STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER			A. BUILDING	PLE CONSTRUCTION	(X3) DATE SU COMPLET		
		095015		B. WING		12/0	6/2007
	N BOONE LEWIS HEA	LTH CARE	1380 SOU	RESS, CITY, STA THERN AVE TON, DC 200	SE		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATOR) OR LSC IDENTIFYING INFORMATION)			GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE I	BE CROSS-	(X5) COMPLETE DATE
	December 3 through deficiencies were be observations, and in and residents. The based on a census of survey and five (5) 3210.4 Nursing Facilia. A charge nurse shall following: (a) Making daily resident and emotional status required nursing into accuracy in the transand adherences to so (c) Reviewing resident appropriate goals are them as needed; (d) Delegating respondirect resident nursing (e) Supervising and demoloyee on the unit (f) Keeping the Direct her designee inform	dent visits to assess particles and implementing a ervention; ation records for compaction of physician stop-order policies; and approaches, and remaining care of specific reservaluating each nursing evaluating each nursing	ity staff esidents esidents e first day ents. he ohysical ny pleteness, orders, evising a staff for sidents; ng es or his or	L 000	L051 #1 RESIDENT #19 1. Unit Manager updated residence plan on 2 · (p - 0) for Additional goals and approached for requested on 2 · (p - 0) for any and recommendations are 2. All other residents identified care plans were reviewed as updated with additional goal approaches if needed. 3. Unit Managers were in-served 12-24-07 for updating care for residents with falls for a goals and approaches by the design of the served for the	or aches for aches for aches for falls and were als and viced on plans additional e Educator.	12-28-07
	Based on record rev (3) of 27 sampled re	riew and staff intervier sidents, it was	w for three				

Health Regulation Administration

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

(X6) DATE

12.28-07

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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determine one (1) re physician PT/INR (I Normalize performin Residents The findir 1. The ch care plan A review resident f September The resid on July 2 result of the september of the septem	esidents can orders to prothrombined Ratio) and grain area treatments and similar arge nurse for falls. The screen arge nurse obtain PT/prior to per cot. The screen arge nurse obtain PT/prior to per cot. The screen arge nurse obtain PT/prior to per cot.	charge nurse failed to re plan for falls, and omonitor two (2) residen Time)/(International nd an physician's ordent for one (1) residend F1. t #19's record revealed 19, 22, 30, August 25 ctober 8, 2007.	er prior to nt. ident #19's ed that the 2, al therapist das a additional the ries noted. iith 30 PM. Is and riewed ician's ests and o Resident sician's ests and o Resident sician's	L 051	 Unit Manager obtained PT/INR for resident #4 12-5-07 and labs were of 12-6-07 and labs were of limits. All other resident ident anticoagulants records reviewed and corrected Licensed staff was in-se 12-24-07 on anticoagulatherapy policy and procumit managers. Random chart audits will by Unit Managers for reanticoagulant therapy to lab orders have been foll PMD orders and monitor Quarterly CQI. 	and F1 on drawn on within normal ified on were as needed. rviced on ant edures by I be done sidents on ensure owed per	12-28-07

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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L 051	Continued From pag	je 2		L 051			
	#4's.						.
	According to the manufacturer's recommendations, "Acceptable intervals for PT (Prothrombin Time)/INR (International Normalized Ratio) determinations are normally within the range of 1 to 4 weeks after a stable dosage has been determined" from the web site www.bristol-myers-squib. The Physician Order Sheet [POS] and Plan Care			 L051 #2B Resident #4 1. Charge nurse obtained a tre order for resident #4 on 12 2. All other residents identified 	-4-07. ed		
	dated August 13, 2007 and October 30, 2007 revealed, "Coumadin 5 mg po [by mouth] qd [everyday] for a blood thinner."				with wound care, records we reviewed for treatment orderected as needed.		
		For September, Octo ealed that there were or PT/INR.			 Licensed staff was in-service 12-26-07 on obtaining treat orders for all wounds. 		
	PT/INR values were and were within exp	dent's record revealed obtained on August ected limits. There wa onal PT/INR values w 07.	15, 2007 as no		4. Unit Managers will do rand chart audits for treatment ordand findings will be reported	lers	
	A review of the September, October, November and December 2007 Medication Administration Records revealed that Warfarin (Coumadin) 5 mg was initialed [indicating that it was administered] daily.		n Records was	·	quarterly CQI.		12-28-07
	Employee #2 on De He/she acknowledge order to monitor the	riew was conducted w cember 4, 2007 at 3:0 ed that there was no p PT/INR level since A as reviewed December	00 PM. physician ugust 15,				
	B. The charge nurs order prior to perform	e failed to obtain a ph ming a treatment	nysician's				,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER 1			(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE SU COMPLE				
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L 051	to Resident #4's left foot. At the completion of a dressing change observation conducted on December 4, 2007 at 11:15 AM, it was observed that Resident #4's left foot was wrapped in gauze that was dated December 3, 2007 and initialed [indicating that the dressing change was performed]. According to the October 2007 Treatment Administration Record, Panafil ointment was applied to the left foot from October 1 through 31, 2007. There was no documented evidence that the left foot dressing was done from November 1		L 051						
	through December 2, 2007. Employee #11 was asked why he/she did not do the dressing to the left foot. He/she replied, "I don't have an order to administer a treatment to the left foot." Employee #11 was asked to remove the dressing. Once the dressing was removed, a green substance was observed on the gauze. Employee #11 stated, "It's Panafil." The lateral left foot had a darkened area measuring 1 x 2 cm - unstageable. There was no odor or drainage observed.				·				
	A review of the physician's orders for October, November and December 2007 lacked evidence that there was an order for a treatment to Resident #4's left foot. The record was reviewed on December 4, 2007.								
	3. The charge nurse failed to obtain a physician's order for PT/INR lab tests for Resident F1. The Physician Order Sheet and Plan of Care signed and dated October 22, 2007 revealed, "Coumadin 2.5 mg po [by mouth] qd [everyday] for a blood thinner." There was no order for								

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L 051		ge 4 tudies included in the ember 2007 Physiciar		L 051					
	2007 Medication Ad that Warfarin (Court	ober, November and E ministration Records nadin) 2.5 mg was ini s administered] daily.	revealed						
		ord revealed that there alues since the reside October 22, 2007.							
	Employee #8 on De He/she acknowledge	view was conducted we cember 6, 2007 at 10 at 10 at there was no purfarin therapy. The refer 6, 2007.	:45 AM. ohysician						
L 052	3211.1 Nursing Fac	ilities		L 052					
	Sufficient nursing tir resident to ensure the receives the following		ach						
		cations, diet and nutrit uids as prescribed, an g care as needed;							
		inimize pressure ulce promote the healing o							
	resident is comfortal evidenced by freedo	y personal grooming s ble, clean, and neat a om from body odor, cl clean, neat and well-g	s eaned and						
		occident initime and in	ofaction:						

