STATEMEN	egulation Administration FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU 095038		(X2) MULT A. BUILDIN B. WING _		(X3) DATE SU COMPLE 08/23	
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L 052	ointment and a dre The National Press Frequently Asked and Infection Cont woundinfection.htr woundinfection.htr In the response to providers should v remove dressings order to not contain reaching into the p or gloves." According to the m One pair of clean used to treat multi If this is done, stat wounds and move contaminated app change gloves be contaminate dress containers (i.e., so have been in cont The nurse admini- the cleaner wound picked up a box of from a tube, open a bottle of NSS w changing gloves be 7. Facility staff f medications and medications for R	leaned the left heel a essing. sure Ulcer Advisory I Questions, Wound In trol, " web site www. ml <http: www.npuap<br="">ml&gt;, revealed the foll question #309, " Ca vash their hands befor from the (dressing) minate the dressings backage with soiled h esponse of question (non-sterile) gloves of ple ulcers on the sar rt with the cleaner ap e to the larger and /or bearing wounds. Whe tween ulcers. Do no sing supplies and wo plution bottles) with g tact with the ulcer. " stered the wound treed d first. Additionally, to f gloves, squeezed of the gloves of gaua- tithout washing hands between these action failed to administer p co-mingled non-pres currently prescribed</http:>	Board, " Infection Inpuap.org/ owing: are ore they package in by hands and/ #10, " can be ne patient. opearing r most en in doubt, t und care loves that atment to he nurse ointment ze pads and is. rescribed cribed	L 052	<ul> <li>F 176 483.10(n) Self Admini of Druge - failure to assess F JK1 for self administration of 1. <u>Corrective Action for Re</u><u>Affected by Deficient Pra</u>. The assessment of resident capability to self administer h nitroglycerin tablets were cor on August 24, 2006.</li> <li>2. <u>Method to Identify Residents At Risk for</u><u>Practice:</u> Medical records were review identify residents who may h physician orders to self admini medications and who may no been assessed per policy. M residents were identified. Completed August 25, 2006.</li> <li>3. <u>Measures or Systemic to Ensure Deficient Practice</u> Not Recur:</li> <li>Re-educate staff on self- administration policy. Completion date: Oct 6,</li> </ul>	Resident drugs sident actice: JK1's his mpleted <u>v Other</u> Deficient red to ave, inister ot have lo <u>Changes</u>	08/24/06

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE	ER: A. BUILDI	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		JRVEY TED
		095038	B. WING		08/23	3/2006
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L 000	Initial Comments An annual licensure survey was conducted on August 22 through 23, 2006. The following deficiencies were based on observations, staff and resident interviews and record review. The sample size was 12 residents based on a census of 48 residents the first day of survey and two (2) supplemental records.		g staff The census	THIS PLAN OF CORRECTIO FOR PURPOSES OF REGULA COMPLIANCE AND AS PAR' METHODIST HOME'S ONGO CONTINUOUSLY IMPROVE SERVICES PROVIDED. AS S CONSTITUTE AN ADMISSIO OR CONCLUSIONS CITED IN REPORT FOR ANY PURPOSE	ATORY I OF THE DING EFFORTS TO THE CARE AND UCH IT DOES NOT UCH IT DOES NOT ON OF THE FACTS N THE SURVEY	
L 052	resident to ensure receives the following (a)Treatment, med supplements and fl rehabilitative nursing (b)Proper care to m contractures and to (c)Assistants in dain the resident is come evidenced by freed and trimmed nails, groomed hair; (d) Protection from (e)Encouragement self-care and group (f)Encouragement (1)Get out of the be- his or her own cloth	ime shall be given to each that the resident ng: ications, diet and nutrition uids as prescribed, and ng care as needed; ninimize pressure ulcers promote the healing of ly personal grooming so fortable, clean, and nea om from body odor, clean and clean, neat and we accident, injury, and infor- assistance, and training o activities;	onal and ulcers: o that t as aned II- ection; g in sed in			
	ation Administration	oom if he or she is able;	anu			

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# Health Regulation Administration

