

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD02-0007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/01/2017</b>
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L 000	<p>Initial Comments</p> <p>The annual Licensure Survey was conducted at Washington Center For Aging Services of Washington, D.C. from August 25, 2017 through September 01, 2017. The following deficiencies are based on observation, record review, resident and staff interviews for 34 sampled residents.</p> <p>The following is a directory of abbreviations and/or acronyms that may be utilized in the report:</p> <p>Abbreviations</p> <p>AMS - Altered Mental Status ARD - Assessment Reference Date BID - Twice- a-day B/P - Blood Pressure cc - cubic centimeters cm - Centimeters CMS - Centers for Medicare and Medicaid Services CNA- Certified Nurse Aide COPD - Chronic Obstructive Pulmonary Disease CRF - Community Residential Facility D.C. - District of Columbia DCMR- District of Columbia Municipal Regulations D/C Discontinue DI - deciliter DMH - Department of Mental Health EKG - 12 lead Electrocardiogram EMS - Emergency Medical Services (911) G-tube Gastrostomy tube HVAC - Heating ventilation/Air conditioning ID - Intellectual disability IDT - interdisciplinary team L - Liter Lbs - Pounds (unit of mass)</p>	L 000	<p>Stoddard Baptist Global Care at Washington Center for Aging Services (SBGC), is filling this Plan of Correction in accordance with the Compliance requirements for the Federal and State regulations.</p> <p>This Plan of Correction constitutes the facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction does not constitute admission of facts or conclusions cited.</p>	

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

*Denise Chadwick Wright*

TITLE

*Nursing Home Administrator*

(X6) DATE

*10/16/11*

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L 000	<p>Continued From page 1</p> <p>LE- Lower Extremity MAR - Medication Administration Record MD- Medical Doctor MDS - Minimum Data Set Mg - milligrams (metric system unit of mass) mL - milliliters (metric system measure of volume) mg/dl - milligrams per deciliter mm/Hg - millimeters of mercury Neuro - Neurological NP - Nurse Practitioner O2- Oxygen ORIF - Open Reduction Internal Fixation PASRR - Preadmission screen and Resident Review Peg tube - Percutaneous Endoscopic Gastrostomy PO- by mouth PO2- Pulse oximetry POS - physician 's order sheet Prn - As needed Pt - Patient Q- Every QIS - Quality Indicator Survey Rp, R/P- Responsible party Sol- Solution S/P- Status Post TAR - Treatment Administration Record Tx- Treatment UE- Upper Extremity</p>	L 000	Continued from page 1	
L 051	<p>3210.4 Nursing Facilities</p> <p>A charge nurse shall be responsible for the following:</p> <p>(a)Making daily resident visits to assess physical and emotional status and implementing any required nursing intervention;</p>	L 051		

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L 051	<p>Continued From page 2</p> <p>(b)Reviewing medication records for completeness, accuracy in the transcription of physician orders, and adherences to stop-order policies;</p> <p>(c)Reviewing residents' plans of care for appropriate goals and approaches, and revising them as needed;</p> <p>(d)Delegating responsibility to the nursing staff for direct resident nursing care of specific residents;</p> <p>(e)Supervising and evaluating each nursing employee on the unit; and</p> <p>(f)Keeping the Director of Nursing Services or his or her designee informed about the status of residents. This Statute is not met as evidenced by:</p> <p>Based on record review and staff interview for one (1) of 40 sampled residents, it was determined that the charge nurse failed to update Resident 247's care plan to indicate that the resident no longer wore dentures.</p> <p>The findings include:</p> <p>During a dining observation on September 1, 2017, at approximately 9:30 AM, Resident #247 was observed eating without natural teeth or dentures. When asked about difficulty chewing and eating, the resident stated, "No. I had some dentures but I lost them when I went to the hospital."</p>	L 051	Continued from page 2	

