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FORM APPROVED

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095028	A. BUILDING _____ B. WING _____	10/06/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INGLESIDE PRESBYTERIAN RETIREM	3050 MILITARY ROAD NW WASHINGTON, DC 20015

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L 000	Initial Comments An annual licensure survey was conducted October 4 through 6, 2006. The following deficiencies were based on observations, record reviews and staff interviews. The sample included 15 residents based on a census of 68 residents on the first day of survey with one (1) supplemental resident.	L 000		
L 012	3203.2 Nursing Facilties A list of all employees, with the appropriate current license or certification numbers, shall be on file at the facility and available to the Director. This Statute is not met as evidenced by: Based on record review and staff interview, it was determined that the facility failed to ensure that the beautician maintained a current license. The findings include: A review of facility staff licenses revealed that the beauticians's license had expired September 2005. The beautician was not at the facility during the survey period. A face-to-face interview was conducted with the Administrator on October 6, 2006 at 10:15 AM. He/she stated, "I called [beautician] the first day you asked for the license (October 5, 2006). [Beautician] told me it was applied for. I called again this morning and [beautician] told me the license was never applied for, so [beautician] has been working here for a year without a license. I fired [him/her] this morning."	L 012	**L 012** 1. No resident was affected by this deficiency. 2. A New Beautician contractor has been hired with a valid DC licenses on 10/16/06. The previous contractor was terminated due to non-compliance with license and regulations. 3. Administrator or designee will review/ audit the renewal dates of the licensed contractor used by the facilities monthly. 4. Results of this audit will be presented to the QA committee monthly times three. Nov., Dec. & Jan. 2007.	11/19/06
L 036	3207.11 Nursing Facilities Each resident shall have a comprehensive medical examination and evaluation of his or her	L 036		

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TITLE (X6) DATE

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

STATE FORM 6899 OKZL11 If continuation sheet 1 of 17

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L 036	Continued From page 1 health status at least every twelve (12) months, and documented in the resident's medical record. This Statute is not met as evidenced by: Based on observation, staff interview and record review for three (3) of 15 sampled residents, it was determined that the physician failed to complete the annual history and physical assessment for Residents #1, 4, and 9. The findings include: According to the facility's policy, "History and Physicals", effective 9/04, no policy number, " under "Procedure - 1. All residents must have an annual history and physical by their attending physician after being in the facility (1) year." 1. The attending physician failed to complete an annual history and physical assessment for Resident #1. A review of Resident #1's record revealed that the most current History and Physical assessment was signed and dated September 25 , 2005 by the attending physician. A face-to-face interview was conducted with medical records staff on October 6, 2006 at 9:30 AM. He/she stated, "I keep a list of when all the history and physicals are due. I place a blank history and physical form in the record about a month before it's due and flag it for the physician ." The record lacked evidence of a blank history and physical form for the physician to complete. The record was reviewed on October 6, 2006. 2. A review of the clinical record for Resident #4 revealed that the physician failed to complete an annual history and physical (H&P) examination.	L 036	**Corrective Action for Affected Residents:** 1. Residents #1, 4 and 9 haves a completed H & P on the chart. 10/31/06 **Procedure for Identifying Potentially Affected Residents:** 2. Medical records audits will be completed to ensure the H&P are done. The MD will be contacted to complete any delinquent H&P's found. 10/30/06 **Measures Adopted for Systemic Change:** 3. MD 's will be educated on the facilities policy and procedures regarding H&P's and their completion. •If MD is not completing the H&P in a timely manner, he/she will be contacted by the Medical Director or Administrator. •The Medical Director will be required to complete the H&P if the attending Physician is not available. 11/06	

