	OF DEFICIENCIES [≈] CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM 095025		A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SUI COMPLET	
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, ST	TATE, ZIP CODE		
LISNER L	OUISE DICKSON HU	RTHOME		TERN AVE			
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L 000	Initial Comments			L 000			
	March 25 through 2 deficiencies were b resident interviews	e survey was conduct 27, 2008. The followir based on observations and record review. T nts and five (5) supple	ng , staff and he sample				
L 051	3210.4 Nursing Fac	cilities		L 051	L-051 Plan of Correction		
	following: (a)Making daily res	all be responsible for t ident visits to assess	physical		Behaviors 1.) Immediate Response was developed with goals for the identified resident w	and approaches	3/26/
	required nursing inf (b)Reviewing medic accuracy in the tran	us and implementing a tervention; cation records for com nscription of physician stop-order policies;	pleteness,		2.) Corrective Action: A review will be conducted b Social Services of all Nurs residents, identifying all rebehaviors.	by the Director of sing Facility	4/25/0
	appropriate goals a them as needed;	ents' plans of care for ind approaches, and r	-		The Director of Social Ser all corresponding care pla and approaches are in pla residents with behaviors.	ns to ensure goal ice for all	
		onsibility to the nursing ing care of specific res		1	3.) Systemic Changes:		
	(e)Supervising and employee on the ur	evaluating each nursi hit; and	ng		(i) The Director of Social s or designee will review res	sidents identified	5/11/08
	her designee inform	ctor of Nursing Service ned about the status o met as evidenced by:	es or his or f residents.		as having new behaviors of havior, and a Care Plan w with goals and approaches	ill be put in place	
	(3) supplemental re	view and staff intervie sidents, it was determ iled to develop a care ies	ined that		(ii) A Care Plan will be put reviewed and updated upd the facility, quarterly and w in resident condition for all with behaviors	on admission to vith any change	1

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L 051	with a pacemaker a ability to swallow. F The findings include 1. The charge nurse with goals and appr behaviors. A review of the nurs "December 4, 2007 during PM care resi forearm. Red linear	with behaviors, one and assess one (1) re Resident F1, F4 and	sident's JH1. care plan F1 with ne following: eported that n her right forearm	L 051	L-051 Plan of Correction, (iii) Staff will be in-service porting resident behavior ning of behaviors by the f Services 4.) Monitoring: (i) The Interdisciplinary C Team will review weekly dents identified as having in behavior. (ii). The Director of Socia or designee will conduct a audit to monitor that resid haviors have a correspon in place with goals and ap report findings to the Qua Committee, quarterly.	ed on re- s and care-plan- Director of Social are Plan reports of resi- g new or a change I Services a sample record dents with be- nding Care Plan pproaches, and	5/11/08
		at 9:30 AM, Resident ast while transferring			Pacemaker 1.) Immediate Respons was developed with goals for the identified resident	s and approaches	3/26/08
		e plan last updated/re cked evidence of go ess the resident's ph	als and		2.) Corrective Action: A review will be conducted Coordinator of all Nursing identifying all residents wi	by the MDS Facility residents	4/25/08 ,
	A face-to-face interv Employee #2 on Ma He/She reviewed the and acknowledged to developed to addres behavior. The recor 2008.	rch 26, 2008 at 2:25 e care plan section o that there was no car as the resident's physic	PM. f the chart e plan sical		The MDS Coordinato corresponding care plans and approaches are in pla residents with a pacemak 3.) Systemic Changes: (i)The MDS Coor signee will review residen	to ensure goals ace for all aer. dinator or de-	4/25/08 5/11/08
	2. The charge nurse with goals and appro				having a pacemaker or ne pacemaker, and a Care P place with goals and appr	ewly-inserted Plan will be put in	

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	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUME 095025		(X2) MULTI A. BUILDIN B. WING		(X3) DATE SUR COMPLETE	
		000000		VORSS CITY, ST			12000
		RTHOME	5425 WES	STERN AVE I	NW	_	
