

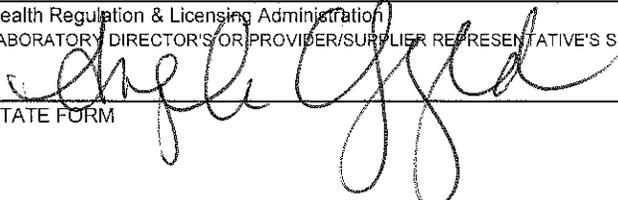
Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/10/2015
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NAME OF PROVIDER OR SUPPLIER HEALTH & REHABILITATION CENTER AT	STREET ADDRESS, CITY, STATE, ZIP CODE 1330 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20005
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L 000	<p>Initial Comments</p> <p>A Licensure Survey was conducted July 7 through 10, 2015. The following deficiencies are based on observation, record review and resident and staff interview for 19 sampled residents.</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 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 DI - 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 MDS - Minimum Data Set Mg - milligrams (metric system unit of mass) mL - milliliters (metric system measure of</p>	L 000	<p>The Residences at Thomas Circle files this Plan of Correction for the purposes of regulatory compliance. The facility is submitting this document to comply with applicable law and not as an admission or statement of agreement of deficient practices herein.</p>	
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Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Executive Director/Administrator	(X6) DATE 8/7/2015
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L 000	Continued From page 1 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 048	3210.1 Nursing Facilities Each facility shall employ a charge nurse on each unit twenty-four (24) hours a day. This Statute is not met as evidenced by: Based on record review and staff interview for one (1) of 19 sampled residents it was determined that the charge nurse failed to consistently assess and document the status of Resident #27 ' s pressure ulcer(s). Resident #27 The findings include: According to the National Pressure Ulcer Advisory Panel, " Staging " is an assessment system that classifies pressure ulcers based on anatomic depth of soft tissue damage. The characteristics of a pressure ulcer includes the	L 048	L048 What corrective action will be accomplished for those residents found to be affected by the deficient practice? Resident #27 no longer resides in the facility and therefore no corrective action could be taken retrospectively. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.	8/24/15

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L 048	<p>Continued From page 2</p> <p>following: Location; Staging; Size [length, width, depth, presence of undermining or tunneling]; Color; Odor; Exudate (if present); Wound bed [granulation tissue, slough or eschar]; Description of wound edges [rolled edges, redness, maceration] and the presence of Pain.</p> <p>Research has revealed that wounds do not heal in a reverse sequence, that is the body does not replace types and layers of tissue that was lost during the ulcer development [such as muscle, subcutaneous fat or dermis]. Reverse staging is not recommended to describe improvement of an ulcer. For example, a Stage IV Pressure Ulcer does not become a Stage III and so on. When a Stage IV Pressure Ulcer has healed, it should be classified as a healed Stage IV, not a Stage 0.</p> <p>A review of the clinical record for Resident #27 revealed that the charge nurse failed to accurately and consistently assess the status of the resident 's pressure ulcer. The facility 's " Wound Review " forms are documented on a weekly basis to record the status of a wound.</p> <p>Resident #27 was admitted to the facility on March 25, 2015 with a Stage I pressure ulcer of the sacrum. A review of wound notes read as follows:</p> <p>March 25, 2015 - Wound site: sacrum; Wound type: reddened area; Stage of wound: 1; Length and Width [remained blank, no data assessed]; Wound review: sacral redness with skin intact.</p> <p>May 6, 2015 - Wound Site: sacrum; Wound type: reddened area; Stage of Wound: 1; Length and Width [remained blank, no data assessed]; Wound review: Sacral redness, red and intact.</p>	L 048	<p>All residents have the potential to be affected by the alleged deficient practice. All residents currently on wound rounds will be assessed to ensure that the current wound sheets are reflective of wound status. Any variations or updates will be noted in the Medical Record. Additionally, all licensed nurses will be in serviced on proper and accurate assessment and documentation on pressure ulcers by date 8/15/2015.</p> <p>What measures will be put into place or what systematic changes will be made to insure that the deficient practice does not recur?</p> <p>The ADON, or designee, will review skin sheets on a weekly basis. Any blanks or discrepancies from the prior week will be investigated and addressed as appropriate to ensure complete and accurate documentation.</p> <p>How will the corrective action be monitored to insure the deficient practice will not recur, and what QA practice will be put into place?</p> <p>To assure that the alleged deficient practice will not recur, all pressure ulcer documentation will be audited by DON, or designee, for accurate assessment and consistent documentation. Audits will occur weekly x 1 month, bi-weekly x 1 month, and monthly x 3 months. Any skin sheet found to be incomplete will be addressed immediately</p>	
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L 048	<p>Continued From page 3</p> <p>May 13, 2015 - Wound Site: sacrum; Wound type: reddened area; Stage of Wound: 1; Length: 4.0 cm and Width: 4.0 cm; Wound review: Sacral redness, red and intact.</p> <p>June 3, 2015 - Wound Site: sacrum; Wound type: reddened area; Stage of Wound: not applicable; Length and Width [remained blank, no data assessed]; Wound review: sacral redness</p> <p>June 10, 2015 - Wound Site: buttock; Wound type: open lesion, cut, laceration or skin tear; Stage of Wound: 2; Length: 0.2 cm and Width: 0.2 cm; Wound review: redness to sacral area with open area to right buttock.</p> <p>June 17, 2015 - Wound Site: buttock; Wound type: open lesion, cut, laceration or skin tear; Stage of Wound: " not applicable;" Length: 0.2 cm and Width: 0.2 cm; Wound review: Open area to right buttock with erythema</p> <p>June 24, 2015 - Wound Site: buttock; Wound type: open lesion, cut, laceration or skin tear; Stage of Wound: 2; Length: 1.0 cm and Width: 0.3 cm; Wound review: Right buttock open area surrounded by erythema.</p> <p>July 1, 2015 - Wound Site: buttock; Wound type: open lesion, cut, laceration or skin tear; Stage of Wound: 1; Length: 0.5 cm and Width: 0.5 cm; Wound review: Right buttock 0.5x0.5 cm.</p> <p>In summary, the wound assessments sheets detailed above lacked evidence that staff assessed Resident #27 's pressure ulcer(s) in accordance with accepted standards of practice. The assessments were incomplete and inconsistently characterized. The length and width</p>	L 048	as appropriate and reported to the Administrator. This POC will be audited by IDT members at the monthly QA meeting.	

