

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 09/16/2015
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NAME OF PROVIDER OR SUPPLIER LISNER LOUISE DICKSON HURTHOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5425 WESTERN AVE NW WASHINGTON, DC 20015
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L 000	<p>Initial Comments</p> <p>The Annual Licensure survey was conducted at your facility on September 9 through September 16, 2015. The following deficiencies are based on observations, record reviews, resident(s) and staff interviews for 34 sampled residents.</p> <p>The following is a directory of abbreviations and/or acronyms that may be utilized in the report:</p> <p>Abbreviations AMS - Altered Mental Status ARD - assessment reference date BID - Twice- a-day B/P - Blood Pressure cm - Centimeter CMS - Centers for Medicare and Medicaid Services CNA- Certified Nurse Aide CRF - Community Residential Facility D.C. - District of Columbia DCMR- District of Columbia Municipal Regulations D/C Discontinue/Discharge DI - deciliter DMH - Department of Mental Health EKG - 12 lead Electrocardiogram onthly Emergency Medical Services (911) G-tube Gastrostomy tube HVAC - Heating ventilation/Air conditioning ID - Intellectual disability IDT - interdisciplinary team L - Liter Lbs - Pounds (unit of mass) MAR - Medication Administration Record MD- Medical Doctor MDS - Minimum Data Set Mg - milligram (metric system unit of mass)</p>	L 000		

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

Susan M. Hargreaves LNHHA

TITLE

Administrator

(X6) DATE

11/5/15

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L 000	Continued From page 1 mL - milliliter (metric system measure of volume) mg/dl - milligram per deciliter mm/Hg - millimeter of mercury 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 Q- Every QIS - Quality Indicator Survey Rp, R/P- Responsible party Sol- Solution TAR - Treatment Administration Record	L 000		
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	<p>L 052 Nursing Facilities: Aspiration Precautions</p> <p>1. Immediate Response: Resident was assessed and there were no signs or symptoms of aspiration.</p> <p>2. Risk Identification: Rounds were conducted on all residents who require assistance with feeding to ensure that proper positioning and monitoring was in place.</p> <p>3. Systemic Changes: Staff was in-serviced on Aspiration Precautions and proper positioning and monitoring of residents requiring feeding.</p> <p>4. Monitoring: The Director of Nursing or her designee will do monthly meal observations to ensure Aspiration Precautions are being followed and report the findings to the QAPI Committee.</p>	<p>9/14/15</p> <p>9/14/15</p> <p>10/8/15</p> <p>11/6/15</p>

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L 052	<p>Continued From page 2</p> <p>(d) Protection from accident, injury, and infection;</p> <p>(e)Encouragement, assistance, and training in self-care and group activities;</p> <p>(f)Encouragement and assistance to:</p> <p>(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;</p> <p>(2)Use the dining room if he or she is able; and</p> <p>(3)Participate in meaningful social and recreational activities; with eating;</p> <p>(g)Prompt, unhurried assistance if he or she requires or request help with eating;</p> <p>(h)Prescribed adaptive self-help devices to assist him or her in eating independently;</p> <p>(i)Assistance, if needed, with daily hygiene, including oral care; and</p> <p>j)Prompt response to an activated call bell or call for help.</p> <p>This Statute is not met as evidenced by:</p> <p>Sufficient nursing time was not provided to consistently maintain aspiration precautions as directed by the physician and/or failed to implement measures to determine whether or not the positioning method utilized was a safe practice to promote safe swallowing for Resident#1 who was diagnosed with Dysphagia.</p> <p>The findings include:</p>	L 052		

