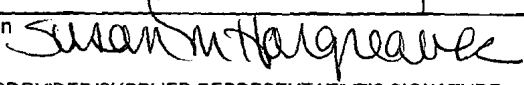
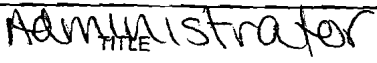


Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  095025	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  04/27/2006
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NAME OF PROVIDER OR SUPPLIER  LISNER LOUISE DICKSON-HURTHOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5425 WESTERN AVE NW WASHINGTON, DC 20015
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L 000	Initial Comments  An annual licensure survey was conducted on April 25 through 27, 2006. The following deficiencies were based on record review, observations and interviews with residents and facility staff. The sample included 15 residents based on a census of 60 residents on the first day of survey and one (1) supplemental resident.	L 000		
L 052	3211.1 Nursing Facilities  Sufficient nursing time shall be given to each resident to ensure that the resident receives the following:  (a) Treatment, medications, diet and nutritional supplements and fluids as prescribed, and rehabilitative nursing care as needed;  (b) Proper care to minimize pressure ulcers and contractures and to promote the healing of ulcers:  (c) Assistants in daily personal grooming so that the resident is comfortable, clean, and neat as evidenced by freedom from body odor, cleaned and trimmed nails, and clean, neat and well-groomed hair;  (d) Protection from accident, injury, and infection;  (e) Encouragement, assistance, and training in self-care and group activities;  (f) Encouragement and assistance to:  (1) Get out of the bed and dress or be dressed in his or her own clothing; and shoes or slippers, which shall be clean and in good repair;  (2) Use the dining room if he or she is able; and	L 052	<p><b>1) Corrective Action for those residents specifically identified:</b></p> <p>i) Resident JH1- had a Dilantin level with results on 04/18/06, being 10.7ug/ml which was within therapeutic range (laboratory values range 10-20ug/ml.) This was reviewed with the surveyor on April 27<sup>th</sup>, 2006.</p> <p>ii) Resident has not had any more seizures. Staff is administering and documenting medications as ordered by the physician. There are no new missing initials as of this date.</p> <p>iii) Staff in-serviced on missing initials on the MAR, medication administration and documentation guidelines on April 28<sup>th</sup>, 2006.</p> <p><b>2) How to identify other residents at risk:</b> All residents receiving Dilantin are at risk.</p>	04/27/06  05/30/06  04/28/06  05/25/06

Health Regulation Administration  
  
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
  
 ADMINISTRATOR  
 6/10/06  
 (X6) DATE

Health Regulation Administration

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NAME OF PROVIDER OR SUPPLIER  <b>MISSNER LOUISE DICKSON HURTHOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5425 WESTERN AVE NW WASHINGTON, DC 20015</b>
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L 052	Continued From page 1  (3) Participate in meaningful social and recreational activities; with eating;  (g) Prompt, unhurried assistance if he or she requires or request help with eating;  (h) Prescribed adaptive self-help devices to assist him or her in eating independently;  (i) Assistance, if needed, with daily hygiene, including oral care; and  (j) Prompt response to an activated call bell or call for help.  This Statute is not met as evidenced by: Based on observation and record review for one (1) supplemental resident, it was determined that the nursing staff failed to administer nine (9) doses of Dilantin to Resident JH1 for the month of April 2006.  The findings include:  On April 25, 2006, a medication record for resident JH1 was reviewed. A physician's order dated January 24, 2006 directed, "Dilantin 50 mg, 200 mg (4 tablets) by mouth twice daily for seizure disorder." The medication was scheduled for 10:00 AM and 6:00 PM.  The resident's Medication Administration Record (MAR) for April 2006 revealed that the nurse failed to enter his/her initials [indicating that the Dilantin was administered to the resident] on the following dates and times: April 6 at 6:00 PM, April 9 and 10 at 10:00 AM, April 11, 12 and 13 at 6:00 PM, April 17 at 6:00 PM and April 23 and 24	L 052	<b>3) Corrective Action and Systemic Changes:</b> i) Licensed Staff in-serviced on medication administration and documentation guidelines on 05/25/06 through 05/28/06. The rest of the staff will be in-serviced and completed by 06/11/06  ii) The DON or designee to review all identified residents' charts and MAR's for compliance with medication administration and documentation.  <b>4) Monitoring:</b> The Unit supervisor or designee to perform random audits of MAR's for compliance, weekly x 90 days, then monthly thereafter. The results of the audit will be reported to the QA committee quarterly.	06/11/06  06/11/06  06/11/06

