TAG REFERENCED TO THE APPROPRIATE DEFICIENCY) TAG REFERENCED TO THE APPROPRIATE DEFICIENCY) L 000 Initial Comments L 000 Initial Comments An annual licensure survey was conducted March 4 through 7, 2008. The following deficiencies were based on observations, record reviews and staff interviews. The sample included 29 residents based on a census of 191 residents on the first day of the survey and six (6) supplemental residents. L 012 1. The Dielician is licensed by the Commission on Dieletic Registration. All paperwork was submitted to the bistrict of Columbia Licensing Body and she has received a DC license. Facility shaft fheated food items prior to serving. Facility cannot retrospectively correct the varying temperature on test iray. This Statute is not met as evidenced by: 2. All licenses were checked and no other staft was determined that facility staff failed to ensure that the dielician was licensed in the District of Columbia. The findings include: 3. The Dietary Staft were notified that license must be maintained with but Dietete Registration and The District of Columbia. Nursing personnet will be in-serviced on the meal schedule and passing lood						Q	PRINTEI FORM): 03/25 LAPPR
095036 9 Wind 03/07/2 NAME OF PROVIDER OF SUPPLIER STREET ADDRESS, CITY STATE 2/P CODE 901 FIRST STREET NW WASHINGTON, DC 20001 (Xei ID PRETX TAS SUMMARY STATEMENT OF DEFICIENCIES PRECEDED by FULL REGULATORY PRETX TAS PROVIDER'S PLAN OF CORRECTION IEACH DEFICIENCY MUST BE PRECEDED by FULL REGULATORY OR USC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION IEACH CORRECTIVE AND OF CORRECTION IEACH CORRECTION OF THE CORNEL AND OF CORRECTION IEACH CORRECTION OF THE CORNEL AND OF CORRECTION IEACH CORRECTION OF THE AND OF CORRECTION IEACH CORRECTION OF THE AND OF CORRECTION INFORMATION OF THE AND OF CORRECTION INFORMATION OF THE AND OF CORRECTION OF THE CORNEL AND OF CORRECTION INFORMATION OF THE AND OF CORRECTION OF THE CO	ATEMENT OF	F DEFICIENCIES CORRECTION						
J B JOHNSON NURSING CENTER 901 FIRST STREET NW WASHINGTON, DC 20001 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES OR LSC (DENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (REFC CORRECTIVE ACTION SHOLD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY) L 000 Initial Comments L 000 An annual licensure survey was conducted March 4 through 7, 2008. The following deficiencies were based on observations, record reviews and staff interviews. The sample included 29 residents based on a census of 191 residents on the first day of the survey and six (6) supplemental residents. 1. The Dietician is licensed by the Commission on Dietetic Registration. All papervork was submitted to the facility and available to the Director. This Statute is not met as evidenced by: Based on record review and staff interview, it was determined that facility staff failed to ensure that the dietician was licensed in the District of Columbia. The findings include: A review of the facility's licenses revealed that the 1. The Dietician is license must the facility staff failed to ensure that the dietician was licensed in the District of Columbia. The findings include: A review of the facility's licenses revealed that the 1. The Dietician the the bistrict of Columbia. The District of Columbia. Uncensing Body and she has received a DC license. Facility staff was employed without DC license. A review of the meas schedule was done to ensure readents trays are passed on record review and staff interview, it was determined that facility staff failed to ensure that the direction was licensed in the District of Columbia. The findings include: 3. The District Staff were notified that license must be maintanind with both Dietecc Registration and the Di	, I		095036				03/0	7/2008
J B JOHNSON NURSING CENTER WASHINGTON, DC 20001 (Xei ig) SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY TAG ID PREFIX IEACH CORRECTIVE ACTION SHOULD BE CROSS. TAG OR LSC DENTFYING INFORMATION IEACH DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY TAG ID PREFIX L 000 Initial Comments L 000 IEACH CORRECTIVE ACTION SHOULD BE CROSS. L 000 An annual licensure survey was conducted March 4 through 7, 2008. The following deficiencies were based on acensus of 191 residents on the first day of the survey and six (6) supplemental residents. 1. The Distician is licensed by the Commission on Diretic Registration. All paperwork was submitted to the District of Columbia Licensing Body and she has received a DC license. Facility slaff reheated food items prior to sarry. Facility cannot retrospectively correct the varying temperature on test itray. L 012 3203.2 Nursing Facilities L 012 A list of all employees, with the appropriate current license or certification numbers, shall be on file at the facility and available to the Director. 1. The District of Columbia Licenspectively correct the varying temperature on test itray. Based on record review and staff interview, it was determined that facility staff failed to ensure that the dielician was licensed in the District of Columbia. 2. All licenses were checked and no other slaff was employed without DC license. A revi	ME OF PRO							
PREFIX TAG IEACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICENCY) L 000 Initial Comments L 000 An annual licensure survey was conducted March 4 through 7, 2008. The following deficiencies were based on observations, record reviews and staff interviews. The sample included 29 residents based on a census of 191 residents on the first day of the survey and six (6) supplemental residents. L 012 L 012 3203.2 Nursing Facilties L 012 A list of all employees, with the appropriate current license or certification numbers, shall be on file at the facility and available to the Director. This Statute is not met as evidenced by: Based on record review and staff interview, it was determined that facility staff failed to ensure that the dietician was licensed in the District of Columbia. L 012 1. The Dietician is licensed by the Commission on Directic Registration. All paperwork was submitted to the Olstrict of Columbia Licensen Body and she has received a DC license. Facility staff reheated load litems prior to serving. Facility cannot retrospectively correct the varying temperature on test fray. Z. All licenses were checked and no other staff was employed without DC license. A review of the meal schedule was done to ensure residents urays are passed in a limely manner. No other residents were affected by this practice B. The Dietary Staff were notified that license must be maintained with both Dietece Registration and The Dietary Staff were notified that license must be maintained with both Dietece Registration and The Dietary Staff were notified that license must be maintained with both Dietevolue and neaselen bod </td <td>BJOHNS</td> <td>ON NURSING CENT</td> <td>ER</td> <td></td> <td></td> <td></td> <td></td> <td></td>	BJOHNS	ON NURSING CENT	ER					
 An annual licensure survey was conducted March 4 through 7, 2008. The following deficiencies were based on observations, record reviews and staff interviews. The sample included 29 residents based on a census of 191 residents on the first day of the survey and six (6) supplemental residents. L 012 3203.2 Nursing Facilties L 012 A list of all employees, with the appropriate current license or certification numbers, shall be on file at the facility and available to the Director. This Statute is not met as evidenced by: Based on record review and staff interview, it was determined that facility staff failed to ensure that the dietican was licensed in the District of Columbia. The findings include: A review of the facility's licenses revealed that the 	PREFIX	LEACH DEFICIENCY MUST	T BE PRECEDED BY FULL R		PREFIX	(EACH CORRECTIVE ACTION SH	OULD BE CROSS-	۲) ۲۵۳۶ ۵۹ ۵۹
 through 7, 2008. The following deficiencies were based on observations, record reviews and staff interviews. The sample included 29 residents based on a census of 191 residents on the first day of the survey and six (6) supplemental residents. L 012 3203.2 Nursing Facilities A list of all employees, with the appropriate current license or certification numbers, shall be on file at the facility and available to the Director. This Statute is not met as evidenced by: Based on record review and staff interview, it was determined that facility staff failed to ensure that the dietician was licensed in the District of Columbia. The findings include: A review of the facility's licenses revealed that the 	L 000	nitial Comments	• • •		L 000	· · · · · · · · · · · · · · · · · · ·		
 L 012 3203.2 Nursing Facilities L 012 Dietetic Registration. All paperwork was submitted to the District of Columbia Licensing Body and she has received a DC license. Facility staff reheated food items prior to serving. Facility cannot retrospectively correct the varying temperature on test tray. C 012 3203.2 Nursing Facilities A list of all employees, with the appropriate current license or certification numbers, shall be on file at the facility and available to the Director. This Statute is not met as evidenced by: Based on record review and staff interview, it was determined that facility staff failed to ensure that the dietician was licensed in the District of Columbia. C 112 3203.2 Nursing Facility's licenses revealed that the Alternia difference on the treat schedule was done to ensure residents ware affected by this practice C 112 3203.2 Nursing Facility's licenses revealed that the in-serviced on the mean passed in a timely manner. No other residents ware affected by this practice C 112 3203.2 Nursing Facility's licenses revealed that the District of Columbia. 	ນ 1 11 11 11	hrough 7, 2008. The based on observation nterviews. The sam based on a census of	the following deficient ons, record reviews a nple included 29 resi of 191 residents on t	cles were and staff dents he first day				
be maintained with both Dieterc Registration and The District of Columbia. Nursing personnet will be in-serviced on the meal schedule and passion lood	A li tt T E d	List of all employed cense or certification the facility and availat his Statute is not r Based on record rev letermined that facil	es, with the appropria on numbers, shall be able to the Director, net as evidenced by view and staff intervie lity staff failed to ens	on file at ew, it was ure that the	L 012	Dietetic Registration. All paperworthe District of Columbia Licensing received a DC license. Facility stitutems prior to serving. Facility car correct the varying temperature of 2. All licenses were checked and employed without DC license. An schedule was done to ensure resi passed in a timely manner. No of	rk was submitted to Body and she has aff reheated food mot retrospectively in test tray. no other staff was eview of the meaf dents trays are	
	· A	review of the facili letician did not have	ly's licenses revealed	d that the District of		 be maintained with both Dietetic R The District of Columbia, Nursing 	egistration and	
Columbia. A face-to-face interview was conducted with the dietician on March 7, 2008 at 11:30 AM. He/she stated, "I am registered with the Commission on Dietetic Registration of the American Dietetic Association. I did not know that I needed a license from the District of Columbia."	A di SI D A	face-to-face intervi ietician on March 7, lated, "I am register ietetic Registration ssociation. I did no	, 2008 at 11:30 AM. red with the Commis of the American Die it know that I needed	He/she sion on tetic		Human Resources Department me reported to Quality Assurance. Mo meal schedule and passing trays v	onthly and othly audits of vill be reported	3/31/
L 051 3210.4 Nursing Facilities L 051	L 051 31	210 4 Nursian Frail	ition .			:		
A charge nurse shall be responsible for the following:	A	charge nurse shall		ie	L UD1			
(a)Making daily resident visits to assess physical and emotional status and Implementing any allh Regulation Administration	(a ar	nd emotional status	ent visits to assess p and implementing a	hysical				

