STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	02269104	A. BUILDING _____ B. WING _____	01/23/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JEANNE JUGAN RESIDENCE	4200 HAREWOOD ROAD NE WASHINGTON, DC 20017

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 000	Initial Comments An annual licensure survey was conducted January 22 through 25, 2008. The following deficiencies were based on record review, observations and interviews with facility staff. The sample included 10 residents based on a census of 30 residents on the first day of survey.	L 000		
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 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 record review and staff interview for one (1) of 10 sampled residents, it was determined that the facility staff failed to initiate a care plan for anticoagulant therapy. Resident #9	L 051		

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: A Cecile Zeringue | TITLE: Adm | (X6) DATE: 2/18/08

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L 051	Continued From page 1 The findings include: A review of Resident #9's record revealed an order for "Aspirin Chew Baby 81 mg tab 1 tab PO (by mouth) every day for DVT [deep vein thrombosis] prophylaxis " written on March 7, 2007 and signed by the physician on January 9, 2008; and an order for " Coumadin 4 mg by mouth at bedtime for DVT " written on September 13, 2007 and signed by the physician on January 9, 2008. A review of the care plan dated November 29, 2007 revealed that facility staff failed to initiate a care plan with goals and approaches for anticoagulant (Aspirin, Coumadin) therapy. A face-to-face interview was conducted with Employee #1 on January 23, 2008 at approximately 11:00 AM. He/she acknowledged that the anticoagulant care plan was not present in the record. The record was reviewed on January 23, 2008.	L 051	**L051 3210.4 Nursing Facilities** 1. Care plans with appropriate approaches and goals for anticoagulant therapy were implemented and placed for review by staff on 1/23/08 for Resident #9. 2. All Residents' POFs were reviewed for use of anticoagulant therapy and care plans initiated or updated with appropriate goals and approaches. 3. The QI nurse and the MDS coordinator will continue to review care plans and educate nurses on initiating and updating care plans for Residents with new orders. This was discussed at the nurses' meeting on 2/13/08. 4. Monthly audits will be done when MARS are updated and with monthly nursing summaries. Discrepancies will be reported to the QI nurse and the MDS coordinator for review. Findings will be referred to the QI and QA committee meetings. 5. Corrective actions completed by	2/14/08.
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 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;	L 052		

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L 052	Continued From page 2 (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. This Statute is not met as evidenced by: Based on observations during the survey period, it was determined that facility staff failed to maintain a hazard free environment as evidenced by: one (1) extension cord found in the hallway, one (1) unsecured plastic runner, one (1) unsecured rug, one (1) iron, one (1) hair dryer and one (1) shelf with unsecured boxes were found in residents' rooms. These findings were observed in the presence of Employees #3 during the environmental tour on January 22, 2008	L 052	**L052 3211.1 Nursing Facilities** 1. The extension cord was removed on 1/22/08. The five tier metal shelf on wheels was removed from the Resident's room 1406 and returned to her storage area on 1/22/08. The clear plastic runner was removed from the bedside in room 1411 on 1/22/08. The rug in room 1413 was also removed. The iron and hair dryer were removed despite Resident's protest and placed in the clean utility room so that CNAs could get it for Resident if she needed them and supervise her use of them to assure her safety. Safety issues were explained to Res. 2. All hallways and Residents rooms were checked for potential accident hazards or for equipment that would require supervision and/or assistance to assure Residents' safety. 3. Nurses were reminded that adequate supervision and assistance is needed with devices that could be potentially dangerous to the Resident or others at the nurses' meeting on 2/13/08. An inservice on safety will be done by 3/15/08. Safety will also be discussed at the next Resident council meeting. 4. The safety inspections will continue to be done on a monthly basis and safety issues will be addressed as they occur. Nursing staff will monitor areas to assure that they are safe and free of accident hazards and audit reports will be reviewed at the safety and Resident care plan meetings as well. Discrepancies will be reported to the QI nurse and MDS coordinator for review. Findings will be referred to the QI and QA committee meetings. 5. All corrective actions will be completed	Rev Sr nurse 3/08/08 3/15/08

