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Based on observations during the Life Safety Code inspection, it was determined that penetrations were present in the wall surfaces above ceiling tiles. These findings were observed in the presence of the Maintenance Director. The findings include: Penetrations were observed in wall surfaces BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			/ sprinklered.) 19.3.6.1, 19.3.		Committee.		
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Penetrations were observed in wall surfaces BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE //		Based on observat Code inspection, it penetrations were above ceiling tiles.	tions during the Life Safety was determined that present in the wall surfaces These findings were observed	· .			
BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		The findings incluc	le:				
		Penetrations were	observed in wall surfaces				
	BORATOR	Y DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIG		Ling adm	i Van	

PRINTED: 10/27/2006

DEPARTMENT OF HEALTH CENTERS FOR MEDICAR					FORM	10/27/2006 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		LE CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE SL COMPLE	IRVEY
	095034	B. WIN	IG		10/20)/2006
NAME OF PROVIDER OR SUPPLIER	& REHAB		72	ET ADDRESS, CITY, STATE, ZIP CODE 5 BUCHANAN ST., NE ASHINGTON, DC 20017		
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
K 017 Continued From p	age 1	ĸ	017			
around electrical w following areas:	vires, cables and pipes, in the					
in wall surfaces ov	to 4 inch opening was observed er stairwell door # 3 in one (1) tions at 10:41 AM on October					
the laundry storag	observed in wall surfaces over e room and the laundry two (2) of five (5) observations ctober 20, 2006.					
observed around t the wall surfaces r	to 6 inch penetration was he heat and cooling pipes in hear the conference center in bservations at approximately 12 r 20, 2006.					
group of telecomn through the floor in	ening was observed around a nunications wires that passed n one (1) of five (5) 5 PM on October 20, 2006.					
		· ·				

		H AND HUMAN SERVICES			FORM	10/27/2006 APPROVED 0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	IPLE CONSTRUCTION NG 01 - MAIN BUILDING 01	(X3) DATE SU COMPLE	
		095034	B. WING	<u> </u>	10/20	0/2006
NAME OF P	ROVIDER OR SUPPLIER	······································		REET ADDRESS, CITY, STATE, ZIP CODE		
CARROL	L MANOR NURSING	& REHAB	-	725 BUCHANAN ST., NE WASHINGTON, DC 20017		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SHOU REFERENCED TO THE APPROPRIAT	LD BE CROSS-	(X5) COMPLETION DATE
K 018 SS=E		AFETY CODE STANDARD	K 018	3		
	required enclosure hazardous areas a those constructed wood, or capable of minutes. Doors in required to resist t no impediment to are provided with the door closed. I are permitted.	orridor openings in other than es of vertical openings, exits, or are substantial doors, such as of 1 ³ / ₄ inch solid-bonded core of resisting fire for at least 20 sprinklered buildings are only he passage of smoke. There is the closing of the doors. Doors a means suitable for keeping Dutch doors meeting 19.3.6.3.6 9.3.6.3 prohibited by CMS regulations acilities.				
	Based on observa Code inspection, i and single swingir latch. These findi presence of the M The findings inclu Third Floor the pa to close and latch observation at 11: The storage room	is not met as evidenced by: tions during the Life Safety t was determined that double ng doors failed to close and ngs were observed in the laintenance Director. de: ntry room entrance door failed in one (1) of one (1) 47 AM on October 20, 2006. and personal laundry room se and latch in two (2) of two (2)		 Ko18 NFPA 101 Life Safe Standard The identified doors w repaired by 11/30/06 t proper closure. All fire doors will again inspected by 11/30/06 Semi-annually all fire be tested and the supe perform random tests Findings will be repor Safety Committee and department director for on a monthly basis. 	ill be to insure n be doors will rvisor will weekly. ted to the the	11/30/0

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 10/27/2006 FORM APPROVED

		& MEDICAID SERVICES					
-	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI	LDING	CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE SU COMPLE	
		095034	B. WIN	IG		10/2	0/2006
	PROVIDER OR SUPPLIER	& REHAB		725 B	ADDRESS, CITY, STATE, ZIP CODE BUCHANAN ST., NE SHINGTON, DC 20017		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE EACH CORRECTIVE ACTION SHOUL EFERENCED TO THE APPROPRIATE	D BE CROSS-	(X5) COMPLETION DATE
K 018	observations at 12 Fourth Floor the pa latch in one (1) of f PM on October 20 Fifth Floor the pan failed to close and	25 AM on October 20, 2006. Antry door failed to close and ive (5) observations at 12:30	K)18			
K 130 SS=D	OTHER LSC DEF This STANDARD Based on observat it was determined and separated from The findings includ Hinges were dama wall on the stairwe and first floor stain	CIENCY NOT ON 2786 is not met as evidenced by: tions during the survey period, that the fire gate was damaged n stairwell walls.	К	1.	 130 NFPA 101 Miscellaneo The hinge in the stairwey between the first and gr floor will be replaced by 11/30/06 All other fire gates will l inspected to insure that in good working order a repaired as needed by 1 The supervisor will perf monthly checks of all gadetermine functional action of the state of th	be they are ind 1/30/06. orm ites to lequacy. ed to the he	11/30/06

