PRINTED: 05/22/2000 FORM APPROVED

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPL IDENTIFICATION N 095025		A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE S COMPLE - 04/2	
	VIDER OR SUPPLIER	URTHOME	5425 WE	DRESS, CITY, STERN AVE STON, DC 2			
(4) ID REFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENC MUST BE PRECEEDED SC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION S REFERENCED TO THE APPROP	HOULD BE CROSS-	(X5) COMPLETE DATE
Ar Aş de ot fa ba	oril 25 through 27 eficiencies were to servations and in cility staff. The s ased on a census	e survey was condu 7, 2006. The followi based on record rev interviews with resid ample included 15 i of 60 residents on one (1) supplement	ng iew, ents and residents the first	L 000			
(d c c c c c c c c c c c c c c c c c c c	sident to ensure ceives the follow)Treatment, med upplements and fi habilitative nursin)Proper care to n ontractures and to)Assistants in dai e resident is com ridenced by freed nd trimmed nails, oomed hair;) Protection from	ime shall be given to that the resident ing: ications, diet and m luids as prescribed, ng care as needed; ninimize pressure u promote the healir opromote the healir fortable, clean, and lom from body odor, and clean, neat and accident, injury, and	utritional and lcers and ng of ulcers: ng so that neat as , cleaned d well- d infection;	L 052	 <u>1) Corrective Action for the residents specifically ident</u> i) Resident JH1- had a Dilar results on 04/18/06, being 10 which was within therapeuti (laboratory values range 10-This was reviewed with the April 27th, 2006. ii) Resident has not had any seizures. Staff is administeri documenting medications as the physician. There are no r initials as of this date. iii) Staff in-serviced on miss on the MAR, medication adr and documentation guideline 28th, 2006. 	ified: ttin level with 0.7ug/ml c range 20ug/ml.) surveyor on more ng and ordered by new missing ing initials ninistration	04/27/06 05/30/06 04/28/06
se (f) (1 his wl	Elf-care and group Encouragement)Get out of the be s or her own cloth hich shall be clea	, assistance, and tra o activities; and assistance to: ed and dress or be o ning; and shoes or s n and in good repair com if he or she is a	dressed in lippers, r;		28 , 2000. <u>2) How to identify other res</u> <u>risk:</u> All residents receiving Dilant risk.		05/25/06
n Regulatio	n Administration	usan mitta	Igrear	rle	Admilleristra	stor,	

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If continuation sheet 1 of 7

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
ME OF P	ROVIDER OR SUPPLIER	095025			STATE, ZIP CODE	04/27	7/2006
SNER	LOUISE DICKSON-HU	JRTHOME		TERN AVE	NW 0015		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEEDED BY SC IDENTIFYING INFORM	r Full	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE	BE CROSS-	(X5) COMPLETE DATE
L 052	Continued From pa (3)Participate in me	-		L 052	,		
	recreational activitie	es; with eating; ed assistance if he or	she		3) Corrective Action and System Changes: i) Licensed Staff in-serviced on medication administration and documentation guidelines on 05/2		06/11/00
	(h)Prescribed adaptive self-help devices to as him or her in eating independently;		s to assist		through 05/28/06. The rest of the will be in-serviced and completed 06/11/06	staff I by	
	(i)Assistance, if nee including oral acre;	eded, with daily hygie and	ene,		ii) The DON or designee to review all identified residents' charts and MAR's for compliance with medication administration and documentation.		06/11/0
	j)Prompt response for help.	to an activated call b	ell or call		4) Monitoring: The Unit supervisor or designee	10	06/11/0
	Based on observat 1) supplemental re- the nursing staff fai	This Statute is not met as evidenced by: Based on observation and record review for of 1) supplemental resident, it was determined to the nursing staff failed to administer nine (9) doses of Dilantin to Resident JH1 for the mor of April 2006.			perform random audits of MAR' compliance, weekly x 90 days, th monthly thereafter. The results of audit will be reported to the QA committee quarterly.	en	06/11/06
	The findings includ	e:					
	resident JH1 was re dated January 24, 2 mg, 200 mg (4 tabl	a medication record f eviewed. A physician 2006 directed, "Dilan ets) by mouth twice o The medication was s :00 PM.	's order htin 50 laily for				
	(MAR) for April 200 failed to enter his/h Dilantin was admini following dates and April 9 and 10 at 10	ication Administration 6 revealed that the n er initials [indicating t istered to the residen times: April 6 at 6:00 0:00 AM, April 11, 12 t 6:00 PM and April 2	urse that the t] on the PM, and 13 at				

