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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/C AND PLAN OF CORRECTION IDENTIFICATION NUMBER					(X3) DATE SURVEY COMPLETED			
		095005		B, WING			12/12/2007	
NAME OF PE	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, ST	ATE, ZIP CODE	1	122001	
	SHINGTON HOME		3720 UPT	ON STREET TON, DC 20	NW	-	•	
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REC		GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION SH REFERENCED TO THE APPROPE	IRECTION INULD BE CROSS-	(X5) COMPLETE DATE	
L 000	Initial Comments A compliance survey 12, 2007 to determ the October 12, 200 survey was implement the sample size was defliciencies were or record reviews and 3200.1 Nursing Face Each nursing facility these rules and the 483, Subpart B, Se D, Sections 483.15 section 483.200 to constitute licensing the District of Colur This Statute Is not Based on record re (4) of 27 sampled re the RN (Registered failed to comply wit Regulations) 483.20 ensure that all asses signing at Section F Residents S1, S2, S The findings include According to the "M 212, "The RN Asses sign and attest to co until all other asses of the MDS."	ey was conducted on Dine if the plan of corrector of recertification and literated. The census was 61 residents. The following it is 61 residents. The following is 61 residents. The following is staff Interviews. In the comply with the requirements of 42 CF ctions 483.1 to 483.75 and Subject as evidenced by: In the view and staff Interview esidents, it was determ nurse) Assessment Character of the CFR (Code of Fer Org.) as evidenced by following and W1. In the complete of the complete o	Act, FR Part ; Subpart part E, hall facilities in v for four nined that coordinator deral ailure to te prior to	L 000	The Washington Home is filling the Correction for the purposes of Re Compliance. The facility is subming to correction to comply with appliance as an admission or statement with respect to the alleged deficience. To remain in compliance with all state regulations, the facility has take the actions set forth in the focorrection. The following plan of constitutes the facility's allegation such that all alleged deficiencies been or will be corrected by the odates indicated. 1. Corrective Actional The records of residents S1 W1 have been reviewed. The cannot be changed because been transmitted to the state 2. Identification of Practices & Corrective Actional The residents have the positional and the state 2. Identification of Practices & Corrective Actional The Clinical Manewill audit 100% of all current records to Identify risks. An negative findings at the time will be reported to the QA Corrective Indications. 3. Systemic Change The MDS Coordinators have the other disciplines that sign MDS assessments. They hassessmente on the date before the R2b date of the RN sign. 4. Monitoring: The RN QA Director or design responsible for maintaining The GA program includes a monitoring the timely compliansessments. Date of Compliance: 1/11/1	Plan of hulatory ting this plan able laws and and all of decovery militate for the serviced off on the ve to sign the ore or equal to hure. In the serviced off on the ve to sign the ore or equal to hure. In the serviced off on the ve to sign the ore or equal to hure.	12/19/07	
-		SUPPLEMENTATIVE	E SIGNATI IDE	Intern	Hammithata)	,/	(X8) DATE	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CLIA ER:	(X2) MULTIP A. BUILDING B. WING	. —	(X3) DATE SURVEY COMPLETED 12/12/2007		
				7D 400E		12/2007	
	ROVIDER OR SUPPLIER SHINGTON HOME		3720 UPTO	RESS, CITY, STA DN STREET I TON, DC 200	NW		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY TAG OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION SH REFERENCED TO THE APPROPE	ULD BE CROSS-	(X8) COMPLETE DATE		
L 001	The RN Assessment Section R2b on Decassessments were a seessments were a face-to-face intended the completion of the reviewed on Decembrance and a face-to-face intended the completion of the social worker signary. Form, Section AA9, RN Assessment Co Section R2b on Novall assessments we a face-to-face intended that the completion of the reviewed on Decembrance and a face-to-face intended that the completion of the Licensed Practic Recreational Theral Tracking Form, Section R2b indicating that all as A face-to-face intended indicating that all as A face-to-face intended that the completion of the reviewed on Decembrance and Reserviewed Reservie	tion AA9, on Decembrat Coordinator signed from the Coordinator signed from the Coordinator signed from the Coordinate of the Coordinate of the Coordinate of the Coordinator signed the Coordinator of	the MDS, ting that all lith He/She prior to accord was vealed that Tracking D7. The MDS, ating that lith He/She prior to accord was vealed that sment er 18, signed the 7 pleted.	L 001	1. Corrective Action The records of residents S1 W1 have been reviewed. The cannot be changed because been transmitted to the state 2. Identification of Practices & Correction of the Correction of the Practices of the Correction of the Correctio	S2, S3, and se records they have have have have have have be records they have had all of discovery militate for serviced off on the ve to sign the ore or equal to ture.	12/19/07