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L 051	Continued From pag pacemaker. A review of the annu completed April 10, [Disease Diagnoses status post pacemal A review of the care January 16, 2008 lad approaches to addre pacemaker. A face-to-face interv Employee #3 on Ma He/she reviewed the and acknowledged to developed for a resider record was reviewed 3. The charge nurse for the ability to swall On Tuesday, March 11:00 AM, during the Resident JH1 was un The resident was ad	age 2 hual Minimum Data Se , 2007 revealed that in s] the resident was con aker. e plan last updated/rev acked evidence of goa ress the resident with a view was conducted w arch 26, 2008 at 2:25 f ie care plan section of that there was no care bident with a pacemake of on March 26, 2008. e failed to assess Resi allow medications. n 25, 2008, at approxim ne morning medication unable swallow one (1) dministered medication	n Section I oded for viewed on als and a with PM. f the chart e plan er. The sident JH1 mately n pass,) tablet. ns with	L 051	L 051 Plan of Correction, co (ii) A Care Plan will reviewed and updated upon the facility, quarterly and wit in resident condition for all re with a pacemaker. (iii) Staff will be in-se porting changes/use of pace care-planning for residents v ers. 4.)Monitoring: (i) The Interdiscipline Team will review weekly rep dents identified as having a or need for pacemaker care (ii). The MDS Coord nee will conduct a sample re monitor that residents with p have a corresponding Care and report findings to the Qu surance Committee, quarter Ability to Swallow Medicatior 1.) Immediate Response:	ontinued be put in place, n admission to th any change residents erviced on re- emakers and with pacemak- nary Care Plan ports of resi- new pacemakers plan in place uality As- rly. n Resident	5/11/08
ł	pudding and water. consumed a can of E and another glass of swallow one (1) table Employee #7 remove	Even though the resid Ensure, a glass of ora of water the resident did let, later identified as S yed the tablet from the 25 minutes for the res	ident ange juice id not Slow Mag. e resident's		#JH1's difficulty in swallowin was reported to physician ar ordered to crush all crushabl 2.) Corrective Action: The will observe all residents for swallow medication and repor swallowing difficulties to the	ng medications nd physician le medications. e Charge Nurse ability to ort any with	
	During a face-to-face at approximately 12:(acknowledged that th	e interview, on March :00 PM, Employee #7 the resident had difficu edications. However, h	ulty		The Charge Nurse or design a physician order to crush all medications and to obtain liq whenever possible, for all res identified.	II crushable juid medications	3

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SL COMPLE	TED
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L 051	26, 2008 at approxi #8. He/She stated, medication to the re	he charge nurse. view was conducted mately 12:00 PM wit "When I administe sident, (prior to this	h Employee red date), the	L 051	L 051 Plan of Correction 3.) Systemic Changes: Licensed nurses were in- swallowing evaluations, c medications and notifying resident swallowing probl	serviced on crushed physician of	4/9/08
	medication to the resident, (prior to this date), the resident spit out the medication and would sometimes refuse the medications." He/she did n report it to the charge nurse. During a face-to-face interview, on March 26, 200 at approximately 12:00 PM, Employee #3 was no aware that the resident spit out and refused medication and had difficulty swallowing.		/she did not		In-service SLP on proper the entire SLP Evaluation	completion on	4/25/08
			≴3 was not ised		Licensed nurses will repo	ort to the Charge	5/11/08
	An interim order dat documented that the pureed diet. The speech therapis	e resident was to rec	ceive a		Nurse any resident having swallowing their medication Nurse or designee will no	on. The Charge	
	November 30, 2007 evidence that the sp resident for swallow Evaluation Form," th was marked, "not ap	for cognition. There beech therapist evalutions. According to the area entitled "Swa	e was no Jated the e, "Speech		and obtain orders to crush medications and obtain lic whenever possible.		
	The following sectio were not completed Evaluation Form": Oral: Stasis, Mastication Pharyngeal: Swallow Cough/Throat Clear Swallows Risk Of: Choking, As Malnutrition	(left blank) on the "S Pocketing, Labial L w Delay, Gurgly Voc , Stasis	Speech _oss, al Quality, s/Multiple		4.) Monitoring: The Charg or designee will perform random audits of resident medication administration resident ability to swallow compliance with crush me and report findings to the Assurance Committee qua	s during , to check medications, edication orders Quality	5/11/08
	The record was revi	ewed on March 26, 2	2008.				