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/IDENTIFICATION NUMB		A. BUILDING	PLE CONSTRUCTION	(X3) DATE SU COMPLET	
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L 052	Continued From pag	ge 5		L 052			
	 (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 roo	om if he or she is able	e; and			·	
	(3)Participate in mea activities; with eating	aningful social and red g;	creational				
	(g)Prompt, unhurried requires or request h	d assistance if he or s help with eating;	he				
	(h)Prescribed adapti him or her in eating independently;	ive self-help devices t	o assist				
	(i)Assistance, if need including oral acre; a	ded, with daily hygien and	е,				
	j)Prompt response to help.	o an activated call bel	I or call for			•	
	review for two (2) of (2) supplemental res facility staff failed to resident, obtain laboresidents, and admir	ons, staff interviews and 27 sampled residents sidents, it was determ monitor behaviors for two (2 nister oxygen for one #3, 16, 21, F2 and F3	s and two ined that r two (2) (1)				
	The findings include	: :					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SUR COMPLET				
	095015			B: WING		12/0/	6/2007		
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L 052	1. Facility staff failed behavior as per phy A review of Residen physician's order initiand renewed on the (monthly orders) Auroctober 25, 2007 the shift for kicking and There was no evide resident's behavior land abusive languar 2007. According to Administration Recowas monitored even 20, 2007. Hand writinext to the behavior (discontinue). There discontinue the behavior land abusive languar 2007. Hand writinext to the behavior (discontinue). There discontinue the behavior and that there discontinue the behavior and that there discontinue the behavior who was remedication. The November 2007 signed November 15	It to monitor Resident sician's orders. It #3's record revealed tially dated November physician's order for gust 30, September 2 at directed, "Monitor babusive language." Ince in the record that had been monitored for ge for September and the November 2007 Tord (TAR) the resident y shift from November ten on the November monitoring order was a was no physician's or avior monitoring. Ince was conducted was a was no physician's or avior monitoring. Ince was conducted was a was no physician's or avior monitoring in November 4, 2007 at 3:3 and that there was no bast, September and Octavas no physician's or avior monitoring in November and December 4 to document Resider deceiving a psychotrop of "Physician's Order F5, 2007 revealed, gone tab by mouth the	I a 13, 2006 ms 2 and 2 and 2 behavior q the 2 corbber, 2 reatment 3 behavior 1 through 2007 TAR 2007 TAR 2007 TAR 3 PM 2008 Tobber 2007 TAR 2007 TAR 2007 TAR 3 PM 2008 Tobber 2008 Tobb	L 052	L 052 NURSING FACILITY #1, #2 Resident #3, #16 1. Unit Manager obtained a bel Monitoring order for resident #3 on 12-20-07 and obtained A behavior monitoring record sheet for Resident #16 on 12-2. 2. All other residents identified psycho tropic's therapy recowere reviewed for behavior Orders and records were upon Needed. 3. Licensed staff was in-service On psychotic orders and accord of behavior monitoring probability. By Unit Managers on 12-27. 4. Random MAR audits will be By unit managers and findin Monitored in quarterly CQL.	d/ -05-07. I on ords monitor dated as ed on curacy cess. 7-07. e done one one one one one one one one one	12-28-07		

NAME OF PROVIDER OR SUPPLIER CAROLYN BOONE LEWIS HEALTH CARE SIMMANT STATELER OR SECURITY STATE ZP CODE 1380 SOUTHERN AVE SE MASHINGTON, DC 20032 PROVIDERS FLANDS CORRECTION SUMMANT STATELERS TO ERECUENCIES SUMMANT SUMMANT STATELERS TO ERECUENCIES SUMMANT SUMMANT STATELERS TO ERECUENCIES A review of the November and December 2007 A face-to-face interview was conducted with Employee 83 December 4, 2007 at 350 PM Helshe acknowledged that the resident's behavior was not monitored. The record was reviewed December 4, 2007. 3. Facility staff failed to obtain a PT/PTT for Resident #21 as per physician's orders. A review of Resident #21's record revealed a physician's telephone order dated October 30, 2007, that directed, "Lovenox 80 mg subcutaneous daily x 4 days and Cournacin (naticoagulant) 10 mg orally at bedime for 2 days then Cournacin (naticoagulant) 10 mg orally at bedime for 2 days then Cournacin (naticoagulant) 10 mg orally at bedime for 2 days then Cournacin (naticoagulant) 10 mg orally at bedime. PT (Prothombin Time) and PTT (Parial Thromboplastin Time) on Monday, Tuesday, Vednesday, Tursday, and Friday, then PT weekly X 4 weeks then PT monthly." Facility staff identified the following dates for drawing the PT/PTT October 29, 30 and 31, 2007 and November 1, 2, 5 and November 12, 2007. The PT/PTT was drawn as follows: October 29,	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION ~ A. BUILDING		(X3) DATE SURVEY COMPLETED			
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MASHINGTON, DC 20032 MASHINGTON, DC 2003	NAME OF PR				I RESS, CITY, STA	TE, ZIP CODE	12/00/2007		
L 052 Continued From page 7 A review of the November and December 2007 Medication Administration Record revealed that Clonazepam 0.5 mg was initialed [indicating that it was given] daily. A review of the record lacked evidence that Resident #16's behavior was being monitored for November and December 2007. A review of the record lacked evidence that the resident was given] daily. A review of the nursing notes lacked evidence that the resident had any documented episodes of agitation. A face-to-face interview was conducted with Employee #3 December 4, 2007 at 3:50 PM. He/she acknowledged that the resident's behavior was not monitored. The record was reviewed December 4, 2007. 3. Facility staff failed to obtain a PT/PTT for Resident #21 as per physician's orders. A review of Resident #21's record revealed a physician's telephone order dated October 27, 2007 and signed by the physician on October 30, 2007, that directed, 'Lovenox 80 mg subcutaneous daily x 4 days and Cournadin (anticoagulant) 10 mg orally at bedtime for 2 days then Cournadin 5 mg orally x 4 weeks then PT monthly." Facility staff identified the following dates for drawing the PT/PTT: October 29, 30 and 31, 2007, and November 12, 2, 5 and November 12, 2007.	CAROLY	N BOONE LEWIS HEA	LTH CARE		-,				
A review of the November and December 2007 Medication Administration Record revealed that Clonazepam 0.5 mg was initialed [indicating that it was given] daily. A review of the record lacked evidence that Resident #16's behavior was being monitored for November and December 2007. A review of the nursing notes lacked evidence that the resident had any documented episodes of agitation. A face-to-face interview was conducted with Employee #3 December 4, 2007 at 3:50 PM. He/she acknowledged that the resident's behavior was not monitored. The record was reviewed December 4, 2007. 3. Facility staff failed to obtain a PT/PTT for Resident #21 as per physician's orders. A review of Resident #21's record revealed a physician's telephone order dated October 27, 2007 and signed by the physician on October 30, 2007, that directed, "Lovenox 80 mg subcutaneous daily x 4 days and Coumadin (anticoagulant) 10 mg orally at bedtime. PT (Prothrombin Time) and PTT/ Partial Thromboplastin Time) on Monday, Tuesday, Wednesday, Thursday and Friday, then PT weekly x 4 weeks then PT monthly." Facility staff identified the following dates for drawing the PT/PTT. October 29, 30 and 31, 2007 and November 1, 2, 5 and November 12, 2007.	PREFIX	(EACH DEFICIENCY MUST	BE PRECEDED BY FULL RE	GULATORY	PREFIX	(EACH CORRECTIVE ACTION SHOULD B	E CROSS- COME	(5) PLETE NTE	
	L 052	A review of the Nove Medication Administ Clonazepam 0.5 mg was given] daily. A review of the record Resident #16's behave November and Decord A review of the nurse the resident had any agitation. A face-to-face interved Employee #3 Decerd He/she acknowledg was not monitored. December 4, 2007. 3. Facility staff failed Resident #21 as performed by the performe	ember and December tration Record revealed was initialed [indication of lacked evidence the lacked evidence the lacked evidence the lacked evidence the lacked evidence of lacked eviden	ed that ing that it at ored for ence that es of with behavior ewed for a graph or ally a grally at (Partial lay, PT weekly for 31, 2007 2007.	L 052	 #3 & #4 Resident 21 and F2 Unit Manager obtained new Scheduled blood draw for On resident #21 on 11- and PT/PTT on resident #F2 on 12-5-0 All other residents identified with lab test orders for PT/I and PT/PTT records have be reviewed and test complete ordered. Licensed staff was in-service 12-24-07 by DON on the importance of obtaining lab draws and inforthe Unit Managers if test is Residents receiving anticoagus therapy records will be audite compliance and findings reported. 	PT/INR 12-07 7. I NR een ed as eed on orming not done. llant d for ted in	8-07	

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L 052			drawn on	L 052			
	PT/PTT values were within the expected ranges for October 29, 30, 31 and November 1 and 2, 2007. The PT/PTT for November 12, 2007 was approximately 10 times the expected value. The resident was sent to the hospital for further evaluation of the elevated PT and concurrently cellulitis to both lower extremities. A face-to-face interview was conducted with Employee #1 on December 5, 2007 at 4:00 PM. He/she acknowledged that the November 5, 2007 PT/PTT was not done. The record was reviewed December 5, 2007.						
		led to obtain a PT/PT me) lab tests for Resi rsician.					
	21 and signed Nov	vsician's order dated vember 24, 2007 dire nber 23, 2007 and q	cted,				
	2007 revealed, "	rder form dated Nove test requested- PT, ed were marked done wn].	PTT "				
	A review of lab res lacked evidence of	ults dated December PT/PTT results.	r 6, 2007				
	Employee #8 on D He/she stated, "Th the lab order form]	rview was conducted ecember 6, 2007 at ne labs were drawn [, but we did not get t they don't have resul	1:50 PM. pointing to the results. I				

