Health Ŕ	egulation Administra	( )			$\overline{()}$		: 12/22/2009 APPROVED
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB HFD02-0023		A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SU COMPLET	
NAME OF PR	OVIDER OR SUPPLIER	•	STREET ADD	RESS, CITY, ST	ATE, ZIP CODE		
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L 000	18 through 20, 2009 were based on obse staff and resident in 15 residents based	was conducted from D. The following defici ervations, record revie terviews. The sample on a census of 58 res by and 3 supplementa	encies w and included idents on	L 000	Start Typing Here		
L 036	examination and ev status at least every documented in the r This Statute is not r Based on record rev (1) of 30 sampled re the physician failed and physical for one The findings include According to 22DCM shall have a compre- and evaluation of his every twelve (12) m resident's medical re A review of Residen last history and phys completed August 3 A face-to-face interv Employee #6 on No He/she acknowledg physical examination	have a comprehensivaluation of his or her versident's medical recommendation as evidenced by: view and staff interview esidents, it was determ to complete an annua e (1) resident. Resider e: MR 3207.11, "Each residents on her health status on her health status onths, and documents ecord.	health and ord. w for one hined that i history it #9. sident nination at least ed in the that the ith :35 PM. ory and The	L 036	<ul> <li>A) The annual H&amp;P on reside completed.</li> <li>B) All residents were identite 11/20 thru 12/31. No other results affected by this deficient prace.</li> <li>C) A written directive was see SNF attending physicians by Director and Administrator at of the importance of promptiall annual H&amp;P chart documentation will be review compliance.</li> <li>D) Presence of H&amp;P and chard documentation will be review compliance.</li> <li>Medical Records department QA monitor that is presented meetings.</li> </ul>	ified for the per esidents were ctice. Int to all the r the Medical dvising them completion of entation. art yed to determin t performs a	

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If continuation sheet 1 of 24

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ł	Y HOSPITAL OF WAS	SHINGTON -	4601 MAR		KING JR AVENUE SW		
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L 051	Continued From pag	 le 1		L 051			
	3210.4 Nursing Faci			L 051			
	A charge nurse shall following:	be responsible for th	e				
6		lent visits to assess p and implementing an rvention;					
	(b)Reviewing medication records for completeness, accuracy in the transcription of physician orders, and adherences to stop-order policies;						
		nts' plans of care for d approaches, and re	evising				
		nsibility to the nursing ng care of specific res					
	e)Supervising and e employee on the uni	valuating each nursir t; and	ng				
	ner designee informe	tor of Nursing Service ad about the status of net as evidenced by:					
i v i r f f c r F	nterview for seven (8 was determined that nitiate and or develo restraints for two (2) nteractions for two ( or one (1) resident, p cataract surgery care	ns, record review and b) of 15 sampled resid the charge nurse faile p care plans for: the p residents, the potenti se of nine (9) or more 2) residents, scalp im use of a geri-chair wit pain for one (1) resident of one (1) resident a when the resident's bla d of	dents, it ed to use of al drug pairment h lap tray ent, post and to				

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If continuation sheet 2 of 24

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUME		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
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L 051	Continued From page	ge 2		L 051					
		of respiratory medica idents #3, 6, 7, 8, 9,			1A. 1. A) Resident #14 passed away	prior to			
					A) Resident #14 passed away survey.				
	<ul> <li>The findings include:</li> <li>1. A Charge nurse failed to. notify the physician when the resident's blood pressure was low and of repeated omissions of respiratory medications for Resident. #14.</li> <li>Blood pressure reading of 90 millimeters of mercury (mm Hg) or less systolic blood pressure (the top number in a blood pressure reading) or 60 mm Hg or less diastolic blood pressure (the bottom number) is generally considered low blood pressure. (www.nhli/nih).</li> </ul>			B) All residents on blood press medications were identified for 11/20 thru 12/31. No other resi affected by this deficient practic	the period dents were				
			ressure ing) or 60 he bottom		C) A policy was written by the Director setting blood pressur parameters and when to hold	e			
	A physician's order "Metoprolol Tartrate for Hypertension." A review of the Med	dated July 1, 2009 dir 25 mg one tablet twi ication Administration #14 revealed the follo	ice daily Record		medications and notify the ph It states to hold medication wi Systolic is <110 and diastolic to call the doctor when systoli and diastolic is >100.	nen is <60, and			
	86/40, Metoprolol w at 10:00 AM- 96/58,	" July 15, 2009 at 10: as administered; July Metoprolol was admi 9 at 10:00 AM 101/49 inistered.	18, 2009 nistered		The Charge Nurse for each sl will verify that there are no medication administration om holds and that hypertensive n were only given when blood p	issions or nedications			
A further review of the back of the MAR an medical record lacked documented evidence Metroprolol was held and the attending phy was notified of the aforementioned blood p		nce that hysician		was within normal parameters The doctor will be notified of a medications held or omitted. All licensed staff will be in-ser	iny	1/22/10			
	2009 "Graphic Rec blood pressure read indicated] 98/54, Ma 2009-85/38, June 14	cal record revealed th cord " which list the for ings: May 2, 2009 [n by 3, 2009 -84/54, Ma 4, 2009 83/48, June 1 1 - 87/52, July 20, 200	ollowing o time y 22, 5, 2009-		of B/P parameters and MD no				

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L 051	<ul> <li>2009-97/55.</li> <li>There was no evide notified of the reside readings. Antihyper Tartrate 25 mg was each of the above c</li> <li>Face-to-face intervie Employees #3 and # 12:42 PM. Both ack should have been n hypotensive episode November 19, 2009</li> <li>B. The respiratory physician of repeate for Resident #14.</li> <li>A physician's order a "Albuterol Sulfate 2.3 times a day while 0.2ml/1ml one vial v while awake."</li> <li>A review of the July doses of Albuterol a not administered. The respiratory physician that the respiratory physician that the respiratory and a discort that the respiratory while awake."</li> </ul>	nce that the physiciar ent's low blood pressu- tensive medication, N administered to the re- ited dates. ews were conducted v #14 on November 11, nowledged that the p otified of the resident' es. The record was re	Are Actoprolol esident on with 2009 at physician seviewed otify the edication rected, nebulizer d "Atrovent es a day that 32 ent were e in the ed the e above 009. ed that 20 There ysician	L 051	<ul> <li>D) Nurse Mangers will prese weekly monitoring findings and hypertensive medication monthly QA meetings.</li> <li>Corrective actions will be m shift to shift review by Chan Also, Nurse Managers will weekly and produce a com rate entered on a QA moni- to ensure blood pressures were within normal parameters and dow were notified when applica Findings recorded on this C monitor will be presented a QA meetings.</li> <li>1.B.</li> <li>A) Resident #14 passed av</li> <li>B) The respiratory MAR/TAF residents receiving respirator Meds and treatments were m for the period of 11/20 thru to No other residents were affec the deficient practice.</li> <li>C) a.</li> <li>C) a.</li> <li>The Supervisor of Respirator Therapy will review the respirator MAR/TAR each morning and instances of missed or held doses of medication or treat The Supervisor will ensure to physician is notified if applica b. Respiratory Therapists w in-serviced by Supervisor of reporting procedures.</li> </ul>	of B/P ons at nonitored via rge Nurses. review MARs pliance tor n ctors ble. 2A at monthly way prior to sur R for all ory reviewed 12/31. ected by ry iratory d record any ments. hat the cable. will be	1/22/10 Vey.