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	OF DEFICIENCIES - CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU 095025		(X2) MULT A. BUILDIN B. WING _		(X3) DATE SUF COMPLET	ED
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L 080	Continued From page	ge 4	······································	L 080			r <u> </u>
L 080	3216.1 Nursing Fac	silities		L 080	L 080 — Plan of Correct	tion	
	Each resident has the and chemical restration of the statute is not in Based on observation and record review for residents and one (determined that fact seatbelt as a restration of the status of th	ints. net as evidenced by on, staff and resider or three (3) of 15 sa 1) supplemental res ility staff failed to ide int for four (4) reside	r: nt interviews mpled ident, it was entify a		1.) Immediate Respons seat-belt use was re-ass the seat-belt was change self-releasing seat-belt, w self-release. The physicia chart and the Care Plan for was reviewed and update	essed and d to a Velcro /hich resident can an order is in the or this resident	4/15/08
	 Residents # 2, 4, 8, and A1. The findings include: 1. Facility staff failed to identify a seatbelt as a restraint. Resident #2. Resident #2 was observed in the day room on March 25, 2008, at approximately 10:10 AM and March 26, 2008 in the day room across from the nursing station seated in a wheelchair and wearing a padded seat belt. 		elt as a		change. Resident #4's, #8 seat-belt use was re-asse continued secondary to re needing the device. The are in the chart and the C	essed and dis- esidents not physician orders are Plans for	
				these residents have been updated to reflect these c 2.) Corrective Action : All a seat-belt will be re-eval Rehabilitation Departmen	hanges. I residents having luated by the	4/25/08	
	On March 26, 2008 interview was condu Employees #10 and he/she was able to o tugged at the seat b stated, "No". Both e resident is unable to keep him/her from fa	acted with the reside 12. The resident was open the seat belt. elt, shook his/her he mployees responde self-release the se	ent and as asked if The resident ead and d, "The	н Э-	 (i) Based on the re-evaluation (ii) Based on the require the belt will have the seat-belt by the physician and their be updated. (ii) Based on the re-evaluation (iii) Based on the re-evaluation (ii) Based on the re-evaluation (iii) Based on the re-evaluation (i	e use of a seat- t discontinued · Care Plans will ation, residents ut are unable to Il be identified as	
	A review of the phys 25 and November 2 directed: "Treatmen large side rail pads safety"	0, 2007, and March ts: May have air ma	1, 2008, ttress, 2		the physician order and th will be updated and put in	e Care Plan	
	A review of the "Res Plan" dated March 1						

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE LISNER LOUISE DICKSON HURTHOME 5425 WESTERN AVE NW WASHINGTON, DC 20015 (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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- (EACH CORRECTIVE ACTION SHOULD BE CROSS- OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY) (x5) COMPLE DATE L 080 Continued From page 5 physical restraint. L 080 L 080 Plan of Correction, Continued		OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUME		(X2) MULTI A. BUILDIN B. WING		(X3) DATE SU COMPLE	TED
S425 WESTERN AVE NW WASHINGTON, DC 20015 JUB SummARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE FRECEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION) In PREFX TAG PROVIDER'S FLAN OF CORRECTION (EACH DEFICIENCY MUST BE FRECEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION) Owner Design			095025				03/2	//2008
Preferx EACH DEFICITIVE ACTIONS MOULD BE CROSS- OR LSC IDENTIFYING INFORMATIONY Continued From page 5 L 080 L 080 Continued From page 5 L 080 L 080 Plan of Correction, Continued A face-to-face interview was conducted on March 26, 2008, at approximately 2:30 PM with Employees #1 and 11. Both acknowledged that the resident's use of a seatbelt was not identified as a restraint. The record was reviewed on March 26, 2008, 2008, 2008, 2008 at restraint. Resident #4. L 080 L 080 Plan of Correction, Continued 5/11/0 2. Facility staff failed to identify a seatbelt as a restraint. Resident #4. The Rehabilitation Department will evaluate residents upon admission for appropriatenessary, residents will be re-evaluated quarterly, with any significant change and as needed for the use of a seat-belt was asked if he/she was able to open the seat belt. The resident tagers were contracted. Employee #13 on March 25, 2008 at approximately 11:35 AM. The resident tuged at the resident tig for seat-belt. The resident is unable to self-release will be resident tig for seat-belt. Where seat-belt use of a seat-belt use of a seat-belt use of a seat-belt was asked if he/she was able to open the seat belt. The resident is for safety. The resident is for safety. The resident use for a seatbelt, they show any any 2 [Wo] small side rail padsseatbelt, to support safety and independence* Soft independence* Soft independence* A review of the "Resident Interdisciplinary Care Plan relations of a seatraint. A force-to-face interview was conducted on March Soft independence* </th <th></th> <th></th> <th>JRTHOME</th> <th>5425 WES</th> <th colspan="4">5425 WESTERN AVE NW</th>			JRTHOME	5425 WES	5425 WESTERN AVE NW			