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIE IDENTIFICATION NU 095015			(X2) MULTIPL A. BUILDING B. WING	LE CONSTRUCTION	(X3) DATE SU COMPLE	
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L 052	Continued From pa	age 9		L 052			
	Employee #8 further acknowledged that there was no follow up to obtain PT/PTT labs before today [December 6, 2007]. The record was reviewed December 6, 2007. 5. Facility staff failed to administer Resident F3's oxygen as per the physician's order.		ore today eviewed		L052 #5 Resident #F3 1. Unit Manager plugged th concentrator into the wall on 12-6-07.		
	On December 6, 20 was observed that with a nasal cannul [oxygen] concentra Employee #3 in the observation immed concentrator into the untoward effects. A review of the Nov signed November 1 "O2 at 4L/min via n A face-to-face intel December 3, 2007 Employee #3. He/s	007 at approximately Resident F3 was lyin la in his/her nose. The stor was not plugged it is room at the time of the filately plugged the oxine wall. Resident F3 exember 2007 physicial 15, 2007 revealed, masal cannula." Enview was conducted at approximately 9:30 she acknowledged the inplugged and not design as a side of the filately side of t	ng in bed ne O2 into the wall. the xygen suffered no an's order d on 80 AM with nat the O2		 All other residents' idention 02 therapy units were chaproper operation and corrected. All staff was in-serviced of the importance of proper function of 02 concentrate and 02 therapy on 12-24-0' and 12-26-07 by the DON. Random and frequent chefor 02 concentrators function will be done by nursing stafindings will be reported in quarterly CQI. 	ecked for ected as on ors 7 cks tion aff and	12-28-07
L 054	To meet the require facilities of thirty (30 more shall not inclu Services or any oth who is not providing	cilities ements of subsection 0) licensed occupied ude the Director of Nu- ner nursing supervisor g direct resident care met as evidenced by	beds or ursing or employee e.	L 054	·		
	sheets and staff into	of the "Nursing Daily serview for three (3) o was determined that fa surse staffing at 3.5 nu	of five (5) acility staff				

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L 054	According to 22 D0 that January 1, 200 sufficient nursing saverage of 3.5 nurs. The "Nursing Daily with Employee #8 2007 and revealed following days: Date December 1, 2007 December 2, 2007 December 3, 2007 On December 6, 2 a face-to-face inter Employee #8 who was below 3.5 nurs due to staff not rep stated, "The agency staff. Sometimes to	per day. This is a reper dec. CMR 3211.3, "Beginning 5, each facility shall estaff to provide a minimal sing hours per resident staffing" sheets were for December 1, 2, 3, 4 inadequate nurse staff Nursing Hours 3.46 3.36 3.40 007 at approximately 1 view was conducted was conducted was acknowledged that the sing hours per resident porting to work. Employeies are supposed to reshe agency person does not have any	ng no later mploy um daily t per day." reviewed and 5, fing on the staffing term day ree #8 eplace is not	L 054	L 054 NURSING FACILITI 1. A tickler sheet has be developed and given Staffing Coordinator Supervisors to staff it Based on census and Have been instructed Utilized agency and When call-ins have of the daily by DON, staffing coordinator and superisors compliance as will overstaff to allowins. 3. In-service was given coordinator and super 12-070 of staffing fact appropriately by DON. 4. Daily monitoring will by DON, Staffing Coand Supervisors and reported in quarterly	een to DON, and facility staff I to overtime occurred. be reviewed ing rivisors to and facility w for call to staffing rivisors on cility N. I be done ordinator findings	12-28-07
L 083	3216.4 Nursing Fa	cilities shall not be applied u	nless [.]	L 083		×	
Health Regula	(a)The facility has alternatives to mee	explored or tried less ret the resident's needs	estrictive and such				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIEF IDENTIFICATION NUM			(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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NAME OF PROVIDER OR SUPPLIER STREET A			STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
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L 083	Continued From pag	ge 11		L 083	,		
	 (b)The restraint has been ordered by a physician for a specified period of time; (c)The resident is released, exercised and toileted at least every two (2) hours, except when a resident's rest would be unnecessary disturbed. (d)The use of the restraint doe not result in a 		ysician for		L 083 NURSING FACILITIES		
				Unit Manager referred resider rehab screen on 12-07-07. It recommended a self release s which is the least restrictive.	Rehab eat belt Seat belt		
	decline in the resident's physical, mental psychological or functional status; and				was placed on residents' whe 12-14-07.	elchair on	
	(e)The use of the restraint is assessed and reevaluated when there is a significant change in the resident's condition. This Statute is not met as evidenced by Based on observations, record review and staff interviews for a sample of 27 residents, one (1) of four (4) residents identified with restraints, it was determined that the clinical record lacked evidence that a vest restraint was the least restrictive device for Resident #2. The findings include: During the review of the clinical record, physician's orders signed and dated November 16, 2007 with an original order date of May 15, 2007, indicated "Vest Posey jacket to protect pt. (patient) release every two (2) hours for mobility and circulation in bed/wheelchair." Resident #2 has a history of falls.			 All other residents identified restraints has been assessed for least restrictive device and restroyen to rehab for screens as needed. Licensed staff were in-servic 12-07-07 on the use of restration by Unit Manager and the referral process for rehab screens. 	or the ferred d. ed on aints		
				4. Random audits will be condu ensure the process is being for and monitored in quarterly C	ollowed	12-28-07	
	On December 3, 2007 at approximately 9:30 AM, Resident #2 was observed sitting in the day room in a wheelchair in a Vest Posey jacket with the Velcro fasteners in the back, the straps attached to the jacket were wrapped around the lower rims of the wheelchair. The resident was pulling on the vest in an attempt to remove it saying that						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED			
		095015		12/06/2007					
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	ADDRESS, CITY, STATE, ZIP CODE					
CAROLY	N BOONE LEWIS HE	ALTH CARE	1	OUTHERN AVE SE IGTON, DC 20032					
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES BY BE PRECEDED BY FULL RE ENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE ACTIO REFERENCED TO THE APPR	N SHOULD BE CROSS-	(X5) COMPLETE DATE		
L 083	the resident was of the hallway across station. He/she was attempt to remove anchored at the reschin. Review of the clinic form for vest restraresident's responsion. The resident's care was updated on October and dated Control of the testing the prevent restrictive device at The record lacked and/or intervention. On December 5, 20 a face-to-face interemployee #12. The vest is the most responsion to the testing the prevention of the testing the prevention of the testing the prevention of the testing the most responsible to the testing the	2007 at approximately so poserved in his/her when from the first floor nurse pulling the vest up in it; the vest was observed in the vest was observed in the sident's neck beneath cal record revealed a contract of the party on May 15, 2000 plan for restraint use plan for restraint use ctober 24, 2007. "Pt. using Posey Vestemove on occasion a fall[She/he] is out this time."	relchair in se's an yed his/her consent ted by the 2007. For safety record the physical the which the least evices at 2:30 PM, with his type of estraint is During remove the	L 083					
L 091	on December 3, 20 3217.6 Nursing Fac			L 091					

The Infection Control Committee shall ensure
Health Regulation Administration

	OF DEFICIENCIES FCORRECTION	(X1) PROVIDER/SUPPLIER/OIDENTIFICATION NUMB	BER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		095015		B. WNG		12/0	06/2007		
	OVIDER OR SUPPLIER	ALTH CARE	1380 SOU	ADDRESS, CITY, STATE, ZIP CODE SOUTHERN AVE SE INGTON, DC 20032					
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L 091	implemented and s services, including laundry, and liner s requirements of this This Statute is not Based on observat determined that fact effective infection of soiled oxygen concludated at a resider A review of the facifialed to utilize collemeasures. The findings including the findings including the device of the facifialed to utilize collemeasures. The findings including the findin	ol policies and procedulal ensure that enviro housekeeping, pest cosupply are in accordants chapter. met as evidenced by: ions and staff interview cility staff failed to main control program as evidentrator filters, medicant's bed side and a soll lity's infection control pected data to initiate preceded at a control of the control of	nmental ontrol, ce with the v, it was stain an denced by: ations led chair. orogram reventive e observed a rooms ment were s room. #7 and the ed. air in the ed. fection of was PM with dithat	L 091	I. 091 NURSING FACILITIES #1, #2, #3 1. Charge nurse removed corilter on 12-03-07 from removed from bedside at time of observation for removed from removed from bedside at time of observation for removed for resident #20. chair cited on the 3rd floor hall that was stained and discarded on 12-5-07. 2. All other concentrators the Out the facility was insperant filters were cleaned and a new supply ordered furniture was checked for Stains and was cleaned as The infection control policy. Unit based infection control policy was insperant for infection control policy. Unit based infection control policy. Unit based infection control policy. Administrator, Director of Assurance, DON and Unit On 12-20-07 to ensure policy.	the sident ment was The r back soiled was rough cted as needed l for as needed l. All soiled/needed. cy and ol work he Quality Managers	recent 1/7/88		
	Employee #10 state	ed, "I started tracking							