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L 051	A face-to-face interv Employee #10 on Ne He/she acknowledge have been notified of The record was revie 1.C. Facility staff fa Resident #14's "Fall falls/incidents. A review of the resider resident fell on the fill June 5, 2009 at 12: wheelchair to the flo June 5, 2009 at 3:30 wheelchair to the flo June 18, 2009 at 11 with hematoma" August 17, 2009 at 2: on floor with lap bud A review of the resider that interventions we 18, 2009. There wa initiated additional in occurred on May 23 A face-to-face interv Employee #3 on Nov He/she acknowledge interventions initiated June 5, 2009 prior to where the resident s record was reviewed 1. D. Facility staff fail	iew was conducted wit by ember 19, 2009 at 12 ed that the physician sh if the number of missed ewed November 19, 20 iled to review and revis s" care plan after multip lent's record revealed t blowing days: 00 PM, " slipped from or with no injury". 0) PM, " slipped from th or with no injury". 30 PM, " found on the 4:30 PM, " Resident s dyno injury." 30 PM, "Resident s dyno injury." lent's "Falls" care plan ere initiated on May 4 a s no evidence that facil terventions after the fa and June 5, 2009. iew was conducted wit vember 20, 2009 at 3:2 ed that there were no d after the falls of May o the fall of June 18, 20 ustained a hematoma. I November 19, 2009. led to initiate a plan of eractions for the use o	2:42 PM. hould d doses. 109. e ble hat the n the e floor at down revealed nd June lity staff IIs that h 0 PM. 4 and 09 The care for	<ul> <li>D) The Supervisor will mair QA monitor which has been In which (s)he will record all omitted or held medications. The results will be presented at the Quality Ass meetings for a period of thre in found to be in compliance quarterly thereafter.</li> <li>1.C A) Resident #14 passed aw survey.</li> <li>B) The clinical team conduc all resident care plans for fa documentation deficiencies</li> <li>C) A care plan in-service wi for all Nurse managers, IDT supervisors by 1/22/10.</li> <li>Care plans for residents witt continue to be discussed at Management Meeting.</li> <li>All residents who fall will be Rehab department for safet ambulation training and ass device to prevent further fall</li> <li>Resident's medications will determine their possible cor fall.</li> </ul>	developed /treatments. surance ee months and e then reported ay prior to cted a review of lls. No other were found. If be conducted team and nurs h a fall will weekly Risk referred to the y transfers and essed for any s. be reviewed to	11/23/0

INTERCENCE OR CONCENT       (X1) PROVIDERSUMPLENCIAL DEMT 76 ATTOM NUMBER       (X2) UNIT FUE CONSTRUCTION A BULINDIG 3 WING CONSTRUCTION A POINT A WING A WING CONSTRUCTION A POINT A WING A WING CONSTRUCTION A POINT A WING CONSTRUCTION A WING CONSTRUCTION A POINT A WING CONS	<u>Health R</u>	egulation Administra	tion			)		: 12/22/2009 APPROVED
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<ul> <li>A review of the August 2009 physician 's orders signed for date indicated) directed. "Ativan, Aricept, Cyanocobalamin, Keppra, Magnesium Oxide, Metoprolo, multivutamin, Priosec, Dilantin, Risperdal, Simvastain, Xalatan, Desyrel, Megace, and Atrovent."</li> <li>D review of the plan of care for Resident #14 lacked documented evidence that facility staff developed a care plan with goals and approaches for the potential drug interactions for the use of nine (9) or more medications.</li> <li>A face-to-face interview was conducted on November 19, 2009 at 1:21 PM with Employee #3. Heise acknowledged that a care plan for the use of nine (9) or more medications was not initiated. The record was reviewed November 19, 2009.</li> <li>A review of the clinical record for Resident #3 revealed charge nurse failed to initiate a plan of care for restraints.</li> <li>A lap tray restraint was implemented for Resident #3 review ef the use of rise (9 to stability by the following physician 's orders: interm orders dated March 7, 2009 directed. "Release table top every 2: 3 hours to perform pressure relief/charge nurse failed to infliate a plan of care for restraints.</li> <li>A face-to-face interview with Employee #7 on</li> </ul>	PREFIX	(EACH DEFICIENCY MUST	T BE PRECEDED BY FULL RE		PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE CROSS-	(X5) COMPLETE DATE
		Continued From page A review of the Aug signed [no date india Aricept, Cyanocoba Oxide, Metoprolol, n Risperdal, Simvasta and Atrovent. " A review of the plan documented eviden care plan with goals potential drug intera more medications. A face-to-face interv November 19, 2009 He/she acknowledg of nine (9) or more n The record was revi 2. A review of the cl revealed charge nur care for restraints. A lap tray restraint w #3 as evidenced by orders: interim order "Use of table top wit Interim orders dated "Release table top e pressure relief/chan items identified by re- A review of the plan evidence that charge for restraints.	ge 5 ust 2009 physician 's cated] directed, " Ativ lamin, Keppra, Magne nultivitamin, Prilosec, atin, Xalatan, Desyrel, of care for Resident ce that facility staff de and approaches for actions for the use of r view was conducted of at 1:21 PM with Emp ed that a care plan for medications was not i ewed November 19, 3 inical record for Resident rse failed to initiate a vas implemented for R the following physicia rs dated March 7, 200 th wheelchair to preve d March 9, 2009 direct every 2-3 hours to per ge position and perfor estraint release protoco of care for Resident a	van, esium Dilantin, Megace, #14 lacked eveloped a the hine (9) or on oloyee #3. r the use nitiated. 2009. dent #3 plan of Resident an's D9 directed, ent falls. " ted. form rm other col." #3 lacked care plan		<ul> <li>D) There will be monthly QA m for residents who have had fal Nurse Managers will present this updated care plan QA mo monthly QA meetings.</li> <li>1D.</li> <li>A) Resident #14 passed away</li> <li>B) All residents on 9 or more m were identified and there were Medication Care Plans for each C) There will be weekly monitor residents on 9 or more medica during weekly interdisciplinary team meetings. The Nurse Ma make sure that a 9 or More Mc Care Plan is developed for ea with 9 or more medications in catch potential drug interaction All licensed staff will be in-sen 9 and more Medication Care F 1/22/10.</li> <li>D) IDT will monitor and review on 9 or more medications at the sent the set of the sent sent sent sent sent sent sent sen</li></ul>	nonitoring ls. nitor at the y prior to surv nedications 9 and more h of them. oring of ations care plan anagers will edication ch resident order to ns. viced on Plans by all residents he weekly	ey. 1/22/10
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L 051	Continued From pa			L 051			
			the lan		2.	ĺ	
	November 18, 2009 at 3:00 PM revealed the lap tray restraint for Resident #3 was implemented on March 7, 2009 in accordance with physician's orders and was discontinued per physician's orders						
			ian's		A) Resident #3 was not adv		
					by the deficient practice. A plan was developed by the		
	on September 1, 2009. He/she acknowledged that				on 11/23/09.	Nulse Manager	
	the record lacked evidence of a care plan for th use of restraints. The record was reviewed						
	November 18, 2009				B) The two residents that w		
					restraints were re-assessed comprehensive care plans		
		led to initiate a care p actions for the use of i				h	
	more medications f				developed on 11/23/09for e measurable objectives and		. [ ]
					meet each resident's need		
		linical record for Resident #6 failed plan for use of nine (9) or more			during nursing comprehens	sive assessment	
					C) There will be continuous		
		rterly Minimum Data : ate of November 12,			Restraint Care Plans by the		
		sident was coded for			Managers and Nursing Sup make sure the Restraint Ca		
	Section O1 (numbe	r of medications).			developed meets individual		s
		aisiaala <b>O</b> adaa Ohaata			All licensed staff will be in-s		
		vsician's Order Sheets 9, 2009 revealed the					
		bose, Aspirin, Cogent			D) Restraint Care Plans will		
		Prolixin, Glipizide, Lan			during weekly risk manage monthly QA meetings.	ment and	1/22/1
	Metformin, Simvas Novolin R Insulin.	tatin, Tab-A-Vite. Vita	amin D and				(/ <u>, , , ,</u> )
	Charge pures failed	l to initiato o coro otor	for the		3. A) Resident #6 was not affe	ected by the	
		I to initiate a care plar actions for the use of i			deficient practice. There was	•	
	more medications f		··· · · · · · ·		of any adverse medication		
					9 or more Medication Care		00
,		view was conducted v proximately 10:05 AM			developed by the Nurse Ma	anager on 11/23	09.
		). He/she acknowled					
	there was no care p	plan for use of nine (9	) or more		B) All residents on 9 or more	re medications	
		resident's record. He			were identified and there w	ere 9 or more	
		ne on the chart." The	erecord		Medication Care Plans for	each of them.	
	was reviewed on No	Jveniber 19, 2009.					