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STATEBENT OF DEPICTIONS (M) PROVIDERSUBPLENCETION NUMBER (M) UNLIFILE CONSTRUCTION (· .		APPROVEL
IMME OF PROVUER OR SUPPLIER STREET ADDRESS. CITY. STATE, 2P CODE 91 B JOHNSON NURSING CENTER 91 FIRST STREET NW WASHINGTON, DC 20001 (#ACM DEFICIENCY WIDTS FERRECEDED BY FULL REGULATORY TAG PROVIDER'S FLAM OF CORRECTION (#ACM OBEFICIENCY WIDTS FERRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D PREFIX (#ACM DEFICIENCY WIDTS FERRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D PREFIX (#ACM OBEFICIENCY WIDTS FERRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D D D PREFIX (#ACM OBEFICIENCY WIDTS FERRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D D D D D D D D D D D D D D D D D D D			IDENTIFICATION NUMB	CLIA ER:	A. BUILDIN		COMPLET	ED
J B JOHNSON NURSING CENTER 91 FIRST STREET NV WASHINGTON, DC 2001 PREFIX FAG USUMMAY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX FAG Image: Continued From page 1 Im			095036				03/07	7/2008
Prefry TAG CACH CONSTRUCT & ACTION SHOLLD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY CoNFINETE DATE L 051 Continued From page 1 required nursing intervention; L 051 1. A review of the clinical record for resident #8 and required nursing intervention; L 051 1. A review of the clinical record for resident #8 and required nursing intervention; (b)Reviewing medication records for completeness, accuracy in the transcription of physician orders, and adherences to stop-order policies; L 051 1. A review of the clinical record for resident #22s diagnosis of diabetes was reviewed and diabetes was addressary to update the care plan for seident #22s care plan. An additional care plan has been written to address clabetes separately which includes goals and approaches. A review of resident #52s care plan was completed and the care plan to include physical aggression. (d)Delegating responsibility to the nursing employee on the unit; and 2. A review of all charts with diabetes and physical aggression was done. No other residents were found to be affected by this practice. (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: 3. Nursing personnel will be re-educated on or are plan updates 8 ased on record review and staff interview for three (3) of 29 sampled residents after fails, one (1) resident for the management of Diabetes Mellitus and one (1) resident far the management of Diabetes Mellitus and one (1) resident far fails, one (1) resident for the management of Diabetes Mellitus and one (1) resident far physical aggression. Residents #8, 17, 12 and S2.			TER	901 FIRST		N		
 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 record review and staff interview for three (3) of 29 sampled resident staft falls, it was determined that the facility staff failed to initiate and/or update care plan and procession. Residents # 8, 17, 12 and S2. The findings include: 1. Facility failed to update Resident #8's care plan after a fall. 	PRÉFIX	(EACH DEFICIENCY MUS	T BE PRECEDED BY FULL REC	GULATORY	PREFIX	(EACH CORRECTIVE ACTION SHOULD B	E CROSS-	(X5) COMPLETE DATE
following nurse's note: February 25, 2008 at 11:00 AM, "Resident stated [I was trying to get my shoe but I was unable to get it]. No injury noted ".	L 051	required nursing int (b)Reviewing medic accuracy in the tran and adherences to (c)Reviewing reside appropriate goals a them as needed; (d)Delegating respond direct resident nurs (e)Supervising and employee on the un (f)Keeping the Direct her designee inform This Statute is not r Based on record ref (3) of 29 sampled ref supplemental resid facility staff failed to plans for two (2) res resident for the mar and one (1) residen Residents # 8, 17, 1 The findings include 1. Facility failed to after a fall. A review of the resid following nurse's no AM, "Resident st	ervention; cation records for comp scription of physician of stop-order policies; ents' plans of care for nd approaches, and re onsibility to the nursing ing care of specific res evaluating each nursin nit; and ctor of Nursing Service ned about the status of net as evidenced by: view and staff interview esidents and one (1) lent, it was determined o initiate and/or update sidents after falls, one (1) lent, it was determined o initiate and/or update sidents after falls, one (1) lent, it was determined o initiate and/or update sidents after falls, one (1) agement of Diabetes I t for physical aggression (2 and S2. e: update Resident #8's co dent's record revealed te: February 25, 2008 tated [I was trying to get	orders, vising staff for idents; ig s or his or residents. v for three that the care 1) Vellitus on. care plan the at 11:00 et my	L 051	 #17 was completed, while both have carrials it was necessary to update both carrials it was necessary to update both carrials it was necessary to update both carrials of diabetes was reviewed and was addressed on the "at risk for weight plan". An additional care plan has been address diabetes separately which includ and approaches. A review of resident # plan was completed and while the reside detailed care plan addressing verbal agg It was necessary to update the care plan physical aggression. A review of all resident's charts with diphysical aggression was done. No other were found to be affected by this practice A review of all charts with falls was done residents were found to be affected by the sum of all charts with falls was done residents or reflect diabetes and physical aggression. Interdisciplinary team will be on care plan updates Monthly audits of care plans will be restored and physical aggression. 	e plans on e plans. ht #12's diabetes loss care written to des goals S2's care int has a rression. to include abetes and residents e. . No other his practice. d on updating al e re-educated	