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PREFIX TAG (EQCH DEFICIENCY MUST BE PRECEEDED BY FULL REQUILTORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY) comment parts L 052 Continued From page 2 at 6:00 PM. L 052 L 052 A review of the nurse's note dated April 16, 2006 at 11:00 AM revealed that resident JH1 sustained a petit mal seizure. Documentation in the nurse's note dated April 17, 2006 at 3:00 PM indicated, " Blood drawn today to have Dilantin level done as ordered." The laboratory report results for April 18, 2006, were 10.7 ug/ml, (laboratory values range 10 -20 ug/ml). Prior to the seizure, the most recent laboratory reports results were dated December 29, 2005, the Dilantin level done within normal limits (10.9). L 099 L 099 3219.1 Nursing Facilities L 099 Food and drink shall be clean, wholesome, free from spollage, safe for human consumption, and served in accordance with the requirements set forth in Title 23, Subtitle B, D. C. Municipat Regulations (DCMR), Chapter 24 through 40. This Statute is not met as evidenced by: Based on observations during the survey period, it was determined that dietary services were not adequate to ensure that docds were served in a safe and sanitary manner as evidenced by: hot		T OF DEFICIENCIES DF CORRECTION	Ation (X1) PROVIDER/SUPPLIE IDENTIFICATION NUM		A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SI COMPLE			
NRE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ISNER LOUISE DICKSON HURTHOME 5425 WESTERN AVE NW VAG SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID (X6) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S FLAN OF CORRECTION (X6) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S FLAN OF CORRECTION OWNE (X6) ID STREET ADDRESS, CITY, STATE, ZIP CODE ID PROVIDER'S FLAN OF CORRECTION OWNE (X6) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S FLAN OF CORRECTION OWNE (X6) ID STREET ADDRESS, CITY, STATE, ZIP CODE ID PROVIDER'S FLAN OF CORRECTION OWNE (X6) ID STREET ADDRESS, CITY, STATE, ZIP CODE ID PROVIDER'S FLAN OF CORRECTION OWNE (X6) ID STREET ADDRESS, CITY, STATE, ZIP CODE ID PROVIDER'S FLAN OF CORRECTION OWNE (X6) ID STREET ADDRESS, CITY, STATE, ZIP CODE ID ID OWNE OWNE (X6) ID STREET ADDRESS, CITY, STATE, ZIP CODE ID ID ID ID ID ID ID			095025		B. WING	04/2	7/2006			
ISNEE LOUISE DICKSON HURTHOME WASHINGTON, DC 20015 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES D PROVIDER® FLAN OF CORRECTION HOULD BE CROSS- COMPL COMPL PROVIDER® FLAN OF CORRECTION HOULD BE CROSS- TAGE COMPL PROVIDER® FLAN OF CORRECTION HOULD BE CROSS- TAGE COMPL PROVIDER® FLAN OF CORRECTION HOULD BE CROSS- TAGE COMPL PROVIDER® FLAN OF CORRECTION THE APPROPRIATE DEFICIENCY PROVIDER® FLAN OF CORRECTION FLAN OF CORRECTION TO THE APPROPRIATE DEFICIENCY PROVIDER® FLAN OF CORRECTION FLAN OF CORRECTION AND THE APPROPRIATE DEFICIENCY PROVENTION FLAN OF CORRECTION FLAN OF CORRECTION FLAN OF CORRECTION FLAN OF CORRECTION TO THE APPROPRIATE DEFICIENCY	ME OF P	ROVIDER OR SUPPLIER								
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water supplied to the dish machine was below 140 degrees Fahrenheit and soiled rice, potato, flour and sugar bins, a deep fryer, a kitchen rack, cooking hoods and cereal bowls. The findings include:	L 099	Food and drink sha from spoilage, safe served in accordan forth in Title 23, Su Regulations (DCM) This Statute is not Based on observat it was determined to adequate to ensure safe and sanitary n water supplied to the 140 degrees Fahre flour and sugar bin cooking hoods and	all be clean, wholeson for human consump ince with the requirem ibitile B, D. C. Munici R), Chapter 24 throug met as evidenced by thons during the surve that dietary services we that foods were sen nanner as evidenced he dish machine was enheit and soiled rice, s, a deep fryer, a kitch cereal bowls.	otion, and ents set pal gh 40. r: y period, vere not ved in a by: hot below potato,	L 099					
1. Hot water supplied to the dish machine from		_		- f						

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FORM APPROVED Health Regulation Administration (X3) DATE SURVEY TATEMENT OF DEFICIENCIES. (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION ND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING 095025 04/27/2006 STREET ADDRESS, CITY, STATE, ZIP CODE IAME OF PROVIDER OR SUPPLIER **5425 WESTERN AVE NW** LISNER LOUISE DICKSON HURTHOME WASHINGTON, DC 20015 -(X4)1D SUMMARY STATEMENT OF DEFICIENCIES מו PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-COMPLETE PRÉFIX PREFIX **REGULATORY OR LSC IDENTIFYING INFORMATION**) REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE TAG TAG L 099 Continued From page 3 L 099 the boiler was below the manufacturer's HOT WATER TO DISH MACHINE recommended temperature of 140 degrees IMMEDIATE RESPONSE: Fahrenheit (F) during the rinse cycle. The Dietary Dept. was inserviced to monitor hot water 4/30/06 observed temperature during the rinse cycle was temperatures twice per shift. Also, inserviced to switch to paper if temperature goes below 110 degrees F in one (1) of one (1) observation recommended temperature. 4/26/06 at approximately 2:15 PM on April 25, 2006. Ecolab service call to check hot water booster. Food service contractor regional management 5/05/06 2. The top surfaces of rice, potato, flour and consulted. sugar bins were soiled with food in four (4) of four Engineering contractor consultant provided an 5/16/06 (4) observations at 8:22 AM on April 25, 2006. analysis of temperatures. Magnolia Plumbing evaluation completed. 5/25/06 3. The exterior surfaces and inner electrical and SYSTEMIC CHANGES: Evaluation completed. Determined that consistent gas valve surfaces of the deep fryer were soiled 6/10/06 temperatures would be better assured with change of with accumulated grease and debris in one (1) of existing booster pump. one (1) observation at 8:30 AM on April 25, 2006. MONITORING: Dishwashing staff will monitor 4/30/06 water temperature 3 meals per day, twice per shift. 4. The upper and lower surfaces of the kitchen Temperature log will be monitored daily by rack were soiled with dust and debris in one (1) supervisor on duty. one (1) observation at 8:30 AM on April 25, 2006. Engineering will take weekly temperatures, logged 6/09/06 into PM program and report at QA meetings. 5. Metal filters and sprinkler head covers located Temperature issues will be reported at QA meetings. 7/12/06 under cooking hoods were soiled with accumulated grease and debris in 15 of 15 TOP SURFACES OF BINS IMMEDIATE RESPONSE: observations at 8:35 AM on April 25, 2006. Bins were immediately cleaned and sanitized during 4/25/06 inspection. Staff inserviced on added items to 6. The interior surfaces of cereal bowls were opening and closing checklists. observed to be soiled with leftover food after SYSTEMIC CHANGES: washing and bowls were not allowed to dry before Checking of surfaces of bins was added to storing in a cabinet in 39 of 39 observations at 2: 4/26/06 opening/closing checklist. 45 PM on April 25, 2006. MONITORING: Supervisors will check behind cooks and monitor 4/27/06 daily. L 128 3224.3 Nursing Facilities L 128 SEE ATTACHMENT NUMBER 1 FOR ITEMS 3,4, 5 AND 6 The supervising pharmacist shall do the following (a)Review the drug regimen of each resident at least monthly and report any irregularities to the Medical Director, Administrator, and the Director of Nursing Services; lealth Regulation Administration

