

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD02-0015</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>07/28/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LISNER LOUISE DICKSON HURTHOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5425 WESTERN AVE NW WASHINGTON, DC 20015</b>
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L 000	<p>Initial Comments</p> <p>The Annual Licensure Survey was conducted at Lisner-Louise-Dickson- Hurt Home from July 24, 2017 through July 28, 2017. Survey activities consisted of a review of 21 sampled residents. The following deficiencies are based on observation, record review, and staff interviews.</p> <p>The following is a directory of abbreviations and/or acronyms that may be utilized in the report:</p> <p>Abbreviations</p> <p>AMS - Altered Mental Status ARD - assessment reference date BID - Twice- a-day B/P - Blood Pressure cm - Centimeters 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 DI - deciliter DMH - Department of Mental Health 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 IDT - interdisciplinary team L - Liter Lbs - Pounds (unit of mass) MAR - Medication Administration Record</p>	L 000		

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

*Susan M. Ingraves* TITLE

TITLE

Administrator 9/13/17

(X6) DATE

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L 000	Continued From page 1  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 Q- Every QIS - Quality Indicator Survey Rp, R/P - Responsible party SCC - Special Care Center Sol- Solution TAR - Treatment Administration Record	L 000		
L 012	3203.2 Nursing Facilities  A list of all employees, with the appropriate current license or certification numbers, shall be on file at the facility and available to the Director. This Statute is not met as evidenced by:  Based on observations and records review on July 25, 2017, at approximately 9:15 A.M., it was determined that the facility failed to ensure that persons in charge, who are certified food protection managers, obtained or renewed a District of Columbia issued Food Protection Manager Identification Card as evidenced by two (2) of five (5) persons in charge who did not have	L 012	<b>L012 Dietary Certification</b> <b>1. Immediate Response:</b> Dietary staff in management positions and not having a current District of Columbia issued Food Protection Manager Identification Card went to the Health Department and received their cards. <b>2. Risk Identification:</b> A review was done of all Food Service management certifications and licenses to ensure active status. <b>3. Systemic Changes:</b> In-service was held and a management tool was developed to check licenses by the Assistant Dietary Director or his/her designee. <b>4. Monitoring:</b> The findings of the management tool will be reported at the quarterly QA meetings.	10-11-17

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L 012	<p>Continued From page 2</p> <p>a District of Columbia issued Certified Food Protection Manager Identification Card and two (2) of five (5) persons in charge whose District of Columbia issued Certified Food Protection Manager Identification Cards were expired.</p> <p>The findings include:</p> <p>25 DCMR Food and Food Operations Chapter 2 Supervision &amp; Training of Food Employees 203- 'Certification and District-issued ID Requirements- Food Protection Manager, Person in Charge' dated November 30, 2012 stipulates, "203.1- Each person in charge shall be certified by a food protection manager certification program that is accredited by the Conference for Food Protection Standards for Accreditation of Food Protection Manager Certification Programs...203.3- A person in charge who is a certified food protection manager as required in §203.1 shall obtain a District-issued Food Protection Manager Identification Card (ID Card), issued by the Department, and shall renew the District-issued ID Card every three (3) years."</p> <p>1. Two (2) of five (5) Persons in Charge did not have a District of Columbia issued Food Protection Manager Identification Card.</p> <p>2. Two (2) of five persons in Charge had expired District of Columbia issued Food Protection Managers Identification Cards. One expired as of March 18, 2017, and another expired as of June 5, 2017.</p> <p>These observations made, in the presence of Employee #8 and Employee #9, were acknowledged.</p>	L 012	<p><b>L099 Slats</b></p> <p><b>1. Immediate Response:</b> Removed damaged slat and replaced missing slat on the walk-in refrigerator and walk-in freezer air curtains.</p> <p><b>2. Risk Identification:</b> No other slats were found to be damaged or missing in the facility.</p> <p><b>3. Systemic Changes:</b> In-service was held with dietary staff and a management tool was developed to check slats daily by the manager on duty.</p> <p><b>4. Monitoring:</b> The findings of the management tool will be reported at the quarterly QA meetings.</p> <p><b>L099 Milk</b></p> <p><b>1. Immediate Response:</b> The identified expired milk was discarded.</p> <p><b>2. Risk Identification:</b> All other milk in the facility was checked for expiration date.</p> <p><b>3. Systemic Changes:</b> In-service was held with dietary staff and a management tool was developed to check milk expiration dates daily by the manager on duty.</p> <p><b>4. Monitoring:</b> The findings of the management tool will be reported at the quarterly QA meetings.</p>	<p>10-11-17</p> <p>10-11-17</p>

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L 099	Continued From page 3	L 099		
L 099	<p><b>3219.1 Nursing Facilities</b></p> <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. This Statute is not met as evidenced by:</p> <p>Based on observations made on July 25, 2017, at approximately 9:15 A.M., and on July 26, 2017, at approximately 10:30 A.M., it was determined that the facility failed to maintain kitchen utensils and the dietary environment under sanitary conditions as evidenced by missing slats from two (2) of two (2) air curtains located in the walk-in refrigerator #1 and the walk-in freezer #1, 15 of 15 one-half pints of fat-free skim milk located in the milk box expired as of July 24, 2017, two (2) of seven (7) half hotel pans stored wet and one (1) of seven (7) half hotel pan soiled with food deposits, two (2) of two (2) one-third, four-inch pans and two (2) of two (2) one-third six-inch pans dented.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. The air curtain from the walk-in refrigerator had a torn slat, and the air curtain from the walk-in freezer was missing a slat.</li> <li>2. Fifteen of fifteen one-half pint of fat-free skim milk located in the milk box expired as of July 24, 2017.</li> <li>3. Two (2) of seven (7) half hotel pans were stored wet, and one (1) of seven (7) half hotel pan soiled with food deposits.</li> <li>4. Two (2) of two (2) one-third, four-inch pans,</li> </ol>	L 099	<p><b>L099 Wet and Soiled Pans</b></p> <p><b>1. Immediate Response:</b> The identified wet and/or soiled pans were cleaned and dried.</p> <p><b>2. Risk Identification:</b> All other pans were checked for cleanliness, dryness and condition.</p> <p><b>3. Systemic Changes:</b> In-service was held with dietary staff and a management tool was developed to check pans daily by the manager on duty.</p> <p><b>4. Monitoring:</b> The findings of the management tool will be reported at the quarterly QA meetings.</p> <p><b>L099 Dented Pans</b></p> <p><b>1. Immediate Response:</b> The identified dented pans were discarded.</p> <p><b>2. Risk Identification:</b> All other pans were checked for dents.</p> <p><b>3. Systemic Changes:</b> In-service was held with dietary staff and a management tool was developed to check pans daily by the manager on duty.</p> <p><b>4. Monitoring:</b> The findings of the management tool will be reported at the quarterly QA meetings.</p>	<p>10-11-17</p> <p>10-11-17</p>



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L 410	Continued From page 5  These observations made, in the presence of Employee #10 and Employee #11, were acknowledged.	L 410	<p><b>L410 Shower Room Floors Soiled</b></p> <p><b>1. Immediate Response:</b> The identified soiled shower room floors were cleaned.</p> <p><b>2. Risk Identification:</b> All shower room floors were checked for cleanliness.</p> <p><b>3. Systemic Changes:</b> An in-service was held for housekeeping staff on routine cleaning of shower room floors. An audit tool was established to monitor the routine cleaning of shower room floors.</p> <p><b>4. Monitoring:</b> Findings of the shower room floors cleaning audits will be reported by the Director of Environmental Services at the quarterly QA Meetings.</p>	10-11-17