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB		A. BUILDING		(X3) DATE SU COMPLE	
		095036		B. WING		03/0	7/2008
NAME OF PF			STREET ADD	RESS, CITY, ST	ATE, ZIP CODE		
J B JOHN	SON NURSING CENT	ER	_	TON, DC 20			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REC NTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION SHOU REFERENCED TO THE APPROPRIA	JLD BE CROSS-	(X5) COMPLETE DATE
L 051	Continued From pag	je 2		L 051			
	The care plan was la 2007.	ast updated on Octobe	er 26,				
	Employee # 24 on M He/she acknowledge updated with new go	iew was conducted w larch 6, 2008 at 2:15 ed that the care plan v pals and approaches a e record was reviewed	PM. vas not after the				
	2. Facility staff failed plan after a fall.	to update Resident #	17's care				
	A review of Resident resident fell on Septe	t #17's record reveale ember 10, 2007.	d that the				
	PM, "Resident was the nurses station) le	ed September 10, 200 sitting beneath the c eaning to his/her left s of the wheel chair hitti	lock (in ide and				
	documented the afor September 10, 2007 record that new goal	Resident has history o rementioned fall dated . There was no evide s and approaches we otember 10, 2007 fall.	nce in the re				
	Employee #20 on Ma He/she acknowledge approaches were no	ew was conducted wi arch 7, 2008 at 10:00 ed that new goals and t documented in the c ember 10, 2007. The rch 6, 2008.	AM. are plan				
		to develop a care pla management of Diab					
lealth Regula	tion Administration						

