

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095030	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/25/2006
NAME OF PROVIDER OR SUPPLIER SIBLEY MEM HOSP RENAISSANCE		STREET ADDRESS, CITY, STATE, ZIP CODE 5255 LOUGHBORO ROAD NW WASHINGTON, DC 20016		
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L 000	Initial Comments An annual licensure survey was conducted July 24 through 25, 2006. The following deficiencies were based on observations, staff and resident interviews and record review. The sample size was 11 residents based on a census of 45 residents the first day of survey and one (1) supplemental resident.	L 000		
L 028	3207.3 Nursing Facilities Except as specified in subsection 3207.5 of this section, a physician may delegate tasks to a licensed physician assistant or licensed nurse practitioner who: (a)Meets the applicable definition in section 3299 of this Chapter; and (b)Is acting within the scope of practice as defined by District of Columbia law. This Statute is not met as evidenced by: Based on staff interview and record review for one (1) supplemental resident, it was determined that the Physician's Assistant failed to comply with State and local laws by ordering Schedule II controlled substances for Resident S1. The findings include: A review of Resident S1's record revealed admission orders signed by the Physician's Assistant dated July 19, 2006 and directed, "OxyContin 20 mg po (by mouth) bid (twice per day) and Vicodin 5/500 mg 1 - 2 tabs po q 4 hours PRN pain (every 4 hours as needed for pain)." The physician cosigned the order, no date noted. An order signed by the Physician's Assistant	L 028	L028 - 3207.3 NURSING FACILITIES Sibley Memorial Hospital's Renaissance Skilled Nursing Facility operates and provides services in compliance with all applicable federal state and local laws regulations and codes. During the survey, a problem area was identified that has been cited in this report. The following plan of correction addresses it. <u>Finding for Resident S1</u> 1. The resident was discharged on July 28, 2006 and no further corrective action is applicable. However, the surgeon who supervises the Physician Assistant (PA) was contacted and informed of the D.C. regulations governing the scope of a PA's practice regarding prescribing and dispensing controlled substances. The surgeon has agreed that his PA will not order or dispense controlled substances for SNF residents. 2. There are only seven Physicians with SNF privileges who utilize PA's. Any resident who is being cared for by one of these Physicians has the potential to be affected by the same deficient practice. The following corrective actions will be taken: • The Medical Director will send a letter to these 7 Physicians and inform them about a PA's scope of practice under D.C. regulations. • All residents having the potential to be affected by the same deficient practice will be identified through the initial nursing assessment and 24-hour chart reviews of Physician orders. 3. The following systemic changes will be put in place to ensure the same deficient practice will	8/8/06 8/31/06 9/7/06*

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

Barry Eisenberg
Vice President for Senior Services and
Administrator of the Renaissance SNF
TITLE

(X6) DATE
8/21/2006

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L 028	Continued From page 1 dated July 24, 2006, directed, "OxyContin 10 mg orally twice daily." The order was not co-signed by the physician. According to District of Columbia Title 17, Chapter 49, "Prescribing and Dispensing Drugs", Section 4912.6, "A physician assistant shall not dispense or prescribe controlled substances..." A face-to-face interview was conducted with the Physician's Assistant on July 25, 2006 at 7:45 AM . He/she was asked about the scope of his/her practice. He/she stated, "I can order anything, as long as [physician] co-signs. I use [physician] DEA and DC Control Substance license to order Schedule II drugs." The Physician's Assistant was acting outside of the scope of his/her practice by prescribing Schedule II drugs. The record was reviewed July 25, 2006.	L 028	not recur: <ul style="list-style-type: none"> Nursing staff will receive in-service training about the scope of PA practice under D.C. law and regulations and will be directed not to fill orders for controlled substances if written by a PA. 24 hour chart checks of Physician orders will be done to monitor and ensure compliance. <p>4. The quality assurance process will be utilized to maintain and sustain compliance. The findings will be presented at the quarterly Quality Assurance Committee.</p>	9/7/06
L 051	3210.4 Nursing Facilities A charge nurse shall be responsible for the following: (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; (c) Reviewing residents' plans of care for appropriate goals and approaches, and revising them as needed;	L 051	L051 – 3210.4 NURSING FACILITIES The Renaissance SNF provides services that meet professional standards of quality. During the survey, a number of problems were identified that have been cited in this report. The following plan of correction addresses them. Findings for Resident #3, 7, 11 and S1 <ol style="list-style-type: none"> There are no further corrective actions for residents #3, #11 and S1 as these residents have been discharged from the facility. The following corrective action has been taken for resident #7: The charge nurse has reviewed the medication records for the resident for completeness, accuracy, and medication indication. Other residents having the potential to be affected by the same deficient practice will be identified by direct observation and review of all Physician orders for pain medication 	7/26/06 8/14/06

