PRINTED: 10/20/2014 FORM APPROVED OMB NO. 0938-0391

MASHINGTON CTR FOR AGING SVCS SUMMARY STYREMENT OF DEPLOPMENTS F 000 INITIAL COMMENTS The annual OIS survey was conducted on August 25 through September 2, 2014. The deficiencies are based on observations, record review and staff interviews for 39 sampled residents. The following is a directory of abbreviations and/or acronyms that may be utilized in the report: Abbreviations AMS - Altered Mental Status ARD - assessment reference date BID - Twice-a-day BIP - Blood Pressure CMS - Centers for Medicare and Medicaid Services CMS - Community Residential Facility D.C. District of Columbia CMS - Interest Mental Status ARD - Department of Mental Health EKG - 12 lead Electrocardogram EMS - Energency Medical Services (911) g-lube - Gastrostomy Lube rivAC - Healing venitations/Air conditioning FUFL Pull Upper Full Lower Interdisciplinary Team INR - Medication Administration Record MDS - Minimum Data Set AARD - Medical Doctor MDS - Minimum Data Set	AND PLAN OF CORRECTION INFORMATION NUMBER:		1	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
STREET ADDRESS, CITY, STATE, JAP CODE			095014	B. WING		09/02/2014
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The annual QIS survey was conducted on August 25 through September 2, 2014. The deficiencies are based on observations, record review and staff interviews for 39 sampled residents. The following is a directory of abbreviations and/or acronyms that may be utilized in the report: 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- Centrol of Columbia D/C - discontinue DI - deciliter DMH - Department of Mental Health EKG - 12 lead Electrocardiogram EMS - Emergency Medical Services (911) g-tube Gastrostomy tube HVAC - Heating ventilation/Air conditioning FU/FL Full Upper /Full Lower ID - Interlectual disability IDT - Interdisciplinary Team INR - International Normalised Ratio L - Liter Lbs - pounds (unit of mass) MAR - Medical Doctor MDS - Minimum Data Set	PRÉFIX	(EACH DEFICIENCY MUST	T BE PRECEDED BY FULL REGULATORY	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD BE COMPLÉTION
CARCINAL PRINCIPLE ON CANADA CONTROL OF THE CONTROL		The annual QIS sur 25 through Septemble are based on obserinterviews for 39 said acronyms that may Abbreviations AMS - Altered MARD - assessment BID - Twice-a-B/P - Blood Processory Comblet	rvey was conducted on August per 2, 2014. The deficiencies vations, record review and staff impled residents. Frectory of abbreviations and/or be utilized in the report: Fental Status ent reference date day essure elters or Medicare and Medicaid If Nurse Aide for Mental Facility Columbia nue Fent of Mental Health Electrocardiogram ency Medical Services (911) formy tube HVAC - Heating tioning er /Full Lower leal disability iplinary Team enal Normalised Ratio unit of mass) on Administration Record Doctor in Data Set		Stoddard Baptist Global Care W Center for Aging Services (SBG this Plan of Correction in accord the Compliance requirements for and State regulations. This Plan of Correction constitute facility's written allegation of contraction decired this Plan of Correction does not be serviced.	tes the mpliance for submission not constitute

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.

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 000	mL - milliliters volume) mg/dl - milligran mm/Hg - millimeter MRR- Medicatio Neuro - Neurolog NP - Nurse Pr OBRA - Omnibus PASRR - Preadmin Review Peg tube - Percutal PO- by mouth POS - Physicia Prn - As need Pt - Patient Q- Every QIS - Quality In Rp, R/P- responsi RAI- Resident ROM- Range of TAR - Treatmer CAA- Care Asse	s (metric system unit of mass) (metric system measure of ns per deciliter rs of mercury n Regimen Review ical actitioner Budget Reconciliation Act ssion screen and Resident neous Endoscopic Gastrostomy n's Order Sheet ed ndicator Survey ble party Assessment Instrument	F	000	Continued from page 1 483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES F 156		
F 156 SS=D	RIGHTS, RULES, S The facility must inf in writing in a langu understands of his regulations governi responsibilities duri facility must also pr (if any) of the State	483.10(b)(1) NOTICE OF SERVICES, CHARGES orm the resident both orally and age that the resident or her rights and all rules and ng resident conduct and ng the stay in the facility. The ovide the resident with the notice developed under §1919(e)(6) of cation must be made prior to or d during the		156	1. On 8/29/14 it was identified that Admissions' Packet did not reflect written description that the resident/responsible party were responsible for television, cable at telephone services, although this information was verbally communicated to residents/responsible parties. The were no negative outcomes to the residents/their responsible parties.	t a and ere e	8/29/14

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 156	resident's stay. Recany amendments to writing. The facility must inferentitled to Medicaid of admission to the resident becomes eand services that ar services under the Stresident may not be services that the factories for those scresident when chan services specified in this section. The facility must infine time of admission resident's stay, of sand of charges for the charges for services by the facility's performance of the facility must fur legal rights which in A description of the funds, under paraginal A description of the for establishing eliging right to request an an 1924(c) which determon-exempt resources.	ceipt of such information, and it, must be acknowledged in orm each resident who is benefits, in writing, at the time nursing facility or, when the ligible for Medicaid of the items e included in nursing facility State plan and for which the charged; those other items and sility offers and for which the arged, and the amount of ervices; and inform each ges are made to the items and in paragraphs (5)(i)(A) and (B) of orm each resident before, or at on, and periodically during the ervices available in the facility those services, including any is not covered under Medicare or diem rate. Thish a written description of includes: Thish a written description of includes in the facility which is a series in the includes in the facility which is a series in the includes in the incl	F	156	2. The Admissions Contract was revised on 8/29/14 to indicate that resident/responsible parties were responsible for the television, cab telephone services. 3. The Admissions Department received an in-service on the required documentation in the Admission's Contracts to inform the resident/responsible party of serving not covered by Medicare and Medion 10/27/14. 4. Effective upon the completion of survey on 9/2/14, a quality assurate program was implemented under supervision of the Executive Clini Director/Designated Representation monitor the written communication residents/responsible parties of services not covered by Medicare Medicaid. Findings of the quality assurance checks will be documentated and reported quarterly to the Qualimprovement Committee for at leasing the determining to discontinue this medical that is much and reported discontinue this medical that is a service of the committee determining to discontinue this medical that is a service of the committee determining to discontinue this medical that is a service of the committee determining to discontinue this medical that is a service of the committee determining to discontinue this medical that is a service of the committee determining to discontinue this medical that is a service of the committee determining to discontinue this medical that is a service of the committee determining to discontinue this medical that is a service of the committee determining to discontinue this medical that is a service of the committee determining to discontinue this medical that is a service of the committee determining the discontinue that the committee determining the dis	le and uired ices dicaid of the ance the cal ive to n of e and ented ality ast	8/29/14

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F 156	payment toward the spouse's medical ca spending down to M	nnot be considered available for cost of the institutionalized are in his or her process of dedicaid eligibility levels.	F 1	56 Continued from p	age 3			
	numbers of all pertingroups such as the agency, the State linombudsman programetwork, and the Mistatement that the rithe State survey an concerning resident misappropriation of	, addresses, and telephone nent State client advocacy State survey and certification censure office, the State m, the protection and advocacy edicaid fraud control unit; and a resident may file a complaint with d certification agency tabuse, neglect, and resident property in the facility, e with the advance directives						
		form each resident of the name, of contacting the physician or her care.						
	written information, applicants for admi- about how to apply Medicaid benefits,	ominently display in the facility and provide to residents and ssion oral and written information for and use Medicare and and how to receive refunds for covered by such benefits.						
	This REQUIREMEN	NT is not met as evidenced by:						
	the facility's person	eview and staff interview during al funds review, it was sility staff failed to inform the						

STATEMENT O AND PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 156	were not covered by	ponsible parties of items that the facility and that they le parties] would be responsible	F	156	Continued from page 4		- Control of the Cont
	Employee #30 on A 1:00 PM. A query w	view was conducted with ugust 29, 2014 at approximately as made of how residents					A ANDERSON
	cost of the televisio any change in those Employee #30 state the Admissions Pag	ble parties were informed of the n, telephone, cable services and e services. ed that information was found in sket, and any change in services ng Resident Council Meetings.					
	to residents on admevidence that they	nission's Packet that is provided nission to the facility, lacked were informed of the cost for e, and cable services.			483.10(b)(11) NOTIFY OF CHANG (INJURY/DECLINE/ROOM, ETC)	GES	
	parties of items tha and they would be services.	o inform residents/responsible t were not covered by the facility responsible for the cost of those			F 157 1. It is the policy and practice of facility to report changes in a resident's condition to the physic There is no corrective action that be done for deficiency observed	cian. It can with	
F 157 SS=D	(INJURY/DECLINE	TIFY OF CHANGES E/ROOM, ETC) ediately inform the resident;	F	157	resident #262 during the timefra identified due to resident being transferred to the hospital for me evaluation on 4/20/14.		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 157	notify the resident's interested family me involving the resider the potential for requisignificant change in or psychosocial statemental, or psychosocial statement to alter treatment discontinue an exist adverse consequent form of treatment); of discharge the resider	ge 5 dent's physician; and if known, legal representative or an ember when there is an accident at which results in injury and has uiring physician intervention; a at the resident's physical, mental, us (i.e., a deterioration in health, ocial status in either life ans or clinical complications); a ent significantly (i.e., a need to ing form of treatment due to ces, or to commence a new or a decision to transfer or ent from the facility as specified	F	157	Continued from page 5 2. Because all residents experience changes are potentially affected becited deficiency on 8/29/14 all 24-1 Nursing Reports and all residents Medication Administration Record (MARs) were reviewed for unresold complaints of headache or other position without written documentation not the physician. No other residents affected.	y this Hour s ved pain ifying	8/29/14
	in §483.12(a). The facility must als and, if known, the reinterested family me room or roommate a §483.15(e)(2); or a Federal or State law paragraph (b)(1) of The facility must recaddress and phone representative or in	o promptly notify the resident esident's legal representative or ember when there is a change in assignment as specified in change in resident rights under or regulations as specified in		A CANADA TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL TH	3. An In-service was provided for licensed Nursing staff regarding Required Notification of Physician regarding resident medical complawith focus on pain medication relia 10/31/14. The assigned nurse to resident #2 was re-educated on physician notification and documentation of resident's pain assessment. 4. Effective 9/19/14, a quality assurance program was implementation of the Direction of	aints ef on e62 a	9/19/14
	(1) of 39 sampled re	eview and staff interviews for one esidents, it was determined that notify the physician of Resident a headache.			under the supervision of the Direct Nursing/Designated Representation of physicial regarding residents' medical complaints. Findings of the quality assurance checks will be docume and reported monthly to the Quality Improvement Committee for at least	ve to ans v nted ty	

	TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 157	dated April 10, 2014 Midodrine [Antihypomedication] should blood pressure is re [he/she] is sympton pain. [He/she] will re adjustment of these A history and physisthat Resident #262 Worsening Tremore Orthostatic Hypoten An interim physicial directed, "Please Pulse every shift for An electronic nursing revealed the follow April 14, 2014 at 17 98.2, 72(Pulse), 11 had c/o [complaine [as needed]medicate refused to take. Notime." A review of the MA Administration Rec Record) revealed to administered Tyler	espital "Discharge Summary" 4 "[Resident #262] dose of otensive/ Vasopressor be decreased if [his/her] systolic outinely going above 150 or if natic with headaches or chest need continued monitoring and emedications after discharge." cal dated April 10, 2014 revealed 's diagnoses included: s, Parkinson Disease and nsion. n 's order dated April 14, 2014 check B/P (Blood Pressure), or Orthostatic Hypotension. " ing note dated April 14, 2014 ing: 1:06 PM -" Temp (temperature) 0/70 (Blood Pressure), Resident of headache and Tylenol PRN ation was offered but resident other distress noted at this are and 325mg - two (2) tabs [tablets] no time indicated) for, "Reason-		157	Continued from page 6 one year, prior to the committee determining to discontinue this mo	nitor.	

F 157 Continued From page 7 assessed as "6/10", Result- effective "2/10." No blood pressure or pulse documented. The clinical record lacked evidence that the physician was notified regarding the resident's complaint of a headache. A face-to-face interview was conducted with Employee #2 on August 29, 2014 at approximately 3:46 PM. After reviewing the clinical record the employee acknowledged the aforementioned findings. The record was reviewed on August 29, 2014. F 241 A83.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY A) Resident #29 1. Resident #29 was assessed and condition was stable after an inappropriate comment was made to		OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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PREFIX TAG (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 157 Continued From page 7 assessed as "6/10", Result- effective "2/10." No blood pressure or pulse documented. The clinical record lacked evidence that the physician was notified regarding the resident's complaint of a headache. A face-to-face interview was conducted with Employee #2 on August 29, 2014 at approximately 3:46 PM. After reviewing the clinical record the employee acknowledged the aforementioned findings. The record was reviewed on August 29, 2014. F 241 SS=E F 241 F 241 SS=E INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. F 241 SS=E A 83.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. F 241 SS=E A 83.15(a) DIGNITY AND RESPECT OF Individuality. F 241 A) Resident #29 1. Resident #29 was assessed and condition was stable after an inappropriate comment was made to the resident #29 by staff on 8/29/14 in an effort to promote compassionate care and dignity for the resident. 2. All other residents were checked in the solariums on 8/29/14 to ensure that			G SVCS	2601 18TH STREET NE			
assessed as "6/10", Result- effective "2/10." No blood pressure or pulse documented. The clinical record lacked evidence that the physician was notified regarding the resident's complaint of a headache. A face-to-face interview was conducted with Employee #2 on August 29, 2014 at approximately 3:46 PM. After reviewing the clinical record the employee acknowledged the aforementioned findings. The record was reviewed on August 29, 2014. F 241 SS=E INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. ### A83.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY F 241 A) Resident #29 1. Resident #29 was assessed and condition was stable after an inappropriate comment was made to the resident #29 by staff on 8/29/14 in an effort to promote compassionate care and dignity for the resident. 2. All other residents were checked in the solariums on 8/29/14 to ensure that	PREFIX	(EACH DEFICIENCY MUST	F BE PRECEDED BY FULL REGULATORY	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE C	(X5) COMPLETION DATE
This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews for three (3) of 39 sampled residents, it was determined that facility staff failed to promote care for residents in a manner and in an to enhance resident's individual dignity and respect. No other residents were affected by this deficiency. 3. Nursing staff were provided incompleted and respect to enhance resident's individual dignity and respect. No other residents were affected by this deficiency.	F 241	assessed as "6/10 No blood pressure of The clinical record laphysician was notific complaint of a head A face-to-face interview for the record as:46 PM. After review findings. The record and in an end an end and in an end and in an end and in an end an e	", Result- effective " 2/10." or pulse documented. acked evidence that the ed regarding the resident ' s ache. view was conducted with gust 29, 2014 at approximately ewing the clinical record the edged the aforementioned d was reviewed on August 29, AND RESPECT OF omote care for residents in a navironment that maintains or dent's dignity and respect in full her individuality. NT is not met as evidenced by: clions, record review and staff (3) of 39 sampled residents, it at facility staff failed to promote a manner and in an employee announcing in the arium) among other nat one (1) resident was being of the promote of the pr	F 241	483.15(a) DIGNITY AND RESPECTINDIVIDUALITY F 241 A) Resident #29 1. Resident #29 was assessed a condition was stable after an inappropriate comment was made the resident #29 by staff on 8/29 an effort to promote compassion care and dignity for the resident. 2. All other residents were check the solariums on 8/29/14 to ensure a care was being provided in a mate to enhance resident's individual and respect. No other residents affected by this deficiency. 3. Nursing staff were provided in service regarding Individualized Compassionate Care for Reside that promotes dignity and respect 10/31/14. Employee #13 receive education regarding what is expect for providing care for Resident # all other residents that reflects described to the residents of the residents and other residents that reflects described to the resident	nd de to /14 in ate ded in are that anner dignity were nts et on e re- ected 29 and	8/29/14 8/29/14