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L 036	Continued From page 2 The last H&P was dated August 31, 2005. A face -to-face interview was conducted with the nurse manager who acknowledged that the H&P was delinquent. The record was reviewed on October 5, 2006. 3. The physician failed to complete the annual history and physical assessment for Resident #9. A review of Resident #9's record revealed that the most current history and physical assessment in the record was dated September 8, 2005. A face-to-face interview was conducted with the Resident Care Coordinator on October 6, 2006 at 3:45 PM. He/she acknowledged that the history and physical assessment should have been completed September 2006. The record was reviewed October 6, 2006.	L 036	**Monitoring of Corrective Action and Quality Assurance:** 4. The Medical Records Coordinator will audit records and report compliance of H&P's at monthly QA committee meetings. 11/06	11/19/06
L 051	3210.4 Nursing Facilities A charge nurse shall be responsible for the following: (a)Making daily resident visits to assess physical and emotional status and implementing any required nursing intervention; (b)Reviewing medication records for completeness, accuracy in the transcription of physician orders, and adherences to stop-order policies; (c)Reviewing residents' plans of care for appropriate goals and approaches, and revising them as needed; (d)Delegating responsibility to the nursing staff for	L 051	**Corrective Action for Affected Residents:** 1. Resident #13 Falls care plan has been brought up to date. 10/06/06.	

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L 051	Continued From page 3 direct resident nursing care of specific residents; (e)Supervising and evaluating each nursing employee on the unit; and (f)Keeping the Director of Nursing Services or his or her designee informed about the status of residents. This Statute is not met as evidenced by: Based on observation, staff interview and record review for one (1) of 15 sampled residents, it was determined that the charge nurse failed to update a fall care plan for one (1) resident with multiple falls. Residents #13. The findings include: The review of the interdisciplinary care plan for Resident #13 included a problem for "Fall Prevention" dating from April 13, 2004. The recent falls with no injuries were 1/3/06, 4/10/06, 7/5/06, 7/24/06, and 10/3/06. It was documented to "Continue with approaches" after each fall. The care plan was not updated to include new interventions. On October 5, 2006 at approximately 11:00 AM a face to-face interview was conducted with the nurse manager who acknowledged that new interventions were not implemented. The record was reviewed on October 5, 2006.	L 051	**Procedures for Identifying Potentially Affected Residents:** 2. All residents that have fallenin the last 90 days will be reviewed for care plan updates. 10/30/06 **Measures Adopted for Systemic Change:** 3. For residents that fall, care plan review and updates will be taking place@ daily morning meeting as part of the fall prevention process. Licensed staff will be in-serviced on the falls prevention process and care plans updates. By 11/30/06 **Monitoring Corrective Action and Quality Assurance:** 4. Unit Managers will report falls care plan updates at the QA meeting monthly. 11/06/06	11/19/06
L 052	3211.1 Nursing Facilities Sufficient nursing time shall be given to each resident to ensure that the resident receives the following: (a)Treatment, medications, diet and nutritional supplements and fluids as prescribed, and	L 052		

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L 052	Continued From page 4 rehabilitative nursing care as needed; (b)Proper care to minimize pressure ulcers and contractures and to promote the healing of ulcers: (c)Assistants in daily personal grooming so that the resident is comfortable, clean, and neat as evidenced by freedom from body odor, cleaned and trimmed nails, and clean, neat and well-groomed hair; (d) Protection from accident, injury, and infection; (e)Encouragement, assistance, and training in self-care and group activities; (f)Encouragement and assistance to: (1)Get out of the bed and dress or be dressed in his or her own clothing; and shoes or slippers, which shall be clean and in good repair; (2)Use the dining room if he or she is able; and (3)Participate in meaningful social and recreational activities; with eating; (g)Prompt, unhurried assistance if he or she requires or request help with eating; (h)Prescribed adaptive self-help devices to assist him or her in eating independently; (i)Assistance, if needed, with daily hygiene, including oral acre; and j)Prompt response to an activated call bell or call for help.	L 052	**Corrective Action for Affected Residents:** 1. Resident # 12 was redressed immediately at the time of the survey. 10/06/2006 **Procedure for Identifying Potentially Affected Residents:** 2. The Nursing Assistant's are required to check all residents clothing and apperance to insure that they are appropriate for the environment. 10/04/2006 **Measures Adopted for Systemic Change:** 3. The Nursing Staff will be re-educated on the dignity of residents in regards to dressing and appearance. Unit Managers will do rounds on the floor weekly. Checking for residents clothing will be include in those rounds. 11/19/2006 **Monitoring of Corrective Action and Quality Assurance:** 4. For the next 90 days, Unit managers will present the finding of their weekly rounds to be monitored by the Quality Assurance Committee Monthly. (November, December and January) Starting 11/06/2006.	11/19/06