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If continuation sheet 4 of 7

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU 095025		(X2) MULT A. BUILDIN B. WING		(X3) DATE S COMPLE 04/2	
ME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY.	STATE, ZIP CODE		
SNER	LOUISE DICKSON-HI	URTHOME		TERN AVE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE Y MUST BE PRECEEDED B' LSC IDENTIFYING INFORM	YFULL	· ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION SHO REFERENCED TO THE APPROPRI	DULD BE CROSS-	(X5) COMPLETE DATE
L 128	 (b)Submit a written the status of the ph staff performances (c)Provide a minim sessions per year including one (1) sindications, contrai effects of common (d)Establish a systed disposition of all consultation of all consultations, and (e)Determine that of that an account of maintained and pe This Statute is not Based on review of that the supervising an inservice regard contraindications and commonly used months The findings include On April 26, 2006, consultant pharma determined that for the consulting pharents January 25, 2005, 2005 and October services conducted included indication 	n report to the Admin harmaceutical services s, at least quarterly; hum of two (2) in-services to all nursing employ ession that includes indications and possi- ily used medications; em of records of reco- ontrolled substances enable an accurate drug records are in o all controlled substances enable an accurate drug records are in o all controlled substances indically reconciled. t met as evidenced by f records, it was dete g pharmacist failed to ding indications, and possible side effe edications.	es and vice ees, ible side eipt and in order and nces is y: ermined o conduct ects of e ams, it was e given by ing dates: st 24, se in- harmacist and	L 128	IMMEDIATE RESPONSE i) Consultant pharmacist pro services in 2005. In-services multiple psychiatric medicat osteoporosis medications, m used to treat Urinary tract in These in-services also include indications for use, contrained possible side effects. ii) Consultant pharmacist wi in-service for all nursing stat includes indications, contrained and possible side effects of of used medications per 22 DC 3224.3(c) regulations. This is scheduled for 05/31/06 to by 06/11/06. Corrective Action and System Changes: i) Consultant pharmacist wi minimum of two (2) in-servitor to all nursing employees, in (1) session that includes ind contraindications and possill effects of commonly used in per 22 DCMR, 3224.3 (c). ii) The in-service coordinative will track / monitor the in-service coordinator or do results reported to the QA of quarterly.	vided 4 in- were on i) ions, edications fections. Hed dications and Il conduct an ff that ndications commonly MR, is in-service be completed temic Il provide a ices per year cluding one ications, ble side nedications or or designee ervices for tracked by the esignee and	06/11/06 06/11/06 06/11/06

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		A. BUILDI		(3) DATE SU COMPLET			
		095025		B. WING		04/27	/2006		
AME OF P			STREET ADD	ADDRESS, CITY, STATE, ZIP CODE					
LISNER	LOUISE DICKSON H	URTHOME	5425 WES WASHING						
-(X4)-ID-		ATEMENT OF DEFICIENCIE	s	D	PROVIDER'S PLAN OF CORRECTIO	N	(X5)		
-PREFIX- TAG		Y MUST BE PRECEEDED B LSC IDENTIFYING INFORM		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEF		COMPLETE DATE		
L 404	Continued From p	age 5	l	L 404					
L 404	3254.20 Nursing F	acilities		L 404					
	temperature shall degrees (150°F) to	fect soiled linens, ho be one hundred and o one hundred sixty d) during the wash cyc	fifty egrees	·	WATER TEMPERATURE OF WASHE IMMEDIATE RESPONSE: Laundry machine contractor called to evalu Contacted Ecolab, Magnolia Plumbing and engineering consultant for evaluations. SYSTEMIC CHANGES: New temperature gauges have been ordered	nate issue.	4/28/06		
	Based on observa it was determined	t met as evidenced by tions during the surve that hot water supplie in laundry had a tem	ey period, ed to		be replaced. Recirculating pump has been of and will be installed. <u>MONITORING:</u> Environmental Services Staff will monitor a	ordered	6/10/06		
	below 150 degree The findings include	s Fahrenheit.			laundry machine temperatures twice daily. temperatures that fall below recommended temperature will be reported to Director of	Any	6/10/06		
	_	to washers in the m	ain		Environmental Services or designee for impaction. Will be incorporated into QA.		7/12/06		
	laundry room was	observed to be 143 of 1) observation at app	degrees F						
L 410	3256.1 Nursing Fa	acilities		L 410					
	maintenance serv exterior and the in	provide housekeepin ices necessary to ma terior of the facility in comfortable and attrac	intain the a safe,		LOWER WALL SURFACES IMMEDIATE RESPONSE: Installed new drywall and plastered hole in SYSTEMIC CHANGES:	n wall.	5/24/06		
	This Statute is no Based on observa it was determined	t met as evidenced b ations during the surve that maintenance an	ey period, d laundry		Engineering staff will be inserviced on rep damage to wall surfaces throughout the fac the need for repair of such damage. <u>MONITORING:</u>	cility and	5/31/06		
	laundry facility wa	adequate to ensure to s maintained in a safe	e and		Director of Engineering will include monit damaged drywall in his monthly inspection	n process	6/09/06		
	lower wall surface to direct the flow of soiled floors and w	is evidenced by: oper is, a pipe that was no of water into an open valls, and accumulation burner surfaces of a	t installed drain, on of dust		and add to his quarterly QA report a section addressing the condition of walls throughou building.		7/12/06		
	These findings we	ere observed in the pr lousekeeping and Ma	esence of						
alth Regu ATE FOR	lation Administration			8899	 T3DS11	lf continuati	ion sheet 6 of 7		