 L 080 Plan of Correction, Continued A face-to-face interview was conducted on March 26, 2008, at approximately 2:30 PM with Employees #1and 11. Both acknowledged that the resident's use of a seatbelt was not identified as a restraint. The record was reviewed on March 26, 2008, 2008 at 11:35 AW and March 26, 2008, 2008 at approximately 11:35 AW. The resident is used to the use of a seat-belt. An interview was conducted with the resident and Employee #13 on March 25, 2008 at approximately 11:35 AW. The resident was able to open the seat belt. The resident stugged at the seat belt, shock his/her head and stated, "No", the resident is unable to self-release will be to open the seat belt. The resident tugged at the seat belt, shock his/her head and stated, "No", the resident is unable to self-release the seatbelt. " According to a review of the physician's orders dated January 7, 2008, "Restraint / Safety Devices: May have 2 [two] small side rail padsseatbelt, to support safety and independence" A review of the "Resident Interdisciplinary Care Plan 'dated March 8, 2008 checked "No" for physical restraint. A fece-to-face interview was conducted on March A fece-to-face interview was conducted on March A face-to-face interview was conducted on March 	PREFIX	(EACH DEFICIENCY MU	IST BE PRECEDED BY FULL RE	GULATORY	PREFIX	(EACH CORRECTIVE ACTION SHOL	JLD BE CROSS-	(X5) COMPLE DATE
May have 2 [two] small side rail padsseatbelt, to support safety and independence"treat medical symptoms. Seat-belt use will be reduced, eliminated, or changed to a least-restrictive device whenever possible.A review of the "Resident Interdisciplinary Care Plan" dated March 8, 2008 checked "No" for physical restraint.treat medical symptoms. Seat-belt use will be reduced, eliminated, or changed to a least-restrictive device whenever possible.A face-to-face interview was conducted on March4.) Monitoring: The Safety committee will review all new and changed orders for seat-belt and restraint	L 080	physical restraint. A face-to-face interview was conducted on March 26, 2008, at approximately 2:30 PM with Employees #1and 11. Both acknowledged that the resident's use of a seatbelt was not identified as a restraint. The record was reviewed on March 26, 2008. 2. Facility staff failed to identify a seatbelt as a restraint. Resident #4. Resident #4 was observed on March 25, 2008, 2008 at 11:35 AM and March 26, 2008, 2008 at 12:4 0 PM in the day room across from the nursing station seated in a wheelchair and wearing a padded seat belt. An interview was conducted with the resident and Employee #13 on March 25, 2008 at approximately 11:35 AM. The resident was asked if he/she was able to open the seat belt. The resident tugged at the seat belt, shook his/her head and stated, "No", the resident's fingers were contracted. Employee #13 responded; "The seat belt is for safety. The resident is unable to self-release the seatbelt. " According to a review of the physician's orders dated January 7, 2008, "Restraint / Safety Devices:		L 080	3.) Systemic Changes: In-s staff on seat-belt use, use of proper identification of seat-l restraint. In-service staff on of physician order whenever se straints are ordered. The Rehabilitation D evaluate residents upon adm propriatenesss of seat-belt u belt is necessary, residents of uated quarterly, with any sig and as needed for the use of Residents who requi but are unable to self-release identified as using a restrain Where seat-belts or necessary, physicians' order obtained and a correspondin reflecting the use of a restrai in place and updated as requi seat-belt or restraints will be for the least-restrictive device	service restraints, and belts as a btaining a eat-belts or re- repartment will hission for ap- se. If a seat- will be re-eval- nificant change f a seat-belt. ire a seat-belt. ire a seat-belt e will be g Care Plan nt will be put uired. re the use of a re-evaluated e to maintain		
A face-to-face interview was conducted on March 5/11/08 changed orders for seat-belt and restraint		May have 2 [two] s support safety and A review of the "Re Plan" dated March	mall side rail padsse independence" esident Interdisciplinary	atbelt, to Care		treat medical symptoms. Seat-belt use will be eliminated, or changed to a le device whenever possible.	reduced.	
		A face-to-face inter		h March		committee will review all new changed orders for seat-belt		5/11/08

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L 080	Continued From pag	ge 6		L 080			
L 080	Employees #1 and 1 resident's use of a s restraint. The record 2008. 3. Facility staff failed restraint. Resident # Resident #8 was obs approximately12:10 from the nursing stat wearing a padded se An interview was con Employees #1, 7 and approximately 10:40 he/she was able to of tugged at the seat be stated, "No." Employ resident cannot oper According to the resi 25, 2008: "Approach includedApplication self-releasing seat b The same care plan restraint. The resident's record use of a restraint. A face-to-face intervi 26, 2008, at approxim	11. Both acknowledge eatbelt was not identi was reviewed on Ma to identify a seatbelt a. served on March 26, 2 AM in the day room a tion seated in a whee eat belt. nducted with the resident at belt. nducted with the resident was open the seat belt. The elt, shook his/her hear ree #7 responded; "The the seatbelt ". ident's care plan date is afety support de elt with alarm" was checked "No" for d lacked a physician's iew was conducted or mately 2:30 PM with E	fied as a rch 26, as a 2008 at cross lchair and 08, at as asked if e resident d and ne d January vices physical order for march employees	L 080		·	
	use of a seatbelt was	owledged that the res s not identified as a re ewed on March 26, 20	straint.				
