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	095034	A. BUILDING _____ B. WING _____	09/13/2007

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L 000	Initial Comments An annual licensure survey was conducted September 10 through 13, 2007. The following deficiencies were based on observations, staff interview and record review. The survey included 30 sampled residents based on a census of 240 the first day of survey and one (1) supplemental resident.	L 000		
L 051	3210.4 Nursing Facilities A charge nurse shall be responsible for the following: (a)Making daily resident visits to assess physical and emotional status and implementing any required nursing intervention; (b)Reviewing medication records for completeness, accuracy in the transcription of physician orders, and adherences to stop-order policies; (c)Reviewing residents' plans of care for appropriate goals and approaches, and revising them as needed; (d)Delegating responsibility to the nursing staff for direct resident nursing care of specific residents; (e)Supervising and evaluating each nursing employee on the unit; and (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: Based on staff interviews and record review for four (4) of 30 sampled residents, it was determined that facility staff failed to review and	L 051		

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L 051	Continued From page 1 revise the care plan with additional goals and approaches for three (3) residents with falls and develop a care plan for one (1) resident with depression and pain. Residents #10, 15, 16 and 22. The findings include: 1. Facility staff failed to revise the falls care plan for Resident #10 after three (3) falls. The review of the care plan initiated September 21, 2006 and last reviewed August 15, 2007, revealed "Resident at risk for falling related to generalized weakness; Diagnosis Hypertension." There were entries in the care plan dated July 12, 17 and August 30, 2007 that indicated, "Found lying on blue mat no injury". However, there were no additional goals and approaches included on the falls care plan. On September 13, 2007 at approximately 10:00 AM, a face-to-face interview was conducted with Employee # 4, who acknowledged that the care plan was not revised with additional goals and approaches for the aforementioned falls. The record was reviewed on September 11, 2007. 2. Facility staff failed to initiate additional goals and approaches for Resident #15 after a fall. A review of Resident #15's record revealed a nurse's note dated July 12, 2007 at 1425 (2:25 PM), " Resident noted on the floor in the dining room ...no visible injury noted." Physical therapy was initiated on June 8, 2007 after the resident fell on June 6, 2007 and the resident was receiving treatment three (3) times	L 051	**(1.) 3210.4 Nursing Facility** 1.) Resident #10 care plan was reviewed and revised. 2.) All resident with history of falls and risks for falls care plan was reviewed. 3.) Licensed staff was instructed on the care plan process. 4.) Monthl audits will be conducted and submitted to the DON for presentation at the Quarterly QA meeting. **(2.) 3210.4 Nursing Facility** 1.) Resident #15 care plan was reviewed and revised. 2.) All Residents with a history of falls and risk of falls care plans were reveiwed and updated as needed. 3.) Licensed staff was in-serviced on the care plan process. 4.) Monthly audit will be conducted by Nurse Manager to submit to the DON for presentation at the Quarterly QA meeting.	9/13/2007 10/3/2007 10/8/2007 On-going 9/13/2007 10/3/2007 10/5/2007 On-going

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L 051	Continued From page 2 per week. However, there was no evidence that the physical therapist initiated any additional therapeutic modalities after the resident fell on July 12, 2007. A "Falls" care plan was in place at the time of this review. The care plan was reviewed by the interdisciplinary care team on July 31, 2007. There was no evidence that additional goals and approaches were initiated after the resident's fall of July 12, 2007. A face-to-face interview was conducted with Employee #4 on September 11, 2007 at 3:30 PM. He/she acknowledged that no additional goals and approaches were initiated after the resident fell on July 12, 2007. The record was reviewed September 11, 2007. 3. Facility staff failed to update the "Falls" care plan with new approaches and interventions for Resident #16 after a fall. According to a nurse's note dated May 16, 2007 at 0855 [[8:55 AM], "Resident found on the floor in the bathroom at 0800. [8:00 AM] [He/she] was alert but could not respond verbally. [He/she] was confused and irritated ...MD notified and ordered resident to be sent to the hospital." A care plan entitled "High risk for fall" was initiated October 25, 2006. The care plan was reviewed by the interdisciplinary team on July 26, 2007. There was no evidence that additional goals and approaches were developed in response to the resident's fall on May 16, 2007. A face-to-face interview was conducted with Employee #3 on September 12, 2007 at 10:30 AM. He/she acknowledged that the care plan	L 051	**(3.) 3210.4 Nursing Facility** 1.) Treatment was completed on Resident # 24 using aseptic technique. 2.) All residents with pressure ulcers were reviewed to ensure aseptic technique. 3.) Licensed staff was in-serviced on Infection Control and aseptic technique. Treatment competenicies were completed. 4.) Monthly audits will be completed and submitted to DON for presentation at the Quarterly QA meeting.	9/11/2007 10/8/2007 10/8/2007 On-going

