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L 000	through 18, 2008. based on observation interviews and reco 24 residents based	was conducted on Do The following deficient ons, staff and residen rd review. The sampl on a census of 158 th opplemental residents.	cies were nt le size was ne first day	L 000	Preparation and/or execution of Correction do not constitute or agreement by the provider of the facts alleged or conclud Statement of Deficiencies. Th Correction is prepared and/or solely because the provisions and State laws require it.	e admission of the truth led in the le Plan of executed	
L 0 5 1	3210.4 Nursing Facilities A charge nurse shall be responsible for the following:	harge nurse shall be responsible for the owing:		L 051	The responses to the defici the Plan of Correction will t answered in the following r sequence:	be	
	and emotional statu required nursing int (b)Reviewing medic accuracy in the tran and adherences to (c)Reviewing reside appropriate goals a them as needed: (d)Delegating respo direct resident nurs (e)Supervising and employee on the un (f)Keeping the Direct her designee inform	cation records for com scription of physician stop-order policies; ents' plans of care for nd approaches, and re onsibility to the nursing ing care of specific res evaluating each nursi	iny ipleteness, orders, evising g staff for sidents: ing es or his or of residents.		 How will the corrective be accomplished for residents found to har affected by the deficie practice? How will you identify residents having the be affected by the sar deficient practice and corrective action will a What measures will be place or what system changes you will make that the deficient practice not occur. How do you plan to make solutions are sustained solution	those ve been ent other potential to me I what be taken? be put in latic se to ensure ctice does monitor your e sure that ed?	
itt Regula	(B) of 24 sampled re	view and record revie esidents, it was deterr iled to review the tota by failing to:	nined that				
	RIRECTOR'S OR ROVIDER	WSUPPER REPRESENTATIV		1/A-22-	ADMron the	2-/6/6-	(X8) DATE
	n Alassa ang sang sang sang sang sang sang s		ga sero o log			ing ang ang ang ang ang ang ang ang ang a	·

ND PLAN (IN OF CORRECTION		/CLIA BER:	A. BUILDING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED 12/18/2008			
	ROVIDER OR SUPPLIER		1818 NEW	DRESS, CITY, STATE, ZIP CODE WTON ST. NW					
(X4) ID PREFIX TAG	SUMMARY ST (EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES I BE PRECEDED BY FULL RE INTIFYING INFORMATION)	L	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION S REFERENCED TO THE APPROP	HOULD BE CROSS-	(X5) COMPLE1 DATE		
L 051	clarify the code statu the physician of a de for one (1) resident, residents with allerg socially inappropriat document the admir substance for one (1) and JH6. The findings include 1. The charge nurse code status and initi Sulfa. A. The charge nurse for Resident #3. Review of the Nove form signed by the p 2008 directed, "Ac Resident is DNR [De Intubate], RN [Regis may hospitalize" A review of the plan DNR/DNI, RN Pronc last updated Decem "Goals- Resident's will be honored" There was no evider clarified the code status A face-to-face interv December 18, 2008 #4. He/she acknowl	us for one (1) residen elay in obtaining an a initiate care plans for ies and one (1) reside the behaviors and cons- nistration of a controll 1) resident. Residents at a care plan for ar e failed to clarify Residents the failed to clarify the c mber 2008 "Physicia obysician on Novembo lyance Directives: Ye o Not Resuscitate], D thered Nurse Pronoun of care "Advance E pouncement, may hosp ber 17, 2008 revealed the sident #3. iew was conducted o at 11:00 AM with En ledged that Resident clarified on the physicia	ppointment r two (2) ent with sistently ed s #3, 21, 22 dent #3's n allergy to code status n' s Order" er 16, s-CPR. NI [Do Not ncement, Directives bitalize" d, directives urse urse n nployee #3's code	L 051	 L051 Clarification of resident was corrected on 12/13 All residents with physicode status were check corrected if required. The nursing leadership provided in-service on on 1/31, 2/1 and 2/3/09 Resident code status w monitored through CQI Completion date 2/5/09 Resident 3, 21 Residents #3 and 21 ca were updated regarding on 12/18/08 and reside therefore, the care plan updated. All other residents with and inappropriate beha plans were checked and if required. The Director of Nursing service on Care Plan L include allergies and in behavior for the Reside Coordinators on 2/2/09 Care plans will be mon through CQI. Completion date 2/5/09	8/08. ician order for ked and team was code status vill be quarterly. are plans g allergies ent #22 expired, n was not allergies vior care id updated provided in- pdates to appropriate ent Care itored quarterly			

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB		(X2) MULTIPL A. BUILDING B. WING		(X3) DATE SU COMPLET	ΈD		
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L 051	for Resident #3 with A review of the "Phy signed by the physic "Allergies- Sulfa". A review of the care September 4, 2008 I plan for allergies wa approaches to addre "Sulfa " A face-to-face interv December 18, 2008 He/she acknowledge #3's allergy was not reviewed on Decem 2. The charge nurse Resident #21 for "Al A review of Residen December 17, 2008 "Allergy to PCN" on A review of the "Phy September 9, 2008 f an allergy to PCN. A review of care plan 2008, revealed that f implement a care plan A face-to-face interv December 17, 2008	 poss. a failed to develop a callergies. asician Interim Order " cian on June 11, 2008 plans last updated or lacked evidence that a seveloped with goal ess the resident's aller iew was conducted or at 11:00 AM with Emped that a care plan for developed. The recorder 18, 2008. failed to initiate a car lergy to penicillin (PCI t #21's clinical records revealed an "Alert Stithe front of the chart. sician Order Sheet " revealed that the resident and the charge nurse faile an his/her allergy to P iew was conducted or at 10:55 AM with the edged that a care plan 	sheet, revealed a care s and gy to ployee #4. Resident rd was eplan for N)". s on cker" for signed dent had per 29, d to CN. m Employee	L 051					
	tion Administration								

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STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB HFD02-0019		(X2) MULTI A. BUILDIN B. WING _	PLE CONSTRUCTION G	(X3) DATE SU COMPLET	ΓED			
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L 051	 The charge nurse a two (2) week dela (Gastroenterology) develop a care plan behaviors. A. Review of Reside physician's telephor and signed by the p directing, "Consult v (Gastrostomy tube) A review of the appe secretary, who was appointments, revea August 18, 2008: "A for [Resident #22] for #1's] officethe off the doctor is on leav A review of the nurs September 1, 2008 G-tube intact and without drainage or [Physician #1's] offic tube replacement. [I stated that they will (September 2, 2008 schedule appoint wi unsuccessful. [Prima gave order to sche [Physician #2]app 	d on December 17, 20 e failed to inform the p y in obtaining a GI consult for Resident # for socially inappropri- ent #22's record revea he order dated August hysician on August 20 with [Physician #1] G-t replacement." bintment book kept by responsible for makin aled the following nota in appointment was re or a GI consult at [Phy ice will give us a call b ve until the end of the patent. G-tube site no rednessCall placed the to schedule appoint Physician #1's] recepting call the unit tomorrow with appointment da at 3:30 PM: "Attempts th [Physician #1] was ary medical doctor] no edule appointment witt	hysician of 22 and iate led a 19, 2008 0, 2008, ube the unit g resident tion for quested sician because month." e following: t alert ted to t for G- ionist te" a to btified h	L 051	 Resident #22 expired, there GI consult was not obtained All residents with physician for GI consults were checked corrected if required. The Nursing Leadership Te provided in-services on GI of on 1/31, 2/1 and 2/3/09. Orders for GI consults will b monitored and reported to 0 quarterly. Completion date 2/5/09. 	d. orders ed and eam consults De				
Health Regula	tion Administration						_			

