

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 03/18/2015
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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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(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) COMPLETE DATE
L 000	<p>Initial Comments</p> <p>The annual Licensure survey was conducted on March 11, 2015 through March 18, 2015. The following deficiencies are based on observation, record review and staff interviews for 31 sampled residents.</p> <p>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 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 HVAC - Heating ventilation/Air conditioning ID - Intellectual disability IDT - interdisciplinary team L - Liter 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 Neuro - Neurological NP - Nurse Practitioner</p>	L 000		

Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Madeleine Johnson, LHA

TITLE

ADMINISTRATOR

(X6) DATE

4/23/15

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L 000	Continued From page 1 PASRR - Preadmission screen and Resident Review Peg tube - Percutaneous Endoscopic Gastrostomy PO- by mouth POS - physician ' s order sheet Pm - As needed Pt - Patient Q- Every QIS - Quality Indicator Survey Rp, R/P- Responsible party Sol- Solution TAR - Treatment Administration Record	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 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	L 051		

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L 051	<p>Continued From page 2</p> <p>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 one (1) of 31 sampled residents, it was determined that the Charge Nurse failed to update one (1) resident's care plan to reflect appropriate goals and approaches for multiple falls. Resident #150</p> <p>The findings include:</p> <p>The charge Nurse failed to update Resident #150 ' s care plan to reflect appropriate goals and approaches to prevent repeated falls.</p> <p>" On March 17, 2015 at approximately 3:20pm this surveyor observed an activity person, a staff nurse and CNAs [certified nursing assistants] gathered in the dayroom area watching as residents participated in an activity. The activity involved residents throwing a beach ball to each other. The residents were seated in a circle. . The activity staff person threw a ball to the Resident #150 who leaped out of chair and fell onto the floor. The Nurse practitioner was called to assess the resident. No injury was noted, however, the resident was sent to an acute care facility via EMS for assessment post fall.</p> <p>According to an Occupational Therapy discharge summary dated May 6, 2013 it was reflected that due to decrease alertness and erratic movements the resident posed a high risk for falls and would require a low bed and one to one supervision.</p> <p>A review of Resident #150 ' s comprehensive care plan revealed the interdisciplinary team identified " potential for Trauma- Falls, injury " as</p>	L 051	<ol style="list-style-type: none"> 1. Resident #150's care plan was updated and modified to reflect additional measurable, achievable, and verifiable approaches to prevent falls and potential injury from falls. There was no injury from the fall of March 17, 2015. 2. Care plans of residents with potential for trauma, injury related to falls were reviewed for care plan update and modification to include measurable, achievable and verifiable interventions, and care plans updated as needed. 3. Educational in-service on resident care plan was presented to the interdisciplinary team on 4/14/15. 4. RCCs will monitor all care plans for updated approaches and availability of measurable, achievable, and verifiable interventions on residents with "potential for trauma, fall, injury" monthly and reported to QAPI quarterly. 5. Completion date: 4/22/2015 	

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L 051	<p>Continued From page 3</p> <p>a problem. A review of the goals and approaches to manage the identified problem was as follows:</p> <p>June 28, 2013 resident slipped while staff was assisting him in bathroom and sustained laceration to the back of [his/her] head. Problem: Actual fall; Approach: Encourage to ask for assistance, observe, record, and report all unsafe conditions and situations, assess change in level of consciousness, refer to rehab; Goal: get assist when up, avoid complication.</p> <p>July 9, 2014 while on one-to-one nursing care in [his/her] room resident jumped out of Geri- chair and sustained 2cmx0.1cmx0.1cm laceration on right upper eye brow. Problem: Fall; Approach: monitor neuro [neurologic] status; assess change in level of consciousness; Goal: Injury will be minimized.</p> <p>October 14, 2014 while being assisted in the bathroom resident fell and sustained laceration to forehead. Problem: Fall; Approach: monitor neuro [neurologic] status; assess change in level of consciousness; Goal: falls will be minimized over next 90 days, continue to monitor closely.</p> <p>March 17, 2015 while resident was participating in activity [he/she] suddenly moved slipped out of [his/her] chair fell with no injury. Problem: Fall; Approach: blank; Goal: injury will be minimized</p> <p>The care plan lacked evidence of measureable, achievable and verifiable interventions to prevent falls and potential injury from falls. Additionally, there was no evidence of modifications to the care plan to reduce the risk of repeated falls.</p> <p>The findings were acknowledged during a telephone interview with Employee #3.</p>	L 051		