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

Event ID: Y4EQ21 Facility ID: CARROLLMAN

If continuation sheet Page 4 of 4

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TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REFERENCED TO THE APPRORPHATE DEFICIENCY DATE L 000 Initial Comments L L Dot Initial Comments L DOT An annual licensure survey was conducted October 16 through 20, 2006. The following deficiencies were based on observations, staff interviews and record review. The survey included 30 sampled residents based on a census of 247 the first day of survey and one (1) supplemental resident. L 051 L051 L 051 3210.4 NURSING FACILITIES I. Resident #20 right heel was healed. Her Care Plan and progress (a)Making daily resident visits to assess physical and emotional status and implementing any required nursing intervention; L 051 J03/200 (b)Reviewing medication records for completeness, accuracy in the transcription of physician orders, and adherences to stop-order policies; C. Care Plan will be reviewed and updated on all Residents with pressure ulcers. 11/3/200 (c)Reviewing residents' plans of care for appropriate goals and approaches, and revising them as needed; S. All Managers and Asst. Nurse Managers were in-serviced on the care planning process. 10/30/200 (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 observation, staff interview and record review for one (1) of 30 sampled residents, it was determined thath the charge nurse ralated tu pudate	Health R	equiation Administi	ration		<u> </u>			
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October 16 through 20, 2006. The following deficiencies were based on observations, staff interviews and record review. The survey included 30 sampled residents based on a census of 247 the first day of survey and one (1) supplemental resident. L051 L051 L 051 3210.4 Nursing Facilities L 051 A charge nurse shall be responsible for the following: L 051 L051 Jato 4 Nursing Facilities (a)Making daily resident visits to assess physical and emotional status and implementing any required nursing intervention; L 051 L051 L051 (b)Reviewing medication records for completeness, accuracy in the transcription of physician orders, and adherences to stop-order policies; Care Plan will be reviewed and updated. 11/3/200 (c)Reviewing residents' plans of care for appropriate goals and approaches, and revising them as needed; All Managers and Ast. Nurse Managers were in-serviced on the care plan audits will be done monthly and submitted to the DON for review by the QA Committee quarterly. 11/3/200 (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 observation, staff interview and record review for one (1) of 30 sampled residents, it was determined that the charge nurse failed to update 11/3/200 HeattPrecutation Administration Luceator Directors On PROVIDER/SUPPLIER REPRESENTATIVES SUBATURE Add##LinktYAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAM	L 000	Initial Comments			L 000			
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A charge nurse shall be responsible for the following: 1. Resident #26 right heel was healed. Her Care Plan and progress notes reflected such. Her left heel was assessed. Her treatment order remains the same. Her care Plan was updated. 10/30/200 (a)Making daily resident visits to assess physical and emotional status and implementing any required nursing intervention; 1. Resident #26 right heel was healed. Her Care Plan and progress notes reflected such. Her left heel was assessed. Her treatment order remains the same. Her care Plan was updated. (b)Reviewing medication records for completeness, accuracy in the transcription of physician orders, and adherences to stop-order policies; 2. Care Plan will be reviewed and updated on all Residents with pressure ulcers. 11/3/200 (c)Reviewing residents' plans of care for appropriate goals and approaches, and revising them as needed; 3. All Managers and Asst. Nurse Managers were in-serviced on the care planning process. 10/30/201 (d)Delegating responsibility to the nursing staff for direct resident nursing care of specific residents; 10/30/201 11/3/201 (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 observation, staff interview and record review for one (1) of 30 sampled residents, it was determined that the charge nurse failed to update 11/3/201 Headth Regulation Administration Add##Emotype: Market M	L 051	3210.4 Nursing Fa	acilities	•	L 051		TTTT	
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 (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 observation, staff interview and record review for one (1) of 30 sampled residents, it was determined that the charge nurse failed to update Heath Regulation Administration Care Plan will be reviewed and updated on all Residents with pressure ulcers. All Managers and Asst. Nurse Managers were in-serviced on the care planning process. 4. Care Plan audits will be done monthly and submitted to the DON for review by the QA Committee quarterly. 11/3/200 	1	and emotional sta	tus and implementing			notes reflected such. Her was assessed. Her treatm remains the same. Her ca	left heel ent order	
(c)Reviewing residents' plans of care for Managers were in-serviced on the appropriate goals and approaches, and revising Managers were in-serviced on the (d)Delegating responsibility to the nursing staff for Managers were in-serviced on the (d)Delegating responsibility to the nursing staff for A. Care Plan audits will be done (e)Supervising and evaluating each nursing monthly and submitted to the DON (e)Supervising and evaluating each nursing for review by the QA Committee (e)Supervising the Director of Nursing Services or his for her designee informed about the status of residents. This Statute is not met as evidenced by: Based on observation, staff interview and record review for one (1) of 30 sampled residents, it was determined that the charge nurse failed to update Managers were in-serviced on the Health Regulation Administration Managers were in-serviced on the LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Add/##Emustandata		completeness, ac physician orders,	curacy in the transcri			2. Care Plan will be rev updated on all Residents pressure ulcers.	with	11/3/2006
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 observation, staff interview and record review for one (1) of 30 sampled residents, it was determined that the charge nurse failed to update Health Regulation Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (XeyDATE, LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		appropriate goals				Managers were in-service care planning process.	ed on the	10/30/2006
(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 observation, staff interview and record review for one (1) of 30 sampled residents, it was determined that the charge nurse failed to update Health Regulation Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE						for review by the QA Co		11/3/2006
or her designee informed about the status of residents. This Statute is not met as evidenced by: Based on observation, staff interview and record review for one (1) of 30 sampled residents, it was determined that the charge nurse failed to update Health Regulation Administration ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE				rsing	ļ	quarterry.		
Based on observation, staff interview and record review for one (1) of 30 sampled residents, it was determined that the charge nurse failed to update Health Regulation Administration Addriftenistration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		or her designee in residents.	formed about the sta	atus of				
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		Based on observa review for one (1) determined that th	ation, staff interview a of 30 sampled reside	and record ents, it was				
	Ca	ru t	alla	L AC	ting	- adittenis	havar,	(X6yDATE
STATE FORM 6699 Y4EQ11 If continuation sheet 1 of	STATE FOR					Y4E011	/	10100

