

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD02-0030</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/08/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>UNITED MEDICAL NURSING HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1310 SOUTHERN AVENUE, SE, SUITE 200 WASHINGTON, DC 20032</b>
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{L 000}	<p><b>Initial Comments</b></p> <p>A follow up licensure survey was conducted at United Medical Nursing Center from February 7 and 8, 2017 as a revisit to the annual licensure survey completed December 5, 2016. Survey activities consisted of a review of 13 residents. The following deficiencies are based on observation, record review and staff interviews.</p> <p>The following is a directory of abbreviations and/or acronyms that may be utilized in the report:</p> <p><b>Abbreviations</b></p> <p>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)</p>	{L 000}		
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Health Regulation & Licensing Administration  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Linda C. Chelley*

TITLE

*Interim Administrator*

(X6) DATE

*2/24/17*

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{L 000}	Continued From page 1  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 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 PU- Partial Upper PL- Partial Lower Q- Every QIS - Quality Indicator Survey Rp, R/P - Responsible party SCC - Special Care Center Sol- Solution TAR - Treatment Administration Record Trach- Tracheostomy TX- Treatment	{L 000}		
L 052	3211.1 Nursing Facilities  Sufficient nursing time shall be given to each resident to ensure that the resident receives the following:  (a) Treatment, medications, diet and nutritional supplements and fluids as prescribed, and rehabilitative nursing care as needed;	L 052		

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L 052	<p>Continued From page 2</p> <p>(b) Proper care to minimize pressure ulcers and contractures and to promote the healing of ulcers:</p> <p>(c) Assistants in daily personal grooming so that the resident is comfortable, clean, and neat as evidenced by freedom from body odor, cleaned and trimmed nails, and clean, neat and well-groomed hair;</p> <p>(d) Protection from accident, injury, and infection;</p> <p>(e) Encouragement, assistance, and training in self-care and group activities;</p> <p>(f) Encouragement and assistance to:</p> <p>(1) Get out of the bed and dress or be dressed in his or her own clothing; and shoes or slippers, which shall be clean and in good repair;</p> <p>(2) Use the dining room if he or she is able; and</p> <p>(3) Participate in meaningful social and recreational activities; with eating;</p> <p>(g) Prompt, unhurried assistance if he or she requires or request help with eating;</p> <p>(h) Prescribed adaptive self-help devices to assist him or her in eating independently;</p> <p>(i) Assistance, if needed, with daily hygiene, including oral care; and</p> <p>j) Prompt response to an activated call bell or call for help.</p> <p>This Statute is not met as evidenced by:</p>	L 052	<ol style="list-style-type: none"> <li>1. Resident #63 was not harmed .</li> <li>2. Residents receiving analgesic medications were identified. Medical records for identified residents were audited to ensure completion of pain assessments and documentation of location and intensity of pain.</li> <li>3. Inservice training will be provided to Licensed Nursing staff on Assessment of Pain emphasizing documentation of location, intensity and pre/post assessment using numeric 0-10 numeric scale. Audits of pain assessments and documentation will be conducted by the Unit Manager/designee until 3 months of greater than or equal to 95% compliance is achieved. Results of the audits will be reported to the QA/QA committee by the DON.</li> <li>4. Audit results and actions plans for improvement will be presented by the DON monthly to an ad-hoc Quality Assurance committee for 3 months and then quarterly to the Quality Assurance committee.</li> <li>5. Date of Completion: 2/28/17</li> </ol>	