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMB 095015		(X2) MULTIF A. BUILDING B. WING		(X3) DATE SUR COMPLETE	
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NAME OF PE	ROVIDER OR SUPPLIER	•					
CAROLY	N BOONE LEWIS HEA	LTH CARE		THERN AVE TON, DC 20			<u>. </u>
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L 091	Continued From pa	ge 14		L 091			
	infections in September 2007. There was really nothing else in place that I knew of prior to when I started this program. Because of HIPPA (Health Insurance Portability and Accountability Act), I didn't write down all the information like organisms, antibiotics used, and dates. I did identify the infections that were acquired in house and those that came from the hospital." Employee #10 presented a monitoring tool summarizing infections monthly and quarterly. A quarterly monitoring tool listing infections for July, August and September 2007 was reviewed. The number of infections described in the "Statuses of concerns for this quarter" were not consistent with the number of infections described in the unit totals.			3. Nursing staff was in-service Unit Managers on cleaning Concentrators filters on 12-On medication at the bedsid ad on not using other reside medication 12-7-07 and housekeeping s was in-serviced on 12-21-07 procedures for cleaning character of Environmental S On 12-27-07 Director of Nu In-serviced Educator on pro Use of the infection control Sheets. 4. Random rounds will be done	eaning the on 12-3-07, bedside resident's eping staff 2-21-07 on ang chairs by tental Services. of Nursing on proper ontrol work		
	of infections: Clostridium Difficile	staphylococcus Aure ons (UTI) - 8	us (MRSA)		Ensure concentrators filters at Clean, no interexchange of o Residents' medication for us No medication at the bed sidd There are no furniture soiled And DON will monitor usage. The infection control worksh And findings will be reported Quarterly CQI.	other age, e and /stainded e of	12-28-07
	unit. A summary of listed included: C. diff - not identifie MRSA - 5 UTI - 5 Skin infections - 9 Respiratory infection	ns - 5	nfections				
	number of infections	nation for the differer s listed on the quarter umber of infections lis	riy.	·			

unit.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		BER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
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L 091	Continued From page 15			L 091			
	control in-service como evidence that the regarding infections measures to prever Listed on the quarte Corrections " were	ed that there is an infer onducted monthly. The e data collected month is was utilized to initiate int the spread of infection erly report under "Sta the statements: "pre- ion and inadequate inf	ere was nly on. tuses of venting				
	Based on documents presented, facility staff failed to accurately track the number of facility infections, dates of onset of infection, organisms when available, antibiotic use, reconcile differences between the July, August and September 2007 quarterly report with individual unit reports of types and numbers of infections, and utilize collected data to initiate preventive measures. Additionally, there was no evidence of identified interventions to improve the infection control program.				 L 108 3220.2 NURSING FACILITIE The hot foods were pulled free Line, reheated and cold food Placed back in the walk in referred limited in the limited survey process. Daily checks will be done by Supervisor to ensure that all temperatures are taken at each part of the supervisor. 	rom the ds were efrigator period y director/	
L 108	3220.2 Nursing Fac			L 108	and the temperatures exceed recommended Requirement Test trays will be increased.	S.	
	The temperature for cold foods shall not exceed forty-five degrees (45°F) Fahrenheit, and for hot foods shall be above one hundred and forty degrees (140°F) Fahrenheit at the point of delivery to the resident.			3. All dietary staff was in-serving 12-26-07 by Director of Die on temperature requirement and the placement of the HA	tary s		
	to the resident. This Statute is not met as evidenced by: Based on observations of a test tray conducted at the lunch meal on December 5, 2007, it was determined that hot food was served below 140 degrees Fahrenheit (F) and cold foods were served above 45 degrees F in the presence of Employee #13.				4. Temperatures will be checked Meals by the supervisor and Will be reported in quarterly	findings	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB	CLIA BER:	(X2) MULTIP A. BUILDING B. WING	LE CONSTRUCTION	(X3) DATE SU COMPLET	
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PREFIX (EACH DEFICIENCY MU	STATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL RE- DENTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTION S REFERENCED TO THE APPROI	SHOULD BE CROSS-	(X5) COMPLETE DATE
A test tray observa December 5, 2007 dietary services at 1:17 PM. The last residents were eat Temperatures of tl Baked chicken Pureed Vegetable Pureed Meat Noodles 126.0 Coffee 1 2% Low Fat Milk 4	The findings include: A test tray observations was conducted on December 5, 2007 at the lunch meal. The tray left dietary services at 1:10 PM and arrived on unit 3 at 1:17 PM. The last tray was passed and all residents were eating by 1:20 PM. Temperatures of the test tray food were as follows: Baked chicken 123.6 F Pureed Vegetable 132.9 F Pureed Meat 133.0 F Noodles 126.0 F		L 108			
(a)Review the drug least monthly and Medical Director, A Nursing Services; (b)Submit a writte the status of the p performances, at I (c)Provide a minim per year to all nurs session that include	ncilities narmacist shall do the force of the gregimen of each residence of each residence of the force of t	dent at s to the Director of trator on and staff se sessions ng one (1) ndications	L 128			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		A. BUILDING			(X3) DATE SURVEY COMPLETED		
		095015		B. WING 12/06/2			6/2007
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CAROLY	'N BOONE LEWIS HEA	LTH CARE		THERN AVE TON, DC 200			
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L 128	disposition of all condetail to enable an a (e)Determine that dran account of all cormaintained and period This Statute is not of the Statute is not of the Statute is not of the Pharmacist failed monitoring for Reside Warfarin. (Coumading The findings include A review of Residen physician's order darenewed November Sodium 5 mg tablet, for blood thinner." A review of Residen laboratory studies we the use of Warfann. According to the ma "Acceptable interval normally within the restable dosage has besite www.bristol-myes." A review of the "Medication November and Deceirregularities identification in the stable dosage in the stable dosage in the stable dosage interval in the pharmacient in	m of records of receipntrolled substances in accurate reconciliation rug records are in ordentrolled substances is odically reconciled, met as evidenced by view and staff interviewes dented, it was determed to identify the lack ordent #4 who was receinn). The state of the stat	sufficient ; and er and that er and that w for one nined that f ving I a and arin every day d that monitor endations, nations are after a n the web new" er, vere no ned	L 128	 DON obtained orders for P for resident #4 on 12-5-07 was drawn on 12-6-07. Pha was called on 12-6-07 by th and informed of the missing pharmacy monitoring. All other residents' identificanticoagulant therapy reconnected by DON, Unit Macharge Nurses. All licensed staff was in-see on 12-21-07 by the DON on policy and procedure for resonanticoagulants and pharmas sent a copy of the facility policy on 12-6-07. Random chart audits for an coagulant lab orders by unimanager and pharmacy will provide the consultant pharwith a list of resident of resonanticoagulants for monitorievery 30 days and finding reported in quarterly CQI. 	and armacy e DON ied on ords ted as nager/ rviced the esidents macy lity ti- it ll rmacist sidents ing	12-28-07

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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L 128	A face-to-face intended in the Employee #2 on De He/she acknowledge identify the lack of no Warfarin. The record 2007. 3227.12 Nursing Face Each expired medicusage. This Statute is not a Based on observation (3) of three (3) nurs facility staff failed to from an emergency. The findings included The facility failed to from the emergency carts. 1. On Monday, Dec AM and 4:00 PM, diffacility's emergency carts. 1. On Monday, Dec AM and 4:00 PM, diffacility's emergency gade in the first floor following expired dr. Two (2) vials of Funded Two (3) vials of Funded Two (4) vials of Funded Two (5) vials of Funded Two (6) vials of Funded Two (7) vials of Funded Two (8) vials of Funded Two (9) vials of	d that there was no moderin. view was conducted with the pharmacist and that the pharmacist and was reviewed Decerbilities. cation shall be removed that as evidenced by: one and staff interviewed per expired medication of the pharmacist and the pharmacist and the pharmacist and was reviewed Decerbilities. cation shall be removed that as evidenced by: one and staff interviewed in punits, it was determined to box and medication of the pharmacist and medication room continuation.	ith 10 PM. It failed to of mber 4, d from If for three mined that cation carts. cations een 11:00 ithe ry Box # ained the ail), expired 7.	L 128	L161 NURSING FACILITIES #1, #2 1. Director on Nursing called pharmacy to inform them o medication in the emergence and medication cart on 12-5 12-06-07 pharmacy came in exchange the boxes. The exmedication was removed from medication on 12-5-07 by conurses. 2. All other emergency boxes medication carts were chect for expired medications and removed as needed. 3. All licensed staff was in-ser on 12-24-07 by the Educato DON on monitoring expired on the emergency boxes and medication carts. 4. Emergency medication boxes medication carts will be more by pharmacy monthly and unit managers/team lead and findings will be reported Quarterly CQI.	ey box 5-07. In to expired com harge and ked d were viced r and I dates d es and mitored	12-28-07
	1, 2007.						