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L 051	<ul> <li>4. Charge nurse fai for Resident #7.</li> <li>Resident #7 sustain October 16, 2009. P October 16, 2009 di chair alarm for patie</li> <li>The care plan lacked implementation of the approach to address</li> <li>A face-to-face interviewed Employee #7 on Not He/she acknowledge been implemented he documentation regarecord was reviewed</li> <li>5. The Charge Nurse comprehensive care medications. Reside</li> <li>According to the qua completed " Septem number of medication</li> <li>According to the Phy November 26, 2009, Administration Reco November 2009 ider medications: Norvas Zocor, Multivitamin,</li> <li>According to the "Prevised October 11, that the list lacked et</li> </ul>	led to amend the fall of ed a fall without injury hysician's interim ord rected for the use of a nt safety. d evidence of the le bed/chair alarm as s the resident's risk fo iew was conducted w vember 18, 2009 at 3 ed the bed/chair alarn iowever, the care plar roling the new approa d the bed/chair alarn iowever, the care plar rding the new approa d November 18, 2009 e failed to develop a plan for nine (9) or m ent #8. arterly Assessment Minber 17, 2009 Section ons as 10. " visician 's Order Shee and the Medication rd (MAR) for the Mon	on ers dated a bed and an r falls. ith :00 PM. n had n lacked ches. The nore DS n O1 et signed th of six, Plavix, vcodeine. List " , revealed more	L 051	<ul> <li>C) There will be weekly monitor residents on 9 or more medicated during weekly interdisciplinary team meetings. The Nurse Marake sure that a 9 or More Me Care Plan is developed for early with 9 or more medications in catch potential drug interaction.</li> <li>All licensed staff will be in-serve 9 or more Medication Care Plan 1/30/10.</li> <li>D) IDT will monitor and review on 9 or more medications at the Risk Management and monthle.</li> <li>4.</li> <li>A) Resident #7 had multiple far Physician interim orders dated were implemented. Low bed a safety alarm were already imp for resident's safety.</li> <li>The care plan was updated to reflect the use of low bed and by Nurse Manager on 11/23/01.</li> <li>B) The clinical team conducted resident care plans for falls. No documentation deficiencies were in ursing supervisors.</li> <li>Care plans for residents with a continue to be discussed at were Management Meeting.</li> </ul>	ations care plan inagers will edication ch resident order to ns. viced on ans by all residents be weekly y QA meeting lls. All 10/16/09 nd chair lemented chair alarm 9. d a review of o other ere found. conducted eam and a fall will	gs.

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L 051	developed to address of nine (9) or more A face-to-face interv November 19, 2009 Employee #7. He/sl no care plan for nine Resident #8. The re November 19, 2009 6. Facility staff failed restraints for Reside On November 17, 20 was observed in the with a lap tray in pla A review of the Nove signed November 8, with lap top for prop- fallsLap tray while fall. " A review of the plan documented evidend developed a care pla for the use of a lap to A face-to-face interv November 18, 2009 He/she acknowledge of a lap tray/top as a The record was review	ss the adverse effect f medications. view was conducted o at approximately 11:0 he acknowledged that e of more medications ecord was reviewed o d to initiate a plan of c ent #9. 009 at 11:40 AM Resi e dayroom sitting in a ce. ember 2009 physiciar , 2009 directed, "G er positioning and to p e in geri chair to reduce of care for Resident a ce that the charge nut an with goals and app ray/top as a restraint. view was conducted o a t 3:35 PM with Emp ed that a care plan for a restraint was not dev ewed November 18, 2 ed to develop a plan o resident #10	n 00 AM with t there is s for n are for ident #9 geri-chair prevent ce risk of #9 lacked rse proaches n loyee #9. r the use veloped. 2009.	L 051	<ul> <li>D) There will be monthly Q. for residents who have had Nurse Managers will prese this updated care plan QA monthly QA meetings.</li> <li>5 <ul> <li>A) Résident #8 was not affed deficient practice. There was of any adverse medication 9 or more Medication Care developed by the Nurse Ma</li> <li>B) All residents on 9 or mo were identified and there will be weekly more residents on 9 and more more meetings. The Nurse make sure that a 9 or More Care Plan is developed for with 9 or more medications catch potential drug interact All licensed staff will be in-s9 or more medication Care 1/30/10.</li> <li>D) IDT will monitor and rev on 9 or more medications a Risk Management and more medications and more medication Care 1/30/10.</li> </ul> </li> </ul>	falls. Int monitor at the ected by the as no evidence interaction. A Plan was anager. re medications rere 9 and more each of them onitoring of edications ary care plan Managers will Medication each resident in order to serviced on Plans by iew all residents at the weekly	1/22/10 11/23/09 1/22/10 s.

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If continuation sheet 9 of 24

Hoalth R	agulation Administra	( )			I D		: 12/22/2009 APPROVED
STATEMENT	egulation Administrat OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB		(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SUR COMPLETE	
		HFD02-0023		B. WING			/2009
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, ST	ATE, ZIP CODE		
SPECIAL	TY HOSPITAL OF WA	SHINGTON -		4601 MARTIN LUTHER KING JR AVENUE SW WASHINGTON, DC 20032			,
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REP INTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOULD B REFERENCED TO THE APPROPRIATE DE	E CROSS-	(X5) COMPLETE DATE
L 051	Continued From page	-		L 051	6.		
	"Physician's interim orders dated March 11, 2009 directed clotrimazole ointment 1% apply to scalp lesions B.I.D " "Physician's interim orders dated June 22, 2009 at 12:45 PM directed discontinue Lotrimin to scalp lesions area healed. "				<ul> <li>A) Resident #9 was not adverse by the deficient practice. An ind care plan was put into place to id the goals and approaches for the use of the lap tray.</li> </ul>	ividualized dentify	11/23/09
·	2009 directed Lotrin daily until healed 19 The care plan titled initiated December November 9, 2009,	hysician's interim orders dated November 06, 09 directed Lotrimin apply to scalp lesions twice ily until healed 1%. " e care plan titled Alteration in Skin Integrity iated December 12, 2008 last updated vember 9, 2009, lacked problem identification, ectives and approaches to care for the resident'			<ul> <li>B) The two residents that were used trays were re-assessed and rest plans were developed for each r with measurable objectives and to meet each resident's needs a during nursing assessment.</li> <li>C) There will be continuous mor Restraint Care Plans by the Nur</li> </ul>	raint care resident time tables s identified nitoring of	
	Resident #11 follow	d to develop a plan of ing eye cataract surge rim orders dated Sept	ery.		Managers and Nursing Supervis make sure the Restraint Care Pl developed meets individual resid needs	lan dent's	
		ected, "for cataract			All licensed staff will be in-servic restraint care plans.	ced on	1/22/10
	at 11:30 PM reveale	ntes dated on October ed, "Resident s/p [state Rt [right] eye shield o	us post] rt		D) The lap tray restraint care pla reviewed at the weekly risk man meeting and monthly QA meetin	agement	1/22/10
	lacked problem iden	updated October 22, 2 itification, objectives a for the resident's eye	ind		7. A) Resident #10 scalp lesion wa on 1/7/10 and Clotrimazole 1% was discontinued.		1/7/10
	A face-to-face interv November 20, 2009 He/She acknowledg	riew was conducted or at 11:00AM with Emp red that a care plan fo urgery was not develo d on	oloyee #7. r Resident		B) All residents with skin condition plans were reviewed and update include problem identification, m objectives and approaches to m individual resident's needs.	ed to leasurable	
	ion Administration	<u> </u>					

