

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

PRINTED: 06/06/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095005	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/24/2012
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NAME OF PROVIDER OR SUPPLIER THE WASHINGTON HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3720 UPTON STREET NW WASHINGTON, DC 20016
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{F 000}	INITIAL COMMENTS A follow-up survey was conducted on May 24, 2012 to the recertification Quality Indicator Survey (QIS) of March 6, 2012. The deficiencies are based on observations, record reviews, and interviews for 12 residents and the environment.	{F 000}	The Washington Home makes its best effort to operate in substantial compliance with both Federal and State law. Submission of this Plan of Correction (POC) does not constitute an admission or agreement by any party, its board, officers, directors, employees or agents as to the truth of the facts alleged or the validity of the conditions set forth on the Statement of Deficiencies. The following Plan of Correction constitutes the facility's written credible allegation of compliance. It is prepared and/or executed solely because it is required by Federal and State law.	
{F 253} SS=E	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observations made during an environmental tour of the facility on May 24, 2012, between 11:10 AM and 2:30 PM, it was determined that the facility failed to maintain a sanitary, orderly and comfortable environment as evidenced by the following soiled items: ceiling tile in one (1) of four (4) soiled utility room, three (3) of four (4) merry walkers on unit 2B and two (2) of four (4) electrical closet floors; A marred nursing station in one (1) of five (5) units and marred counter edges in one (1) of five (5) pantries, missing or loose wallpaper on two (2) of five (5) nursing units, a damaged swing door in one (1) of five (5) pantries, a loose bottom panel from the refrigerator in one (1) of five (5) pantries, and clutter in one (1) of two (2) resident rooms. The findings include:	{F 253}	F253 1. Identified discolored ceiling tile in soiled utility room was replaced. 2. All soiled utility rooms were inspected; ceiling tiles are not stained. 3. Inspection of ceiling tiles will be added to ongoing Weekly Maintenance Rounds. 4. Weekly Maintenance Rounds reports will be reviewed weekly by the Director of Plant Operations or designee and identified variances corrected. Findings will be reported to Quality Improvement (QI) Committee quarterly, including follow-up to ensure correction of identified variances. 5. Compliance Date 1. Identified soiled merry walkers on Unit 2-B were cleaned. 2. All merry walkers were inspected and found clean.	5/24/2012

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *Administrator* (X8) DATE *6/18/12*

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 441}	<p>Continued From page 3</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it -</p> <p>(1) Investigates, controls, and prevents infections in the facility;</p> <p>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection</p> <p>(1) When the Infection Control Program 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 observations made during a tour of the dietary services on May 24, 2012 at approximately 9:45 AM, it was determined that the facility failed to provide a safe, sanitary and comfortable environment as evidenced by hot</p>	{F 441}	<p>1. Loose bottom panel on 3-A refrigerator was tightened.</p> <p>2. An inspection of all unit pantry refrigerator panels found all intact.</p> <p>3. Inspection of unit pantry refrigerator bottom panels was added to Weekly Maintenance Rounds.</p> <p>4. Weekly Maintenance Rounds reports will be reviewed by Director of Plant Operations or designee and identified variances corrected. Findings will be reported to the QI Committee quarterly</p> <p>5. Compliance Date</p> <p>1. Clutter, including a grocery cart, stored in resident's bathroom was gradually removed over a 2 week period.</p> <p>2. No other residents currently in facility accumulate excessive clutter.</p> <p>3. The Nursing Home Administrator and designated department directors/managers will inspect this resident's room for excessive clutter monthly and continue to work with resident to control amount of resident's clutter.</p> <p>4. Results of monthly inspections and status of clutter control will be reported to QI Committee quarterly.</p> <p>5. Compliance Date</p> <p>F371</p> <p>1. Part to repair non-operational hand washing sink in dietary services was obtained; part did not fit sink - second order placed. Sink was labeled <i>Out of Order</i>. Correct replacement part subsequently delivered; sink is now fully operational.</p>	<p>5/24/2012</p> <p>6/12/2012</p>
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{F 441}	<p>Continued From page 4</p> <p>water temperatures from two (2) of two (2) hand washing sinks that were measured at 71.2 degrees Fahrenheit (F).</p> <p>The findings include:</p> <p>During an observation of the main kitchen on May 24, 2012 at 9:45 AM hot water temperatures from two (2) of two (2) hand washing sinks reached 71.2 degrees F after 12 minutes of consistent water flow.</p> <p>This observation was made in the presence of Employees #2 and #3 who acknowledged the finding.</p>	{F 441}	<p>2. The remaining 2 hand washing sinks in dietary services are fully operational</p> <p>3. Director of Food Services will report non-functioning equipment immediately and follow-up on repair status weekly.</p> <p>4. Non-functioning dietary services equipment will be reported to QI Committee by Director of Food Services monthly, including repair status.</p> <p>5. Compliance Date</p> <p>F441</p> <p>1. Water temperatures were adjusted within range of 95 – 110 degrees Fahrenheit for the 2 hand washing sinks in Dietary Services measured at 71.2 degrees Fahrenheit.</p>	6/14/2012
{F 456} SS=D	<p>483.70(c)(2) ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION</p> <p>The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and interviews made during a tour of the Dietary Services on May 24, 2012 at approximately 9:45 AM, it was determined that the facility failed to maintain essential resident care equipment in safe operating condition as evidenced by one (1) of three (3) garbage disposals that had been inoperative for approximately four to five months and the lack of hot water from two (2) of two (2) hand washing sinks in the kitchen.</p>	{F 456}	<p>2. The 2 hand washing sinks were checked and water temperature is within range.</p> <p>3. Maintenance will measure water temperatures in the 3 hand washing sinks in Dietary Services weekly. If temperatures falls below range and cannot be immediately adjusted to range, dietary staff will be notified via posted sign to follow hand washing with hand sanitizer that's mounted on wall by each sink. Dietary staff will be re-inserviced to wash and sanitize when posted sign indicates water temperature is below range.</p> <p>4. Weekly water temperature variances in hand washing sinks will be reported to QI Committee monthly by Director of Food Services, including actions implemented to correct water temperatures.</p> <p>5. Compliance Date</p>	6/12/2012

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{F 456}	Continued From page 5 The findings include: During an observation of the main kitchen on May 24, 2012 at 9:45 AM the following was observed: 1. One (1) of three (3) garbage disposals was observed with an "Out of Order" sign. According to Employee #2 the garbage disposal had been out of order for four to five months. 2. Hot water temperatures from two (2) of two (2) hand washing sinks reached 71.2 degrees Fahrenheit after 12 minutes of consistent water flow. This observation was made in the presence of Employees #2 and #3 who acknowledged the finding.	{F 456}	F456 1. Identified inoperable garbage disposal #1 has been taken out of service. Disposal #1 cannot be repaired and will be replaced in its entirety. Replacement cost has been approved by the Board of Directors and is in the capital budget for fiscal year 2013 (July 1, 2012 to June 30, 2013). Timeframe from date ordered to installation is a minimum of four to six weeks beginning July 1, 2012. 2. Dietary Services has two working garbage disposals. Disposal #2 is within ten (10) steps of disposal #1 and is currently being used to discard all garbage. Disposal #3 – is located in the production area of the kitchen. It can be used in case disposal #2 mal-functions. 3. Director of Food Services, or designee, will monitor operation of disposals daily and report variances to Maintenance Department promptly. Dietary Services will be educated to report identified garbage disposal mal-function to supervisor immediately. 4. Director of Food Services will report status of non-operational garbage disposal to QI Committee monthly. 5. Compliance Date	6/12/2012