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM 095038		(X2) MULTIP A. BUILDING B. WING	LE CONSTRUCTION	3) DATE SUR COMPLETE 08/23/	ED	
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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;			L 052				
	<ul> <li>(h)Prescribed adaptive self-help devices to ass him or her in eating independently;</li> <li>(i)Assistance, if needed, with daily hygiene, including oral acre; and</li> </ul>							
	<ul> <li>j)Prompt response to an activated call bell or call for help.</li> <li>This Statute is not met as evidenced by: Based on observations, record review and staff interview for six (6) of 12 sampled residents and one (1) supplemental sampled resident, it was</li> </ul>			L 052	3211.1 Nursing Facilities			
	determined that sufficient nursing time was not provided to residents as evidenced by facility staff who failed to: monitor the behaviors of four (4) residents receiving antipsychotic medications; obtain a pacemaker check for one (1) resident; maintain infection control precautions one (1) resident during a wound treatment and administer prescribed medications and co-mingled non- prescribed medications with currently prescribed medications Residents # 2, 3, 4, 5, 6, 10 and JK1				<ul> <li>F329 483.25(I)(1) - Unnecessary Dru- failure to monitor behavior of resident receiving antipsychotic (psychoactive)</li> <li><u>Corrective Action for Residents A</u> <u>by Deficient Practice</u>:</li> <li>Behavior monitoring sheets were institut the 4 residents identified during the sur had this deficient practice. Completion</li> </ul>	ts meds. <u>iffected</u> uted for rvey who	09/01/0	
	The findings include: 1. Facility staff failed to monitor behaviors for Resident #2 who was receiving an antidepressant medication.				<ul> <li>September 1, 2006.</li> <li>2. <u>Method to Identify Other Resident for Deficient Practice:</u></li> <li>Residents receiving psychoactive medications were identified using Psychoactive Medication Report of by the pharmacy. Completion dat September 1, 2006.</li> </ul>	the generated	09/01/0	

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L 052	and most recently Zoloft 25 mg daily to equal 37.5 mg no evidence in the identified or monif A face-to-face intro- charge nurse on A He/she stated, "V antidepressant m The record was m 2. Facility staff fai Resident #3 who medication. A review of Resid physician's order recently renewed daily for depressi- the record that fai monitored depressi- the record that fai monitored depressi- the record that fai monitored depressi- the record was m 3. Facility staff fai Resident #4 who insomnia. A review of Resid physician's order most recently renewed antidepressant m The record was m 3. Facility staff fai Resident #4 who insomnia.	initiated on December renewed August 3, 2 and Zoloft 25 mg 1/2 daily for depression". e record that facility st tored depressive beha erview was conducted August 22, 2006 at 10 Ve don't monitor behavion edication" eviewed August 22, 20 iled to monitor behavion was receiving an anti- dent #3's record revea initiated on admission August 3, 2006, "Zolo ion." There was no e icility staff had identifies sive behaviors. terview was conducted August 22, 2006 at 10 Ne don't monitor behaviors.	006, " tab daily There was aff had aviors. d with the 555 AM. viors for 006. ors for depressant aled a n and most off 100 mg vidence in ed or d with the 0:55 AM. aviors for 2006. iors for ication for aled a 006 and 006, " et by mouth no evidence	L 052	<ul> <li>In addition to the behavior m sheets already in place for re receiving antipsychotic meda were also instituted for residu antidepressants, hypnotics, a drugs. Completion date: Se 2006.</li> <li>Measures or Systemic Chan Deficient Practice Does Not</li> <li>Develop policy regarding ap of Behavior Monitoring Shee Completion date: Septembe</li> <li>Educate staff on implementa policy and correct document included on the Behavior Mo Sheets. Completion date: S 2006.</li> <li>Performance Monitoring to Solutions Are Sustained.</li> <li>Review Behavior Monitoring monthly basis for all resider Psychoactive Medication Re by the pharmacy. Completi October 1, 2006 (and ongoin Determine compliance with appropriateness of docume</li> <li>Report quarterty to the facil Assurance (QA) Committee date: October 6, 2006 (and</li> </ul>	sidents a, these sheets ents receiving and anxiolytic ptember 1, nges to Ensure Recur: propriate use ots. r 15, 2006. ation of the tation to be onitoring September 30, Ensure g Sheets on a ats listed on the eport generated on date: g). policy and ntation. ity's Quality b. Completion	09/01/0 09/15/0 09/30/0 10/1/00 ongoin	