Health Regulation Administration

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI 095025		A. BUILDI	TIPLE CONSTRUCTION	(X3) DATE SU COMPLE 04/27	
	ROVIDER OR SUPPLIER	·	STREET ADD	RESS, CITY	STATE, ZIP CODE		
	LOUISE DICKSON HU	JRTHOME	5425 WES _WASHING				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE MUST BE PRECEEDED BY SC IDENTIFYING INFORM	r FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION SHO REFERENCED TO THE APPROPRI	OULD BE CROSS-	(X5) COMPLETE DATE
L 410	and Nursing staff. The findings includ 1. The lower wall s	e: urfaces on the soiled		L 410	PLASTIC DRAIN PIPE <u>IMMEDIATE RESPONSE:</u> Rerouted the drainpipe to direct the into the open drain. Added suppor permanent placement. <u>SYSTEMIC CHANGES:</u> Laundry personnel will be instructed	t bracket to assure	5/24/06 6/05/06
	by a 12 "x 14 " incl	vas not secured as ev h opening in the wall ions at approximately	in one (1)		proper water drainage and to report improper drainage or water on floo will be posted in the laundry room. Engineering staff will be inserviced line piping installation.	to Engineer any r. As well, a sign	5/31/06
	was not installed to an open drain. W	pe (PVC) in the main o direct the flow of wa ater was observed dr e (1) of one (1) obse 7, 2006.	ater into raining		MONITORING: Laundry personnel will check durin and report as above. FLOOR AND WALL SURFACE IMMEDIATE RESPONSE: Floor and wall surfaces at rear of d	2 <u>S</u>	6/05/06
	were soiled with ac	urfaces at the rear of coumulated dust and observation at 9:15 A	debris in		vacuumed and debris was removed <u>SYSTEMIC CHANGES:</u> Environmental Services will clean on a monthly basis. Laundry person supervisors will be inserviced.	the back of dryers	4/27/06
	4. A gas dryer had on the burner surfa	accumulated dust ar aces in one (1) of one 7 AM on April 27, 200	e (1)		MONITORING: Inspection of the dryers will be che of Environmental Services on mon and will be added to QA checklist.		6/05/06
		- ANI ON APHI 27, 200			GAS DRYER BURNER DEBRIS IMMEDIATE RESPONSE: Burners were cleaned of dust and d during the inspection. SYSTEMIC CHANGES:	-	4/27/06
					Addendum made to maintenance ca Standard Pressing Machine Co. to i check burner surfaces on a quarterl MONITORING: Checking the gas burner surfaces for	nspect, clean and y basis.	5/30/06
					accumulation has been included in cleaning, if necessary, on a monthly	PM program to y basis and will be	6/01/06 7/12/06
	lation Administration				incorporated into Engineering QA		7/12/06

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	Jun. 26.	2006	9:31AM	Lisner	Home		
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TEMENT OF DEFICIENCIES O PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIDENTIFICATION N 095025		A BUILDIN	IPLE CONSTRUCTION	(X3) DATE SI COMPLE 04/2	
ME OF PROVIDER OR SUPPLIER		5425 WE	STERN AVE	STATE, ZIP CODE NW 0015		
REFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENC Y MUST BE PRECEEDED LSC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION SH REFERENCED TO THE APPROPR	OULD BE CROSS-	(X5) COMPLETI DATE
April 25 through 27 deficiencies were 1 observations and i facility staff. The s based on a census	re survey was condu 7, 2006. The followi based on record rev interviews with resid sample included 15 s of 60 residents on one (1) supplement	ing view, lents and residents the first	L 000		•	
resident to ensure receives the follow (a)Treatment, med supplements and f rehabilitative nursi (b)Proper care to r contractures and to (c)Assistants in da	time shall be given t that the resident	utritional , and licers and ng of ulcers: ng so that	L 052	 <u>Corrective Action for the</u> residents specifically identified i) Resident JH1- had a Dilanti results on 04/18/06, being 10. which was within therapeutic (laboratory values range 10-2) This was reviewed with the su April 27th, 2006. Resident has not had any r seizures. Staff is administering 	ied: in level with 7ug/ml range Oug/ml.) urveyor on nore g and	04/27/(05/30/0
evidenced by freed and trimmed nails, groomed hair, (d) Protection from	dom from body odor , and clean, neat and n accident, injury, an t, assistance, and tra	r, cleaned d well- nd infection;		documenting medications as of the physician. There are no ne initials as of this date. iii) Staff in-serviced on missin on the MAR, medication admi and documentation guidelines 28 th , 2006. 2) How to identify other resid	w missing g initials nistration on April	04/28/06
(1)Get out of the b his or her own clot which shall be clea (2)Use the dining n	and assistance to: ed and dress or be o hing; and shoes or s an and in good repai room if he or she is a	slippe rs , ir;		<u>risk:</u> All residents receiving Dilantir risk.		05/25/06
RATORY DIRECTOR'S OR PROVI	mon the the	represe		Admillelistra	for sof	