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L 051	Continued From page 3 should have been updated after the resident's fall on May 16, 2007. The record was reviewed September 12, 2007. 4. Facility staff failed to develop a care plan for Resident #22 for depression and pain management. A. Facility staff failed to develop a care plan for Resident #22 for depression. A review of Resident #22's record revealed that the resident was admitted to the facility on June 7, 2007 for a fractured right hip and femur post motor vehicle accident. The resident had two (2) wounds on the right leg, the graft site on the right lower leg and a wound on the right inner leg covered with eschar. The resident was placed on contact isolation for clostridium difficile on admission. A "Geriatric Depression" scale was completed by the social worker on June 8, 2007 with a score of "7" . According to the scoring scale on the "Geriatric Depression Scale," the social worker identified the resident with "mild depression." On June 10, 2007, the resident's husband expired unexpectedly on June 11, 2007. A psychiatric consult was requested on June 11, 2007. The psychiatrist saw the resident on June 12, 2007 and documented, "Depression related to significant decline in physical and psychological status ... The psychiatrist recommended Wellbutrin 50 mg daily, an antidepressant. The resident received the medication daily, beginning June 13, 2007.	L 051	**(4A.) 3210.4 Nursing Facility** 1.) A depression care plan was generated for Resident #22. 2.) All Residents with a diagnosis of depression were identified and a care plan is in place. 3.) All RN staff members will be in-serviced on the care plan process. All Social Workers and Activity Assistants will be in-serviced on the care plan process. 4.) Nurse Managers will conduct monthly audits and submit the resuilts to the DON for presentation at the Quarterly QA meeting. Social Worker Manager and Activity Manager will conduct monthly audits and submit results for presentation at the Quarterly QA meeting.	9/14/2007 9/30/2007 10/8/2007 10/19/2007 On-going

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L 051	Continued From page 4 The resident was hospitalized on June 29 through July 12, 2007 for severe depression and failure to thrive. A review of the resident's care plan, initiated June 14, 2007, revealed no goals or approaches for depression. B. Facility staff failed to develop a care plan for Resident #22 for pain management. A review of Resident #22's admission Minimum Data Set assessment, completed June 20, 2007, revealed that the resident was coded in Section J2, "Pain Symptoms" for incisional pain that was excruciating at times. Admission orders signed by the physician on June 8, 2007, directed, "Acetaminophen/codeine #3 tablet, take 1 tablet by mouth as needed for moderate to severe pain." According to the June 2007 Medication Administration Record (MAR), the resident received pain medication on June 9, 2007. The resident was hospitalized on June 29 through July 12, 2007. According to the July 2007 MAR, the resident received pain medication on July 17, 20, 22, 23, 28, 29 and 31, 2007. According to the August 2007 MAR the resident received pain medication on August 3, 6, 7, 10, 11, 12, 13, 15, 16, 17, 19, 20, 21, 22, 23, 24, 25, 26, 28, and 31, 2007. According to the September MAR, the resident received pain medication on September 2, 3, 4, 6, 7, 8, and 9, 2007.	L 051	**(4B.) 3210.4 Nursing Facility** 1.) A pain management care plan was generated for Resident #22. 2.) All Residents were assessed and pain management care plans were generated 3.) All RN staff was in-serviced on the care plan process. 4.) Nurse Managers wil conduct monthly audits and submit them to the DON for presentation at the Quarterly QA meeting.	9/13/2007 10/3/2007 On-going

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L 051	Continued From page 5 The resident was hospitalized on September 11, 2007 and had not returned to the facility at the time of this review. A review of the resident's care plan, initiated June 14, 2007, revealed no goals or approaches for pain management. A face-to-face interview with Employee #3 was conducted on September 13, 2007 at 8:40 AM. He/she acknowledged that a care plan was not developed for depression or pain management for Resident #22. The record was reviewed on September 13, 2007.	L 051		
L 052	3211.1 Nursing Facilities Sufficient nursing time shall be given to each resident to ensure that the resident receives the following: (a)Treatment, medications, diet and nutritional supplements and fluids as prescribed, and rehabilitative nursing care as needed; (b)Proper care to minimize pressure ulcers and contractures and to promote the healing of ulcers: (c)Assistants in daily personal grooming so that the resident is comfortable, clean, and neat as evidenced by freedom from body odor, cleaned and trimmed nails, and clean, neat and well-groomed hair; (d) Protection from accident, injury, and infection; (e)Encouragement, assistance, and training in self-care and group activities; (f)Encouragement and assistance to:	L 052		

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L 052	Continued From page 6 (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; (2)Use the dining room if he or she is able; and (3)Participate in meaningful social and recreational activities; with eating; (g)Prompt, unhurried assistance if he or she requires or request help with eating; (h)Prescribed adaptive self-help devices to assist him or her in eating independently; (i)Assistance, if needed, with daily hygiene, including oral acre; and j)Prompt response to an activated call bell or call for help. This Statute is not met as evidenced by: Based on observations, record review and staff interviews for four (4) of 30 sampled residents and one (1) supplemental resident, it was determined that facility staff failed to ensure sufficient nursing time for residents as evidenced by failure to: follow-up on an 18 pound weight loss for one (1) resident; differentiate between the use of multiple pain medications for (1) resident, follow-up on a swollen right hand and elevate the feet per physician's orders for one (1) resident and follow aseptic technique for dressing changes for two (2) residents and rinse a surgical wound with normal saline as ordered by the physician for one (1) resident. Residents #6, 12, 15, 24 and S1.	L 052		