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L 052	<p>Continued From page 3</p> <p>A. Based on record review and staff interviews for one (1) of 13 sampled residents, it was determined that sufficient nursing time shall be given to each resident received the necessary care and services to ensure that the highest practicable physical, mental, and/or psychosocial well-being, as evidenced by failure to assess the intensity of Resident #63's pain who was receiving an analgesic medication [Tramadol] for pain.</p> <p>The findings include:</p> <p>A review of the Physician's order signed and dated December 31, 2016 directed, Tramadol 50 mg - Administer 1 tablet per G-Tube (gastrostomy tube) every eight hours as needed for pain.</p> <p>A review of the February 2017 Medication Administration Record revealed that Resident #63 received Tramadol 50 mg on February 1, 2017 at 5:00 AM and February 6, 2017 at 9:30 AM.</p> <p>The back/reverse side of the February 2017 Medication Administration Record revealed the following:</p> <p>February 1, 2017 at 5:00 AM, Medication: Tramadol 50 mg - Reason: c/o (complained of) pain - Result: effective [positive - effective]</p> <p>February 6, 2017 at 9:30 AM, Medication: Tramadol 50 mg - Reason: c/o (complained of) pain - Result: effective [positive - effective]</p>	L 052	<p><b>Resident #63</b> is consistently being assessed each shift for respiratory status with documented results to include the condition of the stoma, character of secretions – color, amount, consistency, frequency and resident reaction to suctioning, rate and character of respiration and pertinent observations</p> <p>A manual-resuscitator (Ambu bag) and suction catheters are assessable at bedside for immediate use, to provide manual ventilation or suction to maintain the resident's air</p> <p>2. Respiratory assessments are consistently completed each shift, by licensed nursing staff, for resident requiring tracheostomy care. Documentation of assessment will follow Tracheostomy Care, Procedure; documentation of time; condition of the stoma; character of secretions; and resident's reaction. A manual resuscitator (Ambu bag) and suction catheters are assessable at bedside to provide immediate manual ventilation or suction to maintain the resident's airway</p>	

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L 052	<p>Continued From page 4</p> <p>A pain assessment should include the location of the patient's pain, to intensity of the pain is measured through the use of a numeric pain rating scale such as a 0 to 10 scale with 0= no pain to 10= the worst pain (Lippincott, Williams &amp; Wilkins (2009). There was no evidence that facility staff conducted pain assessments for the resident that included the location and the intensity of the resident's pain (e.g. numeric scale - "0" no pain; 1-4 mild pain; 4-7 moderate pain; 8-10 severe pain.</p> <p>A face-to-face interview was conducted on February 8, 2017 at approximately 11:00 AM with Employee #4. He/she acknowledged the findings. The record was reviewed on February 8, 2017.A.</p> <p>B. Based on observation, record review and staff interviews for one (1) of 13 sampled residents, it was determined that sufficient nursing time shall be given to each resident received the proper treatment and care for respiratory services as evidenced by: failure to consistently document respiratory assessments for Resident # 63 who requires tracheostomy care; to ensure that a manual resuscitator (Ambu bag) [a hand-held device used to provide positive pressure ventilation to patients with a compromised airway] and a suction catheter [used to suction secretion for the resident] was immediately available for use.</p> <p>The findings include:</p>	L 052	<p>3. To prevent future occurrences, staff will be reeducated on consistent performance of respiratory assessments, documentation for residents who receive tracheostomy care and the Tracheostomy Care Procedure per policy guidelines.</p> <p>4. Monitoring of required documentation and necessary equipment at bedside has been added as a quality indicator for review at daily stand-up meetings. Results of the monitoring outcomes and plans for improvement will be reported monthly for 3 months to an ad-hoc Quality Assurance committee and then quarterly to the QAA committee by the DON.</p> <p>5. Completion date: 2/28/17 and on-going</p>	

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L 052	<p>Continued From page 5</p> <p>1. Sufficient nursing was not given to ensure that staff consistently document respiratory assessments for Resident # 63 who received tracheostomy care.</p> <p>Policies:</p> <p>Title: Tracheostomy Care, Procedure No. 83, Revised date: February 21, 2015.</p> <p>"Purpose: To keep resident adequately ventilated by providing and maintaining a resident's airway. To decrease the possibility of infection at the tracheal sight and pulmonary system.</p> <p>Responsibility: Registered Nurse, Licensed Practical Nurse</p> <p>Procedure/Members Duties: 1.To be done at least one time on every shift and as necessary. 21. Chart: a. time; b. condition of the stoma; c. character of secretions; d. resident's reaction."</p> <p>Title: Suctioning a Tracheostomy Tube, Procedure No. 84, Effective date December 1, 2015. "Purpose: To maintain a resident's airway. Responsibility: Registered Nurse, Licensed Practical Nurse Procedure/Members Duties: ...25. Inner cannula should be removed every four hours or as often as necessary to keep airway patent. 27. Size of tracheostomy tube used and date trach tube is changed should be recorded on the Kardex. 28. After care:...c. Chart on the nurse's progress record: 1) color, amount, consistency of mucus; 2) frequency and reaction of resident to</p>	L 052		