Reviewed 8/24/06

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L 051	<p>Continued From page 2</p> <p>(d) Delegating responsibility to the nursing staff for direct resident nursing care of specific residents;</p> <p>(e) Supervising and evaluating each nursing employee on the unit; and</p> <p>(f) Keeping the Director of Nursing Services or his or her designee informed about the status of residents.</p> <p>This Statute is not met as evidenced by: Based on observations, interview and record review for three (3) of 11 sampled residents and one (1) supplemental record reviewed, it was determined that the charge nurse failed to clarify the indication for use of multiple pain medications. Residents #3, 7, 11 and S1.</p> <p>The findings include:</p> <p>1. The charge nurse failed to clarify the indication for the use of six (6) pain medications for Resident #3.</p> <p>The physician's order dated May 23, 2006, directed the following: Morphine 4-6 mg IM [intramuscular] q 4-6h, [every 4 to 6 hours] PRN Breakthrough pain; Vicodin 5/500 po [by mouth] q 4-6 hr; Morphine 4mg IM q3h [every 3 hours] PRN Pain; and Morphine 6mg IM q3h PRN Pain; Vicodin 5/500 po q 4hr Pain; Tylenol 650mg po q 4h PRN; and Tylenol 650mg po q4h PRN mild Pain.</p> <p>A face-to-face interview was conducted on July 24, 2006 at approximately 2:30 PM with the charge nurse. He/she acknowledged that there was no clarification as to when to give the different pain medications. The record was reviewed July 24, 2006.</p>	L 051	<p>administration. The indications for the use of pain medications will be clarified with the Physician if necessary. There are four residents currently on the unit who were present during the licensure survey. Their charts have been reviewed and this same deficient practice was not found.</p> <p>3. The following systemic changes will be put in place to ensure the same deficient practice will not recur:</p> <ul style="list-style-type: none"> • The charge nurse will review medication records for completeness, accuracy of the transcription of the Physician's order and medication indication on a daily basis. • The charge nurse, staff nurses and secretaries will not transcribe pain medication orders without an indication and pain severity rating. For patients receiving multiple pain medications, the Physician's order will specify the indications according to the pain severity scale rating, i.e., mild pain, moderate pain, and severe pain. • The DON provided in-service training to the nursing staff on the policy related to range orders. • The DON, charge nurse or her designee will monitor medication Kardexes on a daily basis and alert nursing staff and Physicians as indicated. The DON developed a Pain Medication Quality Monitoring tool to monitor compliance for the presence of indications for multiple pain medications. • A letter will be sent to all Physicians with admitting privileges to the Renaissance SNF, indicating that for residents admitted to the SNF, pain medications cannot be written with range orders and that the medication dosage must be classified have according to it's severity (mild, moderate, severe). • The charge nurse will keep the DON informed of issues related to non-compliance of Physician orders related to multiple pain medication usage, providing indications and severity. <p>4. The quality assurance process will be utilized to maintain and sustain compliance. The findings will be presented at the quarterly</p>	9/1/06 9/7/06