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Health R	egulation Administra	ation					
-	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		(X2) MULT A. BUILDI B. WING		(X3) DATE SU COMPLE	
	<u> </u>	095034					/2006
NAME OF P	ROVIDER OR SUPPLIER				STATE, ZIP CODE		
		& REHAB		ANAN ST.			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE MUST BE PRECEEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION SH REFERENCED TO THE APPROPR	IOULD BE CROSS-	(X5) COMPLETE DATE
L 051	Continued From pa	 age 1		L 051			
·		sident with a pressur	e sore.				· ·
	The findings includ	ed:					
		06 at 10:25 AM, a wo 't heel was observed		1			
	note dated April 25	of resident's record, a 5, 2006 at 1500 [3:00 esident was observer rs.	PM]				
	wound was initially a fluid filled blister- review of the "Wee 9, 2006 described	Veekly Skin Sheets", observed on April 25 black to the left heel. kly Skin Sheet" date the left heel pressure og 0.8 x 1.5 x 0.5 cm earance.	5, 2006 as Further d October e sore as				
		ence that the care pla updated or amended ure sore.					
	October 20, 2006 a Administration. Th plan was not upda	rview was conducted at 11:00 AM with Nur ley acknowledged that ted to address the re e record was reviewe	sing at the care sident's				
L 052	3211.1 Nursing Fa	cilities		L 052			
	Sufficient nursing t resident to ensure receives the follow		each				
		lications, diet and nu	tritional				
STATE FOF	lation Administration			58 99	Y4EQ11	If continuat	ion sheet 2 of 11

Health R	egulation Administra	ation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI 095034		(X2) MULTII A. BUILDIN B. WING	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED 10/20/2006
	ROVIDER OR SUPPLIER		STREET ADD		STATE, ZIP CODE	10/20/2000
	L MANOR NURSING	& REHAB	725 BUCH	IANAN ST., TON, DC 20	NE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE MUST BE PRECEEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE	BE CROSS- COMPLETE
L 052	rehabilitative nursir (b)Proper care to n contractures and to (c)Assistants in dat the resident is come evidenced by freed and trimmed nails, groomed hair; (d) Protection from (e)Encouragement self-care and group (f)Encouragement (1)Get out of the be his or her own clot which shall be clear (2)Use the dining r (3)Participate in more recreational activities (g)Prompt, unhurri requires or requess (h)Prescribed adapt him or her in eating independently;	uids as prescribed, and care as needed; ninimize pressure ulco promote the healing ily personal grooming fortable, clean, and r lom from body odor, and clean, neat and accident, injury, accident accident, injury, accident accide	ers and g of ulcers: g so that heat as cleaned well- infection; ning in ressed in ippers, ble; and r she s to assist	L 052	 L052 3211.1NURSING FACILIT 1. A review of Resident J1 medication administratio was done. Ferrous sulfat re-written on the MAR, #X B/P was monitored. were no changes. 2. All Resident medication administration records w reviewed for evidence of potential errors. 3. An in-service will be don licensed staff on 5 Right Medication Administrati review of common look drugs and sound alike dr 4. Medication pass compet will be done on all license every 6 months and subr DON for review at the q QA Committee meeting 	n recorc 10/30/2006 te was Residen. There 11/1/2006 ill be 11/4/2006 on and alike 11/4/2006 on and alike 11/4/2006 on and alike 11/3/2006
Health Requ	j)Prompt response for help. lation Administration	to an activated call I	bell or call			

