	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/	BER:	ILTIPLE CONSTRUCTION DING 3	(X3) DATE SURVEY COMPLETED	
			STREET ADDRESS, CIT		05/1	9/2006
WASHIN	GTON NURSING FAC		WASHINGTON, DC	20020	<u> </u>	
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L 000	May 15 through 19 deficiencies were b reviews and intervie residents. The san based on a census	e survey was conducted, 2006. The following based on observations, ews with the facility stan nple included 30 record of 324 residents on the 17 supplemental reside	record ff and ds e first	The filing of this Plan of Corn not constitute an admissio deficiencies alleged did in fact Plan of Correction is filed as the facility's desire to comp regulatory requirement of res these citations and to continue quality resident care.	n that the exist. This evidence of ly with the ponding to	
	following: (a)Making daily res and emotional statu required nursing int (b)Reviewing medic completeness, accu physician orders, an policies; (c)Reviewing reside appropriate goals a them as needed; (d)Delegating responding direct resident nurs	all be responsible for th ident visits to assess p us and implementing ar tervention; cation records for uracy in the transcription nd adherences to stop- ents' plans of care for ind approaches, and re possibility to the nursing ing care of specific resi	hysical ny on of order vising staff for idents;	<ul> <li>3210.4 Nursing Facilities Resident #29</li> <li>1. This resident expired at t with a cause of death unrela results of the PT/INR.</li> <li>2. Any resident on Coumadir and symptoms of bleeding wi for according to the facility's policy.</li> <li>3. The nursing staff was inserv facility's Emergency Care and t contact the Medical Director, Administrator should the respond in a very timely mar House Supervisors and Clinical will monitor the residents needs ensure compliance with the faci The results of this monitorin forwarded to the DON.</li> <li>4. The Director of Nursing with the monitoring. The result monitoring alarea with</li> </ul>	ated to the and signs ll be cared emergency iced on the the need to DON, or PMD not mer. The Managers closely to lity policy g will be ll oversee s of this	4]18 5]19 6]797
ealth Regula	employee on the un (f)Keeping the Direc or her designee infor residents. This Statute is not Based on observation interview for twelve	evaluating each nursin hit; and ctor of Nursing Services ormed about the status met as evidenced by: on, record review, and of 30 sampled residen intal resident, it was	s or his of staff	monitoring, along with any ac for improvement, will be preser quarterly Quality Imp Committee which is chaired administrator.	nted at the provement	Le no

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE		(X2) MULTI A. BUILDIN B. WING _		(X3) DATE S COMPLE	
	ROVIDER OR SUPPLIER			BESS CITY	STATE; ZIP CODE	00/1	572000
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WASHIN	GTON NURSING FAC			TON, DC 2			
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L 051	assess the physica implement intervent two (2) residents; we residents as per face approaches after a indicate which appre- the psychoactive me resident; initiate ner- resident with agitate plan for one (1) res- clarify sliding scale Lorazepam] orders Residents #29, S14 21, 24, S5, S6, S7, The findings include 1. The charge nurs- 29's physical status resident emergency who was taking Co- had a nosebleed. died at the hospital The resident was a 22, 2006. According Data Set (MDS) sig the resident ' s diag Mellitus (DM), Cong Hypertension, Cere Hemiparesis, and D The admission order included, "Warfarin tablet GT/PO daily 06). Labs. (1) CBC every month DM."	e charge nurse failed l and/or emotional sta tions as per facility po veigh and/or reweigh cility policy; initiate ne fall for two (2) reside roaches were to be us redication care plan for w interventions for or ed behaviors; develog ident on hospice care insulin orders and At for six (6) residents. 4, 1, 2, 6, 8, 9, 12, 14 S8, S9 and W5. e: e failed to assess Re s and implement the f y care policy for the ro umadin, an anticoagu	atus and olicy for six (6) w nts; sed on or one (1) ne (1) p a care e; and ivan [ , 15, 17, sident # acility's esident ulant, and pently on March nimum 14, 2006, petes (stroke) ). 2006 madin) 1 06-3/28/	£ 051	Resident #S14 1. The behaviors noted by the Cl Manager were related to confusion ar suicidal ideation. The resident wa trying to hang herself or choke hersel the shower hose. She was hallucir that is was a snake. The resident wa to the hospital ER to ensure that thi not suicidal ideation. The return diag was acute schizophrenia and to cor present care. 2. All residents with acute di exacerbations will be promptly care and the continued documentation reflect the results of the hospital visi 3. The nursing staff was inservice assessment and proper documentation Clinical Managers will monitor their care plans for appropriate up accuracy and completeness. They report their findings to the J Additionally, inservicing was done f staff involved in the completion of residents' care plans to ensure understanding of the errors corrections. 4. The Director of Nursing will ov the monitoring. The results of monitoring, along with any action for improvement, will be presented quarterly Quality Improvement	nd not is not f with hating s sent s was gnosis ntinue isease ed for will it. ed on h. The unit's dates, will DON. or the of the their and versee f this plans	5   20   06 5   20   06 5   21 ] 06 6   20   26 6   20   26 6   20   26
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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE		(X2) MULT A. BUILDH B. WING		(X3) DATE SURVEY COMPLETED 05/19/2006	
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L 051	March 22, 2006 at work in 3 days." March 24, 2006 at urinalysis with cultur O (rule out) UTI (ur Resident c/o (comp when urinating. March 24, 2006 at 2 tab po (by mouth) of Drug Interactions time in the setting of levofloxacin use ha episodes of bleedin International Norma suitable anticoagula monitored if levoflo concomitantly with Ortho-McNeil] pres Levaquin (levofloxa March 28, 2006 at 2 Sodium 10mg, I tat thinning. Check PT April 17, 2006 at 7:: compress over brid Complete Blood Co Time) and INR (Inte today; notify PMD of 18/06." April 17, 2006 at 1: for Coumadin Toxio Laboratory Studies: March 28, 2006: co 0620 (6:20 AM)	10:00 PM, "Obtain P 12:30 AM, "Obtain U ire and sensitivity) in inary tract infection)." blained of) burning se 2:00 PM, "Levaquin a ( every) day for 7 da Elevations of the pro- of concurrent Warfarin we been associated w ag. Prothrombin time alized Ration (INR), c ation tests should be xacin is administered Warfarin Manufactu cribing information for acin), August 2005]. 2:00 PM, "Continue V b. Qd (daily) GT/PO - I/INR every month." 00 AM "Continue to lige of nose. Do CBC bunt) and PT (Prothro ernational Normalized of results. Hold Count 15 PM "Send residen city."	/A C&S ( AM, to R/ nsation 500mg 1 ys." [ othrombin n and with r other closely urer's [ r Warfarin blood apply ice ( ombin d Ratio) nadin 4/ nt to ER /28/06	L 051	<ul> <li>immediately. The Clinical Man corporate and facility dietician rev the charts and interventions impler when indicated.</li> <li>2. A weight audit was conducted cooperative effort of the C Managers and Dieticians to addree other residents whose weights we properly addressed.</li> <li>3. Nursing staff and dieticians inserviced on weight collection weight collection team per un- implemented per a new weight The Clinical Managers were inservi- the accuracy of documentation spe weight variations as mandated by and the MDS. The Clinical Manager oversee and monitor the weight team the documentation of the weights.</li> <li>4. The Director of Nursing will of the monitoring. The results of monitoring, along with any action for improvement, will be presented</li> </ul>	follow eighed nagers, viewed nented ed in a Clinical ess any ere not s were and a it was policy. iced on cific to policy ers will ms and oversee of this n plans I at the vement by the Lent #1 ve been	
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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE		(X2) MULT A. BUILDIN B. WING	IPLE CONSTRUCTION	(X3) DATE S COMPLE 05/1	
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE		
	GTON NURSING FAC	CILITY	2425 25TI	H STREET S TON, DC 2	SE		
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L 051	seconds C/T [call to] [name report read back) Protime INR 2.51 April 17, 2006 coag (9:00 AM) PT 134.4 P Norma Protime INR 19.84 According to the fac Emergency Care-R provide emergency Advanced directive emergency is due to diagnosis. A. In case of signific condition: 2. Notify attend Medical Director. If Nursing Director or transfer of resident room. D. Epistaxis: 1. Sit resident ub reathe through his 2. Apply pressu apply ice over nose 3. If bleeding do minutes, notify doct Every change in reso on the nursing 24 h physician and family nurses' Notes: March 28, 2006, at by lab regarding PT	] at 1009 [10:09 AM], Therapeutic range: Julation collected 4/17 I Range 12.2-15.0 se Therapeutic range 2 cility's policy "Nursing esidents - The facility medical care to all re s will be followed whe o the residents condi cant change in reside ing physician, associ f no doctor can be read Administrator regard to the nearest emerge upright and instruct hi mouth re on one or both no	2.0-3.0 7/06 0900 conds 2.0-3.0. y will esidents. en the tion or ent's ate or ached call ing gency m to strils ve be written o detail on s called ide	L 051	<ul> <li>fall.</li> <li>2. The care plans of similar reswith falls and agitated behaviors hav reviewed to ensure that updates recorded as appropriate.</li> <li>3. The Clinical Managers will metheir unit's care plans for approupdates, accuracy and completeness will report their findings to the Additionally, inservicing was done is staff involved in the completion residents' care plans to ensure understanding of the errors corrections.</li> <li>4. The Director of Nursing will or the monitoring. The results o monitoring, along with any action for improvement, will be presented quarterly Quality Improv. Committee, which is chaired by Administrator.</li> </ul>	e been were onitor opriate they DON. for the of the their and versee f this plans at the ement	6 270 00 6 270 00 6 270 00 6 270 00 6 270 00 8

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WASHINGTON NURSING FACILITY         2425 25TH STREET SE WASHINGTON, DC 20020           [X4] ID PREFX TAG         SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY WIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         ID PREFX TAG         PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE CROSS. REFERENCED TO THE APPROPRIATE DEFICIENCY)         009 (EACH CORRECTIVE ACTION SHOULD BE CROSS. REFERENCED TO THE APPROPRIATE DEFICIENCY)         009 (EACH CORRECTIVE ACTION SHOULD BE CROSS. REFERENCED TO THE APPROPRIATE DEFICIENCY)         009 (EACH CORRECTIVE ACTION SHOULD BE CROSS. REFERENCED TO THE APPROPRIATE DEFICIENCY)         0009 (EACH CORRECTIVE ACTION SHOULD BE CROSS. REFERENCED TO THE APPROPRIATE DEFICIENCY)         0009 (EACH CORRECTIVE ACTION SHOULD BE CROSS. REFERENCED TO THE APPROPRIATE DEFICIENCY)         0009 (EACH CORRECTIVE ACTION SHOULD BE CROSS. REFERENCED TO THE APPROPRIATE DEFICIENCY)         009 (EACH CORRECTIVE ACTION SHOULD BE CROSS. REFERENCED TO THE APPROPRIATE DEFICIENCY)         009 (EACH CORRECTIVE ACTION SHOULD BE CROSS. REFERENCED TO THE APPROPRIATE DEFICIENCY)         009 (EACH CORRECTIVE ACTION SHOULD BE CROSS. REFERENCED TO THE APPROPRIATE DEFICIENCY)         009 (EACH CORRECTIVE ACTION SHOULD BE CROSS. REFERENCED TO THE APPROPRIATE DEFICIENCY)         0007 (EACH CORRECTIVE ACTION SHOULD BE CROSS. REFERENCED TO THE APPROPRIATE DEFICIENCY)         0007 (EACH CORRECTIVE ACTION SHOULD BE CROSS. REFERENCED TO THE APPROPRIATE DEFICIENCY)         0007 (EACH CORRECTIVE ACTION SHOULD BE CROSS. REFERENCED TO THE APPROPRIATE DEFICIENCY)         007 (EACH CORRECTIVE ACTION SHOULD BE CROSS. REFERENCED TO THE APPROPRIATE DEFICIENCY)         007 (EACH CORRECTIVE ACTION SHOULD BE CROSS. REFERENCED TO THE APPROPROPRATE DEFICIENCY)         007 (EACH CORRECTIVE	NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY,	STATÉ, ZIP CODE	·	
PHETR TAG(EACH DEFICIENCY NUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)PRETX TAG(EACH DEARECTIVE ACTION SHOULD BE CROSS. REFERENCED TO THE APPROPRIATE DEFICIENCY)COMPLETE DATEL 051Continued From page 4 with Coumadin and was noted accordingly."L 051L 051Resident #2 FallContinued From page 4 updated to reflect new approaches after a fall.L 051NoApril 16, 2006 at 11:00 PM, "10:00 PM had nose bleed. Small amount. Tee compress applied over bridge of nose. Place a call to PMD [private medical doctor] and left message to the answering machine not responded at this time. Vital signs (V/S) B/ (Blood Pressure) 150/86, T ( Temperature) 98.3, P (Pulse) 78, and R ( Respiration) 20."L 051NoNoImportance (NoApril 17, 2006 at 7:35 AM, "Continue to apply ice compress over bridge of nose and nose packed with gauze. PMD responded and made aware of the medical problem. Ordered to continue to apply ice compress and to do CBC, PT/INR today and to report result to PMD. Hold Warfarin until result of PT/INR arrives. Will endorse to oncoming nurse."L 051Importance (No acute distress on departure."NoImportance (No (No acute distress on departure.")Importance (No (No acute distress on departure."L 051April 17, 2006 at 2:30 PM, "V/S 97.8 (T), 72 (P), 22 (R), 144/80(B/P). Resident was noted with a nose bleed, PT/INR resident picked up at 2:00 PM. No acute distress on departure."L 0No (								
<ul> <li>with Coumadin and was noted accordingly."</li> <li>April 16, 2006 at 11:00 PM, "10:00 PM had nose bleed. Small amount. Tce compress applied over bridge of nose. Place a call to PMD [private medical doctor] and left message to the answering machine not responded at this time. Vital signs (V/S) B/P (Blood Pressure) 150/86, T (Temperature) 98.3, P (Pulse) 78, and R (Respiration) 20."</li> <li>April 17, 2006 at 7:35 AM, "Continue to have small amount of nose bleeding. Continue to apply ice compress over bridge of nose and nose packed with gauze. PMD responded and made aware of the medical problem. Ordered to continue to apply ice compress and to do CBC, PT7I/INR today and to report result to PMD. Hold Warfarin until result of PT/INR rarives. Will endorse to oncoming nurse."</li> <li>April 17, 2006 at 2:30 PM, "V/S 97.8 (T), 72 (P), 22 (R), 144/80(B/P). Resident was noted with a nose bleed, PT7/INR result received. Pt. 134.4, INR 19.89. Family and MD notified order given to send resident to ER. Resident picked up at 2:00 PM. No acute distress on departure."</li> <li>Resident #2</li> <li>Resident #2</li></ul>	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEEDED BY	FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE CROSS-	COMPLETE
because of a nose bleed."	L 051	with Coumadin and April 16, 2006 at 11 bleed. Small amou bridge of nose. Pla medical doctor] and answering machine Vital signs (V/S) B/J Temperature) 98.3, Respiration) 20." April 17, 2006 at 7: small amount of no apply ice compress packed with gauze. aware of the medic continue to apply ice PT/INR today and t Warfarin until resul endorse to oncomin April 17, 2006 at 2: 22 (R), 144/80(B/P) nose bleed, PT/INF INR 19.89. Family send resident to EF PM. No acute distr On May 19, 2006 a interview was cond Clinical Manager w receive anticoagula monitored for bruisi are to be drawn mo be called to report to medication might b results if they are h the resident was tra	<ul> <li>I was noted according</li> <li>I was noted according</li> <li>I:00 PM, "10:00 PM</li> <li>Int. The compress applies a call to PMD [pridleft message to the arrow of the end of the</li></ul>	had nose plied over vate this time. 50/86, T ( ( have ue to and nose d made to o CBC, D. Hold Will , 72 (P), d with a 134.4, er given to p at 2:00 ace ant ents who o be bod tests was to nts to the on the ver that	L 051	<ul> <li>Fall</li> <li>A. 1. The care plans of the residing cited at the time of the survey have updated to reflect new approaches fall.</li> <li>2. The care plans of similar resident with falls and agitated behaviors have reviewed to ensure that updates recorded as appropriate.</li> <li>3. The Clinical Managers will metheir unit's care plans for approupdates, accuracy and completeness will report their findings to the Additionally, inservicing was done for staff involved in the completion of residents' care plans to ensure understanding of the errors corrections.</li> <li>4. The Director of Nursing will or the monitoring. The results of monitoring, along with any action for improvement, will be presented quarterly Quality Improv Committee, which is chaired by Administrator. Drug Order</li> <li>B. 1. The orders for resident #2 clarified with the residents' atter physicians.</li> <li>2. The pharmacy is performing a audit of all PRN medications to exist the seme therapeutic for any given resident have a clarified order documenting the order in these medications should be given.</li> </ul>	tonitor opriate They DON. for the of the their and versee f this plans at the ement y the	6/20)30 6/20/00

