PRINTED: 10/15/2007 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI	LTIPLE CONSTRUCTION	(X3) DATE S		
711.21.21.10			A. BUILD	DING		R	
		095027	B. WING		ł	10/05/2007	
NAME OF P	ROVIDER OR SUPPLIER		S	STREET ADDRESS, CITY, STATE, ZIP C	ODE		
CAPITOL	HILL NURSING CEN	TER-		700 CONST. AVE. NE			
				WASHINGTON, DC 20002			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
{F 000}	INITIAL COMMENT	rs	F159 {F 00	J. What Corrective action accomplished for those reside have been affected by the deficie	ents found to		
{F 159} SS=F	on July 31 through conducted on Octo deficiencies were be observations and sister was 14 resider standard survey sa 483.10(c)(2)-(5) PF FUNDS Upon written author facility must hold, saccount for the personnel of the personnel	(to the re-certification survey August 13, 2007) was ber 5, 2007. The following assed on record review, taff interviews. The sample at based on 60% of the mple for 117 residents. ROTECTION OF RESIDENT rization of a resident, the afeguard, manage, and sonal funds of the resident	{F 15	Director immediately began form and procedures for the busin reference to the facility becoming pay for all residents.	usiness Office ulating policies uses office in grepresentative ther residents ed by the same rrective action		
	deposited with the paragraphs (c)(3)-(The facility must defunds in excess of account (or account the facility's operatiall interest earned caccount. (In pooles separate accounting The facility must make that do not expering account, in petty cash fund.	facility, as specified in 8) of this section. sposit any resident's personal \$50 in an interest bearing ts) that is separate from any of accounts, and that credits on resident's funds to that d accounts, there must be a g for each resident's share.) aintain a resident's personal acceed \$50 in a non-interest terest-bearing account, or		and no others found to have the practice. As the policy and proceed yet written at the time the survey Business Office Director all responential to be affected by this details. What measures will be purwhat systemic changes you ensure that the deficient practure? New polices and procedures we completed for the business of Capitol Hill on 10/15/07. See a business office staff were edupolicies and procedures and train-paperwork to be completed and resident's financial file.	edures were not yor spoke to the idents have the ficient practice. It into place or will make to ctice does not ere written and ffice at SHW-attached #1. All ucated on new ed on the proper		
LABORATOR	that assures a full a accounting, accord accounting principle funds entrusted to t behalf. The system must p resident funds with	stablish and maintain a system and complete and separate ing to generally accepted es, of each resident's personal the facility on the resident's reclude any commingling of facility funds or with the funds	NATURE	4. How the corrective actimonitored to ensure the deficient recur, i.e. What qual program will be put into place? All residents who have selected that as replayee will be audited quarterly. All deficient practices and an action plan done when deare noted to QA monthly commit	the facility to act and reviewed will be reported efficient practices	10/25/07 (X6) DATE	
YXa	u Ma	en (iella-		Walminis trate	(0)	119/07	

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.

				The Specialty	Hospital of Washington			
Titl		APPLYINO PAYEE	G FOR RE	PRESENTATI	VE Policy#:			
Effe	ctive D	ate:	остовн	CR 15, 2007	Date Reviewed			
Dep	ärtmet	it:	BUSINES	SS OFFICE	Reference:			
I.	Purp prote	ected.			s/her legal representative's			
II.	Poli writt	v	•		ected as a "Representative er legal representative.	Payee" only upon receiving a		
III.	Proc	edure:						
	A.			om the resident/re e must be on file	epresentative requesting the	facility to the appointed the		
	B. The Social Security Administration Form SSA-11 (REQUEST TO BE SELECTED AS PAYEE) will be completed and signed by the facility representative.							
	C.				the resident is unable to man			
	D.			ents will be mai I in the resident's	•	sistration for processing and a		
APP	ROVA	LS:			-			
Dept	Mana	ger		- Date	CEO	Date Date		
	lminist	rator, LNF	IΛ	Date	Coverning I	Roard Date		

2 c.

	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		095027	B. WIN	1G_			⋜ 5/2007
	ROVIDER OR SUPPLIER HILL NURSING CEN	ITER		7	REET ADDRESS, CITY, STATE, ZIP CODE 700 CONST. AVE. NE WASHINGTON, DC 20002		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
{F 159}	of any person other The individual finanthrough quarterly si	ge 1 than another resident cial record must be available latements and on request to or her legal representative.	{F 1	59}			
	The facility must not Medicaid benefits versident's account SSI resource limit for section 1611(a)(3)(amount in the accounter resident's other reaches the SSI resident's other resident's other resident's other reaches the SSI resident's other resident's oth	otify each resident that receives when the amount in the reaches \$200 less than the or one person, specified in B) of the Act; and that, if the unt, in addition to the value of nonexempt resources, source limit for one person, the eligibility for Medicaid or SSI.					
	This REQUIREMED by: Based on record redetermined that fact system, policy or production from authorization from	NT is not met as evidenced eview and staff interview, it was cility staff failed to develop a rocedure for obtaining written residents and/or responsible facility acting as representative					
	that there was no p facility to become the resident. A face-to-face inter Employee #5 on Oo He/she was asked ensure that the resident	iness office's policies revealed olicy or procedure for the ne representative payee for the view was conducted with ctober 5, 2007 at 2:30 PM. if the facility had a system to ident and/or responsible party prior to identifying the facility we payee. He/she stated, "					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUIL	ULTIPLE CONSTRUCTION _DING	(X3) DATE SI COMPLE	
		095027	B. WIN		l	R 5/2007
NAME OF P	PROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP O		5/200/
CAPITO	L HILL NURSING CEN	TER		700 CONST. AVE. NE WASHINGTON, DC 20002		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF C X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE
(F 253) SS=E	We have a new syscovers our handling meets all the regular in [new system] that facility to become a resident 's funds. policy." 483.15(h)(2) HOUS The facility must promaintenance services anitary, orderly, and the facility, it housekeeping and not provided to main comfortable interior and/or damaged was a five drawer chest blinds. These observes of Employ October 5, 2007 between the findings included the finding	stem [system name] that g of residents 'money and ations. But there isn't anything t discusses the process for the representative payee for a will have to develop that SEKEEPING/MAINTENANCE ovide housekeeping and the snecessary to maintain a and comfortable interior. NT is not met as evidenced sons during the environmental that maintenance services were nation a sanitary, orderly and as evidenced by: marred alls, baseboards, nightstands, and cabinets and missing ervations were made in the yee #1 and Employee #3 on tween 8:45 AM and 11:00 AM. Eth marred and/or damaged erved in the following rooms: 5118, 6123, 6127, 6130, 5142, 4110, 4104 and the 5th floor	{F 15}	1. What Corrective action accomplished for those resides have been affected by the deficits of 39 walls with marred surfaces observed in rooms 61-6118, 6123, 6127, 6130, 5142, 54110, 4104, and the 5th floor has shower room are all in the painted. Painting began on baseboards will be replaced 6105, 6118, and shower room by 2. How will you identify having the potential to be affected ficient practice and what cowill be taken? All other areas in the nursi inspected for marred and damay baseboards. All residents have be affected by this deficiency, areas found that were placed schedule for repair. No other to found needing repair. 3. What measures will be proposed and scarred areas immediately. The painter will areas identified on his schedule Maintenance and Housekeeping monitor during weekly rounds. 4. How the corrective accompliance is a street of the deficient of the schedule of the scarred areas immediately. The painter will areas identified on his schedule monitored to ensure the deficient of the scarred areas immediately. The painter will areas identified on his schedule monitored to ensure the deficient of the scarred areas immediately. The painter will areas identified on his schedule monitored to ensure the deficient of the scarred areas immediately. The painter will areas identified on his schedule monitored to ensure the deficient of the scarred areas immediately. The painter will areas identified on his schedule monitored to ensure the deficient of the scarred areas immediately.	in(s) will be lents found to lent practice? and/or damaged 03, 6104, 6112, 111, 5104, 4139, allways near the rocess of being 8/27/07. The nrooms 6103, 10/25/07. other residents ted by the same brective action on the painters was boards were the process of being 8/27/07. The nrooms 6103, 10/25/07. other residents ted by the same brective action on the painters was boards were the potential to There were other on the painters was boards were the painters was boards were the process of the painters was boards were the painters will make to actice does not report damaged, to maintenance continue to addule for painting. Supervisors will the practice will be ent practice will	10/25/07
	damaged surfaces	seboards with marred and/or were observed in the following 6118, and the 6th floor shower		not recur, i.e. What que program will be put into place Maintenance and Housekeeping make routine rounds weekly of and check all rooms. The result to the QA monthly committee.	? Supervisors will the environment	