STATE FORM

6899

Health R	Regulation Administr	ation		<u> </u>			
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUL 095034		(X2)-MULTII A. BUILDING B. WING	PLE CONSTRUCTION	(X3) DATE SL COMPLE	
	ROVIDER OR SUPPLIER		STREET AD		TATE, ZIP CODE		
	L MANOR NURSING	& REHAB	725 BUCH	ANAN ST., STON, DC 20	NE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	r FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTION REFERENCED TO THE APPROI	SHOULD BE CROSS-	(X5) COMPLETE DATE
L 052	This Statute is not Based on observat interview, it was de nursing time was r ensure that all med prescribed. The findings includ At approximately 9 October 18, 2006, medication for Res the nurse to set the administered to the The surveyor obse Calcarb 600 w/vita Colchicine 0.6 mg Felodipine ER 2.5 650 mg, (1) tablet, one (1) tablet; Pre and Tab-A-Vite, or The physician's or tablet, one (1) tabl Hypertension) and 1) tablet by mouth on August 10, 200 30 day orders. Th Felodipine ER 2.5 and failed to admit to the resident.	met as evidenced by tion, record review an etermined that sufficient tot given to Resident dications were admini- le: 235 AM on Wednesd the medication nurses sident #J1. The surve e medication to be e side of the medication rived the following me umin D tablet, one (1) tablet, one (1) tablet; mg, two (2) tablets; T Potassium Chloride vacid 15 mg, one (1)	ad staff ent J1 to istered as ay, e prepared eyor asked ion cart. edications: tablet; Tylenol 20 meq, capsule; & 2.5 mg (mg, one (swritten ibsequent t two (2) f one (1) e 325 mg	L 052			
Health Regi	October 18, 2006, nurse after review nurse stated, "I mi	at 3:00 PM with the of the physician's ord ght have made a mis ne tablets are green."	medication ders. The stake				

STATE FORM

Health Regulation Administration

	OF DEFICIENCIES	(X1) PROVIDER/SUPPL IDENTIFICATION N 095034		(X2) MULT A. BUILDIN B. WING _		(X3) DATE SI COMPLE	
AME OF P	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE		
CARROL	L MANOR NURSING	& REHAB		HANAN ST., STON, DC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENC Y MUST BE PRECEEDED LSC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTION REFERENCED TO THE APPRO	SHOULD BE CROSS-	(X5) COMPLETE DATE
L 099	Continued From pa	age 4		L 099	L099	<u> </u>	
L 099	from spoilage, safe served in accordar forth in Title 23, St Regulations (DCM This Statute is no Based on observa it was determined adequate to ensur served in a safe ar evidenced by hote cleaned and allow reuse. The findings includ 10 of 10 hotel pan hotel pans 12 x 14 cleaned after was area and not allow	all be clean, wholes e for human consur- nce with the require ubtitle B, D. C. Muni IR), Chapter 24 thro t met as evidenced tions during the sur that dietary service e that food was pre nd sanitary manner I pans that were no ed to dry before sto	nption, and ments set icipal ough 40. by: vey period, s were not pared and as t thoroughly ring for ed 10 of 13 thoroughly pan wash orage	L 099	 3219.1 Nursing Facili 1. All identified hotel thoroughly washed/cle allowed to dry before sereuse. 2. All remaining pans off the rack and rewash allowed to air dry. 3. An in service was gethe October 20, 20006 washing and storing of pans. Supervisors are daily basis all pots and 4. The Monitoring of been added to the Qua Assurance/Improvement for Food and Nutrition reported monthly to the Director and Quarterly Administration 	pans were aned and storing for were pulled hed and given to staff on proper f pots and to inspect on a l pans. pots/pans has lity ent Indicators a and will be the Department	0/20/200
L 235	is used by each re controlled and sha ten degrees Fahre ninety-five degree This Statute is no Based on observa it was determined were not adjusted temperatures belo on 5 East, the sut hospital. These fi	acilities of hot water of each esident shall be auto all not exceed one-h enheit (110 F) nor b is Fahrenheit (95 F) of met as evidenced ations during the sur that boilers and mi to maintain hot wa ow 110 degrees Fah bacute unit located in ndings were observiousekeeping and N	by: by: rvey period, xing valves ter brenheit (F) in the main yed in the	L 235			