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L 052	Continued From page 3 between 8:50 AM and 10:15 AM. The findings were acknowledged by the aforementioned employee at the time of the observations. The findings include: 1. An extension cord was observed plugged into a lamp in the hallway. 2. A five (5) tier metal shelf on wheels was observed in the resident's room with unsecured boxes on each self in room 1406. 3. A clear plastic runner was observed at the bedside in room 1411. 4. An unsecured area rug was observed at the bedside, one (1) iron (unplugged) was observed on the floor, and one (1) hair dryer was observed on the floor plugged into the wall in room 1413.	L 052		
L 161	3227.12 Nursing Facilities Each expired medication shall be removed from usage. This Statute is not met as evidenced by: Based on observation, record review and staff interview for one (1) of two (2) residents who self medicate, it was determined that the facility staff failed to remove five (5) containers of expired medications from the eleven (11) medications containers found in the storage area. Resident JH1. The findings include: 22 DCMR, 3227.12 stipulates, "Each expired medication shall be removed from usage."	L 161		

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L 161	Continued From page 4 On January 22, 2008, at approximately 12:00 PM, during an inspection of the medication storage area for Resident JH1, five (5) containers of expired medications were observed in the drawer. The resident stated, "the medications are to be thrown away." The following medications were expired: Loratadine 10 mg tablet; expiration date 1/26/07 Benzonate 100 mg capsule; expiration date 2/6/07 Arhrotec 50 mg tablet; expiration date 11/10/07 Potassium Chloride 10 mEq tablet; expiration date 9/29/07 Acetaminophen 325 mg tablet; expiration date 2/8/07 A face-to-face interview was conducted on January 22, 2008 at approximately 12:15 PM with Employee #4. He/she stated, "Medications are checked monthly by the nurse on the unit."	L 161	**L161 22 DCMR, 3227.12 Nursing Facilities** 1.The nurse explained to the Resident again why she needed to turn in to the nurse her expired meds and removed the 5 medications from the Residents' drawer. They were discarded per facility policy on 1/23/08. 2. All medications for Residents who self-medicate were reviewed by the nurse with the Residents on 1/23/08 as well as our policy on discarding medications that are expired or have been discontinued. 3. The DON and the QI nurse will review and educate the nurses at the next medication in-service and nurses' meeting (2/13/08) on the policy for Residents who self-medicate so that all steps are followed. 4. Monthly audits will continue to be done and completed when MARS are updated and with the Residents' monthly summaries as well as at the Residents' Care Plan Meeting. Discrepancies will be reported to the QI nurse and the MDS coordinator for review. Findings will be referred to the QI and QA committee meetings. 5. Corrective actions completed by	2/14/08
L 214	3234.1 Nursing Facilities 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 tour of dietary services, it was determined that facility staff failed to maintain an undamaged floor in the main kitchen. This observation was made in the presence of Employee #2 on January 22, 2008 from 8:15 AM to 9:30 AM. The findings include:	L 214		

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L 214	Continued From page 5 The floor near the walk-in refrigerator was observed with an accumulation of dirt and debris between the floor and the cove base. An 8" x 6 "area of the floor near the mixer was observed to be covered with a black substance replacing a floor tile. The edges of the black substance appeared to be uneven. Employee # 2 acknowledged these findings at the time of the observations.	L 214	**L214 3234.1 Nursing Facilities** 1. The floor near the walk-in refrigerator was repaired 2/14/08 by putting tile floor to replace the grouting between the flooring and the cove base. Also the 8" X 6" area of the floor near the mixer covered with black grout was replaced with floor tiles on 2/14/08. 2. All the kitchen floors were checked for uneven black areas so as to assure a safe and accident free work area. 3. Staff were instructed on 2/14/08 to keep the floor free of debris. 4. Weekly inspections will be conducted by the Kitchen Manager. Findings will be referred to QA & QI committee meetings 5. Corrective actions taken	02/14/08.