	tion Administration		l				

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SALE Summary stratement or DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES TAG PROVIDER'S PLAN OF CORRECTION DECAY DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OLSC. DEFITYING INFORMATION DO PREFIX TAG PROVIDER'S PLAN OF CORRECTION EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OLSC. DEFITYING INFORMATION DO PREFIX TAG PROVIDER'S PLAN OF CORRECTION EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY TAG DO PREFIX TAG PROVIDER'S PLAN OF CORRECTION EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY TAG DO PREFIX TAG PROVIDER'S PLAN OF CORRECTION EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY TAG DO PREFIX TAG PROVIDER'S PLAN OF CORRECTION EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY TAG DO PREFIX TAG PROVIDER'S PLAN OF CORRECTION EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY TAG DO PREFIX TAG PROVIDER'S PLAN OF CORRECTION TAG DO PREFIX TAG L 080 Continued From page 7 L 080 L 080 L 080 L 083 For State TAG DO PREFIX TAG DO PREFIX TAG DO PREFIX TAG DU PREFIX TAG DE PREFIX TAG DU PREFIX TAG DU PREFIX TAG		095025				03/27/2008
PHERY TAG CEACH OPERCENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DEMTRY INFORMATION PREFX TAG CEACH OPERCENCY ACTION SHOULD BE CROSS- REPERCED TO THE APPROMIATE DEFICIENCY L 080 Continued From page 7 L 080 A. Facility staff failed to identify a seabelt as a restraint. Resident A1. L 080 Resident A1 was first observed during initial tour of the facility on March 25, 2008 at approximately 10:10 AM in own room seated in a wheelchair and wearing a padded seat belt. The resident was also observed on March 27, 2008 at approximately 8:30 AM. The resident was asked in he/she scan ot undo the seatelt. The resident and Employees #1 and 10 on March 27, 2008 at approximately 8:30 AM. The resident was asked in he/she can not undo the seatelt. The resident stared at the surveyor. The employees responder; THe/she can not undo the seatelt." A review of the physician's orders dated February 18, 2008 indicated: "May have 2 large side rail padsseatbelt osupport safety and independence." L 083 L 083 Plan of Correction A face-to-face interview was conducted on March 27, 2008, at approximately 8:35 AM with Employees #1 and 2. Both acknowledged that the resident's use of a seatbelt was not identified as a restraint. The record was reviewed on March 26, 2008. L 083 Plan of Correction 1. 083 3216.4 Nursing Facilities L 083		THOME	5425 WES	TERN AVE	NW	
 4. Facility staff failed to identify a seatbelt as a restraint. Resident A1. Resident A1 was first observed during initial tour of the facility on March 25, 2008 at approximately 0:10 AM in own room seated in a wheelchair and wearing a padded seat belt. The resident was also observed on March 27, 2008 at approximately 8:30 AM. The resident was able to expert the seatest is the there is the the tresident and Employees #1 and 10 on March 27, 2008 at approximately 8:30 AM. The resident was able to port the seat belt. The resident and Employees #1 and 10 on March 27, 2008 at approximately 8:30 AM. The resident was asked to port the seat belt. The resident and Employees #1 and 10 on March 27, 2008 at approximately 8:30 AM. The resident was asked to port the seat belt. A face-to-face interview was conducted with the resident's use of the she can not undo the seatbelt." A review of the "Resident Interdisciplinary Care Plan' dated February 18, 2008 indicated: "May have 2 large side rail padsseatbeltto support safety and independence." A face-to-face interview was conducted on March 27, 2008, at approximately 0.35 AW the Employees #1 and 2. Both acknowledged that the resident's use of a seatbelt was not identified as a restraint. The record was reviewed on March 26, 2008. L 083 3216.4 Nursing Facilities L 083 	PREFIX (EACH DEFICIENCY MUST	BE PRECEDED BY FULL REG	GULATORY	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS	- COMPLETE
L 083 3216.4 Nursing Facilities L 083 L 083 L 083 L 083 L 083 L 083 4/15/08	 4. Facility staff failed restraint. Resident A1 was firs the facility on March approximately10:10. Wheelchair and wear resident was also ob approximately 8:30 A room, seated in a wh seat belt. A face-to-face interviresident and Employ 2008 at approximate asked if he/she was resident stared at the responded; "He/she A review of the physiana the seat belt	I to identify a seatbelt to identify a seatbelt 1. at observed during initi 25, 2008 at AM in own room seator ing a padded seat be oserved on March 27, AM in the special care neelchair and wearing iew was conducted with vees #1 and 10 on March 23, able to open the seator able to open the seator able to open the seator able to open the seator ician's orders dated F "May have 2 large sidor support safety and ident Interdisciplinary y 18, 2008 checked "No iew was conducted on mately 8:35 AM with E bowledged that the resi	tial tour of ted in a elt. The 2008 at e unit's day g a padded with the arch 27, dent was t belt. The oyees tbelt. " February de rail Care No" for	L 080		
	The record was revie L 083 3216.4 Nursing Facili	ewed on March 26, 20	008.	L 083	1.) Immediate Response: Resident # seat-belt was re-assessed and discontinued by the physician secondar	

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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUME		(X2) MULTII A. BUILDING B. WING		(X3) DATE SUI COMPLET	ED
		095025				03/2	7 <u>/2008</u>
NAME OF PRO	OVIDER OR SUPPLIER		1		ATE, ZIP CODE		