Health Regulation Administration STATE FORM

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIE		A. BUILDIN	G	) DATE SUR COMPLETE	
	ì	HFD02-0023		B. WING		11/20/	2009
AME OF PR		<u> </u>	STREET ADD	RESS, CITY, ST	ATE, ZIP CODE		
SPECIAL	TY HOSPITAL OF WA	SHINGTON -		TIN LUTHEI	R KING JR AVENUE SW 032		
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L 051	Continued From pa	ge 10		L 051			
	November 20, 2009	).			C) Nurse Managers and Supervisor	s will	
L 052	052 3211.1 Nursing Facilities Sufficient nursing time shall be given to each resident to ensure that the resident receives the following:			L 052	monitor all residents with alteration integrity to ensure care plans are up	in skin	
			each		All licensed staff will be in-serviced integrity care plans.	on skin	1/30/10
	(a)Treatment, media supplements and flu rehabilitative nursin	uids as prescribed, a			D) QA monitoring of alteration in ski integrity will be reported at the mont QA meeting.		1/22/10
a	(b)Proper care to m contractures and to				<ul> <li>8.</li> <li>A) The care plan for post operative cataract surgery was developed for resident #11.</li> </ul>		11/18/09
	(c)Assistants in dail resident is comforta evidenced by freedo trimmed nails, and o hair;	ble, clean, and neat	as cleaned and		The resident did not experience any complications resulting from the def practice.	<b>y</b>	11/10/0
	(d) Protection from a				B) There were no other residents af by the deficient practice.	ffected	
	(e)Encouragement, care and group activ		ning in self-		C) The Nurse Manager and/or QA Coordinator will ensure that any	/ residen	t
	(f)Encouragement a				undergoing cataract surgery will have care plan. All licensed staff will be in	ve a n-service	
	(1)Get out of the be or her own clothing; shall be clean and it	and shoes or slippe			on proper completion of care plans post operative cataract surgery.	for	
	(2)Use the dining ro	om if he or she is at	ble; and		D) Any resident undergoing catarac or other surgical procedure will be discussed at the weekly Risk Manag		/
	(3)Participate in meaningful social and rec activities; with eating;		ecreational		meeting and monthly QA meeting.		1/22/10
	(g)Prompt, unhurrie requires or request		she				

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STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUME		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SUF COMPLET	
		HFD02-0023		B. WING _		11/2	0/2009
NAME OF PR	OVIDER OR SUPPLIER	·	STREET ADD	RESS, CITY, ST	ATE, ZIP CODE		
SPECIAL	TY HOSPITAL OF WA	SHINGTON -		TIN LUTHE	R KING JR AVENUE SW 0032		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	ATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL RE ENTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	RECTION JLD BE CROSS- TE DEFICIENCY)	(X5) COMPLETE DATE	
L 052	Continued From pay (h)Prescribed adapt him or her in eating independently; (i)Assistance, if nee including oral acre; j)Prompt response thelp. This Statute is not the Based on observation for five (5) of 15 san determined facility so orders for foot care weights for one (1) re- electrocardiogram a one (1) resident; per (1) resident and adr and act on the comp of one (1) resident. If The findings include 1. A review of the cl revealed facility staff resident 's foot care with physician 's orders originated Septembo debridement of myc	ge 11 tive self-help devices to add, with daily hygien and to an activated call be met as evidenced by: on, record review and npled residents, it was staff failed to follow ph for one (1) resident; o resident; obtain an an ind psychiatric consul form tracheostomy can inister respiratory me oromised hemodynam Residents #3, 4, 6, 11 e: inical record for Resid f failed to ensure that a was performed in ac ders. dated October 30, 20 er 27, 2004 directed, otic toe nails every 3 evealed one (1) Podia May 6, 2009 was perf year of 2009.	e, Il or call for interview sysician 's btain nual tation for are for one edications nic status and 14. lent #3 the cordance 09 and "months. "	L 052	<ol> <li>A) Resident #3 was seen at 11/18/09. Debridement of to done on right and left foot.</li> <li>B) The physician orders of a were reviewed for orders of Podiatry consult. There were residents affected by this defined C) Our Podiatry consults boo updated by the Nurse Manage Podiatry visits to each reside scheduled and according to orders.</li> </ol>	6:20pm on e nails 1-5 Il residents e no other eficiency. bk will be kept gers to reflect ent as	
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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUME		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SUF COMPLET	
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L 052	Employee #7 on No revealed that toenai performed by the po- that the podiatrist sa occasion this year a debridement was no record was reviewed 2. Facility staff failed which directed, wee Resident #4. According to the "Ne Order Sheet/Plan of 2009 (no time indica admissions, weight weight every month. According to the "F Record" the admissi Month of June [2009 The "Resident Mont evidence of weekly" The June 2009 Med revealed the followin lbs and June 16, 200 evidence of any oth 2009. The " Resident Mont goog. The " Resident Mont lbs and June 16, 200 evidence of any oth 2009. The " Resident Mont goog. The " Resident Mont for June 166.4 July 164.8 August 167.6 September 175 October 174.6	vember 18, 2009 at 3 I debridement was a to odiatrist. He/she ackno aw the resident on one and that the resident's of performed as ordered d November 18, 2009 d to follow Physician ( kly weights times four ew Admissions Physic Care dated signed Ju- ted) directed, weight weekly x (times) 4 (fo " Resident Monthly Wei ons weight was record as 166.4 [pounds]. hly Weight Record" la weights x 4. ication Administration ng weights: June 5, 20 09, 163 lbs. The she er weights taken after athly Weight Record r pounds pounds pounds	treatment owledged e (1) nail ed. The d. The d. The d. Drders r (4) for cian 's une 5, on our) weeks, on our) weeks, ght rded for the acked n Record 009 166.4 et lacked - June 16,	L 052	<ul> <li>D) Nurse Managers will mot Visits to every resident. Res reported at the monthly QA for a period of 3 months and compliance will then be reported adverse effects due to the la of documentation of weights</li> <li>B) The medical record of all from November 1 thru Dec were reviewed. All the week were present.</li> <li>C) A log was developed to a new admissions to record a weights and the subsequent for 4 weeks.</li> <li>Staff in-service on the use of be completed by 1/22/10.</li> <li>Nurse managers will follow ensure weekly weights are in addition, monthly monitor performed by DON and Nur ensure compliance.</li> <li>D) Results of monitoring will monthly QA meeting for a p and if found to be in complia- reported quarterly.</li> </ul>	sults will be meetings d if found to be i orted quarterly. ence any ack of 4 weeks s. I new admission ember 31, 2009 kly weights x4 be used for all idmission it weekly weight of the form will up weekly to performed. ring will be rse Educator to Il be shared at period of 3 month	1/22/1 s

