STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095034	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	10/20/2006

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CARROLL MANOR NURSING & REHAB	725 BUCHANAN ST., NE WASHINGTON, 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS The annual Life Safety Code inspection was conducted on October 20, 2006. The following deficiencies were based on observations made during the inspection.	K 000		
K 017 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5 This STANDARD is not met as evidenced by: 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	K 017	K017 NFPA 101 Life Safety Code Standard 1. All identified areas of penetration have been sealed. 2. The facility will conduct another facility inspection to insure that all areas have been treated by 11/30/06. 3. A preventative maintenance program will be implemented to survey one unit monthly to identify any new areas of penetration. 4. Findings of the surveys will be reported to the facility's Safety Committee.	11/30/06

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Carol Pallara — Acting Administrator — 11/6

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.

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K 017	Continued From page 1 around electrical wires, cables and pipes, in the following areas: Ground Level a 3 to 4 inch opening was observed in wall surfaces over stairwell door # 3 in one (1) of five (5) observations at 10:41 AM on October 20, 2006. Penetrations were observed in wall surfaces over the laundry storage room and the laundry entrance doors in two (2) of five (5) observations at 10:45 AM on October 20, 2006. Second Floor a 4 to 6 inch penetration was observed around the heat and cooling pipes in the wall surfaces near the conference center in two (2) of six (6) observations at approximately 12 :10 PM on October 20, 2006. Third Floor an opening was observed around a group of telecommunications wires that passed through the floor in one (1) of five (5) observations 12:55 PM on October 20, 2006.	K 017		

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K 018 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code inspection, it was determined that double and single swinging doors failed to close and latch. These findings were observed in the presence of the Maintenance Director. The findings include: Third Floor the pantry room entrance door failed to close and latch in one (1) of one (1) observation at 11:47 AM on October 20, 2006. The storage room and personal laundry room doors failed to close and latch in two (2) of two (2)	K 018	K018 NFPA 101 Life Safety Code Standard 1. The identified doors will be repaired by 11/30/06 to insure proper closure. 2. All fire doors will again be inspected by 11/30/06. 3. Semi-annually all fire doors will be tested and the supervisor will perform random tests weekly. 4. Findings will be reported to the Safety Committee and the department director for review on a monthly basis.	11/30/06

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K 018	Continued From page 3 observations at 12:25 AM on October 20, 2006. Fourth Floor the pantry door failed to close and latch in one (1) of five (5) observations at 12:30 PM on October 20, 2006. Fifth Floor the pantry and storage room doors failed to close and latch in two (2) of five (5) observations at 12:35 PM on October 20, 2006.	K 018		
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Based on observations during the survey period, it was determined that the fire gate was damaged and separated from stairwell walls. The findings include: Hinges were damaged and separated from the wall on the stairwell fire gate between the ground and first floor stairwells in one (1) of 15 observations at 10:40 AM on October 20, 2006.	K 130	K 130 NFPA 101 Miscellaneous 1. The hinge in the stairwell between the first and ground floor will be replaced by 11/30/06 2. All other fire gates will be inspected to insure that they are in good working order and repaired as needed by 11/30/06. 3. The supervisor will perform monthly checks of all gates to determine functional adequacy. 4. Findings will be reported to the Safety Committee and the department director for review on a monthly basis.	11/30/06

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L 000	Initial Comments 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 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 observation, staff interview and record review for one (1) of 30 sampled residents, it was determined that the charge nurse failed to update	L 051	**L051** **3210.4 NURSING FACILITIES** 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. 10/30/2006 2. Care Plan will be reviewed and updated on all Residents with pressure ulcers. 11/3/2006 3. All Managers and Asst. Nurse Managers were in-serviced on the care planning process. 10/30/2006 4. Care Plan audits will be done monthly and submitted to the DON for review by the QA Committee quarterly. 11/3/2006	

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L 051	Continued From page 1 a care plan for a resident with a pressure sore. Resident # 26. The findings included: On October 18, 2006 at 10:25 AM, a wound treatment to the left heel was observed on Resident #26. During the review of resident's record, a nurse's note dated April 25, 2006 at 1500 [3:00 PM] indicated that the resident was observed with bilateral heel blisters. According to the "Weekly Skin Sheets", the wound was initially observed on April 25, 2006 as a fluid filled blister-black to the left heel. Further review of the "Weekly Skin Sheet" dated October 9, 2006 described the left heel pressure sore as Stage III, measuring 0.8 x 1.5 x 0.5 cm with a pale and pink appearance. There was no evidence that the care plan initiated April 7, 2006 was updated or amended to include the left heel pressure sore. A face-to-face interview was conducted on October 20, 2006 at 11:00 AM with Nursing Administration. They acknowledged that the care plan was not updated to address the resident's skin condition. The record was reviewed October 18, 2006.	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	L 052		

