DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095025	A. BUILDING ______ B. WING ______	08/15/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LISNER LOUISE DICKSON HURTHOME	5425 WESTERN AVE NW WASHINGTON, DC 20015

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F 000	INITIAL COMMENTS	F 000		

A recertification Quality Indicator Survey (QIS) was conducted on August 8 through August 15, 2014. The deficiencies are based on observation, record review, resident and staff interviews for 23 sampled residents.

The following is a directory of abbreviations and/or acronyms that may be utilized in the report:

Abbreviations
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
D/C discontinue
Dl - deciliter
DMH - Department of Mental Health
EKG - 12 lead Electrocardiogram
EMS - emergency medical services (911)
g-tube Gastrostomy tube HVAC - Heating ventilation/Air conditioning
FU/FL Full Upper /Full Lower
ID - Intellectual disability
IDT - interdisciplinary team
INR - International Normalised Ratio
L - Liter
Lbs - pounds (unit of mass)
MAR - Medication Administration Record

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] LNHA
TITLE: Administrator
(X6) DATE: 10/2/14

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 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 MRR- Medication Regimen Review Neuro - Neurological NP - Nurse Practitioner OBRA - Omnibus Budget Reconciliation Act 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 RAI- Resident Assessment Instrument ROM- Range of Motion TAR - Treatment Administration Record CAA- Care Assessment Area QAA- Quality Assessment and Assurance	F 000		
F 156 SS=D	483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under	F 156	**F156 Notice of Rights, Rules, Services, Charges** **1. Immediate Response:** The record of resident #17 was reviewed. Resident #17 and her responsible party were contacted and stated that they did not wish to appeal Medicare Non-Coverage prior to the scheduled discharge. This was documented in the closed clinical record.	8-15-14

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F 156	Continued From page 2 §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing. The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section. The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate. The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal funds, under paragraph (c) of this section; A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of	F 156	**F156 Notice of Rights, Rules, Services, Charges (continued)** **2. Risk Identification:** All records for residents who received a "Notice of Medicare Non-Coverage" in the past 30-days were reviewed for documentation of notice within sufficient time to allow an appeal prior to the termination of services. All were noted in compliance. **3. Systemic Changes:** Staff were in-serviced on timely notification of "Notice of Medicare Non-Coverage" and necessary documentation in the resident record of evidence that notice is given within sufficient time to allow an appeal prior to the termination of services. **4. Monitoring:** Director of Social Services or designee will conduct a random record audit for residents who received "Notice of Medicare Non-Coverage" to ensure adequate documentation of notice was given within sufficient time to allow an appeal prior to the termination of services. Findings will be reported at the quarterly QA meeting.	10-1-14 10-1-14 10-15-14

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F 156	Continued From page 3	F 156		

institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.

A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.

The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.

The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.

This REQUIREMENT is not met as evidenced by:

Based on record review and staff interview for

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F 156	Continued From page 4 one (1) of 23 sampled residents, it was determined that facility staff failed to ensure that the "Notice of Medicare Non-Coverage" was issued in a timely manner. Resident #17. The findings include: A review of the Notice of Medicare Non-Coverage for Resident #17 revealed that the resident's last day of Physical therapy/Occupational therapy and Nursing Services was dated April 2, 2014. The signature acknowledging receipt of the letter/information was signed by Resident #17's Responsible Party on April 3, 2014 (One (1) day after the services ended.) The record lacked documented evidence that facility staff ensured that the resident and the RP received the " Notice of Medicare Non-Coverage letter " within sufficient time to allow an appeal prior to the termination of the services. A face-to-face interview was conducted with Employee #7 on August 15, 2014 at approximately 10:45AM. He/she acknowledged the finding and explained that the "Notice of Medicare Non-coverage" was delivered to Resident #17's RP prior to the scheduled date for the end of the services, but his/her response was late. The record was reviewed on August 15, 2014.	F 156	**F241 Dignity and Respect of Individuality** **1. Immediate Response:** Staff was immediately notified to knock and wait for a response from resident #45 prior to entering into her room.	8-13-14
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY	F 241		