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L 052	<p>Continued From page 6</p> <p>suctioning; 3) rate and character of respiration; 4) pertinent observations"</p> <p>A review of the quarterly Minimum Data Set last completed January 2, 2017 revealed that Resident # 63 was coded as being totally dependent on staff to perform bed mobility, transfer, dressing, eating, toilet use, personal hygiene and bathing under section G (Functional Status). Under Section I (Active Diagnoses) the resident was coded as having diagnoses which included: hypertension, diabetes mellitus, cerebral vascular accident, hemiplegia, tracheostomy status, and gastrostomy status; and under Section O (Special treatments, Procedures and Programs) the resident was coded as receiving oxygen therapy, suctioning and tracheostomy care.</p> <p>The physician's order last signed and dated December 31, 2017 directed, "Humidified O2 (oxygen) at 28% via trach collar mask; Trach care every shift; Suction trach every shift as needed".</p> <p>A review of the February 2017 Treatment Administration Record revealed that tracheostomy care was performed on February 1 through 7 on the 11:00 PM-7:00 AM, 7:00 AM-3:00 PM, and 3:00 PM-11:00 PM shifts as indicated by staff signatures in the designated boxes.</p> <p>There was no evidence that facility staff</p>	L 052		

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L 052	<p>Continued From page 7</p> <p>performed a complete respiratory assessment to include the condition of the stoma, character of secretions and resident's reaction post tracheostomy care.</p> <p>A review of the Nursing Progress Notes revealed the following:</p> <p>February 1, 2017 at 7:00 AM - " ...trach care provided ..."</p> <p>February 2, 2017 at 3:00 PM- " ...trach care and suctioning done as needed with clear and odorless secretions ..."</p> <p>February 3, 2017 at 7:00 AM- " ...trach care done. Suctioned no decannulation, O2 (oxygen) at 28% via connection to trach mask, inner cannula changed, trach collar change no signs and symptoms of infection noted ...lungs clear chest movement symmetrical."</p> <p>February 3, 2017 at 10:00 PM -" ...trach care done, secretion with O2 28% via connector to trach mask no decannulation ... lungs clear on [auscultation] ..."</p> <p>February 4, 2017 at 11:45 PM -" ...trach intact and patent ...trach care provided ..."</p> <p>February 5, 2017 at 7:00 AM- " ...trach care and suctioning done. No distress or discomfort noted. Clear and odorless sections noted from trach."</p> <p>February 6, 2017 at 3:30 PM- " ...trach intact and patent. Suctioned [times two] as needed tolerated well ..."</p> <p>February 6, 2017 at 11:00 PM-" ...trach care</p>	L 052		



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L 052	<p>Continued From page 8 provided ..."</p> <p>February 7, 2017 at 2:00 PM- "...trach intact and patent, suctioned [times 1] this shift [with] minimal secretions noted..."</p> <p>February 7, 2017 at 3:00 PM - "...trach care done by respiratory therapy at this time, well tolerated."</p> <p>There was no evidence that facility staff consistently performed a complete respiratory assessment each shift to include the color amount and consistency of mucous; the frequency and reaction of resident to suctioning; and rate and character of respiration post tracheostomy care.</p> <p>A face-to-face interview was conducted with Employees #4 and #8 on February 8, 2017 at approximately 11:00 AM. They acknowledged the findings. The record was reviewed on February 8, 2017.</p> <p>2. Sufficient nursing was not given to ensure that a manual resuscitator (Ambu bag) and a suction catheter was immediately available for use for Resident #63.</p> <p>During an observation of Resident # 63 on February 7, 2017 at approximately 3:20 PM while staff were preparing to perform tracheostomy care the following was noted:</p> <p>Employee #4 while preparing to provide trach care left the resident's bed side and exited the room at approximately 3:27 PM and returned at</p>	L 052		

