Health Regulation Administration (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 095027 09/07/2006 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 700 CONST. AVE. NE MEDLINK NURSING CENTER WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID 1D (EACH DEFICIENCY MUST BE PRECEEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-PREFIX PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE TAG TAG L 000 Initial Comments L 000 1.099-1 A licensure survey was conducted on September The Engineering Department powerwashed 5 through 7, 2006. The following deficiencies 10/1/06 the dishroom. Janitorial closet tiles were were based on observations, record reviews and replaced. All floor surfaces were cleaned. staff interviews. The sample included 24 residents based on a census of 116 residents on The Engineering Department will check the first day of survey and two (2) supplemental Dietary and repair or replace damaged areas. 10/22/06 residents. Dietary department will be checked during 10/22/06 L 099 3219.1 Nursing Facilities L 099 weekly environmental rounds by Engineering Department Director/Designee. Food and drink shall be clean, wholesome, free from spoilage, safe for human consumption, and The Engineering department will report all served in accordance with the requirements set Jan 07 findings to the CQI Committee quarterly. forth in Title 23, Subtitle B, D. C. Municipal Apr 07 Regulations (DCMR), Chapter 24 through 40. Jul 07 This Statute is not met as evidenced by: Based on observations during the survey period, it was determined that dietary services were not L099-2 adequate to ensure that food was served in a safe and sanitary manner as evidenced by soiled New silverware canisters were ordered for 10/16/06 floors, silverware, cutting boards and dish use in dish machine. machine slats; and wet and/or soiled sheet and hotel pans. These findings were observed in the As all residents who eat by mouth maybe 9/27/06 presence of dietary supervisors. potentially affected by the alleged deficient conduct. Here at Medlink Nursing Center The findings include: will take corrective action in relation to all residents therefore no procedure for 1. Floor surfaces in the main kitchen near the identifying potentially affected residents is walk in refrigerators, dish machine, janitorial necessary. The staff will be inserviced on closet, and men's and ladies locker rooms, were safe and sanitary proper use of silverware soiled, damaged and in disrepair in five (5) of five canisters by Dietary Supervisor. (5) observations at 9:15 AM on September 5, 2006. Supervisor/Designee will spot check 10/15/06 cleanliness of dish machine. Monitoring will 2. Leftover food particles were on spoons and be documented on Supervisor Daily Check knives after washing in the dish machine in 21 of List. 39 observations at approximately 2:45 PM on The Dietary department will report all September 5, 2006. Jan 07 findings to the CQI Committee quarterly.

Health Regulation Administration

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

Health R	egulation Administra	ation					
	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		(X2) MULTI A. BUILDIN B. WING		(X3) DATE SU COMPLE	TED
		095027	CYPEET AP	DOCCO CITY	OTATE TIP AGRE	09/07	7/2006
NAME OF P	ROVIDER OR SUPPLIER				STATE, ZIP CODE		
MEDLIN	K NURSING CENTER			ST. AVE. NE STON, DC 2			
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L 099	Continued From pa		-	L 099	L099-3		
	in the pot wash are	vere stored on a rack ea with stains and foo surfaces in five (5) of	d		Cutting boards were purchased on 18 th .	September	9/18/06
	observations at app September 5, 2006	proximately 1:35 PM 5.	on		The staff will be inserviced by Dietary Supervisor on proper cleaning of cutting boards and alert supervisor if cutting boards		9/18/06
	machine were soile	s on the clean side o ed with food and mine of one (1) observatio	eral		need to be replaced. Supervisor/Designee will monitor	and	
	PM on September				document on Supervisor Daily Ch	neck List.	9/18/06
	before they were a	e stored on a rack for llowed to dry in 22 of 10 PM on September	22		The Dietary department will report findings to the CQI Committee qu		Jan 07
	10 inches) were we	(24 x 6 9 inches) and et with food particles faces in 12 of 59 obs	on the		L099-4		
	at 1:45 PM on Sep	tember 5, 2006.	servations		Slat surfaces were be replaced by Maintenance.		10/10/06
L 235	3236.4 Nursing Fa	acilities f hot water of each fi	utura that	L 235	All residents who eat by mouth ha potential to be affected. The staff		10/22/06
	is used by each res controlled and shall	sident shall be autom Il not exceed one-hur nheit (110 F) nor be I	atically ndred and		inserviced on proper cleaning of s and alert supervisor if slat surfaces replaced.	lat surfaces	
	ninety-five degrees This Statute is not Based on observat	s Fahrenheit (95 F). met as evidenced by tions during the surve	y: ey period,		Supervisor/Designee will monitor document on Supervisor Daily Ch		10/22/06
	circulation pumps were not adjusted	that boilers, mixing va were not operating pr to ensure that hot wa between 95 degrees	operly or ter		The Engineering department will infindings to the CQI Committee qu		Jan 07
	degrees F (Fahren	heit). These findings esence of the Mainter	were				1

Director.