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIEF IDENTIFICATION NUM 095036		(X2) MULTIPL A. BUILDING B. WING		(X3) DATE S COMPLE	
NAME OF PR			STREET ADD	RESS, CITY, STA	TE, ZIP CODE		0172000
J B JOHN	ISON NURSING CEN	TER		STREET NW TON, DC 200			
(X 4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIE: ST BE PRECEDED BY FULL R ENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE A	AN OF CORRECTION CTION SHOULD BE CROSS- APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 051	was admitted to the physician's order w signed on Septemb Glipizide XL 5mg P Diabetic to the dx. The care plan last of lacked evidence the with appropriate go management of Dia A face-to-face inter Employee #7 at ap 2008. He/she ackr lacked goals and a of Diabetes Mellitus March 6, 2008. 4. Facility staff faile Resident S2's phys A review of Reside following nurses' no December 28, 2007 blocking passage w wheelchair attempt up from wheelchair the other resident f March 3, 2008 at 17 another resident as [another resident] y The resident's care interdisciplinary tea was no evidence th	ord revealed that Rese e facility on August 3, rritten on August 23, 2 ber 6, 2007 stated, "S O (by mouth) q (every (diagnosis)." reviewed on February at there was a probler als and approaches f abetes Mellitus. view was conducted y proximately 2:30PM of howledged that the ca pproaches for the ma s. The record was rev d to develop a care p ical aggression. Int S2's record revealed otes: 7 at 11:40 PM, "[Resider and hit the other resi it [Resident S2] back 2:00 PM, " Identified the [man/woman] wh resterday" plan was reviewed by m on February 14, 20 at a care plan with ap	2007. A 2007 and Start y) day. Add 5, 2008, m identified or the with on March 6, re plan nagement iewed on lan for ed the dent S2] in a nt S2] got dent and " d by no kicked y the propriate	L 051			
	goals and approach initiated. tion Administration	nes for physical aggre	ession was				