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L 052	<p>Continued From page 2 at 6:00 PM.</p> <p>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 levels were within normal limits (10.9).</p> <p>On April 27, 2006 at approximately 11:00 AM the Director of Nurses (DON) was interviewed and he /she acknowledged that there were missing initials on the MAR. The record was reviewed on April 26, 2006.</p>	L 052		
L 099	<p>3219.1 Nursing Facilities</p> <p>Food and drink shall be clean, wholesome, free from spoilage, safe for human consumption, and served in accordance with the requirements set forth in Title 23, Subtitle B, D. C. Municipal Regulations (DCMR), Chapter 24 through 40. This Statute is not met as evidenced by: Based on observations during the survey period, it was determined that dietary services were not adequate to ensure that foods were served in a safe and sanitary manner as evidenced by: hot 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.</p> <p>The findings include:</p> <p>1. Hot water supplied to the dish machine from</p>	L 099		

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L 099	<p>Continued From page 3</p> <p>the boiler was below the manufacturer's recommended temperature of 140 degrees Fahrenheit (F) during the rinse cycle. The observed temperature during the rinse cycle was 110 degrees F in one (1) of one (1) observation at approximately 2:15 PM on April 25, 2006.</p> <p>2. The top surfaces of rice, potato, flour and sugar bins were soiled with food in four (4) of four (4) observations at 8:22 AM on April 25, 2006.</p> <p>3. The exterior surfaces and inner electrical and gas valve surfaces of the deep fryer were soiled with accumulated grease and debris in one (1) of one (1) observation at 8:30 AM on April 25, 2006.</p> <p>4. The upper and lower surfaces of the kitchen rack were soiled with dust and debris in one (1) one (1) observation at 8:30 AM on April 25, 2006.</p> <p>5. Metal filters and sprinkler head covers located under cooking hoods were soiled with accumulated grease and debris in 15 of 15 observations at 8:35 AM on April 25, 2006.</p> <p>6. The interior surfaces of cereal bowls were observed to be soiled with leftover food after washing and bowls were not allowed to dry before storing in a cabinet in 39 of 39 observations at 2:45 PM on April 25, 2006.</p>	L 099	<p><b><u>HOT WATER TO DISH MACHINE</u></b> <b><u>IMMEDIATE RESPONSE:</u></b> Dietary Dept. was inserviced to monitor hot water temperatures twice per shift. Also, inserviced to switch to paper if temperature goes below recommended temperature. 4/30/06 Ecolab service call to check hot water booster. 4/26/06 Food service contractor regional management consulted. 5/05/06 Engineering contractor consultant provided an analysis of temperatures. 5/16/06 Magnolia Plumbing evaluation completed. 5/25/06</p> <p><b><u>SYSTEMIC CHANGES:</u></b> Evaluation completed. Determined that consistent temperatures would be better assured with change of existing booster pump. 6/10/06 <b><u>MONITORING:</u></b> Dishwashing staff will monitor water temperature 3 meals per day, twice per shift. Temperature log will be monitored daily by supervisor on duty. 4/30/06 Engineering will take weekly temperatures, logged into PM program and report at QA meetings. 6/09/06 Temperature issues will be reported at QA meetings. 7/12/06</p> <p><b><u>TOP SURFACES OF BINS</u></b> <b><u>IMMEDIATE RESPONSE:</u></b> Bins were immediately cleaned and sanitized during inspection. Staff inserviced on added items to opening and closing checklists. 4/25/06 <b><u>SYSTEMIC CHANGES:</u></b> Checking of surfaces of bins was added to opening/closing checklist. 4/26/06 <b><u>MONITORING:</u></b> Supervisors will check behind cooks and monitor daily. 4/27/06</p> <p><b><u>SEE ATTACHMENT NUMBER 1 FOR ITEMS 3, 4, 5 AND 6</u></b></p>	
L 128	<p>3224.3 Nursing Facilities</p> <p>The supervising pharmacist shall do the following:</p> <p>(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;</p>	L 128		