The findings include:

Hot water temperatures were below 95 degrees F

STATEMENT OF DEFICIENC	SES
AND PLAN OF CORRECTION	N

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

095027

A. BUILDING B. WING ______

09/07/2006

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MEDI INK NURSING CENTER

700 CONST. AVE. NE

MEDLINK NURSING CENTER		WASHINGTON, DC 20002				
(X4) ID PREFIX TAG	- SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY I REGULATORY OR LSC IDENTIFYING INFORMAT	FULL PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE		
L 235	Continued From page 2	L 235	L099-5			
	in residents' rooms and shower rooms in following areas:	the	Inservice all staff on proper procedures for sheet pans.	10/22/06		
	Fourth Floor Rooms 4122-94 degrees F, degrees F, 4110-80 degrees F and 4156 degrees F in four (4) of 10 observations to 9:45 AM and 4:45 PM on September 5, 2	-90 between	All residents who eat by mouth have potential to be affected. The staff will be inserviced on proper storage and drying of sheet pans.	10/22/06		
	Fifth Floor Rooms 5104-82 degrees F an 92 degrees F in two (2) of 10 observation between 10:00 AM and 11:00 AM on Sep	ns	Supervisor/Designee will monitor and document on Supervisor Daily Check List.	10/22/06		
	6, 2006. Sixth Floor Rooms 6146-92 degrees F ar 78 degrees F in two (2) of 10 observation between 11:20 AM and 2:00 PM on Sept 2006.	ns	The Engineering department will report all findings to the CQI Committee quarterly.	Jan 07		
	2006.		L099-6			
L 410	3256.1 Nursing Facilities Each facility shall provide housekeeping	L 410	Inservice all staff on proper procedures for hotel pans.	10/22/06		
	maintenance services necessary to main exterior and the interior of the facility in a sanitary, orderly, comfortable and attractimanner. This Statute is not met as evidenced by:	safe, ive	All residents who eat by mouth have potential to be affected. The staff will be inserviced on proper storage and drying of hotel pans.	10/22/06		
	Based on observations during the survey it was determined that housekeeping and maintenance services were not adequate	period,	Supervisor/Designee will monitor and document on Supervisor Daily Check List.	10/22/06		
	ensure that the facility was maintained in and sanitary manner as evidenced by: mand/or damaged night stands, tables, strated back chairs, chests, baseboards, entrance and handrails; missing vertical window stand soiled Heating Ventilation and Air Country (HVAC) louver covers and the Ansul fire	a safe arred aight ce doors ats; rusty	The Engineering department will report all findings to the CQI Committee quarterly.	Jan 07		
ealth Requ	protection system was not tested or serving required. These findings were observed presence of the Housekeeping and Main Directors. Jakion Administration	in the				

meaith R	egulation Administra	auon					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLII IDENTIFICATION NU. 095027			(X2) MULTI A. BUILDIN B. WING _		(X3) DATE SURVEY COMPLETED 09/07/2006		
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
	NURSING CENTER		700 CONS	T. AVE. NE TON, DC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE MUST BE PRECEEDED BY SC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE I	ON SHOULD BE CROSS-	
L 410	Continued From pa	age 3		L 410	L235		
		e surfaces of night s			The Engineering Department had an contractor come in to review hot water. Circulation system to be identified and repaired.		10/5/06 10/22/06
	fixed and freestanding) in residents' rooms were marred and damaged. Fourth Floor Rooms 4103, 4110, 4122 and 4127 in four (4) of 11 observations between 9:45 AM and 4:45 PM on September 5, 2006.				The Engineering Department will continue to monitor temperatures weekly to include duration of time water reaches desired emperature.		10/9/06
	Fifth Floor Rooms and 5157 in six (6)	5104, 5111, 5132, 5 ² of 12 observations b	etween		The Director of Engineering will check water temperatures during environmental rounds.		10/9/06
	Sixth Floor Rooms 6118, 6119, 6128 and 6146 in four (4) of 11 observations between 12:20 PM and 2:00 PM on September 6, 2006.				The Engineering department will refindings to the CQI Committee qua		Jan 07 Apr 07 Jul 07
	and 2.00 / m o// oc	, 2000.	İ		L410-1		
	back chairs and dir and scarred in resi	ack and leg surfaces ning room tables wer dents' rooms and da	e marred y rooms.		The Engineering Department intia repairs/replace all nightstands ide the survey.	ated ntified in	10/22/06
	Fourth Floor day room in three (3) of 10 chairs and two (2) of three (3) table legs at 12:05 PM on September 6, 2006. Fifth Floor day room in two (2) of two (2) chair legs at approximately 11:30 AM on September 6, 2006.				The Engineering Department will nightstands on all other units and replace those that are damaged.	check repair or	10/22/06
				All nightstands will be checked we during environmental rounds by I Department Director/Designee.	veekly Engineering	10/22/06	
	5146 in one (1) of s room in three (3) th one (1) of two (2) d	back chairs marred seven (7) observation aree of (3) observation blining room tables in AM on September 6,	ns and day ns, and the		The Engineering Department wil findings to the CQI committee qu	l report iarterly.	Jan 07 Apr 07 Jul 07
	The top and frontal surfaces of upright chests and bedside tables in residents' rooms were marred, scarred and damaged.						

