

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD02-0014</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>09/22/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>HEALTH &amp; REHABILITATION CENTER AT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1330 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20005</b>		
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L 000	<p><b>Initial Comments</b></p> <p>The Annual Licensure Survey was conducted on September 20, 2016 through September 22, 2016. The following deficiencies are based on observation, record review, resident and staff interviews for 16 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  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</p>	L 000	<p>This Plan of Correction is submitted</p> <p>Without denying or acknowledging that the cited deficiencies exist. This plan of correction is a requirement of the Department of Health.</p>	

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

TITLE

(X6) DATE

STATE FORM

6899

HEKL11

If continuation sheet 1 of 21

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L 000	Continued From page 1  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 appropriate goals and approaches, and revising	L 051		

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L 051	<p>Continued From page 2</p> <p>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 observations record review, and staff interview for one (1) of 16 sampled residents, it was determined that the facility staff failed to ensure that each resident received the necessary care and services to attain or maintain the highest practicable well-being, as evidenced by, failure to assess and implement interventions to maintain proper body alignment for one (1) resident observed with his/her neck flexed forward. Resident #5.</p> <p>The findings include:</p> <p>Facility staff failed to properly position Resident #5 in a Geriatric chair (recliner) to maintain proper body alignment of his/her head and neck.</p> <p>A first observation was made on September 20, 2016 at approximately 3:00 PM. The resident was seated in the common area, resting in a semi-fowler [45-degree angle] position with his/her head flexed forward (with head touching chest position).</p> <p>A second observation was made on September 21, 2016 at approximately 10:30 AM. The resident was seated in the common area, resting in a recliner chair in a semi-fowler [45-degree</p>	L 051	See F309	11/7/16

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L 051	<p>Continued From page 3</p> <p>angle] position observed with his/her head flexed forward (with head touching chest position).</p> <p>A third observation was made on September 22, 2016. The resident was in the common area, resting in a semi-fowler [45-degree angle] position observed with his/her head flexed forward (with head touching chest position), at appropriately 11:30 AM. The observation was made in the presence of Employee # 8 who acknowledged Resident # 5's head to chest position was not proper positioning.</p> <p>There was no evidence that facility staff implemented head positioning measures or adaptive devices to provide support and alignment of the resident ' s head and neck.</p> <p>A review of Resident # 5 ' s June 3, 2016 quarterly Minimum Data Set [MDS] revealed:</p> <p>In Section C, "Cognitive Patterns" , the resident was coded as moderately cognitively impaired, decisions poor; cues/supervision required.</p> <p>Section G, "Functional Status" was coded to reflect the resident was totally dependent requiring the assistance of one (1) person for bed mobility, total dependence of two (2) persons for transfer, total dependence of one (1) person for locomotion, extensive assistance for eating and total dependence for toilet use.</p> <p>Section H, "Bowel and Bladder" always incontinent of bowels and bladder.</p> <p>Section I, "Active Diagnoses" Alzheimer ' s Disease, Dementia, and Cerebrovascular disease.</p>	L 051		

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L 051	Continued From page 4  Through observation, it was determined that facility staff failed to consistently maintain proper body alignment as it relates to positioning; Resident #5 was observed multiple on occasions with his/her head and neck flexed forward.  On September 22, 2016 at approximately 1:00 PM, a face-to-face interview was conducted with Employee #8 who acknowledged the findings.  The Medical record was reviewed on September 22, 2016.	L 051		
L 087	3217.2 Nursing Facilities  The Chairperson of the Infection Control Committee shall be knowledgeable about or have experience in infection control. This Statute is not met as evidenced by: Based on observation and staff interview it was determined that facility staff failed to properly dispose of garbage, grease and refuse which could potentially contribute to the harborage of vermin.  The findings include:  An observation of the facility 's garbage, grease and refuse disposal practices was conducted on September 21, 2016 at approximately 10:00 AM with Employee #10.  Two (2) of two (2) outdoor refuse containers were overfilled and uncovered; one (1) of one (1) grease receptacle stored outdoors was uncovered with large sediments of grease spillage and one (1) of 1 trash compactor was observed overfilled. These improper disposal practices could potentially contribute to the harborage of vermin. Employee #10 acknowledged the findings.	L 087	See F372	11/7/16