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L 052	<p>Continued From page 3</p> <p>According to Taber ' s Cyclopedic Medical Dictionary Edition 22 Dysphagia = difficulty in swallowing</p> <p>Aspiration Precautions - according to the facility ' s protocol [no date indicated] includes the following: " Universal precautions - feed only when patient is alert/awake; sit patient upright (90 degree angle as tolerated) during all meals and 30 minutes after meals; small bites and sips; if patient is a feeder wait until patient has swallowed food/liquid prior to consecutive bite/sip; alternate liquids and solids; provide proper oral care in between meals ... "</p> <p>Resident #1 was observed on September 9, 2015 at approximately 1:00 PM sitting alone in his/her room in a recliner chair consuming the lunch meal. The resident was observed positioned at a 45 degree angle. He/she used a standard spoon to consume the puree textured meal with spillage of food noted on the clothing protector that was draped around his/her neck.</p> <p>A second observation was conducted on September 14, 2015 at approximately 12:30 PM. Resident #1 was observed sitting alone in his/her room in a recliner chair at a 45 degree angle consuming a puree textured lunch meal. The resident did not speak but grunted/moaned and nodded his/her head in response to a query " how you are ...how is your meal? "</p> <p>According to Section G, Functional status, of the quarterly Minimum Data Set [MDS] dated July 20, 2015 Resident #1 was coded as requiring extensive assistance for eating and totally dependent for transfer and mobility. Section I, Diagnoses was coded to include Dysphagia, Aphasia, Hemiplegia, Dementia and Psychosis.</p>	L 052		

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L 052	<p>Continued From page 4</p> <p>A review of physician ' s orders signed July 29, 2015 directed: " precautions - aspiration; special orders - provide feeding assistance; diet - pureed, regular, lactose free ... "</p> <p>A review of the most recent care plan dated July 2015 revealed the interdisciplinary team identified the " focus area " of ADL [activities of daily living] self-care performance deficit; interventions included " resident is totally dependent on staff for eating. " A focus area of " nutritional risk related to being on a mechanically altered diet " included the intervention " provide assistance at meals such as cueing or total dependence. "</p> <p>A face-to-face interview was conducted with Employee #7 on September 10, 2015 at approximately 2:30 PM. He/she stated that staff repositioned Resident #1 at a 90 degree angle following the surveyor ' s lunch observation on September 9th but the resident refused to eat. Thereafter, the resident was placed back at a 45 degree angle for meals.</p> <p>A face-to-face interview was conducted with Employee #11 on September 14, 2015 at approximately 1:15 PM. In response to a query regarding the care requirements related to meal intake for Resident #1, he/she stated that set-up assistance is provided then additional assistance is provided as the resident desires ...[Resident #1] " will let you know if [he/she] wants or needs something otherwise we leave [him/her] alone, [he/she] prefers it that way. "</p> <p>A face-to-face interview was conducted with Employee #2 on September 14, 2015 at approximately 2:00 PM. In response to a query</p>	L 052	<p>L 099 Steamer and Fryer</p> <p>1. Immediate Response: Steamer and fryer were cleaned and grease buildup was removed.</p> <p>2. Risk Identification: Checked all other surfaces for cleanliness.