Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HFD02-0026	A. BUILDING: _____ B. WING _____	09/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIBLEY MEM HOSP RENAISSANCE	5255 LOUGHBORO ROAD NW WASHINGTON, DC 20016

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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 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 two (2) of 20 Stage 2 sampled residents, it was determined that the charge nurse failed to re-weigh one (1) resident who suffered a significant weight loss of 5% within 30 days and to initiate a care plan with goals and approaches for the potential adverse reactions of the use of nine (9) or more medications for one (1) resident. Resident's #61, and #76. The findings include:	L 051	Sibley Memorial Hospital Renaissance is filing the following plan of correction for purposes of regulatory compliance, in response to the Quality Indicator and licensure survey conducted on September 12, 2016 through September 14, 2016. The facility is submitting this plan of correction to comply with applicable law and not as an admission or statement of agreement with respect to the alleged deficiencies herein. **The following comments are in response to L 051 #1 Re-weigh:** 1. Corrective Action for Identified Patients: a. The resident found to have been affected by the deficient practice of not having a re-weight had no adverse outcome. b. The Quality and Compliance RN will provide staff education regarding the Renaissance weight policy c. The Director of Nursing Services will counsel the staff involved in the deficiency 2. Identification of Other Patients Having the Potential to be Affected: a. Weekly chart audits performed by the Quality and Compliance RN b. Weekly review of weight discrepancies with follow-up with the staff assigned to the resident to ensure accuracy of documentation 3. Systemic Changes to Prevent Recurrence: Identify residents with Length of Stay (LOS) of 30 days during weekly Care plan meetings 4. Monitoring and Incorporation into Quality Assurance / Performance Improvement Process Plan: Continue weekly chart audits performed for all residents by the Quality and Compliance RN. Audit results will be reported at the quarterly Renaissance Compliance and Quality Assurance Committee Meeting. 5. Date Corrective Action Completed: 10/17/16	

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L 051	Continued From page 1 1. The charge nurse failed to re-weigh Resident #61 who suffered a significant weight loss of 5% within 30 days. A review of documentation of the resident ' s weight from April 2016 through September 2016 revealed the following: "April, 2016- 179.9 lbs. (pounds) May 5, 2016- 171.3 lbs. May 5, 2016- 183.4 lbs. (re-weigh) June, 2016- 184.5 lbs. July, 2016 - 179.8 lbs. August, 2016- 181.2 lbs. September 8, 2016 - 170.9lbs/171lbs " A comparison of the August and September weights revealed that the resident sustained a loss of 10 pounds which was indicative of a 5% weight loss within 30 days. According to Briggs MDS (Minimum Data Set) 3.0 User ' s Manual: May 2010 the Resident Assessnent Instrument (RAI) Section K, Page K-4, " Weight loss should be assessed and care planned at the time of detection and not delayed until the next MDS assessment. " According to the documentation in the clinical record the resident was weighed on September 8, 2016 and the weight was recorded as 171lbs. This weight when compared with the previous month ' s (August) weight of 181lbs indicated a significant weight loss of 5%/10lbs. A dietician ' s note dated September 8, 2016 in the clinical record revealed the following: " Resident experienced unintentional/significant weight loss of 5%. Suspect measurement error. Reweight requested. "	L 051	**The following comments are in response to L 051 #2 Care Plan:** 1. Corrective Action for Identified Patients: a. There are no further corrective actions for the resident found to have been affected by this deficient practice as the resident has been discharged. b. Care plans for all residents with 9 or more medications will be initiated on admission by the admitting RN c. The Director of Nursing will counsel the individual identified as responsible for the deficiency 2. Identification of Other Patients Having the Potential to be Affected: Quality and Compliance RN will perform chart audits on new admissions within 24 hours 3. Systemic Changes to Prevent Recurrence: a. Nurses will identify patients with 9 or more medications every Monday and Thursday and report to the charge nurse b. The charge nurse will review the information and update the respective care plan c. Provide care plan education to the nursing staff within 30 days 4. Monitoring and Incorporation into Quality Assurance / Performance Improvement Process Plan: The Quality and Compliance RN will perform 5 random chart audits every week. Audit results will be reported at the quarterly Renaissance Compliance and Quality Assurance Committee Meeting. 5. Date Corrective Action Completed: 10/17/16 **The following comments are in response to L 099 Soiled Convection Ovens:** 1. Corrective Action for Identified Patients: No direct impact identified to patients from the deficient practice of five of seven convection ovens that were soiled with burnt food deposits. 2. Identification of Other Patients Having the Potential to be affected: Daily monitoring by management will identify other patients having the potential to be affected by the same deficient practice. 3. Systemic Changes to Prevent Recurrence: The Food and Nutrition Services Management Team and	