NAME OF PROVIDER OR SUPPLIER CAPITOL HILL NURSING CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG WASHINGTON, DC 20002 PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (F 159) Continued From page 2 We have a new system [system name] that covers our handling of residents 'money and meets all the regulations. But there isn't anything in [new system] that discusses the process for the facility to become a representablive payee for a resident 's funds. I will have to develop that policy." (F 253) SS=E The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observations during the environmental tour of the facility, it was determined that housekeeping and maintenance services were not provided to maintain a sanitary, orderly and comfortable interior as evidenced by: Based on observations during the environmental tour of the facility, it was determined that housekeeping and maintenance services were not provided to maintain a sanitary, orderly and comfortable interior as evidenced by: The findings include: 1. 13 of 39 walls with marred and/or damaged surfaces were observed in the following rooms: 6103, 6104, 6112, 6118, 6123, 6127, 6130, 5142, 5111, 5104, 4139, 4110, 4104 and the 5th foor		OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	ILTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED	
CAPITOL HILL NURSING CENTER 700 CONST. AVE. NE WASHINGTON, DC 20002			095027	B. WING	S		
FREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG			ITER		700 CONST. AVE. NE		
We have a new system [system name] that covers our handling of residents 'money and meets all the regulations. But there isn't anything in [new system] that discusses the process for the facility to become a representative payee for a resident 's funds. I will have to develop that policy." (F 253) SS=E The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by. Based on observations during the environmental tour of the facility, it was determined that housekeeping and maintenance services were not provided to maintain a sanitary, orderly and comfortable interior as evidenced by: The findings include: 1. 13 of 39 walls with marred and/or damaged surfaces were observed in the following rooms: 6103, 6104, 6112, 6118, 6123, 6127, 6130, 5142, 5111, 5104, 4139, 4110, 4104 and the 5th floor	PREFIX	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	PREFIX	((EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	OULD BE COMPLETION	
hallway wall near the shower room. 2. Four (4) of 39 baseboards with marred and/or damaged surfaces were observed in the following areas: 6103, 6105, 6118, and the 6th floor shower room tile baseboard.	{F 253}	We have a new system overs our handling meets all the regular in [new system] that facility to become a resident 's funds. policy." 483.15(h)(2) HOUST The facility must promaintenance services anitary, orderly, and the facility in housekeeping and not provided to macomfortable interior and/or damaged was five drawer chest blinds. These observes once of Employ October 5, 2007 between the findings included the findi	stem [system name] that g of residents ' money and ations. But there isn't anything at discusses the process for the a representative payee for a I will have to develop that SEKEEPING/MAINTENANCE ovide housekeeping and ces necessary to maintain a and comfortable interior. NT is not met as evidenced ions during the environmental t was determined that maintenance services were intain a sanitary, orderly and r as evidenced by: marred alls, baseboards, nightstands, and cabinets and missing ervations were made in the yee #1 and Employee #3 on etween 8:45 AM and 11:00 AM. e: th marred and/or damaged erved in the following rooms: 6118, 6123, 6127, 6130, 5142, 4110, 4104 and the 5th floor were observed in the following 6118, and the 6th floor shower	F253 - 3,4,5	1. What Corrective action(s) accomplished for those residents have been affected by the deficient pr The 5/39 nightstands, I of 39 five dra will be replaced the order was placed on The 2 of 39 damaged cabinet do removed in both rooms. 33 2. How will you identify other having the potential to be affected by deficient practice and what correcti will be taken? A complete audit of the nursing cen was done by the Administrator to in nightstands, five drawer chests and cab and the listing was given to the CEO, Manager, and Facilities Plant Director replacements and or fixing on 10/15/07 3. What measures will be put into what systemic changes you will ensure that the deficient practice recur? The audited listing will be a phase in preplacement and repair of all items in t center and placed on the 2008 capits See attachment #2. 4. How the corrective action(s) monitored to ensure the deficient pr not recur, i.e. What quality program will be put into place? Items not repaired, replaced or fixed in will continue to be monitored and r monthly Quality Assurance meanintenance and housekeeping departs.	residents the same ve action ter rooms clude the conet doors Materials for repair, place or make to does not crocess for the nursing al request. will be actice will assurance mediately reported to etings by	

NAME OF PROVIDER OR SUPPLIER CAPITOL HILL NURSING CENTER SIMANAY STATEMENT OF DEFICISACIES REGULATORY OR ISC IDENTIFYING INFORMATION) (F 159) Continued From page 2 We have a new system [system name] that covers our handling of residents "money and meets all the regulations. But there isn't anything in [new system] that discusses the process for the facility to become a representative payes for a resident's funds. I will have to develop that policy." 483.15(h)(2) HOUSEKEEPING/MAINTENANCE The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observations during the environmental tour of the facility, it was determined that housekeeping and maintenance services were not provided to mantain a sanitary, orderly and comfortable interior as evidenced by: Based on observations during the environmental tour of the facility, it was determined that housekeeping and maintenance services were not provided to maintain a sanitary, orderly and comfortable interior as evidenced by: Based on observations during the environmental tour of the facility, it was determined that housekeeping and maintenance services were not provided to maintain a sanitary, orderly and comfortable interior as evidenced by: Based on observations were made in the presence of Employee #1 and Employee #3 on October 5, 2007 between 6.45 AM and 11.00 AM. The findings include: 1. 13 of 39 walls with marred and/or damaged surfaces were observed in the following areas: 6103, 6104, 6112, 6118, 6123, 6127, 6130, 5142, 5111, 5104, 4139, 4194, 4194, 4197, and 6100 for the facility of the resident specified by the deficient practice? The 9 of 39 missing bind closs noted in 023, 6104, 6112, 6118, 6124, 6118, 6124, 6118, 6124, 6118, 6124, 6118, 6124, 6118, 6124, 6118, 6124, 6118, 6124, 6134, 6124, 6134, 6124, 6134, 6124, 6134, 6124, 6134, 6134, 6134, 6134, 6134, 6134, 6134, 6134, 6134, 6134, 6134, 6134, 6134, 6134, 6134, 613	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MU A. BUIL	JLTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
CAPITOL HILL NURSING CENTER SUMMARY STATEMENT OF DETICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY HULL TAGE) (EACH DEFICIENCY MUST BE PRECEDED BY HULL TAGE) (EACH DEFICIENCY MUST BE PRECEDED BY HULL TAGE) (EACH CORRECTIVE ACTION SHOULD BE CAMETINA TO CONSTANCE APPROPRIATE DEFICIENCY) (F 159)			095027	B. WIN	G	*.	•
FREENT TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (F 159) Continued From page 2 We have a new system [system name] that covers our handling of residents' money and meets all the regulations. But there isn't anything in [new system] that discusses the process for the facility to become a representative payee for a resident's funds. I will have to develop that policy. (F 253) 483.15(h)(2) HOUSEKEEPING/MAINTENANCE The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observations during the environmental tour of the facility, it was determined that housekeeping and maintenance serviceded to maintain a sanitary, orderly and comfortable interior as evidenced by: Based on observations during the environmental tour of the facility, it was determined that housekeeping and maintenance serviceded to maintain a sanitary, orderly and comfortable interior as evidenced by: Based on observations were made in the presence of Employee #1 and Employee #3 on October 5, 2007 between 8.45 AM and 11:00 AM. The findings include: 1. 13 of 39 walls with marred and/or damaged surfaces were observed in the following rooms: 6103, 6104, 6112, 6118, 6123, 6127, 6130, 5142, 5111, 5104, 4139, 4110, 4104 and the 6th floor hallway wall near the shower room.		•	ITER		700 CONST. AVE. NE	IP CODE	:
We have a new system [system name] that covers our handling of residents ' money and meets all the regulations. But there isn't anything in [new system] that discusses the process for the facility to become a representative payee for a resident 's funds. I will have to develop that policy." (F 253) SS=E SS=E The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observations during the environmental tour of the facility, it was determined that housekeeping and maintenance services were not provided to maintain a sanitary, orderly and comfortable interior as evidenced by: marred and/or damaged walls, baseboards, nightstands, a five drawer chest and cabinets and missing blinds. These observations were made in the presence of Employee #1 and Employee #3 on October 5, 2007 between 8:45 AM and 11:00 AM. The findings include: 1. 13 of 39 walls with marred and/or damaged surfaces were observed in the following areas: 6103, 6104, 6112, 6118, 6123, 6127, 6130, 5142, 5111, 5104, 4134, 4134, 4137, 4139, and 4102 were replaced immediately on Friday. October 5, 2007. [F 253] S.S=E 1. What Corrective action(s) will be accomplished for those residents found to have been affected by the december resident should not 23, 6116, 6112, 5154, 5104, 4154, 4147, 4139, and 4102 were replaced immediately on Friday. October 5, 2007. [F 253] S.S=E The facility must provide housekeeping and maintenance services were not provided to maintain a sanitary, orderly and comfortable interior. All other resident rooms on the 4th	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREF	X (EACH CORRECTIVE ACCROSS-REFERENCED TO	CTION SHOULD BE THE APPROPRIATE	COMPLETION
room the baseboard.	{F 253}	We have a new sy covers our handlin meets all the regul in [new system] the facility to become a resident 's funds. policy." 483.15(h)(2) HOU: The facility must promaintenance service sanitary, orderly, a service sanitary, orderly, a service tour of the facility, housekeeping and not provided to macomfortable interior and/or damaged was five drawer chest blinds. These obstresence of Employoctober 5, 2007 between the findings included th	stem [system name] that g of residents ' money and ations. But there isn't anything at discusses the process for the a representative payee for a I will have to develop that SEKEEPING/MAINTENANCE rovide housekeeping and ces necessary to maintain a and comfortable interior. NT is not met as evidenced tions during the environmental it was determined that maintenance services were intain a sanitary, orderly and ras evidenced by: marred ralls, baseboards, nightstands, thand cabinets and missing ervations were made in the oyee #1 and Employee #3 on etween 8:45 AM and 11:00 AM. The interior in the following rooms: 6118, 6123, 6127, 6130, 5142, 4110, 4104 and the 5th floor the shower room.	F253 -6	1. What Corrective as accomplished for those rehave been affected by the de The 9 of 39 missing blind s 6116, 6112, 5154, 5104, 415 4102 were replaced imme October 5, 2007. 2. How will you identify having the potential to be as deficient practice and what will be taken? All other resident rooms on floors were checked for miss others were found. No other this deficient practice. 3. What measures will be what systemic changes yensure that the deficient recur? During weekly environment will be inspected by Maintenance Supervisors to missing in residents rooms. 4. How the corrective monitored to ensure the denot recur, i.e. What program will be put into place the monitored and House will report all deficient practice.	esidents found to eficient practice? elots noted in 6123, 64, 4147, 4139, and diately on Friday, fy other residents ffected by the same at corrective action the 4th, 5th, and 6th sing blind slots. No resident affected by the put into place or you will make to practice does not all rounds all rooms Housekeeping and ensure blinds are not action(s) will be efficient practice will quality assurance ace? ekeeping Supervisors	10/25/07