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L 052	<p>Continued From page 9</p> <p>3:31 PM with one (1) Ambu bag, one (1) bottle of sterile water and a 14 French suction catheter.</p> <p>There was no evidence that facility staff maintained an Ambu bag and suction catheter readily accessible at the resident's bedside for immediate usage to provide manual ventilation or suction to maintain the resident's airway.</p> <p>A face-to-face interview was conducted at the time of the observation with Employee #4. In regards to the absence the Ambu bag being at bedside. He/she stated, "I don't know where it is. It's normally at the bedside."</p>	L 052		
{L 214}	<p>3234.1 Nursing Facilities</p> <p>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.</p> <p>This Statute is not met as evidenced by:</p> <p>A. Based on observations and staff and resident interviews made on February 7, 2017 at 10:00 AM and 1:30 PM, it was determined that the facility failed to maintain resident environment free of accident hazards as evidenced by: failure to repair cracked and broken floor tiles located in the shower stall in one (1) resident's room; and failed to ensure that a damaged handrail located on the residents' unit was intact and did not pose as a potential hazard to residents, staff and visitors.</p> <p>The findings include:</p>	{L 214}		

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{L 214}	<p>Continued From page 10</p> <p>1. Facility staff failed to provide a shower floor that was free from accident hazard that posed as a potential hazard in resident room # 633.</p> <p>During a tour of facility on February 7, 2017 at 10:00 AM the following was observed:</p> <p>The shower stall flooring in room #633 had pointed tiles protruding upward, broken and cracked tiles surrounding the drain. Employee #5 was present at the time of the observation. He/she stated that [Resident #114] is alert and oriented and [he/she] showers [himself/herself] daily. We need to get that fixed."</p> <p>A face-to-face interview was conducted on February 7, 2017 at 1:30 PM with Employee #9. He/she was shown the shower floor with the damaged tiles. At this time Employee #9 reached down and picked up a piece of pointed tile that was directed towards the ceiling. He/she stated, "Let me just get this off the floor, it could hurt someone. I will close the shower stall and have it repaired within 24 hours."</p> <p>A face-to-face interview was conducted on February 8, 2017 at 10:20 AM with Residents' # 86 and #114 (occupants of room #633). Resident # 114 was queried regarding taking showers. He/she stated, "I take a shower every day. I have to watch where I step, the floor is broken." When asked how long the floor had been in disrepair. Residents' #114 and #86 responded, "A little while."</p> <p>2. Facility staff failed to ensure that handrails</p>	{L 214}	<p>1. The shower stall flooring in room #633 was repaired</p> <p>2. Flooring in the shower rooms of all other resident rooms were inspected to ensure all tiles were firmly affixed to the floor</p> <p>3. To prevent future occurrences, the Zone maintenance program, assigning one maintenance technician responsibility for each unit. Environmental rounds will be conducted a minimum of 2x per week. . Additionally environmental rounds are conducted weekly by a team headed by the Quality Department with Facilities management, Environmental services and the Unit Clinical Manager. All identified areas for improvement are reported to the responsible Department Manager and the Administrator for follow-up.</p> <p>4. The Director of Facilities Management (Maintenance) will report the results of the monitoring outcomes and plans for improvement monthly to an ad-hoc Quality Assurance committee for 3 months and then quarterly the Quality Assessment and Assurance Committee.</p> <p>5. Completion Date: 2/28/17</p>	On-goin o	

