11/06/20	06 17:25	2023630950	<u>.</u>	INGLE	ESIDE AT ROCK CR	PAG	E 08/09
	ulation Administra	ation			providente 10	V PRINTED	: 10/13/2006 APPROVET
	DEFICIENCIES	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM		(X2) MULT A. BUILDIN		(X3) DATE SI COMPLE	
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L 000 Ini	tial Comments			L 000			
Oc de re inc re	ctober 4 through ficiencies were b views and staff ir cluded 15 resider	e survey was conduct 6, 2006. The followin ased on observation aterviews. The samp ats based on a censu st day of survey with ent.	ng s, record le s of 68				
L 012 32	03.2 Nursing Fa	cilties		L 012	L 012		¢
cu or Th Ba de the	frient license or of file at the facility his Statute is not ased on record re- termined that the e beautician main	ees, with the appropri- certification numbers, and available to the met as evidenced by eview and staff intervi- e facility failed to ensu- nained a current licer	shall be Director c ew, it was ure that		 No resident was affithis deficiency. A New Beautician contractor has been with a valid DC lice 10/16/06. The previous contractor was terms 	hired nses on ous inated	
	ne findings includ review of facility	e: staff licenses reveale	d that the		due to non-compliar license and regulatio	ms.	
be 20	auticians's licens	se had expired Septer ian was not at the fac	mber	,	3. Administrator or des will review/ audit the renewal dates of the	e	
Ac He yo Be ag lic be	dministrator on O e/she stated, "I ca u asked for the li eautician] told me pain this morning ense was never a	view was conducted ctober 6, 2006 at 10: alled [beautician] the cense (October 5, 20 it was applied for. 1 and [beautician] told applied for, so [beauti for a year without a li morning."	15 AM. first day 106). [called me the ician] has		 licensed contractor u the facilities monthly 4. Results of this audit presented to the QA committee monthly t three. Nov., Dec. & J 2007. 	v. will be imes	11/19/06
L. 036 32	07.11 Nursing Fa	acilities		L 036			
441:	erice) examinate	I have a comprohens a read evaluation of				و بور ورو ورو و	
an in the state of the second s	n Adamistration				7,771,62		(XG) BAHC

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	T OF DEFICIENCIES OF CORRECTION	(X1), PROVIDER/SUPPLIEF		(X2) MULTI A. BUILDIN B. WING			TED
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L 036	health status at lea and documented in This Statute is not Based on observat review for three (3) was determined the complete the annu- assessment for Re The findings includ According to the fa Physicals", effectiv- under "Procedure - annual history and physician after bein 1. The attending ph annual history and Resident #1. A review of Reside the most current H assessment was si , 2005 by the atten A face-to-face inter- medical records sta AM. He/she stated history and physica month before it's d " The record lacke and physical form f The record was rev 2. A review of the c	st every twelve (12) n the resident's medic met as evidenced by ion, staff interview an of 15 sampled reside at the physician failed al history and physical sidents #1, 4, and 9. e: cility's policy, "History e 9/04, no policy num 1. All residents must physical by their atter ng in the facility (1) ye opsician failed to comp physical assessment int #1's record reveale listory and Physical gned and dated Sept	al record. d record ents, it to l and ber, " have an oding ar." olete an for ed that ember 25 with 5 at 9:30 n all the olank bout a hysician < history mplete. 2006. dent #4 plete an	L 036	Corrective Action for Residents: 1. Residents #1, 4 and completed H & P on th 10/31/06 Procedure for Identin Potentially Affected D 2. Medical records aud completed to ensure th done. The MD will be complete any delinque found. 10/30/06 Measures Adopted for Change: 3. MD 's will be educ facilities policy and pri regarding H&P's and completion. If MD is not common H&P in a time he/she will be the Medical Diring required to common H&P if the attriants Physician is not common the prise of the	9 haves a he chart. fying Residents: lits will be he H&P are contacted to ent H&P's or Systemic ated on the rocedures their pleting the ly manner, contacted by irector or ector will be mplete the ending	