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L 052	<p>3211.1 Nursing Facilities</p> <p>Sufficient nursing time shall be given to each resident to ensure that the resident receives the following:</p> <p>(a) Treatment, medications, diet and nutritional supplements and fluids as prescribed, and rehabilitative nursing care as needed;</p> <p>(b) Proper care to minimize pressure ulcers and contractures and to promote the healing of ulcers:</p> <p>(c) Assistants in daily personal grooming so that the resident is comfortable, clean, and neat as evidenced by freedom from body odor, cleaned and trimmed nails, and clean, neat and well-groomed hair;</p> <p>(d) Protection from accident, injury, and infection;</p> <p>(e) Encouragement, assistance, and training in self-care and group activities;</p> <p>(f) Encouragement and assistance to:</p> <p>(1) Get out of the bed and dress or be dressed in his or her own clothing; and shoes or slippers, which shall be clean and in good repair;</p> <p>(2) Use the dining room if he or she is able; and</p> <p>(3) Participate in meaningful social and recreational activities; with eating;</p> <p>(g) Prompt, unhurried assistance if he or she requires or request help with eating;</p> <p>(h) Prescribed adaptive self-help devices to assist him or her in eating</p>	L 052	<ol style="list-style-type: none"> 1. Resident #150 was assessed for need of higher level of supervision and 1:1 supervision provided as needed. 2. All other residents with potential for falls will be assessed for adequate level of supervision. 3. In-service provided to Interdisciplinary team regarding adequate supervision of residents with potential for fall/injury. 4. Director of Nursing will monitor staffing/supervision weekly and report to QAPI quarterly. 5. Completion date: 4/22/15. 	
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L 052	<p>Continued From page 5</p> <p>independently;</p> <p>(i) Assistance, if needed, with daily hygiene, including oral care; and</p> <p>j) Prompt response to an activated call bell or call for help.</p> <p>This Statute is not met as evidenced by:</p> <p>Based on observation, record review and staff interview for an isolated incident, it was determined that sufficient nursing time was not provided to ensure adequate protection from accidents and/or injury for one (1) resident who sustained multiple falls with and without injuries. Resident #150</p> <p>The findings include:</p> <p>" On March 17, 2015 at approximately 3:20pm this surveyor observed an activity person, a staff nurse and CNAs [certified nursing assistants] gathered in the dayroom area watching as residents participated in an activity. The activity involved residents throwing a beach ball to each other. The residents were seated in a circle. The activity staff person threw a ball to the Resident #150 who leaped out of chair and fell onto the floor. The Nurse practitioner was called to assess the resident. No injury was noted, however, the resident was sent to an acute care facility via EMS for assessment post fall.</p> <p>A review of Resident #150's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) date of December 11, 2014 and Annual MDS dated March 5, 2015 revealed the following:</p> <p>According to Section G Functional Status:</p>	L 052		

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L 052	<p>Continued From page 6</p> <p>G0110 Activities of Daily Living (ADL) Assistance revealed the resident was coded: (3) As Extensive Assistance - (resident involved in activity, staff provide weight-bearing support); and (3) Two + persons physical assist for the following:</p> <p style="padding-left: 40px;">B. Transfer - how resident moves between surfaces including to or from; bed, chair, wheelchair, Standing, position ...and</p> <p style="padding-left: 40px;">E. Locomotion on unit - how resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self sufficiency once in chair</p> <p>G0300 Balance During Transitions and Walking was coded: (2) Not steady, only able to stabilize with human assistance:</p> <p style="padding-left: 40px;">A. Moving from seated to standing position;</p> <p style="padding-left: 40px;">E. Surface to surface transfer (transfer between bed and chair or wheel chair)</p> <p>G0400 Functional Limitation in Range of Motion was coded: (2) Impairment on both sides for B. Lower extremity (hip, knee, ankle, foot).</p> <p>Section G0600 "Mobility Devices" Section C Wheel chair</p> <p>According to section I Active Diagnosis, the resident 's diagnoses included:</p> <p>Peripheral Vascular Disease, Diabetes Mellitus, Non Alzheimer Dementia, Cerebral Vascular accident, Hemiplegia, Seizure disorder, anxiety disorder and depression</p>	L 052		