Health Regulation Administration STATE FORM

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L 052	A face-to-face int charge nurse on He/she stated, "V behaviors." The 2006. 4. Facility staff fa Resident #5 who medication. A review of Resid physician's order "Zoloft 25 mg da no evidence in the identified or mon A face-to-face in charge nurse on He/she stated, "V antidepressant m reviewed August 5. Facility staff fa check for Reside A physician's or directed, "Pacern January". A review of the m there was no ev had been comple A face-to-face in charge nurse or /she acknowled	ects of the medication erview was conducte August 22, 2006 at 1 Ve don't monitor thos record was reviewed iled to monitor behave was receiving an ant dent #5's record reve renewed August 3, 2 aily for depression" he record that facility itored depressive bel terview was conducte August 22, 2006 at 1 We don't monitor behave nedication." The record ta2, 2006. ailed to perform a pace ent #6. der initiated on June haker check every Jul resident's record revea idence that a pacema eted at the time of th neterview was conducted august 22, 2006 at a det that the pacemal	d with the 0:55 AM. se kinds of August 22, nors for tidepressant aled a 2006, There was staff had haviors. ed with the 10:55 AM. aviors for ord was cemaker 23, 2006 by-October- ealed that aker check is review. ed with the 4:12 PM. He ker check		<ul> <li>F309 483.25 Quality of Care <ul> <li>failure to obtain pacemaker of physician order for resident #6</li> <li><u>Corrective Action for Reserver</u></li> <li><u>Deficient Practice</u>:</li> </ul> </li> <li>The pacemaker check was obtain the pacemaker check was obtain excised and the interverse of the second of t</li></ul>	ident Affected by tained for the <b>4, 2006.</b> Residents At Risk lents in the Health acemakers were acemaker checks rders. None was <b>ugust 28, 2006.</b> hanges to Ensure lot Recur: view TARs during ngeover to properly es for pacemaker ed (i.e. "blocked TAR. otember 1, 2006 the night shift ensure been completed as d to the DON the plementation and ongoing). a to Ensure <u>b</u> : www.are presented		
	was not done in at this time. The	July and had not bee e record was review of	en completed on August 22		Committee quarterly. Implei September 30, 2006 (and ong	ala al	-09/30/06 et & ongoir	

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If continuation sheet 4 of 10

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L 052	treatment, it was of failed to maintain Resident #10. A. A wound treatmoserved on Augu Certified Nurse Ain nurse during the to observed removing resident, folded it roommate's close the wound treatmose removed the "light closet and placed B. A wound treatmose removed the slipp and right heels. The approximately on amount of blood p drainage. After was up the box of glow The nurse cleane pads previously most saline (NSS). He enzymatic ointmes sterile cotton tipp ointment to the rigo pads and sterile of The nurse opene gauze pads, unso poured the NSS of	tvations during a would determined that facility infection control preca ment for Resident #10 ust 22, 2006 at 2:40 P de (CNA) was assisting reatment. The CNA was up and placed it in the t prior to the treatmer ent was completed, the t cover" from the room	y staff autions for was M. A ng the was the e t. After ne CNA nmate's otic heels 40 PM. es and m the left a small had no se picked gloves. x 4 gauze sterile ne tube of ent onto a lied the gauze the wound of 4 x 4 SS and Hands	L 052	<ul> <li>F314 483.25c Pressure Sores <ul> <li>failure to maintain clean techni while administering the treatmer Resident #10.</li> <li><u>Corrective Action for Resident #10.</u></li> <li><u>Corrective Action for Resident #10.</u></li> <li><u>Corrective Action for Resident #10.</u></li> <li><u>Affected by Deficient Practices</u></li> <li>Nurse involved was immediately educated regarding proper tech to be used when changing resided dressings. Completed August 2 2006.</li> <li><u>Method to Identify Residents At Risk for DePractices</u></li> <li>Licensed nurses received cate of the facility's dressing changes (including skin tears since not additional residents have pressure ulcers). Completed August 2006.</li> <li>The Skin Care Book was reviewed to identify residents requiring dressing changes (including skin tears since not additional residents have pressure ulcers). Completed August 24, 2006.</li> <li>Nurses were observed perfor dressing changes by the Nur Educator to ensure compliant with the dressing change protocol. Staff received instruction/correction in instain where protocol was violated. Completed August 30, 2006.</li> </ul></li></ul>	nt to <u>dent</u> <u>tice</u> : / niques lents' 3, <u>Other</u> <u>efficient</u> ppies nge t 24, s o l rming se ce nces	08/23/06 08/24/06 08/24/06