LISNER L	OUISE DICKSON HUP	RTHOME		TERN AVE	0015		·····
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	ATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL RE ENTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTION REFERENCED TO THE APPRO	SHOULD BE CROSS-	(X5) COMPLETE DATE
L 083	alternatives to meet trails have bene doo medical record as u (b)The restraint has a specified period of (c)The resident is re at least every two (resident's rest would (d)The use of the re decline in the reside psychological or fur (e)The use of the re evaluated when the the resident's cond This Statute is not in Based on observationand record review for residents, it was de to obtain a physicial restraint (seatbelt) The findings includ Resident #8 was of approximately 12:1	explored or tried less r the resident's needs cumented in the resid insuccessful; been ordered by a p of time; eleased, exercised an 2) hours, except wher d be unnecessary dis estraint doe not result ent's physical, mental nctional status; and estraint is assessed a ere is a significant ition. met as evidenced by: ion, staff and resident for one (1) of 15 samp etermined that facility s for Resident #8. e: bserved on March 26, 0 AM in the day room ation seated in a when	and such ent's hysician for d toileted n a turbed. in a nd re- change in change in interview oled staff failed of a	L 083	L 083 Plan of Correction 2.) Corrective Action: having a seat-belt will have reviewed to check for physical the seat-belt. Any resided that does not have a physical the device will have a physical tained and put in place. 3.) Systemic Changes: In-service staff on obtain orders for seatbelts. 4.) Monitoring: The Cl Nurse or designee will p audits of medical record using seat-belts for prop orders and report finding Assurance Committee, of Assurance Co	All residents 4 ave their chart sysician orders for ent with a seat-bely visician order for hysician order ob- hing physician harge erform random s for residents per physician gs to the Quality	/18/08 t 4/25/08 5/11/08
	A face-to-face inter resident and Emplo approximately 10:4 resident were aske release the seat be seat belt, shook his	view was conducted o byee #7 on March 26, 0 AM. Employee #7 a d if the resident was a lt. The resident tugge /her head and stated d, "The resident is un	2008, at and the able to ed at the , "No."				

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUME		(X2) MULT A. BUILDIN B. WING		(X3) DATE S COMPLE	
		095025				03/.	27/2008
NAME OF PRO	OVIDER OR SUPPLIER]		TATE, ZIP CODE		
LISNER LO		RTHOME		TERN AVE			- Marine - 100-100
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL RE ENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SHOUL REFERENCED TO THE APPROPRIAT	LD BE CROSS-	(X5) COMPLETE DATE
	resident's safety. " There was no evide the use of a seatbel A face-to-face interv 26, 2008 at approxin #2. He/she acknowl lacked evidence of t	ge 9 tbelt, the seatbelt is for nce of a physician's o t in the resident's reco view was conducted o mately 2:30 PM with E edged that the reside the physician's order f e record was reviewed	order for ord. In March Employees nt's record for the use	L 083			
L 099	from spoilage, safe t	ilities I be clean, wholesom for human consumptions with the requiremer	on, and	L 099	L 099 Plan of Correction 1.) Immediate Response: All was immediately cleaned. Floors in walk-in refrigerator a		3/25/08
	forth in Title 23, Sub Regulations (DCMR This Statute is not m Based on observation the dietary tour, it was failed to serve food a evidenced by soiled	by which the requirement optitle B, D. C. Municipa (), Chapter 24 through net as evidenced by: ons and staff interview as determined that fac under sanitary conditions () grill, deep fryers, co f in the cook's prep ar	al 40. vs during cility staff ons as nvection		freezer were immediately swe mopped. 2.) Corrective Action: All ed be cleaned daily by cooking p Floors will be thoroughly swep mopped daily.	quipment will ersonnel.	4/10/08
	soiled floors in the w These observations	valk-in refrigerator and were observed in the ne main kitchen on Ma through 9:35 AM.	freezer. presence		3.) Systemic Changes In-service all cooking staff on properly clean equipment. Cl equipment was added to the ' Opening and Closing Checklis signed upon cleaning comple	eaning of 'Cook's st" which is	4/10/08
	grease in one (1) of 2. The deep fryer wa	erved soiled with accu one (1) grill observed is observed soiled wit in one (1) of one (1) o	h		In-service for stocking person properly clean floors. Cleanin was added to the "Stock Pers List"	g of the floor	\$
Ith Regulatio	on Administration						

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB 095025		(X2) MULT A. BUILDIN B. WING _		
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, S	TATE, ZIP CODE	2112000
LISNER L	OUISE DICKSON HU	JRTHOME		WESTERN AVE NW HINGTON, DC 20015		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	STATEMENT OF DEFICIENCIES JST BE PRECEDED BY FULL RE(DENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 099	Continued From p	age 10	i	L 099	L 099 Plan of Correction, continued	
	observed soiled or	(2) convection ovens we n the exterior with greas observed soiled with gre stove observed.	se.		4.) Monitoring : Supervisor will monitor checklists for both equipment and floors weekly and retain records in office. Director of Dietary Services will report findings at Quality Assurance Committee guarterly.	5/11/08
	in one (1) of one (
		e walk-in refrigerator an iled in one (1) of one (1) eezer observed.				
