

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/17/2019
NAME OF PROVIDER OR SUPPLIER LISNER LOUISE DICKSON HURTHOME		STREET ADDRESS, CITY, STATE, ZIP CODE 5425 WESTERN AVE NW WASHINGTON, DC 20015	
(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	<p>Initial Comments</p> <p>An unannounced Long Term Care Survey was conducted at Lisner-Louise-Dickson-Hurt Home from May 13, 2019, through May 17, 2019. Survey activities consisted of a review of 26 sampled residents. The resident census during the survey was 54.</p> <p>The following is a directory of abbreviations and/or acronyms that may be utilized in the report:</p> <p>Abbreviations</p> <ul style="list-style-type: none"> AD- Associate Director AMS - Altered Mental Status ARD - Assessment Reference Date BID - Twice- a-day BIMS- Brief Interview for Mental Status B/P - Blood Pressure cm - Centimeters CMS - Centers for Medicare and Medicaid Services CNA- Certified Nurse Aide CFU Colony Forming Unit CRF - Community Residential Facility D.C. - District of Columbia DCMR- District of Columbia Municipal Regulations D/C Discontinue DI - Deciliter DMH - Department of Mental Health DON - Director of Nursing EKG - 12 lead Electrocardiogram EMS - Emergency Medical Services (911) G-tube Gastrostomy tube HSC Health Service Center HVAC - Heating ventilation/Air conditioning ID - Intellectual disability 	L 000	

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

TITLE

(X6) DATE

Susan M. Tangreano

Administrator

6/21/19

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L 000	Continued From page 1 IDT - Interdisciplinary team L - Liter LPN- Licensed Practical Nurse LTC- Long Term Care Lbs. - Pounds (unit of mass) MAR - Medication Administration Record MD- Medical Doctor MDS - Minimum Data Set Mg - milligrams (metric system unit of mass) mL - milliliters (metric system measure of volume) mg/dl - milligrams per deciliter mm/Hg - millimeters of mercury MN - midnight Neuro - Neurological NP - Nurse Practitioner PASRR - Preadmission screen and Resident Review Peg tube - Percutaneous Endoscopic Gastrostomy PO- by mouth POS - Physician ' s order sheet Prn - As needed Pt - Patient PU- Partial Upper PL- Partial Lower Q- Every QIS - Quality Indicator Survey R/P - Responsible party RN- Registered Nurse SCC - Special Care Center Sol- Solution SSD- Social Services Director TAR - Treatment Administration Record Trach- Tracheostomy TX- Treatment	L 000		
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L 001	<p>Continued From page 2</p> <p>L 001 3200.1 Nursing Facilities</p> <p>Each nursing facility shall comply with the Act, these rules and the requirements of 42 CFR Part 483, Subpart B, Sections 483.1 to 483.75; Subpart D, Sections 483.150 to 483.158; and Subpart E, section 483.200 to 483.206, all of which shall constitute licensing standards for nursing facilities in the District of Columbia.</p> <p>This Statute is not met as evidenced by:</p> <p>Based on record review and staff interview, the facility's staff failed to ensure that Resident #49 was referred to the District of Columbia Department of Behavioral Health to have a Level II Evaluation conducted for one (1) of 26 sampled residents.</p> <p>Findings included ...</p> <p>Resident #49 was re-admitted to the facility on July 26, 2018, with diagnoses that included Schizophrenia, Depression, Hypertension and Anemia.</p> <p>A review of a document entitled, Level I Pre-Admission Screening/Resident Review for Serious Mental Illness, Intellectual Disabilities, or Related Conditions, showed the form was signed as completed by the facility's staff on January 24, 2019. Further review of the form, revealed under Section B: Evaluation Criteria for Serious Mental Illness, that Resident #49 was not coded as having a known diagnosis of a major mental disorder. However, according to the Significant Change Minimum Data Set form completed January 24, 2019, under Section I - Active Diagnoses, Resident #49 was coded as having a</p>	L 001 L 001	<p>L001 Resident Records</p> <p>1. Immediate Response: The Level I PASRR for resident #49 was corrected to include the diagnosis of Schizophrenia and noted exempting criteria in Section E. The corrected Level I PASRR documentation was forwarded to the District of Columbia Department of Behavioral Health for a Level II evaluation.</p> <p>2. Risk Identification: All residents' charts were reviewed for documentation of serious mental illness and correctly completed Level I PLASRR forms. No additional positive screens for serious mental illness were indicated.</p> <p>3. Systemic Changes: All staff that completes the Level I PASRR documentation was in-serviced on the correct use of the form and the requirements for conducting a Level II Evaluation.</p> <p>4. Monitoring: The Director of Social Services or her designee will do a random audit of PASRR documentation for appropriate serious mental illness identification and report findings at the quarterly QA meetings.</p>