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STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 095034 10/20/2006 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 725 BUCHANAN ST., NE **CARROLL MANOR NURSING & REHAB** WASHINGTON, DC 20017 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID ^{ID} (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE REFERENCED TO THE APPROPRIATE DEFICIENCY) TAG TAG L 235 L 235 Continued From page 5 L 235 3236.4 Nursing Facilities Directors. The findings include: 1. The water temperatures were adjusted to acceptable levels on Temperatures of the sink water in rooms 564-114 10/19/06 for rooms 563 and 564. degrees F and 563-116 degrees F in two (2) of 2. All remaining rooms were tested seven (7) observations between 3:09 and 3:40 for acceptable heat PM on October 18, 2006. 10/19/2006 temperatures. 3. Water risers at these locations The boiler was adjusted and sink water are slated for replacement in a temperatures remained elevated in room 563 at future renovation project. The 114 degrees F at 6:15 PM. 116 degrees F at 6:17 PM, 118 degrees F at 6:20 PM and 116 degrees supervisor will monitor the F at 6:37 PM in four (4) of four (4) observations temperatures on a daily basis on October 18, 2006. Facility staff placed a sign with adjustments made as above the sink, "Do not use." On October 19, needed. 2006 at 1:30 PM the sink water temperature was 4. Findings will be reported to the 100 degrees F. Safety Committee and the department director for review L 410 L 410 3256.1 Nursing Facilities on a monthly basis. 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 survey period. it was determined that housekeeping and maintenance services were not adequate to ensure that the facility was maintained in a safe and sanitary manner as evidenced by: damaged walls, corners and separated wallpapers borders, marred accordion doors jams, worn draperies. marred, scarred and splintered entrance and bathroom doors, leaking washers, soiled venetian blinds, marred furnishings, chemicals spilled on counters in the dental clinic, a soiled plastic drain cover around the pool, a damaged concrete floor and soiled oxygen concentrators. These findings Health Regulation Administration

Health Regulation Administration

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If continuation sheet 6 of 11

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLI		(X2) MULT A. BUILDI	IPLE CONSTRUCTION	(X3) DATE SU COMPLE	
		095034		B. WING		10/20	0/2006
	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE		
ARROL	L MANOR NURSING	& REHAB		HANAN ST. STON, DC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENC MUST BE PRECEEDED I LSC IDENTIFYING INFORM	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION SI REFERENCED TO THE APPROPI	HOULD BE CROSS-	(X5) COMPLETE DATE
L 410	housekeeping and The findings includ 1. Walls and corne and wallpaper was residents' rooms a First Floor Rooms utility room and pe 7) of 10 observatio PM on October 16 Second Floor Room dayroom in five (5) 10 PM and 4:45 PI 45 AM and 11:00 A Third Floor Rooms (4) of 14 observatio	he presence of mair nursing staff. le: ers were damaged a separated from the nd common areas: 102, 109, 131, 134, rsonal laundry room ons between 9:50 AM , 2006. ms 226, 227, 236, 2 of 14 observations M on October 16, 20 AM on October 16, 20 AM on October 17, 2 s 302, 324, 336 and ons between 1:15 P	nd marred wall in 153, soiled in seven (M and 4:00 48 and between 4: 006 and 9: 2006. 348 in four	L 410	 L410 3256.1 NURSING FACILITIES 1.) Repair and paint a. first floor rooms 102, 1 153, soiled utility and laune b. second floor rooms 22 248, dayroom c. third floor rooms 302 d. fourth floor rooms 302 d. fourth floor rooms 42 dayroom, dining room and room. e. firth floor rooms 505, 550 2.) We will survey remain repair as needed. 3.) We will continue to m conditions daily, log issue as warranted. 4.) The housekeeping an Manager will inspect one month and report the fine committee meeting. 	109, 131, dry 26, 227, 236, 324, 336, 348 8, 447, d bathing 509, 512, 545, ning areas and nonitor tes and repair d maintenance floor per	11/30/06
	 (4) of 14 observations between 1:15 PM and 4:30 PM on October 17, 2006. Fourth Floor Rooms 428, 447, dayroom, dining room and bathing room in five (5) of 13 observations between 8:56 AM and 11:30 AM on October 18, 2006. Fifth Floor Rooms 505, 509, 512, 545 and 550 in five (5) of 13 observations between 11:39 AM and 1:45 PM on October 18, 2006. The lower surfaces of accordion door jams were marred and scarred in residents' rooms. Second Floor Rooms 241 and 255 in two (2) of 10 observations between 4:10 PM and 4:45 PM on October 16, 2006 and 9:45 AM and 11:00 AM 				 L410 3256.1 NURSING FACILI Repair a. second floor rooms 24 b. third floor rooms 314, c. fourth floor rooms 421 d. fifth floor rooms 509, 5 2.) We will survey remain repair as necessary. 3.) We will continue to r log issues and repair as wat 4.) The housekeeping and repair as wat 4.) The housekeeping and report findings to the Q 	1, 255 326 4, 428, 443 512, 526, 530 ing doors and nonitor weekly, rranted. maintenance oor per month	