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TATEMENT OF DEFICIENCIE: ND PLAN OF CORRECTION			(X2) MULT A. BUILDIN 8. WING	(X3) DATE SI COMPLE	ETED	
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 -to-face intervision in the record of the most current in the rec	was dated August 31, 20 iew was conducted with acknowledged that the H ne record was reviewed of ian failed to complete the hysical assessment for R esident #9's record revea ent history and physical a was dated September 8, e interview was conducte e Coordinator on Octobe (she acknowledged that t assessment should have ptember 2006. The reco	the nurse H&P was on October e annual esident aled that assessment 2005. d with the r 6, 2006 at he history been	L 036	Monitoring of Correcti and Quality Assurance 4. The Medical Records Coordinator will audit re report compliance of H& monthly QA committee 11/06	cords and P's at	11/19/06
following: (a)Making dai and emotiona required nurs (b)Reviewing completeness physician ord policies; (c)Reviewing appropriate g them as need	se shall be responsible for ly resident visits to asses l status and implementin ing intervention; medication records for s, accuracy in the transcri- ers, and adherences to s residents' plans of care for pals and approaches, an- led;	iption of top-order or d revising	L 051	Corrective Action for A Residents: 1. Resident #13 Falls care been brought up to date.	e plan has	
(d)Delegating with Regulation Administration	responsibility to the nurs	ang statt for	and the state of the second states of the second states of the second states of the second states of the second			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION NAME OF PROVIDER OR SUPPLIER		MBER: STREET ADD	A. BUILDIN B. WING	G	DATE SURVEY COMPLETED
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	RETIREM	3050 MILIT	RE33, 0111, v	STATE, ZIP CODE	
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(e)Supervising ar employee on the (f)Keeping the Di or her designee in residents. This Statute is no Based on observ review for one (1) determined that t	rsing care of specific r id evaluating each nur- unit; and rector of Nursing Servi nformed about the stat of met as evidenced by ation, staff interview ar of 15 sampled resider he charge nurse failed r one (1) resident with 13.	sing ces or his us of /: nd record nts, it was to update	L 051	 Procedures for Identifying Potentially Affected Residents 2. All residents that have fallen the last 90 days will be reviewe for care plan updates. 10/30/06 Measures Adopted for System Change: 3. For residents that fall, care p review and updates will be takk place@ daily morning meeting part of the fall prevention process Licensed staff will be in-servic on the falls prevention process 	nic lan as ess.
Resident #13 inc Prevention" datin recent falls with n 7/5/06, 7/24/06, a to "Continue with care plan was no interventions. On October 5, 20 face to-face inter nurse manager w	interdisciplinary care luded a problem for "F g from April 13, 2004. o injuries were 1/3/06, nd 10/3/06. It was doo approaches" after eac t updated to include ne 06 at approximately 11 view was conducted wi ho acknowledged that e not implemented. Th October 5, 2006.	All The 4/10/06, cumented h fall. The w 1:00 AM a ith the new		 on the fails prevention process care plans updates. By 11/30/ Monitoring Corrective Action and Quality Assurance: 4. Unit Managers will report f care plan updates at the QA meeting monthly. 11/06/06 	06)n
resident to ensur receives the follo (a)Treatment, me	time shall be given to e that the resident	ritional nd	L 052	KZL11	ontinuation sheet 4 of 17

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	T OF DEFICIENCIES DF CORRECTION				IPLE CONSTRUCTION	(X3) DATE SL COMPLE	
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L 052	Continued From pa	age 4		L 052	Corrective Action for Affect	ted	
		-			Residents:		
	rehabilitative nursir	ig care as needed,			1. Resident # 12 was redresse	d	
	(b)Proper care to m	ninimizie pressure ulo	ers and	1	immediately at the time of the		
		promote the healing			survey. 10/06/2006		
		, , ,			Procedure for Identifying		
		ly personal grooming fortable, clean, and n			Potentially Affected Reside	nts:	
		om from body odor, o			2. The Nursing Assistant's ar	e	
		and clean, neat and			required to check all resident	S	
	groomed hair;	· .			clothing and apperance to ins	ure	
	(d) Protection from	accident injun, and	infaction:		that they are appropriate for t	he	
	 (d) Protection from accident, injury, and infection; (e)Encouragement, assistance, and training in self-care and group activities; 			environment. 10/04/2006			
• •.				Measures Adopted for Syst	emic		
	(f)Encouragement	and assistance to:			Change:3. The Nursing Staff will		
	(1) Got out of the be	ed and dress or be dr	occod in		educated on the dignity o		
22		ning; and shoes or sli			residents in regards to dre	essing	
		n and in good repair;			and appearance.	1	
					Unit Managers will do ro		
	(2)Use the dining ro	oom if he or she is ab	le; and		on the floor weekly. Che		
	(3)Participate in me	eaningful social and			for residents clothing wil include in those rounds.	1 be	
	recreational activitie				11/19/2006		
	(a)Decreation burging	d anniatanan if ha ar	che		11/13/2000		
	(g)Prompt, unnume requires or request	ed assistance if he or	sne		Monitoring of Corrective A	ction	
	requires or request	neip min edding,			and Quality Assurance:		
		tive self-help devices	to assist		4. For the next 90 days, U	Jnit	ĺ
	him or her in eating	3			managers will present the	2	
	independently;				finding of their weekly ro		
	(i)Assistance, if nee	eded, with daily hygie	ne,		to be monitored by the Q	-	
	including oral acre;				Assurance Committee M	•	11/19/06
			- 11 11		(November, December a		
	J)Prompt response for help.	to an activated call b	ell or call		January) Starting 11/06/2	:006.	
	l Liver a confer						
ealth Regu	ation Administration		a santa ang kanalang			provident to the even of the last	