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	INT OF DEFICIENCIES N OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0019			(X2) MULTI A. BUILDIN B. WING		(X3) DATE SURVEY COMPLETED			
		HFD02-0019		DRESS, CITY, STATE, ZIP CODE 12/18/2008					
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L 051	Continued From pa	age 4		L 051					
	charge nurse notifie Physician #1 was r two (2) weeks after ordered the GI con A face-to-face inter Employee #9 on Do He/she acknowledg doctor was not notifithe GI consult. The 16, 2008. B. The charge nurse Resident #22 for so Face-to-face interv Employees #5 and PM. Both employee frequently spit on the masturbated daily, dressing and would her vagina several three (3) times per suggestively dance staff, rub the "prival staff and once grab male staff member. A review of the carr reveal a care plan v approaches for the Included on the carr potential for injury r deterioration of cog "[Resident #22] also	view was conducted w ecember 16, 2008 at 1 ged that the primary me fied of the delay in sch e record was reviewed as failed to initiate care bocially inappropriate be iews were conducted w 6 on December 15, 20 es stated that Residen he walls and curtains, removed the feeding to d place [his/her] feeding times per week, and tw week would disrobed, in front of male reside te areas " of male reside to the "private area"	tian that timately octor ith :00 PM. edical eduling December plans for haviors: with :08 at 3:15 t #22 ube g tube into vo (2) to nts and dents and of a 22 failed to and 22] has a as, haviors		 Resident #22 1. Resident expired 11/1 care plan was not initia 2. All other residents with behavior care plans will behavior care plans will behavior care plans in n-service on care plans to Resident Care Cool 2/2/09. 4. Care plans will be mor quarterly through CQI 5. Completion date 2/5/0 	ated. In inappropriate ere checked and g provided blan update rdinators on			

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Health R	egulation Administrat	<u>ion</u>		<u> </u>						
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB HFD02-0019		(X2) MULTIF A. BUILDING B. WING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED 12/18/2008				
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(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES F BE PRECEDED BY FULL REG INTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD B REFERENCED TO THE APPROPRIATE DE	E CROSS- COMPL	ETE			
L 051	Continued From page In reviewing the card interventions that we address inappropria areas. A face-to-face interve conducted on Decerd He/she acknowledg with the appropriate developed for the aff behaviors. The reco 2008. 4. The charge nurse the administration of Medication Administ Controlled Substance Flow Record and the JH6. On December 17, 20 a review of Residen physician's order da directed, "Ativan 0.5 daily] prn [as needed The August and Sep reviewed and indica administered Augus nurse's initials enter- there were no initials The "Controlled Drug 0.5mg was removed drawer on August 5, 11, 2008. There was	ge 5 e plan, there were no ere specifically develo te touching staff in the mber 16, 2008 at 11:3 ed that there were no goals and approache orementioned identifie ord was reviewed Dec failed to consistently f controlled substance tration Records (MAR ce Record, Behavior N e nursing notes review 008, at approximately t JH6's record reveale ted August 5, 2008 th mg, po [by mouth] bid d] for agitation." otember 2008 MARs w ted that Ativan 0.5mg t 14, 2008 as indicate ed in the allotted area is recorded for Septem g Record" indicated th from the controlled s 6 and 14 and on Sep is no evidence on the f	e perineal 5 was 0 AM. care plans s ed ember 15, document es on the s), the fonitoring wed for 1:30 PM, ed a at I [twice was d by the s and ber 2008. he Ativan ubstance itember MARs, the	L 051	 JH6 There were no negative outcorresident as a result of the static consistently documenting consubstance medication given to residents. All other residents with orders PRN controlled substance medication given to medical records were checked corrected if required. All appropriate licensed nurse counseled regarding requirem of documentation for all control substance medications. Nurs Leadership provide in-service licensed nurses regarding ReDocumentation of Control Sub Medications on 1/31, 2/1 and Documentation of Controlled Medications will be monitored quarterly through CQI. Completion date 2/5/09 	ome to ff not trolled o the a for edications d and as were nents olled ing to the quired ostance 2/2/09.				
Joelth Pogula	tion Administration									

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X2) MULTIPL A. BUILDING B. WING		(X3) DATE SL COMPLE 12/1			
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L 051	Continued From page 6 administered on August 5 and 6, and September 11, 2008. The record was review on December 17, 2008.			L 051					
L 052	3211.1 Nursing Fac	cilities		L 052					
	Sufficient nursing tin resident to ensure to receives the following		each						
	(a)Treatment, medications, diet and nutritional supplements and fluids as prescribed, and rehabilitative nursing care as needed;								
		inimize pressure ulce promote the healing							
	resident is comforta evidenced by freedo	y personal grooming ble, clean, and neat a om from body odor, cl clean, neat and well-g	as leaned and			;			
	(d) Protection from a	accident, injury, and i	nfection;						
	(e)Encouragement, care and group activ	assistance, and train vities;	ing in self-						
	(f)Encouragement a	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 ro	oom if he or she is abl	e; and						
	(3)Participate in me activities; with eating	aningful social and re g;	creational						
	(g)Prompt, unhurrie	d assistance if he or s	she						

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STATE FORM

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB		(X2) MULTI A. BUILDIN B. WING			(X3) DATE SURVEY COMPLETED			
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	OVIDER OR SUPPLIER	G HOME	1818 NEW	IREET ADDRESS, CITY, STATE, ZIP CODE 818 NEWTON ST. NW /ASHINGTON, DC 20010						
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	him or her in eating independently; (i)Assistance, if need including oral acre; a j)Prompt response to help. This Statute is not r Based on observation review for three (3) of (6) supplemental rest the sufficient nursing resident as evidence orders for one (1) re- per physician 's orders for medications for three 's orders for one (1) plate, supervise one toileting, and secure in one (1) resident 's JH1, JH2, JH6, F1, F The findings include 1. Facility staff failed suprapubic catheter A review of Resident physician's order, by 2008, which directed (French] / 30ML Ball once monthly on the	help with eating; ive self-help devices t ded, with daily hygien and o an activated call bel met as evidenced by: on, staff interview and of 24 sampled residen sidents, it was determing time was not given to ed by facility staff failin c catheter as per physical sident, administer me ers for two (2) resident to administer discontine e (3) residents, follow resident requiring a se (1) resident for safety a bottle of hydrogen s room. Residents #3, F2, and F3.	e, I or call for record ts and six ined that o each og to: sician ' s dications its, obtain oued y physician scoop y while peroxide 9, 15, #9's der. evealed a ober 5, er: 22 Fr. ubic Tube	L 052	 2. 3. 4. 5. 	Resident #9's suprapubic catl was changed on 12/18/08. There were no other residents suprapubic catheters. The nursing leadership team in-services on Care of Suprap catheters on 1/31, 2/1 and 2/3 Residents with Suprapubic Ca will be monitored quarterly thr CQI. Completion date 2/5/09.	s with provided pubic 3/09. atheters ough			
STATE FORM			I	6899	45V51	1	If continuat	tion sheet 8 of 31		

Health Regulation Administration

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUME		(X2) MULTI A. BUILDIN B. WING		(X3) DATE SURVEY COMPLETED				
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L 052	A review of a nurse' 2008 at 6:00 AM rev documentation, "Su [and] Foley bag not and cath in the hous A face-to-face interv Employee #5 on De approximately 3:00 the suprapubic cath December 11, 2008 The record was revi 2. Facility staff failed per the physician 's JH1. A. Facility staff failed Resident #15 as per A Physician's order December 7, 2008 t "Acetaminophen 32: (650mg) by mouth 3 to exceed 4 grams i On December 15, 24 during the medication	's note dated Decemb vealed the following prapubic cath [cathete changed because no se." view was conducted w cember 17, 2008 at PM. He/she acknowle eter was not changed as ordered by the ph iewed on December 1 d to administer medica order for Residents # d to administer medica order sorders. was signed and dated	er] tube & Foley Bag with edged that on ysician. 7, 2008. ation as t15 and ation to d on bs pain *Not dent #15. 9:00 AM, t15,	L 052	 Resident #15 and JH1 Resident #15 was monit no negative outcome aft dose of acetaminophen. JH1 was monitored and outcome from receiving ophthalmic solution one in the left eye. Med pass observation w for all residents with eye acetaminophen orders t accuracy of administrati were no medication disc observed. Nursing Leadership teat in-service on Accurate of Medication on 1/31, Accuracy of Administer Medication will be mon quarterly through CQI. Completion 2/5/09. 	ter receiving Resident no negative Azopt eye drop was conducted e drops and o ensure on. There crepancies am provided Administration 2/1 and 2/3/09.				
	Acetaminophen 325 mg to the resident instead of two (2) tablets. A face-to-face interview was conduct on December 15, 2008, at approximately 2:00 PM with Employee #1. He/she acknowledged that one (1) tablet of Acetaminophen 325 mg was administered to the resident instead of two (2) tablets.									