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L 051	Continued From page 2 Further review of the resident ' s documented weights failed to reveal any evidence that the facility staff reweighed the resident to determine whether the 5%/10 lbs weight loss was accurate. A face-to-face interview was conducted on September 12, 2016 at approximately 11:30 AM with Employee #3. A query was made whether the resident was reweighed. He/she responded, " No. " A face-to-face interview was conducted with Employee #2 at approximately 10:30 AM on September 13, 2016. The employee acknowledged the finding during the interview. The record was reviewed on September 12, 2016. 2. The charge nurse failed to initiate a care plan with goals and approaches for the potential adverse reactions from the use of nine (9) or more medications for Resident #76. A review of the Physician ' s Orders signed on August 16, 2016 revealed the following medication orders: "Tylenol, Amiodarone, Ammonium Lac-Hydrin, Dulcolax, Wellbutrin, Lanoxin, Colace, Flonase, Lactinex (probiotic-aiding digestion), Lidoderm 5% patch, Mycostatin, Protonix, Miralax, and Gas-X. There was no evidence that the charge nurse initiated a care plan with goals and approaches to address the potential adverse drug reactions associated with the use of nine (9) or more medications found in Resident's #76's chart.		**The following comments are in response to L 099 Soiled Convection Ovens (continued):** 4. Monitoring and Incorporation into Quality Assurance / Performance Improvement Process Plan: The sanitation manager and supervisor will monitor regular cleaning of the convection ovens. The sanitation cleaning assignment log will become part of the quality assurance system for the Food and Nutrition Services Department and will be reviewed at the monthly managers meeting. 5. Date Corrective Action Completed: 10/24/16 **The following comments are in response to L 214 #1 Water Temperature:** 1. Corrective Action for Identified Patients: No known direct impact to patients from hot water temperatures above 110 degrees at faucets. Plant Operations and Maintenance (PO&M) manually adjusted the water temperatures and brought the temperatures down to meet the requirements for hot water on 9/13/2016 during the survey. 2. Identification of Other Patients Having the Potential to be Affected: Although the hot water mixing valve appears to be working at this time PO&M will continue to monitor and manually adjust the temperature as needed to stay in compliance with the required temperature. 3. Systemic Changes to Prevent Recurrence: Environmental Rounds performed by the Director of Plant Operations and Maintenance (Plant O&M) on a monthly basis and the Environment of Care (EOC) Committee semi-annually will include attention to hot water temperatures at faucets. Work orders should be submitted to Plant O&M for any repairs needed.	

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L 051	Continued From page 3 A face-to-face interview was conducted with Employee #2 at approximately 2:00 PM on September 14, 2016. After reviewing the care plans, he/she acknowledged that the record lacked evidence of a care plan for the potential adverse interaction of the use of nine (9) or more medications. The record was reviewed on September 14, 2016.	L 051	**The following comments are in response to L 214 #1 Water Temperature (continued):** 4. Monitoring and Incorporation into Quality Assurance / Performance Improvement Process Plan: Environmental rounds are aggregated and monitored for deficient trends on a quarterly basis and corrective measures are implemented as necessary. Plant O&M monitors the work order system for completion and satisfaction rates. This plan of correction is integrated into the quality assurance system through the quarterly report of deficient trends and review of completion and satisfaction rates on an annual basis by the EOC Committee. 5. Date Corrective Action Completed: 9/13/2016	
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 made on September 13, 2016 at approximately 9:45 AM, it was determined that the facility failed to prepare food under sanitary conditions as evidenced by five (5) of seven (7) convection ovens that were soiled with burnt food deposits. The findings include: Five (5) of seven (7) convection ovens were soiled with burnt food deposits. These observations were made in the presence of Employee #8 who acknowledged the findings.	L 099	**The following comments are in response to L 214 #2 Water on Floor:** 1. Corrective Action for Identified Patients: No direct impact identified to patients from the deficient practices of standing water located by the dish-machine. 2. Identification of Other Patients Having the Potential to be affected: Daily monitoring and preventive maintenance walk thru of area will be conducted by management during every shift. 3. Systemic Changes to Prevent Recurrence: We have placed a slip resistant mat in the area where the standing water is settling. The Food and Nutrition Services Management Team and Food Service Team will meet with all team members to discuss this new practice to ensure safety to all employees. 4. Monitoring and Incorporation into Quality Assurance / Performance Improvement Process Plan: The Food and Nutrition Team will monitor this safety risk area daily until a complete renovation of the floor is completed. The opening /closing manager will log any hazards that are found daily. 5. Date Corrective Action Completed: 10/27/2016	
L 214	3234.1 Nursing Facilities Each facility shall be designed, constructed,	L 214		