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA . IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		The second	(X3) DATE SURVEY COMPLETED			
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NAME OF P	ROVIDER OR SUPPLIER				ATE, ZIP CODE			
THE WAS	SHINGTON HOME		3720 UPTO WASHINGT					
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REC NTIFYING INFORMATION)	SULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION SH REFERENCED TO THE APPROPR	JULD B	E CROSS-	(XS) COMPLETE DATE
	Form, Section AA9, RN Assessment Coc Section R2b on Novall assessments were A face-to-face interviewed at a application of the reviewed on December This is a repeat defice 2007 recertification/ficorrection was: "T Coordinator must not of the assessment unfinished their portion reviewed its' currently procedure. The Clinical Interdisciplinary Tea DON [Director of Numprovisions of 483.200 p.3-212 specifically the Minimal [Minimum Verification of inservity provided for three (3) the MDS resident assessment assessment assessment and the MDS resident assessment assess	on November 30, 200 ordinator signed the Member 29, 2007 indicate completed. iew was conducted wiroximately 10:30 AM. he RN signed at R2b et assessment. The report 12, 2007. Itiency from the Octobic icensure survey. The fire RN Assessment to sign and attest to contil all other assessors of the MDS. The farmy will be inserviced in the sign and or designed (g)-(j) & MDS 2.0 Used he signature requiremental Data Set" Ice on MDS documental of four (4) staff responsessment.	ADS, ating that Ith He/She prior to cord was er 12, plan of mpletion shave cility has e IDT by the e on the rs Manual tents for tation was ensible for	L 001	1. Corrective Action The records of residents \$1, W1 have been raviewed. The cannot be changed because been transmitted to the state 2. Identification of in Practices & Corrective & Corr	eficier tive Ac intial to er or d resider and al of disco inmitte s: in-serv off on ve to si ore or e ture.	cords ave nt stions: o be designee nts' l overy e for viced the ign the equal to	12/19/07
calth Regulat	ion Administration							

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FORM APPROVED (X3) DATE SURVEY COMPLETED (X2) MULTIPLE CONSTRUCTION

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B. WING 12/12/2007 095005 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **3720 UPTON STREET NW** WASHINGTON, DC 20016 THE WASHINGTON HOME PROVIDER'S PLAN OF CO (X5) COMPLETE DATE RECTION SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (X4) ID PREFIX TAG ULD BE CHOSS-(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SH REFERENCED TO THE APPROPE TE DEFICIENCY) TAG L 051 L 051 Continued From page 3 (b) Reviewing medication records for completeness, 1. Corrective Action(s) accuracy in the transcription of physician orders, The records of residents S1 S2, S3, and and adherences to stop-order policies; W1 have been reviewed. These records 12/19/07 cannot be changed because hey have (c)Reviewing residents' plans of care for been transmitted to the state appropriate goals and approaches, and revising Identification of Defic ant Practices them as needed: & Corrective Actions: Other residents have the pofintial to be (d)Delegating responsibility to the nursing staff for affected. The Clinical Mana er or designed direct resident nursing care of specific residents; will audit 100% of all current residents' records to identify risks. An and all (e)Supervising and evaluating each nursing negative findings at the time of discovery 12/17/02 will be reported to the QA Committee for employee on the unit; and recommendations. (f)Keeping the Director of Nursing Services or his or Systemic Changes: her designee informed about the status of residents. The MDS Coordinators have in-serviced This Statute Is not met as evidenced by: the other disciplines that sign off on the MDS assessments. They have to sign the assessments on the date before or equal to 12/11/07 the R2b date of the RN sign ture. Based on observations, record review and staff Monitoring: interviews for two (2) of 10 sampled residents The RN QA Director or designes is responsible for maintaining ¶ompliance. receiving oxygen, it was determined that the charge The QA program includes a audit tool for monitoring the timely completion of review nurse falled to obtain an order for the use of oxygen 12/14/02 for Residents S4 and W2. assessments. The findings include: Date of Compliance: 1/11/98 1. The charge nurse failed to obtain an order for the use of oxygen for Resident #S4. During the Initial tour, it was observed that an oxygen concentrator was in Resident S4's room. A portable oxygen tank was observed on the back of Resident S4's wheelchair. A review of Resident S4's record revealed that there was no physician 's order for the use of oxygen. There was no evidence in the record that the resident had used the oxygen during the month of December 2007.