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB		(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SU COMPLET	
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NAME OF PR	OVIDER OR SUPPLIER			DRESS, CITY, ST		· · · ·	
J B JOHN	ISON NURSING CENT	ON NURSING CENTER 901 FIRST STREET NW WASHINGTON, DC 20001					
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L 051	Continued From pa	ge 4		L 051			
	Employee #19 on N He/she acknowledg	view was conducted w larch 7, 2008 at 10:00 jed that the resident di sical aggression. The i h 7, 2008.	AM. d not have				
L 052	3211.1 Nursing Fac	ilities		L 052			
	Sufficient nursing tir resident to ensure the receives the following		ach		 Resident #5's colonoscopy 3/6/08. Resident #22 was rea: physician and the pacemaker on 3/18/08. Facility cannot re correct resident #26's neuro cl 	ssessed by the primary check was completed trospectively	
		cations, diet and nutriti uids as prescribed, and g care as needed;			2. A review of all charts with particular colonoscopies, and neuro chera No other residents were found practice.	cks has been done.	
	contractures and to	inimize pressure ulcer promote the healing o	f ulcers:		3. Nursing personnel will be re consultations and follow-up ap also be in-serviced on protoco pacemaker procedure	pointments. Staff will	
	resident is comforta evidenced by freedo	y personal grooming s ble, clean, and neat as om from body odor, cle clean, neat and well-gr	s aned and		 Monthly audits of appointme pacemakers will be reported at meetings. 		4/25/08
	(d) Protection from a	accident, injury, and in	fection;				
	(e)Encouragement, care and group activ	assistance, and trainir vities;	ng in self-				
	(f)Encouragement a	ind assistance to:					
		d and dress or be dres and shoes or slippers n good repair;					
	(2)Use the dining ro	om if he or she is able	; and				·
-	tion Administration						
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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIEF IDENTIFICATION NUM 095036		(X2) MULTIP A. BUILDING B. WING		(X3) DATE SL COMPLE	
NAME OF PF	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
J B JOHN	ISON NURSING CENT	ER		STREET NW			
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L 052	Continued From page	ge 5		L 052			
	recreational activitie	es; with eating;					
	(g)Prompt, unhurrie requires or request	d assistance if he or help with eating;	she			:	
	(h)Prescribed adapt him or her in eating independently;	ive self-help devices	to assist				
	(i)Assistance, if nee including oral acre;	ded, with daily hygie and	ne,				
	j)Prompt response t help.	o an activated call be	ell or call for				
	review for three (3) determined that nur a colonoscopy for o pacemaker checks a (1) resident and acc	on, staff interview and of 29 sampled reside sing staff failed to: fo ne (1) resident, perfo as per physician's or urately perform neur esident. Residents #	ents, it was Ilow-up on orm ders for one ological		<i>.</i> .		
	The findings include	:					
	1. Facility staff failed procedure for Resid	to reschedule a colo ent #5.	onoscopy				
	A review of the resid following nursing no	dent's record revealed tes:	d the				
	was called by CNA take a look at reside color. Writer tested i	7:00 AM, "At 6:30AM [Certified Nursing As nt's ****. It was very t for occult blood and appeared weak but s	sistant] to black in t it was		 		
					,		

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If continuation sheet 6 of 15

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB		A. BUILDING	PLE CONSTRUCTION	(X3) DATE SL COMPLE	
		095036		B. WING		03/0	7/2008
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J B JOHN	SON NURSING CENT	ER .	901 FIRST				
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L 052	December 12, 2007	at 3:00 PM, "Color		L 052			
	January 14, 2008, "(done because conse	ary 15, 2008 at 8:00 A Colonoscopy [prepara ent form was not sign /ill reschedule appoint onsible party]"	tion] not ed by				
		order of October 30, It for positive stool gu					
	the physician and da	Consultation Report," a ated December 12, 20 rected "Colonoscopy ent form"	07 and				
	Employee #8 on Ma 11:00 AM. He/she a failed to reschedule colonoscopy that wa	iew was conducted w rch 7, 2008 at approx cknowledged that the the resident for the is first ordered on Dec d was reviewed on Ma	imately facility cember				
		to perform a pacema ent as ordered by the					
	physician's order for	t # 22's record reveale m signed and dated J Pacemaker check eve pril. July, October''.	anuary 9,				
		consultation report in ealed that the pacement to be 29, 2007.					
		nce in the record that maker check in Janua					
Joalth Regula	tion Administration						

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If continuation sheet 7 of 15

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB		(X2) MULTII A. BUILDING	PLE CONSTRUCTION	(X3) DATE SU COMPLE	
	·	095036		B. WING		03/(7/2008
NAME OF PF			STREET ADD	RESS, CITY, ST.	ATE, ZIP CODE		
	ISON NURSING CENT	ER		STREET NU TON, DC 20			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REC NTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SHOU) REFERENCED TO THE APPROPRIAT	D BE CROSS-	(X5) COMPLETE DATE
L 052	Continued From pag	je 7		L 052			
	Employee # 8 on Ma 11:00 AM. He/she a did not have a pacer as per the physician reviewed March 7, 2		kimately resident ry 2008 /as				
	3. Facility staff failed neurological checks	d to accurately perforr for Resident #26.	n				
	nursing note dated E " Approx. 10:00 PM noise. Upon investig	t #26 revealed the foll December 5, 2007 at 7 charge nurse reports gation [charge nurse] head and upper body	10:35 PM, hearing a found				
		none order dated Dec rected, " Neuro chec					
	the resident 's pupils and 10:15 PM. Both	uro Flow Sheet " rev s were checked at 10: pupils were assesse b light and measured 3	:00 PM d as being				
	ophthalmologist date	port of Consultation " ed September 6, 2007 nonreactive to light. E hment "	', " Pupil 🛛				
	Employee #9 on Mar acknowledged that the accurately. The reco	iew was conducted w rch 6, 2008 at 2:30 PM he resident was not a rd was reviewed Marc	M. He/she ssessed				
Health Regula	tion Administration						