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L 214	Continued From page 4 located, equipped, and maintained to provide a functional, healthful, safe, comfortable, and supportive environment for each resident, employee and the visiting public. This Statute is not met as evidenced by: Based on observations made on September 13, 2016 at approximately 2:00 PM, it was determined that the facility failed to maintain resident environment free of accident hazards as evidenced by high water temperatures in two (2) of 15 residents' rooms and a wet floor in the dishwashing machine room. The findings include; 1. Water temperatures were greater than 110 degrees Fahrenheit in the bathroom of two (2) of 15 residents' rooms. In resident room #318 the water temperature was 118 degrees fahrenheit and in resident room # 320 the water temperature was 115.3 degrees fahrenheit. 2. The floor in the area where the dishwashing machine is located was constantly covered with approximately an inch of water and presented a slipping hazard to staff. These observations were made in the presence of Employee #9 who acknowledged the findings.	L 214	**The following comments are in response to L 306 - Call Bell:** 1. Corrective Action for Identified Patients: No known direct impact to patients from nonfunctioning call bell. Plant Operations and Maintenance staff repaired the call bell during the survey. 2. Identification of Other Patients Having the Potential to be Affected: Environmental Rounds with attention to nonfunctioning call bells. 3. Systemic Changes to Prevent Recurrence: Environmental Rounds performed by the Director of Plant Operations and Maintenance (Plant O&M) on a monthly basis and the Environment of Care (EOC) Committee semi-annually will include attention nonfunctioning call bells. Work orders should be submitted to Plant O&M for any repairs needed. 4. Monitoring and Incorporation into Quality Assurance / Performance Improvement Process Plan: Environmental rounds are aggregated and monitored for deficient trends on a quarterly basis and corrective measures are implemented as necessary. Plant O&M monitors the work order system for completion and satisfaction rates. This plan of correction is integrated into the quality assurance system through the quarterly report of deficient trends and review of completion and satisfaction rates on an annual basis by the EOC Committee. 5. Date Corrective Action Completed: 9/13/2016 **The following comments are in response to L 410 #1 Exhaust Vents:** 1. Corrective Action for Identified Patients: No known direct impact to patients from soiled exhaust vents. 2. Identification of Other Patients Having the Potential to be Affected: Other patients with the potential of being affected by the same deficient practice will be addressed by the following plan of correction: Environmental Rounds with attention to soiled exhaust vents.	
L 306	3245.10 Nursing Facilities A call system that meets the following requirements shall be provided: (a)Be accessible to each resident, indicating signals from each bed location, toilet room, and bath or shower room and other rooms used by residents;	L 306		

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L 306	Continued From page 5 (b)In new facilities or when major renovations are made to existing facilities, be of type in which the call bell can be terminated only in the resident's room; (c)Be of a quality which is, at the time of installation, consistent with current technology; and (d)Be in good working order at all times. This Statute is not met as evidenced by: Based on observations made on September 13, 2016 at approximately 2:00 PM, it was determined that the facility failed to maintain the call bell system in good working condition as evidenced by a non-functioning call bell in one (1) of 15 resident ' s room. The findings include: The call bell in resident room #320 did not initiate an alarm when tested. This observation was made in the presence of Employee #9 who acknowledged the finding.	L 306	**The following comments are in response to L 410 #1 Exhaust Vents (continued):** 3. Systemic Changes to Prevent Recurrence: Environmental Rounds performed by the Director of Plant Operations and Maintenance (Plant O&M) on a monthly basis and the Environment of Care (EOC) Committee semi-annually will include attention to soiled exhaust vents. Work orders should be submitted to Plant O&M for any repairs needed. 4. Monitoring and Incorporation into Quality Assurance / Performance Improvement Process Plan: Environmental rounds are aggregated and monitored for deficient trends on a quarterly basis and corrective measures are implemented as necessary. Plant O&M monitors the work order system for completion and satisfaction rates. This plan of correction is integrated into the quality assurance system through the quarterly report of deficient trends and review of completion and satisfaction rates on an annual basis by the EOC Committee. 5. Date Corrective Action Completed: by 10/27/2016 **The following comments are in response to L 410 #2 Loose Curtains:** 1. Corrective Action for Identified Patients: No direct impact to patients from loose shower curtains/curtains. 2. Identification of Other Patients Having the Potential to be Affected: No direct impact to other patients from curtains loose. 3. Systemic Changes to Prevent Recurrence: Environmental Services management team and Environmental rounds performed by the Environment of Care Committee with attention to the replacement of all curtains when needed for rooms and showers. 4. Monitoring and Incorporation into Quality Assurance / Performance Improvement Process Plan: Environmental rounds are aggregated and monitored for deficient trends and correction measures are implemented as necessary. Environmental services monitors and inspects for replacing of curtains on an ongoing basis. 5. Date Corrective Action Completed: 10/24/16	
L 410	3256.1 Nursing Facilities Each facility shall provide housekeeping and maintenance services necessary to maintain the exterior and the interior of the facility in a safe, sanitary, orderly, comfortable and attractive manner. This Statute is not met as evidenced by: Based on observations made on September 13, 2016 at approximately 2:00 PM, it was determined that the facility failed to provide	L 410		