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L 052	Continued From page 7 The findings include: 1. Facility staff failed to follow up on an 18 pound weight loss for Resident #6. A review of the "Weekly Weights" book revealed Resident #6's weights as follows: August 8, 2007 148.2 pounds August 13, 2007 140.2 pounds August 22, 2007 134.6 pounds September 1, 2007 130.2 pounds September 10, 2007 132.2 pounds September 12, 2007 134.0 pounds The resident lost 18 pounds from August 8 through September 1, 2007. A review of the dietician's note dated August 13, 2007 discussed the resident's severely depleted protein stores and recommended Ensure three (3) times daily and Beneprotein twice daily. The recommendations were initiated. According to the "Weekly Weights" book, the resident lost 8 pounds in one (1) week when the dietician had written the progress note. There was no acknowledgement of the resident's weight loss or recommendation to prevent further weight loss after the dietician's note of August 13, 2007. Without additional interventions, the resident gained two (2) pounds when weighed on September 10, 2007 and two (2) pounds when weighed on September 12, 2007. A face-to-face interview was conducted with Employee #9 on September 10, 2007 at 3:40 PM. He/she stated,"[Resident #6] lost all that weight and was just diagnosed with multiple myeloma. But the weight loss occurred before the cancer	L 052	**1. 3211.1 Nursing Facilities** 1.) A reweight was done on Resident # 6. Dietary, speech and pharmacy consults were ordered. Resident #6 was placed on weekly weights for monitoring. 2.) Weights were reviewed on all residents for a + or - loss or gain and will be addressed where needed. 3.) All staff was in-serviced on the weight loss protocal. 4.) Residents weights will be monitored monthly and reported at the Nutrition and Hydration monthly meeting and at the Quarterly QI meeting.	9/11/2007 10/3/2007 10/8/2007 On-going

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L 052	Continued From page 8 diagnosis. When someone looses weight, nursing requests a dietary consult. It got missed." The record was reviewed September 10, 2007. 2. Facility staff failed to differentiate between the use of multiple pain medications for Resident #12. A review of Resident #12's record revealed 60-day physician's orders on August 13, 2007, as follows: Acetaminophen 650 mg suppository, insert 1 suppository rectally every 6 hours for pain. Acetaminophen with Codeine #3, 1 tablet by mouth every 6 hours as needed for pain. Morphine 10 mg/ml, inject 0.2 ml IM (intramuscular) as needed for pain. There was no differentiation between the use of the three (3) medications for pain as listed above. A face-to-face interview was conducted with Employee #10 on September 11, 2007 at 3:20 PM. He/she stated, "I medicated [Resident #12] this morning for pain. I gave [the resident] Tylenol #3. The suppository was ordered when [he/she] was not eating a couple months ago and the morphine came with [him/her] when [Resident #12] returned from the hospital in April (2007). I have always used Tylenol #3 because it works. We really don't need the other medication orders." A review of the June, July, August and September 2007 Medication Administration Records revealed that the resident had never received morphine and had received a Tylenol suppository on June 4, 2007. The record was reviewed September 11, 2007.	L 052	**2. 3211.1 Nursing Facilities** 1.) Resident #12 pain med orders were reviewed. The morphine sulfate was discontinued. Tylenol #3, 1 tab for mild pain and Tylenol #3, 2 tabs for severe pain was ordered. 2.) Pain medication on all Residents will be reviewed to ensure documented indications. 3.) Staff will be in-serviced on properly documentation when obtaining medication orders. 4.) Nurse Managers will conduct monthly audits to ensure all medications include an indication. The results will be submitted to the DON for presentation at the Quarterly QA meeting.	9/11/2007 10/8/2007 10/8/2007 On-going

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L 052	Continued From page 9 3. Facility staff failed to follow-up on a swollen right hand and elevate Resident #15' s feet as per physician's orders. A. Facility staff failed to follow-up on Resident #15's swollen right hand. According to a nurse's note dated May 15, 2007 at 0700 (7:00 AM), "During AM care at 6:30 AM the staff giving care called the writer to resident's room. Right hand swollen." According to a nurse's note dated May 15, 2007 at 1500 (3:00 PM), "Resident remains stable the swelling of [his/her] right hand subsiding. Denies pain or discomfort." There were no further entries by nursing regarding the resident's swollen right hand. There was no evidence in the record that the physician had been notified or treatment initiated regarding the resident's swollen right hand. A face-to-face interview was conducted with Employee #4 on September 11, 2007 at 3:20 PM. He/she stated, "I wasn't aware that there ever was a problem with [Resident #15's] right hand." The resident was observed on September 11, 2007 from 1:45 PM until 3:15 PM. The resident's right hand was not swollen. B. Facility staff failed to elevate Resident #15's feet while in the wheelchair. A review of Resident #15's record revealed a physician's order dated August 10, 2007 that directed, "Elevate bilateral lower extremities at all times while in wheelchair. Bilateral lower	L 052	**3A. 3211.1 Nursing Facilities** 1.) Resident #15 was ordered Lasix 10mg. PO every other day. She no longer has a right hand edema. 2.) All residents were assessed to ensure there was no evidence of swelling that was not addressed. 3.) Staff will be inserviced on shift to shift reporting to ensure appropriate communication. 4.) Daily audits will be done on the 24 hr. report sheet to ensure Resident status changes are communicated. The results will be submitted to the DON for presentation at the Quarterly QA meeting.	9/13/2007 10/8/2007 10/8/2007 On-going