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB 095036		(X2) MULTI A. BUILDIN B. WING _		(X3) DATE SU COMPLET 03/0	
NAME OF PR			STREET ADDR	RESS, CITY, ST	ATE, ZIP CODE		
J B JOHN	ISON NURSING CENT	ER	901 FIRST WASHING	STREET N FON, DC 20	3-7	•	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REC INTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION S REFERENCED TO THE APPROP	HOULD BE CROSS-	(X5) COMPLETE DATE
L 108	Continued From page	ge 8		L 108			
L 108	3220.2 Nursing Fac	ilities		L 108			
	forty-five degrees (4 foods shall be above	cold foods shall not e 5°F) Fahrenheit, and e one hundred and for hrenheit at the point o	for hot ty		1. Facility staff reheated food iter Facility cannot retrospectively co temperature on test tray.	prrect the varying	
	to the resident.		, acmicity		2. A review of the meal schedule residents trays are passed in a t other residents were affected by	imely manner. No	
	Based on the observ on March 4, 2008, it	met as evidenced by: vation of a test tray co was determined that	facility		3. Nursing personnel will be in-s schedule and passing food tray		
	45 degrees Fahrenh served above 140 F	e that cold food did not neit (F) and hot foods at the point of deliver eratures were measur ee #9.	were y to the		4. Monthly audits of meal schedu will be reported at the Quality Im		4/15/0
	The findings include	:					
	North at 8:50 AM. T residents at 9:50 AM	rays were delivered to The last tray was pass I. The test tray was c od temperatures were Employee #9:	ed to the hecked				
	2% Milk - 61.6 F Apple Juice - 58.6 F Scrambled Eggs - 8 Bacon - 80.4 F Toast - 81.0 F						
	Employee #9 acknown of the observations.	wledged the findings a	at the time				
L 161	3227.12 Nursing Fac	cilities		L 161	1		
	usage. This Statute is not r	ation shall be removed net as evidenced by: ons on five (5) of six (6					

STATE FORM

6899

FIEN11

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		A. BUILDIN		(X3) DATE SU COMPLE	
		095036		B. WING		03/0	7/2008
IAME OF PR	OVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
j b john	ISON NURSING CEN	ITER		T STREET N STON, DC 24			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	STATEMENT OF DEFICIENCIE ST BE PRECEDED BY FULL F DENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTION REFERENCED TO THE APPRO	SHOULD BE CROSS-	(X5) COMPLETI DATE
L 161	Continued From pa	age 9		L 161			
		as determined that the f expired medications					
	The findings incluc	le:			1. All expired medications were immediately.		
	PM and Wednesda	ch 4, 2008 at approxin ay, March 20, 2008 at	t		2. All medication carts were rev additional expired medications	were observes.	
	medication storage medication was ob	PM an inspection of e areas was conducte served in the medica	ed. All tion carts.		3. A meeting was held with the pharmacy, and the clinical tean regarding importance of dispose medication.	n was re-educated	
		ackaged in blister pa nedications were four			4. The nursing manager will eva medication carts and provide in	formation to the	
	1 North Unit Plavix 75mg tab - e	expiration date of 1/3	/2008		Administration and /or Nursing be presented in the QA meeting		4/15/08
	Albuterol nebulizer	ncy Kit-expiration dat rs, 25/box-expiration o			. -		
	12/2007	zers, 25/box-expiratio					
	Acetaminophen 32 8/2007	25 mg tablets-expiration	on date of				
	expiration date of 3	25 mg tablets, (3) pac 3/2007 25 mg tablets-expiratio					
	expiration date of §						
	expiration date of 7	25 mg tablets,(2) pac 7/2007 00 mg tablets-expiration					
		tablets-expiration date	e of 10/2007				

FIEN11

	OF DEFICIENCIES [®] F CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMB		(X2) MULTIF A. BUILDING	PLE CONSTRUCTION	(X3) DATE SUI COMPLET	
		095036		B. WING		03/0	7/2008
NAME OF PR			STREET ADDR	ESS, CITY, STA	ATE, ZIP CODE		
J B JOHN	SON NURSING CENT	ER	901 FIRST				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REC NTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOULD B REFERENCED TO THE APPROPRIATE DE	E CROSS-	(X5) COMPLETE DATE
L 161	Continued From pag	ge 10		L 161			
	12/2007	mg tablets-expiration					
	date of 3/1/2008 Carbidopa/Levodopa date of 3/1/2008 Docusate Sodium 10 expiration date of 1/2 Docusate Sodium 10 of 11/2007 Fexofenadine 180 m 3/1/2008 4 South Unit Ferrous Sulfate 325 10/2007 Oyster Shell tablets- Bisacodyl 5mg table	a 25/100 mg tablet-ex a 25/100 mg tablet-ex 00 mg capsules, (3) p 2008 00 mg capsules-expira ng tablets-expiration d mg tablets-expiration d expiration date of 12/2 ts-expiration date of 9 mg tablet, (3) packs-e	piration acks- ation date ate of date of 2007				
	date of 10/2007 Acetaminophen 325 8/2007	mg tablet-expiration of		. 214			
L 214		e designed, constructe		L 214			
Health Regula	functional, healthful, supportive environm and the visiting publi This Statute is not n Based on observatio was determined that hazard free environm	net as evidenced by: ons during the survey p facility staff failed to r nent as evidenced by: an extension cord in a	d employee period, it naintain a missing		• • •		