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F 241	1. Facility staff faile evidenced by annouthat Resident #29 has During a resident ob 29, 2014 at approximant announced out loud member that Reside commode. A face-to-face intervention of the proper with th	ed to promote dignity as uncing out loud in the solarium	F	241	Continued from page 8 4. A quality assurance program vimplemented under the supervision the Director of Nursing/Designate Representative to monitor the Castor Residents with Dignity and Respect which will be monitored reported monthly to the Quality Improvement Committee for at le one year, prior to the committee determining to discontinue this monitor. B) Resident #152	on of ed ring and	10/31/14
	#29 as evidenced b solarium, in the preshad to be toileted. 2. Facility staff faile enter Resident #152 On August 26, 2014	4 at approximately 10:00 AM			1. Resident #152 was assessed a condition was stable on 8/26/14 a a nursing staff member knocked the resident's door but did not was obtain permission to enter the resident #152 room.	after on ait to	8/26/14
	#36 knocked on the entered without wai Resident #152 com without permission. door and I say wait on in [without waiting]	-			 Nursing rounds were conducted all the nursing units to ensure the staff is waiting after knocking on residents doors to receive permits from the resident before entering room. 	at the ssion	10/31/14
AMERICAN AND AMERICAN	Employee #10 on A approximately 4:00	view was conducted with August 28, 2014, at PM, in the presence of e/she acknowledged the			 Nursing staff were provided in service regarding "Obtaining Permission from Residents to er their rooms before entering their rooms. 	ıter	10/31/14

OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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aforementioned find stated, "I did consult of the occurrence a [he/she] should have permission to enter Facility staff failed the enter Resident #15. 3. Facility staff failed the enter Resident in 26, 2014 at approximation and the front desk, and door. No one answer A face-to-face inter Employee #7, who time. A query was attention given to the explanation was of proceeded to response.	dings. Employee #10 further alt with Employee #36 at the time and informed [him/her] that we waited for the resident to give the room. To wait to receive permission to 2's room. The detail to respond to Resident 165's mely manner. The alarm was audible and blinking over the resident's citivated. The alarm was audible and blinking over the resident's wered the call bell/light. The was conducted with was at the nurse's station at that made regarding the lack of the resident's call bell/light. No fered. At that time Employee #7 and to the call bell/light.	F	241	implemented under the supervision the Director of Nursing/Designated Representative to monitor staff obtaining permission before entering the residents' rooms, and will be monitored monthly and reported to Quality Improvement Committee. C) Resident #165 1. Resident #165 call light was activated on 8/26/14 but was not answered in a timely manner. The was no negative outcome to the resident as a result of this deficient practice. 2. Nursing rounds were made on nursing units on 8/26/14 to ensure residents call lights were being answered in a timely manner. 3. Nursing staff were provided in-	n of d ing the ore	10/31/14 8/26/14 10/31/14
The facility must promaintenance serving sanitary, orderly, a	rovide housekeeping and ces necessary to maintain a nd comfortable interior.	F	253	4. A quality assurance program w implemented under the supervision the Director of Nursing/Designate Representative to monitor the state response to residents' call lights will be monitored and reported monitored.	on of d ff's which onthly	10/31/14
	CORRECTION ROVIDER OR SUPPLIER GTON CTR FOR AGIN SUMMARY ST (EACH DEFICIENCY MUS OR LSC IDI Continued From pa aforementioned find stated, "I did consu- of the occurrence a [he/she] should hav- permission to enter Facility staff failed t enter Resident #15 3. Facility staff failed t enter Resident in 26, 2014 at approx call bell/light was a at the front desk, a door. No one answ A face-to-face inter Employee #7, who time. A query was attention given to th explanation was of proceeded to response Facility staff failed bell/light in a timely 483.15(h)(2) HOUS SERVICES The facility must pure maintenance services sanitary, orderly, a	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 9 aforementioned findings. Employee #10 further stated, "I did consult with Employee #36 at the time of the occurrence and informed [him/her] that [he/she] should have waited for the resident to give permission to enter the room. Facility staff failed to wait to receive permission to enter Resident #152's room. 3. Facility staff failed to respond to Resident 165's call bell/light in a timely manner. During a resident interview, conducted on August 26, 2014 at approximately 11:00 AM the resident's call bell/light was activated. The alarm was audible at the front desk, and blinking over the resident's door. No one answered the call bell/light. A face-to-face interview was conducted with Employee #7, who was at the nurse's station at that time. A query was made regarding the lack of attention given to the resident's call bell/light. No explanation was offered. At that time Employee #7 proceeded to respond to the call bell/light. Facility staff failed to respond to Resident 165's call bell/light in a timely manner.	ROVIDER OR SUPPLIER GTON CTR FOR AGING SVCS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 9 aforementioned findings. Employee #10 further stated, "I did consult with Employee #36 at the time of the occurrence and informed [him/her] that [he/she] should have waited for the resident to give permission to enter the room. Facility staff failed to wait to receive permission to enter Resident #152's room. 3. Facility staff failed to respond to Resident 165's call bell/light in a timely manner. During a resident interview, conducted on August 26, 2014 at approximately 11:00 AM the resident's call bell/light was activated. The alarm was audible at the front desk, and blinking over the resident's door. No one answered the call bell/light. A face-to-face interview was conducted with Employee #7, who was at the nurse's station at that time. A query was made regarding the lack of attention given to the resident's call bell/light. No explanation was offered. At that time Employee #7 proceeded to respond to the call bell/light. Facility staff failed to respond to Resident 165's call bell/light in a timely manner. #83.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.	ROVIDER OR SUPPLIER GTON CTR FOR AGING SVCS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 9 aforementioned findings. Employee #10 further stated, "I did consult with Employee #36 at the time of the occurrence and informed [him/her] that [he/she] should have waited for the resident to give permission to enter Resident #152's room. 3. Facility staff failed to wait to receive permission to enter Resident #152's room. 3. Facility staff failed to respond to Resident 165's call bell/light in a timely manner. During a resident interview, conducted on August 26, 2014 at approximately 11:00 AM the resident's call bell/light was activated. The alarm was audible at the front desk, and blinking over the resident's door. No one answered the call bell/light. A face-to-face interview was conducted with Employee #7, who was at the nurse's station at that time. A query was made regarding the lack of attention given to the resident's call bell/light. No explanation was offered. At that time Employee #7 proceeded to respond to the call bell/light. Facility staff failed to respond to Resident 165's call bell/light in a timely manner. 483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.	ROWIDER OR SUPPLIER GTON CTR FOR AGING SVCS SUMMANY STATEMENT OF EXPRIGIENCIES (EACH DEPICIENCY WINST SE PROCESSED BY FULL REQULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 9 aforementioned findings. Employee #10 further stated, "1 did consult with Employee #36 at the time of the occurrence and informed [him/her] that he/she] should have waited for the resident to give permission to enter the room. Facility staff failed to wait to receive permission to enter Resident #152's room. 3. Facility staff failed to respond to Resident 165's call bell/light was activated. The alarm was audible at the front desk, and blinking over the resident's call bell/light was activated. The alarm was audible at the front desk, and blinking over the resident's door. No one answered the call bell/light. No explanation was offered. At that time Employee #7 proceeded to respond to the call bell/light. No explanation was offered. At that time Employee #7 proceeded to respond to Resident 165's call bell/light in a timely manner. 483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.	ROWDER OR SUPPLIER GTON CTR FOR AGING SVCS SUMMARY STATEMENT OF DEPICIENCES EACH DEFICIENCY MUST BE INFECTED BY FIALL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 9 aforementioned findings. Employee #10 further stated, "Idid consult with Employee #36 at the time of the occurrence and informed [him/her] that [he/she] should have waited for the resident to give permission to enter the room. Facility staff failed to wait to receive permission to enter Resident #152's room. Jeneity staff failed to respond to Resident 165's call beliftight in a timely manner. During a resident interview, conducted on August 26, 2014 at approximately 11:00 AM the resident's door. No one answered the call beliftight. No explanation was offered. At that time Employee #7 proceeded to respond to Resident 165's call beliftight in a timely manner. A face-to-face interview was conducted with Employee #7, who was at the nurse's station at that time. A query was made regarding the lack of attention given to the resident's call beliftight. No explanation was offered. At that time Employee #7 proceeded to respond to the call beliftight. No explanation was offered. At that time Employee #7 proceeded to respond to the call beliftight. No explanation was offered. At that time Employee #7 proceeded to respond to the call beliftight. No explanation was offered. At that time Employee #7 proceeded to respond to the call beliftight. No explanation was offered. At that time Employee #7 proceeded to respond to the call beliftight. No explanation was offered. At that time Employee #7 proceeded to respond to the call beliftight. No explanation of the Director of Nursing/Designated Representative to monitor the unitored monthly and reported to the Quality Improvement Committee. C) Resident #165 call light was activated on 8/26/14 but was not answered in a timely manner. 3. Nursing staff were provided in- service regarding Prompt Response to Resident Call Lights. 4. A quality assurance program was implemented under the supervisi

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		095014	B. WING_			09/()2/2014	
	ROVIDER OR SUPPLIER	3 SVCS		26	REET ADDRESS, CITY, STATE, ZIP CODE 01 18TH STREET NE ASHINGTON, DC 20018			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES F BE PRECEDED BY FULL REGULATORY INTIFYING INFORMATION)	ID PREFIX TAG	K	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE	
F 253	Based on observation environmental tour of at approximately 2:3 at approximately 2:1 the facility failed to provide the facility failed the failed	ons made during an of the facility on August 25, 2014 on PM and on August 26, 2014 on PM and on August 26, 2014 on PM, it was determined that provide housekeeping and es necessary to maintain a discomfortable interior as rivacy curtains in two (2) of 77 oveyed, non-functioning air vents idents' rooms surveyed, soiled of 77 residents' rooms surveyed, a two (2) of 77 residents' rooms ghip protein nutrition bottles in onits surveyed, a loose access of resident's room surveyed and all clock in one (1) of 77 reyed.	F2	253	for at least one year, prior to the committee determining to discontithis monitor. 483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES F253 1. Three (3) privacy curtains in roc #239 were replaced and two (2) procurtains were replaced in room #3 upon notice on 8/25 and 8/26/14. Three (3) of the 77 resident's room vents in rooms #202, #220 and #3 and one (1) of two (2) activity room the 2 Blue Unit were not functioning The Engineering department common repair of these areas 9/3/14. Six (6) of 77 resident's rooms battain vents in rooms #204, #306, #3 #386 were soiled with dust and we cleaned on 9/3/14. One (1) of two (2) ceiling lights we out in the bathrooms of rooms #15 and #274 and was replaced upon observation. Two (2) of three (3) bottles of Jevical high protein nutrition and fiber on the 2 Green Unit was expired, were discarded upon being located.	om rivacy 337 ns air 305 ns on ng. pleted hroom 63, ere ere 55	9/3/14	

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(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES F BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	1	ID PROVIDER'S PLAN OF CORRE PREFIX (EACH CORRECTIVE ACTION SH TAG CROSS-REFERENCED TO THE APF DEFICIENCY)			(X5) COMPLETION DATE
F 272 SS=E	bathroom of resider (2) ceiling lights was room #274, two (2) 5. Two (2) of three protein nutrition with storage room on 2 (1, 2014. 6. The access does bathroom of resider and detached from rooms surveyed. 7. The wall clock one (1) of 77 resider these observations Employee #36 and acknowledged the facility must cocomprehensive, ac reproducible asses functional capacity. A facility must mak of a resident's need assessment instrur The assessment m	2) ceiling lights was out in the at room #155 and one (1) of two sout in the bathroom of resident of 77 residents rooms surveyed. (3) bottles of Jevity 1.2 cal high a fiber stored in a cabinet in the Green were expired as of August or located under the sink in the at room #189 was hanging loose the wall, one (1) of 77 residents was inoperative in room #355, ants rooms surveyed. (a) were made in the presence of Employee #38 who findings. PREHENSIVE ASSESSMENTS and or initially and periodically a curate, standardized sment of each resident's	F	272	Continued from page 11 The wall clock was inoperative in room #355. The Engineering department placed a battery on 8/26/14. 2. All privacy curtains were inspe and replaced if required, all vents were serviced, inspected and rep if required, all air vents were inspected and cleaned if required two (2) bottles of expired Jevity will discarded, the access door undersink was repaired and serviced, well clock was repaired. 3. An In-service was conducted for the Environmental staff on 10/28 and initiated on 10/31/14 for the Engineering staff regarding sche rounds to identify Environmental Engineering concerns in resident rooms/areas, in addition to the Clinical staff being educated on the reporting process of areas in need the environmental and/or engineering rounds was implemental engineering rounds was implemental to the supervision of the Director of Environmental Services and Director of Environmental	cted caired l, the vere r the che duled and t che ed of eering to and ented ector ental	9/3/14

STATEMENT OF DEFICIENCIES (AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 272	Continence; Disease diagnosis; Dental and nutrition Skin conditions; Activity pursuit; Medications; Special treatments Discharge potentia Documentation of sithe additional assese areas triggered by Data Set (MDS); all	patterns; peing; g and structural problems; and health conditions; nal status; and procedures; l; summary information regarding ssment performed on the care the completion of the Minimum	F	272	which will be monitored and report quarterly to the Quality Improver Committee for at least one year, to the committee determining to discontinue this monitor. 483.20(b)(1) COMPREHENSIVE ASSESSMENTS F 272 1. Modification and proper coding done for residents #12, #28, #80 #129 and #138 to reflect accurate documentation for the Care Area Assessment (CAA) on admission annual Minimum Data Sets (MD 10/29/14. There were no negation outcomes to the residents as a rof this deficient practice.	nent prior g was), #93, te a n and is) on	10/29/14
THE COLUMN TWO IS NOT		INT is not met as evidenced by:			 All other residents Care Area Assessment (CAA) information admission and annual Minimum Sets (MDS) were checked and to to be accurate. 	on the Data	10/31/14
The state of the s	(six) of 39 sampled facility staff failed the Care Area Ass the admission and	ord review and staff interview for 6 d residents, it was determined that to identify the location and date of sessment (CAA) information on annual Minimum Data Sets ion V0200A. Residents #12, 28, 38.	t		3. An in-service was provided for MDS Coordinators with focus of Accuracy of Coding the Care Assessment (CAA) upon admiss and annual Minimum Data Sets (MDS). Monthly CAA audits will conducted by MDS Nurses.	n rea sion	10/31/14

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F 272	Continued From page	ge 13	F	272	Continued From page 13		
	Manual, "For each the date and location documentationCA information on the control any referrals for the any referrals for the any referrals for the angle of Care Area Ander Section V [V0] Summary' of the angle of Resident #12. A review of Resident Set dated January Areas and the Care Cognitive Loss/Der Urinary Incontinent Mood State, #11 Fa Pressure Ulcers and The record reveale "See social service"	er 4 of the 'MDS 3.0 User h triggered care area, indicate n of the CAA A documentation should include complicating factors, risks and resident for this care area " d to provide the location and/or Assessment [CAA] information D200A], 'Care Area Assessment anual Minimum Data Set [MDS] at #12's Annual Minimum Data 16, 2014 revealed the Care be Planning Areas triggered for #2 mentia, #4 Communication, #6 be and Indwelling Catheter, #8 alls, #12 Nutritional Status, #16 ad #17 Psychotrophic Drug Use. d the following: s note" was documented in the on of CAA information for care			4. A quality assurance program to monitor Accuracy of Care Area Assessment (CAA) upon admissio Minimum Data Sets (MDS) was ini 10/29/14 under the supervision of MDS Manager/Director of Nurses/Designated Representative monitored and reported monthly to Quality Improvement Committee commencing on November 21, 20 least one year, prior to the commit determining to discontinue this model.	tiated on the which w the 14 for at tee	10/31/14 /ill be

Event ID: SJJI11

AND DIAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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F 272	documented in the information for care "See CAA docume space for care area." There was no evide documented the dalocation for care are date or location for record regarding in A face-to-face interesting for the end of the control	space for the location of CAA e areas #4, 11, 16, and 17. entation" was documented in the	F 272	Continued From page 14			

•	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 272	Care Areas and the #4 Communication, Urinary Incontinence Falls, #12 Nutrition. Psychotropic Medic. The record revealed documented as the [for care areas #4, \$4/15/14]. However, documented on the areas identified. There was no evide documented the loc regarding information. A face-to-face intervent Employee #31 on A3:30 PM regarding information related documented. The caugust 28, 2014. Facility staff failed to Area Assessment [6] Minimum Data Sets [V0200A].	e Care Planning Areas triggered #5 Activities of Daily Living, #6 e and Indwelling Catheter, #11, #16 Pressure Ulcers, and #17 ation Use. If that " CAA 3.0 " was location for the CAA information 5, 6, 11, 12, 16, and 17 dated there was no location 'CAA 3.0' sheet for the care Ince that the facility staff ration in the clinical record on related to the CAA's. In the case of the care was conducted with a case was conducted with a case of the CAA summary of the MDS, ed that the date and location	F	272	Continued From page 15		