Health Regulation Administration (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION DENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING B. WING 095028 10/06/2006 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3050 MILITARY ROAD NW INGLESIDE PRESBYTERIAN RETIREM WASHINGTON, DC 20015 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-COMPLETE (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) REFERENCED TO THE APPROPRIATE DEFICIENCY) TAG TAG L 052 1.052 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. 1. No resident was affected by this The findings include: deficiency. Resident #12 was observed on October 4, 2006 The identified at 3:30 PM sitting in a wheelchair in the dayroom Barbicide was with seven (7) other residents present. Resident changed and #12's dress was torn from under the left arm down the side seam to approximately three (3) completed 10/10/06. inches above the hem. The resident was wearing The observed no undergarments and the left upper torso. interior surface of abdominal area and left upper thigh were the Hair dryers that exposed. were soiled was A face-to-face-interview was conducted with the cleaned and Certified Nurse Aide who assisted the resident completed 10/10/06. out of bed at 3:45 PM. He/she stated, "I didn't The identified hair see the torn part of the dress or I would have Brush with changed it." accumulated hair in L 091 the bristles was L 091 3217.6 Nursing Facilities removed and The Infection Control Committee shall ensure discarded 10/10/06. 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 interior and the requirements of this chapter. filter surfaces of the This Statute is not met as evidenced by: observed oxygen Based on observations during the survey period, it was determined that infection control practices concentrator were were not followed as evidenced by: particles in cleaned and the Barbicide solution, soiled interior surfaces of completed 10/10/06. hair divers, a brush with heir in a container with taffle Roundation Administration 6138

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Health Regulation Administration STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 095028 10/06/2006 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3050 MILITARY ROAD NW INGLESIDE PRESBYTERIAN RETIREM WASHINGTON, DC 20015 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID ID (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) REFERENCED TO THE APPROPRIATE DEFICIENCY) TAG TAG L 091 L 091 Continued From page 6 3.The clean rollers and interior and filter surfaces of Environmental oxygen concentrators. Services Director or designee will add The findings include: Idems identified or Beauty Shop observations were made on observed during this October 6, 2006 at 10:30 AM. survey to the environmental 1. Barbicide was cloudy with particles and debris rounds schedule in the solution in one (1) of one (1) observation. weekly. This 2. The interior surfaces of hair dryers were soiled compliance will with dust in four (4) of six (6) observations. continue weekly times 4 and random 3. A hair brush with accumulated hair in the monthly thereafter. bristles was lying on top of clean rollers in one (1) 11/01/06 of one (1) observation. 4. Results of this 4. The interior and filter surfaces of an oxygen audit will be concentrator in room 170 and the filter in room presented to the QA 186 were observed with accumulated dust and debris in two (2) of 11 observations at 11:30 AM committee monthly on October 5, 2006 and 12:25 PM on October 6, times three. Nov., 11/19/06 2006. Dec. & Jan. 2007 1 122 L 122 3223.2 Nursing Facilities 1. No resident was affected by this There shall be a regularly scheduled program of deficiency. in-service education programs for the rehabilitative services staff. 2. NA This Statute is not met as evidenced by: Based on observations during the survey period, 3. The Director of it was determined that documentation was not Rehabilitation or available to ensure that regular in-service training designee will was provided to the rehabilitation staff. These findings were observed in the presence of provide a regularly rehabilitation staff. schedule program of in-service for the The findings include: rehabilitative staff. calls Regulation Administration