STATE FORM

If continuation sheet 11 of 15

L 214	(EACH DEFICIENCY MUS OR LSC ID Continued From pa residents' rooms ar floor in a resident's	TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL RE ENTIFYING INFORMATION) ge 11 Id a electrical multi-plu room. These observa 2008 in the presence of	901 FIRST WASHING GULATORY	RESS, CITY, ST STREET N TON, DC 20 PREFIX TAG L 214		RECTION JLD BE CROSS- TE DEFICIENCY)	(X5) COMPLET DATE
L 214	SON NURSING CENT SUMMARY S (EACH DEFICIENCY MUS OR LSC ID Continued From pa residents' rooms ar floor in a resident's made on March 7, 2 Employees #1, 2 ar	TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL RE ENTIFYING INFORMATION) ge 11 Id a electrical multi-plu room. These observa 2008 in the presence of	901 FIRST WASHING GULATORY	STREET N TON, DC 20 PREFIX TAG	W 0001 PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION SHOU REFERENCED TO THE APPROPRIA	JLD BE CROSS- TE DEFICIENCY)	(X5) COMPLET DATE
(X4) ID PREFIX TAG	SUMMARY S (EACH DEFICIENCY MUS OR LSC ID Continued From pa residents' rooms ar floor in a resident's made on March 7, 2 Employees #1, 2 ar	TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL RE ENTIFYING INFORMATION) ge 11 Id a electrical multi-plu room. These observa 2008 in the presence of	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION SHOU REFERENCED TO THE APPROPRIA	JLD BE CROSS- TE DEFICIENCY)	(X5) COMPLET DATE
PREFIX TAG	(EACH DEFICIENCY MUS OR LSC ID Continued From pa residents' rooms ar floor in a resident's made on March 7, 2 Employees #1, 2 ar	T BE PRECEDED BY FULL RE ENTIFYING INFORMATION) ge 11 Id a electrical multi-plu room. These observa 2008 in the presence o	IGULATORY	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU REFERENCED TO THE APPROPRIA	JLD BE CROSS- TE DEFICIENCY)	(X5) COMPLET DATE
	residents' rooms ar floor in a resident's made on March 7, 2 Employees #1, 2 ar	d a electrical multi-plu room. These observa 2008 in the presence o		L 214	1. The skid strips identified on the c		
	The findings include 1. The center stairs skid strips. Resider and/or down the sta 7, 2008 at 10:00 AM and March 9, 2008 2. An extension cor connected to the re equipment. 3. Excessive persor rooms 103, 110, 11 4. A multi-plug was resident's electric w observed on the flo	e: were observed with d hts were observed wal irs on the following da <i>I</i> , March 8, 2008 at 12 at 2:30 PM. d in room 228 was ob sident's personal ente hal items were observe 9, and 214. identified as being us theel chair in room 423 or.	of ough 11:00 lamaged lking up ays: March 2:30 PM served ertainment ed in ed for a 3 and was		 replaced. The extension cord was replaced with a facility approved mu was secured to the wall. The multi-423 was secured to the stair wells have been secured. The stair wells have been cloothers were noted to not have skid were rechecked for excessive rooms were found to be affected by 3. An inspection of skid strips will be engineer inspection sheet and replabe made as indicated. Additionally, are done of extension cords and ext. The Engineering Director met with the Engineering Director met with the Engineering Director and secured. The nursing staff have be to notify the Administration team wh cords or excessive items are identified and reported to the Quality Assurar and reported to the Quality Assurar and reported to the Quality Assurar and the provision of the Quality Assurance of the cord of the quality Assurance of the quality	removed and ulti-plug unit which plug unit in room excessive items in red. A meeting ems was Work. All 08. hecked and no strips. All room and /or multi-plug rere identified. All items and no other this practice. he added to accement/repair will daily inspections cessive items. he Admissions ensure that new tension cords are items must be en re-in-serviced hen extension ied by the in the monthly pervisors monitors oncern is corrected	4/25/08
L 410	3256.1 Nursing Fac	ilities		L 410	1. All baseboards, bed frames, corn	ers and lower	
	maintenance servic exterior and the inte sanitary, orderly, co manner. This Statute is not Based on observati tour, it was determin maintain a sanitary	rovide housekeeping a es necessary to maint erior of the facility in a mfortable and attraction met as evidenced by: ons during the enviror ned that facility staff fa facility as evidenced b ames, corners, Heatin	tain the safe, ve nmental ailed to by: soiled		portion of window sills identified in r corrected by 4/25/08 Additionally in HVAC and caulking of shower room will be completed by 4/25/08. The w rooms and ceiling tiles identified in t corrected by 4/25/08. Shower room and 4 South have been reviewed by contractors and will be repaired or r residents were affected by this prace	eport will be nterior surface of ns, and TV room valls surfaces in the the survey will be n doors on 4North y outside eplaced. No	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLI IDENTIFICATION NO 095036				(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED	
			8. WING		03/07/2008		
NAME OF PR			STREET ADD	RESS, CITY, ST	TATE, ZIP CODE		
j b johi	ISON NURSING CEN	TER		TON, DC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	SUMMARY STATEMENT OF DEFICIENCIES DEFICIENCY MUST BE PRECEDED BY FULL REGULA OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION S REFERENCED TO THE APPROP	HOULD BE CROSS-	(X5) COMPLET DATE
L 410	Ventilation and Air window sills, caulki soiled/damaged was shower room doors made in the preser March 7, 2008 from The findings includ The following items 1. Baseboards in ro fountain, 1S TV lou 230 in six (6) of 24 2. Bed frames in ro 119, 122, 123 and observed. 3. Corners in rooms the TV room, 1N cl 230, 4N soiled utility of 36 rooms obser 4. HVAC units soile panel: 104, 105, 12 228, 234, 406, 407 433 in 19 of 36 HV/ 5. Lower portion of 105, 112, 114, 123 window sills observe 6. Caulking: 1N sho	Conditioning (HVAC) ng; marred/scarred/ alls and ceiling tiles and s. These observation nee of Employees #1, n 8:30 AM through 11 e: s were observed soile boms: 103, 123, 1N b inge, 1N soiled utility rooms: 103, 123, 1N b inge, 1N soiled utility rooms: 103, 104, 107, 207 in nine (9) of 24 p s: 105, 107, 110, 114 ean utility room, 214, y room and 4N dining ved. ed on the interior of th 2, 203, 207, 210, 215, 410, 411, 415, 416, AC units observed. window sills in rooms and 214 in seven (7) red.	nd rusted s were 2 and 3 on :00 AM. ed: y the water room and ed. 110, 114, rooms , 122, 1N in 215, 221, g room in 13 he front 5, 219, 221, 426, and s: 103, 104, of 24 N shower	L 410	 Assessment was done of rescommon areas including basebo corners, HVAC, window sills and review of wall surfaces, doors ar conducted. A schedule has bee correct any areas of concern ide A room log has been develop Environmental Services Director Staff has been in-serviced on the resident room and common area This will be utilized for common During monthly and quarterly filt HVAC will be cleaned with a sho the Engineering Director has re- staff and met with Environmenta to coordinate inspection and rep caulking, and walls and ceiling ti The Directors of Engineering Services will monitor and conduc and common areas. This inspect in the QA meeting. 	ards, bedframes, d caulking. Additional ad ceiling tiles were en completed to ntified. The by the and Supervisor. e usage and a requirements. area inspection. er changes the p vac Additionally, educated Engineering I Services Director air of shower rooms, les. and Environmental ct audits of rooms	4/25/08