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L 087	Continued From page 5	L 087		
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>A. Based on a review of employee records for (seven) 7 of (seven) 7 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 seven (7) of seven (7) newly hired employees received the 2nd step PPD screening for communicable disease such as Mycobacterium Tuberculosis (TB) upon and/or after hire, within the recommended time period . Employee ' s # 11, #12, #14, #15, #16, #17, and #18.</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: Testing for health care workers indicates: TB testing programs should include anyone working or volunteering in health-care settings. Persons (health care workers and non- health care workers) who have face- to- face contact or potential exposure to TB through shared air or space with infectious patient(s) should be part of</p>	L 094	See F441	11/7/16

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L 094	<p>Continued From page 6</p> <p>a TB testing program.</p> <p>There are two types of testing for TB in health care workers.</p> <ul style="list-style-type: none"> <li>Initial baseline testing upon hire: Two-step testing with a TB skin test or a TB blood test</li> <li>Annual or serial screening: determined by state regulations or risk assessment outcomes. "</li> </ul> <p>&lt;<a href="http://www.cdc.gov/tb/topic/testing/healthcareworkers.htm">http://www.cdc.gov/tb/topic/testing/healthcareworkers.htm</a>&gt;</p> <p>1. The facility failed to ensure that Employee # 11 was pre- screened for communicable disease prior to employment in accordance with regulations and guidelines.</p> <p>A review of Employee #11's personnel file revealed the following:</p> <p>Job title: Food and Beverage Aide</p> <p>Date of hire: September 8, 2016</p> <p>A review of the mandatory tuberculosis screening form revealed: " A two-step tuberculin skin test (TST) should be given to each new employee, ideally the 2nd step TST should be given within 3 weeks from the 1st step when the employee has not received a test within the past 12 months ...). "</p> <p>1st Step - Employee #11 received step #1 of the TST skin test on August 30, 2016 and the results were read on September 1, 2016 as being negative.</p> <p>2nd Step- area was blank indicating step # 2 was</p>	L 094		

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L 094	<p>Continued From page 7</p> <p>not done.</p> <p>There was no evidence that Employee #11 was offered or received a tuberculin skin test [a test that determines if you suffer from tuberculosis], for step #2 after he/she was employed within the three-week time frame.</p> <p>A face- to- face interview was done with Employee #14 on September 22, 2016 at approximately 3:00 PM. He/she acknowledged the aforementioned findings.</p> <p>2. The facility failed to ensure that Employee # 12 was pre- screened for communicable disease prior to employment in accordance with regulations and guidelines.</p> <p>A review of Employee #12's personnel file revealed the following:</p> <p>Job title: Food and Beverage Aide</p> <p>Date of hire: August 11, 2016</p> <p>A review of the mandatory tuberculosis screening form revealed: " A two-step tuberculin skin test (TST) should be given to each new employee, ideally the 2nd step TST should be given within 3 weeks from the 1st step when the employee has not received a test within the past 12 months ...). "</p> <p>1st Step - Employee #12 received step #1 of the TST skin test on August 9, 2016 and the results were read on August 11, 2016 as being negative.</p> <p>2nd Step- area was blank indicating step # 2 was</p>	L 094		



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L 094	<p>Continued From page 8</p> <p>not done.</p> <p>There was no evidence that Employee #12 was offered or received a tuberculin skin test [a test that determines if you suffer from tuberculosis], for step #2 after he/she was employed within the three-week time frame.</p> <p>A face- to- face interview was done with Employee #14 on September 22, 2016 at approximately 3:00 PM. He/she acknowledged the aforementioned findings.</p> <p>3. The facility failed to ensure that Employee # 14 was pre- screened for communicable disease prior to employment in accordance with regulations and guidelines.</p> <p>A review of Employee #14's personnel file revealed the following:</p> <p>Job title: HR [Human Resource] Assistant</p> <p>Date of hire: May 2, 2016</p> <p>A review of the mandatory tuberculosis screening form revealed: " A two-step tuberculin skin test (TST) should be given to each new employee, ideally the 2nd step TST should be given within 3 weeks from the 1st step when the employee has not received a test within the past 12 months ..." .</p> <p>1st Step - Employee #14 received step #1 of the TST skin test on March 23, 2016 and the results were read on March 25, 2016 as being negative.</p> <p>2nd Step- area was blank indicating step # 2 was</p>	L 094			