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L 001	<p>Continued From page 3</p> <p>diagnosis of Schizophrenia.</p> <p>Continued review of the Level I Pre-Admission Screening/Resident Review for Serious Mental Illness, Intellectual Disabilities, or Related Conditions, dated January 24, 2019, lacked documented evidence the facility's staff identified Resident #49 as having a positive screen for serious mental illness.</p> <p>Subsequently, the Resident #49, who had a diagnosis of Schizophrenia was not referred to the District of Columbia Department of Behavioral Health for a Level II evaluation as stipulated by the form. Which indicates if "The beneficiary is considered to have a positive serious mental illness (SMI) if (1) questions 1 or 2 in section B are answered Yes". "With a positive screen for SMI the beneficiary must be referred to the District of Columbia Behavioral Health for a Level II Evaluation".</p> <p>During a face-to-face interview with Employee #6 on May 16, 2019 at 2:00 PM, after a review of the findings, she acknowledged that the Level II evaluation screening was not conducted.</p>	L 001	
L 051	<p>3210.4 Nursing Facilities</p> <p>A charge nurse shall be responsible for the following:</p> <p>(a) Making daily resident visits to assess physical and emotional status and implementing any</p>	L 051	

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L 051	<p>Continued From page 4</p> <p>required nursing intervention;</p> <p>(b)Reviewing medication records for completeness, accuracy in the transcription of physician orders, and adherences to stop-order policies;</p> <p>(c)Reviewing residents' plans of care for appropriate goals and approaches, and revising them as needed;</p> <p>(d)Delegating responsibility to the nursing staff for direct resident nursing care of specific residents;</p> <p>(e)Supervising and evaluating each nursing employee on the unit, and</p> <p>(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:</p> <p>Based on observation, record review, resident and staff interviews, for one (1) of 26 sampled records the charge nurse failed to update/revise the care plan to include resident-centered goals and approaches for a resident with Dysphagia. Resident #34.</p> <p>Findings included...</p> <p>1. Resident #34 was admitted to the facility on 11/13/17, with diagnoses, which included Ventral Hernia without Obstruction or Gangrene, Dysphagia, Oral Phase, Essential (Primary) Hypertension, Unspecified Dementia without Behavioral Disturbance, and Major Depressive Disorder.</p>	L 051	<p>L051 Care Plan Timing and Revision</p> <p>1. Immediate Response: Resident was assessed and was cleared of any complication due to dysphagia. Care plan for resident #34 was updated to reflect intermittent supervision by nursing staff during meals.</p> <p>2. Risk Identification: Care plans for all residents with dysphagia were reviewed and updated for appropriate goals and approaches.</p> <p>3. Systemic Changes: All nursing staff was in-serviced on appropriate care plan goals and interventions for residents with dysphagia.</p> <p>4. Monitoring: The Director of Nursing or her designee will conduct monthly audits of care plans of residents with dysphagia to ensure person-centered goals and approaches. Audit findings will be tracked and reported at the quarterly QAPI meetings.</p>	7/1/19
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L 051	<p>Continued From page 5</p> <p>On 5/13/19, at approximately 10:00 AM the resident was observed in her room eating breakfast. At this time, no staff were present in the resident's room.</p> <p>During a resident interview on 5/13/19, at 11:00 AM, Resident states, "I don't eat in the dining room with the other residents because I don't want to choke I have to concentrate on my chewing and the noise from the resident's may cause me not to concentrate." Resident further states, "They don't supervise me when I eat, they just bring in the tray and I eat my food."</p> <p>Review of a physician's order dated 04/04/19 showed the resident was ordered a "Physical, Occupational and Speech Therapy Screen."</p> <p>Review of the Minimum Data Set completed on 04/08/19 showed under Section B [Hearing, Speech and Vision], Resident #34 was coded as "0", which indicated the resident's speech pattern is clear, able to make self-understood and has clear comprehension and able to understand others. Section G [Functional Status] showed the resident is coded as independent in eating (no help or staff oversight at anytime).</p> <p>Review of the Speech Therapy Progress & Discharge Summary note dated 5/8/19 showed " goal met on 5/8/19, the patient demonstrates ability to utilize compensatory strategies to increase safe oral intake with mild impairment (25-50% impairment; risk of aspiration on liquids mild oral residue and may need meats ground or</p>	L 051		
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L 051	<p>Continued From page 6</p> <p>chopped; cueing and intermittent supervision for carry-over).</p> <p>During a face-to-face interview with the Speech Therapist on 5/16/19, at approximately 12:30 PM, she stated, "The staff were trained on swallowing techniques. I know the staff are busy on the floor but that they need to intermittently supervise the resident when eating to be sure the resident changes from solid to liquid to be sure there is no residual food to cause choking, the staff all know to do this."</p> <p>During an interview on 5/16/19 at approximately 2:00 PM, Employee #13, (Certified Nurse Aide) states I have worked with her a lot, she is not a feeder I don't supervise her or sit in the room with her I just bring in her tray and she can feed herself.</p> <p>Facility staff failed to update/revise the resident's care plan to include the following speech therapist recommendations: " 25-50% impairment risk of aspiration on liquids; mild oral residue and may need meats ground or chopped cueing and intermittent supervision for carry-over "</p> <p>During a face-to-face interview on 5/17/19, at 11:00 AM, Employee #2 acknowledged the finding and states the care plan should be resident-centered and specific to that resident.</p>	L 051		
L 099	3219.1 Nursing Facilities	L 099	Food and drink shall be clean, wholesome, free	