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L 052	<p>Continued From page 7</p> <p>A review of the Physician ' s Admission progress note dated January 16, 2013 reflected the following, " 74 year old with hx [history] encephalopathy and seizure D/O [disorder]. Pt [patient] cont [continue] with involuntary, restless movements and behaviors. Pt f/u [followed up] with neurology on January 3, 2012 who believes movement and behaviors will continue as a result of Encephalopathy/Cerebritis. Pt started on Seroquel 25mg qhs [at night] and Depakote 250 BID [twice daily] [psychotropic medication] to help. Staff report pt cont to be restless and continuously moving. Pt high fall risk and has had several falls. Facility to get new chair to help prevent pt. from falling onto floor, generalized weakness with right sided Hemiplegia ... "</p> <p>The clinical record revealed that in addition to the aforementioned fall witnessed on March 17, 2015, Resident #150 ' s fall history included the following, as noted in the care plan:</p> <p>June 28, 2013 " Fall sustained while in the bathroom ...laceration at the back of the head ...sent to nearest ER [emergency room] for evaluation. "</p> <p>July 9, 2014 " Jumped out of Geri-chair [geriatric] [sustained] laceration to right upper eye brow ...sent to nearest ER for evaluation.</p> <p>October 14, 2014 " Fell while being assisted in bathroom...noted with forehead laceration ...transferred to nearest ER for evaluation ... "</p> <p>A review of a written statement received from Employee #4 status post the fall sustained by Resident #150 on March 17, 2015, read: " I was the nurse assigned to [Resident #150] and was sitting close to [him/her] while [he/she] was</p>	L 052		

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L 052	<p>Continued From page 8</p> <p>participating in the activities. Resident suddenly moved out of [his/her] chair and fell before I could reach [him/her] and the surveyor was at the nursing station when this occurred. "</p> <p>An Occupational Therapy discharge summary dated May 6, 2013 read: "due to decrease alertness and erratic movements the resident posed a high risk for falls and would require a low bed and one to one supervision."</p> <p>Facility staff failed to provide sufficient nursing time to ensure adequate protection from accidents for Resident #150 who sustained multiple repeated falls with and without injury.</p> <p>The findings were acknowledged during a telephone interview with Employee #3.</p>	L 052	<p>L 099</p> <p>#1</p> <ol style="list-style-type: none"> Interior of the brewing machine, two convection ovens, and 2 steamers were immediately cleaned. There were no identified negative outcomes to residents. There were no other brewing machine, convection ovens, and steamers. All dietary staff were provided an in-service on the importance of maintaining clean equipment and shown how to clean equipment. A daily cleaning log and staff cleaning assignment was developed and staff was instructed to adhere to cleaning assignment. 	
L 099	<p>3219.1 Nursing Facilities</p> <p>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:</p> <p>Based on observations made on March 11, 2015 at approximately 9:30 AM and on March 17, 2015 at approximately 10:40 AM, it was determined that the facility failed to prepare food under sanitary conditions as evidenced by one (1) of one (1) coffee brewing machine, two (2) of two (2) convection ovens and two (2) of two (2) steamers that were soiled with various deposits; five (5) of eight (8) fire suppression plastic covers that were soiled with dust particles; 13 of 13 eight-ounce containers of thickened dairy drink and one (1) of one (1) thirty-two ounce container</p>	L 099	<ol style="list-style-type: none"> Dietary supervisors will check all equipment for cleanliness of <p>equipment weekly and report to QAPI quarterly</p> <ol style="list-style-type: none"> Completion date: 4/22/15 	