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L 048	<p>Continued From page 4</p> <p>was not assessed in 3 of 8 skin sheets listed above. The staging of the wound varied from " not applicable " to Stage I, II and then reverse Staging I. When staff identified a second wound, Stage 2 of the buttocks; it is evident that assessments related to the Stage 1 sacral wound were no longer apparent.</p> <p>Facility staff failed to accurately and consistently assess the status of pressure ulcer(s) for Resident #27.</p> <p>A face-to-face interview was conducted with Employee #2 who acknowledged the findings on July 9, 2015 at approximately 3 PM.</p>	L 048	<p>L088</p> <p>What corrective action will be accomplished for those residents found to be affected by the deficient practice?</p> <p>HR has completed an audit of all employee files to 1.) Ensure all current employees have an annual TB screen on record and 2.) Identify individuals with a history of positive PPD TB skin test and ensure these individuals are certified free of communicable diseases by a physician. Audit effective completion date is 8/10/2015.</p>	8/24/15
L 088	<p>3217.3 Nursing Facilities</p> <p>The Infection Control Committee shall establish written infection control policies and procedures for at least the following:</p> <ul style="list-style-type: none"> (a) Investigating, controlling, and preventing infections in the facility; (b) Handling food; (c) Processing laundry; (d) Disposing of environmental and human wastes; (e) Controlling pests and vermin; (f) The prevention of spread of infection; (g) Recording incidents and corrective actions related to infections; and 	L 088	<p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p>All residents have the potential to be negatively affected by the alleged deficient practice. Effective 7/27/2015 we have created and implemented an updated Employee Health Screening form that meets all applicable Federal and/or state/District of Columbia guidelines. Completion of this form will be required upon hire for new employees and to be renewed on an annual basis for every employee. Additionally, Health Wellness Event will be scheduled no later than August 30th where the community will have our in-house medical providers see and complete each employee clearance form. Any employee who does not want to participate</p>	