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L 052	Continued From page 10 extremity edema." Resident #15 was observed in the wheelchair on September 11, 2007 from 1:45 PM until 3:15 PM while in the living room area. The resident's feet remained on the floor during the observation period. Facility staff did not attempt to elevate Resident #15's feet during the observation period. The resident left the living room area and self-propelled the wheelchair using both feet down the hallway toward his/her room. There were no foot pedals on the wheelchair. The resident's bilateral ankles appeared swollen. Employee #10 was passing Resident #15 and stated,"Your feet are very swollen." Employee #10 initiated no action regarding the resident's swollen feet. A face-to-face interview was conducted with Employee #4 on September 11, 2007 at 3:20 PM. He/she stated,"[Resident #15] uses [his/her] feet for moving the chair. [Resident] will not keep his/her feet on the foot pedals." Employee #4 was informed that facility staff did not attempt to elevate the resident's feet during the observation period. Employee #4 stated, "[Resident #15's] feet have been swollen a long time. [He/she] has never complained of any pain or discomfort of [his/her] feet or legs. I guess we're used to the feet being down." The record was reviewed September 11, 2007. 4. Facility staff failed to maintain aseptic technique for Resident #24's dressing change. A physician's order dated August 15, 2007, directed, "Cleanse coccyx ulcer with Allclenz. Apply Panafil ointment and cover with 4 x 4	L 052	**4. 3211.1 Nursing Facilities** 1.) Treatment was completed on Resident #24 using aseptic technique.	9/11/2007

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L 052	Continued From page 11 [gauze] dressing then [apply] Tegaderm twice daily." During an observation of a the coccyx wound dressing change on September 12, 2007 at approximately 11:40 AM, Employee #6 cleansed the wound area with Allclenz and applied the Panafil, 4 x 4 gauze dressing and Tegaderm covering without washing his/her hands and changing his/her gloves. The facility's "Competency Skills Evaluation, Licensed Nurse Treatment Competency" form revealed, "...Remove gloves after cleansing wound and wash hands or use alcohol-based hand rub. Apply clean gloves..." A face-to-face interview was conducted with Employee # 6 at approximately 11:55 AM on September 12, 2007. He/She stated "I am sorry. I thought I changed my gloves. I did not realize it [that he/she did not change gloves]." 5. Facility staff failed to maintain aseptic technique and rinse the surgical wound with normal saline as per physician's orders for Resident S1. A physician's order dated September 9, 2007 directed, "Wash with soap and water. Rinse with normal saline. Apply Bacitracin ointment to the suture line and cover with gauze." A wound treatment observation was conducted on September 11, 2007 at 1:20 PM. Employee #7 washed his/her hands, established a clean field, donned gloves, removed the soiled dressing, and cleansed the wound with soap and water. The wound was not rinsed with normal saline.	L 052	**4. 3211.1 Nursing Facilities (con't)** 2.) All residents with pressure ulcers were reviewed to ensure aseptic technique. 3.) Licensed staff was in-serviced on Infection Control and aseptic technique. Treatment competenicies were completed. 4.) Monthly audits will be completed and submitted to DON for presentation at the Quarterly QA meeting. **5. 3211.1 Nursing Facilities** 1.) The treatment order for Resident #S1 was reviewed. Dressing changes to start 9/8/07 was washed with soap and water, rinsed with saline and apply bacitricin ointment on suture line. 2.) All Residents with pressure ulcers were reviewed to ensure treatment was done per physician orders. 3.) All licensed staff was in-serviced on Infection Control and aseptic technique and on pressure ulcer and skin care. The staff members cited were scheduled for an off campus seminar of wound care. 4.) Monthly audits will be conducted by the Nurse Managers and submitted to the DON for presentation at the quarterly QA meeting.	10/8/2007 10/8/2007 On-going 9/11/2007 10/8/2007 9/28/2007 10/3/2007 On-going

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L 052	Continued From page 12 Employee #7 applied Bacitracin ointment to the suture lines and covered the wound with gauze. During all steps of the wound treatment, Employee #7 used the same pair of gloves. At the end of the wound treatment, Employee #7 looked at his/her hands and acknowledged that he/she had used one (1) pair of gloves for the complete wound treatment. Resident S1 returned from a hospitalization on July 6, 2007 for a surgical flap closure of a pressure sore. A drain was present in the lower portion of the suture line. The soiled dressing contained a small amount of dark serous drainage with no odor. The two (2) suture lines were well approximated with no redness. The record was reviewed on September 11, 2007.	L 052		
L 099	3219.1 Nursing Facilities 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: Based on observations during the survey period, it was determined that dietary services were not adequate to ensure that foods were served and prepared in a safe and sanitary manner as evidenced by: soiled convection oven hoods, interior and exterior surfaces of the deep fryers and dishwasher slats and ice scoops were stored without covers or holders. These observations were made in the presence of Employee #17. The findings include:	L 099	**1. 3219.1 Nursing Facilities** 1.) The exterior surfaces of the convection oven hoods were deep cleaned. 2.) All surfaces were inspected. 3.) Porters were instructed to clean surfaces on a weekly basis. 4.) The Manager will conduct weekly inspections and the results will be presented the Quarterly QA meeting.	9/10/2007 9/10/2007 9/10/2007 On-going