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A revie " date and Tr bleedi bleedi on the she] w Reasc if appl The cl reside the as respon and fa emerg record 2. The Reside A revie nurse' "At 6 A" . Re care. I helpeo Fire sa see re using/ [his/he what [] was ol was bo monito Accord	d April 25, 20 reatment" ind ng from the r ng was treate a nasal bridge vas transferre on For Discha icable): Nose harge nurse f nt emergency sociate or Me nilure to transf ent emergency sociate or Me nase from the illure to transf ents reviewe e charge nurse ents" policy for ew of Resider s note dated 5:15 AM, resider s note dated 5:15 AM, resider is dent stated d out/away fro afety was observing it loo rought to the pring" ding to a nurse at 2:40 (PM), ling idy of the states at 3:40 (PM), ling idy of the states at 4:40 (PM), ling idy of the states at 4:4	age 5 hysician's Discharge 06, under "Course of licated: "Patient had hose on 4/17/06. Nose ed unsuccessfully wit PT/INR =134.4/19. do the ER for treatr arge (Including cause bleed and Coumadi ailed to follow the fac y care policy by not c edical Director after n resident's primary ph fer the resident to the or over nine (9) hours ed on May 17, 2006. Se failed to follow the for Resident S14. Int S14's record revea March 15, 2006 at 7: dent pulled fire alarm d "I did it, I pulled it. bout of here." Reside om fire alarm to [his/r served. Then staff we d resident in the bath er head hose to wrap en asked resident wh doing with it, resident by the staff we d resident on hourly with a sphoned at 8:35 AM with resident. Te	f Diseases started se h ice pack .84. [He/ ment. of death n toxicity." cility's contacting to sysician e . The "Suicidal aled a .30 AM, on wing " I don ' t nt was mer] room. ent back to room t around ny? Or t said, "I sident ose	L 051	<ul> <li>the orders for the PRN medicat ensure compliance. She will work through the DON and physician clarification orders are needed.</li> <li>4. She will report the findings monitoring at the quarterly Improvement Committee which is by the administrator.</li> <li>Resident # 6 <ol> <li>The care plan cited at the time survey for Resident #6 has been upor reflect approaches for psyche medications.</li> <li>All residents with psyche medications will have their care approaches checked for completent of accuracy and complet They will report their findings Director of Nurses.</li> <li>The Director of Nurses will o this monitoring process and repor with any action plans for improven the quarterly Quality Improv Committee which is chaired b administrator.</li> </ol> </li> </ul>	directly is when of her Quality chaired e of the dated to oactive e plan ess. nonitor iteness. to the oversee t on it nent at /ement by the	e 30 00 5 19 06 6 70 06 6 70 06 6 70 06

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AME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
VASHINGTON NURSING FACILITY		H STREET S GTON, DC 2			
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(X4) ID SUMMARY STATEMENT OF DEFICIENC PREFIX (EACH DEFICIENCY MUST BE PRECEEDED TAG REGULATORY OR LSC IDENTIFYING INFOR	BY FULL	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETE DATE
L 051 Continued From page 6		L 051			
<ul> <li>order of Haldol 2 mg po (orally) QID F times daily as needed) for agitation. F psychological) consult with [psychiatri hourly monitoring. RP (responsible panotified of the incident. At 9:45 AM [p was phoned and telephone order of H po QID (four times daily) routine for age Continue hourly monitoring. Psyc con /06. Collect [urine for] UA and C&amp;S (tand culture and sensitivity). Resident Haldol at 8:30 AM and 1 PM. Resider sleeping."</li> <li>According to the facility's policy, "Nurse Resident," policy #1404480A.000, da September 1998, under, " Procedure a staff member for one to one observation stay within the distant of an arm length resident until determination of the cout treatment has been made by a physic Obtain physician order for transfer or resident is to remain in the facility and emergency psychiatric consult. The psychold recommend the frequency and observation period."</li> <li>A face-to-face interview was conducted clinical manager and the charge nurse , 2006 at 10:55 AM. The clinical manager and the charge nurse , 2006 at 10:55 AM. The clinical manager and the charge nurse , 2006 at 10:55 AM. The clinical manager and the charge nurse , 2006 at 10:55 AM. The clinical manager and the charge nurse , 2006 at 10:55 AM. The clinical manager and the charge nurse , 2006 at 10:55 AM. The clinical manager and the charge nurse , 2006 at 10:55 AM. The clinical manager and the charge nurse , 2006 at 10:55 AM. The clinical manager and the charge nurse , 2006 at 10:55 AM. The clinical manager and the charge nurse , 2006 at 10:55 AM. The clinical manager and the charge nurse , 2006 at 10:55 AM. The clinical manager and the charge nurse , 2006 at 10:55 AM. The clinical manager and the charge nurse , 2006 at 10:55 AM. The clinical manager and the charge nurse , 2006 at 10:55 AM. The clinical manager and the charge nurse , 2006 at 10:55 AM. The clinical manager and the charge nurse , 2006 at 10:55 AM. The clinical manager and the charge nurse , 2006 at 10:55 AM. The clinical manager and the charge nurse , 200</li></ul>	Psyc ( st] and arty) was sychiatrist] aldol 2 mg gitation. Isult for 3/16 urinalysis received at is now sing Suicidal ted - #3. Assign ation and to h of the rse of ian#7 (c) if the order for an sychiatrist I length of ed with the e on May 19 ager stated, e shower S14] was		<ul> <li>Residents #8, 9 and 12</li> <li>Weights <ol> <li>Residents #8, 9 and 12 cited time of the survey for the facility's to follow the weight policy were w immediately. The Clinical Man corporate and facility dietician rest the charts and interventions impler when indicated.</li> <li>A weight audit was conducte cooperative effort of the C Managers and Dieticians to addre other residents whose weights we properly addressed.</li> <li>Nursing staff and dieticians inserviced on weight collection team per uni implemented per a new weight properly address were inservice the accuracy of documentation spectweight variations as mandated by and the MDS. The Clinical Managers will oversee and monitor the weights.</li> <li>The Director of Nursing will oversee and monitor the weights.</li> <li>The Director of Nursing will oversee and monitor the weight.</li> <li>The Director of Nursing will oversee and monitor the weight.</li> <li>The Director of Nursing will oversee and monitor the weight.</li> <li>The Director of Nursing will oversee and monitor the weight.</li> <li>The Director of Nursing will oversee and monitor the weight.</li> <li>The Director of Nursing will oversee and monitor the weight.</li> <li>The Director of Nursing will oversee and monitor the weight.</li> <li>The Director of Nursing will oversee and monitor the weight.</li> </ol></li></ul>	failure eighed hagers, viewed nented d in a linical ss any re not were and a t was policy. ced on ific to policy rs will hs and versee f this plans at the ement	5/19/00 7/2/06 0/70/06
nurse 's station and then a little later p bed. Then we called the doctor (atten physician) to tell [him/her] what happe The charge nurse stated, "The reside the fire alarm and was very confused. [attending physician] and the psychiate	ding ned." Int pulled We called rist. When				
the Director of Nursing found out what	was going		·		

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE	R/CLIA MBER:	(X2) Mult A. Buildin B. Wing	NG	3) DATE SU COMPLE	
		033022			STATE, ZIP CODE	0.0/13	5/2000
NAME OF P	ROVIDER OR SUPPLIER			I STREET S			
WASHIN	GTON NURSING FAC	CILITY		TON, DC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE / MUST BE PRECEEDED B\ .SC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEFI	CROSS-	(X5) COMPLETE DATE
L 051		Continued From page 7 on, [Resident S14] was sent out to the hospital." Facility staff failed to assign a staff member for one to one observation for Resident S14 from the ime he/she was noted with the shower head hose around the neck after the fire alarm was sounded until the physician was contacted. The record was reviewed May 19, 2006.			Resident #14		
	one to one observa time he/she was no hose around the ne sounded until the p				Agitated behaviors 1. The care plan of resident #14 cited at the time of the survey have been updated to reflect new interventions for a episode of agitated behavior. 2. The care plans of similar residents		5/19/06
	3. The charge nurse staff failed to ensure that a weight was obtained for Resident #1 for March and April 2006 and initiate new approaches in the care plan after a fall.		March		<ul><li>with agitated behaviors have b reviewed to ensure that new interventi were recorded as appropriate.</li><li>3. The Clinical Managers will mon their unit's care plans for appropriate</li></ul>	been ions iitor iate	6/20/06
	Services - Weights 0504060A.00, date Procedure -3. Mon according to the fac	e facility's policy, "Nu and Heights" , Policy d April 2004, under, thly: (a) Weights will cility schedule which ed and the date the w	y # " be done indicates		updates, accuracy and completeness. The will report their findings to the DC Additionally, inservicing was done for staff involved in the completion of residents' care plans to ensure the understanding of the errors a corrections. 4. The Director of Nursing will over	ON. the the heir and	b no lik
		Vital Sign Flow Sheet rea for recording the v 06 was blank.			the monitoring. The results of the monitoring, along with any action platfor improvement, will be presented at a quarterly Quality Improvement Commit	this ans the	6 30 sk
	clinical manager or After reviewing the that the weights we	view was conducted n May 15, 2006 at 3:3 record, he/she ackno ere not done for Marc cord was reviewed M	85 PM. owledged h and		which is chaired by the Administrator.		
		se failed to initiate nev care plan after a fall f					
	February 4, 2006 a	nt #1's nurse's note c t 10:00 PM documen the floor in [his/her] r	ited, "				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIE	R/CLIA MBER:	(X2) Mul <sup>-</sup> A. Buildi B. Wing		(X3) DATE SURVEY COMPLETED 05/19/2006	
NAME OF PROVIDER OR SUPPLIER		STREET ADD	RESS, CITY,	STATE, ZIP CODE		
WASHINGTON NURSING FA	CILITY	2425 25TH WASHING				
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEEDED BY LSC IDENTIFYING INFORM/	7 FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION SI REFERENCED TO THE APPROP	HOULD BE CROSS-	(X5) COMPLETE DATE
<ul> <li>the floor around [h resident] was note laceration measure the head [Reside PM "</li> <li>A review of care p 2005," Need for sa and blindness" re was documented of However, there we as a result of the f</li> <li>A face-to-face inter was conducted on she acknowledged approaches initiate The record was resided.</li> <li>4. A review of Resis the charge nurse for after a fall and cla</li> <li>A. The nurse's not 50 PM revealed the alert and oriented stood up, close his the bed and fell. I physical injuries not The care plan date risk for falls related psychoactive med meds" was last up The facility staff fall</li> </ul>	A pool of blood was im/her]. On assessme d with a big hematom ing 3 x 1 cm on the le lent] left the unit via 9 lan problem #3 on Fe afety [due to] limited n vealed that the above under the "Problems" ere no new approache all. erview with the charge May 17, 2006 at 9:30 d that there were no n ed after the above cite viewed May 17, 2006 sident #2's record reve failed to update the ca rify Lorazepam orders the dated March 30, 20 the following: "Resider x3. Resident stated t s door to the room, ste assessed the resider oted" ed December 8, 2005 d to decreased mobilities and use of antihype dated on March 10, 2 liled to update the falls d approaches after the	eent, [ la and a ft side of 11 at 7:30 bruary 4, nobility incident column. es initiated 0 AM. He/ ew ed fall.	L 051	monitoring, along with any for improvement, will be pres	ity's failure ere weighed Managers, an reviewed mplemented ducted in a e Clinical address any ts were not icians were etion and a r unit was ight policy. aserviced on n specific to ed by policy anagers will at teams and ghts. will oversee alts of this action plans sented at the mprovement	b/20)0 7)2/00 6/20/06 6/20/06