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L 099	<p>Continued From page 7</p> <p>from spoilage, safe for human consumption, and served in accordance with the requirements set forth in Title 23, Subtitle B, D. C. Municipal Regulations (DCMR), Chapter 24 through 40. This Statute is not met as evidenced by:</p> <p>Based on observations and interview, it was determined that facility staff failed to prepare and store foods in sanitary condition as evidenced by soiled equipment such as one (1) of one (1) grease fryer, five (5) of five (5) steam table wells in the Nursing Facility kitchen and two (2) of two (2) ovens, and dented utensils such as nine (9) of nine (9) two-inch hotel pans, two (2) of two (2) one-third three-inch pans and four (4) of four (4) one-sixth hotel pans.</p> <p>Findings included ...</p> <p>The following observations were made during a walkthrough of dietary services on May 13, 2019:</p> <ol style="list-style-type: none"> Food equipment such as one (1) of one (1) grease fryer, five (5) of five (5) steam table wells in the Nursing Facility kitchen and two (2) of two (2) ovens were soiled. Nine (9) of nine (9) two-inch hotel pans, two (2) of two (2) one-third three-inch pans and four (4) of four (4) one-sixth hotel pans were dented throughout. <p>During a face-to-face interview on May 13, 2019, at approximately 11:00 AM, Employee #9 acknowledged these findings.</p>	L 099	<p>L099 Soiled Food Equipment</p> <ol style="list-style-type: none"> Immediate Response: The identified grease fryer, steam table wells and ovens were cleaned. Risk Identification: All other food equipment was checked for cleanliness. Systemic Changes: Staff in-serviced on the need to clean food service equipment after use and the Dietary Supervisor will do daily inspections of food equipment. Monitoring: Dietary Manager or designee will conduct weekly audits of food equipment and findings will be reported at Quarterly QAPI meetings. <p>F812 Dented Pans</p> <ol style="list-style-type: none"> Immediate Response: Identified dented pans were disposed of. Risk Identification: All pans were checked to ensure that they were dent free. Systemic Changes: Staff in-serviced on disposing of dented pans and reporting to Supervisor for replacement of new ones. Monitoring: Dietary Manager or designee will conduct weekly audits of pans and findings will be reported at Quarterly QAPI meetings.
L 128	3224.3 Nursing Facilities	L 128	
	The supervising pharmacist shall do the		