Health Regulation Administration STATE FORM

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If continuation sheet 7 of 11

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE CARROLL MANOR NURSING & REHAB 725 BUCHANAN ST., NE (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY) con L 410 Continued From page 7 L 410 Third Floor Rooms 314 and 326 in two (2) of 12 observations between 11:15 PM and 4:30 PM on October 17, 2006. L 410 Fourth Floor Rooms 509, 512, 526 and 530 in four (4) of 13 observations between 11:39 AM and 1: 45 PM on October 18, 2006. 3.) L410 3. Draperies were observed to have separated seams and pleats in dayrooms, dining rooms and common areas. 3.) L410 Second Floor dayroom in one (1) of one (1) observation at 10:55 AM on October 16, 2006. 3.) L410 Third Floor dayroom in one (1) of one (1) observation at approximately 2:55 PM on October Continue of the approximately 2:55 PM on October		T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTH A. BUILDING B. WING	PLE CONSTRUCTION G	(X3) DATE SU COMPLE	TED
725 BUCHANAN ST., NE WASHINGTON, DC 20017 (X4) ID PREFX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY WIST EE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- TAG CON PREFX TAG L 410 Continued From page 7 L 410 L 410 Continued From page 7 L 410 Third Floor Rooms 314 and 326 in two (2) of 12 observations between 1:15 PM and 4:30 PM on October 17, 2006. L 410 Fourth Floor Rooms 421, 428 and 443 in three (3) of 13 observations between 8:56 AM and 11:30 AM on October 18, 2006. S.) L410 Second Floor Rooms 509, 512, 526 and 530 in four (4) of 13 observations between 11:39 AM and 1: 45 PM on October 18, 2006. 3.) L410 Second Floor dayroom in one (1) of one (1) observation at 10:55 AM on October 16, 2006. Third Floor dayroom in one (1) of one (1) observation at approximately 2:55 PM on October 3.) L410			095034				<u> </u>	0/2006
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) of 13 observations between 8:56 AM and 11:30 AM on October 18, 2006. Fifth Floor Rooms 509, 512, 526 and 530 in four (4) of 13 observations between 11:39 AM and 1: 45 PM on October 18, 2006. 3. Draperies were observed to have separated seams and pleats in dayrooms, dining rooms and common areas. Second Floor dayroom in one (1) of one (1) observation at 10:55 AM on October 16, 2006. Third Floor dayroom in one (1) of one (1) observation at approximately 2:55 PM on October 17, 2006 A. Draperies observed with separated seams/pleats in the day rooms, dining rooms and common areas will be removed and stitched. We will inspect and repair draperies for separated seams/pleats after completion of bi-annual 		observations betwe			· · .			
 4) of 13 observations between 11:39 AM and 1: 45 PM on October 18, 2006. 3. Draperies were observed to have separated seams and pleats in dayrooms, dining rooms and common areas. Second Floor dayroom in one (1) of one (1) observation at 10:55 AM on October 16, 2006. Third Floor dayroom in one (1) of one (1) observation at approximately 2:55 PM on October 17, 2006 4) of 13 observations between 11:39 AM and 1: 45 PM on October 16, 2006. 3.) L410 1. Draperies observed with separated seams/pleats in the day rooms, dining rooms and common areas will be removed and stitched. 2. We will inspect and repair draperies for separated seams/pleats after completion of bi-annual) of 13 observation	s between 8:56 AM a					
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Second Floor dayloof in one (1) of one (1) observation at 10:55 AM on October 16, 2006.areas will be removed and stitched. 2. We will inspect and repair draperies for separated seams/pleats after completion of bi-annual		seams and pleats				1. Draperies observed with separated seams/pleats in the	e day	
Third Floor dayroom in one (1) of one (1) observation at approximately 2:55 PM on Octoberdraperies for separated seams/pleats after completion of bi-annual						areas will be removed and st	itched.	
cleaning.						draperies for separated seam after completion of bi-annua cleaning.	s/pleats	
Fourth Floor dayroom and dining room in two (2) of two (2) observations between 8:56 AM and 11: 30 AM on October 18, 2006.3. The Housekeeping Manager/Supervisor will inspect draperies during daily rounds.Junction4. Daily observation by		of two (2) observat	tions between 8:56 A			Manager/Supervisor will ins draperies during daily round		
Fifth Floor dayroom and dining room in two (2) of two (2) observations between 11:39 AM and 1:45 PM on October 18, 2006.4. Daily observation by Housekeeping Manager/Supervisor during rounds. Housekeeping Manager will report repairs of		two (2) observation	ns between 11:39 AN			Housekeeping Manager/Sup during rounds. Housekeepi	ng	
Rehabilitation services in the basement in one (1)separated drapery seams to the QI) of one (1) observation at 8:30 AM on Octobercommittee.19, 2006.19, 2006.) of one (1) observ				separated drapery seams to	the QI	
4. Residents' entrance and bathroom doors were damaged, marred, and splintered on edges.							11	/15/2006
First Floor Rooms 103, 109, 131, dayroom, unit entrance and dining room doors in six (6) of 10								