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the hospital at the end of last month (November 30, 2007). [Resident S4] needed oxygen when [he/she] was sent out 911 and we just left the concentrator in the room. It's there just for emergencies." After reviewing Resident S4's record, Employee #2 acknowledged that there was no order for oxygen. The record was reviewed December 12, 2007. 2. The charge nurse failed to obtain an order for the use of oxygen for Resident #W2. During the tour of Unit 2B on December 12, 2007 at approximately 8:00 AM, an oxygen concentrator was observed in Resident W2's room. A review of Resident W2's record revealed that there was no physician's order for the use of oxygen. The nurses 'notes included the following: December 10, 2007 at 11:30 PM, "Nasal O2 at 2 liters going continuously" The properties a Correlated documentation. 2. Identification of it practices & Correlated coumentation. 2. Identification of it practices & Correlated coumentation. 3. Identification of it practices & Correlated coumentation. 2. Identification of it practices & Correlated coumentation. 3. Identification of it practices & Correlated coumentation. Cher residents requiring oxy penation therapy with oxygen saturation. Other residents requiring oxy penation therapy with oxygen saturation. Other residents requiring oxy penation therapy with oxygen saturation. Other residents requiring oxy penation therapy with oxygen saturation. Other residents requiring oxy penation therapy with oxygen saturation. Other residents requiring oxy penation therapy with oxygen saturation. Other residents requiring oxygen acturation or designees have audited 100 or of the current residents requiring oxygen acturation. 12. Identification of it practices & Correlate oxygen saturation. Other residents requiring oxygen acturation oxygen for expectations. Other residents requiring oxygen expective in the oxygen acturation. 12. Identification of it practices & Correlated to oxygen acturation. 13. Systemic Changes. The Clinical Team have beed in serviced	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		,	(X3) DATE SURVEY COMPI, FRED		
THE WASHINGTON HOME PREPIX SUMMARY STATEMENT OF DEPOCIENCES PROVIDERS PLAN OF COLORED PREPIX CACH DEPICIENCY MUST BE PRECEDED BY PULL REGULATORY PREPIX TAG	095005			B. WING _			12/12/2007		
WASHINGTON HOME WASHINGTON, DC 20016	NAME OF PE	OVIDER OR SUPPLIER		STREET ADDI	ESS, CITY, ST	ATE, ZIP CODE			
L 051 Continued From page 4 A face-to-face interview with Employee #2 was conducted at 9:30 AM on December 12, 2007. He/she stated, "[Resident S4] is to each back from the hospital at the end of last month (November 30, 2007). [Resident S4] is each concentrator in the room. It's there just for emergencies." After reviewing Resident S4's record, Employee #2 acknowledged that there was no order for oxygen. The record was reviewed December 12, 2007. 2. The charge nurse failed to obtain an order for the use of oxygen for Resident #W2. During the tour of Unit 28 on December 12, 2007 at approximately 8:00 AM, an oxygen concentrator was observed in Resident W2's room. A review of Resident W2's record revealed that there was no physician's order for the use of oxygen. The nurses' notes included the following: December 10, 2007 at 10:30 PM, "Nasal O2 on at 2 liters a" December 11, 2007 at 10:30 PM, "Nasal O2 on at 2 liters in min (minute)" December 12, 2007 at 6:00 AM, "O2 at 2 L via n/c (nasal cannula)" December 12, 2007 at 6:00 AM, "O2 at 2 L via n/c (nasal cannula)" December 12, 2007 at 6:00 AM, "O2 at 2 L via n/c (nasal cannula)"	THE WAS	SHINGTON HOME							
A face-to-face interview with Employee #2 was conducted at 9:30 AM on December 12, 2007. He/she stated, "[Resident S4] just came back from the hospital at the end of last month (November 30, 2007). [Resident S4] needed oxygen when [he/she] was sent out 911 and we just left the concentrator in the room. It's there just for emergencies." After reviewing Resident S4's record, Employee #2 acknowledged that there was no order for oxygen. The record was reviewed December 12, 2007. 2. The charge nurse failed to obtain an order for the use of oxygen for Resident #W2. During the tour of Unit 2B on December 12, 2007 at approximately 8:00 AM, an oxygen concentrator was observed in Resident W2's room. A review of Resident W2's room. A review of Resident W2's record revealed that there was no physician's order for the use of oxygen. The nurses' notes included the following: December 10, 2007 at 11:30 P M, "Nasal O2 on at 2 liters going continuously" December 11, 2007 at 7:55 AM, "O2 at 2L/min December 11, 2007 at 10:30 PM, "Nasal O2 on at 2 liters per min (minute)" December 12, 2007 at 6:00 AM, "O2 at 2 L via n/c (nasal cannula)"	PREFIX	(EACH DEFICIENCY MUST	BE PRÉCEDED BY FULL REG	BULATORY	PREFIX	(EACH CORRECTIVE ACTION SHO	JLO BE	JLD BE CROSS- CON	
