STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HFD02-0016	A. BUILDING: _____ B. WING _____	10/24/2019

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

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L 000	Initial Comments	L 000		

An unannounced annual Licensure Survey was conducted at Jean Jugan Residence from October 21, 2019 through October 24, 2019. Survey activities consisted of a review of 19 sampled residents. The following deficiencies are based on observation, record review, resident, and staff interviews. The resident census during the survey was 36.

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
CPR- Cardiopulmonary Resuscitation
CRF - Community Residential Facility
D.C. - District of Columbia
DCMR- District of Columbia Municipal Regulations
D/C Discontinue
Dl - 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

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L 000	Continued From page 1 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 Q- Every QIS - Quality Indicator Survey Rp, R/P - Responsible party SCC Special Care Center Sol- Solution TAR - Treatment Administration Record Trach- Tracheostomy	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	L 051	1. Resident # 33 was affected by this deficiency. The care plan of resident #33 was updated on 11/22/19 by RNAC/MDS Coordinator to include the specific recommendations of rehabilitation services. 2. All other residents have the potential to be affected by this deficiency.	

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L 051	Continued From page 2 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 (1) of 19 sampled residents, facility staff failed to update/revised Resident # 33's care plan to include the recommendations of rehabilitation services. Findings included... Resident #33 was admitted to the facility on 6/22/16, with diagnoses Essential Hypertension, Hyperlipidemia, Alzheimer Disease and Depression. Review of the Quarterly Minimum Data Set [MDS] dated 7/4/19, showed section C (Cognitive Patterns) Brief Interview or Mental Status [BIMS] was scored as "2" which indicate severe cognitive impairment. Section G0600 Mobility Devices showed walker and wheelchair were checked to indicate the residents use of device for ambulation. Review of Section J [Health	L 051	Rehabilitation services and other consultants will use an interdisciplinary communication form when making a recommendation. 3. Completed interdisciplinary communication forms will be submitted to DON/ADON for review and a copy will be furnished to RNAC/MDS Coordinator. 4. ADON or designee will review updated/revised care plans on a weekly basis to ensure that any new recommendations or orders have been implemented. Any finding and action taken will be documented. A summary log will be submitted at the quarterly QAPI meeting. 5. Corrective action will be completed by12/02/19.	12/02/19

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L 051	Continued From page 3 Conditions] showed J1700 Fall History on Admission and prior to admission was left blank. Review of the care plan showed "resident is high risk for falls r/t (related to) confusion, unsteady gait and multiple falls." Further review of the medical record showed therapy notes dated 8/13/19, "Resident requires the use of a wheelchair for distance greater than 50 feet; resident can use a walker however her status may change from close supervision to moderate assistance for functional ambulation using rolling walker." Facility staff failed to update/revise care plan to include the use of a wheel chair for greater than 50 feet and level of supervision when using a rolling walker. During a face-to-face interview on 10/22/19 at 4:30 PM Employee #7 acknowledged the finding.	L 051	L091 1. All residents have the potential to be affected by this deficiency. The 19 sheet pans that were stacked wet on a ready for use shelf were immediately removed on 10/21/19, re-sanitized and allowed to air dry before re-storage. 2. Kitchen utility workers were re-instructed regarding proper dying procedure for all cooking utensils including sheet pans which must be allowed time for drying before restacking on ready- for- use shelf. Infection Preventionist instructed all kitchen staff on infection control measures, including importance of all stored cooking ware to be free of moisture. 3. Sheet pans will be air dried after being run through the dishwashing cycle. Kitchen utility staff will ensure that they are thoroughly dry before stacking and storing them for use. If they do not air dry properly, this will be reported promptly to the Food Service Director or Assistant Manager. The Infection Preventionist will tour kitchen facilities and dietary department areas and on a monthly basis to monitor, observe and evaluate ongoing infection control measures with staff education or review as needed. 4. A weekly random check of sheet pan drying and storage process will be done by the Assistant Manager. Any finding and action taken will be recorded on a log and a summary	
L 091	3217.6 Nursing Facilities The Infection Control Committee shall ensure that infection control policies and procedures are implemented and shall ensure that environmental services, including housekeeping, pest control, laundry, and linen supply are in accordance with the requirements of this chapter. This Statute is not met as evidenced by: Based on observations and staff interview, the facility failed to store cooking utensils under sanitary conditions as evidenced by 19 of 19 sheet pans that were stacked wet on a ready-for-use shelf.	L 091		