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and the second PAGE 09/09 INGLESIDE AT ROCK CR 2023630950 PRINTED: 10/13/2006 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 095028 10/06/2006 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3050 MILITARY ROAD NW INGLESIDE PRESBYTERIAN RETIREM WASHINGTON, DC 20015 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE iD (EACH CORRECTIVE ACTION SHOULD BE CROSS-(EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX DATE REFERENCED TO THE APPROPRIATE DEFICIENCY) REGULATORY OR LSC IDENTIFYING INFORMATION) TAG 4. In servicing will be L 122 Continued From page 7 L 122 reported and Documentation was not available during the monitored during survey to substantiate that regular in-service the training was provided to staff on a regular basis in one (1) of one (1) observation at 10:05 AM on monthly/quarterly October 6, 2006. QA meetings. 11/19/06 11/10/06 L 128 3224.3 Nursing Facilities L 128 The supervising pharmacist shall do the following L128 1. Staff Development will (a)Review the drug regimen of each resident at schedule 2 pharmacy inleast monthly and report any irregularities to the services to meet Medical Director, Administrator, and the Director of Nursing Services; compliance. 2. Staff Development will be (b)Submit a written report to the Administrator on responsible for contacting the status of the pharmaceutical services and pharmacy to set up instaff performances, at least quarterly; services. (c)Provide a minimum of two (2) in-service 3. Staff development will sessions per year to all nursing employees. schedule pharmacy inincluding one (1) session that includes services at the beginning of indications, contraindications and possible side 11/19/06 each year and place on the effects of commonly used medications; education calendar. (d)Establish a system of records of receipt and 4. In servicing will be reported disposition of all controlled substances in and monitored during the sufficient detail to enable an accurate monthly/quarterly OA reconciliation; and meetings. (e)Determine that drug records are in order and 11/10/06. that an account of all controlled substances is maintained and periodically reconciled.

the fraction inclusion (11) Regulation Administrationa

This Statute is not met as evidenced by:

to provide inservices for the facility.

Based on record review and staff interview, it was determined that the consulting pharmacist failed

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If continuation sheet, 6 of 17

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED 10/06/2006	
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L 128	Continued From p	page 8		L 128			
	requested to provi pharmacist provid nursing staff durin through October 2 provided that the o conducted any ins A face-to-face inte Director of Nursing AM. He/she state asked if [he/she] h the past year. The inservice was sch but was re-schedu	06 at 11:00 AM, the fac ide evidence that the c ed two (2) inservices t g the past year (Octob 2006). There was no e consulting pharmacist ervices during the yea erview was conducted g on October 6, 2006 a d, "I called [pharmacis had conducted any inse pharmacist told me the eduled for September alled for October (2006 o other inservices were past year."	onsulting o facility ber 2005 evidence rr. with the at 10:15 t] and ervices in hat an (2006)). The				
L 135	3225.2 Nursing Fa	acilities		L 135	Corrective Action for A	(fra. 4)	
	Medication may be	e ordered by telephone	ə if:		Corrective Action for Af Residents:		
	(a)The order is given by a physician or licensed advanced registered nurse;		×.	1. Residents #5 and J1 tele orders have been signed. 1			
	the resident's med record by the pers (c)The order is tak	on taking the order; an	nd		Procedure for Identifying Potentially Affected Resi 2. All current residents rec be audited for MD signatu	dents: ords will res.	
	This Statute is no Based on observa interview for two (2 was determined th	a physician within ten (It met as evidenced by Ition, record review and 2) of 15 sampled resid nat the physician failed within 10 days of the o	: d staff ents, it to sign		MD's will be contacted to orders.	sign	

	ENT OF DEFICIENCIES N OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095028			(X2) MULTIPLE CONSTRUCTION (X3) DATE SI COMPLE B. WING 10/0			
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L 135	,	-		L 135	<u>Measures Adopted fo</u> Change:	r Systemic	
	for Resident #5 wi taken. A review of Reside the physician failed telephone orders: August 1, 6 (2 orde orders), 24 (2 orde 25, 2006. Physician progress record and dated	ailed to sign telephone thin 10 days of the ord ent #5's record reveale d to sign the following July 25, 29, 30 and 31 ers), 7, 9, 10, 11, 16, 1 ers) and September 21 s notes were present in July 25, 2006, August 4 and September 13 and	er being d that 19 , 2006, 7 (2 , 22 and n the 4, 7, 19,		 3. MD 's will be educated facilities policy and proceeding signing telephand their completion. MD's not in compliance signing telephone orden the facilities by the Medicated Administrator. The Medical Director variable required to sign telephone the Attending physiciated available. 	ocedures ohone orders ce with rs will be l Director or will be one orders if	
	Resident Care Cor 2006 at 7:00 AM. physician had not telephone orders. October 5, 2006. 2. The physician fa for Resident J1 wit taken. A review of Reside physician failed to telephone orders: 28 and 30, 2006 a A face-to-face inte October 5, 2006 a she acknowledged orders were not si	erview was conducted wo ordinator (RCC) on Oc He/she acknowledged signed the above cited The record was review ailed to sign telephone thin 10 days of the orde ent J1's record reveale sign the following five June 10 and 12, 2006, nd September 10, 200 erview was conducted of t 11:30 AM with the RC d that the above cited to gned by the physician. ed October 5, 2006.	tober 5, that the wed orders er being d the (5) August 6. Dn CC. He/ elephone		Monitoring of Correct and Quality Assurand 4. Medical Record will for 90 days of MD's si telephone orders at the committee meeting mo November, December 01/31/06	ce: report rates gnatures for QA onthly.	11/19/0

