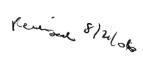
(X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING 095030 07/25/2006 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 5255 LOUGHBORO ROAD NW SIBLEY MEM HOSP RENAISSANCE WASHINGTON, DC 20016 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE TAG TAG L 000 Initial Comments L 000 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. L028 - 3207.3 NURSING FACILITIES L 028 3207.3 Nursing Facilities L 028 Sibley Memorial Hospital's Renaissance Skilled Nursing Facility operates and provides services in Except as specified in subsection 3207.5 of this compliance with all applicable federal state and section, a physician may delegate local laws regulations and codes. During the tasks to a licensed physician assistant or licensed survey, a problem area was identified that has been cited in this report. The following plan of correction nurse practitioner who: addresses it. (a)Meets the applicable definition in section 3299 Finding for Resident S1 of this Chapter; and The resident was discharged on July 28, 2006 8/8/06 1 and no further corrective action is applicable. However, the surgeon who supervises the (b)Is acting within the scope of practice as Physician Assistant (PA) was contacted and defined by District of Columbia law. informed of the D.C. regulations governing the This Statute is not met as evidenced by: scope of a PA's practice regarding prescribing and dispensing controlled substances. The Based on staff interview and record review for surgeon has agreed that his PA will not order one (1) supplemental resident, it was determined or dispense controlled substances for SNF that the Physician's Assistant failed to comply residents. with State and local laws by ordering Schedule II There are only seven Physicians with SNF 8/31/06 2. privileges who utilize PA's. Any resident who controlled substances for Resident S1. is being cared for by one of these Physicians has the potential to be affected by the same The findings include: deficient practice. The following corrective actions will be taken: The Medical Director will send a letter to A review of Resident S1's record revealed these 7 Physicians and inform them admission orders signed by the Physician's about a PA's scope of practice under Assistant dated July 19, 2006 and directed, " D.C. regulations. OxyContin 20 mg po (by mouth) bid (twice per All residents having the potential to be day) and Vicodin 5/500 mg 1 - 2 tabs po g 4 affected by the same deficient practice will be identified through the initial hours PRN pain (every 4 hours as needed for nursing assessment and 24-hour chart pain)." The physician cosigned the order, no date reviews of Physician orders. noted. 9/7/06 • The following systemic changes will be put in place to ensure the same deficient practice will An order signed by the Physician's Assistant Ith Regulation Administratio 1200 isen (XA) DAT Kenaissance RATORX DIRECTOR'S OR PROVIDER/SUPPLIER REPRI STATE FORM 6899 RVZ911 If continuation sh

Health Regulation Administration

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMI 095030			(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SI COMPLE		
			RESS. CITY, S	STATE, ZIP CODE	0112	5/2000	
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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) COMPLET DATE	
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: 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. The quality assurance process will be utilized to maintain and sustain compliance. The findings will be presented at the quarterly Quality Assurance Committee. 		9/7/06	
L 051	 25, 2006. 3210.4 Nursing Facilities A charge nurse shall be responsible for the following: (a)Making daily resident visits to assess physic 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-orde policies; (c)Reviewing residents' plans of care for appropriate goals and approaches, and revisin them as needed; 		s physical any ation of op-order	L 051	 L051 – 3210.4 NURSING FACIL The Renaissance SNF provides professional standards of quality survey, a number of problems we have been cited in this report. The correction addresses them. Findings for Resident #3, 7, 11 at 1. There are no further correct residents #3, #11 and S1 as have been discharged from following corrective action h resident #7: The charge num the medication records for the completeness, accuracy, ar indication. Other residents having the affected by the same deficie identified by direct observat all Physician orders for pair 	services that meet During the ere identified that he following plan of <u>ind S1</u> ive actions for s these residents the facility. The has been taken for rse has reviewed he resident for he medication potential to be ent practice will be ion and review of	7/26/06 8/14/06 °