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L 099	Continued From page 13 1. The side and top exterior surfaces of the convection oven hoods in the cook's preparation area were soiled with dust and grease in two (2) of two (2) hoods observed at 9:15 AM on September 10, 2007. 2. The outer surfaces, inner gas supply lines, valves and electrical wiring of the deep fryers were soiled with accumulated grease and food deposits in the main kitchen in two (2) of two (2) deep fryers observed at 9:10 AM on September 10, 2007. 3. The slat surfaces on the soiled and clean side of the dishwasher were soiled with mineral deposits and food debris in one (1) of one (1) dishwasher observed at 1:30 PM on September 10, 2007. 4. Scoops were stored on top of the ice machine without covers or holders in the main kitchen in four (4) of four (4) ice scoops observed at 1:55 PM on September 10, 2007. Employee #17 acknowledged these findings at the time of these observations.	L 099	**2. 3219.1 Nursing Facilities** 1.) The outer surfaces, inner gas supply lines, valves and electrical wiring were cleaned immediately. 2.) The cooks have been instructed to clean these areas after each use on a daily basis. 3.) The Manager inspects on a daily basis and document findings on a daily log. 4.) The daily logs are presented to the Director who will present to the Quarterly QA meeting. **3. 3219.1 Nursing Facilities** 1.)The dishwasher was delimed and cleaned. 2.) The food service workers have been instructed to delime the dishwasher weekly and clean after each meal. 3.) The Manager inspects on a daily basis and document findings on a daily log. 4.) The daily logs are presented to the Director who will present to the Quarterly QA meeting. **4. 3219.1 Nursing Facilities** 1.)The scoops were immediately removed, washed, sanitized and placed in the scoop holders. 2.) The food service workers have been instructed to [;ace scoops accordingly. 3.) The Manager inspects on a daily basis and document findings on a daily log. 4.) The daily logs are presented to the Director who will present to the Quarterly QA meeting.	9/10/2007 9/10/2007 9/10/2007 On-going 9/10/2007 9/10/2007 9/10/2007 On-going 9/10/2007 9/10/2007 9/10/2007 On-going
L 168	3227.19 Nursing Facilities The facility shall label drugs, and biologicals in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and their expiration date. This Statute is not met as evidenced by: Based on observations and staff interview of four (4) of five (5) nursing units, it was determined that the facility staff failed to date and initial opened multi-dose medication vials and store medication properly.	L 168		

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L 168	Continued From page 14 The findings include: 1. The facility staff failed to date and initial opened Xalatan and Miacalcin multi-dose medication vials. The medication included: 1st Floor Xalatan ophthalmic drops five (5) vials Miacalcin nasal spray one (1) vial Employees #6, #18 and #19 acknowledged that the Xalatan and Miacalcin vials were not dated and/or initialed at the time of the observations. 2nd Floor Xalatan - ophthalmic drops two (2) vials Employees #20 and #21 acknowledged that the Xalatan vials were not dated and/or initiated at the time of the observations. 3rd Floor Xalatan ophthalmic drops two (2) vials Employee #3 acknowledged that the Xalatan vials were not dated and/or initiated at the time of the observations. 4th Floor Xalatan ophthalmic drops two (2) vials Miacalcin nasal spray two (2) vials Employee #4 acknowledged that the Xalatan and Miacalcin vials were not dated and/or initiated at the time of the observations. 2. The facility staff failed to store Miacalcin nasal	L 168	**1.) 3227.19 Nursing Facilities** 1.) The open vials of Xalatan and Miacalcin were discarded and replaced with new vials. They were signed and dated. 2.) A review on all medication vials were done to ensure they were signed and dated. 3.) Staff in-services were conducted on medication storage and dating. 4.) Monthly audits by the Nurse Manager and the results submitted to the DON for presentation at the Quarterly QA meeting.	9/11/2007 10/3/2007 10/8/2007 On-going

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L 168	Continued From page 15 spray according to facility policy and manufacturer ' s recommendations. The facility's policy 4.1 #14, titled, "Medication Storage in the Facility" stipulated "Medications are stored in correct positions per manufacturer's specification". The manufacturer's recommendation was to store Miacalcin spray in an upright position. On September 12, 2007, between 2:30 PM and 3:30 PM, the medication carts were inspected and the findings were as follows: 1st Floor Miacalcin nasal spray, one (1) vial found on its side Employee #18 acknowledged that the Miacalcin vial was lying on its side at the time of the observation. 4th Floor Miacalcin nasal spray, two (2) vials found on its side Employee #4 acknowledged that the Miacalcin vials were lying on its side at the time of the inspection.	L 168	**2.) 3227.19 Nursing Facilities** 1.) Miacalcin was discarded and a new one was stored in an upright position. 2.) All residents on miacalcin was identified The miacalcin was checked for upright storage. 3.) Staff was in-serviced of the proper storage of miacalcin. 4.) Daily monitoring will be conducted to ensure proper storage. **3234.1 Nursing Facilities** 1.) Rolls of antiskid tape were ordered. The rolls of tape are in 2, 4 and 6 inches in width. The 6 inch was used to completed cover the "single step" practice step. 2.) An inspection of all training stairs, parallel bars, standing tables and any areas requiring antiskid support was performed. All areas showing evidence of worn tape was replaced with new antiskid tape. 3.) All Physical/Occupational Therapy associates were in-serviced on the safety risks that exist by not having these surfaces secured. Daily inspections of these areas is now included in the job duties of Rehab Technicians. 4.) The results of the daily inspections will be submitted to the Director of Rehab Services, discussed at the monthly meetings and provided to the Quarterly QA meeting.	9/13/2007 10/3/2007 10/8/2007 On-going 9/13/2007 9/14/2007 9/15/2007 On-going
L 214	3234.1 Nursing Facilities Each facility shall be designed, constructed, located, equipped, and maintained to provide a functional, healthful, safe, comfortable, and supportive environment for each resident, employee and the visiting public. This Statute is not met as evidenced by: Based on observations during the environmental tour of the Rehabilitation Department on the 3rd	L 214		