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L 128	<p>Continued From page 4</p> <p>(b) Submit a written report to the Administrator on the status of the pharmaceutical services and staff performances, at least quarterly;</p> <p>(c) Provide a minimum of two (2) in-service sessions per year to all nursing employees, including one (1) session that includes indications, contraindications and possible side effects of commonly used medications;</p> <p>(d) Establish a system of records of receipt and disposition of all controlled substances in sufficient detail to enable an accurate reconciliation; and</p> <p>(e) Determine that drug records are in order and that an account of all controlled substances is maintained and periodically reconciled. This Statute is not met as evidenced by: Based on review of records, it was determined that the supervising pharmacist failed to conduct an inservice regarding indications, contraindications and possible side effects of commonly used medications.</p> <p>The findings include:</p> <p>On April 26, 2006, during a review of the consultant pharmacist in-service programs, it was determined that four (4) inservices were given by the consulting pharmacist on the following dates: January 25, 2005, May 15, 2005, August 24, 2005 and October 6, 2005. None of these in-services conducted by the consultant pharmacist included indications, contraindications and possible side effects of commonly used medications.</p>	L 128	<p><b>IMMEDIATE RESPONSE:</b></p> <p>i) Consultant pharmacist provided 4 in-services in 2005. In-services were on i) multiple psychiatric medications, osteoporosis medications, medications used to treat Urinary tract infections. These in-services also included indications for use, contraindications and possible side effects.</p> <p>ii) Consultant pharmacist will conduct an in-service for all nursing staff that includes indications, contraindications and possible side effects of commonly used medications per 22 DCMR, 3224.3(c) regulations. This is in-service is scheduled for 05/31/06 to be completed by 06/11/06.</p> <p><b>Corrective Action and Systemic Changes:</b></p> <p>i) Consultant pharmacist will provide a minimum of two (2) in-services per year to all nursing employees, including one (1) session that includes indications, contraindications and possible side effects of commonly used medications per 22 DCMR, 3224.3 (c).</p> <p>ii) The in-service coordinator or designee will track / monitor the in-services for compliance.</p> <p><b>4) Monitoring:</b> This will be monitored and tracked by the in-service coordinator or designee and results reported to the QA committee quarterly.</p>	<p>06/11/06</p> <p>06/11/06</p> <p>06/11/06</p> <p>06/11/06</p>

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L 404	Continued From page 5	L 404		
L 404	<p>3254.20 Nursing Facilities</p> <p>To effectively disinfect soiled 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.</p> <p>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.</p> <p>The findings include:</p> <p>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.</p>	L 404	<p><b>WATER TEMPERATURE OF WASHERS</b> <b>IMMEDIATE RESPONSE:</b> Laundry machine contractor called to evaluate issue. Contacted Ecolab, Magnolia Plumbing and engineering consultant for evaluations.</p> <p><b>SYSTEMIC CHANGES:</b> New temperature gauges have been ordered and will be replaced. Recirculating pump has been ordered and will be installed.</p> <p><b>MONITORING:</b> Environmental Services Staff will monitor and log laundry machine temperatures twice daily. Any temperatures that fall below recommended temperature will be reported to Director of Environmental Services or designee for immediate action. Will be incorporated into QA.</p>	<p>4/28/06</p> <p>6/10/06</p> <p>6/10/06</p> <p>7/12/06</p>
L 410	<p>3256.1 Nursing Facilities</p> <p>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.</p> <p>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: openings in the lower wall surfaces, a pipe that was not installed to direct the flow of water into an open drain, soiled floors and walls, and accumulation of dust and debris on the burner surfaces of a dryer. These findings were observed in the presence of the Directors of Housekeeping and Maintenance</p>	L 410	<p><b>LOWER WALL SURFACES</b> <b>IMMEDIATE RESPONSE:</b> Installed new drywall and plastered hole in wall.</p> <p><b>SYSTEMIC CHANGES:</b> Engineering staff will be inserviced on reporting any damage to wall surfaces throughout the facility and the need for repair of such damage.</p> <p><b>MONITORING:</b> Director of Engineering will include monitoring damaged drywall in his monthly inspection process and add to his quarterly QA report a section addressing the condition of walls throughout the building.</p>	<p>5/24/06</p> <p>5/31/06</p> <p>6/09/06</p> <p>7/12/06</p>