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TAG REGULATORY.OR LISCIDENTIFYING INFORMATION) TAG REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE L 199 Continued From page 10 L 199 L 199 1. Resident #8 has been discontinued from the restorative program. Image: Continued From the restorative program. Procedure for Identifying Proteintally Affected Residents: Procedure for Identifying Proteintally Affected Residents: 2. The Rehab department will identify all residents on a "Functional Maintenance program." 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 fails." The resident bad a history of fails. Measures Adopted for Systemic Change: A review of the "Restorative Nursing -Flow Sheet" dated June 2006. There were no other Restorative Nursing -Flow Sheets found in the record prior to June 2006. Measures adopted for Systemic Adopted for Systemic Change: A face-to-face interview was conducted with the Director of Nursing on October 5, 2006 at 3:00 PM. Heishe stated, "The resident was conducted with the Director of Nursing on October 5, 2006 at 3:00 PM. Heishe stated, "The resident may conducted with the Director of Nursing on October 5, 2006 at 3:00 PM. Heishe stated, "The resident may conducted with the Director of Nursing on October 5, 2006 at 3:00 PM. Heishe stated, "The resident may conducted with the Director of Nursing on October 5, 2006 at 3:00 PM. Heishe stated, "The resident may conducted with the Director of Nursing on October 5, 2006 at 3:00 PM. Heishe stated, "The	Health R	egulation Administr	ation				FORM	APPROVED
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY. 3TAFE. 2IP CODE INGLESIDE PRESBYTERIAN RETIREM 353 MILITARY ROAD NW VALUE SUMMARY STATEMENT OF DEFICIENCIES PREFIX SUMMARY STATEMENT OF DEFICIENCIES FACH CONTINUES DENTIFYING NOT OF DEFICIENCIES I. PREFIX SUMMARY STATEMENT OF DEFICIENCIES FACH CONTINUES DENTIFYING INFORMATION I. L 199 Continued From page 10 L.199 Each medical record shall document the course of the resident and serve as a basis for review and staff interview for one (1) of 15 ampled residents, it was add on record review and staff interview for one of for functional maintenance program. Resident #8. Procedure for Identifying Potentially Affected Residents; 2. The Rehab department will identify all resident are add on record review and staff interview for one for functional maintenance program. Resident #8. A review of the "Resident #8"s record revealed that a" Rehab Screen" dated February 20, 2006 Measures Adopted for Systemic Change: A review of the "Resident #8 istory of falls. A review of the Resident's participation in the functional maintenance program on June			IDENTIFICATION NU	A. BUILDING			COMPLE	TED
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 L 199 3231.10 Nursing Facilities L 199 discontinued from the restorative program. 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 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 has a history of falls. A review of the "Restorative Nursing -Flow Sheet" dated June 2006, revealed that facility staff began documentation. 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 300 PM. He/she staff did not start documenting in the functional maintenance program to the staff did not start documenting in the functional maintenance program to the staff did not start documenting in the functional maintenance program to the staff did not start documenting in the staff did not start docume	L 199	Continued From pa	age 10		L 199	1 Resident #8 has heen		
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document the resident's participation in the restorative program. Resident #8.The Nurse Managers will insure that nursing flow sheets are up to date.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.Measures Adopted for Systemic Change: 3. The nursing staff will be educated on restorative nursing flow sheets daily for 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.Measures Adopted for Systemic Change: 3. The nursing staff will be educated on restorative nursing flow sheets daily for 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.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. 01/31/0711/19/0	:	Based on record re one (1) of 15 samp	eview and staff intervi bled residents, it was	ew for		identify all residents on a "Functional Maintenance		
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.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 maintenance program on June 18, 2006. There were no other Restorative Nursing- Flow Sheets found in the record prior to June 2006.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.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."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 report restorative flow sheets staily for documentation. Restorative flow sheets will be placed in the ADL books.Monitoring of Corrective Action and Quality Assurance: Program, but the staff did not start documenting until June 18, 2006. They just didn't document it."11/19/0L 2143234.1 Nursing Facilities1.214		document the resid	dent's participation in			The Nurse Managers will inst that nursing flow sheets are		
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L 214 3234.1 Nursing Facilities L.214		Rehab Screen" dat documented, "OT [an order for functio increase strength fi falls." The resider A review of the "Re dated June 2006, r documenting the re functional maintena 2006. There were Flow Sheets found 2006. A face-to-face inter Director of Nursing PM. He/she stated participating in the	ted February 20, 2006 (occupational therapy) onal maintenance pro- or ambulation to help or ambulation to help in had a history of falls estorative Nursing -Flo evealed that facility st esident's participation ance program on Jun- no other Restorative in the record prior to rview was conducted on October 5, 2006 a d, "The resident was functional maintenance	5 will write gram to prevent s. bw Sheet" taff began in the e 18, Nursing- June with the at 3:00 ce		 <u>Change:</u> 3. The nursing staff will be educated on restorative nursifilow sheet documentation. 1 The Charge Nurses will revier restorative flow sheets daily documentation. Restorative flow sheets will be placed in the A books. <u>Monitoring of Corrective A and Quality Assurance:</u> 4. The unit Managers will rerestorative documentation compliance for 90 days at the monthly QA committee meets 	ing 1/19/06 ew for flow ADL Action port e ting.	11/19/06
	L 214	until June 18, 2006	5. They just didn't doci		1.214	110v., Dcc. and Jan. 01/31/0.		
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	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUL		(X2) MULT A. BUILDIN B. WING _		(X3) DATE SURVEY COMPLETED 10/06/2006	
NAME OF F	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE		
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT 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 214	located, equipped, functional, healthfu supportive environ employee and the This Statute is not Based on observat it was determined to ensure that the environ accidental hazards electrical appliance a candle burning in oxygen tanks and a observations were Directors of Mainten nursing staff. The findings includ 1. Multiple electrica attached to extens During the initial to was made on Octo blender, refrigerato were attached to a to an extension con television unit was which ran across th Ventilation Air Con and into a plug. Th with metal twist ties 2. A candle was ob room. During the initial to burning in room 71 PM. The resident's	be designed, construct and maintained to pr ul, safe, comfortable, a ment for each resider visiting public. that as evidenced by tions during the surve that facility staff failed vironment was free fra- as evidenced by: exc es attached to extension a resident's room, ul a floor drain. These made in the presence enance and Housekee le: al appliances were ob ion cords in a residen ur, an observation of ober 4, 2006 at 2:30 P or, fan and microwave multi-plug which was rd. Additionally, a DV attached to an extension he top of the Heating ditioning unit, behind he cords were held to	ovide a and ant, y period, to om cessive ion cords, nsecured e of the eping and served t's room. room 70 M. A e oven attached D and sion cord the bed gether esident's erved at 2:35 visiting in	L 214	 No resident was affected deficiency. The multiple electrical appliances connected to a multiple that was attached to an extension cord and other ele devices identified or observed disconnected and removed or 10/04/2006. Candle observed bur was removed in a restroom was removed in a restroom was removed in a restroom was removed immediately on 10/04/2006. All Oxygen tanks ide were secured and cort 10/06/06. The floor drain cover observed unsecured in a partments kitchen were repaired 10/25/06. 	ulti- ctrical ed were on ning sidents 4/06. entified npleted	