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L 128	<p>Continued From page 8 following:</p> <p>(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;</p> <p>(b) Submit a written report to the Administrator on the status of the pharmaceutical services and staff performances, at least quarterly;</p> <p>(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;</p> <p>(d) Establish a system of records of receipt and disposition of all controlled substances in sufficient detail to enable an accurate reconciliation; and</p> <p>(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:</p> <p>Based on staff interview and a review of records, it was determined that the facility failed to ensure that two (2) in-service training for nursing personnel was conducted by a pharmacist.</p> <p>The findings include:</p> <p>According to the District of Columbia Municipal Regulations for Nursing Facilities: 3224 Supervision of Pharmaceutical Services (3c).</p> <p>"The supervising pharmacist shall provide a minimum of two (2) in services sessions per year to all nursing employees, including one (1)</p>	L 128	<p>L 128 Pharmacy in-services</p> <p>1. Immediate Response: Pharmacy to provide another in-service education to ensure compliance.</p> <p>2. Risk Identification: All scheduled pharmacy in-services shall be properly provided including one session that includes indications, contraindications and possible side effects of commonly used medications. Each in-service shall have separate sign in sheets.</p> <p>3. Systemic Changes: Nursing staff shall be mandated to attend two separate pharmacy educational in-services including indications, contraindications and possible side effects of commonly used medications and shall sign separate documents of attendance.</p> <p>4. Monitoring: Director of Nursing or designee will conduct audits of all pharmacy educational in-services to ensure proper documentation of attendance at both. Audit findings will be tracked and reported at Quarterly QAPI meetings.</p>	7/1/19
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L 128	Continued From page 9 session that includes indications, contraindications and possible side effects of commonly used medications..." A review of the in-service training files revealed one (1) pharmacy in-services was provided during the survey look back period. There was no evidence a second pharmacy in-service was provided. During a face-to-face interview conducted on May 17, 2019 at 1:00 PM, Employee # 12 acknowledged the findings.	L 128	L201 Resident Records – Identifiable Information 1. Immediate Response: Resident's personal inventory sheet was completed and placed in the medical record. 2. Risk Identification: All medical records for admission personal inventory sheets were audited for signatures and dates. 3. Systemic Changes: All nursing staff were in-serviced regarding proper admission protocol for dates and signatures on personal inventory sheets. 4. Monitoring: The Director of Nursing or her designee will conduct monthly audits of all newly admitted residents to ensure personal inventory sheets have been properly dated and signed. Audit findings will be tracked and reported at the quarterly QAPI meetings.
L 201	3231.12 Nursing Facilities Each medical record shall include the following information: (a)The resident's name, age, sex, date of birth, race, marital status home address, telephone number, and religion; (b)Full name, addresses and telephone numbers of the personal physician, dentist and interested family member or sponsor; (c)Medicaid, Medicare and health insurance numbers; (d)Social security and other entitlement numbers; (e)Date of admission, results of pre-admission screening, admitting diagnoses, and final diagnoses; (f)Date of discharge, and condition on discharge; (g)Hospital discharge summaries or a transfer	L 201	7/1/19

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L 201	<p>Continued From page 10</p> <p>form from the attending physician;</p> <p>(h)Medical history, allergies, physical examination, diagnosis, prognosis and rehabilitation;</p> <p>(i)Vaccine history, if applicable, and other pertinent information about immune status in relation to vaccine preventable disease;</p> <p>(j)Current status of resident's condition;</p> <p>(k)Physician progress notes which shall be written at the time of observation to describe significant changes in the resident's condition, when medication or treatment orders are changed or renewed or when the resident's condition remains stable to indicate a status quo condition;</p> <p>(l)The resident's medical experience upon discharge, which shall be summarized by the attending physician and shall include final diagnoses, course of treatment in the facility, essential information of illness, medications on discharge and location to which the resident was discharged.</p> <p>(m)Nurse's notes which shall be kept in accordance with the resident's medical assessment and the policies of the nursing service;</p> <p>(n)A record of the resident's assessment and ongoing reports of physical therapy, occupational therapy, speech therapy, podiatry, dental, therapeutic recreation, dietary, and social services;</p>	L 201	