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TEMEN	equiation Administra T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDERISUPPLIERIC IDENTIFICATION NUMBE		A. BUILDIN	PLE CONSTRUCTION	0. 1081	URVEY
	ROVIDER OR SUPPLIER		TREET ADD	RESS CITY S	STATE, ZIP CODE	04/2	112000
		1		TERN AVE			
NER	LOUISE DICKSON-HI				0015		
() 10		ATEMENT OF DEFICIENCIES			PROVIDER'S PLAN OF CORREC	TION	
4) ID EFIX 'Ag	(EACH DEFICIENCY	MUST BE PRECEEDED BY FU SC IDENTIFYING INFORMATIC		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE I	BE CROSS-	(X5) COMPLETE DATE
. 052	Continued From pa	age 1		L 052			
	recreational activiti (g)Prompt, unhurrid requires or request	ed assistance if he or sh thelp with eating; otive self-help devices to			3) Corrective Action and System Changes: i) Licensed Staff in-serviced on medication administration and documentation guidelines on 05/2 through 05/28/06. The rest of the will be in-serviced and completed 06/11/06	5/06 staff	06/11/06
			or call or one (d that 9)		 ii) The DON or designee to review identified residents' charts and M for compliance with medication administration and documentation <u>4) Monitoring:</u> The Unit supervisor or designee t perform random audits of MAR's compliance, weekly x 90 days, th monthly thereafter. The results of audit will be reported to the QA committee quarterly. 	AR's n. o for en	06/11/06 06/11/06
•	resident JH1 was r dated January 24, mg, 200 mg (4 tabl seizure disorder." for 10:00 AM and 6 The resident's Med (MAR) for April 200 failed to enter his/r Dilantin was admin following dates and April 9 and 10 at 10	a medication record for reviewed. A physician's of 2006 directed, "Dilantin lets) by mouth twice dail The medication was sch	50 y for eduled tecord se t the on the M, d 13 at				

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<u>tealth Is</u>	un. 26. 2006. 9:	31AM LisnerH	ome			No. 1081P.	17	
	t of deficiencies of correction	(X1) PROVIDER/SUPPLIE		(X2) MULTI A. BUILDIN B. WING	PLE CONSTRUCTION G	(X3) DATE SI COMPLE	TED	
		095025				04/2	7/2006	
	ROVIDER OR SUPPLIER	JRTHOME	5425 WES	TERN AVE				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NEMENT OF DEFICIENCIE MUST BE PRECEEDED BY SC IDENTIFYING INFORM/	(FULL	id Prefix Tag	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTION REFERENCED TO THE APPRO	SHOULD BE CROSS-	(X5) COMPLET <u>É</u> DATE	
L 052	at 6:00 PM. A review of the nur at 11:00 AM reveal a petit mal seizure.	se's note dated April led that resident JH1 Documentation in th	sustained e nurse's	L 052				
	Blood drawn today ordered." The labo 18, 2005, were 10. range 10 -20 ug/m most recent labora	7, 2006 at 3:00 PM ind to have Dilantin leve pratory report results 7 ug/ml, (laboratory v l). Prior to the seizure tory reports results w 5, the Dilantin levels 5. (10.9).	I done as for April values o, the vere dated			•		
. 1	Director of Nurses /she acknowledged	at approximately 11:0 (DON) was interview d that there were mis the record was re-	red and he sing					
L 099	3219.1 Nursing Fa	cilities		L 099				
	from spoilage, safe served in accordar forth in Title 23, St Regulations (DCM This Statute is not Based on observa it was determined adequate to ensur safe and sanitary r water supplied to t 140 degrees Fahre		otion, and ents set pal gh 40. y: ey period, were not ved in a by: hot below , potato,					
		ied to the dish maching	ne from		·			J
lealth Reor	lation Administration							

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If continuation sheet 3 of 7

	r of deficiencies of correction	(X1) PROVIDER/SUPP IDENTIFICATION I 095025		(X2) MUL' A. BUILDI B. WING		(X3) DATE SL COMPLE	rvey Ted 1/2006
MEOFP			STREET ADD	RESS. CITY	STATE, ZIP CODE		12000
	LOUISE DICKSON I		5425 WES WASHING	TERN AVI	ENW		
X4)1D REFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENT CY MUST BE PRECEEDED LSC IDENTIFYING INFOR	BY FULL	D PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTION REFERENCED TO THE APPRI	N SHOULD BE CROSS-	(X5) COMPLETE DATE
L 099	Continued From	bage 3		L 099			
`	recommended ter Fahrenheit (F) du observed temper	ow the manufacture mperature of 140 de ring the rinse cycle. ature during the rins	grees The e cycle was		HOT WATER TO DISH M. IMMEDIATE RESPONSE: Dietary Dept. was inserviced to temperatures twice per shift. A switch to paper if temperature	to monitor hot water Also, inserviced to	4/30/06
		one (1) of one (1) o 2:15 PM on April 25			recommended temperature. Feolab service call to check he		4/26/06
	2. The top surfac	es of rice, potato, flo soiled with food in fo	our and		Food service contractor region consulted.	-	5/05/06
		at 8:22 AM on April 2			Engineering contractor consu analysis of temperatures.	•	5/16/06
		urfaces and inner ele as of the deep fryer v			Magnolia Plumbing evaluation <u>SYSTEMIC CHANCES</u> : Evaluation completed. Determination		5/25/06 6/10/06
	with accumulated	I grease and debris on at 8:30 AM on Ap	in one (1) of		temperatures would be better .	essured with change of	0,10,00
	4. The upper and	lower surfaces of th	ie kitchen		MONITORING: Dishwashin water temperature 3 meals per Temperature log will be moni	r day, twice per shift	4/30/06
		with dust and debris on at 8:30 AM on Ap			supervisor on duty. Engineering will take weekly into PM program and report a	temperatures, logged	6/09/06
	under cooking ho	id sprinkler head cov bods were solled with	n {		Temperature issues will be re	ported at QA meetings.	
		ase and debris in 15 1:35 AM on April 25,			TOP SURFACES OF BINS IMMEDIATE RESPONSE. Bins were immediately clean	ed and sanitized during	4/25/06
	observed to be s	rfaces of cereal bow oiled with leftover fo vis were not allowed	od after		inspection Staff inserviced or opening and closing checklist SYSTEMIC CHANGES:	ts.	
		et in 39 of 39 obser			Checking of surfaces of bins opening/closing checklist. <u>MONITORING:</u>	· .	4/26/06
L 128	3224.3 Nursing F	acilities		L 128	Supervisors will check behind daily. SEE ATTACHMENT NUN		4/27/06
	The supervising	pharmacist shall do	the following		3.4, 5 AND 6		
•	least monthly an	ug regimen of each d report any irregula , Administrator, and	rities to the				

ATTACHMENT NUMBER 2

L 099

EXTERIOR SURFACES AND INNER ELECTRICAL AND GAS VALVE SURFACES:

AND GAS VALVE SURFACES:

IMMEDIATE RESPONSE:

Fryer was immediately cleaned during survey on April 27, 2006.