AND DIAM OF CORRECTION			` ′	CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		095014	B. WING		09/0	2/2014		
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(X4) ID PREFIX TAG	(EACH DEFICIENCY MI	STATEMENT OF DEFICIENCIES UST BE PRECEDED BY FULL REGULATORY IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE		
F 272	date of Care Area under Section V [Summary' of the assumption of the assumption of the assumption of the Care Areas as triggered for #2 Communication, Functional/Rehability Incontinence and #12 Nutritional States of the Care Areas as triggered for #2 Communication, Functional/Rehability Incontinence and #12 Nutritional States of the Care area of the Care as a section of the Care area of the Care as a section of the Care as a section of the Care area of the Care	Assessment [CAA] information V0200A], 'Care Area Assessment admission MDS for Resident #80. Ient #80's Admission Minimum ecember 13, 2013 revealed that not the Care Planning Areas cognitive Loss/Dementia, #4 #5 ADL (Activity of Daily Living) bilitation Potential, #6 Urinary Indwelling Catheter, #11 Falls, ratus, and #16 Pressure Ulcers. Ied that the location and date of [for care areas #2, 4, 5, 6, 11, 12, blank. Idence that the facility staff location and date in the clinical information related to the CAA's. In August 28, 2014 at approximatelying the CAA summary of the MDS. added that the date and location and to the CAA was not a clinical record was reviewed on	F 272	Continued From page 16				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 272	on the admission Mi Section V [V0200A] 4. Facility staff failed Area Assessment [0	inimum Data Set (MDS) under . d to provide the location of Care CAA] information under Section	F	272	Continued From page 17		AND THE PROPERTY OF THE PROPER
	V [V0200A], 'Care A the annual Minimum #93.	Area Assessment Summary' of n Data Set [MDS] for Resident					1110
	Set dated January 1 Areas and the Care Cognitive Loss/Dem	nt #93's Annual Minimum Data 16, 2014 revealed that the Care e Planning Areas triggered for #2 nentia, #4 Communication, #6 e and Indwelling Catheter, #11 sure Ulcers.					
	documented in the	d "See CAA Summary" was space for the location of CAA e areas #2, 4, 6, 11, and 16].					
A A MOST CONTINUE TO THE STATE OF THE STATE	documented the loc	ence that the facility staff cation in the clinical record on related to the CAA's.					
A CONTRACTOR OF THE PROPERTY O	Employee #31 on A 3:30 PM regarding He/she acknowledg related to the CAA	view was conducted with August 28, 2014 at approximately the CAA summary of the MDS. ged that the location information was not documented. The reviewed on August 28, 2014.					
A CONTINUE.							

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		095014	B. WING		09/0	2/2014
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F 272	Facility staff failed Area Assessment Minimum Data Set [V0200A]. 5. Facility staff failed Area Assessment V [V0200A], 'Care the annual Minimum #129. A review of Resided Set dated March 2 Areas and the Can Communication, #12 Urinary Incontinent Falls, #12 Nutrition Psychotropic Media The record revealed documented as the [for care areas #4, 6/24/14]. However documented on the areas identified. There was no evided documented the local regarding information of the part of the local regarding information of the part of the local regarding information.	to provide the location of Care [CAA] information on the annual is (MDS) under Section V ed to provide the location of Care [CAA] information under Section Area Assessment Summary' of im Data Set [MDS] for Resident ent #129's Annual Minimum Data 8, 2014 revealed that the Care re Planning Areas triggered #4 5 Activities of Daily Living, #6 ice and Indwelling Catheter, #11 in, #16 Pressure Ulcers, and #17 cation Use. ed that " CAA 3.0 " was be location for the CAA information 5, 6, 11, 12, 16, and 17 dated in, there was no location in the clinical record the CAA 3.0' sheet for the care dence that the facility staff location in the clinical record the CAA's. erview was conducted with August 28, 2014 at approximately	F 272	Continued From page 18		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER	3 SVCS		26	TREET ADDRESS, CITY, STATE, ZIP CODE 501 18TH STREET NE FASHINGTON, DC 20018	m. A. imm Looks at Early Street Commission Commission Commission Commission Commission Commission Commission Co		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES F BE PRECEDED BY FULL REGULATORY INTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE .	(X5) COMPLETION DATE	
F 272	summary of the MD the date and locatio	S. He/she acknowledged that n information related to the CAAd. The clinical record was	F 2	72	Continued From page 19			
	Area Assessment [C	o provide the location of Care CAA] information on the annual (MDS) under Section V						
	Area Assessment [CV [V0200A], 'Care A	d to provide the location of Care CAA] information under Section area Assessment Summary' of num Data Set [MDS] for						
	Data Set dated May Care Areas and the #6 Urinary Incontine	at #138's Admission Minimum of 30, 2014 revealed that the e Care Planning Areas triggered ence and Indwelling Catheter, #16 Pressure Ulcers.						
	documented as the [for care areas #6,	I that " CAA 3.0 " was location for the CAA information I2, and 16]. However, there was nted on the 'CAA 3.0' sheet for tified.						
	documented the loc	nce that the facility staff retion in the clinical record on related to the CAA's.						

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	S SVCS		26	REET ADDRESS, CITY, STATE, ZIP CODE 801 18TH STREET NE VASHINGTON, DC 20018	Manager Communication	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 272				272	Continued From page 20 A) Resident #155		
	Employee #31 on A 3:30 PM regarding t He/she acknowledge information related t	riew was conducted with ugust 28, 2014 at approximately he CAA summary of the MDS. ed that the date and location o the CAA was not linical record was reviewed on			1. Resident #155 quarterly MDS we checked for proper coding and modified to reflect accurate documentation under section (M) Skin Condition. There were no negative outcomes to resident #15 a result of this deficiency.	for	10/31/14
	Area Assessment [C	o provide the location of Care CAA] information on the Data Sets (MDS) under Section			All other residents' MDS under section (M) were checked and fou be accurate.	nd to	10/31/14
	P. Pared on record	review and staff interview for			An in-service was provided for the MDS Coordinators with focus on Accuracy of Coding Skin Condition		10/31/14
	two (2) of 39 sample that facility staff faile quarterly Minimum I M, Skin Condition for accurately code Sectine annual MDS for #155 and 218. The findings include 1. Facility staff faile #155's quarterly MC Condition. A Review of the "W	ed residents, it was determined ed to accurately code the Data Set (MDS) under Section or one (1) resident and failed to ction L (Oral/Dental Status) on one (1) resident. Residents			Monthly audits of coding skin condwill be conducted by the MDS nur 4. A quality assurance program to monitor Accuracy of Coding Skin Condition of the Minimum Data Se (MDS) under the supervision of the MDS Manager/Director of Nurses/Designated Representativ will be monitored and reported monthly to the Quality Improveme Committee prior to the committee determining to discontinue this monitored and reported monthly to the Quality Improvement Committee prior to the committee determining to discontinue this monitored and reported determining to discontinue this monitored determining the discontinue	ses. ets e e	10/31/14

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	G SVCS	2	STREET ADDRESS, CITY, STATE, ZIP CODE 2601 18TH STREET NE WASHINGTON, DC 20018		OWN CALLES	
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	Continued From par "An open Stage 4 measuring L[length [centimeters], under 1.0cm, 12-3 = 4.2cm A review of the Qure 2014 lacked evident resident is Stage IV Conditions was coopressure ulcers. 2. Facility staff failed annual MDS under reflect that the resident is clinical rehad no teeth (was expected in the stage of the stage	ge 21 Sacral Pressure Ulcer [x W [width] 2.0 x 1.3 x 0.3cm rmining and tunneling 9 - 12 = m." arterly MDS dated March 26, ce of coding related to the / pressure ulcer. Section M, Skin led as "0", indicative of no ed to code Resident #218's Section L [Oral/Denture] to dent was edentulous. atal documentation in the ecord revealed that the resident edentulous). atal Status) of the annual MDS 2014, was coded as "none of esent." The section designated I teeth (edentulous) was not aview was conducted with pproximately 4:15PM on August ployee reviewed the MDS and finding. The record was st 28, 2014. k)(1) DEVELOP	F 272	B) Resident #218 1. Resident #218 annual MDS was checked for proper coding and modified to reflect accurat documentation under section (L) Oral/Denture that the resident was edentulous. There was no negative outcome to resident #218 as a result of this deficiency. 2. All other residents MDS under section (L) were checked and found to be accurate. 3. In-service was conducted for the MDS Coordinators with focus on Accuracy of Coding Oral/Denture Assessment. Monthly audits of coding Oral/Denture assessments will be done by MDS nurses.	ed or	10/31/14	
SS=D	A facility must use develop, review ar comprehensive pla	the results of the assessment to ad revise the resident's an of care.	F 27	9			
1	The facility must d	evelop a comprehensive care					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 279	objectives and time medical, nursing, ar needs that are ident assessment. The care plan must be furnished to atta highest practicable psychosocial well-b and any services thunder §483.25 but a resident's exercise including the right to §483.10(b)(4).	ge 22 ent that includes measurable tables to meet a resident's and mental and psychosocial tified in the comprehensive describe the services that are to in or maintain the resident's physical, mental, and eing as required under §483.25; at would otherwise be required are not provided due to the of rights under §483.10, orefuse treatment under	F	279	4. A quality assurance program to monitor Accuracy of Coding Oral/Denture under the supervision the MDS Manager/Director of Nurses/Designated Representative be monitored monthly and reporter monthly to the Quality Improvemed Committee prior to the committee determining to discontinue this med 483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS	on of ee will ed ent onitor.	10/29/14
	staff interview for o was determined that care plan with goal	observation, record review, and ne (1) of 39 sampled residents, it at facility staff failed to develop a s and approaches for one (1) ssive secretions and spitting.		!	Resident #46 Care Plan was developed with goals, individual approaches and interventions to address excessive secretions and spitting.	d	10/31/14
	The findings includ 1. Facility staff fail Resident #46 with excessive secretion	ed to develop a care plan for goals and approaches for			All care plans of residents with potential for excessive secretions spitting were checked and update required. In-service was provided on 10.	or ed as	10/31/14
	During a resident in 26, 2014 at approx	ns and spitting. nterview conducted on August imately 3:00 PM, Resident #46 ling sputum in his/her			for Resident Care Managers that focused on Review of the Reside Care Plans.		10/31/14

PRINTED: 10/20/2014 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 279	Clear sputum in a clear sputum	at approximately 11:00 AM, the ved sitting in the common area, sputum into a clear cup. dical record revealed a dated November 27, 2013 fort Requested Regarding: Glansult for etiology of spitting. It is elected to be spitting because swallow [his/her] saliva and presence. Esophagus was elected for obstruction; Routine: 1. Int] to swallow [his/her] saliva; 2. [Ear, Nose Throat]" Im dated June 20, 2014 (seven led: "Report requested insult referred by Gl for etiology sis: Dysphagia-unknown [percutaneous esophageal tine: 1. Need modified Barium swallowing mechanism."		4. A quality assurance program to monitor the Resident Care Plan Runder the supervision of the Director of Nurses/Designated Representative which will be moniand reported monthly to the Qualit Improvement Committee commen November 21, 2014 for at least or prior to the committee determining discontinue this monitor.	eview tored ty cing on e year,	10/31/14

Event ID: SJJi11

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			` '	90.07.400	(X3) DATE SURVEY COMPLETED 483.20(d)(3),	
		095014	B. WING		09/0:	2/2014
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F 280 SS=D	A review of the care record revised May care plan with goals Resident #46's excellation for secretions and spitt 483.20(d)(3), 483.1 PARTICIPATE PLATICIPATE PLATI	e plan section of the clinical 21, 2014 lacked evidence of a sand approaches to address essive secretions and spitting. To develop a care plan with goals one (1) resident with excessive ing.	F 280	483.10(k)(2) RIGHT TO PARTICIPAT PLANNING CARE-REVISE CP F 280 1) Resident #93 1. Resident #93 Care Plan was devivith goals, individual approached interventions to address his/her bills foot contractures on 8/28/14. 2. All care plans of residents with plant for foot contractures were checked updated as required. 3. In-service was provided for Residents are plant focused on up the Residents' Care Plans. Unit Managers will audit care plant residents with foot contractures me	veloped and ateral potential d and ident podating	8/28/14 8/28/14
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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES F BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 280	Based on observation interviews for three of was determined that revise care plans for foot contractures, or orthostatic changes one (1) resident with (Arteriovenous (AV) related to potential of #129, and #262. The findings include 1. Facility staff faile #93's care plan to in address his/her bilated footrest pointed in a On August 26, 2014 Resident #93's feet footrest pointed in a On August 27, 2014 during a staff interving "Does the resident in replied," bilateral for A review of the curry July 8, 2014 revealed to the facility with a CVA with Dysphagic	on, record review, and staff (3) of 39 sampled residents, it it facility staff failed to review and r one (1) resident with bilateral ne (1) resident with a history of [Orthostatic Hypotension] and n a Venous Access device graft) which lacked approaches complications. Residents #93, e: d to review and revise Resident notude goals and approaches to teral foot contractures. at approximately 12:02 PM, were observed resting upon a downward position. at approximately 9:43 AM ew, Employee #35 was asked, have a contracture? "He/she not drop." ent History and Physical dated ded that the resident was admitted diagnosis that included "Old a." The 'Physical Examination ' conormal orientation, motor		280	4. A quality assurance program to monitor the Resident Care Plan Reunder the supervision of the Director of Nurses/Designated Representative which will be moniand reported monthly to the Qualit Improvement Committee commen on November 21, 2014 for at least year, prior to the committee determined discontinue this monitor.	tored y cing one	10/31/14

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
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F 280	The nursing care pla and updated on July following: "Problem: Inadequated Cerebrovascular Active Approach: Nurse Aidwith arm and/or leg Check mouth for food found, Follow turning clothing, free of food (Passive Range of Massive Range of Massiv	an initiated January 11, 2014 (15, 2014 included the 15, 2014 included the 16, 2014 included the 16, 2014 included the 17, 2014 included the 18, 2014 included the 2014 included the 2014 included the 2014 included extremity rest when in a wheelchair, 2014 pocketing and remove food if 2014 growide clean 2014 included i	F 28	Continued From page 26					

	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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contractures. There was no evidence to and/or revised the care pand goals to address the contractures. The record 2014. 2. Facility staff failed to plan with goals and approximate complications from a Vergraft) for Resident #129. A review of the resident #129. A review of the resident #16, 2014 revealed the for access site every shift for symptoms of infection, becs [electronic charting Assess vascular access report s/sx [signs and sy complications" The care plan lacked evice approaches/interventions implemented in the event as bleeding occurred. A face-to-face interview Employee #17 on Augus 11:00 AM. After reviewing the employee acknowled of approaches to be implemented in bleeding occurred.	that facility staff reviewed plan to include approaches e resident's bilateral feet d was reviewed August 28, review and revise a care roaches to address potential enous Access Device (AV d.	F 2	280	2) Resident #129 1. Resident #129 Care Plan was developed with goals, individual approaches and interventions to adhis/her Venous Access Device (AV with potential complication of device 2. All care plans of residents with V Access Devices (AV graft) were chand updated as required. 3. Care plans for residents with Ver Access Devices will be monitored in by Unit Managers. In-service was provided for Resider Managers that focused on Review Resident Care Plan. 4. A quality assurance program to monitor the Resident Care Plan Resunder the supervision of Director of Nurses/ Designated Representative monitored and reported monthly to Quality Improvement Committee commencing on November 21, 201 least one year, prior to the committed the monitored discontinue this monitored.	graft) e. enous ecked nous nonthly nt Care of the view e will be the 4 for at ee	10/31/14