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L 410	<p>Continued From page 6 and Nursing staff.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. The lower wall surfaces on the soiled side of the washer room was not secured as evidenced by a 12 "x 14 " inch opening in the wall in one (1) of two (2) observations at approximately 9:00 AM on April 27, 2006.</li> <li>2. A plastic drainpipe (PVC) in the main laundry was not installed to direct the flow of water into an open drain. Water was observed draining onto the floor in one (1) of one (1) observation at 9:10 AM on April 27, 2006.</li> <li>3. Floor and wall surfaces at the rear of dryers were soiled with accumulated dust and debris in one (1) of one (1) observation at 9:15 AM on April 27, 2006.</li> <li>4. A gas dryer had accumulated dust and debris on the burner surfaces in one (1) of one (1) observation at 9:17 AM on April 27, 2006.</li> </ol>	L 410	<p><b><u>PLASTIC DRAIN PIPE</u></b> <b><u>IMMEDIATE RESPONSE:</u></b> Rerouted the drainpipe to direct the flow of water into the open drain. Added support bracket to assure permanent placement.</p> <p><b><u>SYSTEMIC CHANGES:</u></b> Laundry personnel will be instructed to check for proper water drainage and to report to Engineer any improper drainage or water on floor. As well, a sign will be posted in the laundry room. Engineering staff will be inserviced on proper drain line piping installation.</p> <p><b><u>MONITORING:</u></b> Laundry personnel will check during operating hours and report as above.</p> <p><b><u>FLOOR AND WALL SURFACES</u></b> <b><u>IMMEDIATE RESPONSE:</u></b> Floor and wall surfaces at rear of dryer were vacuumed and debris was removed.</p> <p><b><u>SYSTEMIC CHANGES:</u></b> Environmental Services will clean the back of dryers on a monthly basis. Laundry personnel and supervisors will be inserviced.</p> <p><b><u>MONITORING:</u></b> Inspection of the dryers will be checked by Director of Environmental Services on monthly NF rounds and will be added to QA checklist.</p> <p><b><u>GAS DRYER BURNER DEBRIS</u></b> <b><u>IMMEDIATE RESPONSE:</u></b> Burners were cleaned of dust and debris immediately during the inspection.</p> <p><b><u>SYSTEMIC CHANGES:</u></b> Addendum made to maintenance contract with Standard Pressing Machine Co. to inspect, clean and check burner surfaces on a quarterly basis.</p> <p><b><u>MONITORING:</u></b> Checking the gas burner surfaces for dust accumulation has been included in PM program to cleaning, if necessary, on a monthly basis and will be incorporated into Engineering QA report.</p>	<p>5/24/06</p> <p>6/05/06</p> <p>5/31/06</p> <p>6/05/06</p> <p>4/27/06</p> <p>6/05/06</p> <p>6/05/06</p> <p>4/27/06</p> <p>5/30/06</p> <p>6/01/06</p> <p>7/12/06</p>

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L 052	3211.1 Nursing Facilities  Sufficient nursing time shall be given to each resident to ensure that the resident receives the following:  (a) Treatment, medications, diet and nutritional supplements and fluids as prescribed, and rehabilitative nursing care as needed;  (b) Proper care to minimize pressure ulcers and contractures and to promote the healing of ulcers;  (c) Assistants in daily personal grooming so that the resident is comfortable, clean, and neat as evidenced by freedom from body odor, cleaned and trimmed nails, and clean, neat and well-groomed hair;  (d) Protection from accident, injury, and infection;  (e) Encouragement, assistance, and training in self-care and group activities;  (f) Encouragement and assistance to:  (1) Get out of the bed and dress or be dressed in his or her own clothing; and shoes or slippers, which shall be clean and in good repair;  (2) Use the dining room if he or she is able; and	L 052	<p><b>1) Corrective Action for those residents specifically identified:</b></p> <p>i) Resident JH1- had a Dilantin level with results on 04/18/06, being 10.7ug/ml which was within therapeutic range (laboratory values range 10-20ug/ml.) This was reviewed with the surveyor on April 27<sup>th</sup>, 2006.</p> <p>ii) Resident has not had any more seizures. Staff is administering and documenting medications as ordered by the physician. There are no new missing initials as of this date.</p> <p>iii) Staff in-serviced on missing initials on the MAR, medication administration and documentation guidelines on April 28<sup>th</sup>, 2006.</p> <p><b>2) How to identify other residents at risk:</b> All residents receiving Dilantin are at risk.</p>	<p>04/27/06</p> <p>05/30/06</p> <p>04/28/06</p> <p>05/25/06</p>