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L 410	Continued From page 6 housekeeping services necessary to maintain a sanitary environment as evidenced by soiled exhaust vents in 10 of 15 residents' rooms, loose privacy curtains in five (5) of 15 residents' rooms, stained privacy curtains in three (3) of 15 residents' rooms and low water temperatures in two (2) of 15 residents' rooms. The findings include: 1. Exhaust vents were soiled in 10 of 15 residents' bathrooms including rooms #301, 302, 303, 305, 308, 310, 311, 315, 318 and #320. 2. Privacy curtains were hanging loose and off the hooks in five (5) of 15 residents' rooms. (#301B, 303A and B, 305A, 310A, 311). 3. Privacy curtains were stained with black markings in three (3) of 15 residents' rooms including rooms #303B, 305A, and 310B. 4. Water temperatures were measured at less than 95 degrees Fahrenheit in two (2) of 15 residents' rooms (#308 and #315). These observations were made in the presence of Employee #9 who acknowledged the findings.	L 410	**The following comments are in response to L 410 # 3 Stained Curtains:** 1. Corrective Action for Identified Patients: No direct impact to patients from shower curtains / curtains 2. Identification of Other Patients Having the Potential to be Affected: No direct impact to other patients from curtains stained with black markings. 3. Systemic Changes to Prevent Recurrence: Environmental Services management team and Environmental rounds performed by the Environment of Care Committee with attention to the replacement of all curtains when needed for rooms and showers. 4. Monitoring and Incorporation into Quality Assurance / Performance Improvement Process Plan: Environmental rounds are aggregated and monitored for deficient trends and correction measures are implemented as necessary. Environmental services monitors and inspects for replacing of curtains on an ongoing basis. 5. Date Corrective Action Completed: 10/24/2016 **The following comments are in response to L 410 #4 Water Temperatures:** 1. Corrective Action for Identified Patients: No known direct impact to patients from hot water temperatures below 95 degrees at faucets. Plant Operations and Maintenance (PO&M) manually adjusted the water temperatures and brought the temperatures up to meet the requirements for hot water on 9/13/2016 during the survey. 2. Identification of Other Patients Having the Potential to be Affected: Although the hot water mixing valve appears to be working at this time PO&M will continue to monitor and manually adjust the temperature as needed to stay in compliance with the required temperature. 3. Systemic Changes to Prevent Recurrence: Environmental Rounds performed by the Director of Plant Operations and Maintenance (Plant O&M) on a monthly basis and the Environment of Care (EOC) Committee semi-annually will include attention to hot water temperatures at faucets. Work orders should be submitted to Plant O&M for any repairs needed.	
L 442	3258.13 Nursing Facilities The facility shall maintain all essential mechanical, electrical, and patient care equipment in safe operating condition. This Statute is not met as evidenced by: Based on observations made on September 13, 2016 at approximately 9:45 AM, it was determined that the facility failed to maintain essential equipment in good working condition as	L 442		

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L 442	Continued From page 7 evidenced by three (3) of seven (7) fire control knobs that were missing from the gas stove. The findings include: Three (3) of seven (7) fire control knobs from the gas stove were missing. These observations were made in the presence of Employee #8 who acknowledged the findings.	L 442	**The following comments are in response to L 410 #4 Water Temperatures (continued):** 4. Monitoring and Incorporation into Quality Assurance / Performance Improvement Process Plan: Environmental rounds are aggregated and monitored for deficient trends on a quarterly basis and corrective measures are implemented as necessary. Plant O&M monitors the work order system for completion and satisfaction rates. This plan of correction is integrated into the quality assurance system through the quarterly report of deficient trends and review of completion and satisfaction rates on an annual basis by the EOC Committee. 5. Date Corrective Action Completed: 9/13/2016 **The following comments are in response to L 442 Fire Control Knobs:** 1. Corrective Action for Identified Patients: No direct impact identified to patients from the deficient practice of five of seven convection ovens that were soiled with burnt food deposits. 2. Identification of Other Patients Having the Potential to be Affected: Daily monitoring by management will identify other patients having the potential to be affected by the same deficient practice. 3. Systemic Changes to Prevent Recurrence: The Food and Nutrition Services Management Team and Sanitation Team will meet with all sanitation employees and have compressor fan cleaning added to master cleaning assignments. 4. Monitoring and Incorporation into Quality Assurance / Performance Improvement Process Plan: The sanitation manager and supervisor will monitor regular cleaning of the convection ovens. The sanitation cleaning assignment log will become part of the quality assurance system for the Food and Nutrition Services Department and will be reviewed at the monthly managers meeting. 5. Date Corrective Action Completed: 10/24/16	