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F 241	Continued From page 5 The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observations and staff interview for one (1) of 23 sampled residents, it was determined that facility staff failed to enhance dignity as evidenced by failing to knock and wait for permission to enter prior to entering Resident #45's room. The findings include: Facility staff failed to enhance dignity as evidenced by failing knock and await permission prior to entering Resident #45 ' s room in six (6) separate observations as follows: On August 11, 2014 at approximately 3:15 PM Employee #29 knocked and entered the Resident #45 ' s room without waiting for permission to enter. At 3:20 PM Employee #29 entered the resident 's room without knocking on the door. A face-to-face interview was conducted on August 13, 2014 with Employee #29 at approximately 3:30 PM. A query was made regarding the facility's practice when needing to enter a resident ' s room. Employee #29 stated "I should have knocked and waited for permission to enter."	F 241	**F241 Dignity and Respect of Individuality (continued)** **2. Risk Identification:** Staff was reminded of the importance of knocking on all doors prior to entering; waiting for a response from residents capable of responding and entering the room to preserve the dignity and respect of the individual. **3. Systemic Changes:** Staff was in-serviced on the importance of knocking on all doors prior to entering; waiting for a response from residents capable of responding and entering the room to preserve the dignity and respect of the individual. **4. Monitoring:** DON, Dir. of Environmental Services or her designee will conduct random observations to ensure compliance. Findings will be reported at the quarterly QA meeting.	8-18-14 10-15-14 10-15-14

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On August 11, 2014 at approximately 3:35 PM, Employee #30, after knocking on Resident #45's door entered the room without waiting for permission. Employee #30 stated " I come to empty your trash. " Staff member was not available for interview.

On August 11, 2014 at approximately 3:40 PM Employee #31 entered Resident #45 ' s room without knocking. Employee #31 stated " I am checking the curtains. "

A face-to-face interview was conducted Employee #31 on August 13, 2014 at approximately 3:40 PM. A query was made regarding the facility's practice when needing to enter a resident's room. Employee #31 stated " I knocked three (3) times; I did not hear anyone, so I opened the door and came in to check [the resident ' s] curtains.

On August 11, 2014 at approximately 3:45 PM, Employee #32 entered Resident #45's room without knocking and went directly into the bathroom to do something then the employee exited the room.

A face-to-face interview was conducted with Employee #32 on August 13, 2014 at approximately 3:30 PM. A query was made regarding the facility's practice when entering a resident's room. Employee #32 stated " I should have knocked and waited for the resident to say enter. "

Resident #45 was queried regarding persons entering his/her without knocking. Resident #45 stated "It happens a lot, they are coming to see

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F 241	Continued From page 7 the other resident [roommate], [he/she] needs frequent changing...but it happens..." Facility staff failed to wait for permission to enter Resident #45 ' s room after knocking on the door and or entered the residents room without knocking.	F 241	**F371 Food Procure,Store/Prepare/Serve-Sanitary 4 Soiled sprinkler heads** **1. Immediate Response:** Sprinkler heads were cleaned.	8/12/14
			2. Risk Identification: All equipment above cooking area was checked for cleanliness.	8/12/14
F 371 SS=D	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions	F 371	**3. Systemic Changes:** All cooks were in-serviced. Caps were ordered from Fire Suppression System Co. for easy detection of dirt or grease. Added to master cleaning schedule to be cleaned weekly by cooks.	9/11/14
			4. Monitoring: Food Service Director or designee will monitor cooks master cleaning tool and will report findings at quarterly QA.	10/15/14
	This REQUIREMENT is not met as evidenced by:		**F371 Food Procure, Store/Prepare/Serve-Sanitary 2 broken thermometers in the walk in refrigerator/freezer**	
	Based on observations made on August 11, 2014 at approximately 9:30 AM, it was determined that the facility failed to store and prepare food under sanitary conditions as evidenced by four (4) of four (4) soiled sprinkler heads from the fire suppression system, two (2) of two (2) broken thermometers in the walk-in refrigerator and freezer, a missing thermometer in one (1) of two milk boxes, a missing temperature log for one (1) of two (2) milk boxes and eight (8) of 15 soiled hotel half-pans located in the pots and pans clean area.		**1. Immediate Response:** Thermometers were replaced immediately.	8/12/14
			2. Risk Identification: All thermometers were checked in every refrigerator/freezer.	8/12/14
			3. Systemic Changes: In-serviced all staff that inside thermometers must be checked and logged daily by cooks.	9/11/14
	The findings include:		**4. Monitoring:** Food Service Director or designee will check monthly log and report findings at quarterly QA.	10/15/14