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE		A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SU COMPLE	
NAME OF P			STREET ADD	RESS, CITY,	STATE; ZIP CODE		
WASHIN	GTON NURSING FAC			I STREET S TON, DC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE I	BE CROSS-	(X5) COMPLETE DATE
L 051	the charge nurse fa Lorazepam. The May 2006 Physic the following orders (1 mg) intramuscular needed for agitation Lorazepam 1 mg 1 hours as needed for information include determine which row A face-to-face inter 15, 2006 at 1:02 Ph She stated, "He get The record was rev 5. A review of Resid the charge nurse fat approaches were to plan for psychoaction The care plan "On secondary to agitat and most recently u approaches. The to front of them. Appr facility would be ind box. There were no boxes. A face-to-face inter charge nurse on Ma She acknowledged approaches checked The record was rev 7. The charge nurse	ident #2's record revailed to clarify orders sician's Order Form i "12/18/05, Loraze arly (IM) every 4 hourn "; and "12/18/05, tablet by mouth every or agitation. " There d with the orders that ute, IM or po, would by view was conducted M with the charge numbers to be implemented on vertications. psychoactive medications. psychoactive medications psychoactive medications psychoactive medications psychoactive medications psychoactive medications psychoactive medications psychoactive medications psychoactive medications psychoactive medications psychoactive medication we medications. psychoactive medication we medication and by order to be used by the probability of the probabil	for ncluded pam ½ ml s as y four was no would be used. on May se. He/ 06. aled that the care ation , 2005 ted ten oxes in y the ark in the of the with the AM. He/ 06. t a weight	L 051	Resident #24 Hospice Care Plan 1. The hospice care plan was in immediately upon discovery integrated into the facility's care p the Clinical Manger on that unit. 2. The care plans of any other resid Hospice were evaluated to ensure the Hospice program's care plan integrated with the facility's care p 3. The Clinical Managers were inso on ensuring current and accurate u of the residents' care plans. The C Managers will monitor their unit plans for accuracy and comple They will report their findings to the 4. The Director of Nursing will of the monitoring. The results of monitoring, along with any action for improvement, will be presented quarterly Quality Improv Committee, which is chaired the Administrator.	and blan by ents on hat the was lan. erviced updates clinical 's care teness. DON. oversee of this a plans at the vement	5   19   04 5   19   06 5   70   06 6   70   06
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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPL		(X2) MULT A. BUILDII B. WING	IPLE CONSTRUCTION	(X3) DATE SI COMPLE	
	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE		
	GTON NURSING FA	CILITY	2425 25TI	I STREET	SE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENC Y MUST BE PRECEEDED LSC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETE DATE
L 051	According to the, " Resident #8, the a February 2006 was A face-to-face inte charge nurse on M After reviewing the that the weight was The record was re 8. A review of Res the charge nurse f was obtained acco The "Vital Sign Flo following weights: Date Weigh 1/11/06 131 2/14/06 123.5 3/13/06 131 4/6/06 121 4/14/06 117 5/9/06 113 A face-to-face inte clinical manager of He/She acknowled obtained in Februa according to policy asked to weigh the that the resident's Facility Policy #050 Services Weights a following: "Mont weights for change 5% in 30 days, 7.5	Vital Sign Flow Sher rea for recording the s blank. Any 16, 2006 at 10:3 e record, he/she ack s not done for Febru viewed May 16, 200 sident #9's record re ailed to ensure that ording to facility polic ow Sheet" included	e weight for d with the 0 AM. nowledged lary 2006. 6. vealed that a reweight y. the d with the :12 PM. was not 2006 ger was ater said nds. onal d the evious ge of + or - nedule	L 051	Residents #S5, S6, S7 and S8 Sliding scale insulin 1. All residents identified at the ti the survey having sliding scale is orders which required the nurse to the physician when the blood glucos was over 750 were clarified. glucometers used by the facility blood glucose levels up to 600. G were changed to notify the physician the levels reached 500. No harm ca any resident. 2. All sliding scale insulin orders reviewed for similar issues adjustments made when necessary. 3. Staff was inserviced on the upper reading of the facility's glucometer a need to clarify physician The C Managers on the units will monitor residents' sliding scale insulin order consistency and accuracy. 4. The Director of Nursing will ov the monitoring. The results of monitoring, along with any action for improvement, will be presented quarterly Quality Improve Committee.	insulin notify e level The reads Orders a when ame to ame to a were and limits nd the linical or the ers for versee f this plans at the	5/17/0 5/17/0 6/70/0 6/70/0

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#### FORM APPROVED Health Regulation Administration (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING B. WING 095022 05/19/2006 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **2425 25TH STREET SE** WASHINGTON NURSING FACILITY WASHINGTON DC 20020 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION IÐ (X5) (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-(EACH DEFICIENCY MUST BE PRECEEDED BY FULL COMPLETE PREFIX PREFIX **REGULATORY OR LSC IDENTIFYING INFORMATION)** REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE TAG TAG L 051 L 051 Continued From page 11 Resident #S9 There was over a 5% weight decrease from The orders for resident #S9 was 1. January to February 2006, there was over a 5% clarified with the residents' attending increase in weight from February to March 2006 physicians. and there was over a 7% decrease in weight from 2. The pharmacy is performing a 100% March 13 to April 14, 2006. The facility failed to audit of all PRN medications to ensure reweigh the resident. The record was reviewed that those with the same therapeutic effect on May 15, 2006. for any given resident have a clarification order documenting the order in which 9. A review of Resident #12's record revealed these medications should be given. that the charge nurse failed to ensure that the 3. The consultant pharmacist will monitor resident was weighed monthly according to the orders for the PRN medications to aluclos Aluclos facility policy. ensure compliance. She will work directly through the DON and physicians when The "Vital Sign Flow Sheet" included the clarification orders are needed. following weights: 4. She will report the findings of her Date Weights monitoring at the quarterly Quality 12/15/05 148 Improvement Committee which is chaired 1/14/06 152 by the administrator. 4/2006 148 There were no weights in the record for February and March 2006. A face-to-face interview was conducted with the charge nurse on May 16, 2006 at 2:38 PM. He/ She acknowledged that the weights for February and March 2006 were not in the record. The record was reviewed on May 16, 2006. 10. The charge nurse failed to initiate new interventions for Resident #14 for agitation and verbal abuse. A review of Resident #14's record revealed a nurse's note dated March 15, 2006 at 3:00 PM, " Resident involved in an explosive verbal altercation with another resident ...' Care plan #12 dated April 21, 2004 and updated on November 14, 2005, "Period of agitation with use of abusive language" listed under "Problems Health Regulation Administration

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Health R	egulation Administra	ation						06/15/2006 APPROVED
STATEMEN	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIE		A. BUILDING	PLE CONSTRUCTIÓN G	• ;	(X3) DATE SU COMPLE	
7		095022		B. WING			05/1	9/2006
NAME OF P	ROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	· •		
WASHIN	GTON NURSING FAC	CILITY		I STREET S TON, DC 20				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER' (EACH CORRECTI' REFERENCED TO		D BE CROSS-	(X5) COMPLETE DATE
L 051	occurred November incident was not lis were no interventio 2006 episode. A face-to-face inter charge nurse on M she acknowledged reviewed after the a record was reviewed 11. A review of Res that the charge nur reweight was obtai readmission to the Facility Policy #050 Services Weights a following: " All resi hours of admission week and then mod frequently 1. On	on with another resider r 14, 2005. The above ted under "Problems. ns initiated after the leview was conducted ay 16, 2006 at 3:15 F that the care plan was above cited incident. ed May 16, 2006. sident #15's record re- se failed to ensure the ned on the resident a facility. 14060A.000, Nutrition and Heights included dents will be weighed /readmission, again a hthly, unless ordered Admission: Weight f	ve cited " There March 15, with the PM. He/ as not The evealed hat a after al the J within 24 after one more team	L 051				
	height within 24 ho weights will be don When feasible 1- designated for all n		a. v schedule vill be					
	February 23, 2006.	eadmitted to the facili The nurse's readmi ded the following: " .	ssion					
Health Regul	included the followi	Veight 7.5 8	7)"				· · ·	
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STATEMEN	Regulation Administri T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	×.	(X3) DATE SU COMPLE	
-		095022		B. WING			05/11	9/2006
NAME OF F	PROVIDER OR SUPPLIER	000022	STREET AD	DRESS, CITY,	STATE, ZIP CODE	•	00/10	
WASHIN	GTON NURSING FAC	CILITY		H STREET S STON, DC 2				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S (EACH CORRECTI) REFERENCED TO T		ILD BE CROSS-	(X5) COMPLETE DATE
L 051	Continued From pa	 age 13		L 051				د 
		25 5				·		
	form.	eight was not include	d on this					• •
	week after readmis resident's weight w pounds on March 1	evidence of a reweight sion and a reweight as determined to be 6, 2006 [increase of . The record was rev	when the 147 25					· ·
	May 16, 2006.	an failed to anouro th						
		se failed to ensure th d for Resident #17 fo					· · · ·	
		Vital Sign Flow Sheet area for recording the s blank.						
	charge nurse on M After reviewing the that the weight was	view was conducted ay 17, 2006 at 12:30 record, he/she ackno not done for March 2 riewed May 17, 2006.	PM. wledged 2006.					
		rse failed to ensure th d for Resident #21 fo and March 2006.						
	Resident #21, the a	Vital Sign Flow Shee area for recording the ary and March 2006 v	weight			:		
	charge nurse on Ma reviewing the recor- the weights were no	view was conducted ay 17, 2006 at 7:30 A d, he/she acknowled ot done for January, F he record was review	M. After ged that ebruary					
lealth Regui	ation Administration		-					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE DENTIFICATION NU		(X2) MULTI A. BUILDIN B. WING _	IPLE CONSTRUCTION	COMPLE	(X3) DATE SURVEY COMPLETED 05/19/2006	
NAME OF P	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE			
WASHIN				25TH STREET SE IINGTON, DC 20020				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEEDED BY FULL		' FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTION REFERENCED TO THE APPRO	SHOULD BE CROSS-	(X5) COMPLET DATE	
L 051	Continued From page 14 17, 2006. 14. The charge nurse failed to initiate a Hospice care plan for Resident #24.			L 051			-	
	physician's order d	nt #24's record revea ated May 3, 2006, " [l at for hospice care se al condition. "	Hospice]					
	Subsequently, Hos and 15, 2006. A re- revealed that there	Hospice visit was May 5, 2006. ently, Hospice staff visited May 8, 12 006. A review of the resident's care plan that there was no problem with te goals and approaches for Hospice						
	was conducted on He/she acknowledg problem with goals	view with the charge May 17, 2006 at 10:3 ged that the care plar and approaches for vas reviewed May 17,	0 AM. I lacked a Hospice			· · · · · · · · · · · · · · · · · · ·		
	15. The charge nu scale insulin orders	rse failed to clarify sli for Resident S5.	ding			•		
	monitoring meter c	anufacturer's for the blood glucose urrently used by the f the meter indicates b						
	physician's order da	nt S5 ' s record revea ated May 2, 2006, dir 1-650 give 14 units (o 1 call MD. "	ecting, "		· ·			
	for blood glucose o	cose meter registers ver 600, facility staff v e if the blood glucose	would be					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE	MBER:	A. BUILDIN B. WING _		(X3) DATE SI COMPLE 05/1	
	ROVIDER OR SUPPLIER	CILITY	2425 25T	DRESS, CITY, H STREET S STON, DC 2			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION SI REFERENCED TO THE APPROPI	(X5) COMPLETE DATE	
L 051	charge nurse on M she stated, I neve because [Resident that high." The re- 2006. 16. The charge nur scale insulin orders A review of Reside physician 's order " (blood glucose) 5 )If greater than 65 than 651 call MD. " Since the blood glu blood glucose over unable to determin was over 650. A face-to-face inter charge nurse on M Residents S6, S7 a The charge nurse of the sliding scale " The [blood glucose above 600. I would reading like that. Th the blood glucose i had a reading that was reviewed May 17. The charge nur insulin orders for R A review of Reside	rview was conducted lay 19, 2006 at 2:30 F er really looked at the S5's] blood glucose cord was reviewed M arse failed to clarify sli s for Resident S6. Int S6's record revealed dated April 11, 2006, 51-650 give 8 units (of 1 give 10 unitsif gr cose meter registers 600, facility staff wor e if the blood glucose view was conducted ay 19, 2006 at 2:45 F and S8 resided on this was asked if he/she v insulin order. He/she e] meter registers " If d call the doctor if I go here is no way to tell s if it is above 600. I showed " Hi. " The 19, 2006 rse failed to clarify slid esident S7 . Int S7's record revealed	PM. He/ order never was ay 19, ding ed a directing, of insulin reater "Hi" for uld be elevel with the PM. s unit. vas aware e stated, Hi " ot a how high ' ve never record ding scale ed a	L 051			
Health Regul	physician's order da	ated April 11, 2006, d	irecting,				

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1	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE		(X2) MULT A: BUILDIN B. WING	IPLE CONSTRUCTION	a ;	(X3) DATE SI COMPLE	
•		095022					05/1	9/2006
NAME OF F	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE			
WASHIN	GTON NURSING FAC	ILITY		H STREET SE STON, DC 20020				
(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 PLA (EACH CORRECTIVE AC REFERENCED TO THE A	TION SHOULD I	BE CROSS-	(X5) COMPLETE DATE
L 051	). Over 651 notify M	- 1-650 give 10 units ( 1D."		L 051				
	blood glucose over unable to determine	cose meter registers 600, facility staff wou e if the blood glucose record was reviewed	uld be level					
	18. The charge nur insulin orders for Re	se failed to clarify slic esident S8 .	ding scale					
	physician's order da directing, " (blood g	nt S8's record reveale ated March 14, 2006, glucose) 551-650 giv 50 give 12 unitsCa	e 10 units					
	blood glucose over unable to determine was over 750.	cose meter registers 600, facility staff wou e if the blood glucose iewed May 19, 2006.	ld be level					
		se failed to clarify the ivan for Resident S9.		·				
	physician's order da	nt S9's record reveale ated March 14, 2006, M (intramuscularly) e d) for anxiety."	"Ativan					
	attempted to clarify the injectable form of		form or	I				
	charge nurse on Ma surveyor asked whe would be used. The	view was conducted ay 19, 2006 at 11:30 en each form of the A e charge nurse stated	PM. The					
Health Regul	ation Administration				95\$11			sheet 17 of 46