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	}` ′		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
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		095027	B. WIN	IG			5/2007
	ROVIDER OR SUPPLIER . HILL NURSING CEN	ITER		70	EET ADDRESS, CITY, STATE, ZIP CODE 00 CONST. AVE. NE /ASHINGTON, DC 20002		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE OPRIATE	(X5) COMPLETION DATE
(F 253) (F 309) SS=D	Continued From particles of the following of the followin	maged nightstands were owing rooms: 6105, 6116, 146. maged five drawer chest was 1106. maged cabinet doors in rooms issing blind slats were owing rooms: 6123, 6116, 4154, 4147, 4139 and 4102.	,	53}		will be ound to actice? ber hand chinques. In labeled spiratory we meter ble. residents the same re action repetency areas in no other ask stored d. place or make to does not reconstructed in a control bedication of monitor monthly bedication will also etency to hering to reconstructed in the control bedication of will also etency to hering to reconstructed in the control bedication of will be actice will assurance to monitor monitor monitor of the control bedication of the control bedication at the control bedication of the contr	10/25/07
	The findings includ	e :		. (meenigs.		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		095027	B. WING		R 10/05/2007	
	ROVIDER OR SUPPLIER . HILL NURSING CEN SUMMARY STA	ITER ITEMENT OF DEFICIENCIES	S	TREET ADDRESS, CITY, STATE, ZIP CODE 700 CONST. AVE. NE WASHINGTON, DC 20002 PROVIDER'S PLAN OF CORRE		
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG		OULD BE COMPLETION	
{F 309}	to a nebulizer treation and mask properly The facility's Infection 2007/2008 included Procedures C. F. Before direct conta. On October 5, 200 therapist entered R. gloves, listened to with a stethoscope oximetry. He/She oprior to putting on the nebulizer unit wound. The nebulizer covered. A face-to-face interrespiratory therapis observation. He/Sl and mask] is support the respiratory therapis observation. He/Sl and mask] is support the respiratory therapis observation. He/Sl and mask] is support the respiratory therapis observation. He/Sl and mask] is support the respiratory therapis observation and the significance on any of 2. Facility staff failed and a rehabilitation Resident W6. A. The dietician faconsult as per facility and mask per facility and per facility staff failed and a rehabilitation Resident W6.	ed to wash his/her hands prior ment and store the nebulizer for Resident W1. on Control Program for d, "Hand Hygiene Perform Hand Hygiene 2. ct with a resident" 7 at 9:18 AM, the respiratory resident W1's room, donned Resident W1's breath sounds and obtained a pulse did not wash his/her hands he gloves. He/She removed with mask from the oxygen wall unit and mask were not eview was conducted with the statch time of the he stated, "It [nebulizer unit posed to be in the bag". In inservice entitled "Hand d August 9, 10, 11, 12 and 13, any therapist's name was in in sheet. However, he/she eate that he/she attended the the aforementioned dates. ed to conduct a dietary consult is screen as per facility policy for illed to conduct a dietary	{F 309 F 309 - 2A		residents y the same live action reviewed to No other o place or make to does not portance of acing them nt's record. ews of all onsults are art utilizing will be ractice will assurance r and report	
			I .			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER HILL NURSING CEN SUMMARY STA	TER TEMENT OF DEFICIENCIES	ID	STREET ADDRESS, CITY, STATE, ZIP CO 700 CONST, AVE, NE WASHINGTON, DC 20002 PROVIDER'S PLAN OF CO	RRECTION	(X5)
PREFIX TAG		MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFI) TAG	((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	APPROPRIATE	COMPLETION DATE
{F 309}	1. Facility staff faile to a nebulizer treatr and mask properly The facility's Infection 2007/2008 included Procedures: C. F. Before direct contains. On October 5, 2007 therapist entered R. gloves, listened to five with a stethoscope oximetry. He/She oprior to putting on the nebulizer unit wound. The nebulizer unit wound. The nebulizer covered. A face-to-face interrespiratory therapis observation. He/Sh and mask] is support the producted 2007. The respirate included on the sign did not sign to indicinservice on any of 2. Facility staff failed and a rehabilitation Resident W6. A. The dietician fail consult as per facility.	ed to wash his/her hands prior ment and store the nebulizer for Resident W1. on Control Program for I, "Hand Hygiene Perform Hand Hygiene 2. of with a resident" of at 9:18 AM, the respiratory esident W1's room, donned Resident W1's breath sounds and obtained a pulse lid not wash his/her hands he gloves. He/She removed with mask from the oxygen wall unit and mask were not wiew was conducted with the trat the time of the he stated, "It [nebulizer unit provided in the bag". Inservice entitled "Hand of August 9, 10, 11, 12 and 13, bry therapist's name was in sheet. However, he/she attended the the aforementioned dates. In the conduct a dietary consult screen as per facility policy for lied to conduct a dietary	{F 30	*	ents found to ent practice? by the Dictary for resident W1 is found in the ly manner. ther residents ed by the same rective action e reviewed to present und in No other into place or will make to extend does not extend the extender of displacing them sident's record. The reviews of all ill consults are schart utilizing on(s) will be at practice will ty assurance into and report	10/25/07

