Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: HFD02-0014 08/07/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1330 MASSACHUSETTS AVENUE NW **HEALTH & REHABILITATION CENTER AT** WASHINGTON, DC 20005 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX TAG OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) L 000 Initial Comments L 000 An Annual Licensure survey was conducted on August 2, 2017 through August 7, 2017. The L128 deficiencies are based on observation, record review, resident and staff interviews for 25 sampled 1. Pharmacist provided first in-service in residents. September and is scheduled to provide The following is a directory of abbreviations and/or acronyms that may be utilized in the report: second in-service in October, 2.DON or designee has reviewed DC **Abbreviations** AMS -Altered Mental Status ARD assessment reference date regulations to ensure all required in-services BID -Twice- a-day B/P -**Blood Pressure** are scheduled. Centimeters cm -CMS -Centers for Medicare and Medicaid 3.DON or designee is including these Services CNA-Certified Nurse Aide In-services in facility's annual in-service CFU Colony Forming Unit **CRF** Community Residential Facility Schedule. DON or designee will conduct D.C. -District of Columbia DCMR-District of Columbia Municipal audit of in-services. Regulations D/C Discontinue 4. DON or designee will document findings DIdeciliter DMH -Department of Mental Health EKG -12 lead Electrocardiogram and present monthly to the Quality EMS -**Emergency Medical Services (911)** G-tube Gastrostomy tube Assurance Committee for review. **HSC** Health Service Center HVAC -Heating ventilation/Air conditioning evaluation and approval. 9/22/17 ID -Intellectual disability IDT -Interdisciplinary team L-Liter Lbs. -Pounds (unit of mass) MAR -Medication Administration Record MD-Medical Doctor Health Regulation & Licensing Administration

STATE FORM

(X6) DATE

(X6) DATE

(X6) DATE

(X6) DATE

(X6) DATE

(X7)

(X7)

(X8) DATE

(X8) DATE

(X7)

(X8) DATE

(X8

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING. HFD02-0014 08/07/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1330 MASSACHUSETTS AVENUE NW **HEALTH & REHABILITATION CENTER AT** WASHINGTON, DC 20005 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) L 000 Continued From page 1 L 000 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 POby mouth POS physician 's order sheet Prn -As needed Pt -Patient PU-Partial Upper PL-Partial Lower Q-Every QIS -**Quality Indicator Survey** Rap, R/P - Responsible party Special Care Center SCC Sol-Solution TAR -**Treatment Administration Record** Trach-Tracheostomy TX-Treatment L 128 3224.3 Nursing Facilities L 128 The supervising pharmacist shall do the following: (a)Review the drug regimen of each resident at least monthly and report any irregularities to the Medical Director, Administrator, and the Director of Nursing Services;