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STATURENT OF CORRECTION         (11) PROVIDERSUPPLIEUCLA INTERCATION NUMBER         (22) MULTIFIES CONSTRUCTION A BUILDING A BUILDING A BUILDING         (23) DITE EUROP COMPETEE           NAME OF PROVIDER GRUPPLIER SPECIALTY HOSPITAL OF WASHINGTON         STREET ADDRESS. CITY. STATE. JP CODE 4601 MARTINIL LUTHER KING JA AVENUE SW MASHINGTON, DC 20032         MOLTOFIE CONSTRUCTION A BUILDING ADDRESS CITY. STATE. JP CODE 4601 MARTINIL LUTHER KING JA AVENUE SW MASHINGTON, DC 20032         Image: Competitive of the c	Hea	Ith Regulation Administ	- )					: 12/22/2009 APPROVED
NAME OF PROVIDER OR SUPPLIER         IntPO220023           SPECIALTY HOSPITAL OF WASHINGTON -         STREET ADDRESS, CITY, STATE, JP CODE         461 MARTIN LUTHER KING JR AVENUE SW WASHINGTON, DC 20032         (0)           PRETIX TAC         SUMMARY STATEMENT OF DEFICIENCIES ON LSC DEFINITION OF COMPLETION, DC 20032         (0)         (0)           PRETIX TAC         SUMMARY STATEMENT OF DEFICIENCIES ON LSC DEFINITION OF COMPLETION, DC 20032         (0)         (0)           L052         Continued From page 13         L052         3A.           L 052         Continued From page 13         L052         3A.           The Resident Monthly weight record lacked evidence that weekly weights were completed in accordance with the physicians order.         B) Records of all residents were not done. The record was reviewed on November 19, 2009         3A.           A review of the resident's clinical record revealed a physician's order with an initial date of April 1, 2003 and signed by the physician's order to obtain a Stepticine' (SKG every year - June. 'F Further review of the resident's clinical record revealed a physician's order with an initial date of April 1, 2009. Durity the interview the employee acknowledged that the EKG was not done. The record mas reviewed on November 19, 2009. B.         D) Results of monitoring will be shared at monthy CA meeting for a period of 3 months and if found to be in compliance will then be reported quarterly         38.           A) Further review of the resident #6.         A review of the resident #6.         A) Further review of the record revealed tha	STATE	MENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER					
INME OF PROVIDER OR SUPPLIER         STREET ADDRESS, CITY, STATE, JPF CODE           SPECIALITY HOSPITAL OF WASHINGTON -         STREET ADDRESS, CITY, STATE, JPF CODE         461 MARTIN LUTHER KING JR AVENUE SW           Value of the provide streemed by the streemed by the streemed by the provide streemed by the streemed by the provide streemed by the provide streemed by the provide streemed by the streemed by the provid			HFD02-0023		B. WING _		11/20	)/2009
SPECIALTY HOSPITAL OF WASHINGTON -         WASHINGTON, DC 2003           (W4)10 PREFX TAC         IEACH DEFICIENCY WASHINGTON -         D PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE CROSS. PREFERENCED TO THE APPROPRIATE DEFICIENCY.         D COMMENT PREFX TAC           L 052         Continued From page 13         L 052         3A.           The Resident Monthly weight record lacked evidence that weekly weights were completed in accordance with the physicians order.         JA           Resident Monthly weight record lacked evidence that weekly weights were completed on not done. The record was reviewed on November 19, 2009.         B) Records of all residents were reviewed. All residents due for annual EKGs had received them.           A review of the resident's clinical record revealed a physician 's order with an initial date of April 1, 2009. Which instructed * EKG every year - June. * Further review of the record lacked to the record revealed of April 1, 2009. During the interview the employee acknowledged that the EKG was not done. The record was reviewed on November 19, 2009. Which instructed * EKG every year - June. * Further review of the record revealed a physician 's order with an initial date of April 1, 2009. B. Facility staff failed to follow a physician 's order to obtain a Psychiatric (Psych) Consult every six (6) months for Resident #6.         D) Results of monitoring will be shared at monthy CA meeting for a period of 3 months and if found to be in compliance will then be reported quarterly         1/22/10 38.           A review of the resident's clinical record revealed a physician 's order with an initial date of Ferbury 2009. The record revealed an November 19, 2009. The resident #6.         B) All residen	NAME	OF PROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, ST	ATE, ZIP CODE		
Preferix TAG         CRACHEGREGIES VENUL REQUATIONY OR USE DEMTEYING INFORMATIONY         PREFER TAG         CRACHEGREGIES & FOLL REQUATIONY TAG         CRACHEGREGIES & FOLL REGUES & FOLL R	SPE	CIALTY HOSPITAL OF W	ASHINGTON -					
<ul> <li>3A.</li> <li>3A.</li> <li>A) The Resident Monthly weight record lacked evidence that weekly weights were completed in accordance with the physicians order.</li> <li>Face-to-face interviews were conducted on November 19, 2009 at 10:25 AM with Employee #7 and 11. They acknowledged that the weights were not done. The record was reviewed on November 19, 2009.</li> <li>3A. Facility staff failed to follow a physician's order to obtain an Electrocardiogram (EKG) annually for Resident #6.</li> <li>A review of the resident's clinical record revealed a physician 's order with an initial date of April 1, 2009 which instructed " EKG every year - June." Further review of the record failed to reveal a copy of a completed EKG for 2009.</li> <li>A face-to-face interview was conducted with Employee #6 at approximately 10:05 AM on November 19, 2009.</li> <li>B. Facility staff failed to follow a physician 's order to obtain a Psychiatric (Psych) Consult every six (6) months and as reviewed on November 19, 2009.</li> <li>B. Facility staff failed to follow a physician 's order with an initial date of February 24, 2009 and signed by the physician on September 9, 2009 and signed by the physician on September 9, 2009 and signed by the physician on September 9, 2009.</li> <li>B. Pacility staff failed to follow a physician on September 9, 2009.</li> <li>B. Facility staff failed to follow a physician on September 9, 2009.</li> <li>B. Pacility staff failed to follow a physician on September 9, 2009.</li> <li>B. Pacility staff failed to follow a physician on September 9, 2009.</li> <li>B. Pacility staff failed to follow a physician on September 9, 2009.</li> <li>B. All resident's clinical record revealed a physician is order with a ninitial date of February 24, 2009 and signed by the physician on September 9, 2009.</li> <li>B. All residents with psych consult the physician on September 9, 2009.</li> <li>B. All resident anuary 21, 2009</li> </ul>	PRE	FIX EACH DEFICIENCY MU	IST BE PRECEDED BY FULL RE		PREFIX	(EACH CORRECTIVE ACTION SHOU	ILD BE CROSS-	(X5) COMPLETE DATE
		<ul> <li>052 Continued From p</li> <li>The Resident Morevidence that wee accordance with the Face-to-face inter November 19, 200 and 11. They ack not done. The react 19, 2009.</li> <li>3A. Facility staff f to obtain an Electric Resident #6.</li> <li>A review of the resphysician 's order 2002 and signed to 2009 which instruct Further review of the for a completed EM A face-to-face inter Employee #6 at ap November 20, 200 employee acknow done. The record 2009.</li> <li>B. Facility staff fait to obtain a Psychimmonths for Resider A review of the resphysician 's order 2009.</li> <li>B. Facility staff fait to obtain a Psychimmonths for Resider A review of the resphysician 's order 24, 2009 and sign 9, 2009. The order every six (6) month review of the record 2009.</li> </ul>	age 13 athly weight record lack kly weights were comp he physicians order. views were conducted 09 at 10:25 AM with Em- nowledged that the weight cord was reviewed on N ailed to follow a physici- rocardiogram (EKG) an sident's clinical record r with an initial date of A by the physician on Sep- cted "EKG every year the record failed to rever CG for 2009. erview was conducted w oproximately 10:05 AM 19. During the interview ledged that the EKG was was reviewed on Nove led to follow a physicia atric (Psych) Consult ev- nt #6. sident's clinical record r with an initial date of F ed by the physician on instructed "Psych Co- hs and as needed." F	on ployee #7 ights were lovember an's order nually for revealed a April 1, otember 9, - June. " eal a copy with on v the as not ember 19, n 's order very six (6) evealed a iebruary September onsult Further		<ul> <li>3A.</li> <li>A) The annual EKG on reside performed on 11/25/09.</li> <li>B) Records of all residents we reviewed. All residents due for EKGs had received them.</li> <li>C) Monitoring by the Nurse Managers will be performed that lists EKG due dates to mean that annual EKGs are performed that annual EKGs are performed that found to be in compliant reported quarterly</li> <li>3B.</li> <li>A) Further review of the record that the undated psych consistion June 29. 2009 as evitor orders written by the Psychiat same day of visit. (See attact The nurse made an entry on at 3:30pm of the psychiatrist Subsequent psych visit was December 12, 2009.</li> <li>B) All residents with psych conservisite of the the undated psych conservisite of the psychiatrist Subsequent psych visit was December 18 thru December reviewed. All eleven identifier</li> </ul>	ent #6 was vere or annual via a log book nake sure med on the be shared at priod of 3 month nce will then be ord revealed ult was from a denced by the atrist on the hed copies.) 6/29/09 visit. done onsults from r 31 were d residents wit	ns e 1/22/10
Health Regulation Administration			anuary 21, 2009	_		psych consults had a psych of 6 months.	consult every	