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L 051	<p>Continued From page 3</p> <p>On September 1, 2017 at 9:30 AM, a clinical record review showed a care plan for the use of dentures. The clinical record lacked documented evidence the facility staff updated the resident's care plan to reflect changes in the resident's oral status and lose of dentures.</p> <p>During a face-to-face interview with Employee #13 at approximately 10:30 AM on September 5, 2017, the employee was asked about Resident #247's dentures. The Employee stated, "The dentures were lost when the resident was hospitalized in March and the daughter has not decided to replace them. He/she has a diagnosis of Cancer, eats well and has no problems with weight loss."</p> <p>The employee acknowledged that the care plan was not updated to indicate that the resident no longer wears dentures.</p>	L 051	<p>Continued from page 3</p> <p>L 051</p> <p>Resident #247</p> <ol style="list-style-type: none"> <li>1. Resident #247 was assessed on 9/1/17 and the resident condition was stable. The resident's care plan was updated on 9/1/17 to reflect that the resident no longer wears dentures.</li> <li>2. Facility-wide all residents care plans with dentures were checked and found to be accurate.</li> <li>3. Resident Care Managers and licensed nurses were in-serviced on updating resident's care plans with focus on denture care.</li> </ol>	<p>09/01/17</p> <p>09/01/17</p> <p>09/27/17</p>
L 052	<p>3211.1 Nursing Facilities</p> <p>Sufficient nursing time shall be given to each resident to ensure that the resident receives the following:</p> <p>(a) Treatment, medications, diet and nutritional supplements and fluids as prescribed, and rehabilitative nursing care as needed;</p> <p>(b) Proper care to minimize pressure ulcers and contractures and to promote the healing of ulcers:</p> <p>(c) Assistants in daily personal grooming so that the resident is comfortable, clean, and neat as evidenced by freedom from body odor, cleaned</p>	L 052	<ol style="list-style-type: none"> <li>4. Resident Care Managers and charge nurses will monitor resident care plans with dentures and report findings monthly to the Quality Assurance and Performance Improvement Committee on 10/20/17 and monthly thereafter.</li> </ol>	10/16/17

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L 052	<p>Continued From page 4</p> <p>and trimmed nails, and clean, neat and well-groomed hair;</p> <p>(d) Protection from accident, injury, and infection;</p> <p>(e) Encouragement, assistance, and training in self-care and group activities;</p> <p>(f) Encouragement and assistance to:</p> <p>(1) Get out of the bed and dress or be dressed in his or her own clothing; and shoes or slippers, which shall be clean and in good repair;</p> <p>(2) Use the dining room if he or she is able; and</p> <p>(3) Participate in meaningful social and recreational activities; with eating;</p> <p>(g) Prompt, unhurried assistance if he or she requires or request help with eating;</p> <p>(h) Prescribed adaptive self-help devices to assist him or her in eating independently;</p> <p>(i) Assistance, if needed, with daily hygiene, including oral care; and</p> <p>j) Prompt response to an activated call bell or call for help.</p> <p>This Statute is not met as evidenced by:</p> <p>Based on observation and interview, the charge nurse failed to provide supervision for eight (8) residents observed in the Activity/Dining Room unattended for approximately 12 minutes. No employee was observed in the room. Residents #47, #59, 107, 121, 212, 219, 229, and 271.</p>	L 052	Continued from page 4	
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L 052	<p>Continued From page 5</p> <p>The findings include:</p> <p>On August 29, 2017, at approximately 12:30 pm, eight (8) residents were observed in the second floor Dining Room waiting to be served their lunch. There were no facility staff present in the dining room at the time of the observation. This surveyor remained in the room 10 minutes before initiating the call light. The light was initiated in response to one (1) of the residents calling out for assistance. Two (2) Certified Nursing Assistants and one Registered Nurse (RN) responded to the light in approximately three to four minutes.</p> <p>The residents who were observed in the room were identified as:</p> <p>1. Resident #47: A review of Section G of this resident's most recent quarterly MDS dated June 02, 2017 revealed that the resident is coded as a four (4) Indicating that he/she is totally dependent on staff for all daily living activities.</p> <p>2. Resident #59: A review of Section G of this resident's most recent quarterly MDS dated July 26, 2017 revealed that the resident is coded as a three (3) is able to feed self with supervision but needs extensive assistance for all other daily living activities.</p>	L 052	<p>Continued from page 5</p> <p>L052</p> <p>Residents #47, 59, 107, 121, 212, 229 and 271</p> <ol style="list-style-type: none"> <li>1. It is the facility's practice to assign solarium coverage for the entire day. Licensed nurses were sent to the solarium immediately on 8/29/17 and the residents were assessed. No complications were identified. A nursing assistant was assigned by licensed nurse to monitor the residents in the solarium.</li> <li>2. Facility-wide all solariums were checked and the residents were being monitored by nursing in accordance with facility practice.</li> <li>3. Nursing staff were re-educated regarding supervision of residents in the solariums. The assigned nursing personnel received appropriate counseling.</li> <li>4. Resident Care Managers and charge nurses will monitor the residents daily in the solariums and report findings to the Quality Assurance and Performance Improvement Committee on 10/20/17 and monthly thereafter.</li> </ol>	<p>08/29/17</p> <p>08/29/17</p> <p>09/27/17</p> <p>10/16/17</p>