PRINTED: 10/15/2007 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A BUI		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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•	ROVIDER OR SUPPLIER HILL NURSING CEN	TER	STREET ADDRESS, CITY, STATE, ZIP CO 700 CONST. AVE. NE WASHINGTON, DC 20002		00 CONST. AVE. NE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
{F 309}	•	•	{F 3	09}			
	"Dietary consults w physician order". Resident W6 was a September 14, 200 Anoxic brain injury	arch 16, 2006 included, ithin 5 business days of admitted to the facility on 7 with the following diagnoses: following CPR secondary to , CHF (Congestive Heart	F309 -2	В	 What Corrective action(s) vaccomplished for those residents for have been affected by the deficient praid All missing resident screens were place residents charts immediately as the already done. How will you identify other residents. 	netice? Id on the Bey were	we have a so
	Failure, HTN (Hype tracheostomy, S/P Substance Abuse,	rtension, S/P (Status Post Peg Placement, S/P Encephalopathy, Asthma, ardiomyopathy, Pneumonia			having the potential to be affected by the deficient practice and what corrective will be taken? All other residents' charts were review missing screens. No others found, resident affected by this deficient practice.	the same e action ewed for no other	
	included an order for record revealed an	ers dated September 14, 2007 or "Dietician Consult". The initial dietary consult dated 7, 12 days after Resident W6			3. What measures will be put into what systemic changes you will rensure that the deficient practice of recur? Rehab staff educated on the importance screens timely. Weekly chart audits	make to loes not of doing	
	Policy number 1303 June 1996 and revi "Policy, 1. The screen	3 "Resident Screening", dated ewed July 2003 included, eening procedure will be umented within 48 working	·		admissions and residents with falls maintained as a QA measure to ensemble resident admission and fall screens residents charts in accordance with policy and procedure. The Director will monitor. 4. How the corrective action(s) monitored to ensure the deficient prairies.	will be sure that are on facility of Rehab	10/25/07
	and occupational th September 25, 200	ord revealed physical therapy berapy screens dated 7, 11 days after admission. A een was dated September 14, admission.			not recur, i.e. What quality a program will be put into place? The Rehab Director will report all practices to the monthly QA meetings.	ssurance	
	RCC (Resident Car 2007 at approximat	view was conducted with the e Coordinator) on October 5, ely 11:30 AM. He/She the consult and screens were			·		

NAME OF PROVIDER OR SUPPLIER CAPITOL HILL NURSING CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (F 309) Continued From page 5 Standards dated March 16, 2006 included, "Dietary consults within 5 business days of physician order". Resident W6 was admitted to the facility on September 14, 2007 with the following diagnoses: Anoxic brain injury following CPR secondary to Respiratory Failure, CHF (Congestive Heart Failure, HTN (Hypertension, S/P (Status Post tracheostomy, S/P Peg Placement, S/P Substance Abuse, Encephalopathy, Asthma, Seizure Disorder, Cardiomyopathy, Pneumonia and UTI (Urinary Tract Infection). The Admission orders dated September 14, 2007 included an order for "Dietician Consult". The record revealed an initial dietary consult dated September 26, 2007, 12 days after Resident W6 Salt menusures will be put into place or street and place	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(XZ) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
STREET ADDRESS, CITY, STATE, ZIP CODE TOO CONST. AVE. NE WASHINGTON, DC 20002 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (F 309) Continued From page 5 Standards dated March 16, 2006 included, "Dietary consults within 5 business days of physician order". Resident W6 was admitted to the facility on September 14, 2007 with the following diagnoses: Anoxic brain injury following CPR secondary to Respiratory Failure, CHF (Congestive Heart Failure, HTN (Hypertension, S/P (Status Post tracheostomy, S/P Peg Placement, S/P Substance Abuse, Encephalopathy, Asthma, Seizure Disorder, Cardiomyopathy, Pneumonia and UTI (Urinary Tract Infection). The Admission orders dated September 14, 2007 included an order for "Dietician Consult". The record revealed an initial dietary consult dated September 26, 2007, 12 days after Resident W6 STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONST. AVE. NE WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCY PREFIX TAG PROVIDER'S PLAN OF CORRECTION OF CORRECTION (EACH OEFICIENCY) PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE OEFICIENCY) PREFIX TAG PROVIDER'S PLAN OF CORRECTION OF CITION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE OEFICIENCY PREFIX TAG PROVIDER'S PLAN OF CORRECTION OF CITION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE OEFICIENCY PREFIX TAG PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE OEFICIENCY PREFIX TAG PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE OEFICIENCY PREFIX TAG PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE OEFICIENCY PREFIX TAG PROVIDER'S PROVIDER'S CACH OF CACH OF CRASC TO SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE OEFICIENCY PREFIX TAG PROVIDER'S CACH OF CACH OF CACH OF CACH OF CACH OF CACH OF CACH			095027			10/	
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B. The rehabilitation staff failed to conduct screenings as per facility policy. Policy number 1303 "Resident Screening", dated June 1996 and reviewed July 2003 included, "Policy, 1. The screening procedure will be performed and documented within 48 working hours of admission " A review of the record revealed physical therapy and occupational therapy screens dated September 25, 2007, 11 days after admission. A speech therapy screen was dated September 14, 2007, 10 days after admission. A face-to-face interview was conducted with the RCC (Resident Care Coordinator) on October 5, 2007 at approximately 11:30 AM. He/She acknowledged that the consult and screens were	{F 309}	Standards dated M "Dietary consults w physician order". Resident W6 was a September 14, 200 Anoxic brain injury Respiratory Failure Failure, HTN (Hype tracheostomy, S/P Substance Abuse, Seizure Disorder, C and UTI (Urinary Ti The Admission order included an order for record revealed an September 26, 200 was admitted. B. The rehabilitation screenings as per f Policy number 1303 June 1996 and revi "Policy, 1. The scree performed and document of admission A review of the record and occupational the September 25, 200 speech therapy scree 2007, 10 days after A face-to-face inter RCC (Resident Car 2007 at approximate	arch 16, 2006 included, ithin 5 business days of admitted to the facility on 7 with the following diagnoses: following CPR secondary to CHF (Congestive Heart rtension, S/P (Status Post Peg Placement, S/P Encephalopathy, Asthma, cardiomyopathy, Pneumonia ract Infection). Bers dated September 14, 2007 or "Dietician Consult". The initial dietary consult dated 7, 12 days after Resident W6 acility policy. Bersident Screening", dated ewed July 2003 included, beening procedure will be umented within 48 working" Berd revealed physical therapy berapy screens dated 7, 11 days after admission. A gen was dated September 14, admission. View was conducted with the re Coordinator) on October 5, ely 11:30 AM. He/She	,	B 1. What Corrective action accomplished for those reside have been affected by the deficie Rehab Director was informed on of all resident screens being do manner and being pluced in execord. 2. How will you identify of having the potential to be affected deficient practice and what con will be taken? All other residents' charts were missing screens or screens not do manner. No others found, no affected by this deficient practice. 3. What mensures will be put what systemic changes you ensure that the deficient practice. Rehab staff educated on the imposereens timely. Weekly chart admissions and residents with maintained as a QA measure resident admission and fall scresidents charts in accordance policy and procedure. The Directive action monitored to ensure the deficier not recur, i.e. What quality program will be put into place? The Rehab Director will report	the importance in a timely cuch resident's their resident's ther resident's ther resident's ther resident set by the same rective action to the resident the interpolation of the place or will make to the does not reach the falls will be to ensure that ercens are on with facility ector of Rehub on(s) will be no practice will be to practice will be not practice will and deficient	10/25/07