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L 094	<p>Continued From page 9</p> <p>not done.</p> <p>There was no evidence that Employee #14 was offered or received a tuberculin skin test [a test that determines if you suffer from tuberculosis], for step #2 after he/she was employed within the three-week time frame.</p> <p>A face- to- face interview was done with Employee #14 on September 22, 2016 at approximately 3:00 PM. He/she acknowledged the aforementioned findings.</p> <p>4. The facility failed to ensure that Employee # 15 was pre- screened for communicable disease prior to employment in accordance with regulations and guidelines.</p> <p>A review of Employee #15's personnel file revealed the following:</p> <p>Job title: Activities Assistant</p> <p>Date of hire: September 2, 2016</p> <p>A review of the mandatory tuberculosis screening form revealed: " A two-step tuberculin skin test (TST) should be given to each new employee, ideally the 2nd step TST should be given within 3 weeks from the 1st step when the employee has not received a test within the past 12 months ...) " .</p> <p>1st Step - Employee #15 received step #1 of the TST skin test on September 2, 2016 and the results were read on September 5, 2016 as being negative.</p> <p>2nd Step- area was blank indicating step # 2 was</p>	L 094			

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L 094	<p>Continued From page 10</p> <p>not done.</p> <p>There was no evidence that Employee #15 was offered or received a tuberculin skin test [a test that determines if you suffer from tuberculosis], for step #2 after he/she was employed within the three-week time frame.</p> <p>A face- to- face interview was done with Employee #14 on September 22, 2016 at approximately 3:00 PM. He/she acknowledged the aforementioned findings.</p> <p>5. The facility failed to ensure that Employee # 16 was pre- screened for communicable disease prior to employment in accordance with regulations and guidelines.</p> <p>A review of Employee #16's personnel file revealed the following:</p> <p>Job title: Activities Manager</p> <p>Date of hire: June 21, 2016</p> <p>A review of the mandatory tuberculosis screening form revealed: " A two-step tuberculin skin test (TST) should be given to each new employee, ideally the 2nd step TST should be given within 3 weeks from the 1st step when the employee has not received a test within the past 12 months ...) " .</p> <p>1st Step - Employee #16 received step #1 of the TST skin test on May 19, 2016 and the results were read on May 21, 2016 as being negative.</p> <p>2nd Step- area was blank indicating step # 2 was not done.</p>	L 094		

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L 094	<p>Continued From page 11</p> <p>There was no evidence that Employee #16 was offered or received a tuberculin skin test [a test that determines if you suffer from tuberculosis], for step #2 after he/she was employed within the three-week time frame.</p> <p>A face- to- face interview was done with Employee #14 on September 22, 2016 at approximately 3:00 PM. He/she acknowledged the aforementioned findings.</p> <p>6. The facility failed to ensure that Employee # 17 was pre- screened for communicable disease prior to employment in accordance with regulations and guidelines.</p> <p>A review of Employee #17's personnel file revealed the following:</p> <p>Job title: Certified Nurse Assistant</p> <p>Date of hire: May 12, 2016</p> <p>A review of the mandatory tuberculosis screening form revealed: " A two-step tuberculin skin test (TST) should be given to each new employee, ideally the 2nd step TST should be given within 3 weeks from the 1st step when the employee has not received a test within the past 12 months ...) " .</p> <p>1st Step - Employee #17 received step #1 of the TST skin test on May 3, 2016 and the results were read on May 5, 2016 as being negative.</p> <p>2nd Step- area was blank indicating step # 2 was not done.</p> <p>There was no evidence that Employee #17 was</p>	L 094		

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L 094	<p>Continued From page 12</p> <p>offered or received a tuberculin skin test [a test that determines if you suffer from tuberculosis], for step #2 after he/she was employed within the three-week time frame.</p> <p>A face- to- face interview was done with Employee #14 on September 22, 2016 at approximately 3:00 PM. He/she acknowledged the aforementioned findings.</p> <p>7. The facility failed to ensure that Employee # 18 was pre- screened for communicable disease prior to employment in accordance with regulations and guidelines.</p> <p>A review of Employee #18's personnel file revealed the following:</p> <p>Job title: Social Worker</p> <p>Date of hire: August 11, 2016</p> <p>A review of the mandatory tuberculosis screening form revealed: " A two-step tuberculin skin test (TST) should be given to each new employee, ideally the 2nd step TST should be given within 3 weeks from the 1st step when the employee has not received a test within the past 12 months ...)" .</p> <p>1st Step - Employee #18 received step #1 of the TST skin test on March 28, 2016 and the results were read on March 30, 2016 as being negative.</p> <p>2nd Step- area was blank indicating step # 2 was not done.</p> <p>There was no evidence that Employee #18 was offered or received a tuberculin skin test [a test</p>	L 094		