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPL IDENTIFICATION N 095034		(X2) MULT A. BUILDIN B. WING		(X3) DATE SI COMPLE	
NAME OF F	PROVIDER OR SUPPLIER	<u></u>	STREET ADD	DRESS, CITY,	STATE, ZIP CODE		
	L MANOR NURSING			IANAN ST. TON, DC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENC MUST BE PRECEEDED SC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SHOL REFERENCED TO THE APPROPRIAT	ILD BE CROSS-	(X5) COMPLETE DATE
L 410	observations betwee October 16, 2006. Second Floor Roor room, soiled utility room in five (5) of AM and 4:00 PM o Third Floor Rooms (4) of 12 observation PM on October 17, Fourth Floor Room	een 9:30 AM and 4: ms 216, 236, east s room and west side 10 observations bet in October 16, 2006 302, 306, 312 and ons between 1:45 F , 2006. ns 412, 421, 424, 43 and storage room i between 8:30 AM a	ide bathing bathing tween 9:50 326 in four 2M and 4:30 33, 447, 453 in eight (8)	L 410	 4. L410 1.) Repair and paint doors a. first floor rooms 103, 109, dayroom unit entrance, dining is b. second floor soiled utility, room c. third floor rooms 302, 306, d. fourth floor rooms 412, 421 447, 453 e. firth floor rooms 562, 563, 2.) We will survey remaining or repair/refinish as necessary. 3.) We will continue to monitod weekly, log issues and repair/refinite necessary. 4.) Housekeeping and mainten manager will inspect one floor pand report findings to the QI 	room bathing 312, 326 1, 424, 433, 566 loors and r conditions finish as ance	11/20/00
	room in three (3) o 30 AM on 1:45 PM Five East Rooms 5 six (6) observation approximately 4:00 5. Washers in the leaking from the fre floor to absorb the were soiled with du and Five in four (4 between 9:50 AM 2006, 9:45 AM and between 8:56 AM 2006. 6. The slat surface soiled with dust an and common area	I on October 17, 20 562, 563 and 566 in is between 3:09 and 0 PM on October 18 personal laundry ro ont with towels plac water and detergen ust on units One, Tw) of five (5) observa and 4:00 PM on Octobe and 1:45 PM on O	etween 8: 06. 1 three (3) of 3, 2006. 1 oms were 2 oms were 2 oms were 2 oms were 2 of the 2		 Leaking washer repaired detergent barrels cleaned. We will inspect all persolaundry washers and make ras needed. We will continue to more conditions weekly, log issue make repairs as warranted. The housekeeping and maintenance manager will in one floor per month and repufindings to the quarterly QI. 	onal repairs nitor s and nspect	11/30/0 10/19/200