Health Regulation Administration *Swan M. Hargreaves* Administrator *[Signature]* 6/10/06 (X6) DATE

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



Health Regulation Administration

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L 052	<p>Continued From page 1</p> <p>(3) Participate in meaningful social and recreational activities; with eating;</p> <p>(g) Prompt, unhurried assistance if he or she requires or request help with eating;</p> <p>(h) Prescribed adaptive self-help devices to assist him or her in eating independently;</p> <p>(i) Assistance, if needed, with daily hygiene, including oral care; and</p> <p>j) Prompt response to an activated call bell or call for help.</p> <p>This Statute is not met as evidenced by: Based on observation and record review for one (1) supplemental resident, it was determined that the nursing staff failed to administer nine (9) doses of Dilantin to Resident JH1 for the month of April 2006.</p> <p>The findings include:</p> <p>On April 25, 2006, a medication record for resident JH1 was reviewed. A physician's order dated January 24, 2006 directed, "Dilantin 50 mg, 200 mg (4 tablets) by mouth twice daily for seizure disorder." The medication was scheduled for 10:00 AM and 6:00 PM.</p> <p>The resident's Medication Administration Record (MAR) for April 2006 revealed that the nurse failed to enter his/her initials [indicating that the Dilantin was administered to the resident] on the following dates and times: April 6 at 6:00 PM, April 9 and 10 at 10:00 AM, April 11, 12 and 13 at 6:00 PM, April 17 at 6:00 PM and April 23 and 24</p>	L 052	<p><u>3) Corrective Action and Systemic Changes:</u></p> <p>i) Licensed Staff in-serviced on medication administration and documentation guidelines on 05/25/06 through 05/28/06. The rest of the staff will be in-serviced and completed by 06/11/06</p> <p>ii) The DON or designee to review all identified residents' charts and MAR's for compliance with medication administration and documentation.</p> <p><u>4) Monitoring:</u> The Unit supervisor or designee to perform random audits of MAR's for compliance, weekly x 90 days, then monthly thereafter. The results of the audit will be reported to the QA committee quarterly.</p>	<p>06/11/06</p> <p>06/11/06</p> <p>06/11/06</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  095025	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  04/27/2006
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NAME OF PROVIDER OR SUPPLIER  LISNER LOUISE DICKSON HURTHOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5425 WESTERN AVE NW WASHINGTON, DC 20015
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L 052	<p>Continued From page 2</p> <p>at 6:00 PM.</p> <p>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 levels were within normal limits (10.9).</p> <p>On April 27, 2006 at approximately 11:00 AM the Director of Nurses (DON) was interviewed and he /she acknowledged that there were missing initials on the MAR. The record was reviewed on April 26, 2006.</p>	L 052		
L 099	<p>3219.1 Nursing Facilities</p> <p>Food and drink shall be clean, wholesome, free from spoilage, safe for human consumption, and served in accordance with the requirements set forth in Title 23, Subtitle B, D. C. Municipal Regulations (DCMR), Chapter 24 through 40. This Statute is not met as evidenced by: Based on observations during the survey period, it was determined that dietary services were not adequate to ensure that foods were served in a safe and sanitary manner as evidenced by: hot 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.</p> <p>The findings include:</p> <p>1. Hot water supplied to the dish machine from</p>	L 099		