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L 052	Continued From page 2 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: (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.	L 052	**L052** **3211.1NURSING FACILITIES** 1. A review of Resident J1 medication administration record was done. Ferrous sulfate was re-written on the MAR, Residen. #51 B/P was monitored. There were no changes.	10/30/2006
			2. All Resident medication administration records will be reviewed for evidence of potential errors.	11/1/2006
			3. An in-service will be done for all licensed staff on 5 Rights to Safe Medication Administration and review of common look alike drugs and sound alike drugs.	11/4/2006
			4. Medication pass competencies will be done on all licensed staff every 6 months and submit to the DON for review at the quarterly QA Committee meeting	11/3/2006

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L 052	Continued From page 3 This Statute is not met as evidenced by: Based on observation, record review and staff interview, it was determined that sufficient nursing time was not given to Resident J1 to ensure that all medications were administered as prescribed. The findings include: At approximately 9:35 AM on Wednesday, October 18, 2006, the medication nurse prepared medication for Resident #J1. The surveyor asked the nurse to set the medication to be administered to the side of the medication cart. The surveyor observed the following medications: Calcarb 600 w/vitamin D tablet, one (1) tablet; Colchicine 0.6 mg tablet, one (1) tablet; Felodipine ER 2.5 mg, two (2) tablets; Tylenol 650 mg, (1) tablet, Potassium Chloride 20 meq, one (1) tablet; Prevacid 15 mg, one (1) capsule; and Tab-A-Vite, one (1) tablet. The physician's order for Felodipine ER 2.5 mg tablet, one (1) tablet by mouth daily for (Hypertension) and Ferrous Sulfate 325 mg, one (1) tablet by mouth daily for Anemia was written on August 10, 2006 and renewed on subsequent 30 day orders. The nurse administered two (2) Felodipine ER 2.5 mg tablets instead of one (1) and failed to administer Ferrous Sulfate 325 mg to the resident. A face-to-face interview was conducted on October 18, 2006, at 3:00 PM with the medication nurse after review of the physician's orders. The nurse stated, "I might have made a mistake because both of the tablets are green."	L 052		

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L 099	Continued From page 4	L 099	**L099**	
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 food was prepared and served in a safe and sanitary manner as evidenced by hotel pans that were not thoroughly cleaned and allowed to dry before storing for reuse. The findings include: 10 of 10 hotel pans 6 x 10 x 8 inch and 10 of 13 hotel pans 12 x 14 x 10 inch were not thoroughly cleaned after washing in the pot and pan wash area and not allowed to dry before storage between 2:45 PM and 3:00 PM on October 16, 2006.	L 099	**3219.1 Nursing Facilities** 1. All identified hotel pans were thoroughly washed/cleaned and allowed to dry before storing for reuse. 2. All remaining pans were pulled off the rack and rewashed and allowed to air dry. 3. An in service was given to staff the October 20, 20006 on proper washing and storing of pots and pans. Supervisors are to inspect on a daily basis all pots and pans. 4. The Monitoring of pots/pans has been added to the Quality Assurance/Improvement Indicators for Food and Nutrition and will be reported monthly to the Department Director and Quarterly to Administration	10/20/2006
L 235	3236.4 Nursing Facilities The temperature of hot water of each fixture that is used by each resident shall be automatically controlled and shall not exceed one-hundred and ten degrees Fahrenheit (110 F) nor be less than ninety-five degrees Fahrenheit (95 F). This Statute is not met as evidenced by: Based on observations during the survey period, it was determined that boilers and mixing valves were not adjusted to maintain hot water temperatures below 110 degrees Fahrenheit (F) on 5 East, the subacute unit located in the main hospital. These findings were observed in the presence of the Housekeeping and Maintenance	L 235		