SYSTEMIC CHANGES:

Checking of noted surfaces was added to opening/closing checklist.

MONITORING:

Supervisors will check behind cooks and monitor daily and report at QA meetings.

UPPER AND LOWER SURFACES OF KITCHEN RACK

IMMEDIATE RESPONSE:

Surfaces were immediately cleaned during survey on April 27, 2006.

SYSTEMIC CHANGES:

Added to open/closing checklist.

MONITORING:

Supervisors will check behind cooks and monitor daily and report at QA meetings.

COOKING HOOD FILTERS

IMMEDIATE RESPONSE:

Filters were removed and run through dish machine during survey on April 27, 2006. SYSTEMIC CHANGES:

Filters will be removed by Stock Associate the first Thursday of every month for cleaning beginning on June 1, 2006. All Stock Personnel have been inserviced as of May 26, 2006. MONITORING:

Added to cleaning list for Stock Associate and monitored on Monday and Thursday by supervisor as of June 1, 2006 and will be reported on at QA meetings.

CEREAL BOWLS

IMMEDIATE RESPONSE:

All cereal bowls were removed, washed and air-dried on April 25, 2006. All Dietary staff was inserviced on May 4, 2006 by Ecolab representative.

SYSTEMIC CHANGES:

Inservice all Dietary Staff four times a year in April, July, October and January beginning July 2006.

MONITORING:

Added to closing checklist and added to QA report.

Jun. 26. 2006 9:32AM Lisner Home

TEMENT OF DEFICIENCIES D PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095025			(X2) MULTIPLE CONSTRUCTION A BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/27/2006		
	PROVIDER OR SUPPLIER		5425 WES	TERN AVE		1 0412	112000
X4) ID REFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		
L 128	 (b)Submit a writter the status of the ph staff performances (c)Provide a minimus sessions per year to including one (1) set indications, contrain effects of commoniant (d)Establish a syster disposition of all co- sufficient detail to ereconciliation; and (e)Determine that of that an account of a maintained and per This Statute is not Based on review of that the supervising an inservice regard contraindications and commonly used me The findings include On April 26, 2006, consultant pharman determined that four the consulting phar January 25, 2005, I 2005 and October of services conducted included indications 	a report to the Administramaceutical services, at least quarterly, um of two (2) in-services o all nursing employe ession that includes indications and possibly used medications; em of records of recein introlled substances in enable an accurate all controlled substance flodically reconciled, met as evidenced by f records, it was detern g pharmacist failed to ling indications, and possible side effect edications.	s and ce es, le side pt and ber and ces is mined conduct ts of ms, it was given by g dates: 24, e in- armacist	L 128	IMMEDIATE RESPONSE: i) Consultant pharmacist provides services in 2005. In-services were multiple psychiatric medications osteoporosis medications, mediused to treat Urinary tract infect These in-services also included indications for use, contrainding possible side effects. ii) Consultant pharmacist will or in-service for all nursing staff or includes indications, contrained and possible side effects of corrused medications per 22 DCM 3224.3(c) regulations. This is it is scheduled for 05/31/06 to be by 06/11/06. Corrective Action and System Changes: i) Consultant pharmacist will printing of two (2) in-service to all nursing employees, included indications and possible effects of contraindications and possible effects of commonly used medications and possible effects of contraindications and possible effects of commonly used medications and possible effects of contraindications and possible effects of contraindic	ere on i) is, ications tions. ations and conduct an hat ications mmonly R, n-service completed <u>nic</u> provide a sper year ding one tions, side lications or designee rices for cked by the gnee and	06/11/06 06/11/06 06/11/06