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L 088	<p>Continued From page 5</p> <p>(h)Nondiscrimination in admission, retention, and treatment of persons who are infected with the HIV virus or who have a diagnosis of AIDS.</p> <p>This Statute is not met as evidenced by: Based on record review and staff interview for 7 of 34 personnel records reviewed, it was determined that the facility failed to implement measures to prevent the spread of infection as evidenced by failure to verify freedom of communicable disease for employees by way of annual TB screening (i.e. symptom screen). (Personnel records # 2, 4, 8, 9, 10, 11 and 12). (Personnel records # 2, 4, 8, 9, 10, 11 and 12).</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 hireHCWs 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>The facility's Policy titled " Employee Physical Examination" on pages 22 and 23 of the Employee Handbook revised April 2013</p>	L 088	<p>in the scheduled wellness event will be sent a certified letter stating that they have the option to see their own personal medical provider in order to complete the clearance of a free communicable disease form. Once completed by their provider, they must present proof of this clearance and fit for work document no later than September 10, 2015.</p> <p>How will the corrective action be monitored to insure the deficient practice will not recur, and what QA practice will be put into place?</p> <p>Administrator and/or the Executive Director, will audit all employee health records no later than September 14, 2015 to ensure 100% compliance with this plan of correction.</p> <p>How will the corrective action be monitored to insure the deficient practice will not recur, and what QA practice will be put into place?</p> <p>Following this initial compliance audit, Associate Administrator or designee will complete an audit of all new hires bi-weekly x 2 months, and monthly x 3 months to assure continued compliance. Results of all audits will be reviewed at the monthly QA meeting.</p>	

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L 088	<p>Continued From page 6</p> <p>stipulates:</p> <p>"Your offer of employment is conditional upon a successful physical examination. The examination will assure that you are free from communicable diseases or any other health condition, which would endanger the health and welfare of the residents or your fellow employees. This physical examination will be performed according to Federal and/or state/District of Columbia guidelines, including the Americans with Disabilities Act...</p> <p>The nature and the extent of the physical examination will be determined by The [Facility ' s name] The examination will be performed by The [Facility ' s name] examining physician and/or nurses and will be paid by The [Facility ' s name]. The3is physical examination will include a mandatory two step Mantoux test (which test for tuberculosis). If the outcome of the Mantoux test is positive, you will be required to have a chest x-ray. The charge for this x-ray will be paid for by The [Facility ' s name]...</p> <p>After the initial employment physical examination, you may be required to have additional examination as a condition of continued employment...</p> <p>State/District of Columbia regulations may prohibit certain Employment at The [Facility ' s name] if you have a communicable disease. If you feel you have contacted a communicable disease, you need to report that information to your department head immediately. A doctor ' s certificate documenting that you are free of communicable disease will be required in order to report back to work. "</p>	L 088		
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L 088	<p>Continued From page 7</p> <p>A review of personnel records revealed seven (7) clinical personnel were determined to have a documented history of positive Purified Protein Derivative (PPD) Mycobacterium Tuberculosis (TB) skin test. Their personnel records lacked documented evidence that they were certified free of communicable disease.</p> <p>According to the Human Resources Director, the TB symptoms screen form was completed, signed and dated by the individuals themselves for six (6) employees. One (1) of the seven employees did not have an annual TB screen on record. (Personnel # 2, 4, 8, 9, 10, 11 and 12).</p> <p>1. The facility failed to ensure that Personnel # 2 ' s Mycobacterium Tuberculosis symptom screen complied with the afore-stated regulations and guidelines.</p> <p>A review of Personnel # 2's health record conducted on July 8, 2015 revealed the following:</p> <p>(i). A " PA [posterior/anterior] and Lateral Chest X-ray " form dated July 11, 2013. The form noted: " INDICATION: Positive [Purified Protein Derivative]. Findings: " Lungs are free of infiltrate or effusion pubis no evidence of active granulomatous disease "</p> <p>(ii). The facility ' s form titled " Mandatory Tuberculosis Screening Form" signed and dated</p>	L 088		