STATE FORM

FIEN11

If continuation sheet 13 of 15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		095036		B. WING		03/0	7/2008	
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, ST	ATE, ZIP CODE			
	ISON NURSING CEN	TER		STREET N TON, DC 20				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	STATEMENT OF DEFICIENCIESIDPROVIDER'S PLAN OF CORRECTIONUST BE PRECEDED BY FULL REGULATORYPREFIX(EACH CORRECTIVE ACTION SHOULD BE CROSS-IDENTIFYING INFORMATION)TAGREFERENCED TO THE APPROPRIATE DEFICIENCY)				SHOULD BE CROSS-	(X5) COMPLET DATE	
L 410	Continued From page 13 soiled/marred/scarred/damaged: 1. Walls in rooms: 103, 105, 110, 111, 114, 216, 234, 407, 416, 426, and 4S by the TV room in 11 of			L 410	· · · ·			
	36 rooms observed 2. Ceiling tiles in ro 215, 216, 2S TV ro TV room, 4N janito of 36 rooms observ 3. The bottom of th were observed rus room doors observ Employees #1, 2 a	d. poms: 112, 114, 203, 20 pom, 2N shower room, rial closet, 4N shower r	07, 211, 406, 4 N room in 13 pom doors shower					
L 426	3257.3 Nursing Facilities			L 426				
	Each facility shall be constructed and maintained so that the premises are free from insects and rodents, and shall be kept clean and free from debris that might provide harborage for insects and rodents. This Statute is not met as evidenced by: Based on observations during the survey period, it was determined that facility staff failed to maintain a pest free environment as evidenced by crawling and/or flying insects observed throughout the facility. These observations were made in the presence of Employees #1 and 2. The findings include: On March 4, 2008, pests were observed as follows: A crawling insect at 9:00 AM near room 119. A crawling insect at 9:40 AM near room 419.				 Western Pest Control was at survey for their regularly schedu immediately treated the areas ti gnats and 2 crawling insect wer The facility was checked and to be free of insects. The facility has a detailed pe Staff has been in-serviced. Add who are doing construction hav to leave windows open and replineed to remove them. The Director of Environmenta Supervisors monitors the facility information is logged and used Contractor. The outcome is replineed to 	ule inspection. They hat were reported on re observed. all rooms were found est control program. ditionally Contractors e been reminded not lace screens if they al Services and y for insects. This by the Pest Control	4/11/08	
					Improvement Team quarterly.		4/11/08	

STATE FORM

FIEN11

If continuation sheet 14 of 15

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		COMPLE	(X3) DATE SURVEY COMPLETED	
	095036		CO3/07/2008					
	NSON NURSING CENT	ER	901 FIRST	STREET NW ON, DC 200	1			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTION REFERENCED TO THE APPROI	(X5) COMPLETE DATE		
L 426	Continued From page 14 A gnat at 12:25 PM in the 1 N soiled utility room. A gnat at 2:00 PM in room 215. A dead insect at 3:15 PM in room 221. A gnat at 3:30 PM in room 230. On March 5, 2008, pests were observed as follows: A gnat at 8:30 AM, 3N entrance way. A gnat at 10:00 AM in the doorway of room 407. A gnat at 12:30 PM in the basement hallway by the elevators. Employees #1 and 2 acknowledged these findings at the time of the observations.		as follows: m 407. vay by the	L 426	· · · ·			

STATE FORM

6899

FIEN11

If continuation sheet 15 of 15