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L 052	Continued From page 5 This Statute is not met as evidenced by: Based on observation and staff interview for one (1) of 15 sampled residents, it was determined that facility staff failed to provide sufficient nursing time to maintain the residents's dignity as evidenced by failure to prevent exposure of the resident in the day room. The findings include: Resident #12 was observed on October 4, 2006 at 3:30 PM sitting in a wheelchair in the dayroom with seven (7) other residents present. Resident #12's dress was torn from under the left arm down the side seam to approximately three (3) inches above the hem. The resident was wearing no undergarments and the left upper torso, abdominal area and left upper thigh were exposed. A face-to-face-interview was conducted with the Certified Nurse Aide who assisted the resident out of bed at 3:45 PM. He/she stated, "I didn't see the torn part of the dress or I would have changed it."	L 052	**1.** No resident was affected by this deficiency. • The identified Barbicide was changed and completed 10/10/06. • The observed interior surface of the Hair dryers that were soiled was cleaned and completed 10/10/06. • The identified hair Brush with accumulated hair in the bristles was removed and discarded 10/10/06. • The interior and filter surfaces of the observed oxygen concentrator were cleaned and completed 10/10/06.	
L 091	3217.6 Nursing Facilities The Infection Control Committee shall ensure that infection control policies and procedures are implemented and shall ensure that environmental services, including housekeeping, pest control, laundry, and linen supply are in accordance with the requirements of this chapter. This Statute is not met as evidenced by: Based on observations during the survey period, it was determined that infection control practices were not followed as evidenced by: particles in the Barbicide solution, soiled interior surfaces of hair dryers, a brush with hair in a container with	L 091		

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L 091	Continued From page 6 clean rollers and interior and filter surfaces of oxygen concentrators. The findings include: Beauty Shop observations were made on October 6, 2006 at 10:30 AM. 1. Barbicide was cloudy with particles and debris in the solution in one (1) of one (1) observation. 2. The interior surfaces of hair dryers were soiled with dust in four (4) of six (6) observations. 3. A hair brush with accumulated hair in the bristles was lying on top of clean rollers in one (1) of one (1) observation. 4. The interior and filter surfaces of an oxygen concentrator in room 170 and the filter in room 186 were observed with accumulated dust and debris in two (2) of 11 observations at 11:30 AM on October 5, 2006 and 12:25 PM on October 6, 2006.	L 091	**3.**The Environmental Services Director or designee will add Idems identified or observed during this survey to the environmental rounds schedule weekly. This compliance will continue weekly times 4 and random monthly thereafter. 11/01/06 **4.** Results of this audit will be presented to the QA committee monthly times three. Nov., Dec. & Jan. 2007	11/19/06
L 122	3223.2 Nursing Facilities There shall be a regularly scheduled program of in-service education programs for the rehabilitative services staff. This Statute is not met as evidenced by: Based on observations during the survey period, it was determined that documentation was not available to ensure that regular in-service training was provided to the rehabilitation staff. These findings were observed in the presence of rehabilitation staff. The findings include:	L 122	1. No resident was affected by this deficiency. 2. NA 3. The Director of Rehabilitation or designee will provide a regularly schedule program of in-service for the rehabilitative staff.	

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L 122	Continued From page 7 Documentation was not available during the survey to substantiate that regular in-service training was provided to staff on a regular basis in one (1) of one (1) observation at 10:05 AM on October 6, 2006.	L 122	4. In servicing will be reported and monitored during the monthly/quarterly QA meetings. 11/10/06.	11/19/06
L 128	3224.3 Nursing Facilities The supervising pharmacist shall do the following: (a)Review the drug regimen of each resident at least monthly and report any irregularities to the Medical Director, Administrator, and the Director of Nursing Services; (b)Submit a written report to the Administrator on the status of the pharmaceutical services and staff performances, at least quarterly; (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; (d)Establish a system of records of receipt and disposition of all controlled substances in sufficient detail to enable an accurate reconciliation; and (e)Determine that drug records are in order and that an account of all controlled substances is maintained and periodically reconciled. This Statute is not met as evidenced by: Based on record review and staff interview, it was determined that the consulting pharmacist failed to provide inservices for the facility.	L 128	L128 1. Staff Development will schedule 2 pharmacy in-services to meet compliance. 2. Staff Development will be responsible for contacting pharmacy to set up in-services. 3. Staff development will schedule pharmacy in-services at the beginning of each year and place on the education calendar. 4. In servicing will be reported and monitored during the monthly/quarterly QA meetings. 11/10/06.	11/19/06

