

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

PRINTED: 02/17/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>095020</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/15/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>STODDARD BAPTIST NURSING HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1818 NEWTON ST. NW WASHINGTON, DC 20010</b>	
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced Quality Indicator Survey was conducted at Stoddard Baptist Nursing Home from January 11, 2016 through January 15, 2016. Survey activities consisted of a review of 40 resident clinical records during Stage 1; and review of 33 sampled residents during Stage 2. The following deficiencies are based on observation, record review and staff interviews for 31 sampled residents. After analysis of the findings, it was determined that the facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities.</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</p>	F 000	Please begin typing your responses here:	

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

TITLE

(X6) DATE

*Stoddard Johnson* ADMINISTRATOR 2/26/16

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 NP - Nurse Practitioner L - Liter Dl - deciliter CMS - Centers for Medicare and Medicaid Services 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 POS - physician ' s order sheet Pm - 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	F 000		
F 272 SS=D	<b>483.20(b)(1) COMPREHENSIVE ASSESSMENTS</b>  The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.  A facility must make a comprehensive assessment of a resident's needs, using the	F 272		

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F 272	Continued From page 2 resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment.  This REQUIREMENT is not met as evidenced by:  Based on record review and staff interview for one (1) of 33 sampled residents, it was determined that facility staff failed to accurately code the admission Minimum Data Set (MDS) under Section L (Dental/Oral Status) for Resident # 5.	F 272			

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F 272	Continued From page 3  The findings include:  A review of Resident #5's care plan dated October 13, 2015 revealed a problem, "alteration in Dental Status related to no teeth".  According the resident's annual MDS with an Assessment Reference Date (ARD) of October 6, 2015 revealed that under Section L0200 (Oral/Dental Status) was not coded for no natural teeth or tooth fragments.  A face-to-face interview was conducted with Employee #10 at 2:15 PM on January 15, 2016. After reviewing the MDS, the employee acknowledged that the MDS was not coded to accurately reflect the resident's edentulous status. The record was reviewed on January 15, 2016.	F 272	RESIDENT #5  1 Modification coding on resident #5 was corrected and re-transmitted on 2/19/2016 2 All other resident MDS were checked for coding accuracy and corrections were made if required. 3 MDS Coordinators were provided an educational in-service on coding accuracy by the Director Of Nursing 4 The DON will monitor accuracy of MDS monthly and report to QAPI quarterly 5 Completion date 2/ 25/2016	
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING  Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.  This REQUIREMENT is not met as evidenced by:  Based on record review and staff interview for one (1) of 33 sampled residents, it was determined that facility staff failed to administer a	F 309		

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F 309	<p>Continued From page 4</p> <p>diuretic medication (Lasix) in accordance with the physician ' s prescribed parameters. Resident #186.</p> <p>The findings include:</p> <p>The History and Physical dated December 8, 2015 revealed Resident #186's diagnoses included hypertension, coronary artery disease and history of cerebrovascular accident.</p> <p>Physician's orders signed and dated December 8, 2015 directed, "[Lasix] 40 mg (milligrams) 1 tablet by mouth, twice a day at 9:00 AM and 9:00 PM for hypertension; hold [Lasix] if systolic blood pressure [SBP] is less than 110 mm/Hg (millimeters of mercury).</p> <p>A review of the Medication Administration Record (MAR) for December 2015 revealed that Lasix was administered on two (2) occasions (December 9th and 10th 2015) when the resident's systolic blood pressure was less than 110 mm/Hg as follows:</p> <ol style="list-style-type: none"> <li>December 9, 2015 at 9:00 AM the resident's blood pressure was recorded as 106/63 [systolic of 106]</li> <li>December 10, 2015 at 9:00 AM the resident's blood pressure was recorded as 109/60 [systolic of 109].</li> </ol> <p>Facility staff failed to administer Lasix in</p>	F 309	<p>RESIDENT # 186</p> <ol style="list-style-type: none"> <li>There was no negative outcome to resident #186 as a result of administration of Lasix with blood pressure parameters of 106/63 and 109/60 respectively.</li> <li>All other residents on Lasix with Blood Pressure parameters were reviewed, there were no other residents identified with this issue</li> <li>The nurse educator provided an in-service to licensed nurses on medication administration with emphasis on medications with blood pressure parameters</li> <li>Nurse managers will monitor daily and report to QAPI quarterly.</li> <li>Completion date 2/ 25/2016</li> </ol>		

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F 309	Continued From page 5 accordance with the physician's prescribed parameters.  A face-to-face interview was conducted with Employee #15 on January 14, 2016 at approximately 2:00 PM, after review of the MAR, he/she acknowledged the findings. The record was reviewed January 14, 2016.	F 309	F371 1. The two grease fryers identified soiled with food residue were drained and cleaned immediately. The two convection ovens identified with burnt food residue were immediately cleaned. The fire suppression outlets located above the grease fryer, grill and gas stove identified to be soiled with dust particles were immediately taken down and washed. The two dishwasher curtains were ordered immediately.	
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  This REQUIREMENT is not met as evidenced by:  Based on observations made on January 11, 2016 at approximately 9:30 AM and on January 14, 2016 at approximately 9:30 AM, it was determined that the facility failed to prepare foods under sanitary conditions as evidenced by soiled equipment such as two (2) of two (2) grease fryers, two (2) of two (2) convection ovens, seven (7) of eight (8) fire suppression outlets in the main kitchen and two (2) of two (2) air curtains from the dishwashing machine that were soiled and torn.  The findings include:	F 371	2. There are no other grease fryers, convection ovens, fire suppression outlets, and dishwasher curtains. All other kitchen equipment were inspected and cleaned if needed. 3. The dietary cooks were provided an in-service on the process and importance of cleaning equipment. A daily cleaning checklist was developed to include the grease fryer, convection oven, fire suppression cover and dishwasher, to be completed by the dietary managers. 4. Dietary Managers will conduct physical inspection for cleanliness of equipment, review checklist weekly and report to QAPI monthly. 5. Completion date: 3/7/15	