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F 371	Continued From page 8	F 371	**F371 Food Procure, Store/Prepare/Serve-Sanitary Missing Thermometer in the milk box**	
	1. Four (4) of four (4) sprinkler heads from the fire suppression system located above the grill were soiled with dust particles and grease.		**1. Immediate Response:** Thermometer was immediately replaced.	8/12/14
	2. One (1) of one (1) tube thermometer located in the walk-in refrigerator and one (1) of one (1) tube thermometer located in the walk-in freezer were broken and needed to be replaced.		**2. Risk Identification:** All other refrigerators/freezers were checked for thermometers.	8/12/14
	3. There was no thermometer in the milk box located accross from the walk-in refrigerator.		**3. Systemic Changes:** Staff in-serviced to record daily temperatures and sign log that thermometer is in place.	9/11/14
	4. There was no temperature log for the milk box located accross from the walk-in refrigerator.		**4. Monitoring:** Food Service Director or designee will check monthly log and report findings at the quarterly QA.	10/15/14
	5. Eight (8) of 15 two-inch hotel half pans located in the clean area, were soiled with leftover food residue.		**F371 Food Procure, Store/Prepare/Serve-Sanitary Missing temperature log in 1 milk box**	
	These observations were made in the presence of Employee #10 who acknowledged the findings.		**1. Immediate Response:** Log was immediately replaced.	8/12/14
			2. Risk Identification: All other boxes were checked for temperature logs.	8/12/14
F 456 SS=D	483.70(c)(2) ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION	F 456	**3. Systemic Changes:** All staff in-serviced. Opening/Closing checklist will ensure that all temperature logs are in place.	9/11/14
	The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition.		**4. Monitoring:** Food Service Director or designee will monitor log and report findings at quarterly QA.	10/15/14
	This REQUIREMENT is not met as evidenced by:			
	Based on observations made on August 11, 2014 at approximately 9:30 AM, it was			

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F 456	Continued From page 9 determined that the facility failed to maintain essential equipment as evidenced by: one (1) of two (2) steamers observed with dripping water and one (1) of one (1) food warmer was observed with a torn gasket. The findings include: 1. One (1) of two (2) steamers, in use in the main kitchen was dripping water from the bottom. 2. The door gasket to one (1) of one (1) food warmer was torn in several areas. These observations were made in the presence of Employee #10 who acknowledged the findings.	F 456	**F371 Food Procure, Store/Prepare/Serve-Sanitary Soiled hotel half pans** **1. Immediate Response:** All pans identified as soiled were immediately rewashed. **2. Risk Identification:** All other pans on shelf were checked for cleanliness. **3. Systemic Changes:** All employees in-serviced on proper pot and pan washing techniques. **4. Monitoring:** Food Service Director or designee will check monthly log and report findings at the quarterly QA.	8/12/14 8/12/14 9/11/14 10/15/14
F 492 SS=D	483.75(b) COMPLY WITH FEDERAL/STATE/LOCAL LAWS/PROF STD The facility must operate and provide services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to professionals providing services in such a facility. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview during a review of staffing [direct care per resident day hours], it was determined that the Nursing Facility failed to meet the 0.6 [six tenths] hour for Registered Nurses/Advanced Practice Registered Nurse hours on two (2) of the seven (7) days reviewed, in accordance with Title 22	F 492	**F456 Facility failed to maintain essential equipment as evidenced by: one of 2 steamers observed with dripping water** **1. Immediate Response:** GCS was called to service steamer and fix leak. **2. Risk Identification:** All steamer doors were checked for leaks. **3. Systemic Changes:** In-serviced Dietary employees on reporting leaks to management. Added to checklist. **4. Monitoring:** Food Service Director or designee will monitor checklist and report findings at the quarterly QA meeting.	8/12/14 8/12/14 9/11/14 10/15/14