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L 088	<p>Continued From page 8</p> <p>May 25, 2015. The screening form included " Symptoms /Health Checklist ". The " Symptoms /Health Checklist " lacked a health care provider certification that Personnel # 2 is "free of communicable disease". The freedom of communicable disease form was completed by Personnel #2 him/herself.</p> <p>2. The facility failed to ensure that Personnel # 4 ' s Mycobacterium Tuberculosis symptom screen complied with the afore-stated regulations and guidelines.</p> <p>A review of Personnel # 4 ' s health record conducted on July 8, 2015 revealed the following:</p> <p>(i). A " Tuberculosis Control Program " form dated August 13, 2012. The form noted: " Lungs are free of active Tuberculosis Disease " .</p> <p>(ii). The facility ' s form titled " Mandatory Tuberculosis Screening Form" dated January 12, 2015. The screening form included a " Symptoms /Health Checklist ". The " Symptoms /Health Checklist " lacked a health care provider certification that Personnel # 4 is "free of communicable disease". The freedom of communicable disease form was completed by Personnel #4 him/herself.</p> <p>3. The facility failed to ensure that Personnel # 8 ' s Mycobacterium Tuberculosis symptoms screen complied with the afore-stated regulations and guidelines.</p>	L 088		

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L 088	<p>Continued From page 9</p> <p>A review of Personnel # 8 ' s health record conducted on July 8, 2015 revealed the following:</p> <p>(i). An " Internal Medicine/Primary Care " form dated December 20, 2011. The form noted that Personnel # 8 ' s Chest X-ray performed on February 7, 2011 was normal.</p> <p>(ii). The facility ' s form titled " Mandatory Tuberculosis Screening Form" dated August 18, (year illegible). The screening form included a " Symptoms /Health Checklist " . The " Symptoms /Health Checklist " lacked a health care provider certification that Personnel # 8 is "free of communicable disease". The freedom of communicable disease form was completed by Personnel #8 him/herself.</p> <p>4. The facility failed to ensure that Personnel # 8 ' s Mycobacterium Tuberculosis symptoms screen complied with the afore-stated regulations and guidelines.</p> <p>A review of Personnel # 9's personnel record conducted on July 8, 2015 revealed the following:</p> <p>(i). A " Department of Imaging Services " report dated March 9, 2012. The report noted a normal exam of the chest.</p> <p>(ii). The facility ' s form titled " Mandatory Tuberculosis Screening Form" dated August 18, The screening form included a Symptoms /Health Checklist " . The " Symptoms /Health Checklist " lacked a health care provider certification that Personnel # 9 is "free of communicable disease".</p>	L 088		