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDERS JUPPLIER Description 2000 (X2) MULTIPLE CONSTRUCTION A BULDING B. WING (X2) MULTIPLE CONSTRUCTION A BULDING B. WING (X2) MULTIPLE CONSTRUCTION A BULDING B. WING (X2) DATE BUREY COMPLETED B. WING NAME OF PROVIDER OF SUPPLIER SIBLEY MEM HOSP RENAISSANCE STREET ADDRESS, CITY, STREE, 2IP CODE S255 LOUGHBORO ROAD NW WSHINGTON, DC 20016 (X2) MULTIPLE CONSTRUCTION A WSHINGTON, DC 20016 (Y2) DE PROVIDER'S PLAN OF CORRECTION (EACH OURRECTIVE ACTION ADULD BE CROSS EVALUATION OF DEFICIENCIES TAG (Y2) DE PROVIDER'S PLAN OF CORRECTION (EACH OURRECTIVE ACTION ADULD BE CROSS EVALUATION OF DEFICIENCIES INFORMATION) (Y2) DE PROVIDER'S PLAN OF CORRECTION (EACH OURRECTIVE ACTION ADULD BE CROSS EVALUATION OF DEFICIENCIES INFORMATION) (Y2) DE PROVIDER'S PLAN OF CORRECTION (EACH OURRECTIVE ACTION ADULD BE CROSS EVALUATION OF DEFICIENCIES INFORMATION) (Y2) DE PROVIDER'S PLAN OF CORRECTION (EACH OURRECTIVE ACTION ADULD BE CROSS EVALUATION OF DEFICIENCIES INFORMATION) (Y2) DE PROVIDER'S PLAN OF CORRECTION (EACH OURRECTIVE ACTION ADULD BE CROSS EVALUATION OF DEFICIENCIES INFORMATION) (Y2) DE PROVIDER'S PLAN OF CORRECTION (EACH OURRECTIVE ACTION ADULD BE CROSS EVALUATION OF DESIDENTIFY MOM OF CORRECTION (EACH OURRECTIVE ACTION ADULD BE CROSS EVALUATION OF DESIDENTIFY MOM OF CORRECTION (EACH OURRECTIVE ACTION ADULD BE EVALUATION OF DESIDENTIFY MOM OF CORRECTION (EACH OURRECTIVE ACTION ADULD BE EVALUATION OF DESIDENTIFY MOM OF CORRECTION (EACH OURRECTIVE ACTION ADULD BE EVALUATION OF DESIDENTIFY MOM OF CORRECTION (EACH OURRECTIVE ACTION ADULD BE EVALUATION OF DESIDENTIFY MOM OF CORRECTION (EACH OURRECTIVE ACTION ADULD BE EVALUATION OF THE ADULD ADULT ADULD ADULT ADULT ADULT ADULT ADULT ADULT ADULT ADULT ADU	Health Regulation Administration									
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SIBLEY MEM HOSP RENAISSANCE 5255 LOUGHBORO ROAD WW WASHINGTON, DC 20016 PREFIX TAG SUMMARY STATEMENT OF DEPICIENCES (EACH DEPICIENCY MUST BE PRECEEDED BY FULL TAG PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACING SHOULD BE CROSS, TAG COMPLETE DATE L 051 Continued From page 2 (d)Delegating responsibility to the nursing employee on the unit; and (f)Keeping the Director of Nursing Services or his or her designee informed about the status of residents. 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 for the use of six (6) pain medications for Resident #3, 7, 11 and S1. The findings include: • The charge nurse failed to clarify the indication for dated May 23, 2006, directed the following: Morphine 4-6 mg IM (1) intramuscular] q 4-6h, Ivery 4 to 6 hours] PRN Present mough approximately 2:30 PM with the Pain. • The charge nurse failed to clarify the indication for the use of six (6) pain medications for Resident #3, 7, 11 and S1. • The physician's order dated May 23, 2006, directed the following: Morphine 4-6 mg IM (1) intramuscular] q 4-6h, Ivery 4 to 6 hours] PRN PRN pain. and Morphine 6mg IM (3h PRN Pain; Viccoin 5/500 po (by mouth) q 4-6 PNN, and Tylenol 650mg po q 4h PRN Pain; Viccoin 5/500 po (by mouth) q 4-6 PNN, and Tylenol 650mg po q 4h PRN Pain; Viccoin 5/500 po (by mouth) q 4-6 PNN, and Tylenol 650mg po q 4h PRN Pain; Viccoin 5/500 po (by mouth) q 4-6 PNN, and Tylenol 650mg po q 4h PRN Pain; Viccoin 5/500 po (by mouth) q 4-6 PNN, and Tylenol 650mg po q 4h PRN Pain; Viccoin 5/500 po (by mouth) q 4-6 PNN,			03000	STREET AD			0//2	5/2006		
Pričiv TAG (EACH DEFICIENCY MUST BE PRECEEDD BY FULL RECERENCED TO THE APROPENTE DEFICIENCY TAG COMPLETE TAG L 051 Continued From page 2 L 051 L 051 L 051 L 051 L 051 Continued From page 2 L 051 Maintelence To The APROPENTE DEFICIENCY an medications will be clarified with the Privation of the class of pacific residents; (e)Supervising and evaluating each nursing employee on the unit; and L 051 Maintelence To The APROPENTE DEFICIENCY residents are been reviewed and this same deficient practice was not found. 9/108 (f)Keeping the Director of Nursing Services or his or her designee informed about the status of residents. The following systemic changes will be put in place to ensure the same deficient practice was not found. 9/108 3. The following systemic changes will be put in place on observations, interview and record review for thre (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 resident #3. The charge nurse staff nurses and secretaires will be averity and found and pain severity and the policy related to receiving multiple pain medications. The Physician's order will specify the indications according to the pain severity scale range, i.e., mid pain, moderate pain, and severe pain. The findings include: The charge nurse staff or multiple pain medications. The physician's order will specify the indications and pain severity scale range is the provide for multiple pain medication for multiple pain medications.	SIDLEY MEM HOSP RENAISSANCE			GHBORO R	ROAD NW					