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L 052	<p>Continued From page 6</p> <p>3. Resident #107: A review of Section G of this resident's admission MDS dated June 20, 2017 revealed that the resident is coded as a three (3) and needs extensive assistance from two persons for all daily living activities. This resident fell and sustained a fracture prior to being admitted to the facility on June 13, 2017. This resident was heard calling out, "I want to pee. I don't want to wet myself."</p> <p>4. Resident #121: A review of Section G of this resident's most recent quarterly MDS dated July 08, 2017 revealed that he/she was coded as a three (3) and needed extensive assistance in mobility from one person and oversight and supervision for all other daily living activities.</p> <p>5. Resident #212: A review of Section G of this resident's most recent quarterly MDS dated July 03, 2017 revealed that this resident is coded as a three (3) and indicated that he/she needs extensive assistance with two or more persons' physical assistance for all daily living activities.</p> <p>6. Resident #219: A review of section G of this resident's latest quarterly MDS dated August 15, 2017 indicated that the resident was coded as a three (3) and needed extensive assistance from two (2) persons for transfer, mobility and dressing and needs supervision and oversight for eating.</p>	L 052	Continued from page 6	

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L 052	<p>Continued From page 7</p> <p>7. Resident #229: A review of Section G of this resident's most recent quarterly MDS dated July 12, 2017 revealed that this resident needed supervision/oversight for eating and was coded as a three (3) which indicated that the need for extensive assistance for all other activities of daily living exercises. This resident also has a history of falls as documented in the MDS.</p> <p>8. Resident #271: A review of Section G of this resident's most recent quarterly MDS dated July 16, 2017 revealed that this resident was coded as a three (3) and needs extensive assistance from two (2) persons for bed mobility and transfer and dressing. This resident also has a history of falls as documented in the MDS.</p> <p>Seven (7) of the eight (8) unsupervised residents needed extensive assistance from staff for their daily needs, one resident was totally dependent and three (3) residents have a history of falls.</p> <p>During a face-to-face interview with Employee #19 at approximately 1:00 PM, he employee was stated that a schedule is made daily and staff is assigned throughout the day for periods of 15 minutes each. "The CNA who was scheduled to monitor the room/residents between 12:30 and 12:45 PM was attending to another resident but someone should have replaced [him/her]" The employee acknowledged the finding.</p>	L 052	Continued from page 7	
L 099	3219.1 Nursing Facilities	L 099		



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L 099	<p>Continued From page 8</p> <p>Food and drink shall be clean, wholesome, free from spoilage, safe for human consumption, and served in accordance with the requirements set forth in Title 23, Subtitle B, D. C. Municipal Regulations (DCMR), Chapter 24 through 40. This Statute is not met as evidenced by:</p> <p>Based on an observation made on August 25, 2017 at approximately 9:00 AM, it was determined that the facility failed to store food in a safe and sanitary manner in a large side-by-side refrigerator.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>Several pieces of chicken were observed immersed in liquid, covered with saran wrap and dated August 22, 2017. The chicken was stored on the second shelf of the refrigerator.</li> <li>One opened packet of hot dogs, dated August 21, 2017, one full packet of hot dogs undated and unlabeled; one full packet of potatoes (French Fries) and one opened packet of French Fries (both undated and unlabeled) were all stored on the shelf below the chicken.</li> <li>One opened packet of bagels dated August 18, 2017.</li> <li>One opened container of garlic butter no date.</li> <li>One container of mashed potato mix dated July 01, 2017</li> <li>Container of chicken base dated August 23, 2017.</li> </ol>	L 099	<p>Continued from page 8</p> <p>L 099</p> <ol style="list-style-type: none"> <li>There was raw chicken in the thawing stage in the side-by-side refrigerator in the facility kitchen which was immersed in an ice bath with seasoning to be later fried for the dining service. This item was immediately discarded on the same day it was observed and questioned by the surveyor.</li> <li>All other items were checked in the refrigerated units and found to be in compliance with food regulations.</li> <li>The FNS staff was educated and reminded that raw food with blood component is to be stored on the bottom shelf of the refrigerated unit so that any drippings will not affect other food items therein. The FNS management staff will closely monitor the storage of raw food in all refrigerated units on a daily basis. Any dietary employee that is non-compliant with proper storage will be counseled and disciplined appropriately.</li> </ol>	<p>08/25/17</p> <p>08/25/17</p> <p>10/16/17</p>