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L 088	<p>Continued From page 10</p> <p>The freedom of communicable disease form was completed by Personnel #9 him/herself.</p> <p>5. The facility failed to ensure that Personnel # 10 ' s Mycobacterium Tuberculosis symptoms screen complied with the afore-stated regulations and guidelines.</p> <p>A review of Personnel # 10's health record conducted on July 8, 2015 revealed the following:</p> <p>(i). A " Radiology " report dated June 16, 2011. The report noted: " INDICATION: Positive [Purified Protein Derivative]. Findings: ...Lungs are clear ...Impression: No evidence of pulmonary tuberculosis. "</p> <p>(ii). The facility ' s form titled " Mandatory Tuberculosis Screening Form" dated August 18, 2014. The form included a " Symptoms /Health Checklist " . The " Symptoms /Health Checklist " lacked a health care provider certification that Personnel # 10 is "free of communicable disease". The freedom of communicable disease form was completed by Personnel #10 him/herself.</p> <p>6. The facility failed to ensure that Personnel # 11 ' s Mycobacterium Tuberculosis symptoms screen complied with the afore-stated regulations and guidelines.</p> <p>A review of Personnel # 11's health record conducted on July 8, 2015 revealed the following:</p>	L 088	<p>L099</p> <p>What corrective action will be accomplished for those residents found to be affected by the deficient practice?</p> <p>1. Upon discovery, the grill, burners and hot food transporters were cleaned by cooks and utility staff. 2. No corrective action could be taken retrospectively related to the lack of dish machine temperatures prior to March 1, 2015. However, since March 1, 2015, the dish machine temperatures had been recorded on a daily basis.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>1. All residents have the potential of being affected by this alleged deficient practice. Again, the grill, burners and hot food transporters were cleaned by cooks and utility staff upon discovery.</p> <p>2. All residents have the potential to be affected by this alleged deficient practice. Again, dish machine temperatures have been recorded on a daily basis, and in accordance with regulatory requirements, since March 1, 2015.</p> <p>What measures will be put into place or what systematic changes will be made to insure that the deficient practice does not recur?</p>	8/24/15
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Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/10/2015
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NAME OF PROVIDER OR SUPPLIER HEALTH & REHABILITATION CENTER AT	STREET ADDRESS, CITY, STATE, ZIP CODE 1330 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20005
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L 088	<p>Continued From page 11</p> <p>(i). An " Immunization / Screening Test Record " form signed and dated January 31, 2014. The test record noted: " ...Positive [Purified Protein Derivative] [skin test]: Chest X-ray 10/26/2010 [negative] " .</p> <p>(ii). The facility ' s form titled " Mandatory Tuberculosis Screening Form" dated June 22, 2015. The screening form included " Symptoms / Health Checklist " . The " Symptoms /Health Checklist " lacked a health care provider certification that Personnel # 11 is "free of communicable disease". The freedom of communicable disease form was completed by Personnel #11 him/herself.</p> <p>7. The facility failed to ensure that Personnel # 12 complied with the afore-stated regulations and guidelines.</p> <p>A review of Personnel # 12's health record conducted on July 8, 2015 revealed the following:</p> <p>A " Chest X-Ray Report " signed and dated February 10, 2012. The Chest X-Ray report noted: " Clinical Indications: New Positive [Purified Protein Derivative] [skin test]. Impressions: This chest x-ray is negative for active tuberculosis disease. "</p> <p>A further review of the Employee ' s personnel record lacked documented evidence of an annual symptoms screen for the employee with documented history of positive Purified Protein Derivative [tuberculosis skin test].</p>	L 088	<p>1. A cleaning checklist will be completed on a daily basis by the Executive Chef, or designee, to ensure that the grill, burners and hot food transporters are clean and ready for use. The Executive Chef, or designee, will in-service all food production staff on proper cleaning procedures related to the grill, burners and food transporters.</p> <p>2. The Executive Chef, or designee, will review the temperature log weekly x 4 weeks to ensure compliance with the daily documentation requirement. In-service will also be provided to utility staff on the procedure of documenting daily temperatures for the dish machine2.</p> <p>How will the corrective action be monitored to insure the deficient practice will not recur, and what QA practice will be put into place?</p> <p>1. The Food & Beverage Director, or designee, will conduct kitchen inspections weekly x 4 weeks and monthly x 3 months and quarterly thereafter to ensure that this practice does not recur. In the event that the grill, burners or food transporters are soiled, they will promptly be cleaned and be reported to the Administrator. Any findings related to the inspections will be reported to the IDT members at the monthly QA meeting.</p> <p>2. The Food & Beverage Director, or designee, will audit the dish machine logs weekly x 4 weeks and monthly x 3 months to</p>	

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L 088	<p>Continued From page 12</p> <p>The health facility failed to ensure that Personnel #12 underwent annual TB screening.</p> <p>The health facility failed to ensure that facility ' s clinical personnel, with known / documented history of positive Tuberculosis Skin Test were screened and certified "free of communicable disease".</p> <p>Ongoing face-to-face interviews were conducted with the Human Resources Director on July 8, 9 and 10, 2015 at approximately 10: 30 AM to 1: 30 PM.</p> <p>A follow-up face-to-face interview was conducted with the Facility's Administrator on July 9, 2015 at approximately 11:00 AM.</p> <p>After a further review of the afore-stated regulations and guidelines, they both acknowledged the findings.</p> <p>The records were reviewed on July 10, 2015.</p>	L 088	<p>ensure compliance with the daily documentation requirement. Any instances of non-compliance shall be addressed and reported to the Administrator. All will be kept on file in the Food & Beverage Office for a period of one-year. Results of the audit will be reported to the IDT members at the monthly QA meeting.</p> <p>L199</p> <p>What corrective action will be accomplished for those residents found to be affected by the deficient practice?</p> <p>The hospice admission assessment for resident #18 was completed but not in the patient's personal medical record. Hospice provided a copy for the facility which was placed on the chart.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</p>	
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 in the main kitchen on July 7, 2015 at approximately 9:00 AM, it was determined that the facility failed to prepare and</p>	L 099	<p>All hospice residents have the potential to be affected by this practice. The facility hospice nurse will review all records for current hospice residents to ensure that they have admission assessments as part of their personal medical record. Any resident without an assessment present will be copied and placed in the medical record immediately.</p>	