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L 094	<p>Continued From page 13</p> <p>that determines if you suffer from tuberculosis], for step #2 after he/she was employed within the three-week time frame.</p> <p>A face- to- face interview was done with Employee #14 on September 22, 2016 at approximately 3:00 PM. He/she acknowledged the aforementioned findings.</p> <p>B. Based on an observation of the lunch dining service and through staff interview, it was determined that facility staff failed to practice hand hygiene in accordance with accepted standards of practice and an ice scooper was observed stored uncovered inside the ice machine in the main kitchen.</p> <p>The findings include:</p> <p>According to Centers for Disease Control and Prevention handwashing guidelines are as follows:</p> <p>" Wet your hands with clean, running water ...Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails. Scrub your hands for at least 20 seconds ...Rinse your hands well under clean, running water. Dry your hands using a clean towel or air dry them. "</p> <p><a href="http://www.cdc.gov/handwashing/when-how-handwashing.html">http://www.cdc.gov/handwashing/when-how-handwashing.html</a></p> <p>1. Facility staff failed to practice hand hygiene in accordance with accepted standards during a</p>	L 094			

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L 094	Continued From page 14  dining observation.  A dining observation was conducted on September 20, 2016 at approximately 11:30 AM. the following was observed:  Employee #9 turned on the kitchen faucet, applied hand soap, scrubbed hands less than 5 seconds, obtained towel to dry hands and turned off the faucet using the towel.  A face-to-face interview was conducted on September 20, 2016 at approximately 11:30 AM with Employee #9 who acknowledged the finding and was not able to articulate the minimum amount time to sanitize hands. the observation was made on September 20, 2016.  2. An ice scooper was observed stored uncovered amongst the ice inside of the ice machine in the main kitchen on September 20, 2016 at approximately 9:00 AM.  These observations were made in the presence of Employee #4 who acknowledged the findings.	L 094		
L 099	3219.1 Nursing Facilities  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:  Based on observations made on September 20, 2016 at approximately 9:00 AM and 11:00 AM, and on September 21, 2016 at approximately	L 099	See F371	11/7/16

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L 099	<p>Continued From page 15</p> <p>9:30 AM, it was determined that the facility failed to store, prepare and serve foods under sanitary conditions as evidenced by two (2) of two (2) convection ovens, four (4) of four (4) fire suppression covers, five (5) of eight (8) stainless steel filters, the kitchen floor and one (1) of one (1) flat grill that were soiled, food items such as salmon, chicken, fish, cheese, one (1) of one (1) open bottle of salad dressing, one (1) of one (1) open bag with three (3) bagels, one (1) of one open bag with six (6) potato rolls, two (2) of two (2) open bags of white bread, five (5) of five (5) plastic containers of prepared salads, and six (6) of six plastic containers with sandwiches that were stored in the walk-in and were not labeled or dated and expired foods such as three (3) of three (3) five-pound containers of cottage cheese, seven (7) of seven (7) five-pound bags of Shredded Low moisture Mozzarella Cheese that were stored in the walk-in refrigerator and an ice scooper that was observed inside the ice machine on two (2) occasions.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>Two (2) of two (2) convection ovens were soiled with leftover food deposits and grease.</li> <li>Four (4) of four (4) fire suppression covers from the Ansul fire suppression system were soiled with dust particles and debris.</li> <li>Five (5) of eight (8) stainless steel filters from the hood system were soiled and rusted.</li> <li>The entire kitchen floor was soiled.</li> </ol>	L 099			