NAME OF PROVIDER OR SUPPLIER CAPITOL HILL NURSING CENTER DISCONST. AVE. NE EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG FREFIX TAG (F 309) Continued From page 6 not conducted timely. The record was reviewed on October 5, 2007. (F 323) SS=D The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview for one (1) of 14 sampled residents, it was determined that facility staff failed to provide adequate supervision for one (1) resident who fell and maintain a hazard free environment as evidenced by: unsecured skid strips and broken electrical outlet covers. Resident S1. The findings include: 1. A review of Resident S1's record revealed a nurse's note dated September 28 (29), 2007 at 5.30 AM, "Resident called at approximately 5 AM and was observed skifting on the floor. Resident notified writer that (he/she) was trying to retrieve (his/her) call bell which was dropped no apparent injuries" STREET ADDRESS, CITY, STATE, ZIP CODE 700 COMPATION OF CONSTAVE. NE WASHINGTON, DC 20002 FREFIX TAG RASHINGTON, DC 20002 PROVIDER'S PLAN OF CORRECTION ACTIONS HOULD BE CROSS-REFERNACED TO THE APPROPRIATE LEFICIENCY TAG SUMMARY STATEMENT OF DEFICIENCIES (F 309) 1. What Corrective action(s) will be accomplished for those residents found to have been affected by the date Chaptor of the APPROPRIATE CROSS-REFERNACED TO THE APPROPRIATE TAG TAG TAG TAG TAG TAG TAG	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER CAPITOL HILL NURSING CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MASHINGTON), DC 20002 (F 309) Continued From page 6 not conducted timely. The record was reviewed on October 5, 2007. 483.25(h) ACCIDENTS AND SUPERVISION The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview for one (1) of 14 sampled residents, it was determined that facility staff failed to provide adequate supervision for one (1) resident who fell and maintain a hazard free environment as evidenced by: unsecured skid strips and broken electrical outlet covers. Resident \$11. The findings include: 1. A review of Resident \$1's record revealed a nurse's note dated September 28 (29), 2007 at 5.30 AM, "Resident called at approximately 5 AM and was observed stiffing on the floor. Resident notified writer that (he/she) was trying to retrieve (his/her) call bell which was dropped no apparent injuries" STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONST. AVE. NEW WASHINGTON, DC 20002 SUMMARY STATEMENT OF COMMETTON CENTEMENT OF			095027			· 1	
(F 309) Continued From page 6 not conducted timely. The record was reviewed on October 5, 2007. (F 323) SS=D The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview for one (1) of 14 sampled residents, it was determined that facility staff failed to provide adequate supervision for one (1) resident who fell and maintain a hazard free environment as evidenced by: The findings include: 1. A review of Resident S1's record revealed a nurse's note dated September 28 (29), 2007 at 5.30 AM, 'Resident called at approximately 5 AM and was observed sitting on the floor. Resident notified writer that (he/she) was trying to retrieve (his/her) call bell which was dropped no apparent injuries' PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERNED TO THE APPROPRIATE OF THE		:		700 CONST. AVE. NE		10/03/2007	
This REQUIREMENT is not met as evidenced by: Based on record review and staff interview for one (1) of 14 sampled residents, it was determined that facility staff failed to provide adequate supervision frome (1) of 14 sampled residents, it was determined that facility staff failed to provide and maintain a hazard free environment as evidenced by: The findings include: 1. A review of Resident S1's record revealed a nurse's note dated September 28 (29), 2007 at 5.30 AM, "Resident S1's record revealed a nurse's note dated September 28 (29), 2007 at 5.30 AM, "Resident S1's record reviewed in the land was observed sitting on the floor. Resident notified writer that (he/she) was trying to retrieve (his/her) call bell which was dropped no apparent injuries" What Corrective action(s) will be eccomplished for those residents found to be accomplished for those residents found to have conditional to be adeciment practice? The Charge Nurse and the CNA were both counseled on the importance of responding to residents Su was screened by OT on 10/18/07 for possible interventions to assist the resident in reaching. 2. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be to will be taken? All other resident charts were reviewed in the last 30 days to determine if rehab screens were needed and to ensure appropriate interventions are in place. No other residents found. 3. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? Unit Managers will ensure that all residents sustained an injury due to fall, will be reviewed by the falls committee for further appropriate interventions offered the refusal will be brought to the attention of the Fall committee by the Unit Manager and protonal interventions will be implemented and discussed. 4. How the corrective action(s) will be	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD BE COMPLÉTION	
A "Physical Therapy Functional Needs Screening" was conducted on September 30, 2007 by the physical therapist. According to "Therapy Recommendations: Patient fell out of (his/her) bed. Physical Therapy not indicated at this time secondary to: Patient at maximal level of monitored to ensure the deficient practice will not recur, i.e. What quality assurance program will be put into place? Unit Managers will continue to monitor and will report at the monthly Quality Assurance meetings any deficient practices.	{F 323}	not conducted time on October 5, 2007 483.25(h) ACCIDE The facility must er environment remai as is possible; and adequate supervisi prevent accidents. This REQUIREME by: Based on record reone (1) of 14 samp determined that fac adequate supervisi and maintain a haze evidenced by: unsee electrical outlet cov. The findings includ 1. A review of Resnurse's note dated 5:30 AM, "Residen and was observed notified writer that (his/her) call bell wapparent injuries A "Physical Therap was conducted on physical therapist. Recommendations bed. Physical Therap bed. Physical Therap was conducted on physical therapist.	NTS AND SUPERVISION Insure that the resident		I. What Corrective action(s) waccomplished for those residents for have been affected by the deficient prantice. The Charge Nurse and the CNA we counseled on the importance of responses to the importance of responses to the interventions to assist the responsible interventions to assist the responsibility. 2. How will you identify other responsible interventions to assist the responsibility of the responsibility of the responsibility. All other resident charts were reviewed last 30 days to determine if rehab screen needed and to ensure appropriate interventions. No other residents found. 3. What measures will be put into what systemic changes you will resoure that the deficient practice of the recur? Unit Managers will ensure that all sustaining a fall be referred to PT, and screening within 48 hours. Residents a sustained an injury due to fall, will be by the falls committee for further apprinterventions. If a resident refiniterventions offered the refusal will be to the attention of the Fall committee by Manger and optional interventions implemented and discussed. 4. How the corrective action(s) monitored to ensure the deficient prantor recur, i.e. What quality a program will be put into place? Unit Managers will continue to monitoreport at the monthly Quality of the program will be put into place? Unit Managers will continue to monitoreport at the monthly Quality of the program will be put into place?	residents to do not time. 18/07 for sident in residents the same e action If the control of time in the control	