	L 051	Continued From page A face-to-face interviously conducted at 9:30 A He/she stated, "[Resthe hospital at the et 2007). [Resident S4 was sent out 911 and the room. It's there After reviewing Resident was reviewed that to the record was reviewed. The charge nurse the use of oxygen for During the tour of Ur approximately 8:00 A was observed in Resthe was no physiciloxygen. The nurses 'notes in December 10, 2007 in the record was reviewed in Restrict was no physiciloxygen. The nurses 'notes in December 10, 2007 in the record was reviewed in Restrict was no physiciloxygen. The nurses 'notes in December 10, 2007 in 200	iew with Employee #2 M on December 12, 2 sident S4] just came be not of last month (Nove if needed oxygen whe d we just left the conce i just for emergencies dent S4's record, Employee was no order for ewed December 12, 2 if failed to obtain an or r Resident #W2. In the second reveale an's order for the use included the following: at 10:30 PM, "Nasi justy" at 11:30 PM, "Nasi justy"	ack from ember 30, en [he/she] eentrator in "" bloyee #2 oxygen. 007. eder for 2, 2007 at a ntrator ed that of eal O2 at 2 eal O2 on 2L/min al O2 on 2 L via		1. Corrective Action Resident S4's record has be the Clinical Team and orders have been obtained. The CI Managers have educated the respective units for complete documentation. 2. Identification of I Practices & Corre Actions: Other residents requiring oxy therapy with oxygen saturatif parameters have the potentif affected. The Clinical Manae designees have audited 100 current resident's record to in Any and all negative findings discovery will be reported to Committee for recommendal 3. Systemic Change The Clinical Team have been that all residents receiving on should have a physician's on the use of oxygen and the or saturation parameter for adri oxygen. 4. Monitoring: The Assistant Director of Nul designee is responsible for re compliance. The QA progres audit tool for monitoring the completion for monitoring the completion for monitoring the oxygenation therapy. The C Managers will audit monthly with oxygenation therapy art findings during the monthly in Meeting.	efficient to be ers or the QA ons. s: in-servygen the resider resider resider report A Committee on the CA	ewed by //gen in the int exists. ime of //ced //crapy c/fying ing the ing es an ints with ents	12/20/07
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095005			CLIA BER:	(X2) MULTIF A. BUILDING B. WING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
NAME OF PE	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	ATE, ZIP CODE	1	
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L 051	A face-to-face interconducted at 9:30 A He/she stated, "[Re the hospital at the e 2007). [Resident S was sent out 911 at the room. It's ther After reviewing Resacknowledged that The record was reviewed as a considered was no physicial oxygen. The nurses 'notes December 10, 2007 at 2 liters per min (n December 11, 2007 at 2 liters "December 12, 2007 n/c (nasal cannula)	view with Employee #2 MM on December 12, 2 sident S4] just came be end of last month (Novi 4] needed oxygen when d we just left the conce e just for emergencies sident S4's record, Employee Harmonia there was no order for lewed December 12, 2 e failed to obtain an order lewed December 12, 2 e failed to obtain an order lewed December 1. AM, an oxygen conce esident W2 's record revealed sian's order for the use included the following: at 10:30 PM, "Nas busty" at 11:30 P M, "Nas ninute)" at 7:55 AM, "O2 at at 10:30 PM, "Nas at 6:00 AM, "O2 at	e007. pack from ember 30, en [he/she] centrator in ." ployee #2 oxygen. 2007. rder for 2, 2007 at ntrator ed that of al O2 at 2 sal O2 on t 2L/min al O2 on	L 051	1. Corrective Action(seed) Resident W2's record has been by the Clinical Team and order have been obtained. The Clinical Managers have educated the erespective units for complete documentation. 2. Identification of Derectices & Correctices	reviewed for oxygen al aff on the licient ve nation be or of the liffy risks, the time of QA s, -serviced en therapy specifying en stering the regions an ofy esidents with oal residents	12/20/07
a state Do suder	tion Administration						L

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NAME OF PROVIDER OR SUPPLIER THE WASHINGTON HOME STREET ADDRESS, CITY, STATE, ZIP COL 3720 UPTON STREET NW WASHINGTON, DC 20016	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY TAG REFER TAG OR LSC IDENTIFYING INFORMATION)	PROVIDER'S PLAN OF COLUECTION (X5) H CORRECTIVE ACTION SHI JULD BE CROSS- COMPLET RENCED TO THE APPROPRIATE DEFICIENCY) DATE