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Health Regulation Administration

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE		(X2) MULTI A. BUILDIN B. WING _		(X3) DATE S COMPL	
NAME OF P	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		0,2000
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L 214	resident was condu family member left. family member] like when [he/she] visits candle out when [he was asked if he/she replied, "No, I don't any matches. My [f candle." A face-to-face inter charge nurse on Oc /she acknowledged that the family mem with his/her relative	incted immediately after The resident stated, es candles and burns s. Usually [he/she] bl e/she] leaves." The r e had any matches, a light the candle, I do family member] lights view was conducted ctober 4, 2006 at 2:40 that facility staff was ober lit a candle wher	"My [them lows the resident and n't have the with the 0 PM. He s aware n visiting	L 214	3. The environ Services Direct designee will Items identified observed durin survey to the environmenta rounds schedu weekly. This compliance w continue weel times 4 and ra monthly there 11/01/06	etor or add ed or ng this l ile ill cly ndom	
	both resident units. Garden Level: Two observed unsecure on October 4, 2006 Lower Level: Two (2)	(2) oxygen tanks we d in two (2) of 2 obse at 3:45 PM. 2) of five (5) oxygen t ecured on October 5,	re rvations tanks		4. Results of this audit w presented to the QA com monthly times three. Nov & Jan. 2007	mittee	11/19/0
	apartment kitchen. On October 4, 2006 cover located in the observed unsecure	er was unsecured in t 6 at 2:00 PM, a floor o e apartment kitchen w d and moved when w	drain /as		Corrective Action for A Residents:	ffected	
L 359	equipped, and oper	cilities areas shall be planned aled in accordance w 22, 23 and 24, and v	vith Title	L 359	 Walls, ceiling tile and air supply ver observed to be so 	surfaces	