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L 214	Continued From page 16 floor of the facility, it was determined that facility staff failed to maintain a hazard free environment as evidenced by unsecured skid strips on the "single step" practice steps and the "standing table". These observations were made in the presence of Employees #11, 12 and 16. The findings include: On September 12, 2007 at 11:20 AM, the skid strips on the "single step" practice steps and the "standing table" were observed to be damaged and unsecured to the wooden platforms. A face-to-face interview was conducted at the time of this observation with Employees #11, 12 and 16, who acknowledged the findings at the time of these observations.	L 214	**1. 3256.1 Nursing Facilities** 1.) Filters were changed in the following Resident rooms: 134, 203, 242, 301, 313, 323, 347, 402, 403, 414, and 529. 2.) Filters in all other Resident rooms in the Carroll Manor were changed. 3.) Monitoring filters will be added to the monthly rounds list. 4.) Results of the monthly rounds list will be submitted to the Quarterly QA meeting. **2. 3256.1 Nursing Facilities** 1.) Dust and debris was deep cleaned on the 3rd and 4th floor personal laundrys. 2.) All areas were inspected. 3.) A deep cleaning of all personal laundrys will occur once monthly. 4.) A log of monthly deep cleanings will be maintained in the Manager's office.	10/2/2007 10/3/2007 10/3/2007 On-going 9/11/2007 9/11/2007 10/1/2007 On-going
L 410	3256.1 Nursing Facilities Each facility shall provide housekeeping and maintenance services necessary to maintain the exterior and the interior of the facility in a safe, sanitary, orderly, comfortable and attractive manner. This Statute is not met as evidenced by: Based on observations during the environmental tour of the facility, Rehabilitation Department and 5 East, it was determined that facility staff failed to maintain the facility in a clean and sanitary manner as evidenced by: soiled and/or damaged HVAC (Heating, Ventilation and Air Conditioning) filters, floors, drains, baseboards, trapeze bars, lamp covers, grout surfaces between floor tiles, ceiling tiles, bio-generator hose, convection ovens, interior and exterior surfaces of the deep fryers, damaged blinds, walls and doors, and missing knobs on furniture.	L 410	**3. 3256.1 Nursing Facilities** 1.) Housekeeping mopped and buffed the facililty hall. 2.) The hallway was added to the evening shift project assignment sheet. 3.) The manager will inspect the hallway in the morning. 4.) Morning rounds will be conducted on a daily basis and the results will be presented at the Quarterly QA meeting by the Manager. **4. 3256.1 Nursing Facilities** 1.) The floors were immediately cleaned. 2.) All areas were inspected. 3.) Porters were instructed to sweep and mop under the steam tables every evening. 4.) The Manager will inspect daily and the results presented to the Quarterly QA meeting.	9/14/2007 9/14/2007 10/28/2007 9/10/2007 9/10/2007 9/11/2007 On-going

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L 410	Continued From page 17 These observations were made in the presence of Employees #11, 13, 14, 15 and 17 on September 11, 2007 between 8:30 AM and 12:00 PM and September 12, 2007 between 11:00 AM and 12:00 PM at the facility and on 5 East, the rehabilitation unit in the hospital. The findings include: 1. HVAC filters were observed soiled with accumulated dust in the following rooms: 134, 203, 242, 301, 303, 313, 323, 347, 402, 403, 414, 529 and the Rehabilitation Department treatment area in the facility's basement in 13 of 31 HVAC filters observed. 2. Floors behind personal laundry washers and dryers on the 3rd and 4th floors were observed with accumulated dust and debris in two (2) of five (5) areas of flooring observed in the facility. 3. Floors in the facility's basement hallway were soiled and marred in one (1) of three (3) hallway floors observed. 4. Floor surfaces under food preparation sinks in the main kitchen and a steam table in the cafeteria were soiled and stained in two (2) of two (2) floors observed in the main kitchen and cafeteria observed at 9:30 AM on September 10, 2007. 5. Floor tiles were cracked, uneven and damaged in the facility's basement hallway near the maintenance to dietary, cafeteria and elevators in one (1) of three (3) hallways observed. 6. The grout surfaces between floor tiles in the main kitchen and pot and pan wash area were	L 410	**5. 3256.1 Nursing Facilities** 1.) Prepares are being made to repair repair the cracked uneven tiles — 10/27/2007 2.) All floor tiles were inspected. — 9/11/2007 3.) Inspection of the floor tiles will be included on the monthly rounds list. 4.) All findings from the monthly rounds will be reported at the Quarterly QA meeting. — On-going **6. 3256.1 Nursing Facilities** 1.) Repairs are being made to repair the grout surfaces and standing water. — 10/27/2007 2.) All floor tiles were inspected. — 9/11/2007 3.) The floor tiles will be included on the monthly rounds list for monitoring. — 10/1/2007 4.) All findings from the monthly rounds will be reported at the Quarterly QA meeting. — On-going **7. 3256.1 Nursing Facilities** 1.) The drains were immediately cleaned, scrubbed and sanitized. — 9/10/2007 2.) All affected areas were inspected. — 9/10/2007 3.) Porters were in-serviced to clean the drains twice daily and the Manager will inspect daily. — 9/11/2007 4.) The Director will inspect weekly, conduct monthly audits and the results will be presented to the Quarterly QA meeting. — On-going **8. 3256.1 Nursing Facilities** 1.) Repairs to the baseboards are in the process of being completed. — 10/27/2007 2.) The baseboards were inspected. — 9/11/2007 3.) The baseboards will be included on the monthly rounds list for monitoring. — 10/1/2007 4.) All findings from the monthly rounds will be reported at the Quarterly QA meeting. — On-going	