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L 051	<p>Continued From page 3</p> <p>2. The charge nurse failed to clarify the indication for the use of one (1) or two (2) Ultram tablets for Resident #7.</p> <p>The physician's order, dated July 21, 2006, directed, "Ultram 50mg 1-2 tablets po (by mouth) every six (6) hours as needed for pain." There was no clarification to direct staff when to give one (1) or two (2) tablets of the Ultram. The record was reviewed on July 24, 2006.</p> <p>3. The charge nurse failed to clarify the indication for the use of Tylenol and Dilaudid for Resident # 11.</p> <p>The physician's orders dated June 15, 2006 indicated, "Tylenol 650mg po every six (6) hours for pain, and Dilaudid 2mg IM every six (6) hours for a pain." There were no clarifications to determine when to administer the medications. The record was reviewed on July 24, 2006.</p> <p>4. The charge nurse failed to clarify the indication for the use of one (1) or two (2) Vicodin tablets for Resident S1.</p> <p>A review of Resident S1's record revealed admission orders dated July 19, 2006 that directed, "Vicodin 5/500 po (by mouth) 1 - 2 tabs q 4 hrs PRN pain (every 4 hours as needed for pain.)."</p> <p>There was no clarification to direct staff as to when to administer one (1) or two (2) Vicodin tablets.</p> <p>A face-to-face interview with the medication nurse was conducted on July 25, 2006 at approximately 10:35 AM. He/she stated, "The patient tells us how sever the pain is and then we</p>	L 051	Quality Assurance Committee.	

*Reviewed
8/21/06*

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L 051	Continued From page 4 give 1 or 2 tablets according to that." The record was reviewed July 25, 2006.	L 051		
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 during the survey period, it was determined that dietary services were not adequate to ensure that foods were prepared and served in a safe and sanitary manner as evidenced by soiled floor and shelf surfaces, the flat grill, compressor fan covers and the inner surfaces of hotel pans and a large fan was operating in the dishwashing area. These findings were observed in the presence of the operations manager. The findings include: 1. Floor surfaces in the rear of equipment and along walls in the bake shop, bake shop refrigerator, ice machine and pot and pan wash area were soiled with debris in four (4) of four (4) observations between 8:50 AM and 9:00 AM on July 24, 2006. 2. The shelf surfaces of racks in the main kitchen were soiled with accumulated debris in the bake shop, salad preparation room, thaw box and storage room in four (4) of four (4) observations between 9:15 AM and 9:30 AM on July 24, 2006. 3. The top, side and rear surfaces of the flat grill were soiled with accumulated grease in one (1) of one (1) observation at 9:30 AM on July 24, 2006.	L 099	L099 – 3219.1 NURSING FACILITIES Sibley Memorial Hospital stores, prepares, distributes and serves food under sanitary conditions. During the survey, a number of problem areas were identified that have been cited in this report. The following plan of correction addresses them. 1. No Specific residents were identified in the survey report as being affected by the deficient practices. The following corrective actions have been taken to address the survey findings: <ul style="list-style-type: none">• Finding 1: The floor surfaces in the Bake Shop, behind equipment, ice machine and pan wash area will be cleaned daily if needed. 8/17/06• Finding 2: The shelf surfaces in the main kitchen and Bake Shop, salad room, thaw box and storage room will be cleaned on a daily basis if needed. 8/11/06• Finding 3: When cleaning the grill surface, the sides and rear surfaces will also be cleaned if needed. 8/10/06• Finding 4: The compressor fan in the walk-in refrigerator will be vacuumed and dusted bi-weekly. 8/18/06• Finding 5: Each pot and pan will be inspected before they are stored. Additional drying racks will be purchased. 9/7/06• Finding 6: The fan will be removed from the dish room. 9/7/06 2. Monthly Food Safety Audits will be used to identify other potential residents who could be affected by the deficient practices. The same corrective actions listed in 1 above will be used to address any deficiencies found in these areas. 8/10/06 3. The following measures will be put in place to make sure that the deficient practices do not recur: 9/7/06 <ul style="list-style-type: none">• Finding 1: Inspection of floor surfaces will be included in the daily walk throughs, Food Safety Audit and monthly self	