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plan with goals and complication for Report Device. 3. Facility staff failed care plan to address the management of changes. The "Facility's Policy Pressure " stipulated take the blood pressor sitting). Move resposition that can be [he/she] experiencing possible, recheck the restore resident to push changes are reflect ten beats per minute pressure change, Sedereased by 15mm diastolic blood pressure change in systolic than the interimal physicians of the care plan date "Pressure), pulse exhypotension." The care plan date "Problem: Hypoten Orthostatic /blood push check B/P at 6AM, Midodrine (Antihypoten)	approaches for potential sident #129's Venous Access d to amend Resident #262's a specific interventions related to orthostatic [Blood Pressure] by" entitled, "Orthostatic Blood ed " Count the pulse (P) and sure in baseline position (supine sident to next most upright maintained. Ask resident is ag symptoms. Wait one minute if the pulse and blood pressure, orior positionOrthostatic ed when: Pulse is increased by the or more, with or without blood bystolic blood pressure is m Hg or more, without change in sure, diastolic blood pressure is Hg or more with or without blood pressure or pulse" n's order dated April 14, 2014 at "Please check B/P (Blood very shift for orthostatic) d April 11, 2014 revealed; asion related to low B/P - pressure - Approaches: Nurses-10AM, 2PM prior to giving otensive vasopressor). Monitor		280	3) Resident #262 1. Due to a closed medical reconversity for resident #262, no correction could be done for the resident #262 related to management of orthostatic (Blood Pressure) characteristic (Blood Pressure) characteristic or 4/19/14. 2. All other residents' medical rewere checked for specific physic orders for orthostatic (Blood Presand none were found. 3. An in-service was initiated for nursing staff that focused on revertical Procedure related to Orthostatic (Blood Pressure) as ordered by the physician. Unit Managers will conduct weel	ective dent nges. he cords ian ssure) the ised	10/31/14
	CONTRECTION SUMMARY ST (EACH DEFICIENCY MUSTOR LSC IDE Continued From page plan with goals and complication for Resolvice. 3. Facility staff failed care plan to address the management of changes. The "Facility's Polic Pressure " stipulate take the blood pressor sitting). Move resposition that can be [he/she] experiencing possible, recheck the restore resident to pressure changes are reflect ten beats per minute pressure change, Sedereased by 15mm diastolic blood pressure change in systolic to the change	CORRECTION IDENTIFICATION NUMBER: 095014 ROVIDER OR SUPPLIER STON CTR FOR AGING SVCS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 28 plan with goals and approaches for potential complication for Resident #129's Venous Access Device. 3. Facility staff failed to amend Resident #262's care plan to address specific interventions related to the management of orthostatic [Blood Pressure] changes. The "Facility's Policy" entitled, "Orthostatic Blood Pressure " stipulated " Count the pulse (P) and take the blood pressure in baseline position (supine or sitting). Move resident to next most upright position that can be maintained. Ask resident is [Ine/she] experiencing symptoms. Wait one minute if possible, recheck the pulse and blood pressure, restore resident to prior positionOrthostatic changes are reflected when: Pulse is increased by ten beats per minute or more, with or without blood pressure change, Systolic blood pressure is decreased by 15mm Hg or more, without change in diastolic blood pressure, diastolic blood pressure is decreased by 5mm Hg or more with or without change in diastolic blood pressure, diastolic blood pressure is decreased by 5mm Hg or more with or without change in systolic blood pressure or pulse" An interim physician's order dated April 14, 2014 at 11:00 AM directed, "Please check B/P (Blood Pressure), pulse every shift for orthostatic hypotension." The care plan dated April 11, 2014 revealed; "Problem: Hypotension related to low B/P - Orthostatic /blood pressure - Approaches: Nursescheck B/P at 6AM, 10AM, 2PM prior to giving Midodrine (Antihypotensive vasopressor). Monitor for dizziness, confusion and [notify] MD (Medical	DE DEFICIENCIES CORRECTION (X1) PROVIDER SUPPLIER ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REQULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 28 plan with goals and approaches for potential complication for Resident #129's Venous Access Device. 3. Facility staff failed to amend Resident #262's care plan to address specific interventions related to the management of orthostatic [Blood Pressure] changes. The "Facility's Policy" entitled, "Orthostatic Blood Pressure " stipulated " Count the pulse (P) and take the blood pressure in baseline position (supine or sitting). Move resident to next most upright position that can be maintained. Ask resident is [he/she] experiencing symptoms. Wait one minute if possible, recheck the pulse and blood pressure, restore resident to prior positionOrthostatic changes are reflected when: Pulse is increased by ten beats per minute or more, with or without blood pressure change, Systolic blood pressure is decreased by 5mm Hg or more, without change in diastolic blood pressure, ciastolic blood pressure is decreased by 5mm Hg or more with or without change in systolic blood pressure or pulse" An interim physician's order dated April 14, 2014 at 11:00 AM directed, "Please check B/P (Blood Pressure), pulse every shift for orthostatic hypotension." The care plan dated April 11, 2014 revealed; "Problem: Hypotension related to low B/P - Orthostatic /blood pressure - Approaches: Nursescheck B/P at 6AM, 10AM, 2PM prior to giving Midodrine (Antihypotensive vasopressor). Monitor for dizziness, confusion and [notify] MD (Medical	PEDEFICIENCIES CORRECTION (X1) PROVIDER/SUPPLIER 1095014 ROVIDER OR SUPPLIER STANDAMEN STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PILL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 28 plan with goals and approaches for potential complication for Resident #129's Venous Access Device. 3. Facility staff failed to amend Resident #262's care plan to address specific interventions related to the management of orthostatic [Blood Pressure] changes. The "Facility's Policy" entitled, "Orthostatic Blood Pressure " stipulated " Count the pulse (P) and take the blood pressure in baseline position (supine or sitting). Move resident to next most upright position that can be maintained. Ask resident is [ihe/she] experiencing symptoms. Wait one minute if possible, recheck the pulse and blood pressure, restore resident to prior positionOrthostatic changes are reflected when: Pulse is increased by ten beats per minute or more, without or without blood pressure change, Systolic blood pressure is decreased by 55mm Hg or more without change in diastolic blood pressure, diastolic blood pressure is decreased by 55mm Hg or more without or without change in systolic blood pressure or pulse" An interim physician's order dated April 14, 2014 at 11:00 AM directed, "Please check B/P (Blood Pressure), pulse every shift for orthostatic hypotension." The care plan dated April 11, 2014 revealed; "Problem: Hypotension related to low B/P - Orthostatic /blood pressure - Approaches: Nursescheck B/P at 6AM, 10AM, 2PM prior to giving Midodrine (Antihypotensive vasopressor). Monitor for dizziness, confusion and [notify] MD (Medical	CONTINUED FOR SUPPLIER CLASS ON STREET ADDRESS. 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F 280	Continued From page	ge 29		280	Continued From page 29		A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-
F 281 SS=D	to address specific position [s]of the result blood pressure read reviewed on August A face-to-face intervent blood pressure and the second pressure read reviewed on August A face-to-face intervent blood pressure and the second pressure results and the second pressure read results and the second pressure resu	view was conducted with August 26, 2014 at approximately oyee acknowledged the dings. RVICES PROVIDED MEET	F	281	4. A quality assurance program to monitor Physician orders for resid in the future for orthostatic (Blood Pressure) changes under the supervision of Director of Nurses/Designated Representative will be monitored and reported monthly to Quality Improvement Committee commencing on November 21, 20 for at least one year, prior to the committee determining to discontitutis monitor.	ents o the	10/31/14
		ded or arranged by the facility onal standards of quality.			483.20(k)(3)(i) SERVICES PROVID MEET PROFESSIONAL STANDA A) Resident #262	DED RDS	
	Based on clinical refor one (1) of 39 sa determined that factechniques were followed.				Licensed nurses did not ensure proper techniques were followed accepted standards of clinical prain monitoring Resident #262's orthostatic blood pressure. No corrective action can be done for Resident #262 due to physician of to transfer the resident to the hos for medical evaluation on 4/20/14 resident did not return to the facil	by the actice orders pital	
	Prevention, Nationa	ers for Disease Control and al Center for Injury Prevention asuring Orthostatic Blood			All other residents' medical rec were checked for specific physici orders for orthostatic (Blood Pres and none were found in the facility)	an sure)	10/31/14

	ENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED			
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F 281	minutes. 2. Measure 3. Have the patient pressure and pulse standing 1 and 3 mi pressure) of [greate (millimeters of merc [greater than or equ experiencing lighther considered abnormation of the pressure last updates the pressure last updates the pressure in baseline Move resident to ne be maintained. Ask experiencing symptopossible, recheck the restore resident to pressure changes are reflected to be pressure changes, Since decreased by 15mm diastolic blood pressure change in systolic beats per minute pressure change. Since the pressure change in systolic beats per minute pressure change. Since the pressure change in systolic beats per minute pressure change. Since the pressure change in systolic beats per minute pressure change. Since the pressure change in systolic beats per minute pressure change. Since the pressure change in systolic beats per minute pressure change. Since the pressure change in systolic beats per minute pressure change. Since the pressure change in systolic beats per minute pressure change. Since the pressure change in systolic beats per minute pressure change. Since the pressure change in systolic beats per minute pressure change. Since the pressure change in systolic beats per minute pressure change. Since the pressure change in systolic beats per minute pressure change. The pressure change is the pressure change in systolic beats per minute pressure change.	ne patient lie down for 5 e blood pressure and pulse rate. I stand. 4. Repeat blood rate measurements after nutes. A drop in BP (blood rate measurements after nutes. A drop in BP (blood rate and rate a	F2	281	Continued from page 30 3. Nursing Services Policy and Proced for Orthostatic Blood Pressure was revised to reflect same as Center for Disease Control Prevention and the National Center for Injury Prevention/Control for Measuring Orthostatic Blood Pressure. Licensed Nurses received in-service on above Policy and Procedure for Clinical Management of residents with physician orders for Orthostatic Blood Pressure. Unit Managers will audit all care plans for residents with Orthostatic Blood Pressure orders. 4. A quality assurance program to monitor Residents with physician order for Orthostatic Blood Pressures under supervision of Director of Nurses/ Designated Representative with the Quality Improvement Committee commencing on November 21, 2014 fleast one year, prior to the committee determining to discontinue this monitor.	tic ers the vill be e	10/31/14

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F 281	pressure. Your blo carefully during treat for certain patients blood pressure. Side Effectsthis pressure to increas down (supine hype and contact your dexperience the folk hypertension: pour ears, headache If (lying, sitting, and staken. Share the notation of the companies of the compan	a significant increase in blood od pressure will be monitored atment. This medication is used who have symptoms of low medication can cause your blood se, especially when you are lying rtension. Stop taking Midodrine octor immediately if you owing signs of supine nding heartbeat, pounding in the NotesBlood pressure checks standing) should be routinely esults with your doctor. "Indrugs/2/drug-14042/midodrine-outilitation hospital] discharge oril 10, 2014 revealed the	F2	Continued from page 31		
	physical therapy, the assistance for bed with and without the was able to ambule walker with minima to propel a wheeld assistance over tile bilateral upper extractions from sufficient to the sufficient of the s	s at the time of Discharge: With the patient required minimal mobility and stand-pivot transfers are use of a rolling walker [He/she] ate up to 25 feet with a rolling al assistance. [He/she] was able thair 20 feet with minimal ed surfaces using [his/her] remities [He/she] is limited by tasis, and requires slow up ine-to-sit and sit-to-stand.				

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F 281	Cardiovascular- [dysautonomia withypotension related [He/she] had bee (Therapeutic Class the acute hospital was titrated to a strated	while at [rehabilitation hospital] Resident name] has a history of the significant orthostatic ed to [his/her] Parkinsonism. In started on Midodrine in the series of the started on Midodrine in the series of the series of the started of the started on the series of the started of the series of the series of the same at 2 pm The patient 's should be monitored to avoid supine a [his/her] current regimen [his/her] in routine vital signs ranged from should be shown as of Midodrine should be shown as of the should be sho		281	Continued from page 32		

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F 281	The physician 's ac 2014 directed, "Ro Midodrine 7.5mg po 10 AM and 5mg po hypotension associ Please reduce dosi supine hypertension analgesic/antipyreti po [by mouth] [ever An interim physicial directed, "Please Pulse every shift for There was no evide parameters for mor pulse rate for ortho A review of the eletthe following: "April 14, 2014 at 2 pressure), 78 (apic (temperature) April 14, 2014 at 1 98.2, 72(Pulse), 11 had c/o [complain of medication was off No other distress no	deseated to [a] standing position. Imission orders dated April 10, putine vital signs, Medications of (by mouth) at 6AM, 10mg po at at 2PM for orthostatic ated with Parkinson disease. Inglif patient is experiencing in Acetaminophen [Tylenoloc] 325mg- 2 (two) tabs [tablets] by 6 hours as needed for pain. " In's order dated April 14, 2014 check B/P (Blood Pressure), or orthostatic hypotension. " In ence that the physician included intoring the blood pressure and static hypotension. In extremic nursing notes revealed in the physician included in the phy	F 2	81	Continued from page 33		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 281	4/15/14- Day shift -I 4/15/14- Evening- N 4/16/14- Night shift- Pulse-88, Blood Pro Rate-20 4/16/14- Night shift- Pressure), 70 (apic (respiratory rate). 4/16/14- Evening si Pulse, Respiration Pressuere-124/74. with bedside table in 4/17/14- Day shift- 4/17/14- Night shift Pressure), 77 (Puls 97.8. 4/17/14- Evening si Pressure), 78 (Puls 4/17/14- Night shift Pressure), 78 (Puls 4/18/14- Night shift Pressure), 78 (Apic 18 (Respiratory Rat 4/18/14- Evening si	No vital signs documented. No vital signs documented. 12:03 AM, Temp 98.3- essure-124/78, Respiratory 2:53 AM -129/79 (Blood al pulse), 98.3 (temp), 20 hift at 5:13 PM - 98.2 Temp, 84- Rate-20, Blood Resident is sitting in wheelchair hear and call light within reach. No vital signs documented. -at 3:14 AM-129/70 (Blood se), 20-(Respiratory Rate), Temp- gns documented. hift at 9:54 PM- 142/80 (Blood se), 97.6 (Temperature) 1 - no vital signs documented. at 02: 04 AM- 133/70 (Blood cal Pulse), 97.3 (Temperature),	F 281	Continued from page 34		

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F 281	Pressure), 84 (Pu (Temperature) 4/19/14 - Night sh Pressure), 80 (ap (Respirations) 4/19/14- Night sh 4/19/14- Day shift 4/19/14- Evening 4/20/14 at 4:26 F because resident Signs): Temperar Respiratory Rate CPR (Cardiopuln and MD (Medical transfer resident Resident left unit Team) at 1:15 Pl There was no ev pressure was ob the hospital. A review of the Madministration Record) revealed signs/medication	shift at 11:25 PM- 124/78 (Blood ulse), 20 (Respiratory Rate), 98.3 nift at 2:37 AM- 132/71(Blood pical pulse), 97.9 (Temperature), 20 ift- No vital signs documented. it- No vital signs documented. shift- No vital signs documented. shift- No vital signs documented. M- Writer was called to room to [was] unresponsive. V/S (Vital ture 97.4, Heart Rate-114, 12, Oxygen Saturation-64%. In nonary Resuscitation) started, 911, 10 Doctor) called and gave order to to hospital for unresponsiveness. I via EMT (Emergency Medical M." idence that the resident 's blood tained at the time of the transfer to MAR/TAR (Medication ecord/Treatment Administration dithe following vital it: ol administered [no time indicated] -	F 2	Continued from page 35		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SU COMPLET	
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F 281	headache- pain asseffective - " 2/10." documented. 4/15/14- No vital sign 4/15/14- Day shift-legible to read. 4/15/14- Evening sl 4/16/14- Evening sl 4/17/14- Day shift-writing not legible to 4/17/14- Evening sl Pulse- writing not legible to 4/17/14- Night shift 4/19/14- Night shift 4/19/14- Day shift-Pulse-60 4/19/14- Evening sl 4/20/14- Day shift-Pulse-60 There was no evide attending physiciar informed of Reside headache on April resident 's blood p shift. When the blo	ressed as "6/10." Result- No blood pressure or pulse gas recorded on night shift rvital signs documented- not inift -120/70 (Blood Pressure) inift - writing not legible to read 129/70 (Blood Pressure) - Pulse- oread hift- 130/74 (Blood Pressure)- egible to read -writing not legible to read -writing not legible to read - Blood Pressure - 106/75 Blood Pressure: 125/70- shift- Blood Pressure - 130/70. according to MAR- 128/76 (Blood be documented. " ence in the clinical record that the nor nurse practitioner was ant #262's complaint of a 14, 2014. In addition, the ressure(s) were not taken every od pressures were taken, there not the staff obtained orthostatic	F 28	Continued from page 36		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '		CONSTRUCTION	COMPLETED		
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F 281	Continued From pa	ge 37	F 2	81	Continued from page 37		anna de de la companya de la company
	following: April 10, 2014- Nu admitted to NH (nu [Treatment] of Park dysautonomia, Der esophageal Reflux Hypotension, UTI (ctors Progress notes revealed the rse Practitioner's note - " rsing home) after hospital kinson's disease with significant mentia, GERD (Gastro Disease) Orthostatic Urinary Tract infection) with pectrum Beta-Lactamase) E. coli					
	April 12, 2014 - ". home) for further C (Physical Therapy) Pathology)." Problems Ortholexamination: Tem	Transferred to NH (nursing DT (Occupational Therapy), PT and SLP (Speech Language Diem List: "Old [and] Chronic static Hypotension. Physical p (Temperature)- 97.6, Pulse-74, - 16, [Blood Pressure] - 120/72."					
	with recent UTI [with reatment. [Histor GERD. Acute Kidn	rse Practitioner's note- "[Patient] ith] ESBL- [Status Post] Antibiotic y] of Parkinson, Dementia, ney Disease, Orthostatic Calcium with Vitamin D (everyday). "					
			į				