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AND PLAN (	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE iDENTIFICATION NUI		(X2) MULT A. BUILDII B. WING		(X3) DATE SI COMPLE 05/1				
NAME OF P		2	STREET ADD	DRESS, CITY,	STATE, ZIP CODE					
WASHIN	WASHINGTON NURSING FACILITY WASH				TH STREET SE GTON, DC 20020					
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIE Y MUST BE PRECEEDED BY LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE	BE CROSS-	(X5) COMPLETE DATE			
L 051	resident is very ag we would give hin reviewed May 19, 20. A review of Re that the charge nu sliding scale insul The Physician Ore Care dated May 1 order: "Fingerst times a day) with Regular Insulin - o; 250-350-2 units units; 551-650-8 u A face-to-face inte charge nurse on N She stated, "The gives a reading of MD if it reads high The May TAR (Trr did not include an higher. The record was re 3211.1 Nursing Fa	gitated and won't take for the injection. "The re- 2006. esident W5's record re- urse failed to clarify an in coverage. der Sheet and Interim 1, 2006 included the for ick blood sugar (BS) T sliding scale coverage <60 - Facility protocol; s; 351-450-4 units; 451 units; If BS >651 Notify erview was conducted May 18, 2006 at 7:00 A glucometer goes up to "high" after that. We h." eatment Administration y blood sugar levels of eviewed on May 18, 20 acilities time shall be given to a that the resident	cord was vealed order for Plan of blowing TID (three with 200-249- -550-6 MD." with the M. He/ o 600 and call the Record) 600 or 06.	L 051	<ul> <li>3211.1 Nursing Facilities Pulse Resident #4 <ol> <li>Resident identified as not h pulse taken prior to the administr Clonidine has had her medical reviewed and corrected imme There was no identified harm resident.</li> <li>All other residents on medications requiring a pulse p administration have had their reviewed and corrections done necessary.</li> <li>Staff were inserviced or requirements of some hyper medications to have the pulse MARs reviewed with the nursing The Clinical Managers on the un monitor those MARs for consiste taking and recording the pulse.</li> <li>The Director of Nursing will or the monitoring. The results or monitoring, along with any actior for improvement, will be presented quarterly Quality Improv Committee.</li> </ol> </li> </ul>	ation of record ediately. to the similar orior to MARs when on the tensive taken. g staff. its will ency of oversee of this n plans at the	5/19/04 5/19/04 6/70/04			
<ul> <li>(a)Treatment, medications, diet and nutritional supplements and fluids as prescribed, and rehabilitative nursing care as needed;</li> <li>(b)Proper care to minimize pressure ulcers and contractures and to promote the healing of ulce</li> </ul>		nd ers and								

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLI		(X2) MUL A. BUILDI B. WING	TIPLE CONSTRUCTIÓN	(X3) DATE S COMPLE	
	PROVIDER OR SUPPLIER		STREET AD	DRESS CITY	STATE, ZIP CODE	00/1	5/2000
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L 052	(c)Assistants in dai the resident is com evidenced by freed and trimmed nails, groomed hair;	ily personal grooming fortable, clean, and lom from body odor, and clean, neat and	neat as cleaned well-	L 052	Resident #6 A. 1. The nurse who did not sign of resident's 10 AM medication administered has been counseled MAR was reviewed with no find correction needed. No harm	ns as The further	72/06
	<ul> <li>(d) Protection from accident, injury, and infection;</li> <li>(e)Encouragement, assistance, and training in self-care and group activities;</li> <li>(f)Encouragement and assistance to:</li> <li>(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;</li> <li>(2)Use the dining room if he or she is able; and</li> </ul>				<ul> <li>identified to the resident.</li> <li>2. All MARs are consistently review the units to ensure that medication documented as given.</li> <li>3. Staff were inserviced on requirements of documenting administration of medications at the they are given to the resident. MARs also reviewed with the nursing staff Clinical Managers on the units monitor those MARs for consister documentation.</li> </ul>	ved by ns are n the the e time s were f. The s will	5   71   06 6   70   00
• .	recreational activitie (g)Prompt, unhurrie requires or request	ed assistance if he or help with eating; tive self-help devices			4. The Director of Nursing will or the monitoring. The results or monitoring, along with any action for improvement, will be presented quarterly Quality Improv Committee.	f this plans at the ement	6/30/06
	independently; (i)Assistance, if nee including oral acre;	eded, with daily hygic			<ul> <li>B. 1. The resident identified at the of the survey that was not afforded p insulin coverage was reviewed. No harm was identified. The nurses invwere educated and counseled.</li> <li>2. All sliding scale insulin orders reviewed to ensure proper coverag afforded the residents.</li> </ul>	oroper actual volved were e was	5/19/06 5/19/06 16/20/06
	Based on observati review for five (5) o nine (9) supplemen	met as evidenced by ions, interviews and i f 30 sampled resider tal residents, it was fficient nursing time v	record nts and		3. Staff were inserviced on requirements of sliding scale in orders and the importance of ens	nsulin	6/20/06

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STATEMENT OF I		(X1) PROVIDER/SUPPLIE		A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SI COMPLE	
		095022		B. WING _		05/1	9/2006
NAME OF PROVID	DER OR SUPPLIER		STREET AD	DRESS, CITY, S			
WASHINGTO	N NURSING FAC	CILITY		H STREET S			
	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE 7 MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE [	BE CROSS-	(X5) COMPLETE DATE
TAG L 052 Cor give ) re anti oral phy labo for orde orde stoo tubi (1) acc plac bed resi 2, S The 1. Res A re 200 twic bloc syst	tinued From particular sident's pulse rands hypertensive m medications ar sician's orders for a ratory blood wo seven (7) reside ered laboratory ers for the use of kings and positing to prevent an resident; admin ording to physic ed bedside mar s; and connected dent's chair. Read dent's chair. Read at connected dent's chair. Read at connected at connected at connected dent's chair. Read at connected at	age 19 at facility staff: assess ate prior to administra edication; administer nd sliding scale insuli for one (1) resident; of ork as ordered by the ents; and followed up values, followed physion fheel protectors and tioned the Foley cath n urinary tract infection istered wound treatministered istered wound treatministered istered two (2) resident ed a chair alarm to or esident #4, 6, 10, 21, 71, W2, W4 and W5.	eed one (1 ation of a ed five (5) n as per obtained physician on sician's d Ted eter on for one ents ) resident; dents' ne (1) 24, S1, S se rate for ers. ember 12, outh stolic ysician if 0 or less	TAG L 052	accurate coverage. MARs reviewe the nursing staff. The Clinical Ma on the units will monitor those MA accuracy of insulin coverage on scale orders. 4. The Director of Nursing will of the monitoring. The results of monitoring, along with any action for improvement, will be presented quarterly Quality Improv Committee. Resident #10 BMP 1. BMP due for this resider completed on 3/28/06. The result located in the overflow file. The FI due on 4/28/06. The result located in the order for the FBS discon Instead, an HgA9C every 3 mont ordered on the 4/19/06 admission. 2. A lab audit was done on all cl ensure accuracy and completeness orders and results. 3. Staff were inserviced of requirements of laboratory orderin	d with nagers Rs for sliding versee of this plans at the vement at was s were 3S was t to the 4/19/06 tinued. hs was narts to s of the	6 70 00 3 28 06 6 70 06
A re for l puls	March 2006 sho	dication Administration wed no evidence that essed prior to adminits ordered.	at the		new procedure was developed. Clinical team met with the Directo Southern Maryland Hospital lab to accuracy of communications. The Managers on the units will mon residents' lab orders for consisten	itor the	6 30 00
Ass :00	A face-to-face interview was conducted with the Assistant Clinical Manager on May 15, 2006 at 11 :00 AM. He/she said, "The nursing staff should have assessed the pulse rate prior to the				accuracy. 4. The Director of Nursing will	oversee	6 30 36

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Health Regulation Administration (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION . : AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 095022 05/19/2006 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2425 25TH STREET SE WASHINGTON NURSING FACILITY WASHINGTON, DC 20020 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X5) (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-COMPLETE (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PRÉFIX **REGULATORY OR LSC IDENTIFYING INFORMATION)** REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE TAG TAG L 052 Continued From page 20 L 052 administration of clonidine 0.2 mg as ordered. The record was reviewed May 15, 2006. the monitoring. The results of this monitoring, along with any action plans 2. A review of the record for Resident #6 revealed for improvement, will be presented at the that facility staff failed to administer five (5) quarterly Quality Improvement medications as per physician's orders and Committee. administer the correct sliding scale insulin dose according to the physician's order Resident #21 A. 1. The resident identified with a A. Facility staff failed to administer five (5) 5/14/06 6/70/06 missing lab had the test repeated at the medications as per physician's orders. time of its discovery. There was no harm to the resident. The April 2006 MAR (Medication Administration 2. A lab audit was done on all charts to Record) included the following medications: ensure accuracy and completeness of the Docusate Sodium 100 mg capsule by mouth orders and results. twice daily for bowel regimen; Lisinopril 10 mg Staff were inserviced on the 3. tablet by mouth every day for hypertension; requirements of laboratory ordering and a Megestrol Acetate 10 ml (400 mg) by mouth new procedure was developed. every day for weight loss; Senna 8.6 mg tablet by The Clinical team met with the Director of the mouth every day for bowel management; and 6 70 ot Southern Maryland Hospital lab to ensure Sorbitol 70% solution 30 ml by mouth once daily accuracy of communications. The Clinical for constipation. Managers on the units will monitor the The licensed nurse failed to initial [indicating that residents' lab orders for consistency and the medication was administered] for the 10 AM accuracy. dose of the above cited medications for April 30, 4. The Director of Nursing will oversee 2006. 6/20/06 2/19/06 6/20/06 the monitoring. The results of this monitoring, along with any action plans A face-to-face interview was conducted with the for improvement, will be presented at the charge nurse on May 16, 2006 at 10:16 AM. He/ quarterly Quality Improvement She acknowledged that the five (5) medications Committee. were not initialed as being administered on the B. 1. The resident identified at the time MAR for the 10:00 AM dose on April 30, 2006. of the survey had heel protectors and Ted stockings applied when ordered at the time B. Facility staff failed to follow physician's orders of the discovery. There was no harm to for the administration of sliding scale insulin. the resident. 2. A 100% review of physician's orders The May 2006 Physician's Order Form included the following order: Initial order date of January 3 , 2006, "Humalog vial - ins [insulin] Fingerstick Health Regulation Administration

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	ATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095022 AME OF PROVIDER OR SUPPLIER STREET A		ER/CLIA JMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 05/19/2006	
AME OF F	ROVIDER OR SUPPLIER	· · ·	STREET AD	DRESS, CITY,	STATE, ZIP CODE	·	•
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L 052	blood sugar three is subcutaneously wi 200 = 4 units, 201- units, 341-400 = 10 less than 60 or gree The April MAR rev sliding scale cover Date I 4/7/06 at 4 PM According to the pM should have receiv and no insulin cove The record was rev 3. Facility staff fail Resident #10 acco A review of the phy Fasting Blood Sug Metabolic Panel (B and September." A review of Reside indicated that BMP and FBS was not of by the physician. A face-to-face inter Assistant Clinical M 00 AM. He/she ch- company and said that the BMP was of evidence that the F The record was rev	times daily before m ith sliding scale cove -280 = 6 units, 281-3 0 units. Call MD if bl eater than 400." realed the following in age:	rage: 140- 40 = 8 lood sugar hsulin erage nits nits resident on April 7 6. 006. studies for n orders. ted, " h; Basic ns: March eports arch 2006 ordered d with the 2006 at 10 atory vidence and no il 2006. 5.	L 052	Committee. Resident #21 1. The catheter tubing was correctly immediately upon dis 2. A review of the other cathe facility was done to ensure t positioning of the tubing. 3. Inservicing was done with t staff to ensure their understand importance of the positionin catheter tubing. The Clinical will monitor this issue throu month and report their findin DON. 4. The Director of Nursing wit the monitoring. The result monitoring, along with any ac for improvement, will be presen	ade when mportance evices and he Clinical ionitor the ccuracy. ill oversee is of this tion plans need at the provement positioned covery. ters in the he proper he nursing ling of the gg of the Managers ghout the gs to the ill oversee is of this tion plans need at the provement	6 m 6 m 6 m 6 m 5 19 0 5 19 0 8 m 7 0 8 m 7 0 19 0 19 0 19 0 19 0 19 0 19 0 19 0 19