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L 099	Continued From page 9  7. Container of ground cinnamon dated August 01, 2017.  A face-to-face interview was conducted with Employee #16 immediately after the observation. In response to a query regarding the number of days perishable items can be stored the employee stated "Three days after opening."  The observations were made in the presence of Employee #16. The employee acknowledged the findings.	L 099	Continued from page 9  3. (cont.) . A new form has been implemented for management staff founding to check and document proper placement of food in the old units.  4. The staff rounding will be reported to the Quality Assurance and Performance Improvement Committee meeting on October 20, 2017 and then on quarterly basis thereafter.	10/16/17
L 190	3231.1 Nursing Facilities  The facility Administrator or designee shall be responsible for implementing and maintaining the medical records. This Statute is not met as evidenced by: Based on the review of one (1) of 40 sampled resident's record, the Charge Nurse failed to accurately transcribe a physician's telephone order for Resident #8.  The findings include:  A review of Resident #8's clinical record revealed a physician order dated November 11, 2016, that included: "Foley Catheter 16 FR (French) 10 cc ( balloon size) ... change catheter monthly..."  August 19, 2017, review of the "treatment administration record (TAR)" dated September 1,	L 190		

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L 190	<p>Continued From page 10</p> <p>2017, revealed, a d/c (discontinue) foley catheter as a prescribed order."</p> <p>The clinical record lacked documented evidence that a physician's order was written to discontinue the foley catheter.</p> <p>A phone interview was conducted with Employee #14 on September 1, 2017, at 11:00 AM. When questioned he/she stated, "I did receive a verbal order to discontinue the Foley catheter and wrote in on the TAR, but forgot to write it on the physician order form".</p> <p>Employee # 2 acknowledged the findings after a record review at approximately 11:30 AM on September 1, 2017.</p>	L 190	<p>Continued from page 10</p> <p>L 190</p> <p>Resident #8</p> <ol style="list-style-type: none"> <li>1. The facility is unable to correct this deficiency.</li> <li>2. All other residents with orders for Foley catheters were checked and no discrepancies were found.</li> <li>3. Charge nurses were in-serviced regarding accurate follow through on physician orders with focus on Foley catheter in a timely manner.</li> <li>4. Residents with physician orders for Foley catheters will be monitored monthly to ensure the attending physician orders are being followed consistently. Report to Quality Improvement Committee monthly.</li> </ol>	<p>09/01/17</p> <p>09/01/17</p> <p>0927/17</p> <p>10/16/17</p>
L 306	<p>3245.10 Nursing Facilities</p> <p>A call system that meets the following requirements shall be provided:</p> <p>(a) Be accessible to each resident, indicating signals from each bed location, toilet room, and bath or shower room and other rooms used by residents;</p> <p>(b) In new facilities or when major renovations are made to existing facilities, be of type in which the call bell can be terminated only in the resident's room;</p>	L 306		