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Health R	equlation Administra	tion	,				FORM	APPROVED
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L 052	Continued From pa	ge 9		L 052				
	Resident JH1 as per A physician's order the physician in Dec "Azopt ophthalmic s 2 times a day for gla On December 15, 2 AM, during the med Employee #2 instilled the right eye instead A face-to-face intern 15, 2008, at approx #1. He/she acknowl drops were instilled left eye. 3. Facility staff failed to administer a disc Residents #3, JH2 at A. Facility staff adm Lorazepam 0.25 mg medication was disc A physician's order November 12, 2008 "Decrease Ativan to bedtime] x [times] 7 0.25mg po [by mout day x [times] 7 days On December 17, 2 PM, during the inspit the facility staff was needed " medication	2008, at approximately lication pass for Resid- ed Azopt ophthalmic di d of the left eye. view was conduct on D imately 3:00 PM with B edged that the Azopt of into the right eye inste d to obtain physician ' ontinued medication w and JH6. inistered four (4) dose to Resident #3 after t continued. was signed and dated that directed, 0.25 mg po [by mouth (seven) days, then Ati th] qhs [at bedtime] eve and stop. " 008, between 9:00 Atv ection of the medication requested to identify a	ated by cted, n left eye 10:00 ent JH1. rops into December Employee ophthalmic ead of the s orders rithout for s of he d on n] qhs [at ivan ery other 1 and 3:00 on carts,		2.	Residents' #3, JH2 and JH6 a psychotic medications were d continued on 12/17/08. All the residents were monitored and no negative outcome. All residents with physician or for antipsychotic medications checked and corrected if indic The Nursing Leadership team in-services to the licensed sta Administration of Accurate Antipsychotic and Reduction of psychotic Medications on 1/3 2/1/09. Reduction of Anti-Psychotic Medications and Accuracy in Administering Anti-Psychotic Medications will be monitored quarterly through CQI. Completion date 2/5/09	is- ree I had ders were cated. provided ff on of Anti- 1 and	
lealth Regula	tion Administration							

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NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	DDRESS, CITY, STATE, ZIP CODE					
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L 052	Resident #3's "Cont reviewed for Loraze had a physician's st administered four (4 the stop date. The "Controlled Sub November 11, 2008 0.25mg was remove drawer to administe 2008 and Decembe There was no docur written orders to res dose. B. Facility staff adm Resident JH2 after t A physician's order 16, 2008 that directe 0.5mg po [by mouth needed] agitation/cc On December 17, 2 PM, during the inspe the facility staff was needed " medicatio Resident JH2 's " C was reviewed for Lo medications had a p discontinued the me however, the staff co medications to the ro The "Controlled Sub December 27, 2008 0.25 mg was remove	rolled Substance Rec pam 0.25mg. The me op order as above. The) doses of the medical estance Record" dated , indicated that the Lo ed from the controlled r on November 29, and r 11 and December 12 nentation that the phy tart the Lorazepam 0.5 m he order was disconti was signed and dated ed, " D/C [Discontinu] q6h every 6 hours po- ombativeness" 008, between 9:00 AM ection of the medication requested to identify a n. Controlled Substance I razepam 0.5 mg. The hysician's order that dication on July 16, 2 portinued to administer esident. stance Record" dated indicated that the Lo ed from the controlled administer on Decem	dication he staff ation after razepam substance d 30, 2, 2008. sician had 25mg g to nued. I on July e] Ativan rn [as M and 3:00 on carts, all " as Record" 008, the I razepam	L 052	 JH2, JH6, There were no negative outor residents as a result of the sconsistently documenting consubstance medication given residents. All other residents with order PRN controlled substance medical records were check corrected if required. All appropriate licensed nurse counseled regarding require of documentation for all control substance medications. Nur Leadership provide in-service licensed nurses regarding R Documentation of Control St Medications on 1/31, 2/1 and Documentation of Controlled Medications will be monitored quarterly through CQI. Completion date 2/5/09 	taff not introlled to the rs for nedications ed and ess were ments rolled sing e to the equired ubstance d 2/2/09.			

Health R	equiation Administrat	tion		_		FORM	APPROVED		
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUME		(X2) MULTIF A. BUILDING B. WING		(X3) DATE SUI COMPLET	ED		
		HFD02-0019		12/18/2008					
NAME OF PF	ROVIDER OR SUPPLIER				TATE, ZIP CODE				
STODDA	RD BAPTIST NURSING	G HOME		/TON ST. NW TON, DC 20010					
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL RE ENTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION SHO REFERENCED TO THE APPROPRIA	ULD BE CROSS-	(X5) COMPLETE DATE		
L 052	Continued From pag	ge 11		L 052			X		
		hat the physician had written orders to restart the _orazepam 0.5 mg dose.			JH6				
	C. Facility staff adm Resident JH6 after to A physician's order of 19, 2008 that directe 0.25 mg po [by mou days for organic syr additional orders to the above cited order On December 17, 2 PM, during the inspe- the facility staff was needed " medicatio Substance Record" 0.25 mg. The medic that discontinued the however, the staff co- medications to the re- The "Controlled Sub- Ativan 0.5 mg was re- substance drawer of and August 14 and 2 and December 13, 2 documentation that the above cited medic A face-to face interv 17, 2008 with Emplo- medical record revie- medications were re- substance drawer at physician's order.	ninistered Ativan 0.5 n the order was disconti was signed and dated ed, "Disc. [Discontinu th] bid [twice daily] x [ndrome." There were administer Ativan 0.25 er. 008, between 9:00 AM ection of the medication requested to identify n. Resident JH6's "Co was reviewed for Lora ations had a physician e medication on June ontinued to administer esident. Distance Record" indica emoved from the conton n July 7, 8, 19, 21 and 22, 2008 and Novemb 2008. There was no the resident was administer	nued. I on June ue Ativan times] 14 no 5 mg after A and 3:00 on carts, all " as ontrolled azepam n's order 19, 2008, r the ated that trolled I 27, 2008 inistered December er each ed that the olled ut a		 The resident was monitor effects of Ativan. The res not have any negative ou a result of receiving medi that had been discontinue All other residents with di orders for Ativan were ch corrections were made if Nursing Leadership team in-service on Discontinuir Medications as order on 2/1/09. Discontinued Medications monitored quarterly throu Completion date 2/5/09. 	sident did tcome as cation ed. scontinued ecked and required. provided 1/31 and s will be			
Health Regula	tion Administration				·				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUME HFD02-0019		(X2) MULT A. BUILDIN B. WING _		(X3) DATE SU COMPLE	
STODDA	ROVIDER OR SUPPLIER		1818 NEW	RESS, CITY, ST TON ST. N TON, DC 2			. (X5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS OR LSC IE Continued From pa	T BE PRECEDED BY FULL REG ENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION REFERENCED TO THE APPRO	SHOULD BE CROSS-	COMPLET
	 PM, Resident F1 w Employee #17. Th plastic cutlery and styrofoam plate. A review of the tray revealed,"Styrofo A review of the Dee Order " form signe 9, 2008 directed, " No glass or cerami A review of the pla due to need for a n Resident throws di updated December Interventionsr plate 2nd [to] throw A face-to-face inter December 18, 2004 He/she acknow being served on a physician. The reo 18, 2008. Facility staff faile supervision for Res using the bathroom equipment. On December 17, 2 room/bathroom wa 	n of care "Nutrition/h nechanically altered die shes off meal tray " I ⁻ 4, 2008 revealed, " nothing glass or cerami	by ed with n a black stic Only". an ' s December all meals- ydration et ast c, scoop ployee # 1 was not by the December erved d		 The attending physic scoop plate for reside 12/17/08. The above have any negative out Other residents with plates were observed other residents missi Nursing Leadership p service to the staff or equipment on 2/1 and Residents with specia adaptive equipment v through quarterly CQ Completion date 2/5/ 	ent #F1 on e resident did not utcomes. orders for scoop d. There were no ng scoop plates. provided in- n use of special d 2/3. al feeding will be monitored il.	