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L 410	Continued From page 18 eroded and standing water was observed between tile surfaces in two (2) of two (2) areas of damaged floor tiles in the facility. 7. Open floor drains were soiled and stained with food debris under steamers, cook's preparation sink, dishwasher, and pot and pan wash area in the main kitchen, steam table in the cafeteria and first, third and fifth floor pantry sinks in eight (8) of 10 drains in food preparation areas observed between 8:30 AM and 11:30 AM on September 10, 2007. 8. Baseboards were observed soiled with accumulated dust and debris in rooms: 562, 564, 567 and the Rehabilitation Department treatment area in four (4) of 20 baseboards observed on 5 East. 9. Trapeze bars over residents' beds were observed with accumulated dust in rooms: 562, 563 and 567 in three (3) of seven (7) trapeze bars observed on 5 East. 10. Over bed lamp covers were observed soiled with accumulated dust in rooms: 562, 563 and 565 in three (3) of seven (7) over bed lamps observed on 5 East. 11. Ceiling tiles in the facility's main kitchen and storage room were soiled and stained in two (2) of two (2) areas in the main kitchen observed. 12. The bio-generator hose was soiled and stained with debris in the pot and pan wash area in one (1) of one (1) bio-generator hose observed at approximately 10:00 AM on September 10, 2007. 13. The side and top exterior surfaces of the	L 410	**9. 3256.1 Nursing Facilities** 1.) Trapeze bars were dusted and cleaned. 9/11/2007 2.) All trapeze bars were inspected and all associates were in-serviced on high and low dusting. 9/27/2007 3.) There will be daily random inspections and dusting will occur immediately. 10/1/2007 4.) Results of all inspections will be given to the Manager who will present results at the Quarterly QA meeting. On-going **10. 3256.1 Nursing Facilities** 1.) Over bed lampers were dusted and cleaned. 9/11/2007 2.) All bed lamps were inspected and all associates were in-serviced on high and low dusting. 9/27/2007 3.) There will be daily random inspections and dusting will occur immediately. 10/1/2007 4.) Results of all inspections will be given to the Manager who will present results at the Quarterly QA meeting. On-going **11. 3256.1 Nursing Facilities** 1.) Ceiling tiles scheduled to be changed. 10/22/2007 2.) Ceiling tiles in the main kitchen and the storage room were inspected and will be replaced as needed. 10/22/2007 3.) This area will be added to the monthly rounds list and monitored. 10/1/2007 4.) The results of the rounds list will be given to the Manager to report at the Quarterly QA meeting. On-going **12. 3256.1 Nursing Facilities** 1.) The hose and bases were cleaned. 9/10/2007 2.) All areas were inspected. 9/10/2007 3.) Porters were instructed to clean hose and bases daily, after each shift. A schedule was provided and the Manager will inspect daily. 9/10/2007 4.) The Director will inspect weekly, conduct monthly audits and the results will be presented to the Quarterly QA meeting. On-going	

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L 410	Continued From page 19 convection oven hoods in the cook's preparation area were soiled with dust and grease in two (2) of two (2) hoods observed at 9:15 AM on September 10, 2007. 14. The outer surfaces, inner gas supply lines, valves and electrical wiring of the deep fryers were soiled with accumulated grease and food deposits in the main kitchen in two (2) of two (2) deep fryers observed at 9:10 AM on September 10, 2007. 15. Blinds were observed damaged or broken in rooms: 210, 212, 402, 529 and 543 in five (5) of 31 blinds observed in the facility. 16. Walls were observed damaged/marred in the facility's basement hallway near the dietary and laundry entrances, in the rear and under the counter of the pot and pan wash area, dishwasher and work bench areas in the facility's main kitchen, and on 5 East in rooms: 562, 563, 565, and Rehabilitation Department treatment area in eight (8) of 20 walls observed. 17. Closet and entry doors were marred, scarred and/or damaged in rooms: 562, 563, 564, 567 and the Rehabilitation Department on 5 East in five (5) of nine (9) doors observed. 18. Base boards were observed damaged/missing in the facility's basement Rehabilitation Department in one (1) of two (2) baseboards observed. 19. Knobs were observed missing on wardrobes and dresser drawers in the following rooms: 134, 146, 255, 323, 403 and 454 in six (6) of 31 wardrobes and dresser drawers observed in the facility.	L 410	**13. 3256.1 Nursing Facilities** 1.) The exterior surfaces of the convection oven hoods were deep cleaned. 2.) All surfaces were inspected. 3.) Porters were instructed to clean surfaces on a weekly basis. 4.) The Manager will conduct weekly inspections and the results will be presented the Quarterly QA meeting. **14. 3256.1 Nursing Facilities** 1.) The outer surfaces, inner gas supply lines, valves and electrical wiring were cleaned immediately. 2.) The cooks have been instructed to clean these areas after each use on a daily basis. 3.) The Manager inspects on a daily basis and document findings on a daily log. 4.) The daily logs are presented to the Director who will present to the Quarterly QA meeting. **15. 3256.1 Nursing Facilities** 1.) The blinds in rooms 210, 212, 402, 529 and 543 were replaced or repaired. 2.) The Manager inspected all blinds to ensure compliance. 3.) All departmental associates were in-serviced on properly opening and closing blinds and how to identify and replace broken/damaged blinds. Houskeeping will monitor bling quality. 4.) The Housekeeping Manager will report monitoring results to the Administrator quarterly at the QI Meeting. **16. 3256.1 Nursing Facilities** 1.) Tickets were made for repairs and painting of areas. 2.) All walls were inspected. 3.) The walls will be monitored by adding this to the monthly rounds list. 4.) The findings will be reported to the Quarterly QA meeting.	9/10/2007 9/10/2007 9/10/2007 On-going 9/10/2007 9/10/2007 9/10/2007 On-going 10/28/2007 10/28/2007 10/28/2007 10/28/2007 10/27/2007 10/1/2007 On-going