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L 235	Continued From page 5 Directors. The findings include: Temperatures of the sink water in rooms 564-114 degrees F and 563-116 degrees F in two (2) of seven (7) observations between 3:09 and 3:40 PM on October 18, 2006. The boiler was adjusted and sink water temperatures remained elevated in room 563 at 114 degrees F at 6:15 PM, 116 degrees F at 6:17 PM, 118 degrees F at 6:20 PM and 116 degrees F at 6:37 PM in four (4) of four (4) observations on October 18, 2006. Facility staff placed a sign above the sink, "Do not use." On October 19, 2006 at 1:30 PM the sink water temperature was 100 degrees F.	L 235	L 235 3236.4 Nursing Facilities 1. The water temperatures were adjusted to acceptable levels on 10/19/06 for rooms 563 and 564. 2. All remaining rooms were tested for acceptable heat temperatures. 3. Water risers at these locations are slated for replacement in a future renovation project. The supervisor will monitor the temperatures on a daily basis with adjustments made as needed. 4. Findings will be reported to the Safety Committee and the department director for review on a monthly basis.	10/19/2006
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 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	L 410		

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L 410	Continued From page 6 were observed in the presence of maintenance, housekeeping and nursing staff. The findings include: 1. Walls and corners were damaged and marred and wallpaper was separated from the wall in residents' rooms and common areas: First Floor Rooms 102, 109, 131, 134, 153, soiled utility room and personal laundry room in seven (7) of 10 observations between 9:50 AM and 4:00 PM on October 16, 2006. Second Floor Rooms 226, 227, 236, 248 and dayroom in five (5) of 14 observations between 4: 10 PM and 4:45 PM on October 16, 2006 and 9: 45 AM and 11:00 AM on October 17, 2006. Third Floor Rooms 302, 324, 336 and 348 in four (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. 2. 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 on October 17, 2006.	L 410	**L410 3256.1** **NURSING FACILITIES** 1.) Repair and paint a. first floor rooms 102, 109, 131, 153, soiled utility and laundry b. second floor rooms 226, 227, 236, 248, dayroom c. third floor rooms 302, 324, 336, 348 d. fourth floor rooms 428, 447, dayroom, dining room and bathing room. e. firth floor rooms 505, 509, 512, 545, 550 2.) We will survey remaining areas and repair as needed. 3.) We will continue to monitor conditions daily, log issues and repair as warranted. 4.) The housekeeping and maintenance Manager will inspect one floor per month and report the findings to the QI committee meeting. **L410 3256.1** **2. NURSING FACILITIES** 1.) Repair a. second floor rooms 241, 255 b. third floor rooms 314, 326 c, fourth floor rooms 421, 428, 443 d. fifth floor rooms 509, 512, 526, 530 2.) We will survey remaining doors and repair as necessary. 3.) We will continue to monitor weekly, log issues and repair as warranted. 4.) The housekeeping and maintenance manager will inspect one floor per month and report findings to the QI Committee.	11/30/06 11/30/06

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L 410	Continued From page 7 Third Floor Rooms 314 and 326 in two (2) of 12 observations between 1:15 PM and 4:30 PM on October 17, 2006. 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. 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. 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. 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. Rehabilitation services in the basement in one (1) of one (1) observation at 8:30 AM on October 19, 2006. 4. Residents' entrance and bathroom doors were damaged, marred, and splintered on edges. First Floor Rooms 103, 109, 131, dayroom, unit entrance and dining room doors in six (6) of 10	L 410	**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 cleaning. 3. The Housekeeping Manager/Supervisor will inspect draperies during daily rounds. 4. Daily observation by Housekeeping Manager/Supervisor during rounds. Housekeeping Manager will report repairs of separated drapery seams to the QI committee.	11/15/2006

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(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 410	Continued From page 8 observations between 9:30 AM and 4:00 PM on October 16, 2006. Second Floor Rooms 216, 236, east side bathing room, soiled utility room and west side bathing room in five (5) of 10 observations between 9:50 AM and 4:00 PM on October 16, 2006. Third Floor Rooms 302, 306, 312 and 326 in four (4) of 12 observations between 1:45 PM and 4:30 PM on October 17, 2006. Fourth Floor Rooms 412, 421, 424, 433, 447, 453 , clean utility room and storage room in eight (8) of 13 observations between 8:30 AM and 11:30 AM on October 18, 2006. Fifth Floor Rooms 530, 550 and soiled utility room in three (3) of 12 observations between 8: 30 AM on 1:45 PM on October 17, 2006. Five East Rooms 562, 563 and 566 in three (3) of six (6) observations between 3:09 and approximately 4:00 PM on October 18, 2006. 5. Washers in the personal laundry rooms were leaking from the front with towels placed on the floor to absorb the water and detergent barrels were soiled with dust on units One, Two, Four and Five in four (4) of five (5) observations between 9:50 AM and 4:00 PM on October 16, 2006, 9:45 AM and 4:30 PM on October 17 and between 8:56 AM and 1:45 PM on October 18, 2006. 6. The slat surfaces of venetian blinds were soiled with dust and debris in residents' rooms and common areas. First Floor dayroom in one (1) of 10 observations	L 410	**4. L410** 1.) Repair and paint doors a. first floor rooms 103, 109, 131, dayroom unit entrance , dining room b. second floor soiled utility, bathing room c. third floor rooms 302, 306, 312, 326 d. fourth floor rooms 412, 421, 424, 433, 447, 453 e. firth floor rooms 562, 563, 566 2.) We will survey remaining doors and repair/refinish as necessary. 3.) We will continue to monitor conditions weekly, log issues and repair/refinish as necessary. 4.) Housekeeping and maintenance manager will inspect one floor per month and report findings to the QI **5. L410** 1. Leaking washer repaired and detergent barrels cleaned. 2. We will inspect all personal laundry washers and make repairs as needed. 3. We will continue to monitor conditions weekly, log issues and make repairs as warranted. 4. The housekeeping and maintenance manager will inspect one floor per month and report findings to the quarterly QI.	11/30/06 10/19/2006