her for comfort. [Residenti] had an episode of bradycardia on the 10th". A face-to-face interview was conducted with Employee #3 on December 12, 2007 at approximately 11:30 AM. He/She acknowledged that there was no order for oxygen for the resident. The record was reviewed on December 12, 2007. (New finding) L 099 3219.1 Nursing Facilities Food and drink shall be clean, wholesome, free from spoilage, safe for human consumption, and served in accordance with the requirements set forth in Title 23, Subtitle B, D. C. Municipal Regulations (DCMR), Chapter 24 through 40. This Statute is not met as evidenced by: Based on observations during the survey period, it was determined that dietary services were not adequate to ensure that foods in the walk-in refrigerator were labeled, dated, free from spoilage and used before the expiration date. These observations were made in the presence of Employee #1 on December 12, 2007 at 7:10 AM. The findings include: 1. Tomatoes, cantaloupe, cucumbers and celery were observed not free from spoilage (mold) in the walk-in refrigerator.	1. Corrective Action (s) led tornatoes, cantaloures, cucumbers celery in the walk-in refit perators were arded immediately on 17 12/07. 2. Identification of Practices & Corrective Actions: In meal prepitems prepared for duled meal distribution and storage the potential to be affected. The Food ices Manager and Food Services are labels as and initials. Any and ill negative net time of wery. 3. Systemic Chang services are labels as and initials. Any and ill negative net time of wery. 3. Systemic Chang services are labels are time of wery. 3. Systemic Chang services will perform a daily of food items in the walk-in refit gerator are and, dated, free from spit lage and used their expiration date. 4. Monitoring: Dietician or designee will complete the ry inspection report day anining compliance. Tipicition report includes ratinger mold or foreign reed due (FIFO), ags will be reported to ne QA on the for recommendations for recommendations in current policy or practice and and for action of Compliance: 1/11/18

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE S COMPL	
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3. Ten (10) gallodressing were open sing were open sold to the package of shreet of tortillas were of the observation of the observati	 3. Ten (10) gallon containers of assorted salad dressing were opened and undated. 5. One (1) package of cheese squares, one (1) package of shredded cheese and one (1) package of tortillas were open and undated. 6. One (1) container of tuna fish and one (1) container of peaches were unlabeled and undated. Employee #1 acknowledged these findings at the time of the observations. According to the plan of correction for the annual recertification and licensure survey completed October 12, 2007, "The Dietician will complete the Dietary Inspection Report weekly for maintaining compliance. The Dietary Inspection Report now includes sanitary conditions, food prep and storage 		L 099	1. Corrective Action (2) Four (4) 32 ounce contyogurt were observed of expiration date of Dece (3) Ten (10) gallon contains salad dressing were of undated. (5)One (1) package of cheer (1) package of shredded cheackages of tortillas were of undated. (6) One (1) container of tull (1) container of peaches we and undated. All of these items were 2. Identification of Practices & Container of peaches we and undated. Attons: Other meai prep items prep scheduled meal distribution have the potential to be affel Services Manager and Foor Supervisors will inspect any litems prior to storage for predates and initials. Any and findings will be corrected at discovery.	iners of plain ith an inber 5, 2007. Its of assorted ined and Is squares, one ese and on (1) In and Is fish and one I unlabeled Ilscarded. Iscarded. Iscarde	12/12/07
included unlabele but failed to Inclu	walk-in refrigerator. The dally inspection check list included unlabeled/undated and expired food items, but failed to include observation of food free from spollage (mold) food.			3. Systemic Change The facility has reviewed its and procedures. The Dietal will be in-serviced by the Re- Dietician or designee in acc the requirements set forth is subtitle B, D. C. Municipal F (DCMR), Chapter 24 – 40. sanitary conditions food pre- of food items. 4. Monitoring: The Dietician or designee vill Dietary inspection report delip maintaining compliance. The inspection report includes re- or stored foods covered, day spoilage mold or foreign re- Findings will be reported to Committee for recommend to changes in current policy of the need for further audits and plans. Date of compliance.	current policy / Services staff platered rdance with Title 23 egulations pecifically, and storage complete the / for Dietary rigerated stock d, and without lue (FIFO) e QA ons for practice and d or action	12/20/27