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L 099	Continued From page 3  the boiler was below the manufacturer's recommended temperature of 140 degrees Fahrenheit (F) during the rinse cycle. The observed temperature during the rinse cycle was 110 degrees F in one (1) of one (1) observation at approximately 2:15 PM on April 25, 2006.  2. The top surfaces of rice, potato, flour and sugar bins were soiled with food in four (4) of four (4) observations at 8:22 AM on April 25, 2006.  3. The exterior surfaces and inner electrical and gas valve surfaces of the deep fryer were soiled with accumulated grease and debris in one (1) of one (1) observation at 8:30 AM on April 25, 2006.  4. The upper and lower surfaces of the kitchen rack were soiled with dust and debris in one (1) one (1) observation at 8:30 AM on April 25, 2006.  5. Metal filters and sprinkler head covers located under cooking hoods were soiled with accumulated grease and debris in 15 of 15 observations at 8:35 AM on April 25, 2006.  6. The interior surfaces of cereal bowls were observed to be soiled with leftover food after washing and bowls were not allowed to dry before storing in a cabinet in 39 of 39 observations at 2:45 PM on April 25, 2006.	L 099	<b>HOT WATER TO DISH MACHINE IMMEDIATE RESPONSE:</b> Dietary Dept. was inserviced to monitor hot water temperatures twice per shift. Also, inserviced to switch to paper if temperature goes below recommended temperature. Ecolab service call to check hot water booster. Food service contractor regional management consulted. Engineering contractor consultant provided an analysis of temperatures. Magnolia Plumbing evaluation completed. <b>SYSTEMIC CHANGES:</b> Evaluation completed. Determined that consistent temperatures would be better assured with change of existing booster pump. <b>MONITORING:</b> Dishwashing staff will monitor water temperature 3 meals per day, twice per shift. Temperature log will be monitored daily by supervisor on duty. Engineering will take weekly temperatures, logged into PM program and report at QA meetings. Temperature issues will be reported at QA meetings.  <b>TOP SURFACES OF BINS IMMEDIATE RESPONSE:</b> Bins were immediately cleaned and sanitized during inspection. Staff inserviced on added items to opening and closing checklists. <b>SYSTEMIC CHANGES:</b> Checking of surfaces of bins was added to opening/closing checklist. <b>MONITORING:</b> Supervisors will check behind cooks and monitor daily. <b>SEE ATTACHMENT NUMBER 1 FOR ITEMS 3, 4, 5 AND 6</b>	4/30/06  4/26/06  5/05/06  5/16/06  5/25/06  6/10/06  4/30/06  6/09/06   4/25/06  4/26/06  4/27/06
L 128	3224.3 Nursing Facilities  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;	L 128		

**ATTACHMENT NUMBER 2**  
**L 099**

**EXTERIOR SURFACES AND INNER ELECTRICAL 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.

Health Regulation Administration

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L 128	Continued From page 4  (b) Submit a written report to the Administrator on the status of the pharmaceutical services and staff performances, at least quarterly;  (c) Provide a minimum of two (2) in-service sessions per year to all nursing employees, including one (1) session that includes indications, contraindications and possible side effects of commonly used medications;  (d) Establish a system of records of receipt and disposition of all controlled substances in sufficient detail to enable an accurate reconciliation; and  (e) Determine that drug records are in order and that an account of all controlled substances is maintained and periodically reconciled. This Statute is not met as evidenced by: Based on review of records, it was determined that the supervising pharmacist failed to conduct an inservice regarding indications, contraindications and possible side effects of commonly used medications.  The findings include:  On April 26, 2006, during a review of the consultant pharmacist in-service programs, it was determined that four (4) inservices were given by the consulting pharmacist on the following dates: January 25, 2005, May 15, 2005, August 24, 2005 and October 6, 2005. None of these inservices conducted by the consultant pharmacist included indications, contraindications and possible side effects of commonly used medications.	L 128	<b>IMMEDIATE RESPONSE:</b> i) Consultant pharmacist provided 4 in-services in 2005. In-services were on i) multiple psychiatric medications, osteoporosis medications, medications used to treat Urinary tract infections. These in-services also included indications for use, contraindications and possible side effects.  ii) Consultant pharmacist will conduct an in-service for all nursing staff that includes indications, contraindications and possible side effects of commonly used medications per 22 DCMR, 3224.3(c) regulations. This in-service is scheduled for 05/31/06 to be completed by 06/11/06.  <u>Corrective Action and Systemic Changes:</u> i) Consultant pharmacist will provide a minimum of two (2) in-services per year to all nursing employees, including one (1) session that includes indications, contraindications and possible side effects of commonly used medications per 22 DCMR, 3224.3 (c).  ii) The in-service coordinator or designee will track / monitor the in-services for compliance.  <u>4) Monitoring:</u> This will be monitored and tracked by the in-service coordinator or designee and results reported to the QA committee quarterly.	06/11/06   06/11/06   06/11/06