		(X1) PROVIDER/SUPPLIER/OIDENTIFICATION NUMB		(X2) MULTIP	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
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L 161	Two (2) vials of Diaz December 1, 2007	ge 19 zepam 10mg/2ml, exp on the emergency box		L 161					
	During a face-to-face interview with Employee #8, he/she stated that the pharmacist checked the nursing units two (2) weeks ago. The pharmacist did not mention any expired medications. 2. On Monday, December 5, 2007, between 11:00 AM and 4:00 PM, during the inspection of the facility's medication carts, the following drugs were								
	expired: 2nd Floor Unit, Cart 2 -Team 1 One (1)- Ceftriaxone 1gm reconstituted vial, expired May 2007				L168 NURSING FACILITIES 1. Multi-dose medication a				
	Employee #16 acknowledged that the medication was expired at the time of the observation. 3rd Floor Unit, Cart 3-Team 1 Eight (8)- Promethazine Injection 25mg/ml - 1ml vial, expired April 2007 One (1) -Acetylcysteine 20 % 30 ml vial, expired Employee #17 acknowledged that the medications were expired at the time of the observation.			that lacked date and init first opened were discar Reordered on 12-5-07. 2. All other medication car medication refrigerators checked for compliance corrected as needed. 3. Licensed staff was in-set 12-24-07 on dating and	rts and were and				
L 168	were expired at the time of the observation. 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.			L 168	Multi-dose medication v when first open by Nurs 4. Charge nurse and night s monitor daily open vials and report findings to qu CQI.	rials e Manager shift will s for dates			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		CLIA ER:	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SU COMPLE				
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NAME OF PR	ROVIDER OR SUPPLIER	_	STREET ADDI	ADDRESS, CITY, STATE, ZIP CODE					
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L 168	Based on observations and staff interview, for three (3) of three (3) nursing units, it was determined that the facility staff failed to date and initial multi-dose medication vials when first opened.			L 168		·			
	The findings include: On December 5, 2007, between 11:00 AM and 4:00 PM, the medication carts and refrigerators were inspected on each unit. 1st Floor Unit								
	Xalatan ophthalmic drops - two (2) vials Employee #1 acknowledged that the vials of Xalantan listed above were not dated and/or initialed at the time of the observations. 2nd Floor Unit				·				
	Bacteriostatic water Employee #16 acknowledge	owledged that the vial ed and/or initialed at the ne (1) vial drops - one (1) vial	s listed						
		owledged that the vial ed and/or initialed at th							

(X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 095015 12/06/2007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1380 SOUTHERN AVE SE **CAROLYN BOONE LEWIS HEALTH CARE** WASHINGTON, DC 20032 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-(XS) COMPLETE DATE (X4) ID PREFIX TAG PREFIX OR LSC IDENTIFYING INFORMATION) REFERENCED TO THE APPROPRIATE DEFICIENCY) TAG L 214 L 214 Continued From page 21. L 214 L 214 3234.1 Nursing Facilities Each facility shall be designed, constructed, located, equipped, and maintained to provide a Medication was removed functional, healthful, safe, comfortable, and RC From bedside at time of supportive environment for each resident, employee Observation for resident and the visiting public. 1/7/08 #20 and a new supply of This Statute is not met as evidenced by: ointment was ordered for Based on observations during the survey period, it resident #20. was determined that facility staff falled to maintain a hazard free environment as evidenced by: All other residents' bedside cintments located at a resident's bedside, broken Were checked for medication prong on a resident's electric bed plug, missing Inappropriately placed and wheel on a resident's bed, window that failed to Medication was removed as completely close in a resident's room, pest strips Needed and a new supply hanging in residents' rooms, lack of an eye wash station in the laundry and a blocked door between Ordered.. the rooms where the washers and dryers were located in the laundry. These findings were 3. In-service was given by observed in the presence of Employees #1, 2, 3, 4, Unite Manager to licensed 5, 6, 7, and 11, Staff on 12-7-07 for proper Procedure of administration. The findings include: 4. Random audits will be performed 1. Panafil ointment and Calmoseptin were observed By Educator and finding will be at the bedside in Resident #20's room. The Panafil Reported in quarterly COI. was prescribed for Resident #7 and the Calmoseptine was prescribed for Resident #16. 12-28-07 2. The prong of a resident's electric bed plug in-312A was observed missing. The resident was in the bed at the time of the observation. 3. The wheel of a resident's bed was observed missing in room 223A. The resident was in the bed at the time of the observation.

ealth Regulation Administration

4. The curtain in room 323 was observed briskly moving as the wind blew into the resident's room.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER			(X2) MULTIP A. BUILDING B. WING		ETED .'				
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L 214	Continued From pag	ge 21		L 214					
L 214	214 3234.1 Nursing Facilities		L 214						
	located, equipped, a functional, healthful, supportive environmend the visiting public This Statute is not a Based on observation was determined that hazard free environs ointments located a prong on a resident wheel on a resident completely close in hanging in residents station in the laundre the rooms where the located in the laundre observed in the presson, and 11. The findings includes 1. Panafit ointment at the bedside in Rewas prescribed for Ecalmoseptine was prescribed for Ecalmoseptine was prescribed to the bed at the time of the support of a resident station.	met as evidenced by: ons during the survey t facility staff failed to ment as evidenced by t a resident's bedside, is electric bed plug, m is bed, window that fa a resident's room, pes is rooms, lack of an ey y and a blocked door e washers and dryers ry. These findings we sence of Employees # c: and Calmoseptin were esident #20's room. The Resident #7 and the prescribed for Residen sident's electric bed p missing. The residen of the observation.	period, it maintain a control issing illed to st strips we wash between were ere ere ere ere ere ere ere ere er		 #2, #3, #4 The bed with the prong missing in room 312A was immediately removed and replaced. The missing wheel on bed 223A was placed on bed the day of the survey. The window was repaired on the same day of observation. All other residents' rooms were checked to ensure beds were compliant and windows were opening and closing properly. Maintenance staff was in-serviced on 12-25-07 on procedure for monitoring maintenance of beds by the Director 	secesor 1/7/18			
	at the time of the ob	A. The resident was inservation. Imm 323 was observed blew into the resident	briskly		of maintenance. 4. Monitoring of Preventive maintenance of beds will be done monthly and findings will be reported in quarterly CQI.	12-28-07			

Health Regulation Administration STATE FORM

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB		(X2) MULTIPL A. BUILDING B. WING	LE CONSTRUCTION	(X3) DATE SUI COMPLET	red
		095015	CONTEST ADD	SECO CIEV DEA		12/0	6/2007
	ROVIDER OR SUPPLIER N BOONE LEWIS HE	ALTH CARE	1380 SOUT	RESS, CITY, STATE THERN AVE STON, DC 200	SE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	STATEMENT OF DEFICIENCIES IST BE PRECEDED BY FULL RE DENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	
L 214	The window was unable to completely close. The Resident F4 did not complain of being cold, however complained of the wind. 5. Pest strips were observed hanging from the ceiling above residents' beds in rooms 313 and 337. 6. There was no eye wash station observed in the laundry. Employee #5 stated that the sink had an eye wash faucet, but was repaired a few weeks ago and the eye wash faucet was not replaced. 7. One (1) side of the door between the washing area and the drying area in the laundry was unable to be opened. The other side of the door in the washing area was blocked by a large floor mat, bins and other debris. Employees #1, 2, 3, 4, 5, 6, 7, and 11		 L 214 #5 The pest strips that were cited in rooms 313 and 337 were removed immediately. All other residents' rooms were checked for pest strips and were removed as needed. Staff were in-serviced on 12-21-07 on placing unauthorized articles/products in the facility and following the regulations by the Unit Manager. Unit Managers will make random rounds To ensure units are free of pest strips and findings will be reported in quarterly CQI. 			12-28-07	
	acknowledged the observations. 3256.1 Nursing Factor and the introduction and interest and	above findings at the tincilities provide housekeeping at ces necessary to maintain terior of the facility in a somfortable and attractive times as evidenced by: tions during the survey at housekeeping and ces were not adequate a maintained in a safe as evidenced by: soiled g tiles, comers, bed francats, front window of far, damaged/marred walls	and tain the safe, ve period, it to ensure and mes, ice acility s,	L 410	 The eyewash station in the Was repaired on 12-21-07. All other eyewash stations by maintenance staff to en And were repaired or replated and were repaired or replated. Maintenance staff was insected to monitoring of the eyewas stations to ensure compliant. Monthly rounds will be domaintenance staff to monit of all eyewash stations and be reported to quarterly CO. 	s were inspected asure compliance aced as needed. serviced on of Maintenance ash ace. one by the tor compliance d findings will	12-28-07