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE HFD02-0023	ER: A. E	NULTIPLE CON BUILDING WING		(X3) DATE SURV COMPLETE 11/20/	D
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(X4) ID PREFIX TAG	SUMMARY ST. (EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES I BE PRECEDED BY FULL REG INTIFYING INFORMATION)	SULATORY PR	ID EFIX (	PROVIDER'S PLAN OF C EACH CORRECTIVE ACTION SI EFERENCED TO THE APPROP	HOULD BE CROSS-	(X5) COMPLETE DATE
L 052	review of the record documentation to sp was done every six record was reviewed A face-to-face interviewed movember 20, 2009 employee acknowle was not done every the physician. The November 19, 2009 4. Facility staff failed for tracheostomy ca Physician 's Order of November 10, 2009 [tracheostomy] care A review of the " Re Progress note " for documented evident performed. Face-to-face interview November 20, 2009 Employee #10 and B the Resident 's clinit that there was no ever tracheostomy care of record was reviewed 5. Facility staff failed Albuterol to Resident physician.	I psychiatric consult. If failed to reveal any pecify that the Psych C (6) months as ordered d on November 19, 20 view was conducted wi roximately 10:05AM o . During the interview dged that the Psych C six (6) months as order record was reviewed c I to follow physician 's re for Resident #11. dated September, 200	Consult I. The 09. ith in the consult ered by on s orders 9 and eded. " sment and acked care was n 00PM with reviewing nowledged #11 had 0. The nt and he	<ul> <li>b) in-</li> <li>c) i / up to date consistent of the consi</li></ul>	A Psych Consult log bo o indicate on a monthle of the resident's 6-m sultation. This will be r sultation. This will be r surse managers. esults of monitoring w othly QA meeting for a if found to be in comported quarterly. Resident #11 immedia heostomy care as ord- sician The resident w cted by the deficient p The respiratory MAR/T idents receiving respir tments will be reviewed onnel each shift y to ensure protocols a The respiratory MAR/T idents receiving respir ds and treatments will biratory personnel eac ocols are being follow a. The Supervisor of R erapy and/or respiratory R/TAR each shift and y instances of missed of es of medication or treation is and the physician icable. Respiratory Therapis serviced on proper rep ocedures.	y basis the due nonth psych eviewed monthly ill be shared at period of 3 month liance will then be ately received ered by the vas not adversely ractice. TAR for all atory Meds and ed by respiratory are being followed TAR for all atory be reviewed by h shift to ensure ed. tespiratory ry therapists will record and correct or held eatments. herapists will is notified if sts will be	1/22/10

Health R	equlation Administral	ion					: 12/22/2009 APPROVED		
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB		(X2) MULTIF A. BUILDING	PLE CONSTRUCTION	(X3) DATE SUP COMPLET			
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SPECIAL	TY HOSPITAL OF WAS	SHINGTON -		TIN LUTHER TON, DC 20	R KING JR AVENUE SW 032				
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L 052	3 times a day while a 0.2ml/1ml one vial v while awake." A review of the Med for July 2009 revealed times out of 90 treat in [his/her] room or u [patient] sleeping on the for July 2009 revealed to: "Patient] sleeping on the for July 2009 revealed to: "Patient] sleeping on the for July 2009 revealed to: "Patient unavailable, sleeping on three (3 other priorities on for Albuterol was discort A review of the Med for August 2009 revealed to: "patient not in room/ Reasons were not in missed doses." Face-to-face intervier November 19, 2009 Employee #3 and Err acknowledged that A administered as dire the therapist administered when the for a should notified when the for a should not f	5mg/3ml one vial via i awake for COPD" and ia nebulizer three time ication Administration ed that Albuterol was ments due to: "patient unavailable on 25 occ. three (3) occasions a ties treatment not give d 36 out of 90 treatme (out of room on 29 occ ) occasions and thera ur (4) occasions." attinued on July 23, 20 ication Administration ealed that d 20 out of 51 treatme not available for 13 tin lentified for the other s ews were conducted o at approximately 12:4 mployee #10. They Atrovent and Albuterol cted by the physician stering the treatment of the patient did not rec t. Employee #10 state of the patient returns bas e physician should have	I "Atrovent es a day Record omitted 32 t not being asions, Pt and en four (4) ents due casions; pist had 09. Record ents due mes. seven (7) n l2 PM with were not and that did not eive the ed, "We ack to	L 052	<ul> <li>D) The Supervisor will maintal QA monitor In which (s)he womitted or held medications. The threshold will be set at a compliance. The results will presented at the Quality As meetings for 3 months and quarterly thereafter.</li> <li>5.</li> <li>A) Resident #14 passed awa</li> <li>B) The respiratory MAR/TAR residents receiving respirator Meds and treatments were refor the period of 11/20 thru 12 No other residents were affet the deficient practice.</li> <li>C) The respiratory MAR/TAR residents receiving respirator Meds and treatments will be respiratory personnel each st protocols are being followed.</li> <li>a. The Supervisor of Resp Therapy and/or respiratory threview the respiratory matches of missed or h doses of medication or treatments is applicable.</li> <li>b. Respiratory Therapists win-serviced on proper report procedures.</li> </ul>	vill record all /treatments. 100% be surance if in compliand ay prior to surv for all ry eviewed 2/31. cted by for all ry reviewed by for all ry reviewed by if to ensure biratory herapists will cord and corre- held ments. apists will hotified if will be	ey.		
,	his/her room and the	physician should have			procedures.				

Health Regulation Administration STATE FORM

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If continuation sheet 16 of 24

Health R	egulation Administrat	ion					12/22/2009 APPROVED		
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB		(X2) MULTI	PLE CONSTRUCTION	(X3) DATE SUR COMPLETE			
		HFD02-0023		B. WING 11/20/20					
NAME OF PR			STREET ADD	DRESS, CITY, STATE, ZIP CODE					
SPECIAL	TY HOSPITAL OF WAS	SHINGTON -		TIN LUTHER TON, DC 20	R KING JR AVENUE SW 032				
(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) COMPLETE DATE		
L 052	<ul> <li>(1) of 15 sampled refacility staff failed to received adequates Resident # 14.</li> <li>The findings include</li> <li>1. Facility staff failed</li> <li>Resident #14, who esubsequent injury.</li> <li>A review of the resideresident fell on the formation of the flog of the state of the</li></ul>	view and staff interview esidents, it was determ ensure that one (1) re supervision to prevent : d to initiate intervention experienced multiple f dent's record revealed ollowing days: 00 PM, "slipped fro or with no injury". ) PM, "slipped from or with no injury". 30 PM, "found on th 4:30 PM, "Resident dyno injury." dent's "Falls" care plar ere initiated on May 4 s no evidence that fac iterventions after the f	nined that esident accidents. ns for alls with that the m the the floor sat down n revealed and June cility staff alls that d on July d eviously us having re no new	L 052	<ul> <li>D) The Supervisor will maintain QA monitor In which (s)he will r omitted or held medications/tree The threshold will be set at 100 compliance. The results will be presented at the Quality Assur meetings monthly for 3 months compliance then quarterly there</li> <li>1.</li> <li>A) This is a closed chart. Reside passed away.</li> <li>B) The clinical team conducted all residents care plans for falls. documentation deficiencies were</li> <li>C) An on-going care plan in-sere conducted for all Nurse manage and nursing supervisors.</li> <li>Care plans for residents with a fic continue to be discussed at wee Management meetings.</li> <li>D) There will be monthly QA mon for residents who have had falls monitor that captures the number updated care plans divided by the of falls will reveal the actual com The threshold will be set at 1000 compliance. Nurse Managers w this updated care plan QA monitor monthly QA meetings.</li> </ul>	ecord all atments. 0% ance and if in after. ent #14 has a review of No other e found. vice is ers, IDT tea all will ekly Risk onitoring . A QA er of ne number apliance rat % for ill present	m		
Health Regulat	ion Administration								

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	Loculation Administration	· )			: )	FORM	: 12/22/2009 APPROVED
STATEMENT	Regulation Administral	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM		A. BUILDIN		(X3) DATE SUF COMPLET	
		HFD02-0023		B. WING			)/2009
NAME OF PR			STREET ADD	RESS, CITY, ST	ATE, ZIP CODE		-
SPECIAL	TY HOSPITAL OF WA	SHINGTON -		TIN LUTHEI TON, DC 20	R KING JR AVENUE SW 0032		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIE F BE PRECEDED BY FULL F NTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE	BE CROSS-	(X5) COMPLETE DATE
L 052	Continued From page	ge 17		L 052			
	A face-to-face interview was conducted with Employee #3 on November 20, 2009 at 3:20 PM. He/she acknowledged that there were no interventions initiated after the falls of May 4 and June 5, 2009 prior to the fall of June 18, 2009 where the resident sustained a hematoma. The record was reviewed November 19, 2009.				<ol> <li>A) No residents were affected deficient practice.</li> <li>B) The expired cartons of milk discarded immediately. Staff win-serviced on the correct promonitor dates on milk cartons.</li> </ol>	were /as ocess to	
L 099			L 099	<ul> <li>C) Milk cartons stored in walk #1 and trayline refrigerator wild daily for expiration dates. This included on a daily walk throug</li> <li>D) Findings from daily walk throug</li> <li>C) Bread stored on the correct promonitor dates on the bread baa</li> <li>C) Bread stored on bread rack and in cafeteria serving area widaily for expiration dates. This on a daily walk through check</li> <li>D) Findings from daily monitor reported to the QA Committee quarterly.</li> </ul>	Il be monitore will be gh check list. rough will be e at least by this read were vas cess to gs. (s in the kitch vill be monito will be includ t list.	en red	