</p> <p>3. Systemic Changes: In-serviced staff on proper equipment cleanliness and was added to Wednesday and Sunday cleaning schedule. It was also added to cooks daily opening and closing checklist.</p> <p>4. Monitoring: Director of Food Service or designee will monitor weekly and report findings at quality assurance meetings held quarterly.</p> <p>L 099 Gas Stove Burner</p> <p>1. Immediate Response: Onsite maintenance fixed the burner so that it would light.</p> <p>2. Risk Identification: All other burners were checked to ensure they would light.</p> <p>3. Systemic Changes: In-serviced cooks on equipment maintenance and reporting. Added to cooks daily opening and closing checklist.</p> <p>4. Monitoring: Director of Food Service or designee will monitor weekly and report findings at quality assurance meetings held quarterly.</p>	<p>9/11/15</p> <p>9/11/15</p> <p>10/2/15</p> <p>11/9/15</p> <p>9/9/15</p> <p>9/9/15</p> <p>10/2/15</p> <p>11/9/15</p>
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L 052	<p>Continued From page 5</p> <p>regarding the lack of supervision during meal consumption and the positioning of the resident [45 degree angle vs. 90 degrees that is consistent with aspiration precaution protocol] he/she stated that Resident #1 has "come a long way" and for [him/her] to eat willingly and independently is progress. He/she explained that the resident exhibits challenging behaviors including non-compliance. Staff make efforts to comply with the resident's desires.</p> <p>Through observation, it was determined that facility staff failed to consistently maintain aspiration precautions as it relates to positioning and feeding assistance; the resident was observed eating alone in a reclined position. The physician's orders directed aspiration precautions and feeding assistance and the interdisciplinary team identified "totally dependent on staff for eating" during care planning.</p> <p>There was no evidence that facility staff initiated measures [e.g. medical team re-evaluation and/or speech re-evaluation of swallowing abilities] to determine whether or not the positioning method and independent meal consumption utilized was a safe practice to promote safe swallowing for Resident #1. The resident did not demonstrate any adverse signs or symptoms related to the eating practices utilized by the facility.</p>	L 052	<p>L 099 Drain Pipe</p> <p>1. Immediate Response: Drain pipe was cut to ensure adequate air gap.</p> <p>2. Risk Identification: All other drain pipes were checked for adequate air gap.</p> <p>3. Systemic Changes: Cooks in-serviced on proper equipment maintenance and reporting. Also added to cooks opening and closing checklist.</p> <p>4. Monitoring: Director of Food Service or designee will monitor weekly and report findings at quality assurance meetings held quarterly.</p> <p>L 099 Cutting Board with Deep Grooves</p> <p>1. Immediate Response: Identified cutting board was disposed of immediately.</p> <p>2. Risk Identification: Checked condition of all other cutting boards.</p> <p>3. Systemic Changes: In-serviced Dietary Staff to not use damaged cutting boards. Added to cooks opening and closing checklist to check all cutting boards.</p> <p>4. Monitoring: Director of Food Service or designee will monitor weekly and report findings at quality assurance meetings held</p>	<p>9/9/15</p> <p>9/9/15</p> <p>10/2/15</p> <p>11/9/15</p> <p>9/9/15</p> <p>9/9/15</p> <p>10/2/15</p> <p>11/9/15</p>
L 099	3219.1 Nursing Facilities	L 099		
	<p>Food and drink shall be clean, wholesome, free 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.</p>			

