

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/27/2017
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NAME OF PROVIDER OR SUPPLIER STODDARD BAPTIST NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1818 NEWTON ST. NW WASHINGTON, DC 20010
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L 000	<p>Initial Comments</p> <p>The Annual Licensure Survey was conducted on October 23, 2017 through October 27, 2017. The following deficiencies are based on observation, record review, resident and staff interviews for 37 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 g-tube- Gastrostomy tube EKG - 12 lead Electrocardiogram NP - Nurse Practitioner BID - Twice- a-day EMS - emergency medical services (911) HVAC - Heating ventilation/Air conditioning Neuro - Neurological B/P - Blood Pressure CRF - Community Residential Facility CNA- Certified Nurse Aide DMH - Department of Mental Health Peg tube - Percutaneous Endoscopic Gastrostomy NP - Nurse Practitioner L - Liter DI - deciliter CMS - Centers for Medicare and Medicaid Services Lbs - pounds (unit of mass) MAR - Medication Administration Record MD- Medical Doctor MDS - Minimum Data Set</p>	L 000	Please begin typing here:	
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Health Regulation & Licensing Administration

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

Andres D. Johnson, WHA

TITLE

ADMINISTRATOR

(X6) DATE

12-1-17

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L 000	Continued From page 1 Mg - milligrams (metric system unit of mass) mL - milliliters (metric system measure of volume) mg/dl - milligrams per deciliter mm/Hg - millimeters of mercury POS - physician ' s order sheet Prn - As needed Pt- Patient TAR - Treatment Administration Record PASRR - Preadmission screen and Resident Review ARD - assessment reference date IDT - Interdisciplinary team ID - Intellectual disability QIS - Quality Indicator Survey D.C. - District of Columbia D/C- Discontinue Rp, R/P- Responsible Party PO-By Mouth	L 000	L012 1. Identified employee applied for the District issued food protection manager ID card on 11/27/17. 2. All other dining service managers were required to obtain a DC issued Food Protection Manager ID card if needed 3. The Administrator provided an in-service to Human Resources, QAPI Director and Food Services Managers on the required certification and District issued ID requirements.	
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 observation and record review on October 23, 2017, at approximately 2:00 PM, it was determined that the facility failed to ensure that persons in charge, who are certified food protection managers, obtained a District of Columbia issued Food Protection Manager Identification Card as evidenced by one (1) of two (2) persons in charge who did not have a District of Columbia issued Certified Food Protection Manager Identification Card. The findings include:	L 012	4. Availability of required District issued ID requirement will be monitored through QAPI quarterly. 5. January 27, 2018	11/27/17

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L 012	<p>Continued From page 2</p> <p>One (1) of two (2) Persons in Charge did not have a District of Columbia issued Food Protection Manager Identification Card.</p> <p>The 2012 District of Columbia Food Code, section 203.3 of chapter 2 states the following: 2012 District of Columbia Food Code 203 CERTIFICATION AND DISTRICT-ISSUED ID REQUIREMENTS ? FOOD PROTECTION MANAGER, PERSON IN CHARGE 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>This observation was made in the presence of Employee # (Randy Katz) who acknowledged the finding.</p>	L 012		
L 027	<p>3207.2 Nursing Facilities</p> <p>The Medical Director shall:</p> <p>(a)Coordinate medical care in the facility;</p> <p>(b)Implement resident care policies;</p> <p>(c)Develop written medical bylaws and medical policies;</p> <p>(d)Serve as liaison with attending physician physicians to ensure the prompt issuance and implementation of order;</p> <p>(e)Review incidents and accidents that occur on</p>	L 027		

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L 027	<p>Continued From page 3</p> <p>the premises to identify hazards to health and safety;</p> <p>(f)Ensure that medical components of resident care policies are followed;</p> <p>(g)Assist the Administrator in arranging twenty-four (24) hours of continuous physician services a day for medical emergencies and in developing procedures for emergency medical care; and</p> <p>(h)Ensure that attending medical professionals who treat residents in the facility have current District of Columbia licenses, U.S. Drug Enforcement Agency and D.C. Controlled Substance registration on file in the facility, along with initial and annual certification of their freedom from communicable diseases.</p> <p>This Statute is not met as evidenced by:</p> <p>Based on record review and staff interview of one (1) of 32 sampled residents, it was determined that the facility failed to ensure that the resident is seen by a physician within seventy-two (72) hours after admission for Resident #59.</p> <p>The findings include:</p> <p>Title 22b District of Columbia Municipal Regulations 3207.2 stipulates: The Medical Director shall: (i) Ensure that each resident is seen by a physician within seventy-two (72) hours after admission and that the physician has included in the record information identified in subsection 3231.12"</p> <p>Record review of the Minimum Data Set (MDS)</p>	L 027	<ol style="list-style-type: none"> 1. Resident #59's medical records were updated to include physician's evaluation of the total plan of care to include Parkinson's disease and use of Carbidopa-Levodopa 25-100 mg. 2. All other residents' records were reviewed for physician's review of total plan of care to include medication and treatment during each visit. There were no other records identified. 3. Physicians were provided in-service education on the needs to thoroughly review the resident's plan of care. 4. Physician evaluation of total plan of care will be monitored monthly and reported to QAPI quarterly. 5. Completion Date 12/1/17. 	<p>12/1/17</p> <p>11/27/17</p>

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L 027	<p>Continued From page 4</p> <p>assessment showed that Resident # with the following diagnoses: recent fall, hypertension, diabetes type 2, COPD, schizophrenia, Parkinson's disease and dementia was transferred to the hospital on June 12, 2017 and Entry Tracking Record of the MDS showed that the resident was readmitted to the facility on June 14, 2017.</p> <p>It was also determined that the resident was not evaluated by the attending physician 72 hours after admission which would have occurred between the dates of July 14 to July 17, 2017. A review of the physician progress notes showed that the physician visited the resident on these dates: June 2, 1017, July 5, 2017, July 22, 2017, August 6, 2017, September 20, 2017 and October 4, 2017.</p> <p>During a face-to-face interview with Employee # 12 on October 26, 2017 at 1:00 PM, she acknowledged the finding.</p>	L 027		