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L 128	Continued From page 8 On October 5, 2006 at 11:00 AM, the facility was requested to provide evidence that the consulting pharmacist provided two (2) inservices to facility nursing staff during the past year (October 2005 through October 2006). There was no evidence provided that the consulting pharmacist conducted any inservices during the year. A face-to-face interview was conducted with the Director of Nursing on October 6, 2006 at 10:15 AM. He/she stated, "I called [pharmacist] and asked if [he/she] had conducted any inservices in the past year. The pharmacist told me that an inservice was scheduled for September (2006) but was re-scheduled for October (2006). The pharmacist said no other inservices were scheduled for this past year."	L 128		
L 135	3225.2 Nursing Facilities Medication may be ordered by telephone if: (a)The order is given by a physician or licensed advanced registered nurse; (b)The order is reduced to writing immediately in the resident's medical record by the person taking the order; and (c)The order is taken by a licensed registered or practical nurse and countersigned by a physician within ten (10) days. This Statute is not met as evidenced by: Based on observation, record review and staff interview for two (2) of 15 sampled residents, it was determined that the physician failed to sign telephone orders within 10 days of the order being taken. Residents #5 and J1.	L 135	**Corrective Action for Affected Residents:** 1. Residents #5 and J1 telephone orders have been signed. 11/01/06 **Procedure for Identifying Potentially Affected Residents:** 2. All current residents records will be audited for MD signatures. MD's will be contacted to sign orders.	

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L 135	Continued From page 9 The findings include: 1. The physician failed to sign telephone orders for Resident #5 within 10 days of the order being taken. A review of Resident #5's record revealed that the physician failed to sign the following 19 telephone orders: July 25, 29, 30 and 31, 2006, August 1, 6 (2 orders), 7, 9, 10, 11, 16, 17 (2 orders), 24 (2 orders) and September 21, 22 and 25, 2006. Physician progress notes were present in the record and dated July 25, 2006, August 4, 7, 19, 20, and 31, 2006 and September 13 and 28, 2006. A face-to-face interview was conducted with the Resident Care Coordinator (RCC) on October 5, 2006 at 7:00 AM. He/she acknowledged that the physician had not signed the above cited telephone orders. The record was reviewed October 5, 2006. 2. The physician failed to sign telephone orders for Resident J1 within 10 days of the order being taken. A review of Resident J1's record revealed the physician failed to sign the following five (5) telephone orders: June 10 and 12, 2006, August 28 and 30, 2006 and September 10, 2006. A face-to-face interview was conducted on October 5, 2006 at 11:30 AM with the RCC. He/she acknowledged that the above cited telephone orders were not signed by the physician. The record was reviewed October 5, 2006.	L 135	**Measures Adopted for Systemic Change:** 3. MD 's will be educated on the facilities policy and procedures regarding signing telephone orders and their completion. MD's not in compliance with signing telephone orders will be notified by the Medical Director or Administrator. The Medical Director will be required to sign telephone orders if the Attending physician is not available. **Monitoring of Corrective Action and Quality Assurance:** 4. Medical Record will report rates for 90 days of MD's signatures for telephone orders at the QA committee meeting monthly. November, December & January. 01/31/06	11/19/06