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L 091	Continued From page 4 Findings included... During a walkthrough of dietary services on October 21, 2019, at approximately 9:20 AM, 19 of 19 sheet pans that were stacked wet on a ready-for-use shelf. Employee #4 acknowledged the finding during a face-to-face interview on October 21, 2019, at approximately10:30 AM.	L 091	will be submitted to the Infection Control Committee for review and presentation at the quarterly QAPI meeting. 5. Corrective action will be completed by 12/02/19	12/02/19
L 099	3219.1 Nursing Facilities 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: Based on observations and staff interview, facility staff failed to prepare and serve foods under sanitary conditions as evidenced by two (2) of two (2) soiled convection ovens and 14 of 14 damaged frying pans that were stored on a ready-for-use shelf. Findings included... During observations of dietary services on October 21, 2019, at approximately 9:20 AM: 1. Two (2) of two (2) convection ovens were soiled at the bottom and at the shelves with burnt food deposits. 2. The cooking surfaces of 14 of 14 frying pans of various sizes, stored on a ready-for-use shelf, were scratched and	L 099	1. All residents have the potential to be affected by this deficiency. a.) The bottom of the two (2) convection ovens as well as their shelves were cleaned at the end of the day, 10/21/19 by a kitchen staff member. b.) The 14 scratched frying pans with flaked coating material were immediately removed from the shelves and placed in the dumpster for removal. 2. a.) The Food Service Director inserviced kitchen staff including cooks and utility workers on proper cleaning of the convection ovens. b.) All kitchen staff were inserviced regarding immediate and proper disposal of any cooking utensils that are damaged. 3. a.) Convection ovens will be cleaned before the end of the day anytime they are used. Dates of the use will be logged and proper cleaning will be noted with initials of worker responsible for cleaning.	

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L 099	Continued From page 5 the coating material had flaked off throughout. Employee #4 acknowledged the finding during a face-to-face interview on October 21, 2019, at approximately10:30 AM.	L 099	b.) Kitchen staff will check cooking utensils for any damage on a daily basis. If damage is noted it will be reported to the Food Service Director or Assistant Manager who will assure appropriate disposal and replacement as necessary.	
L 190	3231.1 Nursing Facilities The facility Administrator or designee shall be responsible for implementing and maintaining the medical records. This Statute is not met as evidenced by: Based on observation, record review and staff interview for one (1) of 19 sampled residents facility staff failed to document that one (1) resident had an abrasion on the left side of her face. Resident #10. Findings included... Resident #10 was admitted to the facility on 7/30/19, with diagnoses to include Hyperlipidemia, Hypertension, Dementia, and Dysphagia. Review of the Admission Minimum Data Set [MDS] dated 9/28/19 showed under section [Cognition] Brief Interview for Mental Status [BIMS] was recorded as "05" which indicates severe cognitive impairment. During the survey, tour on 10/21/19 at approximately 3:28 PM Resident #10 was observed with an abrasion on the left side of her face. During a telephone interview with [the resident's	L 190	4. a.) The Assistant Manager will review the convection oven cleaning log weekly and take appropriate action for any problem. b.) The Assistant Manager will check all pots and pans to assure that any protective surfaces are intact on a weekly basis. Any finding will be recorded on a log and a summary will be submitted at the quarterly QAPI meeting. 5. Corrective action will be completed by 12/02/19.	12/02/19

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L 190	Continued From page 6 responsible party] on 10/21/19, he stated, "Mother scratched herself on left side of face and the nurses are taking care of it." A review of the medical record dated 10/19/19 - 10/21/19 showed the abrasion on the resident's left side of the face was not documented. A face-to-face interview was conducted with Employee #6 on 10/23/19 at approximately 11:00 AM, she stated, "[Resident #10 name] did not have scratched on left side of face over the weekend it occurred on 10/21/19. The facility staff failed to document that the resident had a scratched on the left side of her forehead. A face-to-face interview was conducted on 10/24/19 at approximately 11:10 AM with Employee #5 who acknowledged the finding. He stated, "I am aware that [resident name] has a scratched on left side of forehead, I cleansed it with normal saline and applied triple antibiotic to it but I did not document it."	L 190	1. Resident #10 was affected by this deficiency. A late entry nursing progress note was written by charge nurse #5 on 10/23/19 documenting resident's abrasion on the left side of her face. 2. All other residents have the potential to be affected by this deficiency. Charge nurse #5 was inserviced by DON on 10/23/19 regarding timely nursing notes documentation relating any event or intervention that occurs or is noted. Licensed nursing staff have been reinserviced regarding timely documentation in the nursing progress note. 3. Any event or change in resident condition is reported immediately to the Sister Supervisor and DON/ADON, and is documented in a timely manner in the nursing progress notes. On a daily basis, the ADON or designee will review these notes for timeliness. Any finding will be documented with follow up and re- inservicing of responsible licensed nurse as necessary. 4. QA nurse will monitor compliance through weekly review of charts and ADON/designee's log. A summary report will be submitted at the quarterly QAPI meeting for discussion regarding improvement or possible need for further follow up. 5. Corrective action was completed on 12/02/19	12/02/19