Jun. 26. 2006 <u>n: 9</u> :	:32AM LisnerH	ome	.		No. 1081 ORP.	210000	
ATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;			(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
	095025				04/27	//2006	
ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY,	STATE, ZIP CODE			
OUISE DICKSON HU	JRTHOME						
			0			(XS)	
			PREFIX TAG			COMPLETE DATE	
Continued From page 5		L 404					
3254.20 Nursing Facilities			L 404				
To effectively disInfect solled linens, hot water temperature shall be one hundred and fifty degrees (150°F) to one hundred sixty degrees Fahrenheit (160°F) during the wash cycle.				WATER TEMPERATURE OF WASHERS IMMEDIATE RESPONSE: Laundry machine contractor called to evaluate issue, Contacted Ecolab, Magnolia Plumbing and engineering consultant for evaluations. SYSTEMIC CHANGES:		4/28/06	
Based on observat it was determined washers in the mai	tions during the survey that hot water supplied in laundry had a temp	y period,		be replaced. Recirculating pur and will be installed. <u>MONITORING:</u> Environmental Services Staff laundry machine temperatures	np has been ordered will monitor and log twice daily. Any	6/10/06	
Hot water supplied laundry room was in one (1) of one (1	to washers in the ma observed to be 143 de 1) observation at appro	egrees F		temperature will be reported to Environmental Services or des	o Director of signee for immediate		
3256.1 Nursing Fa	acilities ·		L 410	, · ·			
maintenance servi exterior and the ini sanitary, orderly, c manner. This Statute is no	ces necessary to main terior of the facility in a comfortable and attract t met as evidenced by	ntain the a safe, tive r	•	IMMEDIATE RESPONSE. Installed new drywall and pla SYSTEMIC CHANGES: Engineering staff will be inse	istered hole in wall.	5/24/06 5/31/06	
Based on observa it was determined services were not laundry facility was sanitary manner a lower wall surfaces to direct the flow o soiled floors and w and debris on the	tions during the surve that maintenance and adequate to ensure th s maintained in a safe s evidenced by: openi s, a pipe that was not of water into an open d valls, and accumulatio	y period, l laundry at the and ngs in the installed Irain, n of dust iryer.	· ,	the need for repair of such dat <u>MONITORING:</u> Director of Engineering will i damaged drywall in his month and add to his quarterly QA re	mage. include monitoring hly inspection process eport a section	6/09/06	
	OF DEFICIENCIES OF DEFICIENCIES DF CORRECTION ROVIDER OR SUPPLIER OUISE DICKSON HI SUMMARY ST7 (EACH DEFICIENCY REGULATORY OR I Continued From pa 3254.20 Nursing F To effectively disin temperature shall I degrees (150°F) to Fabrenheit (160°F) This Statute is not Based on observa it was determined washers in the ma below 150 degrees The findings includ Hot water supplied laundry room was in one (1) of one (1 3:30 PM on April 2 3256.1 Nursing Fa Each facility shall maintenance servi exterior and the in sanitary, orderly, of manner. This Statute is not Based on observa it was determined services were not laundry facility was sanitary manner a lower wall surface to direct the flow of soiled floors and v and debris on the	OF DEFICIENCIES FE CORRECTION (X1) PROVIDER/SUPPLIER IDENTIFICATION NUM 095025 ROVIDER OR SUPPLIER 001SE DICKSON HURTHOME OUISE DICKSON HURTHOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY REGULATORY OR LSC IDENTIFYING INFORMA) Continued From page 5 3254.20 Nursing Facilities To effectively disinfect solled linens, hot temperature shall be one hundred and fil degrees (150°F) to one hundred sixty de Fahrenheit (160°F) during the wash cycle This Statute is not met as evidenced by Based on observations during the survey it was determined that hot water supplied washers in the main laundry had a temp below 150 degrees Fahrenheit. The findings include: Hot water supplied to washers in the mai laundry room was observed to be 143 du in one (1) of one (1) observation at appril 3:30 PM on April 26, 2006. 3256.1 Nursing Facilities Each facility shall provide housekeeping maintenance services necessary to main exterior and the interior of the facility in a sanitary, orderly, comfortable and attraction manner. This Statute is not met as evidenced by Based on observations during the surver it was determined that maintenance and services were not adequate to ensure the laundry facility was maintained in a safe sanitary manner as evidenced by: opent lower wall surfaces, a pipe that was not to direct the flow of water into an open disolled floors and walls, and accumulatio and debris on the burner surfaces of a comparison of the face of a comparison of the floor of the face of a comparison of the floor of the facomparison of a comparite floores and walls, and accumulation and	OF CORRECTION DENTIFICATION NUMBER: 095025 095025 ROVIDER OR SUPPLIER STREET ADD SUMMARY STATEMENT OF DEPICIENCIES 9425 WES CEACHOPFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 5 3254.20 Nursing Facilities To effectively disInfect solied linens, hot water temperature shall be one hundred and fifty degrees (150°F) to one hundred sixty degrees Fahrenheit (160°F) during the wash cycle. This Statute is not met as evidenced by: Based on observations during the survey period, it was determined that hot water supplied to washers in the main laundry had a temperature below 150 degrees Fahrenheit. The findings include: Hot water supplied to washers in the main laundry room was observed to be 143 degrees F in one (1) of one (1) observation at approximately 3:30 PM on April 26, 2006. 3256.1 Nursing Facilities Each facility shall provide housekeeping and maintenance services necessary to maintain the exterior and the interior of the facility in a safe, sanitary, orderly, comfortable and attractive manner. This Statute is not met as evidenced by: Based on observations during the survey period, it was determined that maintenance and laundry services were not adequate to ensure that the laundry facility was maintained 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 maint	OF DEFICIENCIES F CORRECTION(X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER: D95025(X2) MULT A BUILDIN B. WING SWINGCOUISE DICKSON HURTHOMESTREET ADDRESS, CITY, S425 WESTERN AVE WASHINGTON, DC 2COUISE DICKSON HURTHOMESTREET ADDRESS, CITY, S425 WESTERN AVE WASHINGTON, DC 2COUISE DICKSON HURTHOMEJ0Continued From page 5L 4043254.20 Nursing FacilitiesL 404To effectively disinfect solied linens, hot water temperature shall be one hundred and fifty degrees (150°F) to one hundred and fifty degrees (150°F) to one hundred and fifty degrees Fahrenheit (160°F) during the survey period, it was determined that hot water supplied to washers in the main laundry had a temperature below 150 degrees Fahrenheit.The findings include:Hot water supplied to washers in the main laundry had a temperature below 150 degrees Fahrenheit.Hot water supplied to washers in the main laundry room was observed to be 143 degrees F in one (1) of one (1) observation at approximately 3:30 PM on April 26, 2006.3256.1 Nursing FacilitiesL 410Each facility shall provide housekeeping and maintenance services necessary to maintain the exterior and the interior of the facility in a safe, sanitary, orderly, comfortable and attractive manner.This Statute is not met as evidenced by: Based on observations during the survey period, it was determined that maintenance and laundry services were not adequate to ensure that the laundry facility was maintained in a safe and sanitary manner as evidenced by: Based on observations during the survey period, it was determined that maintenance and laundry services were not adequate to ensure that the	OP DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA DENTFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A BUILDING B. WING OVER OR SUPPLIER 095025 STREET ADDRESS, CITY, STATE, 2/P CODE S425 WESTERN AVE NW WASHINGTON, DC 20015 OULSE DICKSON HURTHOME STREET ADDRESS, CITY, STATE, 2/P CODE S425 WESTERN AVE NW WASHINGTON, DC 20015 PROMDERS, PLANCY (EACH CONRECTIVE ACTION RESULTION OR LSC DENIFTING INFORMATION) Continued From page 5 L 404 2554.20 Nursing Facilities L 404 To effectively disinfect solied linens, hot water temperature shall be one hundred and fify degrees (160°F) to one hundred sixty degrees Fahrenheit (160°F) to uning the wash cycle. WATER TEMPERATURE IMMEDIATE RESPONSE Fahrenheit (160°F) to uning the survey period, it was determined that hot water supplied to washers in the main laundry had a temperature below 150 degrees Fahrenheit. L 404 The findings include: L 410 MOVIDIORING: Eavironmental Services Staff laundry rachine comported to be 143 degrees F sanitary, romerly, comfortable and attractive manner. This Statute is not met as evidenced by: Based on observations during the survey period, it was determined that maintenance and laundry services were not adequate to ensure that the laundry facility was maintained in a safe, anantary, orderly, comfortable and attractive manner. This Statute is not met as evidenced by: Based on observations during the survey period, it was determined that maintenance and laundry services were not adequate to ensure that the laundry facility was maintaine	OP DEFICIENCIES (X1) PROVIDERSUPPLIENCUA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION B WING (X3) DATE SU COMPLE (X3) DATE SU COMPLE OVORE OR SUPPLIER 5TREET ADDRESS, CIT, STATE, ZIP CODE (X42) OUISE DICKSON HURTHOME 5425 WESTERN AVE. HW WASHINGTON, DC 20015 (X42) SUMMAY STATEMENT OF DEFICIENCIST SUMMAY STATEMENT OF DEFICIENCIST RESULATORY OR USE DENTIFYING INFORMATION) In PECADERS PLANCACORRECTION SHOULD BE CROSS. REFERENCED TO THE APPROPRIATE DEFICIENCY MASHINGTON, DC 20015 Continued From page 5 L 404 L 404 To effectively disinfect soled linens, hot water temperature shall be one hundred and fify degrees (150°F) to one hundred sixty degrees Fahrenheit (150°F) during the wash cycle. L 404 This Statule is not met as evidenced by: Based on observations during the survey period, it was determined that hot water supplied to washers in the main laundry room was observed to be 143 degrees F anitary, orderly, comfortable and attractive manner. L 410 The findings include: L 410 Hot water supplied to washers in the main laundry room was observed to be 143 degrees F anitary, orderly, comfortable and attractive manner. L 410 Each facility shall provide housekaeping and maintenance services necessary to maintain the exterior and the interior of the facility in a safe, sanitary, orderly, comfortable and attractive manner. L 410 Each facility was maintaintenance and laundry services were not adequate to e	