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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There was no evide attending physician addressed the reside [his/her] total plan of was written on April Pressure), Pulse evinypotension in his A face-to-face internet Employee #2 on Au 3:46 PM. After revisacknowledged the A follow-up telephotemployee # 32 on Sapproximately 2:18 Employees #1 and that parameters shour orthostatic blood prostated that "Orthost generally initially tall assuming a standing In conclusion, there consistently assess #262's orthostatic blood prothostatic blo	nce in the clinical record that the or the nurse practitioner lent's orthostatic hypotension in f care, after a physician's order 14, 2014 to "check B/P (Blood ery shift for orthostatic sher total plan of care. View was conducted with gust 29, 2014 at approximately ewing the clinical record. He/she aforementioned findings. The interview was conducted with September 2, 2014 at PM in the presence of 2. Employee #32 acknowledged build have been written for the essure reading(s). It was further atic blood pressure(s) are ken in the supine position before g position. " The was no evidence that the facility and monitored Resident blood pressure and pulse despite losis of Orthostatic Hypotension. as no evidence that the facility position of the resident when the		281	B) Resident #262 1. The attending physician did not consistently review the orthostatic blood pressure status in plan of ca resident #262. The resident was transferred to the hospital for medi evaluation on 4/20/14. 2. All resident medical records wer reviewed and there were no other residents in the facility with orders orthostatic blood pressures. 3. An in-service was provided by the Medical Director with the attending physician regarding Regulatory requirements in reviewing the resident or care. 4. A quality assurance program to monitor residents that receive or for orthostatic blood pressures and to plan of care. 4. A quality assurance program to the supervision of Director of Numbers 21, 22 and 21, 22 for at least one year, prior to the	cal e for ne dents' cal o ders nder rses/ ne to ttee 014	10/31/14
the resident's diagr In addition, there w staff indicated the p	nosis of Orthostatic Hypotension. as no evidence that the facility position of the resident when the	1 1 1		the Quality Improvement Commi commencing on November 21, 2 for at least one year, prior to the	ttee 014	10/31/14
_	PROVIDER OR SUPPLIER SUMMARY ST SUMMARY ST (EACH DEFICIENCY MUSTOR LSC IDE Continued From page There was no evide attending physician addressed the reside [his/her] total plan of was written on April Pressure), Pulse evhypotension in his A face-to-face intervent Employee #2 on Audication addressed the review acknowledged the A follow-up telephone Employee #32 on Such approximately 2:18 Employees #1 and that parameters should be approximately 2:18 Employees #1 and that parameters should be approximately assuming a standing line consistently assess #262's orthostatic blood prothostatic bloo	PROVIDER OR SUPPLIER NGTON CTR FOR AGING SVCS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 38 There was no evidence in the clinical record that the attending physician or the nurse practitioner addressed the resident's orthostatic hypotension in [his/her] total plan of care, after a physician's order was written on April 14, 2014 to "check B/P (Blood Pressure), Pulse every shift for orthostatic hypotension " in his/her total plan of care. A face-to-face interview was conducted with Employee #2 on August 29, 2014 at approximately 3:46 PM. After reviewing the clinical record. He/she acknowledged the aforementioned findings. A follow-up telephone interview was conducted with Employee # 32 on September 2, 2014 at approximately 2:18 PM in the presence of Employees #1 and 2. Employee #32 acknowledged that parameters should have been written for the orthostatic blood pressure reading(s). It was further stated that "Orthostatic blood pressure(s) are generally initially taken in the supine position before assuming a standing position." In conclusion, there was no evidence that the facility consistently assessed and monitored Resident #262's orthostatic blood pressure and pulse despite the resident's diagnosis of Orthostatic Hypotension. In addition, there was no evidence that the facility staff indicated the position of the resident when the orthostatic blood pressure and pulse was obtained	PROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) There was no evidence in the clinical record that the attending physician or the nurse practitioner addressed the resident's orthostatic hypotension in [his/her] total plan of care, after a physician's order was written on April 14, 2014 to "check B/P (Blood Pressure), Pulse every shift for orthostatic hypotension" in his/her total plan of care. A face-to-face interview was conducted with Employee #2 on August 29, 2014 at approximately 3:46 PM. After reviewing the clinical record. He/she acknowledged the aforementioned findings. A follow-up telephone interview was conducted with Employee #32 on September 2, 2014 at approximately 2:18 PM in the presence of Employees #1 and 2. Employee #32 acknowledged that parameters should have been written for the orthostatic blood pressure reading(s). It was further stated that "Orthostatic blood pressure (s) are generally initially taken in the supine position before assuming a standing position." In conclusion, there was no evidence that the facility consistently assessed and monitored Resident #262's orthostatic blood pressure and pulse despite the resident's diagnosis of Orthostatic Hypotension. In addition, there was no evidence that the facility staff indicated the position of the resident when the orthostatic blood pressure and pulse was obtained	PROVIDER OR SUPPLIER IST ON CTR FOR AGING SVCS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 38 There was no evidence in the clinical record that the attending physician or the nurse practitioner addressed the resident's orthostatic hypotension in [his/her] total plan of care, after a physician's order was written on April 14, 2014 to "check B/P (Blood Pressure), Pulse every shift for orthostatic hypotension" in his/her total plan of care. A face-to-face interview was conducted with Employee #2 on August 29, 2014 at approximately 3:46 PM. After reviewing the clinical record. He/she acknowledged the aforementioned findings. 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In addition, there was no evidence that the facility staff indicated the position of the resident when the orthostatic blood pressure and pulse was obtained	PROVIDER OR SUPPLIER RIGTON CTR FOR AGING SVCS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY) OR LSC IDENTIFYING INFORMATION) I Continued From page 38 There was no evidence in the clinical record that the attending physician or the nurse practitioner addressed the resident's orthostatic hypotension in [his/her] total plan of care, after a physician's order was written on April 14, 2014 to "check BIP (Blood Pressure), Pulse every shift for orthostatic hypotension" in his/her total plan of care. A face-to-face interview was conducted with Employee #2 on August 29, 2014 at approximately 2:48 PM. After reviewing the clinical record. He/she acknowledged the aforementioned findings. A follow-up telephone interview was conducted with Employee #32 on September 2, 2014 at approximately 2:18 PM in the presence of Employees #3 and 2. Employee #32 acknowledged that parameters should have been written for the orthostatic blood pressure reading(s). It was further stated that "Orthostatic blood pressures and toled the suspine position." In conclusion, there was no evidence that the facility consistently assessed and monitored Resident #262's not evidence that the facility staff indicated the position of the resident when the orthostatic blood pressure and pulse despite the resident's diagnosis of Orthostatic Hypotension. In addition, there was no evidence that the facility staff indicated the position of the resident when the orthostatic blood pressure and pulse despite the resident's diagnosis of Orthostatic Hypotension, in addition, there was no evidence that the facility staff indicated the position of the resident when the orthostatic blood pressure and pulse despite the resident's diagnosis of Orthostatic Hypotension. In addition, there was no evidence that the facility staff indicated the position of the resident when the orthostatic blood pressure and pulse despite the resident's diagnosis of Orthostatic Hypotension.	PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2801 18TH STREET IN B WASHINGTON, DC 20018 PROVIDER OR SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MISST BE PRECEDED BY FILL REGULATORY ORLES DEMINED IN PRECEDED BY FILL REGULATORY ORLES DEMINED IN PROPERTY. TARK I Continued From page 38 I Continued From page 38 There was no evidence in the clinical record that the attending physician or the nurse practitioner addressed the resident's orthostatic thypotension in [his/her] total plan of care, after a physician's order was written on April 14, 2014 to "check B/P (Blood Pressure shift for orthostatic hypotension" in his/her total plan of care. A face-to-face interview was conducted with Employee #2 on August 29, 2014 at approximately 3:46 PM. After reviewing the clinical record. He/she acknowledged that parameters should have been written for the orthostatic blood pressure reading(s). It was further stated that "Orthostatic blood pressure reading(s). It was further stated that "Orthostatic blood pressure and pulse despite the resident's diagnosis of Orthostatic Hypotension. In addition, there was no evidence that the facility consistently assessed and monitored Resident #262's rorthostatic blood pressure and pulse despite the resident's diagnosis of Orthostatic Hypotension. In addition, there was no evidence that the facility consistently assessed and monitored Resident when the orthostatic blood pressure and pulse despite the resident's diagnosis of Orthostatic Hypotension. In addition, there was no evidence that the facility consistently assessed and monitored Resident when the orthostatic blood pressure and pulse despite the resident's diagnosis of Orthostatic Hypotension. In addition, there was no evidence that the facility consistently assessed and monitored Resident when the orthostatic blood pressure and pulse despite the resident's diagnosis of Orthostatic Hypotension. In addition, there was no evidence that the facility consistently assessed and monitored Resident when the orthostat

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F 281	complaint of a hear resident was found transferred to the note that the clinical record value. A face-to-face inter	In regarding the resident's dache. On April 20, 2014, the unresponsive and was earest emergency room via 911. was reviewed on September 2, view was conducted with	F:	281	Continued from page 39		
F 309	Employee #10 on A 3:00 PM. He/she ad findings. The clinica August 28, 2014. Cross referenced to	August 28, 2014 at approximately cknowledged the aforementioned al record was reviewed on 483.25 Quality of Care	F	309			
SS=G	Each resident mus provide the necess maintain the higher and psychosocial v comprehensive as: This REQUIREME Based on record r	t receive and the facility must ary care and services to attain or st practicable physical, mental, vell-being, in accordance with the sessment and plan of care. NT is not met as evidenced by: eview and staff interviews for one residents, it was determined that			483.25 PROVIDE CARE/SERVICE FOR HIGHEST WELL BEING A) Resident #262 1. Licensed nurses did not consist assess and monitor resident #262 orthostatic blood pressure (s) in accordance with the physician's orthostatic blood pressure (s) in accordance with the physician's orthogonal to the resident that was transferred hospital per 911 for medical evaluations.	tently 2 orders. ne for to the	4/20/14
And the second s	facility staff failed to practicable physical well-being, in accordance assessment and p failure to consister	o attain or maintain the highest al, mental, and psychosocial rdance with the comprehensive lan of care; as evidenced by: atly assess and monitor one (1) tic blood pressure(s) according			on 4/20/14. 2. All other residents medical recwere checked for specific physici orders for orthostatic blood press and none were found.	an	

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F 309	The findings included Facility staff failed to monitor Resident #2 pressure(s) in according to the Cerevention, National and Control, "Measures 1. Have the minutes. 2. Measures 3. Have the patient pressure and pulse standing 1 and 3 minutes are pressured in figure at the minutes of merodigreater than or equexperiencing lighther considered abnormations of the facility's policy pressure," last update stipulated, "Count to pressure in baseling Move resident to ne be maintained. Ask experiencing symptossible, recheck the restore resident to pressure resident	riders. Residents #262. consistently assess and received	F3	809	Continued from page 40 3. Nursing Services Policy and Procedure for Orthostatic Blood Pressure was revised to reflect sa as the Center for Disease Control Prevention and the National Center Injury Prevention/Control for Meast Orthostatic Blood Pressure. Licen Nurses received an in-service on above Policy and Procedure for climanagement of residents with physician orders for Orthostatic Blood Pressure. 4. A quality assurance program to monitor Residents with physician orders for Orthostatic Blood Pressunder the supervision of Director of Nurses/ Designated Representative monitored and reported month the Quality Improvement Committe commencing on November 21, 20 for at least one year, prior to the committee determining to discontithis monitor.	and er for suring nsed inical ood sures of /e will ly to ee	10/31/14

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING _	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		095014	B. WING		09/0	2/2014
	ROVIDER OR SUPPLIER	g svcs	2	TREET ADDRESS, CITY, STATE, ZIP CODE 1601 18TH STREET NE VASHINGTON, DC 20018		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES TBE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F 309	or more, with or with Systolic blood press or more, without chadiastolic blood press more with or without pressure or pulse' According to Web Morand name: ProArshould be used in cryou are lying on you a significant increas pressure will be motreatment. This may patients who have so side Effects "this blood pressure to in lying down (supine Midodrine and contryou experience the hypertension: pour ears, headacheN (lying, sitting, and staken. Share the reschttp://webmd.com.ral/details> A review of [rehabil summary dated Aptifollowing:	nout blood pressure change, sure is decreased by 15mm Hg ange in diastolic blood pressure, sure is decreased by 5mm Hg or to change in systolic blood. **ID.com " Midodrine (Common matine) Warning: Midodrine arefully selected patients. When ur back, this medication causes in blood pressure. Your blood nitored carefully during edication is used for certain symptoms of low blood pressure. **medication can cause your acrease, especially when you are hypertension. Stop taking act your doctor immediately if following signs of supine anding heartbeat, pounding in the lotes Blood pressure checks tanding) should be routinely esults with your doctor. " **Idrugs/2/drug-14042/midodrine-o ditation hospital] discharge if 10, 2014 revealed the at the time of Discharge: With	F 309	Continued from page 41		

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING ______

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		095014	B. WING _		09/02/2014
	ROVIDER OR SUPPLIER	IG SVCS		STREET ADDRESS, CITY, STATE, ZIP 2601 18TH STREET NE WASHINGTON, DC 20018	CODE
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE COMPLETION THE APPROPRIATE DATE
F 309	transfers with and [He/she] was able rolling walker with able to propel a whassistance over tile bilateral upper extransitions from su	age 42 e for bed mobility and stand-pivot without the use of a rolling walker to ambulate up to 25 feet with a minimal assistance. [He/she] was neelchair 20 feet with minimal ed surfaces using [his/her] remities [He/she] is limited by tasis, and requires slow pine-to-sit and orthostatic	F 3	Continued from page 42	
	Cardiovascular- [F dysautonomia with hypotension relate [He/she] had been (Therapeutic Clas the acute hospital was titrated to a standard to a	nysical dated April 10, 2014 ident #262's diagnoses included: s, hallucinations, Parkinson			