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L 099	<p>Continued From page 6</p> <p>This Statute is not met as evidenced by: Based on observations made on September 9, 2015 at approximately 9:00 AM and on September 11, 2015 at approximately 10:00 AM, it was determined that the facility failed to store, prepare and serve foods under sanitary conditions as evidenced by one (1) of one (1) soiled steamer, one (1) of six (6) broken burner from one (1) of one (1) gas stove, a drain pipe from one (1) of one (1) garbage disposal that lacked the proper air gap from the drain, one (1) of four (4) damaged cutting board, four (4) of four (4) soiled storage bin ins lid, one (1) of one (1) oven with no draining tube, four (4) of four (4) storage bins with expired foods such as sugar, pasta, flour and bread crumbs and a soiled kitchen floor.</p> <p>The findings include:</p> <ol style="list-style-type: none"> One (1) of one (1) steamer and one (1) of one (1) fryer were soiled with grease buildup. One (1) of six (6) burners from the gas stove did not light when tested. The drain pipe from the garbage disposal extended too far into the drain and needed to be shortened. The blue cutting board, one (1) of four (4) cutting boards, was marred with deep grooves and needed to be replaced. The lids to four (4) of four (4) food storage bins were soiled with scattered food debris. The draining tube from one (1) of one (1) oven was missing and fluid was leaking from the 	L 099	<p>L 099 Storage Bin Lids Soiled</p> <p>1. Immediate Response: All lids were washed and sanitized immediately.</p> <p>2. Risk Identification: Checked all other food storage lids for cleanliness.</p> <p>3. Systemic Changes: In-serviced Dietary staff on importance of cleaning food storage bin lids. Added to Wednesday and Sunday cleaning schedule.</p> <p>4. Monitoring: Director of Food Service or designee will monitor weekly and report findings at quality assurance meetings held quarterly.</p> <p>L 099 Oven Drain Tube Missing</p> <p>1. Immediate Response: Onsite maintenance replaced missing drain tube on oven.</p> <p>2. Risk Identification: Check to make sure all drain tubes in kitchen are in place.</p> <p>3. Systemic Changes: In-serviced cooks on equipment maintenance and reporting. Added to cooks opening and closing checklist.</p> <p>4. Monitoring: Director of Food Service or designee will monitor weekly and report findings at quality assurance meetings held</p>	<p>9/9/15</p> <p>9/9/15</p> <p>10/2/15</p> <p>11/9/15</p> <p>9/9/15</p> <p>9/9/15</p> <p>10/2/15</p> <p>11/9/15</p>
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L 099	<p>Continued From page 7</p> <p>oven onto the kitchen floor and into a hotel pan.</p> <p>7. Four (4) of four (4) storage bins with foods such as sugar, pasta, flour and bread crumbs were stored beyond their labeled expiration dates of August 2015. The sugar filled bin was expired as of August 10, 2015 The pasta filled bin was expired as of August 15, 2015 The flour filled bin was expired as of August 22, 2015 The bread crumbs filled bin was expired as of August 22, 2015.</p> <p>8. The kitchen floor was soiled, specifically at the entrance to the freezer and behind the ice machine. These observations were made in the presence of Employee #5 who acknowledged the findings.</p>	L 099	<p>L 099 Stored Food beyond expiration date</p> <p>1. Immediate Response: The identified sugar, pasta, flour and breadcrumbs were disposed of immediately.</p> <p>2. Risk Identification: Checked all food items to ensure they have not expired.</p> <p>3. Systemic Changes: In-serviced dietary staff on proper food labeling and that expired foods must be thrown out. Added to cooks opening and closing schedule.</p> <p>4. Monitoring: Director of Food Service or designee will monitor weekly and report findings at quality assurance meetings held quarterly.</p>	<p>9/9/15</p> <p>9/9/15</p> <p>10/2/15</p> <p>11/9/15</p>
L 417	<p>3256.8 Nursing Facilities</p> <p>Each resident room shall be cleaned and arranged in an orderly fashion and shall be well-ventilated. This Statute is not met as evidenced by:</p> <p>Based on observations made during an environmental tour of the facility on September 9, 2015 at approximately 3:00 PM and September 16, 2015 at Approximately 11:00 AM it was determined that entrance doors to resident rooms and bathrooms were damaged on the front surfaces in 24 of 25 resident rooms observed.</p> <p>The findings include:</p> <p>An environmental tour of the facility was conducted on September 9, 2015 at</p>	L 417	<p>L 099 Soiled Kitchen Floor</p> <p>1. Immediate Response: Soiled kitchen floor in front of freezer and behind ice machine were cleaned immediately.</p> <p>2. Risk Identification: All other kitchen floor areas were checked for cleanliness.</p> <p>3. Systemic Changes: In-serviced dietary staff that floors must be kept clean and soil free. Added to daily cleaning schedule.</p> <p>4. Monitoring: Director of Food Service or designee will monitor weekly and report findings at quality assurance meetings held quarterly.</p>	<p>9/9/15</p> <p>9/9/15</p> <p>10/2/15</p> <p>11/9/15</p>

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L 417	Continued From page 8 approximately 3:00 PM and September 16, 2015 at approximately 11:00 AM. It was observed that resident ' s room entrance and bathroom doors were marred and scarred on the frontal areas in 24 of 25 room entrance and bathroom doors observed. The findings were acknowledged by Employee # 1 on September 16, 2015 at approximately 11:30 AM.	L 417	L 417 Marred and Scarred Doors 1. Immediate Response: Director of Engineering consulted with outside vendor and placed an order for door protectors. Work to be completed. 2. Risk Identification: Director of Engineering checked all NF Resident entrance and bathroom doors for any marring and scarring. 3. Systemic Changes: Maintenance Staff was in-serviced on checking NF Resident entrance and bathroom doors for any marring and scarring and reporting any findings to Director of Engineering. Monthly audits of these doors will be completed by Maintenance staff. 4. Monitoring: The Director of Engineering or designee will monitor and report findings at quality assurance meetings held quarterly.	11/16/15	9/11/15
				11/6/15	11/16/15