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Statement of Deficiencies And Plan of Correction ID # 095038

- 3. <u>Measures or Systemic Changes</u> to Ensure Deficient Practice Does Not Recur:
- Expand current infection control education to emphasize clean dressing change technique. Completion date: September 15, 2006.
- Schedule all nurses to demonstrate competency in dressing change technique with specific emphasis on infection control. Completion date: September 22, 2006.

4. <u>Performance Monitoring to</u> <u>Ensure Solutions Are Sustained:</u> Compile data from competency observations and present at quarterly QA meeting. Completion date: October 6, 2006.

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09/15/06

10/06/06

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/23/2006		
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L 052	Continued From page 6 medications for Resident JK1, dispensed from four (4) different pharmacies other than facility's contract pharmacy. The physician's orders signed on August 3, 2006 prescribed 17 routine medications and four (4) as needed medications. All 21 medications were present in the medication cart. In addition to the prescribed medications, six (6) medications currently not prescribed were co- mingled in the medication cart, Ultram 50 mg, Synthroid 0.1 mg, Altace 5 mg, Fosamax 70 mg, Docusate Na 100 mg and Citracal (Calcium 630 mg and Vitamin D 400 International Units). During observation of medication pass on August 23, 2006 at approximately 8:45 AM, two (2) of the six (6) non-prescribed medications were administered to the resident, Citracal and Docusate Na.			L 052	<ul> <li>Revise Twenty-Four Hour Repolicy to require inclusion of residents being assessed for ability to self-administer med 24-hour report. Completion of Oct. 6, 2006</li> <li>Review 24-hour report daily identify residents undergoing administration assessments Sept. 1, 2006</li> <li>Review charts of these reside after 3-day assessment perior ensure assessment has been completed. Sept. 1, 2006</li> <li>Performance Monitoring to Ensure Solutions Are Sustata Report findings in Quarterly QA meeting. Completion date: Oct. 2006.</li> </ul>	r their Is on Jate: to g self- lents od to on	10/06/06 09/01/06 09/01/06	
L 099	A face-to-face interview with the medication nurse was conducted on August 23, 2006 at 11: 30 AM. He/she acknowledged that the Citracal and Docusate were not prescribed by the physician and additional medications not prescribed were co-mingled with currently prescribed medications. The record was reviewed on August 23, 2006. 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.			L 099				

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	<ul> <li>adequate to ensure prepared in a safe evidenced by: soit hotel pans and shift were made in the Dietary Services.</li> <li>The findings incluation of the findings incluation of the services of the s</li></ul>	that dietary services re that foods were set e and sanitary manne- led slats on the dish r neet pans. These obs presence of the Direc- ude: aces of plastic slats o biled with food and min coiled and clean side i ion at approximately 2 4 x 24 x 4 inches) was h area were not thoro residue and grease at se in seven (7) of nin approximately 3:00 Pl ere stored with greas rticles on the inner ar t allowed to dry befor (9) observations at 3 5.	rved and r as machine, servations ctor of an the dish neral in one (1) of 2:00 PM on shed in the bughly nd allowed e (9) M on August e and nd outer e reuse in :15 PM on bing and maintain the in a safe, tractive d by: urvey period, g and	L 410	<ol> <li>Director reviewed serviced the utility sanitation and bree machine.</li> <li>Dining Services I Director will mon monthly basis &amp; Administrator for presented on a qu Quality Assurand subsequent plans and implemented</li> <li>Entire amount of were rewashed a staff and supervi</li> <li>Director reviewe at the pot sink as washing procedu</li> <li>Director had in-s staff on proper p Pan washing.</li> <li>Director &amp; Asst. compliance on a present to the Ad Will then be pre- basis to the Qual with subsequent</li> </ol>	rions – FOOD e curtains were re- ized. iical company, was blacing our curtain. d process and in- ty staff on proper eakdown of the Dish Director and Asst. nitor compliance on a present to the r review. Will then be parterly basis to the ce Committee, with of correction developed d as necessary. Thotel and sheet pans ind sanitized by the utility sed by the Director. id chemicals that are used a well as the ware	8/23/06 8/23/06 8/24/06	