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F 492	Continued From page 10 DCMR Section 3211, Nursing Personnel and Required Staffing Levels. The findings include: A review of Nurse Staffing was conducted on August 5, 2014 at approximately 2:30 PM. According to the District of Columbia Municipal Regulations for Nursing Facilities: 3211.5 Beginning January 1, 2012, each facility shall provide a minimum daily average of four and one tenth (4.1) hours of direct nursing care per resident per day, of which at least six tenth (0.6) hour shall be provided by an advanced practice registered nurse or registered nurse, which shall be in addition to any coverage required by subsection 3211.4. The facility failed to meet the 0.6 [six tenth] hour of direct nursing care per resident day for Registered Nurse/Advanced Practice Registered Nurse for two (2) of seven (7) days reviewed as outlined below. On Saturday, August 9, 2014 it was determined that the facility provided RN coverage at a rate of 0.3 hours. On Sunday, August 10, 2014 it was determined that the facility provided RN coverage at a rate of 0.3 hours. A face-to-face interview/review was conducted with Employee # 17 on August 15, 2014 at approximately 10:45 AM. He/she acknowledged the findings. The record was reviewed on August	F 492	**F456 Facility failed to maintain essential equipment as evidenced by: Door gasket to one food warmer was torn** **1. Immediate Response:** GCS was called to service and a new gasket was ordered and old replaced. **2. Risk Identification:** All other gaskets in kitchen were checked. **3. Systemic Changes:** In-serviced all dietary employees on checking gaskets for good condition and log condition. **4. Monitoring:** Food Service Director or designee will check weekly log and report findings at the quarterly QA. **F492 Comply with Federal/State/Local Laws/Prof STD1.** **Immediate Response:** **1.** The schedule was reviewed for Aug 9 and 10 and both days were noted to not meet the .6 hour based on regulatory definition of "direct nursing care" for RN. **2. Risk Identification:** Staff reviewed the staffing for the present schedule and noted .6 hours of direct nursing care for RN currently in place. **3. Systemic Changes:** The staffing coordinator was in-serviced on the definition of "direct nursing care" for RNs and educated on the .6 hours of direct nursing care for RN regulatory mandate. Strategies for recruiting and hiring available and competent RN's were examined.	8/25/14 8/12/14 9/11/14 10/15/14 8/14/14 8/15/14 10/1/14

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(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) COMPLETION DATE
F 492	Continued From page 11 15, 2014.	F 492	**F492 Comply with Federal/State/Local Laws/Prof STD (continued)** **4. Monitoring:** DON or her designee will conduct random staffing audits to ensure compliance. Findings will be reported at the quarterly QA meeting.	10/15/14
F 514 SS=D	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview for one (1) of 23 sampled residents, it was determined that the facility staff failed to maintain complete, accurate and organized clinical records as evidenced by failure to document the status of one (1) resident ' s pressure ulcer on the facility ' s form designated for pressure ulcers. Resident #44. The findings include: 1. Facility staff failed to document the status of Resident #44's pressure ulcer on the skin condition form designated for pressure ulcers. A review of the clinical record for Resident #44 revealed that on April 13, 2014 the facility staff	F 514	**F514 Resident Records-Complete/Accurate/Accessible** **1. Immediate Response:** An amendment was made to the resident's skin condition record on April 21, 2014, and was properly documented on the proper form from that time forward. **2. Risk Identification:** The facility had no other residents with acquired pressure ulcers. **3. Systemic Changes:** Staff was in-serviced on the need to document pressure ulcers on the skin condition form designated for pressure ulcers. **4. Monitoring:** DON or her designee will conduct random audits of the documentation on residents with pressure ulcers to assure documentation is on the form designated for pressure ulcers. Findings will be reported at the quarterly QA meeting.	8/15/14 8/15/14 10/15/14 10/15/14