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIEI IDENTIFICATION NUM		(X2) MULTI A. BUILDIN B. WING	PLE CONSTRUCTION G	(X3) DATE SU COMPLET 12/1		
AME OF PI			STREET ADD	RESS, CITY, ST	ATE, ZIP CODE			
TODDA	RD BAPTIST NURSI	NG HOME		TON ST. NV TON, DC 20				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	STATEMENT OF DEFICIENCIE JST BE PRECEDED BY FULL R IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION SH REFERENCED TO THE APPROPR	OULD BE CROSS-	(X5) COMPLET DATE	
L 052	observed to have chargers for equip fan, one (1) geri c the hand wash sir of the paper towe chair, two (2) whe was currently out On December 17, was observed ent tub/bathroom with the door to the roo Employee #23 an this particular tub/ " He/she is alert a tub/bathroom] or h The quarterly Min December 10, 200 [Memory] coded r long term memory Functioning and S resident as requiri only when toileting A face-to-face inte December 17, 200 He/she stated, "Th occasionally used The tub is not wor here. Occasional bathroom in here. taken to the bathr was reviewed on 1 6. Facility staff fail peroxide in Reside On December 17, 7, 100	approximately two (2) oment, one (1) standing hair recliner stationed hk, one (1) [name bran I dispenser, one (1) ele el chairs, and one (1) fo of order. 2008 at 10:23 AM, Re ering the above obser- iout assistance and he om. The surveyor sum d queried as to Reside bathroom alone. He/s nd comes in here [the his/her room to use the bathroom alone. He/s nd comes in here [the his/her room to use the bathroom alone. He/s nd comes in here [the his/her room to use the bathroom alone. He/s nd comes in here [the his/her room to use the bathroom alone. He/s nd comes in here [the his/her room to use the bathroom alone. He/s nd comes in here [the his/her room to use the bathroom alone. He/s nd comes in here [the his/her room to use the bathroom alone. He/s nd comes in here [the his/her room to use the bathroom alone. He/s nd comes in here [the his/her room to use the bathroom alone. He/s his section alone. He/s his section alone here bathroom alone. He/s his section alone here and comes in their rooms." December 18, 2008. ed to secure a bottle of ent F3 's room. 2008 at 10:03 AM, a the e was observed on the	g/ upright in front on d] lift in front ectric wheel tub which esident F2 ved /she closed moned ent F2 using he replied, e bathroom." eted B2 short and ysical oded tup help on mployee #4.] is irs here. store things he ert they are The record of hydrogen pottle of	L 052	 Resident # F2 and F3 1. Resident #F2 had no ne outcome from using the in a room with stored ex The equipment was rem the tub room on 12/17/0 the resident continues to monitored Resident #F3 had no ne outcome from the hydrogen peroxide being left at th The hydrogen peroxide from the resident's room 2. All other nursing units w to ensure that residents using the bathrooms in without supervision. Th stored equipment in the on the other nursing unit All residents rooms werr and no hydrogen peroxia at the residents bedside 3. Nursing Leadership provin-service on Supervision Residents' Safety and P of Chemical Liquids at Avoid Accidents to the r on 1/31 and 2/1/09. 4. Supervision of Residents be monitored quarterly to 5. Completion date 2/5 	bathroom quipment. hoved from 18 and o be egative gen e bedside. was removed n on 12/17/08. vere checked were not the tub room ere was no tub rooms ts. e checked de was found e. vided an on of Prevention Bedside to hursing staff Safety and Accidents will hrough CQI.		

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Health F	egulation Administrat	tion					
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUME HFD02-0019		(X2) MULTIF A. BUILDING B. WING	PLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		HFD02-0019					8/2008
		G HOME	1818 NEW	TON ST. NW TON, DC 20	1		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES F BE PRECEDED BY FULL REI INTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTION) REFERENCED TO THE APPRO	SHOULD BE CROSS-	(X5) COMPLETE DATE
L 052	A review of Residen orders and/or directi peroxide. The finding was obs Employees #11 and at 11:07 AM, Emplo acknowledged the b	t F3's clinical record l ves for use of hydrog erved in the presence 13; and on Decembe yee #4 observed and ottle of hydrogen perc e resident's room. The	en e of er 18, 2008 oxide on	L 052			
L 128	 (a)Review the drug of least monthly and repleast of the phase performances, at least (b)Submit a written the status of the phase performances, at least (c)Provide a minimule per year to all nursing session that includes and possible side effect medications; (d)Establish a system disposition of all condition of all conditions of all cormaintained and period 	armacist shall do the for regimen of each resid port any irregularities liministrator, and the D report to the Administ armaceutical services ast quarterly; m of two (2) in-services indications, contrain fects of commonly use m of records of receip trolled substances in accurate reconciliation ug records are in orden trolled substances is	ent at to the Director of and staff e sessions ng one (1) dications ed t and sufficient ; and	L 128			
Health Regula	Based on a closed realistic and the second s	ecord review and staf	f				

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIEF IDENTIFICATION NUM		(X2) MULT A. BUILDIN B. WING _		(X3) DATE SUI COMPLET	RVEY ED 8/2008
			1818 NEW	TON ST. N			
(X4) ID PREFIX TAG	SUMMARY ST (EACH DEFICIENCY MUS	ATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL RE ENTIFYING INFORMATION)	 s	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION S REFERENCED TO THE APPROP	IOULD BE CROSS-	(X5) COMPLET DATE
	interview for one (1) determined that the there was no attemp #22 who was presc months. The findings include A review of Resider physician's order ini directing, "Klonopin features." The above cited ord 2007, January 28, F May 27, June 6, Jul and October 27, 200 According to the "Cl Regimen Review," review of the reside 2007, January 20, F May 6, June 30, Jul and October 21, 200 There was no evide reported to the phys that a gradual dose attempted since the November 11, 2007 A face-to-face interv Employee #9 on De He/she acknowledg irregularities reported	o of 24 sampled reside pharmacist failed to oted dose reduction f ribed Klonopin for nin e: at #22's record reveal titated November 11, 0.5 mg at bedtime fo ler was renewed Dec beruary 11, March 24 y 29, August 28, Sep 08. hronological Record of the pharmacist condu- nt's medication on De bebruary 5, March 5, 7 y 31, August 30, Sep 08. nce that the pharmacist sician and Director of reduction for Klonopi medication was order wiew was conducted w cember 16, 2008 at 1 ed that there were no ed by the pharmacist #22's Klonopin. The	report that or Resident le (9) ed a 2007, r psychotic ember 31, 3, April 28, tember 18, of Drug ucted a ecember 3, April 1, tember 25, sist Nursing in was not ered on with 11:30 AM. or regarding		 There was no noted ne of resident #22 as a res attempted dosage redu Klonopin for nine month expired on November 1 A thorough audit of all n on Klonopin was condu reductions were required An in-service to consult was conducted by Phar on importance of psych reductions. Dosage reduction will b quarterly through CQI. Completion date 2/5/09 	ult of no ctions of is. Resident 1, 2008. esidents cted and no id at this time. ant pharmacist macy Director otropic dosage	
L 142	3226.2 Nursing Fac	ilities		L 142			