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	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICÂTION NU		(X2) MULT A. BUILDII B. WING		(X3) DATE S COMPL	
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L 052	<ul> <li>stockings and posto prevent an urina</li> <li>A. A review Residiaboratory report for April 13, 2006, "Confor procedure." The record that the Herepeated.</li> <li>A face-to-face intervas conducted on she acknowledged repeated. The record for the recevent of the resident was conducted on she acknowledged repeated. The record for the resident was conducted on the sheater of the resident was conducted on the resident</li></ul>	of heel protectors and ition the Foley cathete	er tubing aled a drawn on t sufficient in the en AM. He/ been y 17, lated April at all d t o be ay 17, de (CNA) et (CNA) et (CNA) ident The d drawers kings 2006 at 2 May 17,	L 052	Resident #24 1. The nurse who did the would but failed to sign the Administration Record (Counseled and educated. 2. An audit of the TARs we ensure proper documentation 3. Inservicing was done with staff to ensure their full under signing each TAR upon comporder. The Clinical Managers this issue throughout the mont their findings to the DON. 4. The Director of Nursing the monitoring. The resument monitoring, along with any for improvement, will be pre- quarterly Quality I Committee, which is chair Administrator.	Treatment TAR) was was done to the licensed erstanding of oletion of the will monitor th and report will oversee ults of this action plans sented at the mprovement	7  2  06 6  70  01 6  70  0 6  70  0
		vas observed on May e catheter tubing loop					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE		(X2) MULTI A. BUILDIN B. WING _	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
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L 052	Continued From pa	ige 23		L 052		
	the hand grips of the to flow upwards. According to " Guid Catheter-associate published by the Ca Prevention, Februa Flow4) collecting below the level of the A face-to-face inter- clinical manager at He/she stated that positioned incorrect assigned Certified I tubing so the urine The record was rev 5. Facility staff failet treatments as order Resident #24. A review of Resider physician's orders to elbow wound, and to shin every three (3) Treatment Adminis March 10, 13, 16, 11 identified as days the be performed. The drawn on the day for the wound treatment The boxes for the re- the left elbow and the 2006 and all the woon	le wheelchair causing lelines for prevention d Urinary Tract Infec enters for Disease Co ry, 1981, under,"8. U bags should always	of tions," ontrol and irinary be kept with the rvation. vas ident's osition the d. d for aled ound, left e right the arch 2006, were were to ad boxes indicating stered. lank for March 10, 2006	LUJZ	<ul> <li>Residents #S1, S2 and S3</li> <li>1. The safety devices (mats and alarm) found not in use at the time survey were immediately impler upon discovery.</li> <li>2. Other residents with similar devices were checked to ensure everything was in use and in place.</li> <li>3. Inservicing was done with the r staff to ensure their co understanding of the use of safety d such as fall mats and chair alarms Clinical Managers will monitor thi throughout the month and reporfindings to the DON.</li> <li>4. The Director of Nursing will o the monitoring. The results comonitoring, along with any action for improvement, will be presented quarterly Quality Improv Committee, which is chaired b Administrator.</li> </ul>	e of the mented $5 19 00$ safety re $5 19 00$ safety re $5 19 00$ safety re $5 19 00$ nursing mplete levices s. The s issue t their $5 19 00$ Nursing mplete s issue t their $5 19 00$ Nursing mplete s issue t their $9 10 10$ Nursing mplete s issue t their $9 10 10$
Health Regul	A review of the nurs	ses' notes from Marc	h 10			

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	T of deficiencies of correction	(X1) PROVIDER/SUPPLIE		(X2) MULT A. BUILDIN B. WING		(X3) DATE SI COMPLE	TED		
		095022		05/19/2006					
NAME OF F	ROVIDER OR SUPPLIER		STREET AD	DDRESS, CITY, STATE, ZIP CODE					
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L 052	•	-	-	L 052	· · · · · · · · · · · · · · · · · · ·				
	<ul> <li>through March 17, resident was sent to March 13, 2006 at 12:30 PM to hospital and return</li> <li>There was no evide wound treatments 10 or 16, 2006.</li> <li>A face-to-face intercharge nurse on M charge nurse acknd dates were blank in treatments were not administer May 17, 2006.</li> <li>Facility staff failemat was next to Resonance and the set of the</li></ul>	2006 revealed that the o the emergency roo 3.50 AM and returned ay at 11:00 AM. On M the resident was sent ed March 22, 2006. ence in the nurses' new were administered or rview was conducted ay 17, 2006 at 10:30 owledged that the ab dicating that wound of administered. He/s o why the wound treat red. The record was ed to ensure that the esident S1's bed. at 9:35 AM, Resident her bed which was in edside mat standing u	m on d to the March 17, to the otes that n March with the AM. The ove cited she had atments reviewed bedside S1 was the low upright y placed		Additionally, the consultant phan was asked to specifically address th in her monthly chart audits. The C	of the or bi- alysis, rdered ded to w and es had nd lab results ysician th the ests. A d and essary. rmacist is issue Clinical issue	5/19/00 (1/20/00		
	<ul> <li>the bedside mat on the floor next to the bed and stated that the resident attempts to get out of bed without assistance, but is unable to do so without assistance. The bedside mat is used to prevent injury.</li> <li>7. Facility staff failed to ensure that the bedside mat was next to Resident S2's bed.</li> </ul>				<ul> <li>findings to the DON.</li> <li>4. The Director of Nursing will of the monitoring. The results of monitoring, along with any action for improvement, will be presented</li> </ul>	oversee of this plans i at the vement	6/30/06		
Hoolik Post	Resident S2's roon After knocking, the	t 9:27 AM, the door t n was observed to be surveyor and nurse t S2 was in bed, the b	closed. entered						

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L 052	<ul> <li>the high position. The bedside mat was upright and at the head of the bed. The nurse immediately lowered-the bed and placed the bedside mat on the floor next to the bed. The nurse stated that Resident S2 is frequently found on the bedside mat after attempting to get out of bed without assistance.</li> <li>8. Facility staff failed to ensure that the alarm was connected to Resident S3's chair.</li> </ul>			L 052						
	Connected to Resident S3's chair. On May 19, 2006 at 9:40 AM, Resident S3 was observed in a wheel chair wheeling from the room towards the nurse's station. A chair alarm was present on the back of the wheelchair. The alarm was not connected to the resident. The nurse immediately connected the alarm to the resident and stated that the chair alarm is used because the resident attempts to stand up without assistance and falls.									
		ed to obtain a monthl nalized Ratio) to meas esident S11								
	A review of Resident S11's record revealed an initial physician's order dated January 5, 2006 and re-ordered February 7 and April 4, 2006 directing," Warfarin (Coumadin) 7.5mg 1 tab by mouth every evening."									
	The most recent II January 13, 2006.	NR laboratory value w	vas dated				• .			
	According to the, "Long Term Care Pharmacy Policy and Procedure Manual," policy #7.1 " Laboratory Monitoring of Drug Therapy", effective date August 1, 2002, page 6, "11. INR of assessment of clotting function monthly, if on Warfarin (Coumadin), Dicumarol."									
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	T OF DEFICIENCIES OF CORRECTION	(X1), PROVIDER/SUPPLIE		(X2) MULT A. BUILDIN B. WING _	IPLE CONSTRUCTION	(X3) DATE S COMPLE	TED			
	PROVIDER OR SUPPLIER	095022	STREET AD							
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L 052	Continued From p	age 26		L 052		- <u></u> .				
	A face-to-face interview was conducted with the charge nurse on May_19, 2006 at 11:15 AM. He/ she acknowledged that the INR was not obtained after January 2006. The record was reviewed May 19, 2006.									
· .	10. Facility staff failed to obtain an INR as ordered by the physician for Resident S12.									
	A review of Resident S12's record revealed an initial physician 's order dated January 7, 2006 and re-ordered March 14, 2006 directing, " Warfarin (Coumadin) 2.5mg 1 tab by mouth every evening."					•				
		r dated March 14, 20 every other week - D								
	The most recent P dated March 16, 2	PT/INR laboratory valu 006.	ie was							
	charge nurse on N she acknowledged	rview was conducted lay 19, 2006 at 11:30 I that the PT/INR was ch 2006. The record 2006.	AM. He/ not							
		esident W1's record re iled to ensure that a F s performed.								
	May 9, 2006 at 3:4	Form included an orc 0 PM which included ecific Antigen) (3) Re	: "(2)		· · ·					
	Resident W1 date	bk included a laborato d May 11, 2006 with t								
Health Regul	lation Administration				095\$11	If continuatio	n sheet 27 of 4f			

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Health R	egulation Administr	ation			•		FORM	APPROVED	
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	ROVIDER OR SUPPLIER	095022	STREET ADD	DDRESS, CITY, STATE, ZIP CODE					
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WASHIN	GTON NURSING FAC	CILITY	WASHING	TON, DC 2	0020				
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L 052	Continued From pa	age 27		L 052					
	not signed [indicati drawn] by the labo	ked. The laboratory ng that the blood was ratory technician. The aboratory slip as to when vn.	rot ere was						
	Assistant Director approximately 1:35 that the blood work	rview was conducted of Nursing on May 17 o PM. He/She acknow was not performed. viewed on May 17, 20	, 2006 at wledged						
		sident W2's record re led to ensure that Dila re drawn.							
	May 6, 2006 at 12: Dilantin and Album 06)". The record d	Form included an ord 30 AM which included in level in one week ( id not include results in levels for May 200	d: " Due 5/12/ for	·					
	Assistant Director approximately 1:35 called and indicate blood drawn for Re	rview was conducted of Nursing on May 17 o PM. The laboratory d that there was no re esident W1 on May 12 viewed on May 17, 20	, 2006 at was ecord of 2, 2006				·		
	that facility staff fai	sident W4's record re led to ensure that we re drawn as per physi	ekly PT						
	Care dated March	er Sheet and interim 2, 2006 included the (every) week second "	following						
	The Interim Order	Form dated May 15, 2	2006 at						
Health Regul	ation Administration M		L	<sup>899</sup> D	095\$11		If continuation	n sheet 28 of 46	

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<u>Health F</u>	Regulation Administra	ation	-						
-	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE		(X2) MULTI A. BUILDIN B. WING _	IPLE CONSTRUCTION IG	(X3) DATE SI COMPLE <b>05/1</b>			
NAME OF F	ROVIDER OR SUPPLIER		STREET AD	DDRESS, CITY, STATE, ZIP CODE					
WASHIN	GTON NURSING FAC			H STREET S					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE I	BE CROSS-	(X5) COMPLETE DATE		
L 052	Continued From pa	age 28		L 052					
	10:00 PM included: "T/O (telephone order) PT/ INR for resident."					· .			
[ -	The record included results for the PT/INR on April 3, 2006 - PT-31.6 and INR-3.0 and May 3, 2006 - PT -16.9 and INR 1.34.								
	The physician's progress note dated April 3, 2006 included the following: "Attending-Blood draw was done on the anterior aspect of the left ankle for PT/PTT, INR, CBC, CMP. Patient is a hard stick and we could not get blood from any other site peripherally." The physician also had progress notes dated April 17 and 18, 2006.				<ul> <li>3211.3 Nursing Facilities</li> <li>1. The facility strives to attain 3.5 n hours per patient day.</li> <li>2. Each day the staffing is evaluate adjusted to ensure proper staff f residents of the facility.</li> </ul>	ed and	5   19   06 5   19   06		
	for Resident W4 fo March 3, April 12, I	ory slips in the labora r PT/INRs to be draw May 10 and May 15, 2 od was not drawn on d dates.	n dated 2006.		<ol> <li>The staffing coordinator, ADO DON will ensure proper staff of and certified nursing assistants are p on the units to attain and mainta residents' highest level of function 4. The Director of Nursing will operational statements</li> </ol>	nurses present in the ing.	5/19/04		
	A face-to-face interview was conducted with the clinical manager on May 17, 2006 at approximately 9:00 AM. He/She acknowledged that there were only two PT/INR levels drawn since the order. He/She stated that the staff and the physician were aware of the technician having difficulties drawing the labs.				the monitoring. The results of monitoring, along with action pla improvement, will be presented quarterly Quality Improvement Con which is chaired by the administrat	of this ans for at the amittee	b) x0/14		
	ordered.	were not drawn week viewed on May 17, 20	-		· · ·				
L 054	3211.3 Nursing Fac	cilities		L 054					
Health Recul	facilities of thirty (3) more shall not inclu Services or any oth	ements of subsection 0) licensed occupied ude the Director of Nu- per nursing supervisor ot providing direct res	beds or Irsing						
STATE FOR			e	<sup>899</sup> D	95S11	If continuatio	n sheet 29 of 46		

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Health F	Regulation Administra	ation				FORM	APPROVED
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE		(X2) MULT A. BUILDIN B. WING _		(X3) DATE S COMPLE	ETED
		095022	STREET ADD		STATE, ZIP CODE	05/1	9/2006
NAME OF F	ROVIDER OR SUPPLIER			I STREET S			
WASHIN	GTON NURSING FAC		· ·	TON, DC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETE DATE
L 054	care. This Statute is not Based on observat and review of staffi ) days of the survey maintain staffing at per day. The findings includ According to 22 DC	met as evidenced by ion,_interview, record ng sheets for four (4) y period, the facility fa : 3.5 nursing hours pe e: CMR, Beginning no la	review of five (5 iiled to r resident ter that	L 054	<ul> <li>3219.1 Nursing Facilities</li> <li>Floor Surfaces, Ceiling tiles, Ice Ma Meat Slicer, Garbage Disposal, Par Muffin pans</li> <li>1. All issues found at the time of survey have been addressed and corr</li> <li>2. Sanitation surveys of the entire k are done on a routine basis b</li> </ul>	ns and of the ected. itchen	777106
	January 1, 2005, "E sufficient nursing s average of 3.5 nurs " The Nursing Daily S requested for May actual staffing sche DON for May 14, 1 four (4) days review staffing was less th resident per day. T again by the DON ( ADON (Assistant D result of the staffing	Each facility shall emp taff to provide a minir sing hours per resider 14 through 21, 2006. edules were reviewed 5, 16, and 17. Three ved, revealed that the ian 3.5 nursing hours The same days were r (Director of Nurses) a pirector of Nurses) an g schedule indicated;	The with the (3) of the eactual per eviewed nd		Nutritional Services Staff to ensur going compliance. 3. The Nutritional Services Super will monitor the kitchen sanitation throughout the month and report findings to the Director of Nutri Services 4. The Director of Nutritional Se will oversee the monitoring. The res this monitoring, along with any plans for improvement, will be pre- at the quarterly Quality Improv Committee, which is chaired b Administrator.	re on- visors issues their itional rvices ults of action sented ement	6 30 06
	the DON and ADO	3.09 3.09 3.6 3.16. ar (4) days staffing rev N remained below the per resident per day.			. · .		
		cilities Il be clean, wholeson for human consump		L 099			
STATE FOR			68	<sup>399</sup> D	95S11	If continuation	n sheet 30 of 46

	TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION			(X2) MULT A. BUILDIN B. WING _	IPLE CONSTRUCTION	(X3) DATE SI COMPLE	TED			
		095022	STREET AD	DDRESS, CITY, STATE, ZIP CODE 05/19/2006						
	GTON NURSING FAC	CILITY	2425 25T	H STREET STON, DC 2	SE					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE / MUST BE PRECEEDED BY .SC IDENTIFYING INFORMA	(FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SHOU) REFERENCED TO THE APPROPRIAT	D BE CROSS-	(X5) COMPLETE DATE			
L 099	forth in Title 23, Su Regulations (DCM This Statute is not Based on observat it was determined to maintain dietary se manner as evidend surfaces; soiled ce ice machine and m disposal unit failed muffin pans were s	nce with the requirem bittle B, D. C. Municip R), Chapter 24 throug met as evidenced by ions during the surve that facility staff failed rvices in a safe and s ced by: damaged floc iling tiles, inner surface teat slicer; water to the to shut off; and hotel tored wet. These made in the presence	pal gh 40. r: y period, to sanitary or ces of the e and	L 099						
	in the cart wash roo freezer and refriger area, and under the seven (7) observat 30 PM on May 15,	vere damaged and in om, nourishment roor rator, chemical room, e steam table in seve ions between 8:45 AM	n, walk in tilt skillet n (7) of A and 4:							
	serving areas were dust in two (2) of tw 45 AM and 4:30 PM 3. The interior surfa soiled with accumu other products in or between 8:45 AM a 4. The inner and cu was not thoroughly evidenced by partic machine in one (1)	soiled with food spill (o (2) observations be	age and etween 8: ne were s and ervations 15, 2006. at slicer used as on the n							
Health Regula	tion Administration					· · ·				

D95S11

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM			IPLE CONSTRUCTION	(X3) DATE S COMPLE	
	ROVIDER OR SUPPLIER	033022	STREET ADD	LESS, CITY,	STATE, ZIP CODE	0.011	5/2000
	GTON NURSING FAC	CILITY	2425 25TH WASHINGT	STREET	SE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE	BE CROSS-	(X5) COMPLETE DATE
L 099	Continued From pa	age 31		L 099			
	<ul> <li>5. The water supply to the disposal unit in the pot and pan wash area failed to shut off after the unit had been turned off in one (1) of one (1) observation between 8:45 AM and 4:30 PM on May 15, 2006.</li> <li>6. The interior of hotel pans (12"x10"x6") were wet and not allowed to dry before placing pans on racks for reuse in five (5) of five (5) observations between 8:45 AM and 4:30 PM on May 15, 2006.</li> <li>7. Muffin pans stored on a rack in the cook's preparation area were not allowed to dry before placing pans on racks for reuse in 12 of 12 observations between 8:45 AM and 4:30 PM on May 15, 2006.</li> </ul>				<ul> <li>3224.3 Nursing Facilities Residents #2 and S9 <ol> <li>The orders for these residents were of with the residents' attending physiciar</li> <li>The pharmacy is performing a 100 of all PRN medications to ensure th with the same therapeutic effect for ar resident have a clarification order documents of the order in which these medications she given. <li>The consultant pharmacist will monorders for the PRN medications to compliance. She will work directly the DON and physicians when clariforders are needed.</li> <li>She will report the findings of her monorders for the report the findings of her monorders.</li> </li></ol></li></ul>	NS. W audit at those my given menting would be itor the ensure through fication	5/19/00 6/20/00 (20)0
L 128	3224.3 Nursing Fa	cilities		L 128	the quarterly Quality Improvement Committ is chaired by the administrator. Resident #4	ee which	6/7010
	The supervising pr	harmacist shall do the	following		1. The drug regime review was done resident for May and June 2006 particular issues arising or harm.		5 3100
	least monthly and	regimen of each resi report any irregularitie dministrator, and the s;	s to the		<ol> <li>The pharmacy did an audit of the records and found no other record missing monthly audit.</li> <li>The Consultant Pharmacist will be a accurate census prior to each of her</li> </ol>	with a given an visits so	5/2010K
<ul> <li>(b)Submit a written report to the Administrator on the status of the pharmaceutical services and staff performances, at least quarterly;</li> <li>(c)Provide a minimum of two (2) in-service sessions per year to all nursing employees, including one (1) session that includes indications, contraindications and possible side effects of commonly used medications;</li> <li>(d)Establish a system of records of receipt and</li> </ul>		s and ce es, ble side		that she can be assured of the current r and their room numbers. Business coordinator to work with the pharm ensure this is completed. The Managers will monitor this issue thr the month and report their findings to the D 4. The Director of Nursing will ove monitoring. The results of this mon along with any action plans for impro- will be presented at thequarterly Improvement Committee, which is ch the Administrator.	s Office lacist to Clinical oughout ON. rsee the hitoring, vement, Quality	6/30/dp	
		ontrolled substances in					1

Health R	egulation Administra	ation					· · · · · · · · · · · · · · · · · · ·
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE		A. BUILDIN		(X3) DATE S COMPLE	
		095022		B. WING		05/1	9/2006
NAME OF P	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE; ZIP CODE		
WASHIN	GTON NURSING FAC			H STREET S TON, DC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION SHO REFERENCED TO THE APPROPRI	OULD BE CROSS-	(X5) COMPLETE DATE
L 128	that an account of a maintained and per This Statute is not	ige 32 Irug_records are in or all controlled substan riodically reconciled. met as evidenced by ion, record review, ar	ces is	L 128			
	interview for three ( was determined that failed to report to the Nursing that orders and PO (by mouth) use for two (2) resid	3) of 30 sampled res at the contract pharm he physician and Dire for Lorazapam (Ativ , had the same indica dents and complete a w for one (1) residen	idents, it acist ctor of an), IM ation for a monthly	· · ·		· .	
,	The findings include	e:					
	that the pharmacist physician and Direct	sident #2's record rev ; failed to report to the ctor of Nursing that th am, IM and PO, had t	e le two (2)				
•	the following orders (1 mg) intramuscula needed for agitation 1 mg 1 tablet by mo needed for agitation	sician's Order Form i 5: "12/18/05, Loraze arly (IM) every 4 hour h"; and "12/18/05, Lo bouth every four hours h. " There was no in r ders that would dete bo, would be used:	pam ½ ml rs as orazepam as formation				
	December 2005 thr were no irregularitie months.	review was done mor rough March 2006. T es for the aforemention riewed on May 15, 20	here oned		· .		
	2. A review of Resi	ident #4's record reve	ealed that			-	
Health Regul	ation Administration		6	<sup>6899</sup> C	095S11	lf continuatio	n sheet 33 of 46

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	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIE		(X2) Mul A. Buildi B. Wing		(X3) DATE S COMPLE 05/1		
NAME OF P	ROVIDER OR SUPPLIER	<u> </u>	STREET AD	DDRESS, CITY, STATE, ZIP CODE				
WASHIN	GTON NURSING FAC			H STREET STON, DC				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHOUL REFERENCED TO THE APPROPRIATE	D BE CROSS-	(X5) COMPLETE DATE	
L 128	a monthly drug reg April 2006. A face-to-face inter Assistant Unit Mana AM. He/she acknow review for April 200 was reviewed May 3. The facility's corr report to the physic that the order for Lo specify when to use A review of Resider physician's order da 1 mg po (orally) or 1 hrs PRN (as neede There was no evide pharmacist notified when to use the ora of the Ativan. The facility's contra record April 10 and irregularities" was of The record was rev 3229.5 Nursisng Fa The social assess the resident's socia incorporated in eac	imen review was not view was conducted ager on May 15, 2006 wledged that the drug 6 was not done. The 15, 2006. Intract pharmacist faile ian and Director of N brazapam (Ativan) faile ian and Director of N brazapam (Ativan) faile i M or PO. Int S9 ' s record revea ated March 14, 2006, IM (intramuscularly) e d) for anxiety. " ence that the contract the physician of that al form or the injectat ct pharmacist review May 11, 2006. "NI" ( ircled for both review iewed May 19, 2006. acilities nent and evaluation, p notes, including chan I condition, shall be h resident's medical i	with the 6 at 11:00 regimen record ed to ursing iled to aled a "Ativan every 4 to clarify ole form ed the (no r dates.	L 128	<ul> <li>3229.5 Nursing Facilities</li> <li>Social Work</li> <li>Resident #1, 12, 18, 21, 25, and S</li> <li>Social Work notes and evamissing at the time of the survey hareviewed by the Director of Social and corrections were made with possible.</li> <li>A 100% audit of all social wow was done by the Director of Records and the results of that autorwarded to the Director of Sociafor correction.</li> <li>Aggressive recruitment to fill social work positions is on-goin facility signed a contract with De agency which supplies contract and an LICSW has started with at to begin soon. The Director of Work will monitor the timely con of evaluations and notes.</li> <li>The results of his monitoring action plans for improvement presented to the quarterly Improvement Committee which is by the administrator.</li> </ul>	luations ave been al Work henever rk notes Medical dit were al Work 2 vacant ng. The lta-T, an workers, n LGSW of Social mpletion and any will be Quality	7/2/09 7/2/09 7/2/09	
	the resident's socia incorporated in each reviewed quarterly, This Statute is not Based on record re- five (5) of 30 sample	I condition, shall be	record, ssary. ews for (1)			·		

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If continuation sheet 34 of 46

Health F	Regulation Administr	ation						
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE		(X2) MULT A. BUILDIN B. WING	IPLE CONSTRUCTION		(X3) DATE SI COMPLE	
	ROVIDER OR SUPPLIER	033022			STATE, ZIP CODE		03/1	5/2006
	GTON NURSING FAC		2425 25T	H STREET S	SE	· · ·		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE MUST BE PRECEEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S I (EACH CORRECTIVE REFERENCED TO TH		BE CROSS-	(X5) COMPLETE DATE
L 183	residents and perfo per facility policy fo #1, 12, 18, 21, 25 a	gress notes for three form an initial assessing or two (2) residents. F and S13.	nent as	L 183				
	progress that inclu- evaluation for Resi A review of Reside last social worker's	er failed to write a qua ded a social assessm	ent and ed the vritten on				,	
	Director of Social S 30 AM. He/she sta in the progress not turn over in staff ar are trying to address needs first."	view was conducted Services on May 16, 2 Inted, "We know we ar es on all the units. W ad are trying to catch as residents with imm viewed May 15, 2006	2006 at 9: e behind e had a up. We ediate					
	progress that include evaluation for Reside A review of Reside worker progress no	er failed to write a qu ded a social assessm dent #12. nt #12's record revea otes were written on J er 27, 2005. A quarte	led social luly 5,					
	progress note was record was reviewe 3. The social worke progress that includ evaluation for Resid	due October 2005. T ed May 16, 2006. er failed to write a qua ded a social assessm	The arterly ent and					
Health Beaut								
STATE FOR	ation Administration M		e	<sup>5899</sup> D	95S11		If continuation	n.sheet 35 of 46

Health F	Regulation Administr	ation							
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE		(X2) MULT A. BUILDIN B. WING _	IPLE CONSTRUCTION	(X3) DATE SU COMPLE			
				DDRESS, CITY, STATE, ZIP CODE					
	ROVIDER OR SUPPLIER	CILITY	2425 25TH	H STREET STON, DC 2	SE				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE MUST BE PRECEEDED BY SC IDENTIFYING INFORM	'FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION SHO REFERENCED TO THE APPROPRI	OULD BE CROSS-	(X5) COMPLETE DATE		
L 183	Continued From pa worker progress no 1, 2005 and April 5 note was due on Fi reviewed May 16, 2 4. The social worker progress that inclue evaluation for Reside last social worker's January 17, 2006. 2005. The record v 5. The social work service assessmen A review of Reside he/she was admitte 2006. At the time of initial social service Resident #25 had to from April 27, 2006 According to the fa Initial History and A A.000, dated May 1 The Psychosocial If the resident's medi admission. This for of the resident's medi	age 35 bites were written on N 5, 2006. A quarterly pr ebruary 2006. The re- 2006. er failed to write a qua ded a social assessm dent #21. int #21's record revea progress note was A progress note was vas reviewed May 17, er failed to do an initi- int for Resident # 25. int #25's record revea ed to the facility on Ap of this review there was e assessment in the ro- been in the facility for 5 to May 17, 2006. cility's policy, "Social Assessment," Policy a 1997, under "Procedu Evaluation will be ente- ical chart within 14 da rm will be maintained	November ogress cord was arterly hent and led the vritten on due April , 2006. al social led that oril 27, as no ecord. 21 days Work #1702010 ire - #3. ered into tys of l as part with a	L 183					
Health Degui	complete the initial the intermediate un Resident # 25 was service assessmen	ave a 14 day window social service assess hits which include [uni admitted]. The initial at should have been c eviewed May 17,2006	sment for t where social completed						
		. ,							