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L 199	Continued From page 10	L 199	1. Resident #8 has been discontinued from the restorative program. **Procedure for Identifying Potentially Affected Residents:** 2. The Rehab department will identify all residents on a "Functional Maintenance program". The Nurse Managers will insure that nursing flow sheets are up to date. **Measures Adopted for Systemic Change:** 3. The nursing staff will be educated on restorative nursing flow sheet documentation. 11/19/06 The Charge Nurses will review restorative flow sheets daily for documentation. Restorative flow sheets will be placed in the ADL books. **Monitoring of Corrective Action and Quality Assurance:** 4. The unit Managers will report restorative documentation compliance for 90 days at the monthly QA committee meeting. Nov., Dec. and Jan. 01/31/07	11/19/06
L 199	3231.10 Nursing Facilities Each medical record shall document the course of the resident's condition and treatment and serve as a basis for review, and evaluation of the care given to the resident. This Statute is not met as evidenced by: Based on record review and staff interview for one (1) of 15 sampled residents, it was determined that the facility staff failed to document the resident's participation in the restorative program. Resident #8. The findings include: A review of Resident #8's record revealed that a " Rehab Screen" dated February 20, 2006 documented, "OT [occupational therapy] will write an order for functional maintenance program to increase strength for ambulation to help prevent falls." The resident had a history of falls. A review of the "Restorative Nursing -Flow Sheet" dated June 2006, revealed that facility staff began documenting the resident's participation in the functional maintenance program on June 18, 2006. There were no other Restorative Nursing-Flow Sheets found in the record prior to June 2006. A face-to-face interview was conducted with the Director of Nursing on October 5, 2006 at 3:00 PM. He/she stated, "The resident was participating in the functional maintenance program, but the staff did not start documenting until June 18, 2006. They just didn't document it."	L 199		
L 214	3234.1 Nursing Facilities	L 214		

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L 214	Continued From page 11 Each facility shall be designed, constructed, located, equipped, and maintained to provide a 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 period, it was determined that facility staff failed to ensure that the environment was free from accidental hazards as evidenced by: excessive electrical appliances attached to extension cords, a candle burning in a resident's room, unsecured oxygen tanks and a floor drain. These observations were made in the presence of the Directors of Maintenance and Housekeeping and nursing staff. The findings include: 1. Multiple electrical appliances were observed attached to extension cords in a resident's room. During the initial tour, an observation of room 70 was made on October 4, 2006 at 2:30 PM. A blender, refrigerator, fan and microwave oven were attached to a multi-plug which was attached to an extension cord. Additionally, a DVD and television unit was attached to an extension cord which ran across the top of the Heating Ventilation Air Conditioning unit, behind the bed and into a plug. The cords were held together with metal twist ties. 2. A candle was observed burning in a resident's room. During the initial tour, a candle was observed burning in room 71 on October 4, 2006 at 2:35 PM. The resident's family member was visiting in the room. A face-to-face interview with the	L 214	**1.** No resident was affected by this deficiency. **2.** The multiple electrical appliances connected to a multi-plug that was attached to an extension cord and other electrical devices identified or observed were disconnected and removed on 10/04/2006. • Candle observed burning was removed in a residents room was removed immediately on 10/04/06. • All Oxygen tanks identified were secured and completed 10/06/06. • The floor drain cover observed unsecured in the apartments kitchen was repaired 10/25/06.	

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	095028	A. BUILDING _____ B. WING _____	10/06/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INGLESIDE PRESBYTERIAN RETIREM	3050 MILITARY ROAD NW WASHINGTON, DC 20015

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L 214	Continued From page 12 resident was conducted immediately after the family member left. The resident stated, "My [family member] likes candles and burns them when [he/she] visits. Usually [he/she] blows the candle out when [he/she] leaves." The resident was asked if he/she had any matches, and replied, "No, I don't light the candle, I don't have any matches. My [family member] lights the candle." A face-to-face interview was conducted with the charge nurse on October 4, 2006 at 2:40 PM. He /she acknowledged that facility staff was aware that the family member lit a candle when visiting with his/her relative. 3. Oxygen tanks were observed unsecured on both resident units. Garden Level: Two (2) oxygen tanks were observed unsecured in two (2) of 2 observations on October 4, 2006 at 3:45 PM. Lower Level: Two (2) of five (5) oxygen tanks were observed unsecured on October 5, 2006 at 11:30 AM. 4. A floor drain cover was unsecured in the apartment kitchen. On October 4, 2006 at 2:00 PM, a floor drain cover located in the apartment kitchen was observed unsecured and moved when walked across.	L 214	**3.**The environmental Services Director or designee will add Items identified or observed during this survey to the environmental rounds schedule weekly. This compliance will continue weekly times 4 and random monthly thereafter. 11/01/06 **4.** Results of this audit will be presented to the QA committee monthly times three. Nov., Dec. & Jan. 2007 **Corrective Action for Affected Residents:** 1. No residents were affected.	11/19/06
L 359	3250.1 Nursing Facilities Each food service areas shall be planned, equipped, and operated in accordance with Title 22 DCMR, Chapter 22, 23 and 24, and with all	L 359	• Walls, ceiling tile surfaces and air supply vents observed to be soiled were	