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L 410	Continued From page 20 Employee #11, 13, 14, 15 and 17 acknowledged the findings at the time of the observations.	L 410	**17. 3256.1 Nursing Facilities** 1.) Orders were generated for doors that were marred, scarred and/or damaged in rooms 562, 563, 564, 576 and the Rehab department on 5 East for repairs to be done. 2.) All other doors were inspected. 3.) Doors will be inspected on a monthly basis by Engineering Manager. 4.) All monthly findings will be reported to the Quarterly QA meeting.	10/22/2007 9/11/2007 On-going On-going
L 442	3258.13 Nursing Facilities The facility shall maintain all essential mechanical, electrical, and patient care equipment in safe operating condition. This Statute is not met as evidenced by: During the environmental tour of the Rehabilitation Department on the 3rd floor of the facility, it was determined that facility staff failed to maintain a hazard free environment as evidenced by unsecured skid strips on the "single step" practice steps and the "standing table". These observations were made in the presence of Employees #11, 12 and 16. The findings include: On September 12, 2007 at 11:20 AM, the skid strips on the "single step" practice steps and the "standing table" were observed to be damaged and unsecured to the wooden platforms. A face-to-face interview was conducted at the time of this observation with Employees #11, 12 and 16, who acknowledged the findings at the time of these observations.	L 442	**18. 3256.1 Nursing Facilities** 1.) Repairs to the baseboards are in the process of being completed. 2.) The baseboards were inspected. 3.) The baseboards will be included on the monthly rounds list for monitoring. 4.) All findings from the monthly rounds will be reported at the Quarterly QA meeting. **19. 3256.1 Nursing Facilities** 1.) Knobs have been replaced on all of the wardrobes and dresser drawers. 2.) All of the furniture was inspected. 3.) The knobs will be included on the monthly rounds list for monitoring. 4.) All findings from the monthly rounds will be reported at the Quarterly QA meeting. **3258.13 Nursing Facilities** 1.) Rolls of antiskid tape were ordered. The rolls of tape are in 2, 4 and 6 inches in width. The 6 inch was used to completed cover the "single step" practice step. 2.) An inspection of all training stairs, parallel bars, standing tables and any areas requiring antiskid support was performed. All areas showing evidence of worn tape was replaced with new antiskid tape. 3.) All Physical/Occupational Therapy associates were in-serviced on the safety risks that exist by not having these surfaces secured. Daily inspections of these areas is now included in the job duties of Rehab Technicians.	10/27/2007 9/11/2007 10/1/2007 On-going 9/13/2007 9/13/2007 10/1/2007 On-going 9/13/2007 9/14/2007 9/15/2007

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095034	A. BUILDING _____ B. WING _____	09/13/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARROLL MANOR NURSING & REHAB	725 BUCHANAN ST., NE WASHINGTON, DC 20017

(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 410	Continued From page 20 Employee #11, 13, 14, 15 and 17 acknowledged the findings at the time of the observations.	L 410	4.) The results of the daily inspections will be submitted to the Director of Rehab Services, discussed at the monthly meetings and provided to the Quarterly QA meeting.	On-going
L 442	3258.13 Nursing Facilities The facility shall maintain all essential mechanical, electrical, and patient care equipment in safe operating condition. This Statute is not met as evidenced by: During the environmental tour of the Rehabilitation Department on the 3rd floor of the facility, it was determined that facility staff failed to maintain a hazard free environment as evidenced by unsecured skid strips on the "single step" practice steps and the "standing table". These observations were made in the presence of Employees #11, 12 and 16. The findings include: On September 12, 2007 at 11:20 AM, the skid strips on the "single step" practice steps and the "standing table" were observed to be damaged and unsecured to the wooden platforms. A face-to-face interview was conducted at the time of this observation with Employees #11, 12 and 16, who acknowledged the findings at the time of these observations.	L 442		