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INTERLENCY OF DEFICIENCES: INTERDEDURESTION NURGER	Health R	egulation Administrat	tion				· · · · · · · · · · · · · · · · · · ·
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, OTY: STATE, ZIP CODE STODDARD BAPTIST NURSING HOME Ist & NEWTON ST. NW WASHINGTON, DC: 20010 PROVIDER STATE, ZIP CODE Ist & NEWTON ST. NW WASHINGTON, DC: 20010 PROVIDER TO THE APPROPRIATE DEFICIENCES OR LSC DENTFYNG INFORMATION D PROVIDER ST. AND OF CORRECTIVE ACTON SHOLD BE CROSS- OWELST. L 142 Continued From page 16 L 142 L 142 L 142 Based on observation, record review and staff interview, it was determined that for six (6) of 13 resident observed in the medication pass, that facility staff failed to consistently document the administration of controlled substances on the Medication Administration from Cords (MARS), remove discontinued medication from the medication carts and reconcile the dispensation from for four (4) of four (4) residents reviewed receiving antibiotics. The findings include: All other residents with orders for PRN controlled substances on the Mag, June, Spetember, October and November 2005 MAR for Resident JH2; srecord revealed a physician's order dated April 10, 2006 that directed, "Lorazepam 0.5 mg. Give one (1) tablet by mouth every 6 hours as needed for agitation/combativeness." All appropriate licensed nurses were counseled regarding Required Documentation of Controlled Substance Medications on 1/31, 2/1 and 2/2/09. A. On December 16, 2008, at approximately 2:00 PM, a review of Resident JH2's record revealed a physician's order dated April 10, 2006 that directed, "Lorazepam 0.5 mg. Give one (1) tablet by mouth every 6 hours as neneded for on May 4, 2008, as evidenced by a lack of			IDENTIFICATION NUMB		A. BUILDIN	G	COMPLETED
STODDARD BAPTIST NURSING HOME 1818 NEWTON ST. NW WASHINGTON, DC 20010 Image: Construct of the state of the				STREET ADD	RESS. CITY, ST		
PHETRY TAG CACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY DR LSC DENTRYING INFORMATION PRETRY TAG CACH CORRECTIVE ACTION SHOULD BE CROSS- REPERENCIDENT TWE ANTON SHOULD BE CROSS- REPERENCED TO THE APPROPRIATE DEFICIENCY COMPLETE DATE L 142 L 142 L 142 L 142 L 142 L 142 JH2, JH3, JH4, JH6, JH8, and 3 L 142 J H2, JH3, JH4, JH6, JH8, and 3 L 142 JH2, JH3, JH4, JH6, JH8, and 3 L 142 J H2, JH3, JH4, JH6, JH8, and 3 There were no negative outcome to residents as a result of the staff not consistently document the administration for controlled substances on the Medication Administration Records (MARs), remove discontinued medication from the medication carts and reconcile the dispensation for four (4) of four (4) residents reviewed receiving antibiotics. A II other residents with orders for PRN controlled substance medications medical records were checked and corrected if required. A. On December 16, 2008, at approximately 2:00 PM, a review of Resident JH2's record revealed a physician's order dated April 0, 2008 that directed, "Lorazepan 0.5 mg, Give one (1) tablet by mouth every 6 hours as needed for agitation/combativeness." A II appropriate licensed nurses were counseled regarding Required Documentation of Controlled Substance Medications will be monitored quarterly through CQI. Bocumentation of Controlled Substance Medications will be monitored quarterly through CQI. The May and June 2008 as evidenced by nurse's initials entered in the allotted areas for May 4, 2008. Completion date 2/5/09 The M			G HOME	1818 NEW	TON ST. NV	v	
 Each dose of medication shall be properly and promptly recorded and initiated in the resident's medical record by the person who administers it. This Statute is not met as evidenced by: Based on observation, record review and staff interview, it was determined that for six (6) of 13 residents as a result of the staff not consistently document the administration Paccords (MARs), remove discontinued medication form the medication carts and reconcile the dispensation for four (4) of four (4) residents reviewed receiving antibiotics. The findings include: The findings include: The facility staff failed to consistently document the administration of controlled substance on the May, June, September, October and November 2008 MAR for Resident JH2; H3, JH4, JH6, JH8 and #3. A On December 16, 2008, at approximately 2:00 PM, a review of Resident JH2; record revealed a physician's order dated April 10, 2008 that directed, "Lorazepam 0.5 mg, Give one (1) tablet by mouth every 6 hours as needed for agitation/combativeness." The May and June 2008 MARs were reviewed and indicated that Lorazepam 0.5 mg was evidenced by muse's initials entered in the allotted areas for May 4, 2008. There was no evidence the resident treceived the medication in June 2008 as evidenced by a lack of 	PRÉFIX	(EACH DEFICIENCY MUST	F BE PRECEDED BY FULL REG	GULATORY	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE CROSS- COMPLETE
Health Regulation Administration		Each dose of medic promptly recorded a medical record by th This Statute is not r Based on observatio interview, it was deter resident observed in facility staff failed to administration of con Medication Administ discontinued medica and reconcile the dis residents reviewed r The findings include 1. The facility staff f the administration of May, June, Septemb 2008 MAR for Resid and #3. A. On December 16 PM, a review of Res physician's order da "Lorazepam 0.5 mg, every 6 hours as net agitation/combativer The May and June 2 indicated that Loraze on May 4, 2008, as o entered in the allotted There was no evider medication in June 2	ation shall be properly ind initiated in the resi- ne person who admini- met as evidenced by: on, record review and ermined that for six (6 in the medication pass, consistently documer introlled substances or tration Records (MAR ation from the medication spensation for four (4) receiving antibiotics.	dent's sters it. staff) of 13 , that the the s), remove tion carts of four (4) locument ember JH6, JH8 ely 2:00 vealed a t directed, y mouth ewed and ninistered initials 08. ved the a lack of	L 142	 There were no negative outcomesidents as a result of the staconsistently documenting consubstance medication given the residents. All other residents with order PRN controlled substance medical records were checked corrected if required. All appropriate licensed nurse counseled regarding requirer of documentation for all control substance medications. Nurse Leadership provided in-service licensed nurses regarding Report Documentation of Control Sum Medications on 1/31, 2/1 and Documentation of Controlled Medications will be monitored quarterly through CQI. 	aff not ntrolled to the s for edications ed and es were ments rolled sing ce to the equired bstance 2/2/09. Substance

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Health R	equlation Administrat	ion				,	
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB		(X2) MULTIF A. BUILDING B. WING	PLE CONSTRUCTION	(X3) DATE SU COMPLET	
		HFD02-0019		D. WING		12/1	8/2008
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, ST	ATE, ZIP CODE		
STODDA	RD BAPTIST NURSING			TON ST. NW TON, DC 20			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL RE(NTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE ACTIO REFERENCED TO THE APPP	N SHOULD BE CROSS-	(X5) COMPLETE DATE
L 142	Continued From page	ge 17		L 142			
	Lorazepam 0.5 mg v controlled substance June 8, 2008. There	g Record " indicated was removed from the e drawer on May 19 a was no evidence on t the Lorazepam 0.5 r	nd 29 and the May or				
	administered on Mag	y 19 and 29, and June ew on December 16, 3	e 8, 2008.				
	PM, a review of Res physician's order da directed, "Ativan 0.2	, 2008, at approximate ident JH3's record rev ted November 24, 200 5 mg [po] by mouth [as needed for agitation	vealed a 08 that q12h]				
	reviewed and indica administered on Nov December 12 and 1	December 2008 MAR ted that Ativan 0.25 m vember 24 and 25, 20 5, 2008, as evidence l e allotted areas for the	ig was 008 and by nurse's			,	
	0.25 mg was remove substance drawer or	g Record" indicated th ed from the controlled n November 26, 27, 2 per 1, 2, 11 and 15, 20	9 and 30,				
	December 2008 MA administered on Nov and in December 1 a	nce on the November Rs that the Ativan 0.2 vember 26, 27, 29 and and 2, 2008 to the res ew on December 16, 2	5 mg was 1 30, 2008 ident.				
	AM, a review of Res physician's order sig November 2008, tha	, 2008, at approximate ident JH4's record rev ned, but not dated for it directed, (Roxicet) 5 mg-325 m	realed a				

