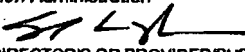


Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/25/2009
NAME OF PROVIDER OR SUPPLIER METHODIST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 4901 CONNECTICUT AVENUE, NW WASHINGTON, DC 20008	
(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)
L 000	<p>Initial Comments</p> <p>A licensure survey was conducted on June 23 through 25, 2009. The follow deficiencies were based on observations, staff interview and record review. The sample size was 13 residents based on a census of 47 residents on the first day of survey. There was one (1) supplemental resident.</p>	L 000	<p>1. The vials of expired influenza vaccine were removed from the refrigerator and disposed of per pharmacy instruction. 6/23/09</p>
L 161	<p>3227.12 Nursing Facilities</p> <p>Each expired medication shall be removed from usage. This Statute is not met as evidenced by: Based on observation of two (2) of two (2) medication rooms and staff interview, it was determined that facility staff failed to remove 40 of 40 vials of expired influenza vaccine from currently dated medications</p> <p>The findings include:</p> <p>1. The facility staff failed to remove expired medications from the medication refrigerator.</p> <p>On June 23, 2009 at approximately 2:00 PM during the inspection of the second floor medication room, 40 of 40 vials of "Influenza Virus Vaccine 2008/2009 formula" in the medication refrigerator were found expired. The expiration date on each vial of the vaccine was May 2009.</p> <p>The label applied by the pharmacy on the outside of the box of the vials of vaccine indicated that the vaccine expired October 2009.</p> <p>The observation was made in the presence of Employee # 6. In acknowledging the finding, he/she said, "We did not look at the vials, the</p>	L 161	<p>2. Expiration dates on all medications in the facility were checked to determine the potential for recurrence of this deficient practice. Medications identified as "expired" were immediately removed and Pharmacy was notified to provide replacements. 6/23/09</p> <p>3. The Consultant Pharmacist will complete monthly medication audits to verify that no meds in the facility have expired. This audit will include all storage locations (refrigerators, interim drug box, emergency box, narcotic box, med cart), and all medication types (bulk and unit dose). Expiration dates appearing on external containers will also be compared to expiration dates on vials inside the containers to ensure there are no discrepancies. In the event any expired meds are found, they will be removed by the pharmacist and replaced promptly. Monthly reports will be prepared after each visit with cumulative findings prepared quarterly. These reports will be submitted to the facility and to the pharmacy. The medication audits will be conducted separately from the current monthly Drug Regimen Reviews. 7/15/09</p> <p>4. The Consultant Pharmacist will report compliance to the Quality Assurance and Improvement Committee each quarter until 100% compliance x 4 consecutive quarters is reached. 7/23/09</p>

Health Regulation Administration



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

TITLE

CEO/ADMINISTRATOR

(X6) DATE

23 July 2009

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/25/2009	
NAME OF PROVIDER OR SUPPLIER METHODIST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 4901 CONNECTICUT AVENUE, NW WASHINGTON, DC 20008		
(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 161	Continued From page 1 date on the outside of the box from the pharmacy is October 2009."	L 161		
L 206	<p>3232.4 Nursing Facilities</p> <p>Each incident shall be documented in the resident's record and reported to the licensing agency within forty-eight (48) hours of occurrence, except that incidents and accidents that result in harm to a resident shall be reported to the licensing agency within eight (8) hours of occurrence. This Statute is not met as evidenced by:</p> <p>Based on record review and staff interview for one (1) of 15 sampled resident records, it was determined that facility staff failed to document an incident in Resident #10's record.</p> <p>The findings include:</p> <p>A review of an incident report revealed the following: " On April 24, 2009 at 12:15 PM, [Resident #10] reported that [he/she] had been slapped on both sides of [his/her] face during the night ... "</p> <p>The facility conducted an investigation regarding the above incident. There was no evidence that the resident was slapped. There were no bruises or redness on the resident's face.</p> <p>A face-to-face interview was conducted with Resident #10 on June 25, 2009 at 11:30 AM. Resident #10 was asked if he/she was ever harmed by a staff member. Resident #10 replied, " No " with no further response to questions regarding his/her care.</p> <p>A review of the resident's record revealed that the nurses' notes, social services notes and</p>	L 206	<ol style="list-style-type: none"> 1. Documentation in the resident's record for this incident should have been completed in April, 2009. Considering the time that has elapsed, no corrective action could be accomplished at the time the deficient practice was identified. 6/23/09 2. Incident reports prepared over the past 12 months have been reviewed and compared to resident charts to determine if documentation is missing from the record. All incidents have been documented. 6/26/09 3. Nursing will continue to document incidents related to resident injuries (pressure ulcers, falls, skin tears, fractures, etc.) in the medical record. Social Worker will document incidents related to alleged abuse, neglect, or misappropriation of residents' property. Incident Reports will be compared against documentation included in residents' records at the end of each month. Acceptable compliance threshold is set at 100%. 7/15/09 4. Compliance rates will be reported to the Quality Assurance/Improvement Committee quarterly. Reporting will continue until 100% compliance is met x4 consecutive quarters. 7/23/09 	

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/25/2009
NAME OF PROVIDER OR SUPPLIER METHODIST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 4901 CONNECTICUT AVENUE, NW WASHINGTON, DC 20008	
(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 206	<p>Continued From page 2</p> <p>physician ' s notes lacked documentation of the incident.</p> <p>The psychiatrist saw the resident on April 24, 2009. According to the psychiatrist ' s progress note, " Still with increased frequency of yelling through clearer today. Denies major depressive feeling ... "</p> <p>According to the social worker ' s note dated April 24, 2009 at 11:00 AM, " Resident was seen by psychiatrist today. Still increased frequency of yelling though voice giving out some. Appetite is decreased. Increased psychotic features this past week and increased confusion ... "</p> <p>According to the nurse ' s note dated April 24, 2009 at 12:00 PM, " Resident seen and examined by psychiatrist ...today ...Resident now has diagnosis of dementia with psychotic features and depressive D/O NOS. Nursing will continue to monitor resident ' s behavior ... "</p> <p>A face-to-face interview was conducted on June 25, 2009 at 10:30 AM with Employee #9. After reviewing the resident ' s record, Employee #9 acknowledged that the above cited incident was not documented in the resident ' s record. The record was reviewed June 25, 2009.</p>	L 206	