L 167	Employee #4 ackn the time of the obs 3227.18 Nursing F		idings at	L 167	L 167 Plan of Correction 1.) Immediate Response: Unauthorized employees were prohibited from using the medication storage area without appropriate licensed staff.	3/26/08
	and federal laws, r administrative guid the procurement, h and recording of m		egulate		 2.) Corrective Action: A lock was installed on the refrigerator in the medication room and keys provided to appropriate licensed staff. Interim box will be exchanged for 	4/11/08
	Based on observat determined that fac	met as evidenced by: tion and staff interview, cility staff failed to ensu- loyee was supervised w e area	re that an		 an enclosed, locked box. 3.) Systemic Changes: Staff were in-serviced as to proper medication storag and appropriate access. Nursing 	4/30/08 5/11/08 e
	The findings includ				Supervisor or designee will audit proper locks in place on Walking Round Work	
	and 12:00 PM, it was unauthorized employ the medication room occasions unsuper	h 25, 2008, between 11 as observed that an oyee (Employee #9) en m to fax information on vised. Employee #9 had edication refrigerator and	tered into two d access		 Sheet. 4.) Monitoring: The DON or designee designee will audit proper locking of medication, and the results will be reported to the Quality Assurance Committee, quarterly. 	5/11/08

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If continuation sheet 11 of 14

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB		A. BUILDIN		(X3) DATE SI COMPLE	
		095025		B. WING_		03/;	27/2008
NAME OF PRO	OVIDER OR SUPPLIER				TATE, ZIP CODE		
	OUISE DICKSON HUR		5425 WEST WASHINGT				
(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 CORRECT (EACH CORRECTIVE ACTION SHOULD E REFERENCED TO THE APPROPRIATE DE	E CROSS-	(X5) COMPLET DATE
L 168	by an authorized em storage area to use if During a face-to-face at approximately 10: #2 stated that Emploi into the medication s the fax machine. 3227.19 Nursing Fac The facility shall labe accordance with curr principles, and include and cautionary instru- date. This Statute is not m Based on observation determined that facilit expired medication we emergency box. The findings include: On Wednesday, Marc 11:00 AM, during the medication storage an observed locked with 2008 on the exterior of 5) packages of ETH vere observed with a 2007.	t have a key, but was ployee to the medica the fax machine. e interview on March 30 AM, Employee by ee #9 was allowed a storage room by nurse citities el drugs, and biologica rently accepted profes de the appropriate acc actions, and their expi et as evidenced by: ns and staff interview ty staff failed to ensu- vas removed from the	admitted tion 26, 2008 access es to use als in ssional cessory ration , it was re that an narcotic ximately lity's was June 6, ened, five ringes Dctober	L 167	L 168 Plan of Correction 1.) Immediate Response: The emergency box containing expin- cation was exchanged immediat 2.) Corrective Action: Pharmaci exchange box at least monthly a by request of facility. 3.) Systemic Changes: The Ph Pharmacist Consultant or design audit the emergency box monthly medication about to expire and e medication prior to expiration dat 4.) Monitoring: The Pharmaciss Consultant or designee will audit gency box for medication expirat and report results quarterly to the Quality Assurance Committee.	ed medi- ely. cy will nd armacist ee will y for exchange te. the emer- ion dates	3/26/08 3/26/08 4/30/08 5/11/08
	here was no evidenc bove sited narcotic fr	e that residents requi om February 16, 200	red the 8				

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TATEMENT OF DEFICIENCIES IND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/27/2008	
		095025				03/2.	12000	
	OVIDER OR SUPPLIER	RTHOME	5425 WES	TERN AVE N TERN AVE N TON, DC 20	NW			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REP ENTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	PROVIDER'S PLAN OF CORRECTION CH CORRECTIVE ACTION SHOULD BE CROSS- ERENCED TO THE APPROPRIATE DEFICIENCY)		
	emergency narcotic			L 168				