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		095027		B. WING _		09/07/2006	
NAME OF P	ROVIDER OR SUPPLIER	000021	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	00101	12000
	NURSING CENTER			T. AVE. NE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEEDED BY SC IDENTIFYING INFORM	/ FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
L 410	Continued From pa	age 4		L 410	L410-2 The Engineering Department intia	tad	
	4147 in five (5) of 1	s 4103, 4110, 4123, 1 observations betw n September 5, 2006	een 9:45		repairs/replace all chairs and tables in the survey.	s identified	10/22/06
	four (4) of 15 obser	5104, 5111, 5127 an vations between 10: september 6, 2006			The Engineering Department will check the chairs and tables on all other units and repair or replace those that are damaged.		10/22/06
	Sixth Floor Rooms 6146 in five (5) of 1	20 PM on September 6, 2006. Sloor Rooms 6118, 6119, 6128, 6138 and five (5) of 10 observations between 11:20			All chairs and tables will be checked weekly during environmental rounds by Engineering Department Director/Designee.		10/22/06
	AM and 2:00 PM on September 6, 2006. 4. Baseboards and wallpaper were soiled and separated from the wall and plastered walls were damaged in the following areas:			The Engineering Department will infindings to the CQI committee qua		Jan 07 Apr 07 Jul 07	
	Fourth Floor Fact of	and West hallways, h	allway		L410-3		
	bathroom, soiled a	nd clean linen rooms ions between 9:45 Al	in five (5)		The Engineering Department intiate replace all chest and tables identific survey.		10/22/06
	Fifth Floor Rooms 5123, 5128, 5149, day room, soiled utility room, hallway bathroom and East and West hallways in eight (8) of eight (8) observations between 10:00 AM and 12:20 PM			The Engineering Department will c chest and tables on all other units a or replace those that are damaged.	nd repair	10/22/06	
	on September 6, 20	006. 6119, 6128 and Eas	t and		Chest and tables will be checked during weekly environmental rounds by Engineering Department Director/Designee.		10/22/06
	West hallways in fo	four (4) of four (4) observations A and 2:00 PM on September 6,			The Engineering Department will r findings to the CQI committee quar		Jan 07 Apr 07 Jul 07
		edge surfaces of entr and scarred in resid n areas.					
	shower room and o	s 4122, nourishment lean and soiled utility vations between 9:45	rooms in				

PRINTED: 09/26/2006 FORM APPROVED Health Regulation Administration STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 095027 09/07/2006 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 700 CONST. AVE. NE MEDLINK NURSING CENTER WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) REFERENCED TO THE APPROPRIATE DEFICIENCY) TAG TAG L 410 L 410 Continued From page 5 1.410-4 4:45 PM on September 5, 2006. The Engineering Department has intiated 10/22/06 repairs/replace all baseboards and wallpaper Fifth Floor Rooms 5104, 5115, 5137, dayroom identified on the survey. and clean and soiled utility rooms in six (6) of The Engineering Department will check the eight (8) observations between 10:00 AM and 12: 10/22/06 baseboards and wallpaper on all other units 20 PM on September 6, 2006. and repair or replace those that are damaged. Sixth Floor shower room and clean and soiled Baseboards and walls will be checked during utility rooms in three (3) of 10 observations 10/22/06 weekly environmental rounds by Engineering between 11:20 AM and 2:00 PM on September 6. Department Director/Designee 2006. The Engineering department will report all 6. Handrails were marred and scarred in the East Jan 07 findings to the CQI Committee quarterly. Apr 07 and West hallways on the fourth, fifth, and sixth Jul 07 floors in six (6) of six (6) observations between 9: 45 AM and 4:45 PM on September 5, 2006 and 10:00 AM and 2:00 PM on September 6, 2006. 1.410-5 The Engineering Department has intiated 7. Vertical window slats were missing in 0/22/06 repairs/replace doors identified on the survey. residents' rooms and common areas in the following areas: The Engineering Department will check all 10/22/06 other areas and repair or replace damaged Fourth Floor Rooms 4123, 4131, 4135 and doors. dayroom in four (4) of 10 observations between 9 :45 AM and 4:45 PM on September 5, 2006. Doors will be checked during weekly 10/22/06 environmental rounds by Engineering Fifth Floor day room in one (1) of 15 observations Department Director/Designee. at approximately 11:30 AM on September 6, 2006 The Engineering department will report all Jan 07 findings to the CQI Committee quarterly. Apr 07 Sixth Floor Rooms 6123, 6128 and 6138 in three Jul 07