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F 371	Continued From page 6  1. Two (2) of two (2) grease fryers were soiled with leftover food residue.  2. Two (2) of two (2) convection ovens were soiled with burnt food residue.  3. Seven (7) of eight (8) fire suppression outlets, located above the grease fryers, the grill and the gas stove were soiled with dust particles.  4. Two (2) of two (2) air curtains from the dishwashing machine were soiled and torn.  These observations were made in the presence of Employee #14 who acknowledged the findings.	F 371			
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS  The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.  (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.  (b) Preventing Spread of Infection (1) When the Infection Control Program	F 441			

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F 441	<p>Continued From page 7</p> <p>determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on a review of employee records for 16 of 16 newly hired employees and through staff interview, it was determined that facility staff failed to maintain an infection control program designed to help prevent the development and transmission of disease and infection as evidenced by a failure to ensure that two (2) of 16 newly hired employees were screened for communicable disease such as Mycobacterium Tuberculosis (TB) upon hire and prior to providing direct care to residents in the facility. Employees #23 and 24.</p> <p>The findings include:</p> <p>Centers for Disease Control (CDC's) Prevention</p>	F 441		



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F 441	<p>Continued From page 8</p> <p>Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis (TB) in Health Care Setting, 2005. Morbidity and Mortality Weekly Reports (MMWR) 2005:54(RR17); 1-141 stipulates:</p> <p>"TB Screening Procedures ... all HCWs (health care workers) should receive baseline screening upon hire ...HCWs should receive TB screening annually (i.e., symptom screen) for all HCWs and testing for infection with M. tuberculosis for HCWs with baseline negative test results...HCWs with a baseline positive or newly positive...should receive one chest radiograph result to exclude TB disease. Instead of participating in serial testing, HCWs should receive a symptom screen annually".</p> <p>According to the facility 's policy PSNL-93-700 revised 10/11/93 " Pre-Employment/Annual Physical Examination: includes but is not limited to the following: " ...Facility policy requires that all employees have a pre-employment and annual physical examination to include a PPD [Purified Protein Derivative] test or chest x-ray as a condition of initial and continued employment ... " .</p> <p>1. The facility failed to ensure that Employee # 23 was pre- screened for communicable disease prior to employment in accordance with regulations and guidelines.</p> <p>A review of Employee #23's personnel file revealed the following:</p> <p>Job title: Certified Nurse Assistant (CNA)</p>	F 441	<p>F 441</p> <p>Employee #23, 24</p> <ol style="list-style-type: none"> <li>1. Employee #1 was offered and received PPD on 2/22/16, with negative PPD results read 2/24/16. Employee #24 is no longer employed at SBNH</li> <li>2. All other employee records were reviewed for evidence of current PPD or Chest x-ray. There were no other employees without current PPD or Chest x-ray.</li> <li>3. Human Resource personnel were provided in-service education on the process for, importance of communicable disease screening, and availability of documents upon hire.</li> <li>4. The nurse educator will review all new hire records for evidence of current PPD or Chest x-ray monthly and report to QAPI quarterly.</li> <li>5. Completion date 2/25/16</li> </ol>	

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F 441	<p>Continued From page 9</p> <p>Date of hire: November 9, 2015</p> <p>The timecard for Employee #23 revealed that he/she worked from 7:00 AM to 3:30 PM for a total of 45 days, providing resident care between the dates of November 9, 2015 through January 12, 2016 as assigned.</p> <p>There was no evidence that Employee #23 was offered or received a Purified Protein Derivative (PPD) skin test [a test that determines if you suffer from tuberculosis], a chest x-ray or the Tuberculosis Symptom Screening Questionnaire as applicable, prior to or upon employment.</p> <p>2. The facility failed to ensure that Employee # 24 was pre- screened for communicable disease prior to employment in accordance with regulations and guidelines.</p> <p>A review of Employee # 24's personnel file revealed the following:</p> <p>Job title: Certified Nurse Assistant (CNA)</p> <p>Date of hire: October 19, 2015</p> <p>The timecard for Employee #24 revealed that he/she worked from 7:00 AM to 3:30 PM for a total of 58 days, providing resident care between the dates of October 19, 2015 through January 12, 2016 as assigned.</p> <p>There was no evidence that Employee #24 was</p>	F 441		

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F 441	<p>Continued From page 10</p> <p>offered or received a Purified Protein Derivative (PPD) skin test, a chest x-ray or the Tuberculosis Symptom Screening Questionnaire as applicable, prior to or upon employment.</p> <p>Further review of Employee #23 and 24's personnel records lacked documented evidence of pre- employment testing for communicable diseases upon hire and prior to coming in contact with and caring for assigned residents.</p> <p>A face-to-face interview was conducted with the Employees' # 1 and #11 on January 14, 2016 at approximately 11:00 AM. After a further review they both acknowledged the findings. The records were reviewed on January 14, 2016.</p>	F 441			