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L 404	Continued From page 5	L 404		
L 404	3254.20 Nursing Facilities  To effectively disinfect soiled 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.	L 404	<b><u>WATER TEMPERATURE OF WASHERS</u></b> <b><u>IMMEDIATE RESPONSE:</u></b> Laundry machine contractor called to evaluate issue. Contacted EcoLab, Magnolia Plumbing and engineering consultant for evaluations. <b><u>SYSTEMIC CHANGES:</u></b> New temperature gauges have been ordered and will be replaced. Recirculating pump has been ordered and will be installed. <b><u>MONITORING:</u></b> Environmental Services Staff will monitor and log laundry machine temperatures twice daily. Any temperatures that fall below recommended temperature will be reported to Director of Environmental Services or designee for immediate action. Will be incorporated into QA.	4/28/06  6/10/06  6/10/06
L 410	3256.1 Nursing Facilities  Each facility shall provide housekeeping and maintenance services necessary to maintain the exterior and the interior of the facility in a safe, sanitary, orderly, comfortable and attractive manner.  This Statute is not met as evidenced by: Based on observations during the survey period, it was determined that maintenance and laundry services were not adequate to ensure that the laundry facility was maintained in a safe and sanitary manner as evidenced by: openings in the lower wall surfaces, a pipe that was not installed to direct the flow of water into an open drain, soiled floors and walls, and accumulation of dust and debris on the burner surfaces of a dryer. These findings were observed in the presence of the Directors of Housekeeping and Maintenance	L 410	<b><u>LOWER WALL SURFACES</u></b> <b><u>IMMEDIATE RESPONSE:</u></b> Installed new drywall and plastered hole in wall. <b><u>SYSTEMIC CHANGES:</u></b> Engineering staff will be inserviced on reporting any damage to wall surfaces throughout the facility and the need for repair of such damage. <b><u>MONITORING:</u></b> Director of Engineering will include monitoring damaged drywall in his monthly inspection process and add to his quarterly QA report a section addressing the condition of walls throughout the building.	5/24/06  5/31/06  6/09/06

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L 410	<p>Continued From page 6 and Nursing staff.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. The lower wall surfaces on the soiled side of the washer room was not secured as evidenced by a 12 "x 14 " inch opening in the wall in one (1) of two (2) observations at approximately 9:00 AM on April 27, 2006.</li> <li>2. A plastic drainpipe (PVC) in the main laundry was not installed to direct the flow of water into an open drain. Water was observed draining onto the floor in one (1) of one (1) observation at 9:10 AM on April 27, 2006.</li> <li>3. Floor and wall surfaces at the rear of dryers were soiled with accumulated dust and debris in one (1) of one (1) observation at 9:15 AM on April 27, 2006.</li> <li>4. A gas dryer had accumulated dust and debris on the burner surfaces in one (1) of one (1) observation at 9:17 AM on April 27, 2006.</li> </ol>	L 410	<p><b><u>PLASTIC DRAIN PIPE IMMEDIATE RESPONSE:</u></b>                      Rerouted the drainpipe to direct the flow of water into the open drain. Added support bracket to assure permanent placement.</p> <p><b><u>SYSTEMIC CHANGES:</u></b>                      Laundry personnel will be instructed to check for proper water drainage and to report to Engineer any improper drainage or water on floor. As well, a sign will be posted in the laundry room.                      Engineering staff will be inserviced on proper drain line piping installation.</p> <p><b><u>MONITORING:</u></b>                      Laundry personnel will check during operating hours and report as above.</p> <p><b><u>FLOOR AND WALL SURFACES IMMEDIATE RESPONSE:</u></b>                      Floor and wall surfaces at rear of dryer were vacuummed and debris was removed.</p> <p><b><u>SYSTEMIC CHANGES:</u></b>                      Environmental Services will clean the back of dryers on a monthly basis. Laundry personnel and supervisors will be inserviced.</p> <p><b><u>MONITORING:</u></b>                      Inspection of the dryers will be checked by Director of Environmental Services on monthly NF rounds and will be added to QA checklist.</p> <p><b><u>GAS DRYER BURNER DEBRIS IMMEDIATE RESPONSE:</u></b>                      Burners were cleaned of dust and debris immediately during the inspection.</p> <p><b><u>SYSTEMIC CHANGES:</u></b>                      Addendum made to maintenance contract with Standard Pressing Machine Co. to inspect, clean and check burner surfaces on a quarterly basis.</p> <p><b><u>MONITORING:</u></b>                      Checking the gas burner surfaces for dust accumulation has been included in PM program to cleaning, if necessary, on a monthly basis and will be incorporated into Engineering QA report.</p>	<p>5/24/06</p> <p>6/05/06</p> <p>5/31/06</p> <p>6/05/06</p> <p>4/27/06</p> <p>6/05/06</p> <p>6/05/06</p> <p>4/27/06</p> <p>5/30/06</p> <p>6/01/06</p>