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If continuation sheet 18 of 24

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SUR COMPLETE	
		HFD02-0023		B. WING 11/20/			
		11 002-0023	STREET ADD	 RESS. CITY, ST	ATE, ZIP CODE		2009
	TY HOSPITAL OF WA	SHINGTON -	4601 MAR		R KING JR AVENUE SW		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCI			PROVIDER'S PLAN OF CORRECTION		(¥5)
PREFIX TAG	(EACH DEFICIENCY MUS	T BE PRECEDED BY FULL I ENTIFYING INFORMATION)	REGULATORY	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DE	CROSS-	(X5) COMPLETE DATE
L 099	Three (3) East	-		L 099	1.A) No residents were affected l deficient practice.	by this	
	<ol> <li>Four (4) of ten (10) four ounce cartons of 2% mi were expired as of November 16, 2009.</li> <li>One (1) of one (1) ice machine on 3 east lacked</li> </ol>				B) The expired cartons of milk we discarded immediately. Staff was in-serviced on the correct proce	6	
ſ	2. One (1) of one (1) ice machine on 3 east lacked pre-filter and the ice chute was stained with mineral deposits				monitor dates on milk cartons.		12/1/09
	the ice chute was stained with mineral deposits. These observations were made in the presence of employee # 22 who acknowledged these findings.				C) All nursing staff will check exp dates of milk received from dieta department. Nurse Managers wil	ry	
					D) All issues of found expired su		4100110
	who acknowedged these infairigs.				be discussed at monthly QA me		1/22/10
L 184	3229.6 Nursing Fac	ilities		L 184	<ul> <li>A) Administration has authorized purchase of a water filter for the machine. To be installed upon de</li> </ul>	3east ice 🛛	1/13/10
	Each facility shall provide space which ensures visual and auditory privacy for social service interviews with residents. This Statute is not met as evidenced by:				B) Both ice machines were exam New machine was ordered for 3	nined. A East and a	1/13/10
.	Facility staff failed to social work assess	perform quarterly	and annual		filter was ordered for the ice ma 3West. C) A New machine was ordered and a filter was ordered for the ic	for 3East	
	According to 22DCM assessment and eva progress notes, incl	aluation, plan of car	e and		on 3West .Ice chute cleaning pu Housekeeping check list for wee Ice machines added to monthly r	t on kly cleaning	<b>]</b> .
	social condition, sha resident 's medical revised as necessar	all be incorporated in record, reviewed qu	n each		and checked for necessary repair D) Equipment maintenance issue discussed at monthly QA meetin	es are	1/22/10
		vices assessments v 3, 2009, July 23, 20	were 09 and		A) Mineral deposits were remove Housekeeping.	-	
	evaluation was date	documented April 23, 2009, July 23, 2009 and October 23, 2009. The most recent annual evaluation was dated October 23, 2008.			<ul><li>B) Both ice machines on floor we examined and cleaned.</li><li>C) Cleaning of Ice machines was</li></ul>	s added to	11/18/0
	The record lacked evidence of a quarterly social work assessment for January 2009 and an annual assessment for October 2009. The record				Housekeeping check list for wee D) Cleaning of ice machines is n Housekeeping QA monitor for cle	ow part of	g. 1/22/10

Health R	equlation Administra	tion					: 12/22/200 APPROVE
STATEMENT	OF DEFICIENCIES - CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUME		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SUF COMPLET	
		HFD02-0023		B. WING 11			)/2009
NAME OF PR	OVIDER OR SUPPLIER	·	STREET ADD	RESS, CITY, ST	ATE, ZIP CODE		
SPECIAL	TY HOSPITAL OF WA	SHINGTON -		TIN LUTHEI	R KING JR AVENUE SW 0032		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	ATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL RE ENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CON (EACH CORRECTIVE ACTION SHI REFERENCED TO THE APPROPRI	DULD BE CROSS-	(X5) COMPLETE DATE
L 184 L 199	Continued From page 19 was reviewed November 18, 2009. 3231.10 Nursing Facilities		-	L 184	A) Our Social Work Consul Reviewed the records of re and is responding accordir residents' needs.	sidents #3	1/22/10
	Each medical record shall document the course of the resident's condition and treatment and serve as a basis for review, and evaluation of the care given to the resident. This Statute is not met as evidenced by: Based on record review and staff interview for two (2) of 15 sampled residents, it was determined that the facility staff failed to consistently document one (1) resident 's behavior on the behavior flow sheet and complete an initial assessment and/or documentation on the psychosocial status of one (1) resident who was newly admitted to facility. Residents #1 and #14.				B) A review of all charts for thru 12/31 revealed missing These were addressed by Consultant.	gassessments.	1
					C) In order to ensure that a other necessary documents timely and appropriately for the MDS Coordinator will n Worker and Administrator w Chart reviews reveal a Soc discrepancy. In addition, ou Records department condu Review that generates a ch list. Also, our SW Consulta	ation is performe other residents otify the Social when her monthl ial Service ur Medical acts a monthly part deficiency nt will review	d
	<ul> <li>The findings include:</li> <li>1. Facility staff failed to document on the psychosocial status for a new resident. Resident #</li> <li>A review of the clinical record revealed that the social worker failed to document the resident's psychosocial needs since admission on September 21, 2009</li> <li>A review of the clinical record revealed no documentation under the "social worker's progress notes " in the social worker section of the resident chart.</li> <li>A face-to-face interview was conducted with Employee # 6 on November 18, 2009 at 1:00 PM. He//she acknowledges that he/she did not complete an initial assessment and/or</li> </ul>		nat the lent's		all resident records monthly completeness. The current Social Worker disciplinary action. A more long term care Social Worl 2/1/10. Our Consultant will covering residents' needs.	has received experienced ker will start assist with	
			s progress e resident vith 1:00 PM.		D) The Medical Record De conduct a monthly review of records to verify the timely assessments .This will be p the monthly QA meetings. the Social Worker and/or C will generate a monitor revi timely documentation of as social service notes to be p monthly QA meeting	partment will of residents' notation of presented at n addition, onsultant ewing the sessments and	1/22/10