 L 051 Continued From page 2 L 051 (d)Delegating responsibility to the nursing staff for direct resident sursing care of specific residents; (e)Supervising and evaluating each nursing (e)Supervising and evaluating each nursing (f)Keeping the Director of Nursing Services or his or her designee informed about the status of residents. 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. The findings include: 1. The charge nurse failed to clarify the indication for the use of six (6) pain medications for Resident #3. The physician's order dated May 23, 2006, directed the following: Morphine 4-6 mg IM [intramuscular] q 4-6. I, levery 4 to 6 hours] PRN Breakthrough pain, Viccodin 5/500 po 0 q4h PRN mild Pain. A face-to-face interview was conducted on July 24, 2006 at approximately 2.30 PM with the charge nurse. He/she acknowledged that three was no clarification as down hot no give the 	PREFIX	(EACH DEFICIENCY MUST BE PRECEEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-		COMPLETE			
different pain medications. The record was reviewed July 24, 2006. 4. The quality assurance process will be utilized to maintain and sustain compliance. The findings will be presented at the quarterly 9/7/06	L 051	 (d)Delegating respondirect resident nurse (e)Supervising and employee on the unit (f)Keeping the Direction on the designee information of the designee information of the determined that the state of the indication for use. Residents #3, 7, The findings include 1. The charge nurse for the use of six (of Resident #3.) The physician's or of directed the following intramuscular] q 4-Breakthrough pain; 4-6 hr; Morphine 447 PRN Pain; and Move Vicodin 5/500 po q 4h PRN; and Tylen Pain. A face-to-face inter 24, 2006 at approx charge nurse. He/s was no clarification different pain media 	onsibility to the nursir sing care of specific r l evaluating each nursi nit; and ector of Nursing Servi formed about the stat met as evidenced by ions, interview and re- of 11 sampled resid tal record reviewed, i e charge nurse failed se of multiple pain me 11 and S1. le: se failed to clarify the b) pain medications for der dated May 23, 20 ng: Morphine 4-6 mg 6h, [every 4 to 6 hou ; Vicodin 5/500 po [by mg IM q3h [every 3 h rphine 6mg IM q3h P 4hr Pain; Tylenol 65 nol 650mg po q4h PR rview was conducted imately 2:30 PM with she acknowledged th as to when to give th cations. The record v	esidents; sing ices or his tus of y: ecord ents and it was to clarify edications indication or 06, 1 IM [rs] PRN y mouth] q iours] PRN Pain; 0mg po q N mild on July the hat there he	L 051	 pain medications will be clarifie Physician if necessary. There a residents currently on the unit of present during the licensure succharts have been reviewed and deficient practice was not fourn of the following systemic change place to ensure the same defic not recur: The charge nurse will revire records for completeness the transcription of the Ph and medication indication basis. The charge nurse, staff missecretaries will not transcription orders without and pain severity rating. F receiving multiple pain me Physician's order will spe indications according to this scale rating, i.e., mild pain pain, and severe pain. The DON provided in-sent the nursing staff on the por range orders. The DON, charge nurse of will monitor medication Kis daily basis and alert nursing Physicians as indicated. developed a Pain Medica Monitoring tool to monitor the presence of indication pain medications. A letter will be sent to all admitting privileges to the SNF, indicating that for re admitted to the SNF, pain cannot be written with rar that the medication dosage classified have according (mild, moderate, severe). The charge nurse will kee informed of issues related compliance of Physician of multiple pain medication indications and severity. 	d with the are four who were rvey. Their It his same d. swill be put in ient practice will ew medication accuracy of ysician's order on a daily urses and ribe pain an indication or patients edications, the cify the ne pain severity moderate vice training to olicy related to r her designee ardexes on a ng staff and the DON tion Quality compliance for s for multiple Physicians with Renaissance sidents medications ge orders and the DON to non- orders related to usage, providing will be utilized ance. The	9/1/06		

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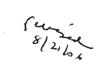
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Health F	Regulation Administra	ation				FORM	APPROVED
STATEMEN	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SU COMPLE	
	095030			B. WING		07/2	5/2006
NAME OF F	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY,	STATE, ZIP CODE		
SIBLEY				GHBORO F TON, DC 2			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
L 051	Continued From pa	age 3		L 051	Quality Assurance Committe	e.	