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		095027	B. WIN	NG	R 10/05/2007	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP		1312007
CAPITOL	. HILL NURSING CEN	TER		700 CONST. AVE. NE WASHINGTON, DC 20002		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF) TAG		ON SHOULD BE HE APPROPRIATE	(XS) COMPLETION DATE
{F 309}	not conducted time on October 5, 2007	ly. The record was reviewed	{F 36 F323 - {F 33	accomplished for those res have been affected by the defi	dents found to cient practice? CNA were both	
SS=D	environment remair as is possible; and adequate supervision prevent accidents.	sure that the resident has as free of accident hazards each resident receives on and assistance devices to		residents needs in an appropriate Resident S1 was screened by O possible interventions to assist reaching. Resident care plantage in the interventions to inclumentation and supervision and reacher to assists resident in graway. 2. How will you identify having the potential to be affed deficient practice and what	e amount of time. T on 10/18/07 for it the resident in was updated with ide more staff d a long handled rubbing items fur other residents cted by the same	12/20/20 127
	by: Based on record re one (1) of 14 sampl determined that fac adequate supervision and maintain a haze	view and staff interview for ed residents, it was ility staff falled to provide on for one (1) resident who fell ard free environment as cured skid strips and broken		will be taken? All other resident charts were last 30 days to determine if reneeded and to ensure appinterventions are in place. N found. 3. What measures will be a what systemic changes you ensure that the deficient precur?	hab serecens were reprinte nursing o other residents out into place or will make to ractice does not	I colable
	nurse's note dated 3 5:30 AM, "Resident and was observed s notified writer that (dent S1's record revealed a September 28 (29), 2007 at called at approximately 5 AM sitting on the floor. Resident he/she) was trying to retrieve sich was dropped no		Unit Managers educated by DC all residents sustaining a fall that have sustained an injury directive depth of the interventions offered the brought to the attention of the the Unit Manger and optional be implemented and discussed. 4. How the corrective as	hours. Residents use to fall will be uttee for further a resident refuses refusal will be fall committee by interventions will	10/25/07
	was conducted on sphysical therapist. Recommendations: bed. Physical Therapist	y Functional Needs Screening" September 30, 2007 by the According to "Therapy Patient fell out of (his/her) apy not indicated at this time at at maximal level of		monitored to ensure the defice not recur, i.e. What que program will be put into place Unit Managers will continue to report at the monthly Que meetings any deficient practices	ient practice will ality assurance e? monitor and will ality Assurance	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MU A. BUIL	ULTIPLE CONSTRUCTION LDING		(X3) DATE SURVEY COMPLETED	
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.,,	ROVIDER OR SUPPLIER HILL NURSING CEN			STREET ADDRESS, CITY, STATE, 700 CONST. AVE. NE WASHINGTON, DC 20002	ZIP CODE	
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{F 323}	reviewed Septembedue to right hemipal contractures" under offered and a bed at A face-to-face interest Employee #9 on Othe/she stated, "The and the bed alarm, the physical therapicandidate for thera acknowledged that after the resident realarm. The record 2007. 2. The 6th floor she of the real that the she will be the resident real that the resident real that the record 2007.	sident's care plan, last er 26, 2007, "At risk for falls aresis and bilateral upper level r "Approaches: low bed was alarm was also offered." view was conducted with ctober 5, 2007 at 10:30 AM. er resident refused the low bed. The resident was screened by ist. [Resident S1] was not a py." Employee #9 no interventions were initiated efused the low bed and bed was reviewed October 5, ower room skid strips [both observed to be lifting and did	{F 3:	1. What Corrective as accomplished for those rehave been affected by the de The skid strips in both show floor were replaced again on 2. How will you identify having the potential to be as deficient practice and what will be taken? Skid strips in shower stalls or inspected for damage. None 3. What measures will be what systemic changes yensure that the deficient recur? During weekly environment skid strips will be inspected and maintenance supervisors are in good repair.	esidents found to eficient practice? wer stalls on the 6th October 17, 2007. fy other residents ffected by the same at corrective action of all other units were other found. The put into place or you will make to practice does not tal rounds the floor ed by housekeeping to ensure skid strips.	10/25/07
{F 371} SS=E	3. The plastic cover missing or damage floor shower room; 4. A front cover to a and Air Conditionin unsecured in room. The aforementione practices were ack and Employee #3 a on October 5, 2007 AM.	ring of an electrical outlet was ad in the following areas: 5th room 5128 and room 5135. an HVAC (Heating Ventilation g) unit was observed 6103. d environmental deficient nowledged by Employee #1 at the time of the observations between 8:15 AM and 10:45	{F 3	monitored to ensure the denot recur, i.e. What program will be put into ple The Maintenance and Hous will monitor and report all monthly QA committee mee	eficient practice will quality assurance lace? sekeeping Supervisor deficient practices to	TUI ZUI UI
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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	`.´	X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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ĺ	ROVIDER OR SUPPLIER HILL NURSING CEI	ÎTER		STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONST. AVE. NE WASHINGTON, DC 20002			
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{F 323}	reviewed Septemb due to right hemips contractures" under offered and a bed. A face-to-face inte Employee #9 on O He/she stated, "Th and the bed alarm, the physical therap candidate for therap acknowledged that after the resident malarm. The record 2007. 2. The 6th floor she shower stalls] were not adhere to the side of the sid	esident's care plan, last er 26, 2007, "At risk for falls aresis and bilateral upper level er "Approaches: low bed was alarm was also offered." rview was conducted with ctober 5, 2007 at 10:30 AM, er resident refused the low bed. The resident was screened by ist. [Resident S1] was not a py." Employee #9 no interventions were initiated efused the low bed and bed was reviewed October 5, ower room skid strips [both er observed to be lifting and did hower floors. ring of an electrical outlet was ed in the following areas: 5th	{F 32		1. What Corrective action(s) accomplished for those residents have been affected by the deficient p. The plastic cover on the electrical room 5128 and 5135 were repaired im 2. How will you identify other having the potential to be affected by deficient practice and what correct will be taken? All other plastic cover on electrical context were out of compliance. 3. What measures will be put into what systemic changes you will be ensure that the deficient practice recur? During weekly environmental rounds outlets will be inspected by both mand housekeeping supervisors to ensure that the importance of report or missing items immediately. 4. How the corrective action(s)	residents y the same tive action outlets were ensure no to place or make to e does not the electric naintenance re all are in ff was also ting broken	10/25/07
	4. A front cover to	room 5128 and room 5135. an HVAC (Heating Ventilation g) unit was observed 6103.			monitored to ensure the deficient p not recur, i.e. What quality program will be put into place? All deficient practices will be re Housekeeping and Maintenance Sup monthly Quality Assurance meetings.	assurance eported by pervisors at	
{F 371}	practices were ack and Employee #3 a on October 5, 2007 AM.	d environmental deficient nowledged by Employee #1 at the time of the observations between 8:15 AM and 10:45 ARY CONDITIONS - FOOD	{F 37	71}			
SS=E	FILE & SERVICE						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MI	ULTIPLE CONSTRUCTION LDING		(X3) DATE SURVEY COMPLETED		
		095027	B. WIN			R 10/05/2007	
	ROVIDER OR SUPPLIER - HILL NURSING CEN	ITER		STREET ADDRESS, CITY, STATE, ZIP 700 CONST. AVE. NE WASHINGTON, DC 20002			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
{F 323}	functioning." According to the reviewed September due to right hemipal contractures under offered and a bed at the Aface-to-face interesting for the Aface stated, "The and the bed alarm, the physical therapicandidate for the alarm. The record 2007. The 6th floor shower stalls were not adhere to the stall of the st	sident's care plan, last er 26, 2007, "At risk for falls resis and bilateral upper level r "Approaches: low bed was alarm was also offered." view was conducted with ctober 5, 2007 at 10:30 AM. er resident refused the low bed. The resident was screened by st. [Resident S1] was not a py." Employee #9 no interventions were initiated afused the low bed and bed was reviewed October 5, ower room skid strips [both observed to be lifting and did hower floors. ring of an electrical outlet was d in the following areas: 5th room 5128 and room 5135. an HVAC (Heating Ventilation g) unit was observed	{F 32	1	idents found to cient practice? e HVAC unit in ately. other residents cted by the same corrective action ers in the nursing e all were secure. out into place or a will make to ractice does not rounds the HVAC cousekeeping and are HVAC covers in-serviced about ent and areas etion(s) will be ient practice will ality assurance ee? eeping Supervisor es to the monthly	10/25/07	
{F 371} SS=E	The aforementione practices were ackle and Employee #3 a on October 5, 2007 AM. 483.35(i)(2) SANIT.	d environmental deficient nowledged by Employee #1 It the time of the observations between 8:15 AM and 10:45 ARY CONDITIONS - FOOD	{F 33				
· · · · · · · · · · · · · · · · · · ·							

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MI A. BUIL	ULTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED		
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<u>.</u>		095027	<u> </u>	·		5/2007	
	ROVIDER OR SUPPLIER - HILL NURSING CEN	ITER	-	STREET ADDRESS, CITY, STATE, ZIP 700 CONST. AVE. NE WASHINGTON, DC 20002	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
{F 371}	This REQUIREMED by: Based on a tour of determined that factor moldy foods and country that the walk-in refrigers kitchen was conducted as 10 AM to 9:30 PM #10. The findings included 1. Moldy foods in the observed as follows: Eight (8) of 14 hone One-half flat of grape Four (4) of four (4) 14 of 14 sweet pota Seven (7) of Seven 2. Items were observed to the seven of the conduction of the	ore, prepare, distribute, and anitary conditions. NT is not met as evidenced the main kitchen, it was stilty staff failed to: dispose of over, label and/or date food in ator. The tour of the main cted on October 5, 2007 from in the presence of Employee e: The walk-in refrigerators were so evidence in the presence of Employee in the pr	{F 37 F371 -1	71}	in(s) will be lents found to ient practice? 8/14 honeydew; 4/4 cartons of atoes and 7/7 im the walk in other residents ted by the same orrective action were inspected other food items and practice. No dicient practice. It into place or will make to actice does not dietary staff was practices, mostly ation of food by first out rule. Il be done for icy and practice. In will continue to Food service in boxes 3 times weekly to review donths to monitor tion(s) will be ient practice will ality assurance e?	10/25/07	
	Two (2) dishes of o						

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

AND PLAN OF CORRECTION		TION NUMBER:	1, ,	LDING	COMPLE	
		95027	B. WIN	IG		R 5/2007
NAME OF PROVIDER OR SU				STREET ADDRESS, CITY, STATE, ZI		3/2007
CAPITOL HILL NURSI	IG CENTER		_	700 CONST. AVE. NE WASHINGTON, DC 20002	<u> </u>	
PRÉFIX (EACH DE	ARY STATEMENT OF DEFI FICIENCY MUST BE PRECE RY OR LSC IDENTIFYING I	EDED BY FULL	ID PREFI TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
This REQUI by: Based on a determined moldy foods the walk-in r kitchen was 8:10 AM to 9 #10. The findings 1. Moldy foo observed as Eight (8) of One-half flat Four (4) of four four the findings of the find	REMENT is not met cour of the main kitch hat facility staff failed and cover, label and efrigerator. The tour conducted on October 30 PM in the preservinclude: ds in the walk-in refrifollows: 4 honeydew melons of grapes our (4) cartons of torrest potatoes Seven (7) cantaloup e observed uncovered in the walk-in refries of jello es of chocolate pudd pears and undated: lettuce e salad	as evidenced en, it was d to: dispose of /or date food in of the main er 5, 2007 from nce of Employee gerators were natoes es ed, unlabeled igerator as	{F 37 F371 -1	71)	don(s) will be delents found to delent practice? of 8/14 honcydew es; 4/4 cartons of otatoes and 7/7 from the walk in other residents sected by the same corrective action on were inspected to other food items ient practice. No deficient practice. No deficient practice. Put into place or u will make to practice does not deficient practices, mostly outsion of food by first out rule. Will be done for olicy and practice. Or will continue to Food service in boxes 3 times weekly to review months to monitor action(s) will be clent practice will nality assurance ce?	10/25/07