Health Regulation Administration

(3) of 10 observations between 11:20 AM and 2:

Fourth Floor Rooms 4127, 4147, 4156 and dining

8. The top louver covers of HVAC units were soiled and rusty. In addition the bottom metal. panels under the unit on the floor were soiled with

00 PM on September 6, 2006.

accumulated debris.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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	095027	8. WING	09/07/2006

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 410	Continued From page 6	L 410	L410-6	.
	room in four (4) of 11 observations between 9:45 AM and 4:45 PM on September 5, 2006.		The Engineering Department intiated repairs all handrails identified in the survey.	10/22/0
	Fifth Floor Rooms 5115, 5128, 5145 and 5157 in four (4) of 15 observations between 10:00 AM and 12:20 PM on September 6, 2006.		The Engineering Department will check handrails on all the other units and repair those that are damaged.	10/22/0
	Sixth Floor Rooms 6111, 6118, 6123, 6153 and 6156 in five (5) of 10 observations between 11:20 AM and 2:00 PM of September 6, 2006.		All handrails will be checked weekly during environmental rounds by the Engineering Department Director/Designee.	10/22/0
	9. Facility staff failed to test and service the Ansul fire protection system as required.		The Engineering Department will report findings to CQI committee quarterly.	Jan 07 Apr 07 Jul 07
	The Ansul fire protection system tag indicated that the system was last tested and/or serviced in January 2006. The system is required to be tested and serviced every six (6) months. The		L410-7 The Engineering Department initated replacement of all verticial window slats identified on the survey.	10/06/
	Ansul fire protection system was observed in the kitchen at 1:00 PM on September 5, 2006.		The Engineering Department will check all other vertical slats and replace the missing slats.	10/22/
			All verticial slats will be checked during weekly environmental rounds by Engineering Department Director/Designee.	10/22/
			The Engineering Department will report findings to the CQI committee quarterly.	Jan 07 Apr 07 Jul 07

09/07/2006

Health Regulation Administration

STATEMENT	OF	DEFICIENCIES
AND PLAN O	FC	ORRECTION

NAME OF PROVIDER OR SUPPLIER

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE C	ONSTRUCTION
A. BUILDING	

(X3) DATE SURVEY COMPLETED

095027

B. WING __ STREET ADDRESS, CITY, STATE, ZIP CODE

			700 CONST. AVE. NE WASHINGTON, DC 20002		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 410	Continued From page 6		L 410	L410-8	
	room in four (4) of 11 observations betw AM and 4:45 PM on September 5, 2006			The Engineering Department cleaned all HVAC units in the areas identified in the survey.	9/15/06
	Fifth Floor Rooms 5115, 5128, 5145 and four (4) of 15 observations between 10:0 and 12:20 PM on September 6, 2006.			The Engineering Department will check the HVAC units in all other rooms for cleanliness.	10/22/06
		Floor Rooms 6111, 6118, 6123, 6153 and n five (5) of 10 observations between 11:20 and 2:00 PM of September 6, 2006.		All HVAC units will checked during weekly environmental rounds by Engineering Department Director/Designee.	10/22/06
	9. Facility staff failed to test and service Ansul fire protection system as required. The Appel fire protection system tag ind.			The Engineering Department will report findings to the CQI Committee quarterly.	Jan 07 Apr 07 Jul 07
	The Ansul fire protection system tag ind that the system was last tested and/or s	erviced in		L410-9	
	January 2006. The system is required to tested and serviced every six (6) months. Ansul fire protection system was observitionen at 1:00 PM on September 5, 200	s. The ed in the		The Director of Engineering contacted vendor to test the Ansul Fire System. Test completed.	9/6/06
				The Director of Engineering will contact vendor every six months to ensure compliance.	9/6/06
	•			The Director of Engineering will check PM schedule 30 days prior to expiration date and contact vendor.	9/6/06
·				The Engineering department will provide report to the CQI Committee.	Mar 07 Sep 07