		e failed to clarify the (1) or two (2) Ultram					
	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.						
	3. The charge nurse failed to clarify the indication for the use of Tylenol and Dilaudid for Resident # 11.						
	 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. 4. The charge nurse failed to clarify the indication for the use of one (1) or two (2) Vicodin tablets for Resident S1. 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.)." There was no clarification to direct staff as to when to administer one (1) or two (2) Vicodin tablets. 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 						
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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095030		A. BUILDIN			(X3) DATE SURVEY COMPLETED 07/25/2006	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	DRESS, CITY,	STATE, ZIP CODE		
			GHBORO F TON, DC 2				
(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 CORRE (EACH CORRECTIVE ACTION SHOUL REFERENCED TO THE APPROPRIATE	D BE CROSS-	(X5) COMPLETE DATE
L 051	Continued From pa give 1 or 2 tablets a was reviewed July	according to that." T	he record	L 051			
L 099	from spoilage, safe served in accordant forth in Title 23, Su Regulations (DCMI This Statute is not Based on observat it was determined t adequate to ensure served in a safe an evidenced by soiled flat grill, compresso surfaces of hotel pa operating in the dis were observed in the manager. The findings includ 1. Floor surfaces in along walls in the b refrigerator, ice ma area were soiled w observations betwe July 24, 2006. 2. The shelf surface were soiled with ac shop, salad prepara storage room in fou between 9:15 AM at 3. The top, side and were soiled with ac	all be clean, wholesor for human consump ce with the requirem- bititle B, D. C. Municip R), Chapter 24 throug met as evidenced by ions during the surve hat dietary services we that foods were pre- d sanitary manner as d floor and shelf surfa- or fan covers and the ans and a large fan w hwashing area. These he presence of the op e: the rear of equipme bake shop, bake shop chine and pot and pa- ith debris in four (4) op ean 8:50 AM and 9:00 es of racks in the ma cumulated debris in the ation room, thaw box ur (4) of four (4) obse and 9:30 AM on July 2 d rear surfaces of the cumulated grease in	etion, and ents set pal gh 40. /: y period, were not pared and saces, the inner vas se findings berations of four (4) of AM on in kitchen the bake and rvations 24, 2006. e flat grill one (1) of	L 099	 L099 – 3219.1 NURSING FACILITIES Sibley Memorial Hospital stores, prepared distributes and serves food under samic conditions. During the survey, a number areas were identified that have been correport. The following plan of correction them. No Specific residents were identified that have been correport. The following plan of correction them. No Specific residents were identified that have been correport. The following plan of correction them. No Specific residents were identified that have been taken to address findings: Finding 1: The floor surfaces Shop, behind equipment, ice and pan wash area will be confined. Finding 2: The shelf surface kitchen and Bake Shop, sala thaw box and storage room cleaned on a daily basis if not surface, the sides and rear so also be cleaned if needed. Finding 3: When cleaning the surface, the sides and rear so also be cleaned if needed. Finding 4: The compressor for walk-in refrigerator will be variable before they are st Additional drying racks will the finding 6: The fan will be rear the dish room. Monthly Food Safety Audits will the finding 6: The fan will be reare as also be cleaned in 1 abov used to address any deficiencies these areas. The following measures will be p make sure that the deficient practices these areas. 	rres, tary er of problem ited in this addresses fied in the y the corrective ess the survey s in the Bake e machine leaned daily s in the main ad room, will be eeded. e grill surfaces will fan in the acuumed and n will be ored. be purchased. moved from be used to who could be s. The same re will be found in ut in place to tices do not r surfaces will c throughs,	8/17/06 8/11/06 8/10/06 8/18/06 9/7/06 8/10/06 9/7/06
Health Regul STATE FOR	ation Administration	a at 9:30 AM on July 2		3899	RVZ911	If continue	tion sheet 5 of 7

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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 P				RESS, CITY,	STATE, ZIP CODE		