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		PLE CONSTRUCTION	(X3) DATE SU	
			A. BUI	LDIN	G	.	₹ .
<u> </u>		095027	B. WII	/ING			5/200 <u>7</u>
	ROVIDER OR SUPPLIER HILL NURSING CEN	ITER		7	REET ADDRESS, CITY, STATE, ZIP CODE 00 CONST. AVE. NE VASHINGTON, DC 20002		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
{F 371}	Continued From pa	ge 8	{F 3	71}			
	serve food under sa	ore, prepare, distribute, and anitary conditions. NT is not met as evidenced	F371-2		1. What Corrective action(s) vaccomplished for those residents for have been affected by the deficient pra. The unlabelled, uncovered, and undat chocolate pudding, salads, cookies, sandwich were immediately removed walk in refrigerator. All items are cov	ound to actice? ed jello, and 1 from the	
	determined that factorized moldy foods and control the walk-in refrigeration was conducted at 10 AM to 9:30 PM #10.	the main kitchen, it was cility staff failed to: dispose of over, label and/or date food in ator. The tour of the main cted on October 5, 2007 from In the presence of Employee			individually wrapped. 2. How will you identify other thaving the potential to be affected by deficient practice and what corrective will be taken? All other food items were inspected to others were unlabelled, uncovered, undated. No others found.	residents the same ve action	
	observed as follow Eight (8) of 14 hond One-half flat of gra Four (4) of four (4) 14 of 14 sweet pota Seven (7) of Sever	ne walk-in refrigerators were s: eydew melons pes cartons of tomatoes atoes n (7) cantaloupes erved uncovered, unlabeled the walk-in refrigerator as ello chocolate puddings			3. What measures will be put into what systemic changes you will ensure that the deficient practice recur? During the week on 10/08/07 dietary all in-served on proper storage pract focused on the importance of label at food in storage. Quarterly staff in-serbe conducted to educate new staff and standard policy and practices. Dietary and Supervisor will meet weekly, monitor, track, and review audit finding 4. How the corrective action(s) monitored to ensure the deficient pranot recur, i.e. What quality a program will be put into place? All deficient practices will be reported at QA committee meetings.	staff was ices, and nd dating vices will reinforce of Director and will ss. will be actice will assurance	10/25/07
	21 dishes of lettuce One (1) large salad One (1) small salad Two (2) dishes of o	e I I		,			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER;		(X2) MUL'	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		095027	- }	ing	R	-
	PROVIDER OR SUPPLIER	<u> </u>	j	TREET ADDRESS. CITY, STATE, ZIP CO 700 CONST. AVE. NE WASHINGTON, DC 20002	10/05/2007 DE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COMPLETION	•
{F 371}	The facility must siserve food under serve foods and cethe walk-in refriger kitchen was conducted as follows: 1. Moldy foods in to observed as follows: 2. Items were observed: 2. Items were observed: 3. Uncovered: 4. Two (2) dishes of jour food under served: 4. Two (2) dishes of jour food under served: 4. Two (2) dishes of jour food under served: 4. Two (2) dishes of jour food under served: 4. Two (2) dishes of jour food under served: 5. Two (2) dishes of jour food under served: 5. Two (2) dishes of jour food under served: 6. Two (2) dishes of jour food under served: 6. Two (2) dishes of jour food under served: 7. Two (2) dishes of jour food under served: 7. Two (2) dishes of jour food under served: 7. Two (2) dishes of jour food under served: 7. Two (2) dishes of jour food under served: 7. Two (2) dishes of jour food under served: 7. Two (2) dishes of jour food under served: 7. Two (2) dishes of jour food under served: 7. Two (2) dishes of jour food under served: 8. Two (2) dishes of jour food under served: 8. Two (2) dishes of jour food under served: 8. Two (2) dishes of jour food under served: 8. Two (2) dishes of jour food under served: 8. Two (2) dishes of jour food under served: 9. Two (2) dishes of jour food under served:	tore, prepare, distribute, and canitary conditions. INT is not met as evidenced the main kitchen, it was cility staff failed to: dispose of over, label and/or date food in rator. The tour of the main leted on October 5, 2007 from M in the presence of Employee de: the walk-in refrigerators were vs: leydew melons accepted which is to cartons of tomatoes atoes in (7) cantaloupes erved uncovered, unlabeled the walk-in refrigerator as dello chocolate puddings	{F 371 F371-2	1. What Corrective action(naccomplished for those residen have been affected by the deficien The unlabelled, uncovered, and chocolate pudding, salads, coo sandwich were immediately remowalk in refrigerator. All items are individually wrapped. 2. How will you identify atthaving the potential to be affected deficient practice and what corrwill be taken? All other food items were inspected others were unlabelled, uncovered undated. No others found. 3. What measures will be put what systemic changes you we call in-served on proper storage focused on the importance of late food in storage. Quarterly staff in the conducted to educate new staff standard policy and practices. Diand Supervisor will most week monitor, track, and review audit find the things of the deficient not recur, i.e. What quality program will be put into place? All deficient practices will be repaired as QA committee moetings. By the program of the process.	the found to at practice? undated jello, kies, and I ved from the ecovered and the residents of by the same rective action do consure no ered, and or linto place or will make to the does not the tary staff was practices, and believed action of the following of	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SU COMPLET	
		095027	B. WING		R 10/05/2007	
	ROVIDER OR SUPPLIER HILL NURSING CEN	ITER	7	REET ADDRESS, CITY, STATE, ZIP CODE 00 CONST. AVE. NE VASHINGTON, DC 20002		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
{F 371} F 385 SS=D	One (1) sandwich Employee #10 ack at the time of the o 483 40(a) PHYSIC	rnowledged the above findings bservations.	<u>,</u>	. What Corrective action(s) was complished for those residents for ave been affected by the deficient practice attending physician was notified the three three three H&P for resident immediately. How will you identify other residence that the three th	esidents	10/21/61 10/21/61
	recommendation the a facility. Each rescare of a physician. The facility must eneach resident is suranother physicians.	nat an individual be admitted to sident must remain under the		having the potential to be affected by the deficient practice and what corrective will be taken? All other Nursing center resident chat checked for missing H&Ps no other affected by this deficient practice. 3. What measures will be put into what systemic changes you will rensure that the deficient practice recur? Medical Records Coordinator will proceed the systems of the sys	nts were resident place or make to does not	
	by: Based on record re one (1) of 14 samp determined that the			physician delinquencies on monthly C Weekly notices to indicate 5 days pridate will be given to all physicians as a Medical Director and Administrator advised on all physicians failing to business days after due date. Physician non-compliant will be suspended prival nursing center.	OA form. or to due reminder. will be comply 5 is that are villeges to	10/25/07
	dated September following documen required: A. Admi shall be performed admission or within Resident W6 was September 14, 200 Anoxic brain injury	"Medical Staff Documentation" 15, 2005 included, " 5. The tation shall be completed as ission History and Physical five (5) days prior to a 48 hours of admission" admitted to the facility on 7 with the following diagnoses: following CPR secondary to e, CHF (Congestive Heart		monitored to ensure the deficient pra not recur, i.e. What quality a program will be put into place? Medical Records Coordinator will delinquent practices monthly to committee.	report all	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) M A. BU		PLE CONSTRUCTION	(X3) DATE S COMPLE	
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	ROVIDER OR SUPPLIER . HILL NURSING CEN	ITER	•	70	EET ADDRESS, CITY, STATE, ZIP CODE 00 CONST. AVE. NE VASHINGTON, DC 20002	1 10/0	5/25U1
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
(F 371) F 385 SS=D	at the time of the ol 483,40(a) PHYSICI A physician must precommendation the a facility. Each rescare of a physician. The facility must eneach resident is superior and the invariable. This REQUIREMENT by: Based on record record (1) of 14 samp determined that the History and Physician policy. Resident Work The findings include Policy number 14, "dated September 1 following document required: A. Admissiball be performed admission or within	nowledged the above findings observations. AN SERVICES ersonally approve in writing a leat an individual be admitted to sident must remain under the distribution of the sure that the medical care of pervised by a physician; and supervises the medical care of ir attending physician is NT is not met as evidenced view and staff interview for led residents, it was a physician failed to perform a let examination as per facility 6.	(F3	385	1. What Corrective action(s) accomplished for those residents of have been affected by the deficient practice and complete the H&P for resident immediately. Completed Del 5 200. 2. How will you identify other thaving the potential to be affected by deficient practice and what corrective will be taken? All other Nursing center resident checked for missing H&Ps no other affected by this deficient practice. 3. What measures will be put into what systemic changes you will ensure that the deficient practice recur? Medical Records Coordinator will physician delinquencies on monthly Q Weekly notices to indicate 5 days pried date will be given to all physicians us remained and indicated on all physicians fuiling to a business days after due date. The Physical educated by Medical Director on 10/2: non-compliance will lead to suprivileges to nursing center. 4. How the corrective action(s) monitored to ensure the deficient practice recur, i.e. What quality as program will be put into place? Medical Records Coordinator will redelinquent practices monthly to delinquent practices monthly to committee.	to come lent W6 7 me lent W6 7 me lent W6 7 me lents the same le action le a	10/25/07