Health Regulation & Licensing Administration

JVTB11

| Health Regulation & Licensing Administration                       |  |  |                            |   |                  |
|--|--|--|----------------------------|---|------------------|
| STATEMENT OF DEFICIENCIES (X1) F                                   |  | (X1) PROVIDER/SUPPLIER/CLIA  | (X2) MULTIPLE CONSTRUCTION |   | (X3) DATE SURVEY |
| AND PLAN   | OF CORRECTION  | IDENTIFICATION NUMBER:   | A. BUILDING:               |   | COMPLETED        |
|  |  |  |                            |   |                  |
|  |  | HFD02-0014   | B. WING                    |   | 08/07/2017       |
| NAME OF D  | DOMEST OF SUPERIER   |  | · ·                        |   | 00/07/2017       |
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE |  |  |                            |   |                  |
| HEALTH & REHABILITATION CENTER AT 1330 MASSACHUSETTS AVENUE NW     |  |  |                            |   |                  |
| WASHINGTON, DC 20005   |  |  |                            |   |                  |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   |  | ID<br>PREFIX<br>TAG        | PROVIDER'S PLAN OF CORRECTION (X5)  (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DATE |                  |
|  |  |  |                            | DEFICIENCY)   |                  |
| L 128  | Continued From page  | ge 2   | L 128                      | -   |                  |
|  | (b)Submit a written report to the Administrator on the status of the pharmaceutical services and staff performances, at least quarterly;   |  |                            |   |                  |
|  |  |  | 0                          |   |                  |
|  |  |  |                            |   |                  |
|  | ,  |  |                            |   |                  |
|  | (c)Provide a minimum of two (2) in-service sessions per year to all nursing employees, including one (1) session that includes indications, contraindications and possible side effects of commonly used |  |                            |   |                  |
|  |  |  | )                          |   |                  |
|  |  |  |                            |   |                  |
|  | medications;   |  |                            |   |                  |
|  | Trodioation, of  |  |                            |   |                  |
|  | (d)Establish a system of records of receipt and disposition of all controlled substances in sufficient   |  |                            |   |                  |
|  |  |  |                            | 2   |                  |
|  | detail to enable an a  | accurate reconciliation; and                                       |                            |   |                  |
|  | (e)Determine that drug records are in order and that   |  | .                          |   |                  |
|  | an account of all controlled substances is maintained and periodically reconciled.   |  | 11                         |   |                  |
|  |  |  |                            |   |                  |
|  | This Statute is not  | met as evidenced by:   |                            |   |                  |
|  |  |  |                            |   |                  |
|  | Based on staff interview and a review of records, it was determined that the facility failed to ensure that in-service training for nursing personnel was  |  |                            |   | 1                |
|  |  |  | t l                        |   |                  |
|  |  |  |                            |   |                  |
|  | conducted by a phar  | rmaclst.   |                            |   |                  |
|  | The findings include:  |  |                            |   |                  |
|  | rne manys made   | ••   | -                          |   | j                |
|  |  |  |                            |   |                  |
|  |  | strict of Columbia Municipal                                       |                            |   | i                |
|  | Regulations for Nurs   | sing Facilities: 3224 Supervision                                  | ו   ו                      |   |                  |
|  |  | Services (3c) stipulates, "The                                     |                            |   |                  |
|  |  | cist shall provide a minimum of<br>essions per year to all nursing | 9                          |   |                  |
|  |  | g one (1) session that includes                                    |                            |   |                  |
|  |  | dications and possible side  |                            |   |                  |
| ä  |  | used medications"  |                            |   |                  |
|  |  |  |                            | *   |                  |
|  | On Assessed 20042  |  |                            |   |                  |
| 9  | training files reveals   | a review of the in-service<br>of no pharmacy in-services           |                            |   |                  |
| Ì  | naming mas tavesie   | ы по рнаппасу п-services   |                            |   |                  |
|  |  |  |                            |   |                  |

Health Regulation & Licensing Administration

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED B. WING\_ HFD02-0014 08/07/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1330 MASSACHUSETTS AVENUE NW **HEALTH & REHABILITATION CENTER AT** WASHINGTON, DC 20005 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) L 128 Continued From page 3 L 128 were provided during the survey look back period, per state law that included indications. contraindications, and possible side effects of commonly used medications. During a face-to-face interview conducted on August 7, 2017, Employee's # 1 and 2 acknowledged the findings. L 170 3228.2 Nursing Facilities L 170 1. Podiatry In-service is scheduled for Podiatry services shall include direct services to residents, as well as consultation and in-service October. training for nursing employees. This Statute is not met as evidenced by: Based on staff interview and a review of records, It 2.DON or designee has reviewed regulations was determined that the facility failed to ensure that the nursing personnel received in-service training by to ensure required in-services are scheduled. the podiatrist. 3,DON or designee has included Podiatrist The findings include: in-service in annual in-service schedule. According to the District of Columbia Municipal Regulations for Nursing Facilities: 3228.2 DON or designee will audit in-services for stipulates "Podiatry services shall include direct services to residents, as well as consultation and in-service training for nursing employees." Compliance. On August 7, 2017, a review of the in-service 4. DON or designee will document findings training files revealed no podiatry in-services were provided during the survey look back period, by and present to the Quality Assurance state law. Committee for review, evaluation, and 9/22/17 During a face-to-face interview conducted on August 7, 2017, at approximately 3:00 PM Approval, Employees #1 and 2 acknowledged the findings.