PRINTED: 10/13/2006
FORM APPROVED

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION (A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 10/06/2006		
AME OF I	PROVIDER OR SUPPLIER		STREET ADD	DRESS, CITY,	STATE, ZIP CODE	10/00	,2000
	DE PRESBYTERIAN		3050 MILI	TARY ROA TON, DC 2	D NW		
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L 359	other applicable D This Statute is no Based on observa it, was determined adequate to ensur served in a safe an evidenced by: solid vents over cooking covers in the walk the water supply li- clean and soiled s mechanical can op bottom surfaces o surfaces of juice g hood filters, the du suites kitchen and stored in the walk- expiration date. T the presence of th The findings includ 1. Walls, ceiling ti- were soiled with an areas in the apartr 1) observation at 3 2. Compressor far accumulated dust apartment refriger observations at 3:- 3. The prefilter on cooking hoods wa accumulated mine- in the apartment k observation at 3:1 4. Plastic slats on	istrict laws and regulati t met as evidenced by: tions during the survey that dietary services w e that foods were prep nd sanitary manner as ed walls, ceiling tiles, a g areas, compressor fa in refrigerator, the pre- ne, dishwasher slats or ide, cutting surfaces of pener and holder, top a f plates, hotel pans, the lasses, the broiler grill, impster area outside of cartons of buttermilk w in refrigerator beyond these findings were obse e dietary managers.	period vere not ared and ir supply ns and filter of n the the nd bottom cooking f the vere he served in ply vents cooking of one (2006. ed with in 2) 006. ear ants, products e (1) 06. de of the	L 359	 cleaned and completed 10/10/06. Compressor fans and didentified to be soiled the apartments walk-in refrigerator was clean and completed on 10/0 The pre filter identifie the water supply line to the cooking hoods was cleaned and complete 10/06/06. The pastic slates ident on the clean and soiled of the dish washer in the apartments was cleaned completed on 10/10/0 The cutting and holde the mechanical can op identified in the apartments kitchen was cleaned and completed on 10/06/0 The hotel pans observion were cleaned and completed on 10/06/0 The hotel pans observion were cleaned and completed on 10/06/0 The hotel pans observion were cleaned and completed on 10/05/06. In-service utility staff 10-22-06, concerning air-drying equipment and the contemperature of the warinse cycle of the maximum of the contemperature of the warinse cycle of the maximum of the contemperature of the warinse cycle of the maximum of the contemperature of the warinse cycle of the maximum of the contemperature of the warinse cycle of the maximum of the contemperature of the maximum of the contemper	covers in hed b6/06. d on hear s d ified d side he ed and 6. r of bener ment nd 6 ed upleted ed the of rrect build be chine. rrect sh and	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			(X2) MULTI A. BUILDIN B. WING	PLE CONSTRUCTION	(X3) DATE SU COMPLE	TED	
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L 359	 with accumulated m products in one (1) PM on October 4, 2 5. The cutting and f mechanical can ope were soiled with left) of one (1) observations 6. The top and bottor soiled with leftover before they were all observations at 8:44 7. The interior and of (12 x 24 x 6 inch) wa after washing in the pans were not allow racks for reuse in e observations at 9:30 8. The bottom surfat soiled and stained w washing in eight (8) approximately 10:00 9. The broiler grill g accumulated food at cook's area of the at one (1) observation 2006. 10. The interior area were soiled with greak kitchen in six (6) of approximately 2:30 11. Paper and soile 	nineral deposits and of one (1) observation 0006 nolder surfaces of the ener in the apartment tover food and debrist tion at 3:20 PM on C om surfaces of plates foods and plates were lowed to dry in eight 5 AM on October 5, 2 exterior surfaces of he rere soiled with leftow pot and pan wash a ved to dry before stor ight (8) of eight (8) 0 AM on October 5, 2 cess of juice glasses with mineral deposits of eight (8) observation of eight (8) observation of at 10:30 AM on October six (6) observations a PM on October 4, 20 d products were observations	other on at 3:15 et kitchen s in one (1 October 4, s were re stored (8) of 28 2006. Notel pans er food rea and ring on 2006. were after tions at 2006. h n the one (1) of ober 5, illters suites at 006. erved on	L 359	 The bottom surfaces juice glass observed of cleaned and complete 10/06/06. Water softe vessel was serviced d the inspection and will placed on a PM scheer Glassware with miner deposits will be wash eliminate this debris. The broiler grill grate observed in the apartrikitchen was cleaned and completed on 10/06/06. The interior areas of t cooking hood filters observerd soiled was cleaned and complete 10/06/06. The paper and soiled products observed on floor and surrounding of the dumpster near t suites kitchen were cleaned completed on 10/06/2006 Cartons of Butermilk observed in the walk i refrigerator that were expired were destroyed 10/05/06. The Dining Service Dire or designee in each of the 	were ed ener uring II be lule. ral ed to s ments ind 6. he d on the areas he eaned n d on	
		of the dumpster near			<u>.</u>		- 100 - 100 - 100