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	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLI				(X3) DATE S COMPL	
				A. BUILDING			
		095022	_,			05/1	9/2006
NAME OF P	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE		
WASHIN	GTON NURSING FA	CILITY		H STREET S TON, DC 2			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCI	ES		PROVIDER'S PLAN OF CORRE	CTION	(X5)
PREFIX TAG		Y MUST BE PRECEEDED E LSC IDENTIFYING INFORM		PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL REFERENCED TO THE APPROPRIATE		COMPLET
L 183	Continued From p	age 36		L 183	· · · · · · · · · · · · · · · · · · ·		
6. The social worker failed to complete a Psychosocial Evaluation for Resident S1 According to the facility's policy, "Social V Initial History and Assessment", policy #1 A.00, dated May 1997, under "Procedure The Psychosocial Evaluation will be ente the residents's medical chart within 14 da admission. This form will be maintained of the residents's medical.			513. I Work		3234.1 Nursing Facilities Oxygen concentrators I. Any oxygen concentrator with an reading over 10,000 hours has be		(elmolo
			ire - #3. itered into days of		from the unit and replaced with anot 2. NeighborCare is assisting the f developing an aggressive and preventative maintenance program oxygen concentrators. Logs had developed for tracking.	her one. facility in effective for its	1/2/0
	<ul> <li>A review of the clinical record for Resident S1 revealed that the resident was admitted to the facility on February 16, 2006. At the time of the review, there was no social worker's initial Psychosocial Evaluation. The resident had be in the facility 89 days. The record was review May 17, 2006.</li> <li>L 214 3234.1 Nursing Facilities Each facility shall be designed, constructed,</li> </ul>		d to the ne of this itial had been		3. Inservicing was done by Neighb the Central Supply and Maintena regarding the measuring of oxygen ensure therapeutic levels for the Additionally, NeighborCare will preventative maintenance on the concentrators which have reached	nce staff output to residents. provide oxygen	7/209
L 214				L 214	<ul> <li>odometer readings.</li> <li>4. The Director of Maintenance will the progress of the PM program facility's oxygen concentrators at the Quality Improvement Committee chaired by the administrator.</li> </ul>	for the quarterly	6/avli
located, equipped, and maintained to pro functional, healthful, safe, comfortable, and supportive environment for each resident employee and the visiting public. This Statute is not met as evidenced by: Based on observations during the survey facility staff failed to maintain all essential mechanical, electrical, and patient care equipment in safe operating condition as evidenced by: lack of service tags for oxy		rovide a and ent, y:		<ul> <li>Amplifiers and indicator lamps</li> <li>1. Amplifiers on the public photindicator lamps on the elevators miss time of the survey have been repaired replaced.</li> <li>2. All public telephones and elevation</li> </ul>	ing at the ed and/or fors were	7/2/09	
		o maintain all essent ical, and patient care operating condition a	tial as		checked to ensure amplifiers and lamps were present. 3. Maintenance aides will mor amplifiers and lamps on a monthly ensure compliance. They will rep	nitor the basis to	6/20/0
	telephones; failure illuminate; and no maintenance for ec	-functional amplifiers of elevator indicator logs to track prevent quipment. These obs presence of nursing s	lamps to ive servations		findings to the Director of Maintenar 4. The Director of Maintenance will r action plans for the amplifiers and lights at the quarterly Quality Impr Committee which is chaired	ice. eport any indicator ovement	b(70)

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Health R	egulation Administra	ation					: 06/15/2006 APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			(X2) MULT A. BUILDIN B. WING _	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED 05/19/2006		
	ROVIDER OR SUPPLIER		STREET ADD	DRESS. CITY.	STATE, ZIP'CODE	<u> </u>	
				STREET	· · ·		
WASHIN	GTON NURSING FAC	ILITY		TON, DC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETE DATE
L 214	Continued From pa	nge 37		L 214			
	service tags and oc , 316, 337 and 349 observations on Ma	e: rators were observed dometer readings in r in four (4) of four (4) ay 15, 2006 between	ooms 308	·	administrator. Logs 1. Logs have been developed as eviden the temperatures, pressure checks, coil cl and filter changes were performed on units, hot water boilers, washers,	leaning HVAC	10/20/06
	functioning on 3 No AM in one (1) of fou 3. Elevator indicato	public telephones w orth on May 18, 2006 ur (4) observations. r lamps failed to illum n May 15, 2006 at 8:	at 10:15 ninate on		<ul> <li>units, not water boners, washers, circulation pumps, air handlers exhaust f being done on a consistent basis.</li> <li>2. Logs are being kept on all of these ai an on-going basis as part of the fa preventative maintenance program.</li> <li>3. The Maintenance Aides and Direct ensure the documentation of these log routine and consistent basis.</li> <li>4. The Director of Maintenance will re</li> </ul>	fans are reas on ccility's tor will gs on a	6 30 06 6 30 06 6 30 06
· . ·	temperatures/press cleaning and filter of HVAC units, hot wa	vas not available to s sure checks, lubricati changes were perform ater boilers, laundry w ion pumps, air handle g the survey period.	on, coil ned on /ashers,		the progress of the PM program Quality Improvement Committee w chaired by the administrator. 3256.1 Nursing Facilities Door Jambs	uarterly hich is	
L 410	maintenance servic exterior and the inte sanitary, orderly, co manner. This Statute is not Based on observati it was determined to maintenance servic ensure that the faci and sanitary manner entrance and bathro marred and damag abundance of perso	rovide housekeeping erior of the facility in a omfortable and attract met as evidenced by ons during the surve hat housekeeping an es were not adequat lity was maintained in er as evidence by: ma oom doors; soiled HV ed wall surfaces; an onal items in resident	ntain the a safe, tive y period, d e to n a safe arred /AC units;	L 410	<ol> <li>The door jambs cited at the time survey have been repaired and/or p</li> <li>All door jambs have been ev and repaired/repainted as needed.</li> <li>The Maintenance Supervise evaluate the door jambs on a m basis, scheduling repainting or re needed. He will report his finding Director of Maintenance.</li> <li>The Director of Maintenan oversee the monitoring. The result monitoring, along with any actio for improvement, will be presented quarterly Quality Improc Committee, which is chaired</li> </ol>	ts of his ts of his on plans ed at the ovement	6 30 04 130  34 6 30  06 6 30   06
	damaged Venetian	blinds; urine odors;					
lealth Regula	ation Administration			_			·

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Health Degulation	Administr	ation					: 06/15/2006 APPROVED
Health Regulation STATEMENT OF DEFIC AND PLAN OF CORREC	IENCIES	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULT A. BUILDI B. WING	IPLE CONSTRUCTION	(X3) DATE S COMPLE	ETED
		095022				05/1	9/2006
NAME OF PROVIDER C	or supplier						
WASHINGTON NU	IRSING FAC	CILITY		H STREET			
PREFIX (EAC	H DEFICIENCY	ATEMENT OF DEFICIENCIE MUST BE PRECEEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETE DATE
stored u curtains and dan heads; o vents; s Departn floor; so dining ro surfaces observe Housek The find 1. Entra were ma the follo 1 North	lated dust i inder the si ; soiled and naged base damaged I oiled parall nent; mops iled wheeld bom table li s of geri ch d in the pre eeping and lings includ nce and ba arred on the wing areas	in the gas dryer; supp ink; soiled and/or torr d stained ceiling tiles; eboards; soiled sprint HVAC units; soiled ex- el bars in the Rehabi and buckets stored of chairs, straight back of egs; and worn and to airs. These findings esence of the Directo Maintenance and nu- le:	o privacy soiled kler khaust litation on the chairs and rn arm were rs of ursing staff por jams faces in	L <b>4</b> 10	Administrator. HVAC units 1. The HVAC units cited at the ti the survey have been thoroughly cle 2. All HVAC units have been eva and cleaned when necessary. 3. The Housekeeping Supervisors ev the HVAC units on a monthly scheduling their cleaning as needed will report his findings to the Direct Environmental Services. 4. The Director of Environr Services will oversee the monitoring results of his monitoring, along with action plans for improvement, w presented at the quarterly Q Improvement Committee, which is c by the Administrator.	eaned. luated basis, d. He ctor of mental g. The th any ill be puality	6 30 06 6 30 06 6 30 06 6 30 06
1:30 PM 1 South room ar observa 11:30 Al 2 North shower observa 2:30 PM 2 South eight (8) PM to 4 3 North of nine (	1. rooms: 100 id shower r tions on Ma rooms: 209 room and p tions on Ma l. rooms: 212 observatio 54 PM. rooms: 305 9) observa	6, 110, 122, 146, 160 oom in seven (7) of 1 ay 17, 2006 from 8:40 9, 211, 215, 233, 237 pantry in eight (8) of 1 ay 17, 2006 from 11:3 2, 232, and 238 in thr ons on May 17, 2006 5, 313, 323 and 327 in tions on May 18, 200	), supply 15 0 AM to , 245, 16 33 AM to ree (3) of from 2:33		<ul> <li>Wall surfaces</li> <li>1. The wall surfaces cited at the time survey have been repaired and/or pa</li> <li>2. All wall surfaces have been eva and repaired/repainted as needed.</li> <li>3. The Maintenance Supervisor evaluate the wall surfaces on a me basis, scheduling repainting or rep needed. He will report his findings Director of Maintenance.</li> <li>4. The Director of Maintenance oversee the monitoring. The results monitoring, along with any action for improvement, will be presented quarterly Quality Improv</li> </ul>	of the linted. luated will onthly air as to the e will of his plans at the ement	6/20/06 6/20/06 6/20/06
lealth Regulation Admir STATE FORM	nistration	<u> </u>	6		095S11	If continuatio	n sheet 39 of 46

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FORM APPROVED Health Regulation Administration STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1), PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 095022 05/19/2006 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2425 25TH STREET SE WASHINGTON NURSING FACILITY WASHINGTON, DC 20020 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) (EACH DEFICIENCY MUST BE PRECEEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-COMPLETE PREFIX PREFIX **REGULATORY OR LSC IDENTIFYING INFORMATION)** REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE TAG TAG L 410 L 410 Continued From page 39 30 AM to 11:45 AM. 3 South rooms: 312, 326, 340, 348 and tub room Committee, which is chaired by the in five (5) of nine (9) observations on May 18. Administrator. 2006 from 1:48 PM to 4:54 PM. Personal Items Laundry room in one (1) of one (1) observation 1. The abundance of personal items cited 6/30/06 6/30/06 6/30/06 on May 18, 2006 at 5:50 PM. at the time of the survey have been organized and/or removed and stored. 2. HVAC units were soiled in the following areas: 2. All residents with an abundance of personal items have been addressed and 1 North rooms: 105, 111, 113, 139, 141, 151, 159 their items reorganized or stored as and dining room in eight (8) of 13 observations on needed. May 15, 2006 from 11:20 AM to 1:30 PM. 3. The Maintenance Supervisor will evaluate the abundance of personal items 1 South rooms, 106, 110, 114, 142, 144, and 154 on a monthly basis, scheduling the in six (6) of 12 observations on May 17, 2006 reorganization and/or storing as needed. from 11:33 AM to 2:30 PM. He will report his findings to the Director of Maintenance. 2 North rooms: 203, 209, 215, 225, 233, 245 and 4. The Director of Maintenance will 253 in seven (7) of 14 observations on May 17, oversee the monitoring. The results of his 2006 from 2:33 PM to 4:54 PM. ゆろうしゃ monitoring, along with any action plans for improvement, will be presented at the 2 South rooms: 226, 232, 236 and 238 in four (4) ouarterly Quality Improvement of seven (7) observations on May 17, 2006 from Committee, which is chaired by the 2:33 PM to 4:54 PM. Administrator. 3 North rooms: 309, 313, 327, 335 and 353 in five Venetian blinds (5) of 11 observations on May 18, 2006 from 8:30 1. The Venetian blinds cited at the time of 66066 6122106 6122105 AM to 11:45 PM. the survey have been repaired and/or replaced as needed. 3 South rooms: 312, 326 and 340 in three (3) of 2. All Venetian blinds have been six (6) observations on May 18, 2006 from 1:48 evaluated and repaired/replaced as needed. PM to 4:54 PM. The Maintenance Supervisor will 3. 3. Wall surfaces were marred and damaged in evaluate the Venetian blinds on a monthly the following areas: basis, scheduling their repair or replacement as needed. He will report his 1 North rooms: 105, 111, 113, 123, 125, 141, 139 , toilet room, linen room and pantry in 10 of 17 Health Regulation Administration

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							: 06/15/2006 APPROVED
	Regulation Administration	ation (X1) PROVIDER/SUPPLIER/C				(X3) DATE S	
	OF CORRECTION	DENTIFICATION NUMB		A. BUILDIN B. WING		COMPLE	eted _
		095022				05/1	9/2006
NAME OF P	ROVIDER OR SUPPLIER				STATE, ZIP CODE		
WASHIN	GTON NURSING FAC			I STREET S TON, DC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FU SC IDENTIFYING INFORMATIN		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETE DATE
L 410	Continued From pa	age 40		L 410			
	observations on Ma 1:30 PM.	ay 15, 2006 from 11:20	AM to				
	1 South rooms: 10	6,-1 <del>1</del> 4, 116, 122, 132, 1	142		findings to the Director of Maintena 4. The Director of Maintenance		
		m and dining room in 1			oversee the monitoring. The results		Ideal.
		ay 17, 2006 from 8:40 A	AM to	·	monitoring, along with any action	plans	632/06
	11:30 AM.				for improvement, will be presented	•	
2	2 North rooms: 203	3, 233 and 237 in three	(3) of		quarterly Quality Improve Committee, which is chaired by		
		ns on May 17, 2006 from			Administrator.	y the	
	33 AM to 2:30 PM.	- 					
	2 South rooms: 21	0, 212, 220, and tub roc	om in		Urine Odors	. 6	1.
		) observations on May			1. The urine odors noticed at the tilt the survey have been addressed	me of	6 30/06 6 30/06
	2006 from 2:33 PM				eliminated.		
					2. All areas of the facility have	been	, , , , , , , , , , , , , , , , , , ,
		3, 353, hallway on H sid (4) of nine (9) observat			evaluated for the presence of odor	's and	02000
		8:30 AM to 11:45 PM			addressed as necessary. 3. The Nursing, Housekeeping,		
	4 An abundance o	f personal items were i	n		Maintenance Supervisors will evalua	te the	
		eside the bed and on th			cause of any odors on a monthly		
		as: room 210 and 348 i			scheduling inservices, ventilation r or cleaning as needed. They will r		11
	, ,	vations on May 17, 2006	6 at 2:		their findings to their resp		10/06
	38 PM and May 18	, 2006 at 1:50 PM.			department heads. The fa	acility	
	5. Venetian blinds v	were damaged in the fo	llowing		implemented a new practice of prov	-	1
· .	areas:	-	-		disposable (rather than reus incontience products to its residents.	sable) This	
	1 North rooms: 111	l, 113, 123, and 145 in t			was done both for acceptability b		
		May 15, 2006 from 11:			residents and staff as well as odor co	ntrol.	
	to 1:30 PM.				4. The Directors of Nursing, Mainter		
	1 South room 106 ;	in one (1) of seven (7)			and Housekeeping will oversee monitoring of the presence of odors	. The	6/30/96
		ay 17, 2006 from 8:40 A	AM to		results of their monitoring, along with	th any	
	11:30 PM.				action plans for improvement, w	ill be	
	2 North rooms 200		5 in fire		presented at the quarterly Q Improvement Committee, which is cl	-	
		), 211, 225, 233 and 24 ervations on May 17, 20			improvement Commutee, which is cr		
	from 11:33 AM to 2						
	ation Administration						