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			TE SURVEY MPLETED
		095014	B. WING		0	9/02/2014
	ROVIDER OR SUPPLIER	ING SVCS		STREET ADDRESS, CITY, STATE, ZIP C 2601 18TH STREET NE WASHINGTON, DC 20018	ODE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	STATEMENT OF DEFICIENCIES UST BE PRECEDED BY FULL REGULATORY IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 309	Dementia, Parkin Hypotension. Res nursing facility or occupational and According to the Set) dated April 1 under Section Go during Transition only able to stabi moving from sea The physician's a 2014 directed, "I Midodrine 7.5mg 10 AM and 5mg hypotension assor Please reduce do supine hypertensianalgesic/antipyr [every] 6 hours a An interim physician's and interim physician's and interim physician's a An interim physic	son's Dementia and Orthostatic sident was admitted to the skilled April 10, 2014 for skilled speech, physical therapy. admission MDS (Minimum Data 7, 2014, the resident was coded 3300 - [Functional Status] Balance is and Walking as "Not steady, lize with human assistance when ted to [a] standing position. Admission orders dated April 10, Routine vital signs, Medications po (by mouth) at 6AM, 10mg po at 2PM for orthostatic ociated with Parkinson disease. Using if patient is experiencing sion. Acetaminophen [Tylenolectic] 325mg- 2 (two) tabs pos needed for pain. " Cian's order dated April 14, 2014 to check B/P (Blood Pressure), for orthostatic hypotension. " Cidence that the physician included nonitoring the blood pressure and hostatic hypotension. Belectronic nursing notes revealed at 2:50 AM- 132/80 (blood bical pulse), 20 (respirations), 97.6	F 36	Continued from page 43		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		095014	B. WING			09/0	2/2014	
-	ROVIDER OR SUPPLIER	G SVCS		20	TREET ADDRESS, CITY, STATE, ZIP CODE 501 18TH STREET NE /ASHINGTON, DC 20018	Sa		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES I BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 309	98.2, 72(Pulse), 110 had c/o [complaint of medication was offer No other distress not 4/15/14- Night shift 4/15/14- Day shift -1 4/15/14- Evening- Notation was offer No other distress not 4/15/14- Day shift -1 4/15/14- Night shift-Pulse-88, Blood Presente-20 4/16/14- Night shift-Pressure), 70 (apica (respiratory rate). 4/16/14- Evening shift-Pressure-124/74, with bedside table in 4/17/14- Day shift-4/17/14- Night shift-Pressure), 77 (Pulse-97.8. 4/17/14- Notation shift-17/14- Not	206 PM - Temp (temperature) 2070 (Blood Pressure), Resident 2017 (Blood Pressure), Resident 2017 (Blood Pressure), Resident 2018 PRN 2018	F	309	Continued from page 44			
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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		095014	B. WING			09/0	2/2014	
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(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES I BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		(X5) COMPLETION DATE	
F 309	Continued From part 4/17/14- Night shift a Pressure), 78 (Apic 18 (Respiratory Raf 4/18/14- Evening shapers are), 74 (Puls (Temperature) 4/18/14- Evening shapers are), 84 (Puls (Temperature) 4/19/14- Night shift Pressure), 80 (apic (Respirations) 4/19/14- Day shift 4/19/14- Day shift 4/19/14- Evening shapers are sident [No Signs]: Temperature Respiratory Rate-CPR (Cardiopulmo and MD (Medical Etransfer resident to Resident left unit volume are 1:15 PM.	ge 45 - no vital signs documented. at 02: 04 AM- 133/70 (Blood al Pulse), 97.3 (Temperature), see) iff at 3:26 PM- 126/74(Blood e), 18 (Respiratory Rate), 97.0 iff at 11:25 PM- 124/78 (Blood e), 20 (Respiratory Rate), 98.3 at at 2:37 AM- 132/71(Blood al pulse), 97.9 (Temperature), 20 - No vital signs documented. No vital signs documented. i- Writer was called to room was] unresponsive. V/S (Vital re 97.4, Heart Rate-114, 12, Oxygen Saturation- 64%. inary Resuscitation) started, 911, 20 octor) called and gave order to hospital for unresponsiveness. ia EMT (Emergency Medical	F	309				
sommands grippy	There was no evid- pressure was obta	ence that the resident's blood ined at the time of the transfer						

Event ID: SJJI11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER	G SVCS	1 2	TREET ADDRESS, CITY, STATE, ZIP CODE 601 18TH STREET NE VASHINGTON, DC 20018		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES I BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 309	A review of the MAF Administration Record Record) revealed the signs/medication: " 4/14/14- Tylenol and Reason- c/o (complet assessed as " 6/10 No blood pressure of 4/15/14- No vital signs/medication assessed as " 6/10 No blood pressure of 4/15/14- Day shift legible to read. 4/15/14- Evening slad/15/14- Evening slad/16/14- Evening slad/17/14- Day shift writing not legible to 4/17/14- Right shift 4/19/14- Night shift 4/19/14- Day shift 4/19/14- Evening slad/19/14- Evening	R/TAR (Medication ord/Treatment Administration are following vital dministered [no time indicated] - aint of) headache- pain . " Result- effective - " 2/10. " or pulse documented. gns recorded on night shift - vital signs documented- not nift - 120/70 (Blood Pressure) hift - writing not legible to read 129/70 (Blood Pressure) - Pulse- or read	F 309	Continued from page 46		

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	•	095014	B. WING		·····	09/0)2/2014
	ROVIDER OR SUPPLIER	3 svcs		2	TREET ADDRESS, CITY, STATE, ZIP CODE 601 18TH STREET NE VASHINGTON, DC 20018		A CONTRACTOR OF THE CONTRACTOR
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOU TAG CROSS-REFERENCED TO THE APPRO DEFICIENCY)			(X5) COMPLETION DATE
F 309	There was no evider attending physician informed of Resident headache on April 1 resident's blood preshift as prescribed. Vaken, there was no orthostatic blood prephysician. A review of the Doct April 10, 2014- Nursadmitted to NH (nursadmitted to NH (nursadmitted to NH (nursadmitted to NH) (ESBL (Extended Special Reflux I Hypotension, UTI (UESBL (Extended Special Therapy) a Pathology)." Problems Orthost Examination: Temp [Respiratory Rate] - April 18, 2014- Nursawith recent UTI [with	"No pulse documented." Ince in the clinical record that the or nurse practitioner was it #262's complaint of a 4, 2014. In addition, the saure(s) was not taken every when the blood pressures were evidence that the staff obtained essures as ordered by the stars as ordered by the essures as ordered by the essure essure essures as ordered by the essure essures as ordered by the essure essures es		309	Continued from page 47		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULT A. BUILDIN		(X3) DATE SURVEY COMPLETED		
		095014	B. WING _			09/0	2/2014
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(X4) ID PREFIX TAG	(EACH DEFICIENCY M	STATEMENT OF DEFICIENCIES UST BE PRECEDED BY FULL REGULATORY IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 309	Disease, Orthost with Vitamin D 60 There was no eviattending physici the status of the Hypotension in the inconsistently an orthostatic blood was no evidence clinical staff regapressure assess. A face-to-face in Employee #2 on 3:46 PM. After reacknowledged the A follow-up teleptemployee # 32 capproximately 2: Employees #1 a that parameters orthostatic blood stated that orthogenerally initially assuming a start In conclusion, the consistently ass #262's orthostathad a diagnosis	atic Hypotension. Plan Calcium 20/400- one QD (everyday). " dence in the clinical record that the an or nurse practitioner addressed Resident #262's Orthostatic ne total plan of care. Facility staff d/or failed to assess the resident's pressure as prescribed and there that the medical team questioned rding the lack of orthostatic blood ments. terview was conducted with August 29, 2014 at approximately eviewing the clinical record. He/she he aforementioned findings. Thone interview was conducted with an September 2, 2014 at 18 PM in the presence of 18 PM in the presence of 19 pressure reading(s). It was further static blood pressure(s) are 19 taken in the supine position before 19 ding position. " There was no evidence that the facility essed and monitored Resident 19 ic blood pressure and pulse (who 19 of Orthostatic Hypotension). In 19 years no evidence that the facility staff	,	309	Continued from page 48		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES • BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SHOTE)			. (X5) COMPLETION DATE
F 309	pulse were reported physician regarding headache. On April found unresponsive nearest emergency	ge 49 rthostatic blood pressure and ly obtained or notified the the resident's complaint of a 20, 2014, the resident was and was transferred to the room via 911. The clinical d on September 2, 2014.	FS	309	Continued from page 49 A) Resident #93 1. Resident #93 was assessed and condition was stable on 8/28/14 for range of motion of bilateral feet. The attending physician was potified as	е	8/28/14
F 318 SS=D	483.25(e)(2) INCRE RANGE OF MOTIO Based on the comparesident, the facility a limited range of material treatment and service.	ASE/PREVENT DECREASE IN	F	318	attending physician was notified and orders were received to resume resume resumering care with passive range of a to bi-lateral feet. 2. All other residents with limited ramotion of bilateral feet were checked Physician orders for restorative care manage and prevent decline in rangemotion were done if needed.	storative motion nge of ed. e to	10/31/14
	Based on observati interview for one (1) determined that faci Resident #93 who wof motion of bilatera treatment and servic further decline in rail.	: :			 An in-service was provided for no staff that focused on Documentation Restorative Nursing Care. A quality assurance program to monitor Residents that require restor nursing care and passive range of not extremities under the supervision Director of Nurses/ Designated Representative will be monitored an reported monthly to the Quality 	orative	10/31/14
	Resident #93's feet footrest flexed in a c On August 27, 2014 during a staff intervi	at approximately 12:02 PM, were observed resting upon a downward position. at approximately 9:43 AM ew, Employee #35 was asked, nave a contracture?"			Improvement Committee commence November 21, 2014 for at least one prior to the committee determining discontinue this monitor.	year,	10/31/14

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		095014	B. WING_			09/)2/2014
	ROVIDER OR SUPPLIER	3 svcs		20	TREET ADDRESS, CITY, STATE, ZIP CODE 501 18TH STREET NE /ASHINGTON, DC 20018		
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F 318	He/she replied, "The drop." The clinical record of the curre July 8, 2014 revealed the facility with diagwith Dysphagia. "T section revealed "adeficits, joints, and go A review of the quarwith an Assessment 2014, revealed that Status, G0400, Fun Motion, the resident no impairment] for Eankle, foot). Under resident was coded Cerebrovascular Adlschemic Attack, and The 'Physician's O July 24, 2014 direct "Rehabilitation: Ever [Physical Therapy], SLP [Speech, Lang Functional Level - Edressing, eating, medical transport of the current of the cu	e resident has bilateral foot evealed the following: ent History and Physical dated ed the resident was admitted to pnoses that included "Old CVA The 'Physical Examination' abnormal orientation, motor gait." eterly Minimum Data Set [MDS], t Reference Date of July 8, under Section G, Functional ctional Limitation in Range of t was coded as "0" [indicating B. Lower extremity (hip, knee, Section I, Active Diagnoses, the with diagnoses that included: ecident or stroke, Transient d Hemiplegia or Hemiparesis " erder Form' signed and dated ed: eraluate and treat as indicated: PT OT [Occupational Therapy], and		318	Continued from page 50		

PRINTED: 10/20/2014 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING __ B WING 09/02/2014 095014 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2601 18TH STREET NE WASHINGTON CTR FOR AGING SVCS WASHINGTON, DC 20018 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Continued from page 51 F 318 F 318 | Continued From page 51 Screen Forms ' revealed the following: July 29, 2013 - " Resident has no decline in status, requires total assist for all functional transfers " was documented in the 'Comments' section. A check mark was observed in the blank for " Physical Therapy evaluation NOT indicated " section. April 13, 2014 - " No changes in patient status. Currently under restorative nursing " was documented in the 'Comments' section. A check mark was observed in the blank for "Physical Therapy evaluation NOT indicated " section. July 2, 2014 - " No change in condition at present. Resident requires total care and transfers from caregivers " was documented in the ' Comments' section. A check mark was observed in the blank for "Physical Therapy evaluation NOT indicated" section. A review of the annual Occupational Therapy Screen Form ' revealed the following:

NOT indicated " section.

January 15, 2014 - "[She/he] is dependent on caregivers for ADL's [Activities of Daily Living], transfer, and mobility " was documented in the ' Comments' section. An "X" mark was observed in the blank for "Occupational Therapy evaluation

A review of the quarterly Occupational Therapy Screen Forms ' revealed the following:

April 14, 2014 - "Resident is dependent on caregivers for ADL's [Activities of Daily Living].

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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F 318	transfer, and mobil Comments' sectic in the blank for "CNOT indicated" secaregivers for ADL transfer, and mobil Comments' sectic in the blank for "CNOT indicated" secaregivers for ADL transfer, and mobil Comments' sectic in the blank for "CNOT indicated" secaregivers for ADL transfer, and mobil Comments' sectic in the blank for "CNOT indicated" secarege of motion] to functional impairm Additionally, a Phy 2014 revealed that restorative nursing physician's order Rehabilitation Depand no evidence the restorative services. On August 28, 20 face-to-face intervesident is not a set staff would make the restorative nursing. On August 28, 20 face-to-face intervesident is not a set of a secaregiver for a set of a secaregiver.	ity " was documented in the ' in. An " X " mark was observed occupational Therapy evaluation ection. esident remains dependent on 's [Activities of Daily Living], ity " was documented in the 'on. An " X " mark was observed occupational Therapy evaluation ection. ence facility staff implemented storative services or passive manage the resident 's ent. esical Therapy note of April 13, it the resident was receiving in However, there was no in the partment requesting the services, nat the resident received the services of		318	Continued from page 52		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		095014	B. WING			09/0	2/2014	
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(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY DENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF COP PREFIX (EACH CORRECTIVE ACTION TAG CROSS-REFERENCED TO THE DEFICIENCY)		BE	(X5) COMPLETION DATE	
F 318	just completed an He/she has bilater date, the progress Employee #24 was asked to treatment orders, athe findings. He/s requested docume. On September 2, face-to-face interved Employee #22. A restorative plan for communicated that system or in his/his since [he/she] has He/she added that up by restorative some complete with the since findings. On September 2, face-to-face interved face-to-face	assessment on the resident. al foot contractures. "[Prior to this notes do not reflect this finding]. provide the progress note, and any documentation related to the could not provide the entation. 2014 at approximately 1:18 PM, a liew was conducted with query was made regarding the resident. He/she at there were "no notes in the er record for the past year and been in charge of the program." It the resident "was never picked services." 2014 at approximately 2:30 PM, a riew was conducted with so was asked if he/she performed exercises with Resident #93. If, "Range of motion? I am not IA [Certified Nursing Attendant." 2014 at approximately 2:35 PM, observed as Employee #20 asked strate the functional ability of set. The resident's bilateral feet position [the foot pointed from the leg]. The resident was left or right foot. He/she was ne left toes. A slight wiggle to the	F	318	Continued from page 53			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		095014	B. WING	·	09/02/2014
	ROVIDER OR SUPPLIER	G SVCS	2:	TREET ADDRESS, CITY, STATE, ZIP CODE 601 18TH STREET NE VASHINGTON, DC 20018	***************************************
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
F 323 SS=D	consistently implem address Resident # Facility staff failed to was observed with bilateral feet receiv services to manage his/her bilateral foor reviewed on Septer 483.25(h) FREE Of HAZARDS/SUPER The facility must enerty environment remain is possible; and easupervision and as accidents. This REQUIREME Based on observate environmental tour approximately 2:30 approximately 2:15 facility failed to ensibazards as evidents.	nented approaches and goals to 93's bilateral foot contractures. To ensure that Resident #93, who limited range of motion of red appropriate treatment and and/or prevent further decline of the contractures. The record was miber 2, 2014. FACCIDENT VISION/DEVICES Insure that the resident hazards as charter of accident hazards as charter of accident hazards as charter of the prevent. In an	F 323	Continued From page 54 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICE F323	m 8/26/14 ay it 9/3/14 tive 10/31/14 on the ety. ance tion of 10/31/14 and
	One (1) of three (3) call bell cords was frayed in		one year, prior to the committee determining to discontinue this management	onitor.
			1	i	1