Health Regulation Administration

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMI		A. BUILDING	E CONSTRUCTION	(X3) DATÉ SU COMPLE	
		HFD02-0019		B. WING		12/*	8/2008
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STODDA				TON ST. NW	10		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL RE SENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE ACTIO REFERENCED TO THE APPF	N SHOULD BE CROSS-	(X5) COMPLET DATE
L 142	tablet, Give 2 tabs needed for pain *N hours*. " The November and reviewed and indic (Roxicet) 5 mg-325 November 12, 20 a as evidence by nur allotted areas for th The "Controlled Dr Oxycodone/APAP removed from the o November 12, 14, 5 and 16, 2008. There was no evid December 2008 M/ (Roxicet) 5 mg-325 November 14 and 2008. The record w 2008. D. On December 11 PM, a review of Re physician's order d directed, "Ativan 0. daily] prn [as needed The August and Se reviewed and indica	(via peg-tube) every 4 ot to exceed 4 grams i d December 2008 MAF ated that Oxycodone/A is mg was administered and 25 and December rse's initials entered in the dates mentioned. ug Record " indicated (Roxicet) 5 mg-325 mg controlled substance d 17, 20 and 25 and December AR that the Oxycodone is mg was administered 17, 2008 and December vas review on December 7, 2008, at approximates isident JH6's record re ated August 5, 2008 th 5 mg, po [by mouth] bit	in 24 Rs were APAP I 16, 2008, the the g was rawer on cember 1, er or on the e/APAP I on er 1 and 5, er 16, tely 1:30 vealed a nat id [twice were was	L 142			
	were no nurse's init 2008. The "Controlled Dru	red in the allotted area tials recorded for Sept ug Record " indicated d from the controlled s 5, 6 and 14, 2008.	ember the Ativan				

Health R	equlation Administrat	ion					
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB		A. BUILDING	PLE CONSTRUCTION	(X3) DATE SU COMPLE	
		HFD02-0019		B. WING		12/1	8/2008
NAME OF PF		-	STREET ADD	RESS, CITY, ST	ATE, ZIP CODE		
STODDA	RD BAPTIST NURSING	G HOME		TON ST. NV TON, DC 20			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL RE(NTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION S REFERENCED TO THE APPROP	HOULD BE CROSS-	(X5) COMPLETE DATE
L 142	Continued From page	ge 19		L 142			
	There was no evide mg was administere	nce on the MARs that d on August 5 and 6, n December 17, 2008	2008. The				
	PM, during a review revealed a physician 2008 that directed, " 5mg/325mg tablet, c	, 2008, at approximate of Resident JH8's red of Resident JH8's red order dated Novem Oxycodone w/APAP one[1] tablet by mouth d for pain.* Not to exc	cord nber 8, every				
	indicated that Oxyco tablets were adminis 12, 13 (twice), 18 an	MAR was reviewed a odone w/APAP 5 mg/3 stered on November 9 od 20, 2008, as evider ed in the allotted area	825 mg (twice), nce by the				
	Oxycodone w/APAP removed from the co	g Record" indicated th 5 mg/325 mg tablet v ontrolled substance dr), 10, 12, 13 (twice), 7	vas awer on				
	MAR that the Oxyco	nce on the November done w/APAP 5 mg/3 red on November 8, 1	25 mg				
	Oxycodone w/APAP	MAR indicated that t 5 mg/325 mg tablet v vember 9(once) and 1	vas				
	Record" that the med	tion on the "Controlled dications were remove ance drawer. The reco 17, 2008	ed from				
Joolth Pogula	tion Administration		_				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUME HFD02-0019		(X2) MULT A. BUILDIN B. WING _		(X3) DATE SU COMPLET	
			1818 NEW	RESS, CITY, ST 700 ST. NV 700, DC 20			0/2000
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS OR LSC IE	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL RE JENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION SH REFERENCED TO THE APPROPR	DULD BE CROSS-	(X5) COMPLETI DATE
L 142	PM, a review of Rephysician's order didirected, "Lorazepar [every 8 hours] provide weeks." The March 2008 M that Lorazeparm 0.5 19, 20, 21 and 25, initials entered in the "Controlled Dr Lorazeparm 0.5 mg controlled substance 25. There was no emg was removed fron March 20, 2008 A face- to- face interimmediately after ereviewed with Emp They acknowledge between the above Substance Records above cited resider December 18, 2007 2. Facility failed to antibiotics for four (Residents: JH5, #5) On December 17, the during the inspection of the solution of the terms of terms of the terms of ter	8, 2008, at approximates sident #3's record reve ated March 19, 2008 t am 0.5 mg po [by mour [as needed] for agitati AR was reviewed and 5 mg was administered 2008 as evidence by r ne allotted areas. ug Record" indicated t was removed from the ce drawer on March 19 evidence that the Loraz form controlled substar erview was conducted ach resident's record v loyees #2, 3, 4, 10, 15 d that the documentation cited MARs and the " s" was inconsistent for ths. The records were the s.	ealed a hat th] q8h ion times 2 indicated d on March nurse's hat e 0, 21 and zepam 0.5 nce drawer was and 16. ion Controlled all the review on ation of s reviewed. 3:00 PM, arts, a list ; randomly ications	L.142	 The residents were mon signs and symptoms of i The residents vital signs temperature remained w limits. There we no neg to residents that did not complete doses of the a as ordered No new orde received for above resid All other residents with o antibiotics were checked corrections were made i All appropriate licensed counseled regarding adr of all medications as ord attending physician. Nu Leadership provided in-s Medication Administratio 2/1 and 2/2/09. Accurate Medication Add will be monitored throug CQI. Completion date 2/5/09 	nfection. including ithin normal ative outcomes receive the ntibiotics ers were ents. orders for I and f required. nurses were ministration ered by the rsing services on in on 1/31, ministration	

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If continuation sheet 21 of 31

Health R	egulation Administrat	ion	· .				
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB		(X2) MULTIF A. BUILDING B. WING	PLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
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NAME OF PR	OVIDER OR SUPPLIER			TON ST. NW	ATE, ZIP CODE		
STODDA	RD BAPTIST NURSING			TON, DC 20			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL RE(NTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE ACTIO REFERENCED TO THE APPR	N SHOULD BE CROSS-	(X5) COMPLETE DATE
L 142	Continued From page	je 21		L 142			
	11, 2008 directed, "I po [by mouth] one c UTI [Urinary Tract Ir for Resident JH 5.	ler signed and dated I Nitrofurantoin 100 mg aps qid [four times a c fection] x [times] 2 [tv	capsule day] for vo] days "		•		
	package sent from t	008, the Nitrofurantoir he Pharmacy on Dece to contain eight (8) do	ember 12,			.:	
	Resident JH5, nurse indicated that eight (the December 2008 I 's initials in the allotte (8) doses were admini- rvation, five (5) of the he blister package.	d area istered. At				
	Employee #5 on Dec He/she stated that the Nitrofurantoin were a that the resident bro There was no evider MAR that the addition	iew was conducted w cember 17, 2008 at 9: ne additional required administered from me ught to the facility with nce on the December anal five (5) doses wer that the resident brou	50 AM. doses of dication him/her. 2008 re given				
	10, 2008 that directe	ler signed and dated [d, "Bactrim DS 1 [one lay] x [times] 10 days	e] po [by 🛛				
		ter package sent from 20 doses of antibiotic					
	Resident #9, nurse's indicated that 16 dos	the December 2008 i initials in the allotted ses were administered ion, eight (8) of the 16 er package.	area J. At the				
- 10 D. 1	tion Administration						

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Health R	equlation Administra	tion					
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUME		(X2) MULTIP A. BUILDING B. WING		(X3) DATE SU COMPLE	TED
		HFD02-0019				12/1	8/2008
	ROVIDER OR SUPPLIER	G HOME	1818 NEW	RESS, CITY, STA TON ST. NW TON, DC 200	1		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	ATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL RE ENTIFYING INFORMATION)	GULATOŖY	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION SHOU REFERENCED TO THE APPROPRIA	JLD BE CROSS-	(X5) COMPLETE DATE
L 142	Continued From page	ge 22		L 142			
	10, 2008 that direct	der signed and dated ed, "Bactrim DS 1 [on day] x [times] 7 [sever #16.	e] po [by				
		ter package sent from d 14 doses of antibioti					
	Resident #16, nurse indicated that nine (f the December 2008 s's initials in the allotter 9) doses were admini ervation, five (5) of the ter package.	d area stered. At				
	12, 2008 that directed	der signed and dated ed, "Nitrofurantoin 25r g-tube every 12 hour dent JH4.	ng / 5ml;				
	The Pharmacy disponent of the Pharmacy dispo	ensed a bottle of 160 ension to the facility	ml of		· ·		
,	Resident JH4, nurse indicated that 160 m	f the December 2008 e's initials in the allotte ils were administered. tion, 60 mls of the 160 tainer.	ed area At the		· · ·		
	after the review of th Employees #5 and 2 number of doses of match the number of	view was conducted in the residents' records w 10. They acknowledge antibiotics remaining f doses that were initi resident, without addit	vith ed that the did not aled as				
L 161	3227.12 Nursing Fa			L 161			
	<u>.</u>	ation shall be remove	d from				
•	ition Administration			5899	E) (E 4 4	18 a.e. 11 a.e. 11	an about 00 -rot
STATE FORM	ı			4	5V511	ir continuati	on sheet 23 of 31