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L 099	Continued From page 5 4. Compressor fan covers in the walk in refrigerator were soiled with accumulated dust and debris in four (4) of four (4) observations between 9:30 AM and 9:50 AM on July 24, 2006. 5. The inner surfaces of four (4) of nine (9) hotel pans (14 x 24 x 6 inches) and 14 of 19 hotel pans (8 x 12 x 8 inches) were soiled with leftover food and were not allowed to dry before placing on a rack for reuse at 2:30 PM on July 24, 2006. 6. A large fan with a soiled cover was operating on the clean side of the dish room in one (1) of one (1) observation at 1:50 PM on July 24, 2006.	L 099	inspections. <ul style="list-style-type: none">• Finding 2: Inspection of shelf surfaces will be included in the daily walk throughs, Food Safety Audit and monthly self inspections.• Finding 3: The flat top grill will be inspected daily by the supervisor.• Finding 4: Inspection of compressor fan during weekly inspections.• Finding 5: Inspections of pots and pans during monthly Food Safety Audit. The cooks will also inspect pots and pans regularly before using.• Finding 6: The fan will be removed from the dish room. 4. Performance will be monitored through regular inspections and review of checklists. Progress reports will be provided at the quarterly Quality Assurance committee meetings.	9/7/06
L 410	3256.1 Nursing Facilities 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: marred and splintered entrance doors and soiled venetian blinds and closet and bathroom door louvers. These findings were observed in the presence of maintenance and nursing staff. The findings include: 1. Entrance doors to residents' rooms were marred and splintered on the edges in rooms 302, 303, 304, 307, 312, 323, 327 and 330 in eight (8) of 12 observations between 10:20 AM and 4:10	L 410	L 410 – 3256.1 NURSING FACILITIES Sibley Memorial Hospital's Renaissance Skilled Nursing Facility (SNF) provides housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. During the survey, a number of problem areas were identified that have been cited in this report. The following plan of correction addresses them. <u>Finding 1</u> 1. The corrective action that has been taken is the installation of stainless steel door panels on the bottom half of the doors in rooms 302, 303, 304, 307, 312, 323, 327 and 330. These panels cover those sections of the door that were marred and splintered. 2. Other residents having the potential to be affected by the same deficient practice will be identified through regular environmental rounds and inspection of the doors. Doors found to be marred or splintered will be repaired. 3. The following systemic change has been implemented. All SNF room doors have had stainless steel panels installed that cover the bottom half of the door. This is the part of the door that most often is damaged. The installation of the door panels will ensure that	8/14/06 8/14/06 8/14/06

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L 410	Continued From page 6 PM on July 24, 2006. 2. The slat surfaces of venetian blinds in residents' rooms were soiled with dust and debris in rooms 302, 304, 310 and 313 in four (4) of 12 observations between 10:20 AM and 4:10 PM on July 24, 2006. 3. The louver surfaces of closet and bathroom doors were soiled with accumulated dust in rooms 303, 304, 310 and 313 in four (4) of 12 observations between 10:20 AM and 4:10 PM on July 24, 2006.	L 410	the deficient practice does not recur. Environmental rounds will be conducted regularly to ensure that the doors are not splintered or marred. Any doors that are marred or splintered will be repaired. 4. The quality assurance process will be utilized to monitor and sustain compliance. The findings will be presented at the quarterly Quality Assurance committee meeting. <u>Findings 2 & 3</u> 1. The following corrective action has been taken. The slat surfaces of the Venetian blinds in rooms 302, 304, 310, and 313 and the louver surfaces of the closet and bathroom doors in rooms 303, 304, 310 and 313 have been cleaned. 2. Other residents having the potential to be affected by the same deficient practice will be identified by regular environmental rounds. Rooms that are found to be dusty or soiled with debris will be cleaned. 3. The following systemic changes will be put in place to ensure the same deficient practice will not recur: • The Administrator will conduct regular environmental rounds with the Day Manager of the Environmental Services Department and dusty or soiled surfaces on the blinds or door louvers that are identified will be cleaned. • Staff will be reminded to do high dusting and to utilize the 7 step cleaning method. • The Day Manager will conduct room inspections at time of discharge. 4. The quality assurance process will be utilized to monitor and sustain compliance. The findings will be presented at the quarterly Quality Assurance committee meeting.	9/7/06 7/26/06 8/8/06 8/8/06 9/7/06