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIP A. BUILDING		(X3) DATE SURVEY COMPLETED				
		095015		12/06/2007					
NAME OF PROVIDER OR SUPPLIER STREET A			STREET ADDR	ESS, CITY, STA	ITE, ZIP CODE				
CAROLY	N BOONE LEWIS HEA	LTH CARE		THERN AVE SE TON, DC 20032					
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOULD B REFERENCED TO THE APPROPRIATE DE	(X5) COMPLETE DATE			
L 214	The window was una Resident F4 did not however complained 5. Pest strips were of ceiling above reside 6. There was no eye laundry. Employee eye wash faucet, but and the eye wash faurea and the drying to be opened. The owashing area was beand other debris. Employees #1, 2, 3, acknowledged the arobservations. 3256.1 Nursing Facility shall primaintenance service.	able to completely clo complain of being col d of the wind. bbserved hanging from nts' beds in rooms 31: e wash station observe #5 stated that the sink t was repaired a few v ucet was not replaced e door between the w area in the laundry wa ther side of the door i locked by a large floo 4, 5, 6, 7, and 11 bove findings at the ti dities ovide housekeeping a es necessary to maint	d, n the 3 and 337. ed in the k had an weeks ago d. rashing as unable n the r mat, bins me of the	L 214	 The laundry room door that wa during survey as not being oper it was blocked by a large floor and other debris were immediate corrected. All other doors in the laundry we checked to ensure compliance corrections were made as need. Staff was in-serviced on 12-21 on removal of bins from door is preventing from opening an cleaning of laundry room by the Director of Environmental Service. 	were and ed.			
	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: soiled baseboards, ceiling tiles, corners, bed frames, ice machine, window tracts, front window of facility washing machines, damaged/marred walls, furniture, doors, dusty overbed lights, missing				Director of Environmental Services. 4. Monitoring of the laundry for cleanliness and blocked doors will be conducted daily and findings will be reported in quarterly CQI.		12-28-07		

	·					FORM	APPROVE
STATEMENT AND PLAN OF	OF DEFICIENCIES FCORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUME	CLIA BER:	(X2) MULTIP A. BUILDING B. WING	LE CONSTRUCTION	(X3) DATE SUI COMPLET	ED
		096015				12/0	6/2007
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CAROLY	N BOONE LEWIS HEA	ALTH CARE		THERN AVE TON, DC 201			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL RE ENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHOUL REFERENCED TO THE APPROPRIATE	D BE CROSS-	(X5) COMPLETE DATE
L 410	Continued From pa	ige 23		L 410			
	overbed lights, odo and maintain laund condition. The envi on December 3, 20 AM in the presence 7, and 11. A tour of December 3, 2007 Employee #5. The findings included 1. Soiled, marred/dobserved in the foll 130, 136, 137, 139 and floor shower rows. 2. Stained ceiling to and 137 in two (2) floor. 3. Wax and dirt but the following rooms 145, and 147 in eight first floor. 4. Bed frames with observed in the following rooms.	damaged baseboards flowing rooms: 119, 12, 141, 144, 145, 147, soms in 13 of 36 rooms illes were observed in of 12 rooms observed sild-up in corners was as: 128, 130, 135, 136, ght (8) of 12 rooms observed accumulated dust we lowing rooms: 246, 23 e (5) of 24 resident rooms.	ts' rooms operating onducted ugh 11:30 3, 4, 5, 6, ducted on sence of were 3, 128, 2nd and s observed. rooms 130 on the 1st observed in 142, 144, served on		NURSING FACILITIES #1, #2, #3, #4, # 5, #6 1. The soiled, marred/damage baseboards in rooms 11 123, 128.130, 136, 137, 11 141, 144, 145, 147, 2nd and 3rd floor shower rooms were cleaned on 12-26-07, the stained tile in room 130 and 137 were removed and reprimmediate during survey period, the wax and dirt but up in rooms 128, 130, 135, 136, 142, 144, 145 and 147 were cleaned on 12-27-07. In frames sited with accumulated dust in rooms 246, 237, 318 321 and 337 were cleaned immediately. The 3rd floor machine dispensing spout swith dust and debris was cleaned immediately. The 3rd floor machine dispensing spout swith dust and debris was cleaned immediately. The 3rd floor machine dispensing spout swith dust and debris was cleaned immediately. The 3rd floor machine dispensing spout swith dust and debris was cleaned immediately. The 3rd floor machine dispensing spout swith dust and debris was cleaned immediately. The 3rd floor machine dispensing spout swith dust and debris was cleaned immediately. The 3rd floor machine dispensing spout swith dust and debris was cleaned immediately. The 3rd floor machine dispensing spout swith dust and debris was cleaned immediately. The 3rd floor machine dispensing spout swith dust and debris was cleaned immediately. The 3rd floor machine dispension spout swith dust and debris was cleaned immediately. The 3rd floor machine dispension spout swith dust and debris was cleaned immediately. The 3rd floor machine dispension spout swith dust and debris was cleaned immediately. The 3rd floor machine dispension spout swith dust and debris was cleaned immediately. The 3rd floor machine dispension spout swith dust and debris was cleaned immediately. The 3rd floor machine dispension spout swith dust and debris was cleaned immediately. The 3rd floor machine dispension spout swith dust and debris was cleaned immediately.	9, 39, and ere 7 d laced A sild Bed ated 3, panty ice oiled eaned e soiled 6, 128, , 147,	new / 1/08
	5. The 3rd floor pa	nd and are floors. Intry ice machine dispending solied with an accus	_				

dust and debris in one (1) of one (1) ice machine

6. Soiled window tracts were observed in the following rooms: 126, 128, 130, 136, 137, 142, 144, 145, 147, 207, 210, 230, 246, 308, 324, 334,

observed on the 3rd floor.

A. BUILDING	(X3) DATE SURVEY COMPLETED	
095015	12/06/2007	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		
CAROLYN BOONE LEWIS HEALTH CARE 1380 SOUTHERN AVE SE WASHINGTON, DC 20032		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY TAG OR LSC IDENTIFYING INFORMATION) D PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CREATED TO THE APPROPRIATE DEFICIENCY TAG)		
2. All other residents rooms and maintain laundry equipment in safe operating condition. The environmental tour was conducted on December 3, 2007 from 8:30 AM through 11:30 AM in the presence of Employees #1, 2, 3, 4, 5, 6, 7, and 11. A tour of the laundry was conducted on December 3, 2007 at 2:15 PM in the presence of Employee #1. 2, 3, 4, 5, 6, 7, and 11. A tour of the laundry was conducted on December 3, 2007 at 2:15 PM in the presence of Employee #5. The findings include: 1. Soiled, marred/damaged baseboards were observed in the following rooms: 119, 123, 128, 130, 136, 137, 139, 141, 144, 145, 147, 2nd and 3rd floor shower rooms in 13 of 36 rooms observed. 2. Stained ceiling tiles were observed in rooms 130 and 137 in two (2) of 12 rooms observed on the 1st floor. 3. Wax and dirt build-up in corners was observed in the following rooms: 128, 130, 135, 136, 142, 144, 145, and 147 in eight (8) of 12 rooms observed on the first floor. 4. Bed frames with accumulated dust were observed in the following rooms: 246, 237, 318, 321, and 337 in five (5) of 24 resident rooms observed on the 2nd and 3rd floors. 5. The 3rd floor pantry ice machine dispensing spout was observed solled with an accumulation of dust and debris in one (1) of one (1) ice machine observed on the 3rd floor: (1) of one (1) ice machine observed in the following rooms: 128, 128, 130, 136, 137, 142, 144, 145, 147, 27, 27, 10, 230, 246, 308, 324, 334,	ed debris, e ow 07 ting dept. corners ing ng	