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ME OF PI	ROVIDER OR SUPPLIER	•	STREET ADD	DRESS, CITY, STATE, ZIP CODE					
SPECIAL	TY HOSPITAL OF WA	SHINGTON -		RTIN LUTHER KING JR AVENUE SW GTON, DC 20032					
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL RE( ENTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE	BE CROSS-	(X5) COMPLETE DATE		
L 199	documentation on th newly hired as a soo The clinical record I worker's assessmer status for initial asse reviewed November 2. Facility staff faile agitation on the "Be for Resident #14. A review of the "Bef for July and August experienced no epis month. A review of the nurs July 6, 2009 at 3:15 noted. Gave Ativan July 12, 2009 at 3:3 verbally responsive Behavior issues not July 15, 2009 at 4:0 who are not seen by July 16, 2009 at 5:0 who are not seen by July 16, 2009 at 5:0 who are not seen by 0.5 mg IM" August 11, 2009 at 5:0 who are not seen by 0.5 mg IM" August 12, 2009 at 12 for agitation" August 17, 2009 at 3:0 Ativan 0.5ml given II August 17, 2009 at 3:0	he resident because h cial worker to the facili acked evidence of the nt of the residents' psy essment. The record v r 19, 2009. ed to document episod havior Monitoring Flow t 2009 revealed that the sodes of agitation duri ses' notes revealed: PM: "Episode of agita 0.5 ml" 0 PM: "Resident alert with periods of confus ed. Ativan given" 0 PM: "Agitated, seein y staff. Given Ativan 0 0 AM: "Agitated. Seein y staff. Confused Give 2:00 AM: "Given Ativ 11:00 AM: "Yelling cativan 0.5ml given IM for agita 3:00PM: "Agitation iss	ty. social vchosocial vas es of w Record" v Record" v Record" ng resident ng either ation and sion . ng people .5ml IM" ng people n Ativan van 0.5 ml nnot or will f tion sues. ad severe	L 199	<ol> <li>A) Our Social Work Consultan the records of resident #1 and is responding accordin residents' needs.</li> <li>B) A review of clinical records of 11/20 thru 12/31 revealed psychosocial assessments. addressed by the Social Work</li> <li>C)Our Medical Records depar conducts a monthly review 0 a chart deficiency list. Our S will review all resident recor completeness and address identified.</li> <li>The current Social Worker h disciplinary action. A more long term care Social Work 2/1/10. Our Consultant will covering residents' needs.</li> <li>In order to ensure that asses other necessary documental performed timely and appro other residents, the MDS Co will notify the Social Worker Administrator when her mon Chart reviews reveal a Soci Discrepancy.</li> <li>D) The Medical Record Depar conduct a monthly review of records to verify the timely assessments .This will be p the monthly QA meetings.</li> </ol>	g to the for the period d other missin These were orker Consults that generate SW Consultan ds for needs as nas received experienced er will start assist with sments and ttion is priately for oordinator and nthly al Service tment will of residents' notation of oresented at in addition, onsultant ewing the sessments be presented	1/22/10 lig ant s it		



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STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIEF IDENTIFICATION NUM		(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SUR COMPLETE	
		HFD02-0023		B. WING		11/20/	/2009
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, ST	TATE, ZIP CODE		
SPECIAL	TY HOSPITAL OF WA	SHINGTON -		TIN LUTHE	R KING JR AVENUE SW 0032	,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	ATEMENT OF DEFICIENCIES F BE PRECEDED BY FULL RI INTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD I REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETE DATE
L 199	conducted on Nove He/she acknowledg Flow Record" did no resident's agitated b reviewed November 3236.4 Nursing Fac The temperature of used by each reside controlled and shall ten degrees Fahren ninety-five degrees This Statute is not r Based on observation environmental tour of approximately 11:30 facility failed to main below 110 degrees by elevated water ter (9) residents rooms The findings include Water temperature above 110 degrees (121 degrees of F), (122 degrees of F), the shower room (12)	view with Employee # mber 20, 2009 at 3:2 ed that the "Behavior of accurately docume behaviors. The recor- 19, 2009. cilities hot water of each fix ent shall be automation not exceed one-hun- heit (110 F) nor be lef Fahrenheit (95 F). met as evidenced by ons made during an of the facility on 11/12 of the facility on 11/12 of Fahrenheit (F) as emperatures in sever located on 3 east. e: s in residents rooms of Fahrenheit (F) in r #306 (122 degrees of #316 (134 degrees of #318 (131 degrees of #318 (131 degrees of #318 (131 degrees of #318 and acknowle	0 PM. r Monitoring int the d was ture that is cally dred and ess than : 8 2009 at ied that the ures at or evidenced n (7) of nine were rooms #303 of F), #312 of F), #317 of F) and	L 199	<ul> <li>2.</li> <li>A) Resident #14 passed away p</li> <li>B) Behavior monitoring records residents receiving psychotropia medications were reviewed. Referecords identified with inaccurate documentation of agitated behavior addressed by nurse managers. Coordinator. The staff were in-sproper and accurate documentation gform on December 3.</li> <li>C) Nursing documentation monitoring form on December 3.</li> <li>C) Nursing documentation monitoring form, and use of behavior on the behavior o</li></ul>	of all c sident te aviors were and QA serviced on ation of ior 30, 2009. itoring will be and accurate avior ared at the ths and if erly thereafte hot water s too high are yor was here nitored at the r rooms are nit where lent room sported and tinue to be rocedure. ed at the	e e 1/22/10 er. d
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Health R	egulation Administrat	ion ()			÷ )		: 12/22/2009 APPROVED			
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUME		(X2) MULTI	PLE CONSTRUCTION	(X3) DATE SUR COMPLETE				
		HFD02-0023		B. WING		11/20	/2009			
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SPECIAL	TY HOSPITAL OF WAS	SHINGTON -		TIN LUTHER TON, DC 20	R KING JR AVENUE SW 0032					
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REINTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD E REFERENCED TO THE APPROPRIATE DE	E CROSS-	(X5) COMPLETE OATE			
L 292	Continued From page			L 292						
	2 3243.3 Nursing Facilities Each ramp, stairway, and corridor that is used by resident shall be equipped with firmly secured			L 292	D) Water temperature monitorin discussed at the QA meeting wir of maintenance QA data.		1/22/10			
	Each ramp, stairway, and corridor that is used by resident shall be equipped with firmly secured handrails or banisters on each side. This Statute is not met as evidenced by: Based on observations made during an environmental survey of the facility, it was determined that the facility failed to maintain secu				L292 A) The identified hand rails were back to the wall on 12/12/09.	e tightened				
	handrails as evidenced by loose handrails in common areas:				B) All hand rails were examined loose were tightened to the wall					
		ie (39) handrails were	e not		C) Maintenance will use a round to identify problems with hand ra facility fixtures.					
•	areas: Between rooms and next to #335. Next to the soile Next to the clear Next to #317 on Across from room	perly secured in the following areas: D) Equipment main Between rooms #330 and #331, #332 and #333 discussed at month		D) Equipment maintenance issu discussed at monthly QA meetir		1/22/10				
	These observations employee #22.	were made in the pre	sence of							
L 442	3258.13 Nursing Fac	cilities		L 442						
		ntain all essential me it care equipment in s net as evidenced by:		1						
	tour November18, 2 determined that facil	ons during the environ 009 at 11:30 AM it w ity staff failed to main chines in a safe opera	as tain two							
Health Regula	tion Administration			6899	QYJV11		on sheet 23 of 24			

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STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM	/CLIA BER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SUR COMPLETE	
		HFD02-0023		B. WING		11/20	/2009
NAME OF PR			STREET ADD	RESS, CITY, ST	ATE, ZIP CODE	11720	
SPECIAL	TY HOSPITAL OF WA	SHINGTON -		TIN LUTHE	R KING JR AVENUE SW 0032		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES I BE PRECEDED BY FULL RE INTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD I REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETE DATE
L 442	The findings include 1. One (1) of two (2) inoperable on 3 Wes 2. One (1) of two (2) without a filter on 3 The observations we	) ice machines was o st. ) ice machines was o	bserved ence of	L 442	<ol> <li>A) Administration has authorize the replacement of the broken is on 3west. Parts are unavailable older model. To be installed upon</li> <li>B) Both ice machines were exa New machine was ordered for 3 filter was ordered for the ice mathing 3West.</li> <li>C) A New machine was ordered and a filter was ordered for the on 3West. Ice chute cleaning put Housekeeping check list for we Ice machines added to monthly and checked for necessary replated</li> </ol>	ce machine for this on delivery. Mined. A BEast and a achine on d for 3East ice machine ut on ekly cleanin rounds list	
					<ul> <li>D) Equipment maintenance issu discussed at monthly QA meeti</li> <li>2.</li> <li>A) Administration has authorize purchase of a water filter for the machine. To be installed upon of B) Both ice machines were examination of the machine is the machine is</li></ul>	ues are ngs. ed the e 3east ice delivery. mined. A	1/22/10 1/13/10
					New machine was ordered for 3 filter was ordered for the ice m 3West. C) A New machine was ordered and a filter was ordered for the on 3West.lce chute cleaning pu Housekeeping check list for we lce machines added to monthly checked for necessary repairs. D) Equipment maintenance issu discussed at monthly QA meeting	achine on d for 3East ice machine it on ekly cleanin rounds list ues are	g.
ealth Regula	tion Administration		· <u> </u>	6899	QYJV11	If continuation	on sheet 24 of

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