TATEMENT OF DEFICIENCIE ND PLAN OF CORRECTION	S (X1) PROVIDER/SUPPL IDENTIFICATION N HFD02-0019	IUMBER:	(X2) MULTII A. BUILDING B. WING		(X3) DATE SL COMPLE	
	PLIER	STREET ADD	L RESS, CITY, ST. TON ST. NM TON, DC 20	ν.	12/1	0/2000
PREFIX (EACH DEFICIE	MMARY STATEMENT OF DEFICIENC ENCY MUST BE PRECEDED BY FULI OR LSC IDENTIFYING INFORMATION	LIES L REGULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION S REFERENCED TO THE APPROP	HOULD BE CROSS-	(X5) COMPLET DATE
usage. This Statute Based on ol interview for four (4) sup that facility s medications JH7, JH6, J #3. Facility staff medications physician or Residents J On Decemb and 3:00 PM medication of observed ste physician di 1st Floor Diphenoxyla tablets, phys 2008 at 1:00 Lorazepam telephone of continue Attio organic synd Nitrofuranto dated Decer "Nitrofuranto for UTI (Urin Resident JH 2nd Floor	From page 23 a is not met as evidenced l bservation, record review a r one (1) of 24 sampled res- plemental residents, it was staff failed to remove discon- from the medication carts H5, JH2 and failed to remove discontine that were discontinued as rder from the medication carts H7, JH6, JH5, JH2 and #3 wer 16 and 17, 2008, betwee <i>A</i> , during the inspection of carts, the following medica- ored in the medication carts scontinued the medication ate/ Atropine [Lomotil] 2.5-0 sician's order dated Septer 0 PM, "D/C Lomotil" for Re- 0.25mg, 17 tablets, physic rder dated June 19, 2008, van 0.25 mg po bid x 14 da drome" for Resident JH6. in 100mg, 8 capsules, phy- mber 11, 2008 at 6:00 PM, pin100 mg caps, qid (four hary Tract Infection) x 2 day [5.	and staff sidents and a determined intinued for Residents ued a per arts for een 9:00 AM the tions were as after the 0.25 mg, 15 mber 16, esident JH7. ian's no time, ays for sician's order r times daily) ys" for	L 161	 JH7, JH6, JH5, JH2 All discontinued medic removed from the med for above residents. T were monitored and ha outcome. All medication carts we for evidence of discont medications and were required. Nursing Leadership Te in-service on Removing Medication from Medic 2/1 and 2/3/09. Discontinued Medication Medication Cart will be quarterly through CQI. Completion date 2/5/05 	lication carts he residents ad no negative ere checked inued removed if eam provided g Expired ation Cart on ons in monitored	

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<u>Health R</u>	egulation Administrat	<u>ion</u>					
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB		(X2) MULTIF A. BUILDING B. WING	PLE CONSTRUCTION	(X3) DATE SU COMPLET	red .
		HFD02-0019				12/1	8/2008
NAME OF PF	OVIDER OR SUPPLIER			RESS, CITY, STA			
STODDA	RD BAPTIST NURSING	HOME		TON ST. NW TON, DC 20			1
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL RE(NTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SHOU REFERENCED TO THE APPROPRIAT	LD BE CROSS-	(X5) COMPLETE DATE
L 161	Continued From page	je 24		L 161			
	po [by mouth] q [eve	at 4:00 PM, "D/C Ativ ery] 6 hrs prn [as neec ness secondary to nor	led] for				
	dated November 12 Ativan to 0.25 mg pc 7 days then Ativan 0	20 tablets, physician , 2008, no time, "Decr o [by mouth] qhs [at bo).25 mg po [by mouth] r day x 7 days and sto	ease edtime] x qhs [at				
	dated March 19, 200	11 tablets, physician's 08 no time, "Ativan 0.5 8 hrs [hours] prn [as i for Resident #3.	img po				, .
	Employees #4 and 5	ich resident's record r i. They acknowledged ave been removed wh	I that the			·	
L 182	3229.4 Nursing Faci	lities		L 182			
	and discharge, the fi	ne resident's admissio unctions of rogram shall include f		·			
		ork and group work s nd other persons cons					
	(b)Advocacy on beha	alf of residents;					
	(c)Discharge plannir	ıg;					
Joolth Domi-	(d)Community liaison	n and services;					
health Regula	tion Administration						

		(X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER HFD02-0019			(X3) DATE SURVEY COMPLETED 12/18/2008	
	(EACH DEFICIENCY MU		STREET ADDRESS, CITY, ST 1818 NEWTON ST. N WASHINGTON, DC 20 LATORY ID PREFIX TAG	N	SHOULD BE CROSS- CO	(X5) DMPLET DATE
L 182	Interdisciplinary Care Team; (f)Safeguarding the records; and (g)Annual in-servin facility on subjects resident's rights, p confidentiality. This Statute is no Based on record r interview for one (records, it was def failed to follow-up Resident #24 who The findings includ A review of Resider resident was admi 2008 and discharg A review of the so November 12, 200 worker completed resident regarding Resident reported aide prior to [faciliti desire to continue However, [he/she] or phone. Resider and telephone nur information to this expressed a willin	ith other members of the fa the confidentiality of social s ce training to other staff of s including, but not limited bychosocial aspects of ag the met as evidenced by: review of a closed record a 1) of 24 sampled resident termined that the social we with the home health age was discharged home.	service f the to, ging and and staff orker ncy for that the ber 24, , 2008. s social with date health sed a ency. agency ame rd this	 There was no docume discharge summary re agency name and tele but, resident received services on the day af All resident discharges reviewed for complete documentation in the o summary form. All dis home health services the home health agen The Social Services I provided an in-service importance of complet on the discharge sum progress notes on to the Worker on 2/4/09. Documentation on disc will be monitored throw CQI. Completion date: 1 	e: home health phone number home health ter discharge. s to home were ness of discharge scharges needing had the name of cy identified. Director on the te documentation mary and he Social charge summary ugh quarterly	

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	OF DEFICIENCIES F CORRECTION	ORRECTION IDENTIFICATION NUMBER: A. BUILDING		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
VAME OF PROVIDER OR SUPPLIER STREET AL STODDARD BAPTIST NURSING HOME WASHIN		1818 NEW	ADDRESS, CITY, STATE, ZIP CODE IEWTON ST. NW INGTON, DC 20010				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	ATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REC ENTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION SHO REFERENCED TO THE APPROPRI	ULD BE CROSS-	(X5) COMPLET DATE
L 182	There was no further progress notes in the A review of the facil revealed that the hot telephone number w form. A face-to-face intern conducted on Dece Employee #5 acknow home health agency discharge summary December 16, 2008 3231.10 Nursing Fa Each medical record the resident's condit a basis for review, a to the resident. This Statute is not Based on record rev (2) of 24 sampled resident's condition	er entry of the social w he record. http:/s discharge summa ome health agency nar were not documented of view with Employee #5 mber 16, 2008 at 11:1 wiledged that the name y was not included on form. The record was consistent and treatment and and evaluation of the consistent of the consistent of the consistent of the consistent of the consistent of the consistent of the consistent of the consistent of the consistent of the consistence of the consistent of the consistent of the consistence of the consistence of the consistent of the consistence of th	rry me and on the 0 AM. e of the the s reviewed course of t serve as are given w for two that t the ocially	L 182	 Resident #18 had no neg as a result of wandering Medical records updated wandering behavior. Resexpired on November 11 therefore, Medical record updated. All other residents with w and inappropriate behavior records' were check and as needed. Nursing Leadership prov in-service on Documenta regarding Socially Inappr Behavior and Wandering and 2/3/09. Residents with inappropri behavior and history of w will be monitored for doci through quarterly CQI. Completion date 2/5/09. 	behavior. to include sident #22 , 2008, d cannot be andering or medical updated ded an tion opriate on 1/31, iate randering	
	behaviors for Resid A review of the Inter	d to document wander ent #18. rim Order Form for Re transferred from Rm					