L 214	3234.1 Nursing Facilities Each facility shall be designed, constructed, located, equipped, and maintained to provide a functional, healthful, safe, comfortable, and supportive environment for each resident, employee and the visiting public. 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 hazard free environment as evidenced by: laundry detergent, rubbing alcohol, mouthwash and a shaving razor was observed in resident rooms. These observations were made on March 25, 2008 in the presence of Employees #2, 3, 5 and 6 from			L 214	 L 214 Plan of Correction 1.) Immediate Response: Staff immediately removed the identified items from the residents' rooms at the time of ob- servation during the survey. 2.)Corrective Action: The Charge Nurse conducted a room-to-room inspect- tion of all resident rooms to identify, re- move, and/or secure hazardous items to ensure that resident rooms were a hazard free environment. 3.) Systemic Changes to prevent 		3/25/08	
	 9:45 AM through 11 The findings include 1. A container of lau wintergreen rubbing room 110. 2. Chlorhexidine 0. a bathroom cabinet 3. A shaving razor v bathroom in room 1 Employees #2, 3, 5 	AM through 11:55 AM. indings include: container of laundry detergent and a bottle rgreen rubbing alcohol 70% was observed in 110. nlorhexidine 0.12% oral rinse was observed in hroom cabinet in room 127.			future occurrences: Nursin in-serviced on maintaining environment. The Charge Nurse conduct daily rounds of res hazardous items in order to hazard-free environment us Monitoring Log. 4.) Monitoring: The Charg designee will conduct rande all resident rooms to identif secure hazardous items. T room to room inspections v to the Quality Assurance C quarterly.	a hazard-free or designee wil ident rooms for o maintain a sing the Daily le Nurse or om audits of fy, remove or The results of the vill be reported	5/11/0	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPL AND PLAN OF CORRECTION IDENTIFICATION N		(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMB	CLIA JER:	A. BUILDING		(X3) DATE SURVEY COMPLETED			
		095025		B. WING		03/27	/2008		
	NAME OF PROVIDER OR SUPPLIER 54			TREET ADDRESS, CITY, STATE, ZIP CODE 5425 WESTERN AVE NW WASHINGTON, DC 20015					
(X4) ID PREFIX TAG	SUMMARY ST (EACH DEFICIENCY MUS OR LSC IDE	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHOUL) REFERENCED TO THE APPROPRIATE	D BE CROSS-	(X5) COMPLETE DATE			
L 4 19	Continued From pa			L 419			i		
	3256.10 Nursing Facilities The facility shall develop policies and procedures relating to the operation of housekeeping and maintenance services. This Statute is not met as evidenced by: Based on observations during the environmental			L 419	L419 Plan of Correction 1.) Immediate Response: Al served as marred and scarred touched up. Cracked tiles wer	d were	4/2/2008		
					Hair rollers identified as being immediately cleaned.	soiled were	3/23/08		
	maintain a sanitary, as evidenced by ma	tour, it was determined that facility staff failed to maintain a sanitary, orderly, and comfortable interior as evidenced by marred/scarred doors, damaged			Damaged chair rail is being re contractor.	paired by a	5/11/08		
	chair rails in resider shower rooms and shop. These obser 2008 between 9:45 presence of Employ acknowledged the f observations.	e beauty March 25, I in the		2.) Corrective Action: All de spected and will be touched ut All chair rails were inspected to be repaired as necessary. checked and repaired as nee other hair rollers were checked cleaned.	up as required and damage All tiles were cessary. All				
	1. Resident room d marred/scarred in t 108, 109, 111, 118, observed.	The findings include: 1. Resident room doors were observed marred/scarred in the following areas: Rooms 106; 108, 109, 111, 118, and 120 in six (6) of 14 doors observed. 2. The following items were observed damaged:			3.) Systemic Changes: Con doors will be added to the mo Inspection/Repair Checklist. C chair rails will be added to the Room Inspection/Repair Chec Condition of tiles will be adde monthly Room Inspection/Rep	onthly Room Condition of monthly cklist. d to the	5/11/08		
Health Regula	A. Chair rails in resident rooms: 103, 108, and 125 in three (3) of 14 rooms observed.B. Tiles in the shower rooms: Louise Terrace and Dickson Lane in two (2) of three (3) shower rooms				Hair rollers will be soaked and after each use and on a wee A check-off sheet will be instit weekly cleaning.	kly basis.			
	and a greasy substa	e observed to be soiled tance in three (3) of the erved in the facility bea	ree (3)		4.) Monitoring: The Engine will perform quarterly audits of Inspection/ Repair Checklist a findings to the Quality Assura Committee. The Beauty Shop will perform quarterly audits of roller checklist and report find Quality Assurance Committee	of the Room and report ince operator of the hair lings to the	5/11/08		

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