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ATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION			(X2) MULT A. BUILDI B. WING		(X3) DATE SURVEY COMPLETED		
					STATE, ZIP CODE	05/1	9/ <u>20</u> 06
Ame of P	ROVIDER OR SUPPLIER						
VASHIN	GTON NURSING FA	CILITY	2425 25TH WASHING				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEEDED B' LSC IDENTIFYING INFORM	r FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION SHO REFERENCED TO THE APPROPRIA	JLD BE CROSS-	(X5) COMPLET DATE
L 410	Continued From p	age 41		L 410			
		6, 232 and dining rooi ions on May 17, 2006			by the Administrator.		
		3, 327, 349, 335 and ions on May 18, 2006			<ul> <li>Interior of the dryer</li> <li>1. The interior of the dryer cited a time of the survey have been thorou cleaned.</li> <li>2. All dryers have been evaluated</li> </ul>	ed at the boroughly	5/19/0
	observations on N 54 PM.	26 and 334 in two (2) lay 18, 2006 from 1:4	8 PM to 4:		<ul><li>cleaned routinely through the day.</li><li>3. The Housekeeping Supervisors evaluate the interior of the dryers on a frequent basis, scheduling their cleaning as needed.</li></ul>		3/19/0, 3/19/0 d/70/0
	facility in the follow period: first and th elevator, second f	re detected throughou ving areas during the ird floor hallways nea loor hallway by the partment and resident:	survey r the main		<ul><li>He will report his findings to the of Environmental Services.</li><li>4. The Director of Envir Services will oversee the monitor</li></ul>	onmental	
	106, 110, 111, 139 334 and 353.	9, 145, 220, 228, 236, gas dryer had accum	253, 326,		results of his monitoring, along action plans for improvement presented at the quarterly Improvement Committee, which		6/30/0
		one (1) observation or			by the Administrator. Storing of supplies		
	following areas: 3 Rehabilitation Dep	tored under the sink i South janitor's closet, artment and room 33 ons throughout the su	4 in three		<ol> <li>All areas noted at the time of where supplies were inappropriat have been cleaned and supplies an appropriate place.</li> <li>Other similar areas have been</li> </ol>	the survey tely stored stored in evaluated	5/19/0 5/19/0 6/20/0
	observed in the foi 116, 132, 145, 209	and/or torn privacy curtains were in the following areas: residents' rooms 145, 209, 225, 233 and 313 and the			for inappropriately stored supplareas were cleaned when necessupplies moved to a safe and see 3. The Housekeeping Supervisor	ssary and cure area. rs evaluate	. 1
	Rehabilitation Department in eight (8) of 26 observations throughout the survey period. 10. Ceiling tiles were soiled and stained in the				the storage of supplies on a mon scheduling their cleaning and or as needed. He will report his f the Director of Environmental S	maings to	\$   no   a
	following areas:						

	TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095022			(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED <b>05/19/2006</b>	
NAME OF F	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE		
WASHIN				H STREET			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEEDED BY LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHOUL REFERENCED TO THE APPROPRIATE	D BE CROSS-	(X5) COMPLETE DATE
L 410	<ol> <li>North rooms: 113 shower room, toile 15 observations or to 1:30 PM,</li> <li>South rooms: 10 room, supply room 17 observations or to 11:30 AM.</li> <li>North rooms: 203 , dining room, pant and soiled utility ro May 17, 2006 from</li> <li>South rooms: 21 in four (4) of 10 ob from 2:33 PM to 4:</li> <li>North rooms: 308 7) observations on 11:45 PM.</li> <li>South room 312 observations on M 54 PM.</li> <li>Baseboards we following areas:</li> <li>North rooms: 123 lounge in five (5) o 2006 from 11:20 A</li> </ol>	3, 123, 145, 149, 159, t room and pantry in r n May 15, 2006 from 7 4, 132, 142, 146, 160 and dining room in e n May 17, 2006 from 8 3, 205, 211, 215, 225, try, Rehabilitation Dep om in 11 of 13 observa 11:33 AM to 2:30 PM 0, 212, 238, and janit servations on May 17 54 PM. 5 and 349 in two (2) o May 18, 2006 from 8 in one (1) of six (6) ay 18, 2006 from 1:48 ere soiled and damag 3, 125, 145, dining roof f 11 observations on I	hine (9) of 11:20 AM , toilet ight (8) of 3:40 AM , 233, 237 partment vations on A. or's closet , 2006 if seven ( :30 AM to 3 PM to 4: ed in the om and May 15,	L 410	<ul> <li>4. The Director of Envir Services will oversee the monitor results of his monitoring, along action plans for improvement, presented at the quarterly Improvement Committee, which is by the Administrator.</li> <li>Privacy curtains <ol> <li>The privacy curtains cited at of the survey have been the cleaned and repaired when neces</li> <li>All privacy curtains have evaluated and clean/repaired necessary.</li> </ol> </li> <li>The Housekeeping Supervisors the condition of the privacy curta monthly basis, scheduling their and repair as needed. He will re- findings to the Director of Enviro Services.</li> <li>The Director of Enviro Services will oversee the monitorin results of his monitoring, along v action plans for improvement, presented at the quarterly Improvement Committee, which is by the Administrator.</li> </ul>	ing. The with any will be Quality s chaired the time oroughly sary. we been when evaluate tins on a cleaning port his nmental nmental ng. The with any will be Quality chaired	6/30/0 5/19/0 6/30/0 6/30/0 6/30/0
fc fr	four (4) of nine (9) from 8:40 AM to 11	observations on May I:30 AM. 3, 237, 245 and soiled	17, 2006	· ·	<ol> <li>All ceiling tiles have been ev and replaced when necessary.</li> <li>The Maintenance Supervisor ev</li> </ol>		6/30/04 6/30/04

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### PRINTED: 06/15/2006 FORM APPROVED (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION ) IDENTIFICATION NUMBER: COMPLETED A BUILDING B. WING 05/19/2006 STREET ADDRESS, CITY, STATE, ZIP CODE 2425 25TH STREET SE WASHINGTON, DC 20020 PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-DATE REFERENCED TO THE APPROPRIATE DEFICIENCY) TAG

095022 NAME OF PROVIDER OR SUPPLIER WASHINGTON NURSING FACILITY SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (FACH DEFICIENCY MUST BE PRECEEDED BY FULL PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG 1 410 L 410 Continued From page 43 2006 from 11:33 AM to 2:30 PM. 2 South rooms: 220, 238 and dining room in three the ceiling tiles on a daily basis, 6/20/06 scheduling their replacement as needed. (3) of six (6) observations on May 17, 2006 from He will report his findings to the Director 2:33 PM to 4:54 PM. of Maintenance. The Director of Maintenance will 3 North rooms: 321 and dining room in two (2) of 4. seven (7) observations on May 18, 2006 from 8: oversee the monitoring. The results of his 30 AM to 11:45 PM. monitoring, along with any action plans for improvement, will be presented at the 3 South room 302 in one (1) of nine (9)Ouality Improvement quarterly observations on May 18, 2006 from 1:48 PM to 4: Committee, which is chaired by the 54 PM. Administrator. 12. Sprinkler heads were soiled with dust and **Baseboards** 6|27|06 6|27|06 6|28|06 debris in rooms 110 and 151 in two (2) of 22 1. The baseboards cited at the time of the observations during the survey period. survey have been cleaned and/or replaced. 2. All baseboards have been evaluated 13. HVAC units were damaged in the following and cleaned or replaced when necessary. areas: 3. The Maintenance and Housekeeping Supervisors evaluate the baseboards on a 1 North rooms: 111, 113, 145, 151 and the dining daily basis, scheduling their cleaning or room in five (5) of 11 observations on May 15, replacement as needed. They will report 2006 from 11:20 AM to 1:30 PM. findings to their respective their department heads. 1 South rooms 142 and 146 in two (2) of six (6) 4. The Directors of Housekeeping and observations on May 17, 2006 from 8:40 AM to Maintenance will oversee the monitoring. 11:30 AM. The results of his monitoring, along with any action plans for improvement, will be 2 South rooms 210, 236 and the dining room in presented at the quarterly Quality three (3) of nine (9) observations on May 17. Improvement Committee, which is chaired 2006 at 3:30 PM. by the Administrator. 3 North rooms 309 and the dining room in two (2) of eight (8) observations on May 18, 2006 from 8: Sprinkler Heads 1. The sprinkler heads cited at the time of 30 AM to 11:45 AM. the survey have been dusted. 14. The interior surfaces of exhaust vents were 2. All sprinkler heads have been evaluated soiled in the following areas: Health Regulation Administration

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AND PLAN OF CORRECTION

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Health F	Regulation Administra	ation	·			<b></b>	
	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			(X2) MULT A. BUILDIN B. WING _		(X3) DATE SURVEY COMPLETED ~ 05/19/2006	
	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE	00/1	512000
	GTON NURSING FAC	CILITY	2425 25Tł	H STREET STON, DC 2	SE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETE DATE
L 410	1 North rooms: 105 five (5) of 11 obser 11:20 AM to 1:30 F 1 South rooms: 110 room in five (5) of r 17, 2006 from 8:40 2 North rooms: 209 three (3) of five (5) from 11:33 AM to 2 2 South rooms: 212 12 observations on to 4:54 PM. 3 North rooms: 305 of eight (8) observa AM to 11: 45 AM. 3 South rooms: 312	5, 123, 125, 139, and vations on May 15, 2 2M <sub>7</sub> 0, 114, 142, 160 and nine (9) observations AM to 11:30 AM. 0, 233, and staff bath observations on May	006 from toilet on May room in 17, 2006 ee (3) of 2:33 PM n four (4) rom 8:30 ee (3) of	06 from ilet n May om in 7, 2006 (3) of 33 PM our (4) m 8:30 (3) of	<ul> <li>and dusted when necessary.</li> <li>3. The Maintenance Supervisor evaluates the sprinkler heads on a monthly basis, scheduling their dusting as needed. He will report his findings to the Director of Maintenance.</li> <li>4. The Director of Maintenance will oversee the monitoring. The results of his monitoring, along with any action plans for improvement, will be presented at the quarterly Quality Improvement Committee, which is chaired by the Administrator.</li> <li>Damaged HVAC units <ol> <li>The HVAC units cited at the time of the survey have been repaired or replaced.</li> <li>All HVAC units have been evaluated and repaired or replaced as deemed</li> </ol> </li> </ul>		6130/06 6130/06 6130/06
	Rehabilitation Depa stained in one (1) o 17, 2006 at 12:30 F 16. Mops and buck the floor in the janit 2 South, 3 North an observations during 17. Wheelchairs we frame surfaces and following areas: 1 South rooms: 106	ets were soiled and s or's closet on 1 North Id 3 South in five (5)	he and a on May stored on h, 2 North, of six (6) ke and he e (3) of he he he he he he he he he he		the interior of the HVAC units monthly basis, scheduling their rep replacement as needed. He will rep findings to the Director of Maintenard 4. The Director of Maintenard oversee the monitoring. The results monitoring, along with any action for improvement, will be presented quarterly Quality Improv Committee, which is chaired b	on a pair or ort his ance. e will of his plans at the ement y the	6/30/06 6/30/06
Health Regul	ation Administration			899	06511	· ·	

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUP		A. BUILDI		(X3) DATE S COMPLE	
		095022		B. WING		05/1	9/2006
IAME OF F	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE		
WASHIN	GTON NURSING FA	CILITY		I STREET			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIEN Y MUST BE PRECEEDEI LSC IDENTIFYING INFO	D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHOUL REFERENCED TO THE APPROPRIATE	D BE CROSS-	(X5) COMPLETE DATE
L 410	Continued From pa	age 45		L 410			
	<ul> <li>2 North rooms: 209 observations on M 30 PM.</li> <li>2 South room 338 observations on M 54 PM.</li> <li>3 North rooms: 309 of eight (8) observations 30 AM to 11:45 AM</li> <li>3 South rooms 326 ) observations on M PM.</li> <li>18. Residents' strations on M PM.</li> </ul>	ay 18, 2006 at 11: in one (1) of five (5 ay 17, 2006 from 2 5, 321, 349, and 35 ations on May 18, 3 1. 5 and 334 in two (2 May 18, 2006 at 1: ight back chairs wa ree (3) of 11 obser	33 AM to 2: 5) 2:33 PM to 4: 57 in four (4) 2006 from 8: ) of seven (7 48 to 4:54 ere soiled on vations on 3		<ul> <li>vents cited at the time of the survey have been cleaned.</li> <li>2. All interior surfaces of exhaust vents have been evaluated and cleaned when necessary.</li> <li>3. The Maintenance Supervisor evaluates the interior surfaces of the exhaust vents on a quarterly basis, scheduling their routine cleaning as needed. He will report his findings to the Director of Maintenance.</li> <li>4. The Director of Maintenance will oversee the monitoring. The results of his monitoring, along with any action plans for improvement, will be presented at the quarterly Quality Improvement Committee, which is chaired by the Administrator.</li> </ul>		4 30 0 6 30 04 6 30 04
	North on May 18, 2 AM and three (3) o lounge on May 15, PM. 19. Dining room tal and food in the 3 N observations on Ma 11:45 PM. 21. Arm surfaces o worn in rooms 220 period	f 14 observations i 2006 from 11:20 A ble legs were soile orth dining room in ay 18, 2006 from 8 of geri chairs were	in 1 North AM to 1:30 d with dust n 18 of 20 b:30 AM to torn and		<ul> <li>Flat surfaces of the parallel bars</li> <li>1. The flat surfaces of the parallel bars</li> <li>1. The flat surfaces of the parallel bars</li> <li>1. The flat surfaces of the parallel bars</li> <li>2. All therapy equipment was effor cleanliness and cleaned as need</li> <li>3. The Housekeeping Supervisor effort the rehabilitation equipment on a basis, scheduling their cleaning as He will report his findings to the of Environmental Services.</li> </ul>	ave been valuated cessary. evaluates monthly needed.	b[1 0b b[1]0b b[38]04
	period.				4. The Director of Enviro Services will oversee the monitoring results of his monitoring, along action plans for improvement, presented at the quarterly	ng. The with any will be	black

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