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L 099	<p>Continued From page 9</p> <p>of thickened dairy drink that were stored beyond their expiration date and inconsistent documentation of refrigerator, freezer, dishwashing machine temperature logs and three-compartment sink sanitization logs.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. The interior of one (1) of one (1) coffee brewing machine, two (2) of two (2) convection ovens and two (2) of two (2) steamers were soiled with leftover residue of various types. 2. Five (5) of eight (8) fire suppression plastic covers located above the grill, the fryer and the stove were soiled with dust. 3. 13 of 13 eight ounce containers of thickened dairy drink stored in the dry food storage area were expired as of May 7, 2014. 4. One (1) of one (1) 32 ounce container of thickened dairy drink stored in the dry food storage area was expired as of April 14, 2014. 5. Refrigerator and freezer temperature logs, dishwashing machine temperature logs and three-compartment sink logs from January 2014 through January 2015 were not all available for review as follows: Refrigerator temperature logs were available for the month of January 2015, one (1) of 12 months. Freezer temperature logs were available for the months of November 2014, December 2014, and January 2015, three (3) of 12 months. Dishwashing machine temperature logs were available for the months of November 2014, 	L 099	<p>#2</p> <ol style="list-style-type: none"> 1. The five fire suppression plastic covers were dusted and cleaned. There were no negative outcomes to residents. 2. All other fire suppression plastic covers were inspected for dust and cleaned, if appropriate. 3. All dietary personnel were provided an in-service on the need to maintain a clean environment in the kitchen. An equipment cleaning schedule has been developed and staff was also informed of the cleaning schedule. 4. Dietary supervisor will ensure adherence to cleaning schedule and will inspect equipment and fire suppression covers for cleanliness weekly and report to QAPI quarterly. 5. Completion date: 4/22/15 	

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L 099	Continued From page 10 December 2014, and January 2015, three (3) of 12 months. Three-compartment sink sanitization logs were available for the months of October 2014, November 2014, and January 2015, three (3) of 12 months. These observations were made in the presence of Employee #10, Employee #11 and/or Employee #12 who acknowledged the findings.	L 099	#3, #4 1. All 14 expired containers of thickened dairy drinks stored in the dry food storage area were immediately discarded. There were no residents affected by this practice. 2. The storeroom was inspected for any expired items. Any expired items found were discarded as appropriate. 3. Dietary personnel were provided an educational in-service on how to rotate stocks using "first in, first out" and the importance of timely discarding of expired items. 4. Dietary supervisor will conduct weekly inspection of all dietary storage areas to check for expired items. Outcome of inspections will be reported to QAPI quarterly. 5. Completion date: 4/22/15	
L 214	3234.1 Nursing Facilities Each facility shall be designed, constructed, 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 March 17, 2015 at approximately 3:00 PM, it was determined that facility staff failed to maintain the resident environment free of accident hazards as evidenced by three (3) of three (3) unlocked and accessible soiled utility rooms where a floor cleaning chemicals were stored. The findings include: 1. Housekeeping floor cleaning chemicals stored for use in an unlocked, soiled utility room in three (3) of three (3) units were easily accessible and posed a potential hazard to residents. These observations were made in the presence of Employee # 13 and Employee # 14 who	L 214	# 5 1. Refrigerator and freezer temperature logs, dishwashing machine temperature logs, and three compartment sink logs were not consistently available or located. There were no evidence of negative resident outcome as a result of this practice.	

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L 214	Continued From page 11 acknowledged the findings.	L 214	<p>#5 (Continued)</p> <ol style="list-style-type: none"> 2. Refrigerator and freezer log, dishwashing machine temperature log, and three compartment sink logs were available and in use for the current month. 3. Dietary staff was educated on timely and proper filing procedures to ensure all logs are maintained for the prescribed time for record retention. 4. Availability of all logs will reported at quarterly QAPI meetings. 5. Completion date: 4/22/15 <p>L214</p> <ol style="list-style-type: none"> 1. All housekeeping floor cleaning solution stored in 3 soiled utility rooms were immediately removed. There were no negative outcomes to residents as a result of this practice. 2. There were no other soiled utility rooms in the facility. 3. All housekeeping personnel were provided an in-service on safe use and storage of housekeeping chemicals. 4. Housekeeping supervisor will conduct daily inspections of all soiled utility room and check for presence of cleaning supplies and other safety hazards and report to QAPI quarterly. 5. Completion date: 4/22/15. 	