

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

PRINTED: 01/05/2018
FORM APPROVED
OMB NO 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095039	(X2) MULTIPLE CONSTRUCTION A. BUILDING ----- B. WING	(X3) DATE SURVEY COMPLETED C 01/03/2018
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NAME OF PROVIDER OR SUPPLIER

UNITED MEDICAL NURSING HOME

STREET ADDRESS, CITY, STATE, ZIP CODE

1310 SOUTHERN AVENUE, SE, SUITE 200
WASHINGTON, DC 20032

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	<p>INITIAL COMMENTS</p> <p>A complaint investigation for C-18-008, DC-3461, was initiated on October 26, 2017. The following deficiencies were based on observation, staff and resident interviews and record review. The sample size was 18 residents.</p> <p>Abbreviations</p> <p>AMS - Altered Mental Status G-tube- Gastrostomy tube EKG - 12 lead Electrocardiogram NP - Nurse Practitioner BID - Twice-a-day EMS- Emergency Medical Services (911) HVAC - Heating Ventilation/Air conditioning Neuro - Neurological B/P - Blood Pressure CRF - Community Residential Facility CNA- Certified Nurse Aide DMH - Department of Mental Health Peg tube - Percutaneous Endoscopic Gastrostomy NP - Nurse Practitioner L- Liter DI - Deciliter CMS - Centers for Medicare and Medicaid Services 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 volume) mg/dl - Milligrams per Deciliter mm/Hg- Millimeters of Mercury POCT - Point of Contact POS - Physician 's Order Sheet</p>	F 000		

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

TITLE

(X6) DATE

Stephen W. Wende Administrator

1/16/2018

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 456 SS=D	ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION CFR(s): 483.90(d)(2)(e) (d)(2) Maintain all mechanical, electrical, and patient care equipment in safe operating condition. (e) Resident Rooms Resident rooms must be designed and equipped for adequate nursing care, comfort, and privacy of residents. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, it was determined that facility staff failed to maintain at least one (1) of three (3) glucometers to be immediately available for emergency use. The findings include: According to the facility's policy, "Accu-Chek Inform II Glucose Meter Test Procedure," POCT 12.1, last reviewed June 28, 2017, the following was noted on page 13 of 15: "Quality Control	F 456	1. An investigation was conducted. 9/4/17, Two employees were disciplined 9/6/17 as a result of investigation and according to policy. Resident #1 was transferred to 8/25/17 the ED immediately where he was pronounced. 2. No other resident was found to have been affected by this deficient practice. The medical records of all residents with a diabetes diagnosis and orders for 1/7/18 blood sugar monitoring have been identified. All accu-check monitors were 1/7/18 calibrated, serviced and supplies stocked		

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F456	<p>Continued From page 2</p> <p>(QC) Testing: The following will be performed on each new day of testing to confirm the test procedure performance before testing any patient specimen.</p> <p>a. The assigned normal and abnormal control solutions will be tested.</p> <p>b. The control solutions results must fall within their pre-established ranges before any patient testing can be performed.</p> <p>c. The QC reagents with other information must be recorded on the Glucose Meter Multi-Task QC Log that is stored in the department POCT QC Notebook ..."</p> <p>On August 25, 2017 at approximately 4:45AM, Resident #2 requested assistance from Employee #4 to "change his roommate (Resident #1)." Facility staff attended to Resident #1, who required incontinent care. Resident #1 subsequently slid off the bed onto the floor and required four (4) staff members to place him/her back in bed. At that time, Resident #1 became unresponsive. Facility staff assessed the resident and Employee #4 took his/her blood sugar. CPR was initiated and the resident was transferred to the emergency room, where he was pronounced at 6:01AM.</p> <p>According to Employee #4's written statement, "At about 4:42AM on 8/25/17, the resident in room 7048 came to the nursing station and stated that "my roommate needs to be changed." I was the only one visible at the nursing station at the time because the other two charge nurses and the CNAs were at the back nursing station. I called the charge nurse who had that assignment Employee #5 and told him/her that his/her resident in room 7048 need to be changed. He/she now called the CNA and they both went to the resident. At no point did the charge nurse or</p>	F456	<p>3. To prevent future occurrences and to ensure availability for emergency use, one Glucose Meter has been identified (labeled), on each unit and will be recalibrated at 1:00am daily.</p> <p>All licensed nursing staff will be re-educated on the "Accu-Chek Inform II Glucose Meter Test Procedure", to include the Quality (QC) Testing calibration, to ensure compliance.</p> <p>The night shift nursing supervisor will be responsible for ensuring nightly calibration of glucometers on each unit.</p> <p>4. Audits of Glucose Meter Daily Test logs will be conducted by the Unit Manager/designee daily and added as a nursing quality indicator to ensure compliance until three consecutive months of greater than or equal to 95% compliance is achieved. Results of the audits will be provided to the DON who will present at the quarterly Quality Assurance committee meeting. The QAC will ensure oversight and correction of any identified deficiencies.</p> <p>5. Corrective action completion date:1/16/18</p>	<p>1/16/18</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

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F 456	Continued From page 3 the CNA who went to the resident say that the resident was in distress other than resident needed to be changed...Resident was assessed for injuries, no apparent injuries noted, was not in any acute distress, was lifted off the floor by four nurses back to his/her bed. I told the nurse that they need to get his/her vital signs while I went to get the glucometer to do finger stick on the resident. I tried three different glucometers but was not able to use anyone of them because they have not been calibrated. I ended up calibrating one of the meters before I could check his/her sugar. The charge nurse and the CNA was with the resident at the time providing care to him/her and the resident was not in any acute distress ..." A telephone interview was conducted on October 27, 2017 at 9:40AM with Employee #4 regarding the use of the glucometers on August 25, 2017 at 1:00 PM. He/she stated, "The glucometers have to be calibrated after midnight every night. They won't work otherwise. It is built into the machine. They are usually calibrated right before the morning blood sugars (6:00AM). That night I tried each of the glucometers and they had not been calibrated by the night shift yet. I calibrated one of the meters so I could use it to test Resident #1's blood sugar. He/she is a diabetic. It took me two to three minutes, maybe less. The meters were not broken. They were just not calibrated." Facility staff failed to maintain at least one (1) of three (3) glucometers to be immediately available for emergency use. Facility staff failed to maintain at least one (1) of three (3) glucometers to be immediately available for emergency use. Employee #6 acknowledged the above in a telephone interview conducted on November 13, 2017. The record was reviewed October 24,	F 456			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Stephen Wherle</i>	TITLE <i>Administrator</i>	(X6) DATE <i>1/16/2018</i>
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