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		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SU COMPLE	
		RESS, CITY, STA	TE, ZIP CODE				
		VTON ST. NW GTON, DC 20010					
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	TATEMENT OF DEFICIENC ST BE PRECEDED BY FULL DENTIFYING INFORMATION	REGULATORY	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE ACTIO REFERENCED TO THE APPR	N SHOULD BE CROSS-	(X5) COMPLET DATE
L 199	Continued From pa	age 27		L 199			
	(Room) 120 to 131	B."			ъ		
	2008 at 6:00 PM, "	se's note dated Dec Resident transferred belongings moved .	d to room				
	The resident's clinical record and facility's 24 hour report record lacked evidence of the resident's alleged wandering behavior.						
		2008 the resident wa Ighout the day, sittin he dayroom					
	Employee #5 on D approximately 12:4 resident attempted via the stairs close not deter the reside staff failed to docu behavior. They fail chart. I cannot find	rview was conducted ecember 18, 2008 a 15 PM. He/she state to leave the unit thr to room 120. The d ent on each occasio ment the resident's v ed to document in th any documentation ter. The resident has less wandering."	t ed, "The ee (3) times oor alarm did n. I know the wandering ne resident's in the 24		· ·		
	Employee #14 on I approximately 1:00 the resident was tra- increased supervis to leave the unit via	rview was conducted December 18, 2008 DPM. He/she acknow ansferred to room 13 ion because of three a the stairs and was The record was revi 8.	at wledged that 30 for e (3) attempts s undeterred			·	
		ed to document soci viors for Resident #					

Health R	egulation_Administrat	ion					AFFROVED
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUME		(X2) MULTIF A. BUILDINC B. WING		(X3) DATE SUI COMPLET	ĒD
		HFD02-0019	1			12/1	8/2008
NAME OF PR	OVIDER OR SUPPLIER			RESS, CITY, ST/			
STODDA	RD BAPTIST NURSING			TON ST. NW TON, DC 20			
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L 199	Employees #5 and 6 PM. Both employee frequently spit on the masturbated daily, re dressing and would her vagina several ti three (3) times per w suggestively dance staff, rub the "private staff and once grabb staff member. The "Behavior Monif Resident #22 were r November 2008. Th not included on the r months reviewed. "Inappropriate touch August, September to the "Behavior Monif for inappropriate tou and 21, 2008 and O There were no nurse episodes of inapprop cited dates. A face-to-face interv conducted on Decer He/she acknowledge behaviors were not r that occurred on the	ews were conducted w on December 15, 20 es stated that Residen e walls and curtains, emoved the feeding to place [his/her] feeding imes per week, and tw veek would disrobed, in front of male reside e areas" of male reside e areas of male reside e a	008 at 3:15 t #22 ube g tube into vo (2) to ents and dents and of a male for through ove were the for ccording episodes gust 11 2008. ne above AM. ioned e incidents ould have	L 199			
L 359		reas shall be planned		L 359			
		ated in accordance with	th litle				
Health Regula	tion Administration			5899 4	I5V511	if continuation	on sheet 29 of 31

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB		A. BUILDING		(X3) DATE SURVEY COMPLETED		
		HFD02-0019			ATE, ZIP CODE	12/1	8/2008	
	ROVIDER OR SUPPLIER	G HOME		TON ST. NV	1			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	FATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REC ENTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION SI REFERENCED TO THE APPROPI	HOULD BE CROSS-	(X5) COMPLETI DATE	
L 359	Continued From page 29 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 in the main kitchen on December 15, 2008 between 9:00 AM and 12:40 PM, it was determined that the facility failed to maintain the stove and steam table in good operating condition. The findings include: 1. The stove was observed to have three (3) of si (6) knobs missing 2. The steam tables were observed to have four			L 359	 The missing knobs on t steam tables were all r All equipment were che knobs. There were no in need of knob replace Knob check was includ the preventive mainten and replacement knobs the department. Environmental rounds v observation of missing Findings will be reporte quarterly. Completion date: 2/5/09 	eplaced. ecked for missing other equipment ement. ed as part of lance procedure a maintained in will include knobs. d to CQI	nt	
L 410	time of these observations 3256.1 Nursing Fact Each facility shall pro- maintenance service exterior and the inter- sanitary, orderly, co- manner. This Statute is not in Based on observation tour, it was determine maintain a clean an evidenced by: dama soiled/dusty bed fra over the bed trapezon The environmental of December 17, 2008	nowledged these findin vations. cilities rovide housekeeping a es necessary to mainte erior of the facility in a somfortable and attractiv met as evidenced by: ons during the environ ned that facility staff fa d sanitary environmen aged tile in the shower mes, and privacy curta e bars. tour was conducted or 6 from 9:10 AM through of Employees #11 and	mental iled to t as rooms, ains and	L 410	 L410 #1 The damaged tile in the third floor shower room All shower rooms were evidence of cracked or There were no other da found. Protective wall covers was a means of protectin walls. Environmental rounds wo observation for evidence tiles. Findings will be recQI quarterly. Completion date: 2/05/0 L410 #2 Bed frames observed to immediately cleaned. New re affected by this observation of the second second	hs were replaced. checked for damaged tiles. imaged tiles were installed by damage to will include se of cracked ported to 09 be dusty were o residents	12/19/08	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB HFD02-0019			A. BUILDING		DATE SURVEY COMPLETED	
		111 002-0013		ESS CITY ST		12/1	0/2000	
		1818 NEW	ADDRESS, CITY, STATE, ZIP CODE IEWTON ST. NW INGTON, DC 20010					
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	STATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REC DENTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION SH REFERENCED TO THE APPROPR	OULD BE CROSS-	(X5) COMPLETE DATE	
L 410		-	of six (6)	L 410	L 410 #2 - Continued	.		
	 Tile was observed damaged in two (2) of six (6) resident shower rooms observed; 2nd and 3rd floor shower rooms. Bed frames were observed with accumulated dust in four (4) of 25 resident rooms observed; rooms: 311, 315, 318, and 322. Privacy curtains were observed soiled in four (4) of 25 resident rooms observed; rooms: 311, 315, 318, and 322. Trapeze bars were observed with accumulated dust in two (2) of 25 resident rooms observed; rooms: 315, and 322. Employees #11 and 13 acknowledged these findings at the time of these observations. 			 Housekeeping staff will cleaning. Daily inspectio by EMS supervisor to e compliance. In-service on Environme Control: high and low du cleaning steps. CQI process will be put to monitor compliance q Continuous monitoring p Continuous monitoring p Continuous monitoring p Continuous monitoring p All other rooms were ins soiled curtains and chan needed. In-service on Cubicle Cu Procedure given to staff CQI process will be put monitor compliance Continuous inspection ir procedure is going on a L 410#4 	on will be done nsure intal Infection isting bed in place uarterly. procedure. It to be soiled ely. No by this pected for iged as irtain Changing by supervisor. in place to in effect	on going 12/17/08 on-going		
					 No residents were affect observation. Housekeep corrected it immediately. All other trapeze bars we for dust accumulation ar as needed. Daily inspection will be of supervisor will ensure co In-service on environme high and low dusting pro- high and low dusting pro- continuous monitoring pro- going on a daily basis. 	bing services ere checked ad cleaned lone by EMS ompliance ntal services, ocedure n place to interly.	12/17/08	

STATE FORM