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		095015		BWING		12/06	6/2007
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	ATE, ZIP CODE	200	
CAROLY	N BOONE LEWIS HEA	LTH CARE		UTHERN AVE SE GTON, DC 20032			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES FBE PRECEDED BY FULL RE ENTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD B REFERENCED TO THE APPROPRIATE DE	BE CROSS-	(X5) COMPLETE DATE
L 410	and 346 in 17 of 36 7. One (1) of two (2) observed with a blad of the front window. 8. Damaged, marred in the following room 313, 338, 318, 338, rooms, and 3rd floor observed. 9. Broken chairs we areas: 3rd floor smodairs, 3rd floor arm chairs, and 2nd six (6) chairs. 10. Damaged doors areas: 2nd floor smodor, 1st floor day roand 2nd floor day roand 2nd floor day roand 2nd floor day roand 2nd floor smodor, 1st floor day roand 2nd floor day roand 2nd floor day roand 2nd floor of dust 136, 137, 139, 142, 321, 337, and 378 in observed. 12. Floor tiles were floor shower room in room observed on the observed broken in 12 resident rooms of the floor shower rooms of the control of the cont	resident rooms observed in the following room one (1) of the loom one (1) of	shoner part observed 1, 312, ower oms lowing three (3) of three (3) ee (3) of e following of one (1)) doors, of door. ns: 130, 246, 312, oms he 2nd hower was n two (2) of oor.	L 410	 Cited black substance on inner front window on washer was of 12-4-07 All other washers were inspect laundry staff and washers were as needed. Staff was in-serviced on 12-2: Director of Environmental Ser Cleaning and maintenance of v. Monitoring will be done by laweekly and finding will be reported to the property of the property	eted by e cleaned 1-07 by vices on washers.	12-28-07
		rooms 113 and 114 c					

		 					
	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095015		VCLIA IBER:	(X2) MULTI A. BUILDIN B. WING	PLE CONSTRUCTION G	(X3) DATE SUR COMPLETO	
	OWNER OR CHIRD	000010	STREET ADDR	RESS, CITY, STATE, ZIP CODE			3/2007_
NAME OF PR	ROVIDER OR SUPPLIER					•	
CAROLY	N BOONE LEWIS HEA	ALTH CARE	1380 SOUT WASHINGT				
(X4) ID PREFIX TAG	OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION SHI REFERENCED TO THE APPROPRI	OULD BE CROSS-	(X5) COMPLETE DATE
L 410	and 346 in 17 of 36 7. One (1) of two (2 observed with a bla of the front window 8. Damaged, marre in the following roo 313, 338, 318, 338 rooms, and 3rd floo observed. 9. Broken chairs we areas: 3rd floor smarm chairs, 3rd floor arm chairs, and 2nd six (6) chairs. 10. Damaged doors areas: 2nd floor srdoor, 1st floor day and 2nd floor day rand 2nd floor day rand 2nd floor day rand 378, 337, and 378 observed. 12. Floor tiles were floor shower room room observed on 13. The front panel observed broken in 12 resident rooms of 14. Strong urine and 15 observed and 15 observed and 15 observed and 16 observed and 17 observed and 17 observed and 18 observed and 18 observed and 19 o	ed/scarred walls were ms: 123, 136, 137, 14, 2nd and 3rd floor shor pantry in 12 of 36 rd floor dining room one (1) of floor dining room one (1) of two (2) oom one (1) of one (observed 11, 312, ower coms ollowing f three (3) of three (3) ree (3) of e following of one (1) 2) doors, 1) door. oms: 130, 246, 312, coms the 2nd chower was in two (2) of loor. etected in	L 410	 The walls cited in rol 137, 141, 312, 313, 338, and 2nd floor sho and 3rd floor pantry as walls during the surv will be repaired by 12 All other residents reinspected for marree by the maintenance be repaired as needed. In-service was given Maintenance to main making rounds and remarred/scarred walls rooms and other are of the facility. Monthly rounds will Maintenance staff to are not marred/scarred will be reported in Quality of the provided in Q	by Director of intenance staff on repairing s in resident's sas	12-28-07

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIEF IDENTIFICATION NUM	&CLIA BER:	(X2) MULT A. BUILDIN B. WING		(X3) DATE SU COMPLET	TED
	 -	095015				12/0	6/2007
NAME OF PE	ROVIDER OR SUPPLIER		1		TATE, ZIP CODE		
CAROLY	N BOONE LEWIS HEA	LTH CARE	1	ITHERN AVI			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIE T BE PRECEDED BY FULL R ENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD E REFERENCED TO THE APPROPRIATE DE	E CROSS-	(X5) COMPLETE DATE
L 410	Continued From pa	ge 24 resident rooms obse	rved.	L 410	#9		
	7. One (1) of two (2) working washers was observed with a black substance on the inner part of the front window.			1. The broken chairs sited durin survey in the 3 rd floor smokin 3 rd floor dining room and the floor dining room were remainmediately.	ng room e 2 nd		
8. Damaged, marred/scarred walls were observed in the following rooms: 123, 136, 137, 141, 312, 313, 338, 318, 338, 2nd and 3rd floor shower rooms, and 3rd floor pantry in 12 of 36 rooms observed.			2. All other areas that could be a Were inspected by Director of Environmental Services and were removed or repaired as	of chairs			
	areas: 3rd floor smo arm chairs, 3rd floor	re observed in the fooking room one (1) of dining room one (1) floor dining room the	three (3) of three (3)		3. Housekeeping staff were in-ser 12-20-07 on inspecting chairs to The facility on their assigned u to ensure compliance.	hroughout	
10. Damaged doors were observed in the areas: 2nd floor smoking room one (1) door, 1st floor day room one (1) of two (2) and 2nd floor day room one (1) of one (1)		of one (1)		4. Findings will be reported in que CQI. #10, #12 #13		12-28-07	
,	11. Overbed lights were observed with an accumulation of dust in the following rooms: 130, 136, 137, 139, 142, 144, 145, 147, 237, 246, 312, 321, 337, and 378 in 14 of 36 resident rooms observed.				 Damaged doors on 2nd floor sn room and 1st floor day room ciduring survey period was repa 12-24-07. The broken tile in the 2nd floor shower room will be by 1-28-08. The broken front the over bed light in rooms 12 	ired on e repaired panel of	المالية
!	floor shower room in room observed on th 13. The front panel c observed broken in r	one (1) of one (1) slue 2nd floor. of the over bed light vooms 126 and 142 in	vas n two (2) of		were repaired the same day cit	ed.	
	12 resident rooms of	served on the 1st flo	or			İ	1

14. Strong urine and fecal odors were detected in the following areas: rooms 113 and 114 on

ITATEMENT OF DEFICIENCIES IND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A BUILDIN	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
_		095015		B. WING_		12/0	6/2007	
JAME OF P	ROVIDER OR SUPPLIER	—	STREET ADDR	DORESS, CITY, STATE, ZIP CODE				
CAROLY	N BOONE LEWIS HEA	ALTH CARE		THERN AVE				
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY		GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
Ł 410	and 346 in 17 of 36 7. One (1) of two (2 observed with a bla of the front window 8. Damaged, marre in the following roo 313, 338, 318, 338 rooms, and 3rd floo observed. 9. Broken chairs we areas: 3rd floor smarn chairs, 3rd floor arm chairs, and 2nd six (6) chairs. 10. Damaged doors areas: 2nd floor day roand 378 in observed. 12. Floor tiles were floor shower room in room observed on the footbaserved broken in 13. The front panel observed broken in 12 resident rooms of	eresident rooms observed working washers was ack substance on the interest of the following room one (1) of the room one (1) of one (1) or one (1) of one (1) or one (1) of one (1) should be rooms 126 and 142 in the	somer part observed 1, 312, wer oms owing three (3) of three (3) e (3) of following f one (1) doors, door. as: 130, 46, 312, ms de 2nd ower as two (2) of or.	L 410	 All other doors, shower rever bed light panels in fainspected for damage and as needed by maintenance. Maintenance staff was inson 12-24-07 by Director on monitoring of doors, tilights for damage through facility and the importance maintenance. Monthly rounds will be domaintenance staff and find be reported in quarterly Command and 378 were cleaned on All other residents' rooms and were cleaned as needed rounds will be conducted be Environmental Services to compliance. Housekeeping staff were in 12-20-07 on proper cleanin lights. Findings will be monitored in quarterly CQI. 	acility were direpaired e staff. serviced of Maintenance le and over bediout the e of preventative one by lings will QI. accumulated 37, 139, 142, 312, 321, 337, 1221-07. were inspected di. Weekly by the Director ensure e-serviced on g of over bed	12-28-07 12-28-07	
	14. Strong urine and the following areas:	l fecal odors were dete rooms 113 and 114 on	cted in		•			