	September 14, 200 Anoxic brain injury	7 with the following diagnoses: following CPR secondary to CHF (Congestive Heart					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		095027	B. WIN	۱G		R 10/05/2007	
_	ROVIDER OR SUPPLIER	ITER		70	REET ADDRESS, CITY, STATE, ZIP CODE 00 CONST. AVE. NE VASHINGTON, DC 20002		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	SUMMARY STATEMENT OF DEFICIENCIES ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 385	Failure, HTN (Hype tracheostomy, S/P Substance Abuse, Seizure Disorder, Cand UTI (Urinary T A nurse practitione September 29, 200 orders were signed however, there was evidence of a History A face-to-face intel Employee #7 on O approximately 11:3 that there was no hexamination in the	ertension, S/P (Status Post Peg Placement, S/P Encephalopathy, Asthma, Cardiomyopathy, Pneumonia ract Infection). r's progress note was dated D7. The resident's admission by the nurse practitioner; so no date. There was no bry and Physical in the record. rview was conducted with ctober 5, 2007 at 100 AM. He/She acknowledged distory and Physical	F454- 1	385 &2	 What Corrective action(s) accomplished for those residents fhave been affected by the deficient property. The wedge and the paper towel propping hallways fire doors on the 4th and 6th flooremoved immediately. How will you identify other having the potential to be affected by deficient practice and what corrective will be taken? All other fire doors were checked for property the nursing center. Doors found property closed and fire alarm was reset so do open without propping. What measures will be put into what systemic changes you will 	residents the same ve action opping in ped were ors could place or make to	
F 454 SS=D	The facility must be equipped, and mai and safety of resident of the facility, if acility staff failed to the these observation.	e designed, constructed, ntained to protect the health ents, personnel and the public. NT is not met as evidenced ions during the environmental t was determined that o ensure that there was no closing of hallway fire doors is were made in the presence October 5, 2007 between 8:15		454	ensure that the deficient practice recur? Security was informed that doors or remain open as battery failed for these thank the security company was notified awill be fixed by 10/21/07. 4. How the corrective action(s) monitored to ensure the deficient pranot recur, i.e. What quality a program will be put into place? Maintenance and Security staff was during rounds and report all deficient primonthly Quality Assurance meetings.	could not of two doors and doors will be octice will assurance monitor	10/25/07
		allway fire door was propped in wedge in one (1) of four (4)					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MI A. BUIL	ULTIPLE CONSTRUCTION LDING		(X3) DATE SURVEY . COMPLETED	
		095027	B. WIN	G	R 10/05/2007	
	ROVIDER OR SUPPLIER . HILL NURSING CEN	ITER		STREET ADDRESS, CITY, STATE, ZIP CO 700 CONST. AVE. NE WASHINGTON, DC 20002	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	· 1	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 385	tracheostomy, S/P Substance Abuse, Seizure Disorder, C and UTI (Urinary Times Practitioners September 29, 200 orders were signed however, there was evidence of a Histor A face-to-face interemployee #7 on Ocapproximately 11:3 that there was no hexamination in the The record was revealing the facility must be equipped, and main and safety of resident tour of the facility, it facility staff failed to impediment to the control of Employee #2 on AM and 10:45 AM. The findings includes the facility of the facility and the facility of the facility and These observations of Employee #2 on AM and 10:45 AM.	Presentation, S/P (Status Post Peg Placement, S/P Encephalopathy, Asthma, Cardiomyopathy, Pneumonia ract Infection). It's progress note was dated in the resident's admission by the nurse practitioner; and date. There was no ry and Physical in the record. Inview was conducted with ctober 5, 2007 at 0 AM. He/She acknowledged distory and Physical record. Interest was no ordered to a constructed, and interest was no entered to protect the health ents, personnel and the public. In the not met as evidenced in the presence of the presence october 5, 2007 between 8:15 at the presence october 5, 2007 between 8:15 at the proposed in the presence october 5, 2007 between 8:15 at the proposed in the presence october 5, 2007 between 8:15 at the proposed in the presence october 5, 2007 between 8:15 at the proposed in the proposed in the presence october 5, 2007 between 8:15 at the proposed in the proposed in the presence october 5, 2007 between 8:15 at the proposed in the proposed in the proposed in the presence october 5, 2007 between 8:15 at the proposed in the proposed in the proposed in the presence october 5, 2007 between 8:15 at the proposed in the proposed in the proposed in the proposed in the presence october 5, 2007 between 8:15 at the proposed in the proposed in the presence october 5, 2007 between 8:15 at the proposed in the proposed i	F 454- 18	1. What Corrective action accomplished for those resid have been affected by the deficit. The wedge and the paper town hallways fire doors on the 4th and removed immediately. 2. How will you identify a having the potential to be affect deficient practice and what co will be taken? All other fire doors were checked the nursing center. Doors found closed and fire alarm was reset open without propping. 3. What measures will be purwhat systemic changes you	ents found to ent practice? el propping the déh floors were el propping the debt floors were el propping the debt floors were el propping in depropped were so doors could to tinto place or will make to ectice does not el propping el practice will el practice to ent practices to ent practices to ent practices to	10/25/07
		wedge in one (1) of four (4)				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		095027	B. WING		R 10/05/2007		
NAME OF PROVIDER OR SUPPLIER CAPITOL HILL NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONST. AVE. NE WASHINGTON, DC 20002			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORPREFIX (EACH CORRECTIVE ACTION TAG CROSS-REFERENCED TO THE DEFICIENCY)		SHOULD BE	(X5) COMPLETION DATE	
F 454 F 463	Continued From page 11 observations of fire doors on the 6th floor. 2. The 4th floor hallway fire door was propped open with a paper towel in one (1) of four (4) observations of fire doors on the 4th floor. 483.70(f) RESIDENT CALL SYSTEM The nurses' station must be equipped to receive resident calls through a communication system from resident rooms; and toilet and bathing facilities.		F 45 F463 F46	1. What Corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? The resident affected by this deficient practice was given a hand bell to ring immediately. A work order was completed for the non functioning call bell for maintenance to fix.			
SS=D				having the potential to be affected deficient practice and what correwill be taken? All other resident call bells we	rying the potential to be affected by the same ficient practice and what corrective action ill be taken? I other resident call bells were inspected amediately to ensure they were operational. No		
	by: Based on observation and record review for residents, it was defailed to provide a restaff. Resident S1. The findings include During the environmat 9:45 AM, the call did not function when	nental tour on October 5, 2007 light in Resident S1's room en activated. There was no rovided to the resident to call		3. What measures will be put i what systemic changes you we ensure that the deficient practirecur? Staff was educated on being p bringing incidents pertaining to reand resident quality of care to chanursing supervisors immediate, educated also on the importance of call bells immediately. Maintena call lights to PM maintenance sched. 4. How the corrective action monitored to ensure the deficient not recur, i.e. What quality	roactive and esident rights rge nurses or Nursing was responding to nice will addule. (s) will be practice will	10/25/07	
	A face-to face inter October 5, 2007 at He/she stated, "Th hourly, mostly. Sor there, but mostly th A face-to-face inter Employee #9 on Oc He/she stated, "The	view was conducted on 10:00 AM with Resident S1. ey have been checking on me netimes they miss here and		program will be put into place? Maintenance department will me weekly rounds and report all defic to monthly Quality Assurance meet	onitor during ient incidents		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095027		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	ULTIPL LDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		B. WING			R 10/05/2007			
	ROVIDER OR SUPPLIER HILL NURSING CEN	ITER	STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONST. AVE. NE WASHINGTON, DC 20002					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ix	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOOD CROSS-REFERENCED TO THE APP DEFICIENCY)	SHOULD BE COMPLETION		
F 463	home. I called Em the call light didn't v nurse before I left to [resident] every how came back the nex wasn't working. I called PT and Active and they didn't have The resident has be	ployee #2 and told [him/her] work. I told the evening charge hat we need to check on ur. They started a log. When I t morning, the call light still alled Employee #2 again. I vities for a bell for the resident e one. We did hourly checks.	F.	463				
	functional.							