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*5/21/07*

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  04/26/2007
NAME OF PROVIDER OR SUPPLIER  LISNER LOUISE DICKSON HURTHOME		STREET ADDRESS, CITY, STATE, ZIP CODE 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-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 000	Initial Comments  An annual licensure survey was conducted April 25 through 26, 2007. The following deficiencies were based on record review, observations and interviews with facility staff. The sample included 15 residents based on a census of 60 residents on the first day of survey.	L 000		
L 051	3210.4 Nursing Facilities  A charge nurse shall be responsible for the following:  (a) Making daily resident visits to assess physical and emotional status and implementing any required nursing intervention;  (b) Reviewing medication records for completeness, accuracy in the transcription of physician orders, and adherences to stop-order policies;  (c) Reviewing residents' plans of care for appropriate goals and approaches, and revising them as needed;  (d) Delegating responsibility to the nursing staff for direct resident nursing care of specific residents;  (e) Supervising and evaluating each nursing employee on the unit; and  (f) Keeping the Director of Nursing Services or his or her designee informed about the status of residents.  This Statute is not met as evidenced by: Based on record review and staff interview for one (1) of fifteen sampled residents, it was determined that the charge nurse failed to update a care plan for Resident #2 after a fall.	L 051	<b>L051 - Plan of Correction</b> <i>A review of the Falls Care Plan dated 1/25/07 revealed that there were no new goals and approaches initiated to prevent falls for Resident #2.</i>  <b>1. Corrective Action for specifically identified Resident #2</b> Resident #2's Care Plan was reviewed and new goals and approaches for fall prevention were added.  <b>2. How to identify other Residents at Risk:</b> Care Plans for all Residents with incidents of falls were reviewed for goals and approaches to prevent incidents of falls.  <b>3. Corrective Action and Systemic Changes:</b> Nursing staff in-serviced on updating and setting new goals and approaches in Resident Care Plan for all Residents with incidents of falls.  <i>(continued next page)</i>	05/08/07  06/10/07  05/08/07

Health Regulation Administration

*Suzanne Burge* Administrator  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*5/21/07*

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L 051	Continued From page 1  The findings include:  According to a nurse's noted dated January 11, 2007 at 7:00 AM, Resident #2 sustained a fall that resulted in an abrasion over the right eye.  A review of the fall care plan dated January 25, 2007, revealed that there were no new goals and approaches initiated to prevent falls.  A face-to-face interview was conducted with the Acting Director of Nursing (ADON) on April 26, 2007 at 10:30 AM. He/she stated that the resident was on the restorative program prior to the fall and continued on the program after the fall. He/she acknowledged that there was no documentation to the care plan after the fall. The record was reviewed on April 25, 2007.	L 051	(con d) <b>4. Monitoring:</b> Random quarterly audit of 10% of Resident Falls Care Plans by DON or designee. Findings incorporated into nursing QA report.	6/10/07
L 099	3219.1 Nursing Facilities  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 prepared and served in a sanitary manner as evidenced by: soiled cooking hoods, deep fryer, and clean cooking vessels stored on a soiled and rusty metal shelf. These findings were observed in the presence of the Food Service Director.  The findings include:  1. The interior and filter surfaces of cooking	L 099	<b>L099 - Plan of Correction</b> <i>Hoods soiled with grease and dust; deep fryer soiled with food/grease; shelf over wash sink soiled and rusty.</i>  <b>1. Immediate Response</b> Cooking hood and deep fryer cleaned; rusty shelf removed and will be replaced.  <i>(continued next page)</i>	04/25/07

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L 099	Continued From page 2  hoods located over food preparation areas were soiled with grease and dust in one (1) of one (1) cooking hood observation at 8:45 AM on April 25, 2007.  2. The interior panels and outer surfaces of a deep fryer were soiled with accumulated food and grease in one (1) of one (1) deep fryer observation at 8:50 AM on April 25, 2007.  3. Clean cooking vessels that were ready for re-use were stored on a soiled and rusty shelf over the wash sink in one (1) of one (1) observation at 9:00 AM on April 25, 2007.	L 099	(con'd) <b>2. Corrective Action</b> Weekly rounds by Supervisors and Director of Food Service to ensure all equipment is clean and free of rust.  <b>3. Systemic Changes</b> In-service all Dietary Staff on how to properly clean hoods, fryer and shelf and check for grease, rust and dust in food area.  <b>4. Monitoring</b> Food Service Director will monitor weekly and report at QA.	05/01/07  05/31/07  05/01/07

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