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L 306	Continued From page 11	L 306		
	<p>(c)Be of a quality which is, at the time of installation, consistent with current technology; and</p> <p>(d)Be in good working order at all times.</p> <p>This Statute is not met as evidenced by:</p> <p>Based on observations, the facility failed to maintain call bells in good working condition as evidenced by defective call bells in two (2) of 28 resident's rooms.</p> <p>The findings include:</p> <p>During an observation at 10:40 AM, on August 28, 2017, Resident #78 initiated his call light to request assistance with incontinence care. The facility staff responded after approximately 10 minutes to answer the call light.</p> <p>During a face-to-face interview with Employee#17 on August 28, 2017, at approximately 1:00 PM regarding resident concerns of not getting the help he/she needed for toileting. The employee acknowledged the findings and reported, "We had a problem with the call light, and we can hear the call light ring but have to check several rooms until we find which room is calling. We called Engineer found out the bulb was out." They presented the blown bulb to the surveyor.</p> <p>During a subsequent face-to-face interview with Employee #20 on August 31, 2017, at approximately 11:00 AM. the employee stated that the visual indicator usually illuminates above the door of the resident room accompanied by a sound from the nurses' station when the call bell was activated. Employee #20 further added that when the call bells activate the visual indicator and the audible alarm should be seen and heard</p>		<p>Resident #78</p> <ol style="list-style-type: none"> <li>1. Resident #78's call light was corrected by Engineering on 8/28/17.</li> <li>2. All call lights were checked and all were working correctly.</li> <li>3. The Engineering Department has a system in place to check all resident call lights. Employees were educated to consistently email requisition to the Engineering Department immediately if resident's call lights do not function properly.</li> <li>4. Engineering will report all findings to the Quality Assurance and Improvement Committee meeting on 10/20/17 and quarterly thereafter.</li> </ol>	<p>08/28/17</p> <p>08/28/17</p> <p>08/28/17</p> <p>10/16/17</p>

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD02-0007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/01/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WASHINGTON CTR FOR AGING SVCS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2601 18TH STREET NE WASHINGTON, DC 20018</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 306	<p>Continued From page 12</p> <p>by staff, but the bulb was found to be out in the resident room.</p> <p>Employee #20 acknowledged the finding.</p> <p>2. On August 30, 2017, at approximately 3:30 PM, during tour two (2) of three (3) call bells in resident room #240 failed to alarm when initiated. The call bells were intended for use by bed B and c in Room #240.</p> <p>Employees #20 and 21 were present at the time of observations and acknowledged the findings.</p>	L 306	<p>Continued from page 12</p> <p>3258.13 Nursing Facilities</p> <p>1. The dish machine in the main kitchen operation was inspected and failed to maintain the proper rinse temperature of 180 degrees Fahrenheit for the rinse cycle. The corrective action involved the Food Service Director making an emergency call to Ecolab to discuss the urgent situation that warranted immediate attention. The Ecolab representative arrived at the facility on 9/1/17 within 15 minutes and installed a stack pump. This was used as a temporary measure utilizing chlorine as a disinfectant until the hot water booster heater could be adjusted.</p>	09/01/17
L 442	<p>3258.13 Nursing Facilities</p> <p>The facility shall maintain all essential mechanical, electrical, and patient care equipment in safe operating condition.</p> <p>This Statute is not met as evidenced by:</p> <p>Based on observations made on August 30, 2017, at approximately 10:40 AM, the facility failed to maintain essential equipment in good working condition as evidenced by one (1) of one (1) dishwashing machine that failed to maintain a minimum final rinse temperature of 180 degrees Fahrenheit during several consecutive wash cycles.</p> <p>The findings include:</p> <p>One (1) of one (1) dishwashing machine failed to reach and maintain a final rinse temperature of 180 degrees Fahrenheit on August 30, 2017, at approximately 10:40 AM. During several, consecutive wash cycles, the final rinse temperature gauge was at or below 164 degrees Fahrenheit.</p>	L 442	<p>2. There were no negative effects on the resident or staff population regarding this issue. The Engineering Department was made aware of the issue and started making the necessary adjustments on the booster heater for proper hot water temps.</p> <p>3. The Engineering Department has implemented a preventive maintenance program to monitor, inspect and log all temperatures of the dish machine once per day. The FNS staff will continue to use test strips as part of the monitoring process in place. Staff were in-serviced about monitoring the temperature of the dish machine.</p>	10/16/17  10/16/17

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD02-0007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/01/2017</b>
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

**WASHINGTON CTR FOR AGING SVCS** **2601 18TH STREET NE**  
**WASHINGTON, DC 20018**

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L 442	<p>Continued From page 13</p> <p>A stack pump was added to the dishwashing machine by Ecolab at approximately 11:45 AM on August 30, 2017, to circumvent low final rinse temperature issues and to enable the facility to use chlorine as a disinfectant. Dishes disinfection occurred after test strips confirmed that the disinfectant solution was at a minimum of 50 Parts per Million (PPM).</p> <p>The observations made in the presence of Employee #22 were acknowledged.</p>	L 442	<p>4. The temperature logs will be reported to the Quality Assurance and Performance Improvement Committee on 10/20/17 and quarterly thereafter.</p>	10/16/17