TATE FORM

TATEMENT OF DEFICIENCIES IND PLAN OF CORRECTION	IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED
	095015	E	B. WING	12/06/2007
MARK OF PROMERTS OF SUPPLIES		TOPET ANNOPESS	CITY STATE TIP CODE	

JAME OF PROVIDER OR SUPPLIER

1380 SOUTHERN AVE SE

CAROLY	CAROLYN BOONE LEWIS HEALTH CARE		TON, DC 20		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REG OR LSC IDENTIFYING INFORMATION)	BULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
PREFIX	Continued From page 24 and 346 in 17 of 36 resident rooms observed. 7. One (1) of two (2) working washers was observed with a black substance on the in of the front window. 8. Damaged, marred/scarred walls were of in the following rooms: 123, 136, 137, 141, 313, 338, 318, 338, 2nd and 3rd floor show rooms, and 3rd floor pantry in 12 of 36 rooms, and 3rd floor smoking room one (1) of the areas: 3rd floor smoking room one (1) of the areas: 3rd floor smoking room one (1) of the areas: 2nd floor smoking room one (1) of the areas: 2nd floor smoking room one (1) of door, 1st floor day room one (1) of two (2) and 2nd floor day room one (1) of one (1) of the areas: 2nd floor day room one (1) of one (1) of two (2). 11. Overbed lights were observed with an accumulation of dust in the following room one (3), 137, 139, 142, 144, 145, 147, 237, 24, 321, 337, and 378 in 14 of 36 resident room observed. 12. Floor tiles were observed missing in the floor shower room in one (1) of one (1) shorom observed on the 2nd floor.	bserved, 312, wer oms owing hree (3) of three (3) e (3) of doors, door. s: 130, 46, 312, ms e 2nd ower	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-	COMPLETE DATE
	observed broken in rooms 126 and 142 in 12 resident rooms observed on the 1st floor 14. Strong unne and fecal odors were dete the following areas: rooms 113 and 114 on	two (2) of or.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			A. BUILDING	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
		095015				12/00	6/2007		
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	ADDRESS, CITY, STATE, ZIP CODE					
CAROLY	N BOONE LEWIS HEA	LTH CARE		OUTHERN AVE SE INGTON, DC 20032					
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES FBE PRECEDED BY FULL REC NTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION SHO REFERENCED TO THE APPROPRIA	ULD BE CROSS-	(X5) COMPLETE DATE		
L 410	December 3, 2007 at 9:10 AM and December 4, 2007 at 8:00 AM and 1:40 PM, room 140 on December 3, 2007 at 9:20 AM and room 219 at		L 410	L410 SPACE AND EQUIPMENT #15	,	_			
	the time of the obse thermometer on the in one (1) of two (2) There was no evide water coming into the ensure that the wate temperature range f wash and rinse cycl	(3) washers were in sometime. There was not middle washer to more functioning washers once that the temperature was measurer temperature was in for the chemicals used es. 2) washers were obse	onitor water observed. Jure of the ured to the lin the		I. The washer that was of laundry room with no to monitor water tempthe survey period is be sanitized by a laundry water temperature below. 2. All other washers were proper amounts of corbeing released from diappropriately to ensure cleaning and sanitizing	thermometer perature during eing cleaned and compound with ow 180 degrees. e inspected to inpound are spenser e proper			
L 426	Employees #1, 2, 3, the observations. 3257.3 Nursing Factor Each facility shall be that the premises are and shall be kept clearly provide harbor This Statute is not a Based on observation.	e constructed and mai re free from insects an ean and free from deb rage for insects and re met as evidenced by: ons during the survey t facility staff failed to ent.	ntained so d rodents, ris that odents.	L 426	 J. In-service was given to Supervisor by Director mental Service on insp for cleanliness after re washer on 12-21-07. H. Monitoring will be don laundry supervisor and will be reporter in quar 	of Environ- ecting clothes moving from he daily by findings	12-28-07		
	Flying or crawling in	sects were observed	as follows:						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED
	095015	B. WING	12/06/2007

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CAROLYN BOONE LEWIS HEALTH CARE

1380 SOUTHERN AVE SE WASHINGTON, DC 20032

CAROLYN BOONE LEWIS HEALTH CARE		WASHINGTON, DC 2	0032	·		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGUL OR LSC IDENTIFYING INFORMATION)	ATORY 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 25 December 3, 2007 at 9:10 AM and December 2007 at 8:00 AM and 1:40 PM, room 140 on December 3, 2007 at 9:20 AM and room 21:8:55 AM on December 4, 2007. 15. Two (2) of three (3) washers were in sert the time of the observation. There was no thermometer on the middle washer to monit in one (1) of two (2) functioning washers observation washers on evidence that the temperature water coming into the washers was measure ensure that the water temperature was in the temperature range for the chemicals used in wash and rinse cycles. 16. Two (2) of two (2) washers were observation during the wash cycle. The above findings were acknowledged by Employees #1, 2, 3, 4, 5, 6, 7, and 11 at the observations. 3257.3 Nursing Facilities	9 at vice at or water served. e of the ed to e n the	 #16 The two washers observed leaking Leaking washer will be replaced On doors by 12-28-07. Maintenance staff will conduct monthly checks on washers to ensure compliance. Maintenance staff was in-serviced On 12-26-07 by maintenance supervisor on preventative maintenance of washer and dryers. Monitoring for compliance of washer and dryers findings will be reported in quarterly CQI. 	12-28-07		
	Each facility shall be constructed and maint that the premises are free from insects and and shall be kept clean and free from debris might provide harborage for insects and roo This Statute is not met as evidenced by: Based on observations during the survey pewas determined that facility staff failed to me pest free environment. The findings include: Flying or crawling insects were observed as	rodents, s that lents. eriod, it aintain a				

Health Regulation Administration

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/ AND PLAN OF CORRECTION IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
		095015		_B. WING		12/06/2007		
	NOVIDER OR SUPPLIER	LTH CARE	1380 SOU	RESS, CITY, STA THERN AVE TON, DC 20	SE			
(X4) ID PREFIX TAG			(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PRE		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD E REFERENCED TO THE APPROPRIATE DI	BE CROSS- COMPLETE	
L 426	observed in rooms of 1st floor dining room 2. On December 4, observed in the 1st and 10:05 AM, 2nd AM, room 114 at 11 and 3rd floor nursing A roach was observed froom 1 and 1 and 2nd floor nursing 3. On December 5, observed in room 1 aroom at 9:00 AM, gr PM and 2nd floor did 4. On December 6, observed in the 3rd and 2nd floor hallward A face-to-face intervent Employee #5 on De He/she stated, "[A p spray every week."]	2007, flying insects w 108 and 115 at 12:15	ere t 7:30 AM t 10:05 11:30 AM e counter l. ere or dining n at 12:15 ere 0:20 AM 0 PM. with 60 AM. comes to oblems	L 426	L426 NURSING FACILITIES #1, #2, #3, #4 1. Room 108, 114, 115, 1st, 2nd and 3rdfloor nursing stations 1st, 2nd, 3rd and ground floor dining rooms were cleaned and trash removed on 12-7-(that were cited during survey with flying insects. Pest control contractor came in on 12-7-07 and 12-18-07 to exterminate the facility. 2. All other residents' rooms we checked for insects and externand cleaned as needed. Trast are being cleansed weekly are to prevent further occurrences. 3. Housekeeping staff was inserviced on 12-21-07 for tratemoval, cleaning of trash cand proper cleaning technique by environmental services director. 4. Weekly rounds will be conducted in the conduction of Environmental Services of Environme	or y n ere crminated h cans nd prn es. ash ans ues	7	