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ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:						B) DATE SURVEY COMPLETED	
		095025		B. WING		04/27	//2006
AE OF PI	ROVIDER OR SUPPLIER	·	STREET ADD	RESS, CITY,	STATE, ZIP CODE	·····	
SNER I	OUISE DICKSON HI	JRTHOME	5425 WES WASHING		-		
(4) ID REFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIS MUST BE PRECEEDED B SC IDENTIFYING INFORM	YFULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE	BE CROSS-	(X5) COMPLETE DATE
L 410	Continued From pa	nge 6		L 410	PLASTIC DRAIN PIPE		
	and Nursing staff. The findings includ	le:			IMMEDIATE RESPONSE: Rerouted the drainpipe to direct the flow into the open drain. Added support bra permanent placement.		5/24/06
	the washer room w by a 12 "x 14 " inc	urfaces on the soiled vas not secured as e h opening in the wall	videnced in one (1)		SYSTEMIC CHANGES: Laundry personnel will be instructed to proper water drainage and to report to H improper drainage or water on floor. A	ingineer any	6/05/06
	on April 27, 2006.	tions at approximate	9:00 AW		will be posted in the laundry room. Engineering staff will be inserviced on line piping installation.	proper drain	5/31/0 6
	was not installed 1 an open drain. W	pe (PVC) in the mair to direct the flow of w later was observed d te (1) of one (1) obse 7, 2006.	vater into		MONITORING: Laundry personnel will check during op and report as above. FLOOR AND WALL SURFACES IMMEDIATE RESPONSE:		6/05/06
	3. Floor and wall s were soiled with a one (1) of one (1)	urfaces at the rear or ccumulated dust and observation at 9:15 /	debris in		Floor and wall surfaces at rear of dryer vacmmed and debris was removed. <u>SYSTEMIC CHANGES:</u> Environmental Services will clean the b on a monthly basis. Laundry personnel	oack of dryers	4/27/06
		l accumulated dust a aces in one (1) of on			supervisors will be inserviced. <u>MONITORING:</u> Inspection of the dryers will be checked of Environmental Services on monthly		6/05/06
		7 AM on April 27, 20			and will be added to QA checklist. <u>GAS DRYER BURNER DEBRIS</u> <u>IMMEDIATE RESPONSE</u> ; Burners were cleaned of dust and debri	s immediately	6/05/06
					during the inspection. <u>SYSTEMIC CHANGES:</u> Addendum made to maintenance contra Standard Pressing Machine Co. to inspe		4/27/06 5/30/06
					check burner surfaces on a quarterly ba MONITORING: Checking the gas burner surfaces for di	sis) Ist	
					accumulation has been included in PM cleaning, if necessary, on a monthly ba- incorporated into Engineering QA repo	sis and will be	6/01/06 *20

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