Housekeeping closets lacked racks to store mops, brooms and dust pans away from floor surfaces. First Floor in (1) of five (5) observations at approximately 5:10 PM on January 17, 2006. Second Floor in one (1) of five (5) observations at approximately 3:30 PM on January, 2006. Third Floor in one (1) of five (5) observations at approximately 4:20 PM on January 18, 2006. Fourth Floor in one (1) of five (5) observations at 11:25 AM on January 19, 2006.

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Health Regulation Administration STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 095031 01/20/2006 NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ROCK CREEK MANOR NURSING CTR

2131 O STREET NW WASHINGTON DC 20037

NOCK C	REEK WANOK NUKSING CIR	WASHING	NGTON, DC 20037			
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