TIREM 3050 M WASH MENT OF DEFICIENCIES ST BE PRECEEDED BY FULL DENTIFYING INFORMATION) 15 1) of one (1) observation 2006.	A. BUILDH B. WING ADDRESS, CITY, IILITARY ROA INGTON, DC 2 ID PREFIX TAG L 359	10/0 STATE, ZIP CODE AD NW 20015 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY) Ingleside kitchens will conduct	
TIREM STREET 3050 N WASH MENT OF DEFICIENCIES ST BE PRECEEDED BY FULL DENTIFYING INFORMATION) 15 1) of one (1) observation 2006. milk in the walk-in	ADDRESS, CITY, MILITARY ROA INGTON, DC 3 PREFIX TAG L 359	10/0 STATE, ZIP CODE AD NW 20015 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY) Ingleside kitchens will conduct	(X5) COMPLETE
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ST BE PRECEEDED BY FULL DENTIFYING INFORMATION) 15 1) of one (1) observation 2006. nilk in the walk-in	PREFIX TAG L 359	(EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY) Ingleside kitchens will conduct	COMPLETE
1) of one (1) observation 2006. hilk in the walk-in	1		
 a sanitation audit monthly. The Service Manager or designee will conduct weekly audits. Cartons of buttermilk in the walk-in gerator were stored beyond the expiration The date of expiration was October 2, 2006 our (4) of 24 observations at 2:05 PM on 			
 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 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 		 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 	11/19/06
ren auronalis set iy co	ents in residents rooms, ear the dumpster, the flo e dumpster, floor and wa undry room, plastic ance to the laundry room the washer area and main laundry, marred an s and splintered entrance hese findings were ce of maintenance, sing staff.	ents in residents rooms, ear the dumpster, the floor e dumpster, floor and wall undry room, plastic ance to the laundry room, the washer area and main laundry, marred and s and splintered entrance hese findings were ce of maintenance, sing staff. residents were sitting on yroom were soiled on the ces with accumulated dust eight (8) observations at	 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

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AND PLAN OF CORRECTION		(X1) RROVIDER/SUPPLIER/C	CLIA (X2) MULTIPLE CONSTRUCTION C.		(X3) DATE SURVEY COMPLETED 10/06/2006	
		095028	TREET ADDRESS, CITY		10/00	6/2006
NGLESI	DE PRESBYTERIAN		8050 MILITARY ROA VASHINGTON, DC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FU SC IDENTIFYING INFORMATIC		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION SHO REFERENCED TO THE APPROPRIA	ULD BE CROSS-	(X5) COMPLETE DATE
L 410	 12:20 PM on October 4, 2006. Lower Level dayroom in seven (7) of nine observations between 2:25 PM and 3:45 October 5, 2006. 2. The interior surfaces of exhaust vents residents' bathrooms were soiled with du debris. Garden Level rooms 169, 170, 173, 176 182, 186, 192, 194, 195 and 197 in 11 of observations between 11:30 AM and approximately 1:00 PM on October 6, 20 Beauty Shop in two (2) of four (4) observ 10:30 AM on October 6, 2006. Lower Level rooms 087 and 094 in two (29) observations between 2:25 PM and 3 on October 5, 2006. 		M on t and 180, 4 5. tions at of nine	 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 		
	Suj cor ma wo cor	e Maintenance pervisor or designee v nduct monthly preven intenance rounds. All rk generated will be npleted within 48 – 75 urs with written	tive	• The bathroom doc identified as dama marred, scarred ar splintered will be and completed by 11/19/2006.	ged, id	11/19/0
	aff 4. 7 Directo audits	irmation. The Facility Managen or will conduct randor and will be presented by to the QA committed	m	3 . Environmental Ro conducted 10/25/06 at other deficiencies we	nd no	

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