

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD02-0019</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/15/2016</b>
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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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L 000	<p><b>Initial Comments</b></p> <p>The Annual Licensure Survey was conducted on January 11, 2016 through January 15, 2016. The following deficiencies are based on observation, record review, resident and staff interviews for 33 sampled residents.</p> <p>The following is a directory of abbreviations and/or acronyms that may be utilized in the report:</p> <p><b>Abbreviations</b>  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  HSC Health Service Center  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</p>	L 000	Please begin typing your responses here:	

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

TITLE  
*Administrators* (X6) DATE  
*2/26/16*

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L 000	Continued From page 1  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	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	L 051		

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L 051	<p>Continued From page 2</p> <p>appropriate goals and approaches, and revising them as needed;</p> <p>(d)Delegating responsibility to the nursing staff for direct resident nursing care of specific residents;</p> <p>(e)Supervising and evaluating each nursing employee on the unit; and</p> <p>(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:</p> <p>Based on record review and staff interview for one (1) of 33 sampled residents, it was determined that the charge nurse failed to administer a 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</p>	L 051	<p>RESIDENT # 186</p> <ol style="list-style-type: none"> <li>1. 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>2. All other residents on Lasix with Blood Pressure parameters were reviewed, there were no other residents identified with this issue</li> <li>3. The nurse educator provided an in-service to licensed nurses on medication administration with emphasis on medications with blood pressure parameters</li> <li>4. Nurse managers will monitor daily and report to QAPI quarterly.</li> <li>5. Completion date 2/25/2016</li> </ol>	

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L 051	<p>Continued From page 3</p> <p>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>The charge nurse failed to administer Lasix in accordance with the physician's prescribed parameters.</p> <p>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.</p>	L 051		
L 094	<p>3217.9 Nursing Facilities</p> <p>The Infection Control Committee shall use the latest edition of "Guidelines for Infection Control in Long Term Care Facilities" published by the Centers for Disease Control (CDC) or any additional guidelines published by the CDC for the purpose of developing policies and procedures.</p> <p>This Statute 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</p>	L 094		

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L 094	<p>Continued From page 4</p> <p>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/or 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 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>	L 094	<p>L094</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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L 094	<p>Continued From page 5</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> <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>	L 094		

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L 094	<p>Continued From page 6</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 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>	L 094		
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 January 11,</p>	L 099		

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L 099	<p>Continued From page 7</p> <p>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.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Two (2) of two (2) grease fryers were soiled with leftover food residue.</li> <li>2. Two (2) of two (2) convection ovens were soiled with burnt food residue.</li> <li>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.</li> <li>4. Two (2) of two (2) air curtains from the dishwashing machine were soiled and torn.</li> </ol> <p>These observations were made in the presence of Employee #14 who acknowledged the findings.</p>	L 099	<p>L099</p> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> <li>4. Dietary Managers will conduct physical inspection for cleanliness of equipment, review checklist weekly and report to QAPI monthly.</li> <li>5. Completion date: 3/7/15</li> </ol>