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 _____	10/20/2006

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L 410	Continued From page 9 between 9:50 AM and 4:00 PM on October 16, 2006. Second Floor Rooms 236, 241, 248, dayroom and activity dayroom in five (5) of 14 observations between 4:10 PM and 4:55 AM on October 17, 2006. Third Floor Rooms 343, rehabilitation room and dayroom in two (2) of 10 observations between 1: 15 PM and 4:30 PM on October 17, 2006. Fourth Floor Room 412 and dayroom in two (2) of five (5) observations between 8:56 AM and 11:30 AM on October 18, 2006. Fifth Floor Room 521 and dayroom in two (2) of 13 observations between 11:39 AM and 1:45 AM on October 18, 2006. 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. Second Floor Rooms 209, 216, 235, 241, 248, 253 chests and closets and dayroom chairs and tables in seven (7) of 14 observations between 4: 00 PM and 4:45 PM on October 17, 2006. 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. Fourth Floor Rooms 421, 428 chests and closets	L 410	**6.)L410** 1. Remove venetian blinds from windows identified during survey. Power wash blinds and wipe each slat to insure compliance. Cleaning of blinds will be completed twice a year. 2. Inspect window blinds and clean as needed. 3. Continue to remove and power wash identified dusty blinds. 4. Daily observation by Housekeeping Manager and Supervisor during rounds. Report blinds that have been removed and power washed to the QI committee **7.) L410** 1. Straight back chairs with marred/scarred arm rest and 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 and legs during daily rounds. 3. Housekeeping Manager and Supervisor will prepare a work order request for maintenance immediate attention. 4. Report to the QI committee, number of refinished chairs by maintenance and outside contractor.	11/15/2006 11/30/06

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L 410	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.	L 410	**8.) L410** 1.) Chemical spill on dentist office dark room counter top was cleaned immediately when observed by surveyor. 2.) Housekeeping Manager will monitor dentist office daily for chemical spill. 3.) Daily observation by Housekeeping Manager during routine cleaning. 4.) Daily observation by Housekeeping Manager/Supervisor during rounds. Report findings to QI committee quarterly. **9.) L410** 1. Plastic drains in Rehab/Pool perimeter will be machine scrubbed weekly by Housekeeping associate. 2. All drains in Rehab/Pool areas will be cleaned during daily routine cleaning. 3. Soiled drain covers will be identified by Housekeeping Supervisor. Housekeeping associate will machine scrub drain surfaces to ensure compliance. 4. Daily observation by Housekeeping Supervisor during rounds. Report drain cleaning routine to QI committee quarterly	10/17/2006 11/10/2006

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L 410		L 410	**L 10.** 1. Concrete separation from building settlement was caulked and sealed. 2. All washer platforms will be inspected and repaired as needed. 3. We will continue to monitor conditions daily, log issues and repair as needed. 4. The Laundry manager will report findings to the quarterly QI meeting	11/3/2006
			11.) L410 1.) Concentrators in room 224 and in 3rd floor dining room were cleaned thoroughly. 2.) A thorough inspection was made of all other concentrators in the facility and all were found to be clean. 3.) All oxygen concentrators shall be inspected and cleaned by RT staff on Mondays when other respiratory equipment is changed. 4.) The Senior Practitioner for Carroll Manor shall monitor equipment cleaning compliance on a weekly basis and report to the QI committee quarterly.	10/23/2006 10/23/2006