SIBLEY	SIBLEY MEM HOSP RENAISSANCE 5255 LOUG WASHING						
(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 CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETE DATE
L 099 L 410	 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. 3256.1 Nursing Facilities Each facility shall provide housekeeping and maintenance services necessary to maintain the 			L 099 L 410	 Inspections. Finding 2: Inspection of shelf s will be included in the daily wa throughs, Food Safety Audit a self inspections. Finding 3: The flat top grill will inspected daily by the supervis Finding 4: Inspection of compu- during weekly inspections. Finding 5: Inspections of pots during monthly Food Safety A cooks will also inspect pots ar regularly before using. Finding 6: The fan will be rem- the dish room. Performance will be monitored thro inspections and review of checklists reports will be provided at the quart Assurance committee meetings. <u>L 410 – 3256.1 NURSING FACILITIES</u> Sibley Memorial Hospital's Renaissance Nursing Facility (SNF) provides houseke maintenance services necessary to main sanitary, orderly, and comfortable interior 	Ik nd monthly be sor. ressor fan and pans udit. The id pans oved from ugh regular s. Progress terly Quality	9/7/06
Health Requi	sanitary, orderly, comanner. This Statute is not Based on observat it was determined t maintenance service ensure that the fact and sanitary manner and splintered entra- venetian blinds and louvers. These find presence of mainter The findings includ 1. Entrance doors t marred and splinter , 303, 304, 307, 312	erior of the facility in a comfortable and attract met as evidenced by ions during the surve that housekeeping an ces were not adequat ility was maintained in er as evidenced by: n ance doors and soiled closet and bathroom lings were observed i enance and nursing s e: to residents' rooms w red on the edges in ro 2, 323, 327 and 330 i s between 10:20 AM	tive y period, d e to n a safe narred d n door n the taff. ere poms 302 n eight (8		 the survey, a number of problem areas of identified that have been cited in this rep following plan of correction addresses the Finding 1 The corrective action that has been the installation of stainless steel do on the bottom half of the doors in ro 303, 304, 307, 312, 323, 327 and 3 panels cover those sections of the were marred and splintered. Other residents having the potentia affected by the same deficient practidentified through regular environm rounds and inspection of the doors found to be marred or splintered wirepaired. The following systemic change has implemented. All SNF room doors stainless steel panels installed that bottom half of the door. This is the door that most often is damaged. T installation of the door panels will environment of the door panels will environment. 	were bort. The nem. In taken is or panels booms 302, 30. These door that al to be stice will be ental . Doors ill be s been have had cover the part of the he	8/14/06 8/14/06 8/14/06

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Health F	Regulation Administra	ation					
	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 P	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE		
SIDI EX MEM HOSD BENAISSANCE 5255 LOU			UGHBORO ROAD NW GTON, DC 20016				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS		
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.				 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. 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> The following corrective action has been 		9/7/06 7/26/06
					taken. The slat surfaces of the Ven- in rooms 302, 304, 310, and 313 ar louver surfaces of the closet and ba doors in rooms 303, 304, 310 and 3 been cleaned.	Venetian blinds 3 and the d bathroom nd 313 have ntial to be practice will be ntal rounds. ty or soiled	
					 Other residents having the potentia affected by the same deficient prac identified by regular environmental Rooms that are found to be dusty o with debris will be cleaned. The following systemic changes will 		8/8/06
					 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. The quality assurance process will be utilized to monitor and sustain compliance. The findings will be presented at the quarterly Quality Assurance committee meeting. 		8/8/06 9/7/06
Health Regul	ation Administration			5899			
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