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L 359	Continued From page 13 other applicable District laws and regulations. This Statute is not met as evidenced by: Based on observations during the survey period it, was determined that dietary services were not adequate to ensure that foods were prepared and served in a safe and sanitary manner as evidenced by: soiled walls, ceiling tiles, air supply vents over cooking areas, compressor fans and covers in the walk-in refrigerator, the pre-filter of the water supply line, dishwasher slats on the clean and soiled side, cutting surfaces of the mechanical can opener and holder, top and bottom surfaces of plates, hotel pans, the bottom surfaces of juice glasses, the broiler grill, cooking hood filters, the dumpster area outside of the suites kitchen and cartons of buttermilk were stored in the walk-in refrigerator beyond the expiration date. These findings were observed in the presence of the dietary managers. The findings include: 1. Walls, ceiling tile surfaces and air supply vents were soiled with accumulated dust over cooking areas in the apartment kitchen in one (1) of one (1) observation at 3:10 PM on October 4, 2006. 2. Compressor fans and covers were soiled with accumulated dust and debris in the walk-in apartment refrigerator in one (1) of two (2) observations at 3:40 PM on October 4, 2006. 3. The prefilter on the water supply line near cooking hoods was soiled with contaminants, accumulated mineral deposits and other products in the apartment kitchen in one (1) of one (1) observation at 3:15 PM on October 4, 2006. 4. Plastic slats on the clean and soiled side of the dishwasher in the apartment kitchen were soiled	L 359	cleaned and completed on 10/10/06. • Compressor fans and covers identified to be soiled in the apartments walk-in refrigerator was cleaned and completed on 10/06/06. • The pre filter identified on the water supply line near the cooking hoods was cleaned and completed 10/06/06. • The pastic slates identified on the clean and soiled side of the dish washer in the apartments was cleaned and completed on 10/10/06. • The cutting and holder of the mechanical can opener identified in the apartment kitchen was cleaned and completed on 10/06/06 • The hotel pans observed were cleaned and completed on 10/05/06. In-serviced the utility staff 10-22-06, concerning air-drying of equipment and the correct way that dishware should be placed in the dish machine. Also reviewed the correct temperature of the wash and rinse cycle of the machine.	

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L 359	Continued From page 14 with accumulated mineral deposits and other products in one (1) of one (1) observation at 3:15 PM on October 4, 2006. 5. The cutting and holder surfaces of the mechanical can opener in the apartment kitchen were soiled with leftover food and debris in one (1) of one (1) observation at 3:20 PM on October 4, 2006. 6. The top and bottom surfaces of plates were soiled with leftover foods and plates were stored before they were allowed to dry in eight (8) of 28 observations at 8:45 AM on October 5, 2006. 7. The interior and exterior surfaces of hotel pans (12 x 24 x 6 inch) were soiled with leftover food after washing in the pot and pan wash area and pans were not allowed to dry before storing on racks for reuse in eight (8) of eight (8) observations at 9:30 AM on October 5, 2006. 8. The bottom surfaces of juice glasses were soiled and stained with mineral deposits after washing in eight (8) of eight (8) observations at approximately 10:00 AM on October 5, 2006. 9. The broiler grill grates were soiled with accumulated food and carbon deposits in the cook's area of the apartment kitchen in one (1) of one (1) observation at 10:30 AM on October 5, 2006. 10. The interior areas of cooking hood filters were soiled with grease and dust in the suites kitchen in six (6) of six (6) observations at approximately 2:30 PM on October 4, 2006. 11. Paper and soiled products were observed on the ground outside of the dumpster near the	L 359	• The bottom surfaces of the juice glass observed were cleaned and completed 10/06/06. Water softener vessel was serviced during the inspection and will be placed on a PM schedule. Glassware with mineral deposits will be washed to eliminate this debris. • The broiler grill grates observed in the apartments kitchen was cleaned and completed on 10/06/06. • The interior areas of the cooking hood filters observerd soiled was cleaned and completed on 10/06/06. • The paper and soiled products observed on the floor and surrounding areas of the dumpster near the suites kitchen were cleaned and completed on 10/06/2006 • Cartons of Butermilk observed in the walk in refrigerator that were expired were destroyed on 10/05/06. 2.The Dining Service Director or designee in each of the	