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L 410	<ul> <li>Continued From page 8</li> <li>ensure that the facility was maintained in a safe and sanitary manner as evidenced by: soiled exhaust vents, base surfaces on mechanical lifts and bathtubs; dust on top of closets and tables; and marred chairs, tables and foot boards in residents' rooms.</li> <li>The findings include: <ol> <li>The interior surfaces of exhaust vents in residents' rooms and common areas were soiled with dust in the following areas:</li> </ol> </li> <li>First Floor Rooms 145, 147, 153, 169 and bathing room in five (5) of nine (9) observations between 11:10 AM and 12:30 PM on August 22, 2006.</li> <li>Second Floor Rooms 249 and 261 in two (2) of nine (9) observations between 8:37 AM and 12: 10 PM on August 23, 2006.</li> <li>The base surfaces of mechanical lifts and bathtubs were soiled with accumulated dust on the first and second floors between 4:00 PM and 4:45 PM on August 23, 2006.</li> <li>The top surfaces of tables and closets were soiled with dust and debris in rooms 145, 146, 247, 249, 253 and 256 in six (6) of 18 observations between 11:10 AM and 12:30 PM on August 23, 2006.</li> <li>The frontal areas of chairs, tables and foot boards were marred and scarred in residents' rooms.</li> </ul>		L 410	<ol> <li>F 253 1.</li> <li>The light dust identified duri was removed on the interior of exhaust vents behind the g all cases.</li> <li>Grates were removed and the of all exhaust vents were che dust on interior surface and r were found to have dust.</li> <li>In-service conducted and dow with all Maintenance Departs proper cleaning procedures.</li> <li>The Maintenance Supervison monitor light dusting checks rounds. This information wi on the Quarterly QA report a</li> </ol>	surfaces rates in e interior ecked for no others cumented ment on t is aware to on monthly il be entered	08/24/0 08/24/0 08/28/0 08/28/0	
				<ol> <li>F 253 2.</li> <li>The light dust identified on Lift and tube during tour was removed in all cases.</li> <li>All lifts and tubs were check dust on flat surfaces and no were found to have dust.</li> <li>In-service conducted and do with all Light Duty Technici proper cleaning procedures. Housekeeping assignments include weekly/monthly dur tubs.</li> <li>The Housekeeping Supervise monitor light dusting checks rounds. This information w on the Quarterly QA report</li> </ol>	ked for others ocumented ans on updated to sting of lifts and or is aware to s on weekly ill be entered	08/23/0 08/23/0 09/06/0	

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1	12:10 PM on Aug Second Floor Roc 3) of nine (9) obse	REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 9 12:10 PM on August 22, 2006. Second Floor Rooms 249, 253 and 256 in three ( 3) of nine (9) observations between 8:37 AM and 12:10 PM on August 23, 2006.			<ol> <li>F 253 3.</li> <li>The light dust identified drawas removed in all cases.</li> <li>All resident rooms were cladust on flat surfaces of clos furnishings and no others to have dust.</li> <li>In-service conducted and dwith all Light Duty Technip proper cleaning procedure Housekeeping assignment include weekly/monthly dats was identified in residentiation on the Quarterly QA report</li> </ol>	necked for nets and were found locumented cians on s. s updated to usting where dent rooms. risor is aware to iks on weekly will be entered	08/22/06 08/25/00 09/06/0
					<ol> <li>F 253 4.</li> <li>The identified surfaces, of table legs and foot boards cleaned/repaired.</li> <li>All resident rooms and con be surveyed by staff to det and schedule cleaned/rep.</li> <li>Condition of furniture will housekeeping and maintee</li> <li>The Supervisors are aware as discovered. This inform entered on the Quarterly C and monitored.</li> </ol>	will be nmon areas to ermine and aired if identified. I be added to daily nance rounds. to repair damage nation will be	09/29/06 09/29/06 09/29/06 09/29/06

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