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L 201	<p>Continued From page 11</p> <p>(o)The plan of care;</p> <p>(p)Consent forms and advance directives; and</p> <p>(q)A current inventory of the resident's personal clothing, belongings and valuables.</p> <p>This Statute is not met as evidenced by: Based on policy review, record review and staff interview for one (1) of 26 sampled records, the charge nurse failed to complete the personal inventory sheet with the date and signature for Resident # 255.</p> <p>Findings included...</p> <p>Record review of facility's policy titled "Policy and Procedures for Resident Belongings" the facility will encourage each resident or resident representative to complete an initial inventory ...list should be completed upon admission and updated periodically ...the inventory [sic] will be stored in the medical record.</p> <p>Resident #255 was admitted to the facility on 4/17/19 with diagnoses to include Pneumothorax, Unspecified, Emphysema Unspecified, Lobar Pneumonia and Non-ST Elevation Myocardial Infarction. Admission Minimum Data Set [MDS] Section C [Cognitive Patterns] showed a Brief Interview for Mental Status score of "15" which indicates cognitively intact.</p> <p>Review of the medical record on 5/15/19 at 12:30 PM showed Resident # 225's Personal Inventory List without a date or signature of the resident. Further review of the form showed a staff signature recorded on the form.</p>	L 201		
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Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0015	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2019
NAME OF PROVIDER OR SUPPLIER LISNER LOUISE DICKSON HURTHOME		STREET ADDRESS, CITY, STATE, ZIP CODE 5425 WESTERN AVE NW WASHINGTON, DC 20015	
(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 442	<p>Continued From page 14</p> <ol style="list-style-type: none"> One (1) of one (1) ice machine lacked a cover/grill to prevent access to its internal parts. One (1) of one (1) Robot Coupe machine used to puree foods had a broken 'OFF' switch. The air curtain in the walk-in refrigerator was missing a slat. <p>During a face-to-face interview on May 13, 2019, at approximately 11:00 AM, Employee #9 acknowledged these findings.</p>	L 442	<p>L442 Ice Machine Cover missing</p> <ol style="list-style-type: none"> Immediate Response: Identified ice machine cover was reinstalled. Risk Identification: All ice machines checked to ensure a cover was in place. Systemic Changes: Staff in-serviced on reporting any missing ice covers to Supervisor for replacement/installation. Monitoring: Dietary Manager or designee will conduct weekly audits of ice machine covers and findings will be reported at Quarterly QAPI meetings. <p>L442 Puree Machine Off switch broken</p> <ol style="list-style-type: none"> Immediate Response: Identified Robot Coupe machine off switch was repaired. Risk Identification: This is the only Robot Coupe machine in the Home. Systemic Changes: Staff in-serviced on reporting to Supervisor any malfunctions of Robot Coupe machine so that it may be repaired. Weekly audits of Robot Coupe machine will be conducted by the Dietary Director or designee. Monitoring: Dietary Manager or designee will conduct weekly audits and findings will be reported at Quarterly QAPI meetings. <p>***L442 CONTINUED ON NEXT PAGE***</p>

7/1/19

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L 442 Air Curtain missing a slat

1. Immediate Response: Missing slat was replaced on the air curtain for the walk in refrigerator.

2. Risk Identification: No other walk in refrigerator in the Home.

3. Systemic Changes: Staff in-serviced on reporting any missing slats to Supervisor for replacement of new ones. Weekly audits of walk in refrigerator curtains will be conducted by the Dietary Manager or her designee.

4. Monitoring: Dietary Manager or her designee will conduct weekly audits and findings will be reported at Quarterly QAPI meetings.

7/1/19