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{L 214}	<p>Continued From page 11</p> <p>located on the 6th floor was intact and did not pose as a potential hazard to residents, staff and/or visitors.</p> <p>The handrail located next to the physician's elevator and across from room #630 was cracked, perforated with jagged edges and posed an accident hazard to residents, staff and/or visitors.</p> <p>A face-to-face interview was conducted on with Employee #9 on February 7, 2017 at 1:45 PM. He/she stated, "Everyone isn't careful with the carts around here; they keep bumping into the rails causing them to come loose. I will have to mention this to them again, and I need to get that hole fixed". Employee # 9 also acknowledged the finding.</p> <p>B. Based on observations made on February 7, 2017 at approximately 1:45 PM, it was determined that the facility failed to ensure that handrails located in the corridors were firmly secured to the wall as evidenced by the movement of the handrails when examined by the surveyor on the 6th floor.</p> <p>The findings include:</p> <p>On February 7, 2017 at approximately 10 AM the handrails located on the 6th floor outside resident rooms #617, #620, #630, #641 and #643 were observed. Upon examination the handrails were loose, moved upon touch and were not firmly affixed to the wall.</p>	{L 214}	<ol style="list-style-type: none"> <li>1. The handrails located outside resident rooms #617, #620, #630, #641 and #643 were repaired.</li> <li>2. All Handrails in corridors of 6<sup>th</sup> and 7<sup>th</sup> floors were inspected for cracks and broken pieces and were repaired/replaced to ensure that they do not pose a potential hazard to resident, staff and visitors</li> <li>3. To prevent future occurrences, the Zone maintenance program, assigning one maintenance technician responsibility for each unit. Environmental rounds will be conducted a minimum of 2x per week. . Additionally environmental rounds are conducted weekly by a team headed by the Quality Department with Facilities management, Environmental services and the Unit Clinical Manager. All identified areas for improvement are reported to the responsible Department Manager and the Administrator for follow-up.</li> <li>4. The Director of Facilities Management will report the results of the monitoring outcomes and plans for improvement, if required, to the quarterly Quality Assessment and Assurance Committee.</li> </ol> <p>Completion Date: 2/28/17 and</p>	On-goin σ

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD02-0030</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/08/2017</b>	
NAME OF PROVIDER OR SUPPLIER  <b>UNITED MEDICAL NURSING HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1310 SOUTHERN AVENUE, SE, SUITE 200 WASHINGTON, DC 20032</b>		
(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) COMPLETE DATE
{L 214}	Continued From page 12  This observation was made in the presence of Employee # 9 who acknowledged the findings.	{L 214}		
{L 410}	<p><b>3256.1 Nursing Facilities</b></p> <p>Each facility shall provide housekeeping and maintenance services necessary to maintain the exterior and the interior of the facility in a safe, sanitary, orderly, comfortable and attractive manner. This Statute is not met as evidenced by:</p> <p>Based on observations made on February 7, 2017 at approximately 3:30 PM, it was determined that the facility failed to provide housekeeping services necessary to maintain an orderly interior as evidenced by two (2) of two (2) plastic tubes (used for delivery of oxygen) observed on the floor next to the resident's bed and not in use.</p> <p>The findings include:</p> <p>During an observation of Resident # 63 on February 7, 2017 at approximately 3:30 PM the following was noted:</p> <p>Two (2) of two (2) plastic tubes were observed on the floor next to the resident's bed and not in use. One (1) tube was dated January 30, 2017 and the other tube was not dated.</p> <p>The observations were made in the presence of Employee # 4 and Employee # 8 who acknowledged the findings.</p>	{L 410}	<ol style="list-style-type: none"> <li>1. The floor of room for <b>Resident #63</b> was cleaned, stripped and waxed.</li> <li>2. Resident room rounds were made on both units</li> <li>3. Environmental Services will conduct daily rounds to ensure a sanitary, orderly and comfortable interior.</li> <li>4. The Environmental Services Director will report the results of the monitoring outcomes and plans for improvement to the Quality Assessment and Assurance committee. On-</li> <li>5. Completion date: 2/28/17</li> </ol>	