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L 099	<p>Continued From page 16</p> <p>5. One (1) of one (1) flat grill was soiled with burnt food particles.</p> <p>6. Food items such as salmon, chicken, and fish were stored in the walk-in refrigerator and were not labeled or dated.</p> <p>7. Approximately 100 slices of yellow cheese stored partially wrapped in the walk-in refrigerator was not labeled or dated.</p> <p>8. A partially filled one-gallon container of Liberty Creamy dressing stored in the walk-in refrigerator was not dated.</p> <p>9. One (1) of one (1) open bag with three (3) bagels, one (1) of one open bag with six (6) potato rolls and two (2) of two (2) open bags of white bread were not dated.</p> <p>10. Five (5) of five (5) plastic containers of prepared salads, and six (6) of six plastic containers with sandwiches were stored in the walk-in and were not labeled or dated.</p> <p>11. One (1) of one (1) five-pound container of cottage cheese was expired as of August 14, 2016 and two (2) of two (2) five-pound containers of cottage cheese were expired as of September 14, 2014.</p> <p>12. Seven (7) of seven (7) five-pound bags of Shredded Low moisture Mozzarella Cheese were expired as of August 19, 2016.</p> <p>13. Two (2) of two (2) blue colored</p>	L 099		

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L 099	Continued From page 17  eight-pound containers of Sea Scallops were dented.  14. Two (2) of two (2) sixteen-ounce bottles of water were stored open, on the first and second shelf of the walk-in refrigerator.  15. A soiled rag was observed on the second shelf of the walk-in refrigerator.  16. An ice scooper was observed inside the ice machine in the main kitchen on September 20, 2016 at approximately 9:00 AM and on September 21, 2016 at approximately 9:30 AM.	L 099		
L 106	3219.8 Nursing Facilities  Food waste shall be disposed in a garbage disposal system or garbage grinder which is conveniently located near each activity and which has adequate capacity to dispose of all readily grindable food waste (garbage) produced. This Statute is not met as evidenced by: Based on observations made on September 21, 2016 at approximately 9:30 AM, it was determined that the facility failed to dispose of food waste in a garbage disposal system as required.  The findings include: Food waste was observed in a large plastic bin and was eventually dumped into a trash bag and disposed of in a trash bin. A face to face interview with Employee #4 was conducted during the observations. Employee #4 confirmed that the facility disposes of food waste	L 106	See F372	11/7/16

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L 106	Continued From page 18  by dumping food scraps into a plastic bin and subsequently into a trash bag and then in a dumpster.  This observation was made in the presence of Employee #4 who acknowledged the finding	L 106			
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 September 21, 2016 at approximately 9:30 AM, it was determined that the facility failed to provide an environment that is free from accident hazards as evidenced by a fire extinguisher that was observed on the floor, next to the dishwashing machine.  The findings include:  A fire extinguisher was stored unsecured, on the kitchen floor next to the dishwashing machine.  This observation was made in the presence of Employee #4 who acknowledged the finding.	L 214	I.  Fire extinguisher was secured.  II.  Plant Operations Director, or designee will conduct  safety round to identify any hazards.  III.  Plant Operations Director or designee will conduct monthly safety rounds.  IV.  Plant Operations Director will document findings and report to the Quality Assurance Committee monthly for review, evaluation, and recommendations.		11/7/16
L 426	3257.3 Nursing Facilities  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:	L 426	See F469		11/7/16

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L 426	Continued From page 19  Based on observation and staff interview of the facility's kitchens, it was determined that facility staff failed to keep the kitchen area free of flying pest.  The findings include:  1. Facility staff failed to keep the second floor kitchen free of flying pests.  During the dining (lunch) observation conducted on September 20, 2016 at approximately 12:27 PM flying pests were observed flying in the kitchen and dining area on the 2nd floor. The observation was made in the presence of Employee #9 who acknowledged the observation.	L 426			
L 442	3258.13 Nursing Facilities  The facility shall maintain all essential mechanical, electrical, and patient care equipment in safe operating condition. This Statute is not met as evidenced by: Based on observations made on September 21, 2016 at approximately 9:30 AM, it was determined that the facility failed to maintain essential equipment in safe working condition as evidenced by two (2) of eight (8) fire control knobs from the gas stove that needed to be replaced, one (1) of nine (9) baffle filters from the hood filter system that was not mounted and one (1) of eight (8) baffle filters from the hood filter system that was loose.  The findings include:  1. Two (2) of eight (8) fire control knobs from one (1) of one (1) gas stove were missing.	L 442	See F456		11/7/16

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L 442	Continued From page 20  2. One (1) of nine (9) stainless steel filter from the hood filter system was not mounted.  3. One (1) of eight (8) stainless steel filter from the hood filter system was loose.  These observations were made in the presence of Employee #4 who acknowledged the findings.	L 442			