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		(X1) PROVIDER/SUP IDENTIFICATION 095034		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 10/20/2006		
NAME OF P	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, STATE, ZIP CODE				
	L MANOR NURSING		725 BUCH	IANAN ST., TON, DC 2	NE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SHOU REFERENCED TO THE APPROPRIAT	OULD BE CROSS- COMPLETE		
L 410	Continued From page 9			L 410	6.)L410		1	
	between 9:50 AM and 4:00 PM on October 16, 2006.				1. Remove venetian blinds from11/15/20windows identified during survey.Power wash blinds and wipe each			
	and activity dayro	oms 236, 241, 248 om in five (5) of 14 and 4:55 AM on C	observations		slat to insure compliance. Cleaning of blinds will be completed twice a year.			
	dayroom in two (2	is 343, rehabilitatio 2) of 10 observation PM on October 17,	ns between 1:		 Inspect window blinds as needed. Continue to remove an wash identified dusty blin 	d power		
		m 412 and dayroor ons between 8:56 / 8, 2006.			4. Daily observation by Housekeeping Manager a Supervisor during rounds	nd		
		521 and dayroom between 11:39 AM 006.			blinds that have been rem power washed to the QI c			
	 7. The armrest and legs of straight back chairs and closets, chest and tables were marred and scarred in the following areas: First Floor Room 131 chest and closet and dayroom chairs and tables in two (2) of 10 observations between 9:50 AM and 4:00 PM on October 16, 2006. 				 7.) L410 1. Straight back chairs with marred/scarred arm rest and the state of the state of	nd legs		
					 identified during survey, will be refinished by an outside contractor. 2. Housekeeping Manager and Supervisor will identify and remove chairs with marred/scarred arm rest 			
·	253 chests and c tables in seven (7	oms 209, 216, 235 losets and dayroor 7) of 14 observatio PM on October 17,	m chairs and ns between 4:		and legs during daily rour 3. Housekeeping Manage Supervisor will prepare a request for maintenance in	ids. er and work order		
	Third Floor Rooms 306, 312, 314 chests and closets and dayroom chairs and tables in four (4) of 13 observations between 1:15 PM and 4:30 PM on October 17, 2006.				 attention. 4. Report to the QI communities of refinished chair maintenance and outside 	nittee, rs by		
	Fourth Floor Roo	ms 421, 428 ches	ts and closets	{			/30/06	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095034		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		COMPLE	(X3) DATE SURVEY COMPLETED 10/20/2006	
			STREET AD	DRESS, CITY,	STATE, ZIP CODE			
	L MANOR NURSING		725 BUC	HANAN ST., STON, DC 2	NE		·	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CRO TAG REFERENCED TO THE APPROPRIATE DEFICIEN				
L 410		-	bree (3) of 13	L 410	8.) L410 1.) Chemical spill on der	ntist office		
	 10 Continued From page 10 and dayroom chairs and tables in three (3) of 13 observations between 8:56 AM and 11:30 AM on October 18, 2006. Fifth Floor Room 513 chest and closet and dayroom chairs and tables in two (2) of 13 observations between 11:39 AM and 1:45 PM on October 18, 2006. 8. Chemicals were spilled on the counter top in the darkroom area of the dental clinic in one (1) of one (1) observation at approximately 11:00 AM on October 17, 2006. 9. A plastic drain cover around the perimeter of the pool in the Rehabilitation Department was soiled with debris in one (1) of one (1) observation at approximately 10:45 AM on October 19, 2006. 10. The lower concrete floor was separated from the elevated washer platform in front of washers in the main laundry room in one (1) of one (1) observation at approximately 11:45 AM on October 19, 2006. 11. Oxygen concentrators were not cleaned as evidenced by accumulated dust and debris behind the filter on the interior of the machine in room 224 at 9:50 AM on October 16, 2006 and one (1) concentrator being used by a resident in the third floor dining room at 4:00 PM on October 17, 2006 in two (2) of 15 observations. 				 8.) L410 Chemical spill on deridark room counter top wimmediately when obsersurveyor. Housekeeping Manager of the chemical spill. Daily observation by Housekeeping Manager of routine cleaning. Daily observation by Housekeeping Manager/during rounds. Report find committee quarterly. L410 Plastic drains in Rehaperimeter will be maching weekly by Housekeeping during data cleaning. Soiled drain covers widentified by Housekeeping will machine scrub drain ensure compliance. Daily observation by Housekeeping during data cleaning. 	ULD BE CROSS- TE DEFICIENCY) COMPLET DATE tist office as cleaned ved by ger will ly for luring Supervisor dings to QI b/Pool e scrubbed associate. bol areas ily routine ill be ng ng associate surfaces to r during		

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Health R	egulation Administra	ation						
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLI				•	(X3) DATE SURVEY COMPLETED			
	095034			B. WING		10/20	0/2006	
			STREET ADD	ADDRESS, CITY, STATE, ZIP CODE			10/20/2000	
				BUCHANAN ST., NE HINGTON, DC 20017				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	OULD BE CROSS- COMPL		
L 410				L 410	 L 10. 1. Concrete separation from building settlement was caulke sealed. 2. All washer platforms will be inspected and repaired as need 3. We will continue to monite conditions daily, log issues and repair as needed. 4. The Laundry manager will report findings to the quarterly meeting 	be led. or l	11/3/2006	
					 L410 Concentrators in room 22 in 3rd floor dining room were thoroughly. A thorough inspection wa of all other concentrators in th facility and all were found to clean. All oxygen concentrators be inspected and cleaned by I on Mondays when other respi equipment is changed. The Senior Practitioner for Carroll Manor shall monitor equipment cleaning complian weekly basis and report to the committee quarterly. 	cleaned as made he be shall RT staff iratory or	10/23/2006	
Health Regu	lation Administration							

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