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		095014	B. WING		09/02/2014
WASHING	ROVIDER OR SUPPLIER	G SVCS		STREET ADDRESS, CITY, STATE, ZIP CODE 2601 18TH STREET NE WASHINGTON, DC 20018 PROVIDER'S PLAN OF CORRECTION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF BEHICLES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETION DATE
F 323	surveyed. This observation wa	ge 55 , one (1) of 77 residents' rooms as made in the presence of d 38 who acknowledged the	F 323	Continued from page 55 483.35(i) FOOD PROCURE,	
F 371 SS=E	483.35(i) FOOD PF STORE/PREPARE The facility must - (1) Procure food fro considered satisfact authorities; and	om sources approved or ctory by Federal, State or local distribute and serve food under	F 37		ts on uired eit; in on the perature were no
	Based on observa at approximately 2 at approximately 2 the facility failed to conditions as evide chicken, mixed gree pureed mixed gree failed to reach 140 four-inch deep half	tions made on August 25, 2014 :30 PM and on August 26, 2014 :15 PM, it was determined that serve food under sanitary enced by foods such as barbecue ens, pureed chicken, pureed rice, ens and pureed vegetables that degrees Fahrenheit and 15 of 15 f pans and three (3) of three (3) pans that were stored wet and de:		 All other nursing units were checked ensure food and liquid nourishment be served to the residents met regulatory guidelines. An in-service was provided to the Dietary staff regarding measures be implemented to ensure that food a being served to the residents mee regulatory guidelines. 	ne peing and liquid 8/28/14
ALCONOMICS OF THE PROPERTY OF	The manys moud	A.C.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		095014	B. WING _			09/0	2/2014
	ROVIDER OR SUPPLIER	G SVCS		26	REET ADDRESS, CITY, STATE, ZIP CODE 101 18TH STREET NE ASHINGTON, DC 20018		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 371	hot foods from the chicken, mixed gree pureed mixed grees below 140 degrees delivery. 2. On August 26, 20 hot foods from the pureed vegetables Fahrenheit at the p 3. On August 25, 20 half-pint carton of nodegrees Fahrenheit approximately 2:15	214 at approximately 2:30 PM, test tray, such as barbecued ens, pureed chicken, pureed rice, as and pureed vegetables tested. Fahrenheit at the point of 214 at approximately 2:15 PM, test tray such as pureed rice and tested below 140 degrees oint of delivery. 214 at approximately 2:30 PM a milk from the test tray tested at 48 t and on August 26, 2014 at PM, a half-pint carton of milk ested at 54 degrees Fahrenheit at	F3	371	Continued from page 56 4. A quality assurance program to monitor the temperature of resider food and liquids being served und supervision of Director of Food an Nutrition Services/ Designated Representative will be monitored a reported quarterly to the Quality Improvement Committee for at leasone year, prior to the committee determining to discontinue this model. (2) Store, prepare, distribute and food under sanitary conditions	er the d and ast onitor.	10/31/14
	4. 15 of 15 four-inc three (3) four-inch stored wet and	h deep half pans and three (3) of one-third pans were			1. 15 of 15 four (4) inch deep half and 3 of 3 four (4) inch pans were washed again in the dishwasher a placed on air drying racks until dry 8/25/14. There were no negative outcomes to the residents.	and	8/25/14
F 386 SS=D	483.40(b) PHYSIC CARE/NOTES/OR The physician mus program of care, in treatments, at each of this section; writ at each visit; and sexception of influen	IAN VISITS - REVIEW DERS t review the resident's total cluding medications and n visit required by paragraph (c) e, sign, and date progress notes ign and date all orders with the nza and pneumococcal coines, which may be	F;	386	 All other pans in the kitchen we checked and washed again in the dishwasher and placed on the sir drying racks until dry as required. In-service was provided to the and Nutrition staff on regarding Regulatory Requirements for was and air drying pans. 	Food	10/31/14 8/28/14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI/ IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		095014	B. WING_			09/0	2/2014
-	ROVIDER OR SUPPLIER STON CTR FOR AGIN	G SVCS		260	REET ADDRESS, CITY, STATE, ZIP CODE 01 18TH STREET NE ASHINGTON, DC 20018		A) A)
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	ATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 386	facility policy after a contraindications. This REQUIREMED Based on record re (1) of 39 sampled re the physician failed orthostatic blood precare. Resident #26 The findings included the physician failed orthostatic blood precare. Resident #26	NT is not met as evidenced by: eview and staff interview for one esidents, it was determined that to review Resident #262's essure status in the total plan of 62 and #46. e:		386	4. A quality assurance program to monitor the Proper technique for washing pans served under the supervision of Director of Food ar Nutrition Services/ Designated Representative will be monitored reported quarterly to the Quality Improvement Committee for at less one year, prior to the committee determining to discontinue this media.	and ast onitor.	10/31/14
	A review of Reside that the resident w 10, 2014 and diagonal Hypotension. The history and phromatory and phrom	nt #262's clinical record revealed as admitted to the facility on April hoses included Orthostatic hysical examination dated April that Resident #262's diagnoses g tremors, hallucinations, e Dystonia, Lewy Body Dementia, ntia and Orthostatic Hypotension. admitted to the skilled nursing 2014 for skilled speech,			A) Resident #262 1. The attending physician did no consistently review the orthostatic blood pressure status in plan of offer resident #262. The resident was transferred to the hospital for me evaluation on 4/20/14. 2. All resident medical records we reviewed and there were no other residents in the facility with order orthostatic blood pressures.	c care vas dical ere	10/31/14

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					SURVEY ETED
		095014	B. WING_			09/0	2/2014
	ROVIDER OR SUPPLIER STON CTR FOR AGIN	G SVCS		20	TREET ADDRESS, CITY, STATE, ZIP CODE 301 18TH STREET NE JASHINGTON, DC 20018		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 386	physical therapy. The physician's adr 2014 directed, "Ro Midodrine 7.5mg po 10 AM and 5mg po Hypotension associated please reduce dosi supine hypertension analgesic/antipyreti [every] 6 hours as in An interim physicial directed, "Please of Pulse every shift for There was no evide parameters for more pulse rate for Orthodary A review of the elethe following: A review of the elethe following: April 14, 2014 at 1: 98.2, 72(Pulse), 11 had c/o [complain of medication was off No other distress in 4/15/14- Night shift 4/15/14- Day shift 4/15/14	nission orders dated April 10, butine vital signs, Medications of (by mouth) at 6AM, 10mg po at at 2 PM for Orthostatic lated with Parkinson disease. Ing if patient is experiencing in Acetaminophen [Tylenolac] 325mg- 2 (two) tabs poinceded for pain. " In sorder dated April 14, 2014 in the B/P (Blood Pressure), in Orthostatic Hypotension." In the blood pressure and intering the blood pressure), Resident intering the adache and Tylenol PRN in the pressure in the pressur		386	3. In-service was provided by the Medical director with the attending physician on regarding Regulatory Requirements in reviewing the residents' orthostatic blood pressuland total plan of care. 4. A quality assurance program we implemented under the supervision the Director of Nursing/Designated Representative to monitor monthly report monthly to the Quality Improvement Committee all reside that receive orders for orthostatic pressures. Findings of the quality assurance checks will be docume and reported quarterly to the Qual Improvement Committee for at leasone year, prior to the committee determining to discontinue this moneyear, prior to the attending physicianus notified. The attending physicianus notified. The attending physicianus notified. The attending excessive secretions/spitting and the plan of for resident #46.	res as n of d r and ents blood nted lity ast onitor.	10/31/14

Facility ID: WASHCTR

FORM CMS-2567(02-99) Previous Versions Obsolete

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED		
		095014	B. WING			09/0	2/2014
	ROVIDER OR SUPPLIER	g svcs		26	REET ADDRESS, CITY, STATE, ZIP CODE 501 18TH STREET NE VASHINGTON, DC 20018		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	ΓE	(X5) COMPLETION DATE
	Pulse-88, Blood Pre Rate-20 4/16/14- Night shift-	d From page 59 Night shift- 12:03 AM, Temp 98.3- Blood Pressure-124/78, Respiratory Night shift-2:53 AM -129/79 (Blood), 70 (apical pulse), 98.3 (temp), 20			Continued from page 59 2. All other residents with excessive secretions or frequent spitting were assessed and the attending physicia notified if indicated.		10/31/14
	(respiratory rate). 4/16/14- Evening sl Pulse, Respiration Pressuere-124/74.	nift at 5:13 PM - 98.2 Temp, 84-			In-service was provided for the lice nurse regarding ongoing Clinical Assessment of Residents. A quality assurance program was		10/31/14
	4/17/14- Day shift- 4/17/14- Night shift Pressure), 77 (Puls 97.8. 4/17/14- No vital signal s	No vital signs documented. -at 3:14 AM-129/70 (Blood se), 20-(Respiratory Rate), Temp-			implemented under the supervision of Director of Nursing/Designated Representative to monitor the Clinical assessment of residents with excess secretions be monitored monthly and reported quarterly to the Quality Improvement Committee. Findings of quality assurance checks will be documented and reported quarterly	al sive d of the to the	10/31/14
	4/17/14- Night shift 4/18/14-Night shift Pressure), 78 (Apid 18 (Respiratory Ra 4/18/14- Evening s Pressure), 74 (Puls (Temperature)	at 02: 04 AM- 133/70 (Blood cal Pulse), 97.3 (Temperature),			Quality Improvement Committee for least one year, prior to the committe determining to discontinue this moni	ee	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		095014	B. WING		09	/02/2014
	ROVIDER OR SUPPLIER	g svcs	Aronnor.	STREET ADDRESS, CITY, STATE, ZIP CODE 2601 18TH STREET NE WASHINGTON, DC 20018	-	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES FBE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 386	Pressure), 80 (apica (Respirations) 4/19/14- Night shift- 4/19/14- Day shift- I 4/19/14- Evening sh 4/20/14 at 4:26 PM- because resident [w Signs): Temperature Respiratory Rate- 1 CPR (Cardiopulmor and MD (Medical Detransfer resident to Resident left unit via Team) at 1:15 PM." There was no evide pressure was obtain the hospital. A review of the MAI Administration Reco Record) revealed th signs/medication: " 4/14/14- Tylenol at Reason- c/o (compliance) assessed as " 6/10	at 2:37 AM- 132/71(Blood al pulse), 97.9 (Temperature), 20 No vital signs documented. No vital signs documented. Inft- No vital signs documented. "Writer was called to room vas] unresponsive. V/S (Vital e 97.4, Heart Rate-114, 2, Oxygen Saturation- 64%. Inary Resuscitation) started, 911, octor) called and gave order to hospital for unresponsiveness. EMT (Emergency Medical ence that the resident's blood and at the time of the transfer to ord/Treatment Administration	F 386	Continued from page 60		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	2) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED		
		095014	B. WING_			09/0	2/2014		
	ROVIDER OR SUPPLIER	NG SVCS		26	TREET ADDRESS, CITY, STATE, ZIP CODE 601 18TH STREET NE /ASHINGTON, DC 20018				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	STATEMENT OF DEFICIENCIES IST BE PRECEDED BY FULL REGULATORY DENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD F CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE		
F 386	4/15/14- No vital s 4/15/14- Day shift legible to read. 4/15/14- Evening 4/16/14- Evening 4/17/14- Day shift writing not legible 4/17/14- Evening Pulse- writing not 4/17/14- Night shi 4/19/14- Night shift high legible 4/19/14- Day shift Pulse-60 4/19/14- Day shift Pressure0, No put There was no evidence on Apriresident 's blood shift. When the bift was no evidence	igns recorded on night shift t -vital signs documented- not shift -120/70 (Blood Pressure) shift - writing not legible to read - 129/70 (Blood Pressure) - Pulse- to read shift- 130/74 (Blood Pressure)-		386	Continued from page 61				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		095014	B. WING _			09/02/2014	
	ROVIDER OR SUPPLIER	3 svcs		26	REET ADDRESS, CITY, STATE, ZIP CODE 601 18TH STREET NE VASHINGTON, DC 20018		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES TBE PRECEDED BY FULL REGULATORY INTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 386	Continued From pag	ge 62	F3	386	Continued from page 62		
	A review of the Doc	tors Progress notes revealed:					i de la companya de
	admitted to NH (nur [Treatment] of Parki dysautonomia, Dem esophageal Reflux I Hypotension, UTI (U	se Practitioner's note - " sing home) after hospital inson 's disease with significant nentia, GERD (Gastro Disease) Orthostatic Jrinary Tract infection) with pectrum Beta-Lactamase) E. coli Alert- Weak."					
	home) for further O (Physical Therapy) Pathology). Problen Problems Orthos Examination: Temp	Transferred to NH (nursing T (Occupational Therapy), PT and SLP (Speech Language In List: Old [and] Chronic tatic Hypotension. Physical (Temperature)- 97.6, Pulse-74, 16, [Blood Pressure] - 120/72."					
ALLANDON TO THE PROPERTY OF TH	with recent UTI [wit Treatment. [History GERD, Acute Kidne	se Practitioner's note- "[Patient] h] ESBL- [Status Post] Antibiotic] of Parkinson, Dementia, ey Disease, Orthostatic Calcium with Vitamin D everyday). "					
	attending physician	ence in the clinical record that the or the nurse practitioner dent's Orthostatic Hypotension in of care.					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		095014	B. WING		09/02/2014
	ROVIDER OR SUPPLIER	g svcs	2	TREET ADDRESS, CITY, STATE, ZIP CODE 601 18TH STREET NE WASHINGTON, DC 20018	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETION
F 386	Continued From pa	ge 63	F 386	Continued from page 63	
	Employee #24 on A 11:30 AM. Employ- documented blood	view was conducted with august 28, 2014 at approximately ee #24 stated, "I looked at the pressures. However, I did not e progress notes." Employee the findings.			
F 431 SS=D	Employee # 32 on approximately 2:18 Employees #1 and acknowledged that written for the Orthoreading(s). It was fit Blood Pressure(s) supine position bef position. " The record was revenue as a supine position of the record was revenue as a supine position of the record was revenue as a supine position. The record was revenue as a supine position of the	parameters should have been ostatic Blood Pressure urther stated that "Orthostatic are generally initially taken in the ore assuming a standing viewed on August 28, 2014.	F 43	483.60(b), (d), (e) DRUG RECOR LABEL/STORE DRUGS & BIOLOGICALS F431 The Facility's practice is to disca expired medications, which was exhibited in the below findings. findings were corrected upon observation. 1. Unit 1 Orange Resident M #2 tablets of Acetaminophen/Codei 300mg/30mg that was found sto the medication cart. There were negative outcomes to the reside beyond expiration date.	ard of not These 8/29/14 ine ored in e no

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		095014	B. WING		09	/02/2014	
	ROVIDER OR SUPPLIER	G SVCS		STREET ADDRESS, CITY, STATE, ZIP CODE 2601 18TH STREET NE WASHINGTON, DC 20018			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 431	Drugs and biological abeled in accordan professional princip accessory and caut expiration date whe In accordance with facility must store all compartments under and permit only auti access to the keys. The facility must propermanently affixed controlled drugs list Comprehensive Dru Act of 1976 and oth except when the fact drug distribution systored is minimal and detected. This REQUIREMENTAL Based on observated determined that fact biologicals stored ir cart on four (4) of 1 Orange, 2 Orange, The findings include	als used in the facility must be ce with currently accepted les, and include the appropriate ionary instructions, and the n applicable. State and Federal laws, the left drugs and biologicals in locked er proper temperature controls, thorized personnel to have ovide separately locked, a compartments for storage of ed in Schedule II of the left drugs subject to abuse, cility uses single unit package estems in which the quantity and a missing dose can be readily locked as missing dose can be readily locked. Note that the service is not met as evidenced by: itions and staff interview, it was allity staff failed to discard as the refrigerator and medication on ursing units observed (Units 1 of Green, and 3 Blue).	F 43	Unit 1 Orange Resident M # tablets of Lorazepam 0.5mg stored in the medication car Unit 2 Orange Resident M # tablets of Lorazepam 0.5mg stored in the medication car Unit 1 Green Resident M #1 of Lorazepam 1 mg were for in the medication cart. Unit 3 Blue Resident M #4 to two (2) bags of Vancomycin [milligram]/100ml solution we the refrigerator. 2. All other residents' cassed medication carts were check stored or expired medication none were found in the residence of the medication cassettes. 3. In-service was provided for Licensed Nurses regarding Procedure for expired narcomedications and refrigerated antibiotics. Unit Managers will audit nar refrigerators weekly.	was found t. 3 13 was found t. 16 tablets und stored wo (2) of 500mg as found in ttes in the ked for ns and dents' or the Policy and otic d	9/2/14	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			` '	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER STON CTR FOR AGIN	g svcs		STREET ADDRESS, CITY, STATE, ZIP CODE 2601 18TH STREET NE WASHINGTON, DC 20018			
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F 431	of Acetaminophen/tuse. The use befor 6/13/2014. The obspresence of Employ the findings. 2. On Unit 1 Orang of Lorazepam 0.5m date on the packag was made in the pracknowledged the date on the packag observation was m #10. He/she acknowledged the 15. On Unit 1 Green of Lorazepam 1 mg date was 6/13/2014 the presence of En acknowledged the 5. On Unit 3 Blue: F(2) bags of Vanconsolution stored with 2014. The observation of the packag of the 15. On Unit 3 Blue: F(2) bags of Vanconsolution stored with 2014. The observation was presented the 15. On Unit 3 Blue: F(2) bags of Vanconsolution stored with 2014. The observation was presented the 15. On Unit 3 Blue: F(2) bags of Vanconsolution stored with 2014. The observation was presented to the 15. On Unit 3 Blue: F(2) bags of Vanconsolution stored with 2014. The observation was presented to the 15. On Unit 3 Blue: F(2) bags of Vanconsolution stored with 2014. The observation was presented to the 15. On Unit 3 Blue: F(2) bags of Vanconsolution stored with 2014. The observation was presented to the 15. On Unit 3 Blue: F(2) bags of Vanconsolution stored with 2014. The observation was presented to the 15. On Unit 3 Blue: F(2) bags of Vanconsolution stored with 2014. The observation was presented to the 15. On Unit 3 Blue: F(2) bags of Vanconsolution stored with 2014.	ge: Resident M #2 had 19 tablets Codeine 300mg/30mg stored for re date on the package was servation was made in the yee #8. He/she acknowledged ge: Resident M #5 had 30 tablets ng stored for use. The use before ne was 8/4/2014. The observation resence of Employee #8. He/she findings. e: Resident M #3 had 13 tablets ng stored for use. The use before ne was 8/18/2014. The nade in the presence of Employee wledged the findings. c: Resident M #1 had 16 tablets ng stored for use. The use before nade in the presence of Employee wledged the findings. Resident M #4 had two (2) of two nycin 500mg [milligram]/100ml na discard date of August 23, nation was made in the presence who acknowledged the findings.	F 43	Continued from page 65 4. A quality assurance program we implemented under the supervision Director of Nursing/Designated Representative to monitor expired narcotics and refrigerated antibiotics will be monitored mont reported quarterly to the Quality Improvement Committee for at least year, prior to the committee deter discontinue this monitor.	hly and	10/31/14	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED				
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	ROVIDER OR SUPPLIER	IG SVCS		26	REET ADDRESS, CITY, STATE, ZIP CODE 01 18TH STREET NE ASHINGTON, DC 20018	flux.	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	STATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY SENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 463 SS=D	discontinued on At 483.70(f) RESIDER ROOMS/TOILET/ETHE ROOMS/TOILET/ETHE ROOMS/TOILET/ETHE ROOMS/TOILET/ETHE REQUIREMED Based on observation approximately 2:36 approximately 2:37 facility failed to mapproximately 2:38 facility failed to mapp	mentioned medications were agust 11, 2014". NT CALL SYSTEM - BATH In must be equipped to receive ugh a communication system from ad toilet and bathing facilities. ENT is not met as evidenced by: Interest of the facility on August 25 at 10 PM and on August 26, 2014 at 10 PM, it was determined that the sintain the call bell system in andition as evidenced by one (1) of red that was too short to be readily the statement of Room #305, one (1) and that was too short to be readily thower room located on 3 Orange was wrapped around the grab of resident's room surveyed. The statement of the call bell in the 10 the	F	431	Continued from page 66 483.70(f) RESIDENT CALL SYSTE ROOMS/TOILET/BATH F463 1. The call bell cord in the bathroom #305 was too short. One (1) of three (3) call bell cords the shower room on 3 Orange Unshort and not accessible. The call bell cord was wrapped are the grab bar in room #106 and conot be activated. All of the call be cords in room #305, #106 and in the shower room on 3 Orang Unit were replaced. There were no negative outcomes to the residents. 2. All call bell cords in the facility of the checked on 9/3/14 and replaced a required. 3. In-service was provided to the Engineering staff on regarding the going Preventative Maintenance Program to inspect all call bells at cords.	om of in it was round uld ell the e e	8/26/14