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L 359	Continued From page 15 suites kitchen in one (1) of one (1) observation at 2:25 PM on October 4, 2006. 12. Cartons of buttermilk in the walk-in refrigerator were stored beyond the expiration date. The date of expiration was October 2, 2006 in four (4) of 24 observations at 2:05 PM on October 4, 2006.	L 359	Ingleside kitchens will conduct a sanitation audit monthly. The Service Manager or designee will conduct weekly audits. 3 .The Dining Service Director will monitor daily and corrective action will be taken to maintain compliance with standards as needed based on the results of the audits. 4.Sanitation audits and need action plans will be reported at the QA committee meeting monthly. 11/06 1. No specific resident was identified in this deficiency. 2. All wheelchairs observed were cleaned and completed by 10/29/06 • The interior surfaces of exhaust vent identified will be cleaned and completed by 11/05/06. • The Sonozaire deodorizer located in the garage near the trash dumpster was cleaned and completed 10/25/06. • The paper and soiled products observed on the floor and surrounding areas of the trash dumpster in the garage were cleaned and completed on 10/06/2006.	11/19/06
L 410	3256.1 Nursing Facilities Each facility shall provide housekeeping and maintenance services necessary to maintain the exterior and the interior of the facility in a safe, sanitary, orderly, comfortable and attractive manner. This Statute is not met as evidenced by: Based on observations during the survey period, it was determined that housekeeping and maintenance services were not adequate to ensure that the facility was maintained in a safe and sanitary manner as evidenced by: soiled wheelchairs, exhaust vents in residents rooms, Sonozaire deodorizer near the dumpster, the floor in the garage around the dumpster, floor and wall surfaces in the small laundry room, plastic vertical slats at the entrance to the laundry room, marred wall surfaces in the washer area and hallways outside of the main laundry, marred and worn dining room chairs and splintered entrance and bathroom doors. These findings were observed in the presence of maintenance, housekeeping and nursing staff. The findings include: 1. The wheelchairs that residents were sitting on in the Garden Level dayroom were soiled on the spoke and frame surfaces with accumulated dust and debris in five (5) of eight (8) observations at	L 410		

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L 410	Continued From page 16 12:20 PM on October 4, 2006. Lower Level dayroom in seven (7) of nine (9) observations between 2:25 PM and 3:45 PM on October 5, 2006. 2. The interior surfaces of exhaust vents in residents' bathrooms were soiled with dust and debris. Garden Level rooms 169, 170, 173, 176, 180, 182, 186, 192, 194, 195 and 197 in 11 of 14 observations between 11:30 AM and approximately 1:00 PM on October 6, 2006. Beauty Shop in two (2) of four (4) observations at 10:30 AM on October 6, 2006. Lower Level rooms 087 and 094 in two (2) of nine (9) observations between 2:25 PM and 3:45 PM on October 5, 2006. • The Maintenance Supervisor or designee will conduct monthly preventive maintenance rounds. All work generated will be completed within 48 – 72 hours with written affirmation. 4. The Facility Management Director will conduct random audits and will be presented monthly to the QA committee.	L 410	• The floor and surrounding areas of the small laundry room observed to be soiled were cleaned and completed by 10/25/06. • The plastic vertical slats identifies were cleaned and completed 10/06/2006. • The wall in the rear of the washers in the laundry room and hallway walls outside of the laundry observed damaged and soiled will be repaired, cleaned and completed by 11/12/06. • The armrest, backs and leg surfaces of dinning room chairs identified as worn marred and scarred will be repaired or replaced by 11/19/06. • The bathroom doors identified as damaged, marred, scarred and splintered will be repaired and completed by 11/19/2006. 3 . Environmental Rounds were conducted 10/25/06 and no other deficiencies were noted.	11/19/06