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L 099	<p>Continued From page 13</p> <p>serve food under sanitary conditions as evidenced by one (1) of (1) soiled grill, eight (8) of eight (8) soiled burners from the gas stove and three (3) of three (3) hot food transporters that were dirty on the outside.</p> <p>The findings include:</p> <ol style="list-style-type: none"> One (1) of one (1) grill was soiled with burnt food deposits. Eight (8) of eight (8) burners from the gas stove were soiled with leftover and spilled food particles. Three (3) of three (3) hot food transporters were soiled on the outside. <p>These observations were made in the presence of Employee #34 who acknowledged the findings.</p>	L 099	<p>What measures will be put into place or what systematic changes will be made to insure that the deficient practice does not recur?</p> <p>The ADON, or designee, will review the medical record within 72 hours of resident being admitted to hospice to ensure that admission assessment is present on file. In the event that the assessment is missing, hospice will be contacted immediately to provide a copy and the DON will be notified.</p> <p>How will the corrective action be monitored to insure the deficient practice will not recur, and what QA practice will be put into place?</p> <p>All new admissions to hospice will be audited by the DON, or designee, weekly x 4 weeks, bi-weekly x 1 month, and monthly x 3 months. Any assessment not found in the record will be obtained immediately and reported to the Administrator. These audits will be verified by the IDT at the monthly QAPI meeting.</p>	
L 199	<p>3231.10 Nursing Facilities</p> <p>Each medical record shall document the course of the resident's condition and treatment and serve as a basis for review, and evaluation of the care given to the resident.</p> <p>This Statute is not met as evidenced by:</p> <p>Based on record review and staff interview for one (1) of 19 sampled residents, it was determined that the facility staff failed to ensure that an Initial Nursing Assessment for hospice was a part of the active clinical record. Resident #18</p> <p>The findings include:</p> <p>A review of the Interim Order Form Signed and</p>	L 199	<p>L426</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p>All residents have the potential to be affected by this alleged deficient practice. Environmental Service Director will conduct a full walk through with the Pest Control company to ensure all "hot spots" are on the routine list for treatment. Any areas with activity that are not on the routine treatment list will be added.</p>	8/24/15

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L 199	<p>Continued From page 14</p> <p>dated February 24, 2014 revealed Referral for Hospice Care...; Late entry February 25, 2014 admit to [hospice named] with diagnosis of Dementia and CHF [Congestive Heart Failure] and prognosis less than 6 months.</p> <p>A review of the resident's active clinical record lacked evidence of the Initial Nursing Assessment for hospice.</p> <p>A face-to-face interview was conducted with Employee #34 and Employee #2 on July 10, 2015 at approximately 3:30 PM after review of the aforementioned both acknowledged the findings. The record was reviewed on July 10, 2015.</p>	L 199	<p>What measures will be put into place or what systematic changes will be made to insure that the deficient practice does not recur?</p> <p>The Housekeeping Supervisor, or designee, will conduct routine rounds, not less than weekly, of the dishwasher area to ensure no new pest activity is present. If activity is noted, a call will be placed to the Pest Control company and it will be noted in the Pest Control binder on the nursing unit. Additionally, utility staff will be in serviced on proper cleaning and maintenance of the dish room to assist in the prevention of pest activity in the area. Staff will be re-educated regarding the proper protocol and follow-up for a pest control sighting which includes logging in the binder and contacting the Environmental Services director who will in turn contact the Pest Control contractor for follow up.</p>	
L 426	<p>3257.3 Nursing Facilities</p> <p>Each facility shall be constructed and maintained so that the premises are free from insects and rodents, and shall be kept clean and free from debris that might provide harborage for insects and rodents. This Statute is not met as evidenced by:</p> <p>Based on observation, and staff interview, it was determined that facility staff failed to maintain the kitchen free of crawling pest.</p> <p>The findings include:</p> <p>A tour of the kitchen was conducted on July 10, 2015 at approximately 9:45 AM. After checking the dish machine rinse cycle temperature, a crawling pest was observed on the wall behind the dish machine.</p> <p>The observation was made in the presents of Employee #35 who acknowledged the finding,</p>	L 426	<p>How will the corrective action be monitored to insure the deficient practice will not recur, and what QA practice will be put into place?</p> <p>The Pest Control binders will be reviewed by the Environmental Services Director on a weekly basis to ensure sightings have been addressed by the Pest Control contractor. Any sightings noted but not addressed will be reported immediately. The number of sightings, locations and follow-up will be documented and presented at the monthly Quality Assurance Meeting.</p>	