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING			(X3) DATE SURVEY COMPLETED	
		095014	B. WING			09/)2/2014
	ROVIDER OR SUPPLIER	G SVCS		26	REET ADDRESS, CITY, STATE, ZIP CODE 601 18TH STREET NE VASHINGTON, DC 20018		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES I BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 463	if needed in one (1) surveyed.	ge 67 of 77 residents' rooms were made in the presence of	F	463	Continued From page 67 4. A quality assurance program vimplemented under the supervision the Director of Nursing/Designate Representative The call bells/continued.	on of ed	10/31/14
F 492 SS=D	Employees #36 and findings. 483.75(b) COMPLY FEDERAL/STATE/L	38 who acknowledged the WITH OCAL LAWS/PROF STD	F	492	will be monitored and reported monthly to the Quality Improvement Committee for at least one year, to the committee determining to discontinue this monitor.		
	compliance with all a local laws, regulation accepted profession	erate and provide services in applicable Federal, State, and ns, and codes, and with all standards and principles that als providing services in such a			483.75(b) COMPLY WITH FEDERAL/STATE/LOCAL LAWS/PROF STD F 492		
	Based on record re staffing review [dired it was determined th [six tenth] hour for F [Advanced Practice (2) of the seven (7) (4.1) hours of direct day for one (1) of se accordance with Tit	eview and staff interview during a ct care per resident day hours], nat the facility failed to meet 0.6 Registered Nurses/APRN Registered Nurse] hours on two days and four and one tenth nursing care per resident per even (7) days reviewed, in le 22 DCMR Section 3211, and Required Staffing Levels.			 A. Staffing - 0.6 [six tenth] hour of direct nursing care per resident data Registered Nurse/APRN [Advance Practice Registered Nurse 1. The regulatory requirement of (six tenth) hour of nursing care persident day of Registered Nurse not met on August 23, 2014 0.4 and August 24, 2014 0.4. On August 2014 the overall nursing care coverage required of 4.1 hours were directly and the cov	y for d 0.6 er e was and : 25,	
		staffing was conducted on approximately 11:00AM. Seven			not met at 4.0. 2. All residents have the potential be affected when the resident car for a Registered Nurse is not me however there were no negative outcomes to the residents.	re	11/2/14

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE S COMPL	
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F 492	Regulations for Nur Beginning January provide a minimum tenth (4.1) hours of per day, of which a be provided by an a nurse or registered to any coverage reduction and coverage reducti	strict of Columbia Municipal rsing Facilities: 3211.5 1, 2012, each facility shall daily average of four and one direct nursing care per resident teleast six tenth (0.6) hour shall advanced practice registered nurse, which shall be in addition quired by subsection 3211.4. In meet the 0.6 [six tenth] hour of per resident day for Registered anced Practice Registered Nurse] in days reviewed as outlined Just 23, 2014 it was determined wided RN coverage at a rate of seven days reviewed as outlined wided RN coverage at a rate of seven days reviewed as outlined Just 24, 2014 it was determined wided to meet the four and one of direct nursing care per resident seven days reviewed as outlined seven days reviewed as outlined outlined wided direct nursing care		492	Continued From page 68 3. Recruitment plans are in place to required staffing levels with focus or Registered Nurses. In addition to, it review of wage/salary surveys as a component of the facility's retention. 4. A quality assurance program was implemented under the supervision. Director of Human Resources and I of Nurses to monitor and report mor Registered Nurses and other nursing vacancies to the Quality Improvement Committee for at least one year, prothe committee determining to disconthis monitor.	n hiring the plan. S Director nthly ng ent ior to	11/2/14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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F 492	Continued From pa	ge 69	F 49	Continued from page 69		THE STATE OF THE S	
	The review was dor #2. He/she acknow	ne in the presence of Employee rledged the finding.				200	
	was determined that with State regulation Practical Nurse not	rations and staff interviews, it at facility staff failed to comply ns as evidenced by a Licensed practicing within his/her scope of by orienting a Registered					
	The findings include	e:					
	Title 17 DCMR Cha " A practical nurse practice of a registe	apter 55, 5514.4(b) stipulates: shall notSupervise the clinical ered nurse. "					
	for Licensed Nurse stipulates; "Policy provided with the e on the unit. The sta	ility's policy entitled, " Orientation s; Policy No: EDU01-001 : The Registered Nurse will be ducation by a Registered Nurse aff development department will ating of the RN/LPN and will necessary."					
100 mm m m m m m m m m m m m m m m m m m	approximately 9:00	n August 25, 2014 at AM on Unit 3 Orange. s observed orienting Employee					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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F 492	at approximately 10 Employee #39 was #40. A face-to-face interved Employee #41 on A 10:30 AM. When que was in orientation at He/she responded; Employee #41 state classroom training the working on the unit stated that Employee #40. A face-to-face interved Employee #2 on Au 1:00 PM. He/she state been orienting under Medication oversight Employee #5. A follow-up face-to-with Employee #2 a August 29, 2014. He acknowledged that	on occurred on August 26, 2014 and too AM on Unit 3 Orange. Observed orienting Employee observed orienting him/her observed observed observed observed observed observed observed observed on the second week. He/she also observed observed observed observed observed observed observed on the state of the state of the second observed observed on the state of the	F 49	B. Employee #39 was observed orienting Employee #40. The practice of the facility is for a Registered Nurses to supervise on board Registered Nurses. 1. Nursing Services did not comply with State Regulations on August 2014 and August 26, 2014 by allowemployee #39, a Licensed Practice Nurse, to provide orientation at the medication cart for employee #40. There was no negative outcome to resident a result of this practice. 2. All nursing units were checked was validated that all new hired Registered Nurses in orientation wheing orientated on the nursing unity another registered nurse. 3. In-services was provided to all Resident Care Managers and Nur Supervisors regarding State Regulations requiring that all Registered Nurses receive orientation a Registered Nurse.	25, wing cal e o the and it vere hits 10/31/14 sing	

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 492 F 514 SS=E	regulations as evide Nurse not practicing evidenced by orient Nurse. 483.75(I)(1) RES RECORDS-COMPL The facility must ma resident in accordar standards and practices.	enced by a Licensed Practical within his/her scope of duty as ing a Registered Licensed LETE/ACCURATE/ACCESSIBLE wintain clinical records on each ince with accepted professional tices that are complete; inted; readily accessible; and	F 4		4. A quality assurance program wimplemented under the supervision the Director of Nursing/Designated Representative to monitor and representative to the Quality Improveme Committee the orientation of Registered Nurses for at least one year, prior to the committee determining to discontinue this monitor and program in the committee determining to discontinue this monitor and program is a supervision of the committee determining to discontinue this monitor and program is a supervision of the committee determining to discontinue this monitor and program with the committee determining to discontinue this monitor and program with the program with the committee determining to discontinue this monitor and program with the program with the committee discontinue the committee determining to discontinue this monitor and program with the committee discontinue the committee d	on of d port ent	10/31/14
	information to identi resident's assessme services provided; t	must contain sufficient fy the resident; a record of the ents; the plan of care and he results of any preadmission d by the State; and progress			483.75(I)(1) RES RECORDS-COMPLETE/ACCURA CCESSIBLE F514	TE/A	
	Based on observat interviews for three was determined that maintain complete, records for one (1) the provision of der to documnet that the	ion, record review, and staff (3) of 39 sampled residents, it it the facility staff failed to accurate, and organized clinical resident; to document regarding ital service for one (1) resident; e wound treatment had been 1) resident. Residents 40, #93,			 Correction of spelling of Resident #40 his/her last name was correct on 8/29/14. There were no negat outcomes to the resident as a resident oversight. All residents' medical records we checked to validate spelling of last name and all were found to be considered. In-service was provided regard. 	ted ive ult of vere st rrect.	8/29/14 9/2/14
		e: d to maintain clinical records in ceptable professional			required validation of all spelling a all residents complete name.	and	10/31/14

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		CONSTRUCTION	(X3) DATE : COMPL	
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F 514	standards and practifour (4) different specrecord. A review of the Physuly 2, 2013 revealed A review of the residence and a review of the 'Interest and a review of the 'Interest and a review of the 'Interest and a review of the 'Hose Medication Profile]' the last name spelled A review of the residence and a review of the 'Nur Comprehensive As 2014 revealed the last name spelled A face-to-face interest and a review of the 'Nur Comprehensive As 2014 revealed the last name spelled A face-to-face interest and a review of the 'Nur Comprehensive As 2014 revealed the last name spelled A face-to-face interest and a review of the 'Nur Comprehensive As 2014 revealed the last name spelled A face-to-face interest and a review of the 'Nur Comprehensive As 2014 revealed the last name spelled A face-to-face interest and a review of the 'Nur Comprehensive As 2014 revealed the last name spelled A face-to-face interest and a review of the 'Nur Comprehensive As 2014 revealed the last name spelled A face-to-face interest and a review of the 'Nur Comprehensive As 2014 revealed the last name spelled A face-to-face interest and a review of the 'Nur Comprehensive As 2014 revealed the last name spelled A face-to-face interest and a review of the 'Nur Comprehensive As 2014 revealed the last name spelled A face-to-face interest and a review of the 'Nur Comprehensive As 2014 revealed the last name spelled A review of the 'Nur Comprehensive As 2014 revealed the last name spelled A review of the 'Nur Comprehensive As 2014 revealed the last name spelled A review of the 'Nur Comprehensive As 2014 revealed the last name spelled A review of the 'Nur Comprehensive As 2014 revealed the last name spelled A review of the 'Nur Comprehensive As 2014 revealed the last name spelled A review of the 'Nur Comprehensive As 2014 revealed the last name spelled A review of the 'Nur Comprehensive As 2014 revealed the last name spelled A review of the 'Nur Comprehensive As 2014 revealed the last name spelled A review of the 'Nur Comprehensive As 2014 revealed	cice for Resident #40 who had bellings of his/her last name on sician's Progress notes dated and the last name spelled "Biven." dent's 'Admitting and Discharge 7, 2014 revealed the last name rim Order Form' dated of July he resident's last name spelled spice Pharmacia [Active dated August 8, 2014 revealed and "Bivins." dent's 'Significant Change In dated August 8, 2014 revealed and "Bivens." resing-Initial /Updated sessment' dated August 29, ast name spelled "Bivins." view was conducted with ligust 28, 2014 at approximately wing the above documents, ed the findings.	F 5	314	4. A quality assurance program was implemented under the supervision Director of Nursing/Designated Representative to monitor monthly report quarterly to the Quality Impro Committee the correct spelling of a residents' names for at least one ye prior to the committee determining discontinue this monitor. 1. Resident #129 1. Resident #129 was assessed an condition was stable on 8/28/14. (September 1, 2014 the licensed not assigned to Resident #129 did not the Treatment Administration Reco (TARs) to indicate that a wound tre was performed on Resident #129. were no negative outcomes to the resident.	and ovement II ear, to On urse initial ords eatment There	10/31/14 8/28/14
	A review of the Phy	vsician's Progress note dated					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
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F 514	July 8, 2014 and the revealed that Reside facility on February diagnoses: Hyperter Accident, Atheroscle Seizure Disorder, De Chronic Obstructive On August 28, 2014 clinical record review following: An 'Interim Order Form an order for a dental A dental consult dat treatment was "refus A dental consult dat an oral exam was conscient an order for July 9. An 'Interim Order Form Substance Prescription Ativan to be given pose the service of the document of the decent of the de	July 2014 Physician's Orders ent #93 was admitted to the 14, 2011 with the following asion, Cerebral Vascular crotic Disease, Depression, ysphagia, Diabetes Mellitus, and Pulmonary Disease. at approximately 10:00 AM, a v for Resident #93 revealed the orm' dated June 2, 2014 directed consult. ed June 15, 2014 indicated that sed." ed June 28, 2014 indicated that completed and another exam was a conducted August 25, 2014 for rior to a dental procedure on a cere was no documentation findings on August 25, 2014. at approximately 10:00 AM, a was conducted with Employee forementioned findings. The dged that he/she did evaluate 9, 2014 and August 25, 2014,	F 5	314	Continued from page 73 2. The Treatment Administration Records (TARs) were checked on nursing units for missing initials to validate all wound treatments were done for the residents. No missin initials were found on the Treatment Administration Records (TARs). 3. In-service was provided for lice nurses regarding policies related to documenting the care provided to residents. 4. A quality assurance program we implemented under the supervision the Director of Nursing/Designated Representative to monitor and representative to the Quality Improvement Committee the Treatment Administration Records (TARs) for least one year, prior to the commit determining to discontinue this monitor.	e g ent nsed to as on of d port ent at	10/31/14		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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F 514	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY		PREFIX	iX	2. Resident #93 1. The resident was assessed and condition was stable on 8/29/14. Dentist failed to document the dentinding conducted on July 9, 2014 Resident #93. There were no negative outcomes to the resident. 2. All other residents with orders for Dental consults were reviewed and documentation was current. 3. Medical Director advised the Designated Dental documentation the residents on 10/31/14. 4. A quality assurance program was implemented under the supervision Director of Nursing/Designated Representative to monitor resident of documentation will be monitored monthly to the Quality Improvement Committee for at least year, prior to the committee determited discontinue this monitor.	The tal for ative or dentist for dental onthly	8/29/14 10/31/14 10/31/14	