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Health Regulation Administration

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 095021 | A. BUILDING _____ B. WING _____ | R 05/21/2007 |

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| SUNRISE AT THOMAS CIRCLE | 1330 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20005 |

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| {L 000} | Initial Comments<br><br>A follow-up survey to the annual licensure survey (March 20 through 22, 2007) was conducted on May 21, 2007. The following deficiencies were based on record review, observations and staff interviews. The sample included six (6) residents based on 60% of the annual re-certification survey and three (3) supplemental residents. | {L 000} | 1. A District of Columbia licensed Nursing Home Administrator has been hired as of 5/31/07. ~~An anticipated start date is~~ revised 6/6/07 per C.L<br>2. All residents have the potential to have been affected by this citation.<br>3. Community had been recruiting A Licensed Nursing Home Administrator since the resignation of previous administrator. A Healthcare Administrator has been hired and will begin . Ongoing efforts will be made to recruit, retain and /or train additional individuals who may already be licensed, or are eligible to become a licensed Nursing Home Administrator in the District of Columbia, and serve as a secondary Nursing Home Administrator.<br>4. On a monthly basis, the Human Resources Coordinator or their designee will report to the Quality assurance Meeting the efforts to recruit, retain and / or train potential secondary Licensed Nursing Home Administrators. | |
| L 002 | 3201.1 Nursing Facilities<br><br>An Administrator shall be present forty (40) hours per week during regular business hours, and shall be responsible for the operation of the facility twenty-four (24) hours per day, seven (7) days a week.<br>This Statute is not met as evidenced by:<br>Based on staff interview and review of facility documents, it was determined that the governing body failed to appoint a licensed nursing home administrator responsible for the management of the facility.<br><br>The findings include:<br><br>During the entrance conference on May 21, 2007 at 8:40 AM, a face-to-face interview with Employee #1 revealed that the facility did not have a licensed nursing home administrator employed by the facility. The previous administrator was no longer employed by the facility; the date of separation was May 10, 2007. | L 002 | | 6/22/07 |
| {L 051} | 3210.4 Nursing Facilities<br><br>A charge nurse shall be responsible for the following:<br><br>(a)Making daily resident visits to assess physical and emotional status and implementing any | {L 051} | 1. Interim care plans for residents number 6 and T1 were completed by the Director of Health Services during survey, May 21, 2007 to reflect needed services to obtain or maintain the resident's highest practicable, physical, mental, and psycho-social well being. | 6/22/07 |

Health Regulation Administration

N. Casey Reidy RN 6/28/07

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Dir. of Nursing — (X6) DATE

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| {L 051} | Continued From page 1<br>required nursing intervention;<br><br>(b)Reviewing medication records for completeness, accuracy in the transcription of physician orders, and adherences to stop-order policies;<br><br>(c)Reviewing residents' plans of care for appropriate goals and approaches, and revising them as needed;<br><br>(d)Delegating responsibility to the nursing staff for direct resident nursing care of specific residents;<br><br>(e)Supervising and evaluating each nursing employee on the unit; and<br><br>(f)Keeping the Director of Nursing Services or his or her designee informed about the status of residents.<br>This Statute is not met as evidenced by:<br>Based on record review and staff interview for one (1) of six (6) sampled residents and one (1) supplemental resident, it was determined that the charge nurse failed to initiate a care plan with appropriate goals and approaches for the assessment and care for: one (1) resident with back pain, receiving antibiotic therapy and a history of constipation and Hypertension; and one (1) resident receiving anticoagulant and antibiotic therapy and a history of Atrial Fibrillation, Hyperlipidemia and Hypertension. Resident #6 and T1.<br><br>The findings include:<br><br>1. The charge nurse failed to initiate care plans with goals, approaches and interventions to address pain management, antibiotic therapy for an Urinary Tract Infection, constipation and | {L 051} | 2. All recent admissions care plans will be audited by Director of Health Services or designee to determine if an interim care plan has been developed to address needed services to obtain or maintain the resident's highest practicable, physical, mental, and psycho-social well being. If an interim care plan is needed, one will be developed promptly.<br>3. Current nursing staff will be in-serviced by Director of Health Services or designee on the need to develop an interim care plan that addresses the immediate needs at time of admission. In-servicing will be included during the new hire orientation process. DNS or designee will review random admission health information files to ensure that interim care plans are in place.<br>4. On a continuing basis, the Director of Nursing, or their designee will audit recent admission care plans to determine if an interim care plan has been developed. Immediate action will be taken when indicated. The results of this audit and corrective action taken, will be reported at the Quality Assurance monthly meetings. Data collected will be analyzed and drive staff development. During quarterly Quality Assurance meetings, all community data will be reviewed and discussed with practice and/or procedural changes made as indicated. | |

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| {L 051} | Continued From page 2<br>Hypertension for Resident #6.<br><br>Resident #6 was admitted to the facility on May 14, 2007. Physician's orders signed and dated May 14, 2007 included OxyContin for pain, Senna for constipation, Linezolid for the UTI and two (2) medications for Hypertension.<br><br>During the review of the clinical record, a hospital discharge summary dated May 14, 2008 was reviewed and indicated that the resident was treated for back pain, an Urinary Tract Infection (UTI), constipation and Hypertension. The record failed to include initial care plans to address the resident's pain, UTI, constipation and Hypertension.<br><br>A face-to-face interview was conducted with Employee #13 on May 21, 2007 at approximately 11:00 AM who acknowledged that the resident lacked initial care plans. The record was reviewed on May 21, 2007.<br><br>2. The charge nurse failed to initiate care plans with goals and approaches to address anticoagulant and antibiotic therapy, atrial fibrillation, Hyperlipidemia and Hypertension for Resident T1.<br><br>According to the admission orders signed by the physician on May 16, 2007, the resident was receiving the following medications: Lovenox (anticoagulant) Amiodarone (antiarrhythmic) Lopressor and Lasix (antihypertensive), Lovastatin (Hyperlipidemia) and Cipro (antibiotic).<br><br>According to the History and Physical form completed by the physician on May 16, 2007, diagnoses included: Pulmonary Embolism and Hypertension, Atrial Fibrillation and | {L 051} | | |

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| {L 051} | Continued From page 3<br>Hyperlipidemia.<br><br>A review of Resident T1's record revealed no evidence that care plans were initiated with goals and approaches for anticoagulant and antibiotic therapy, atrial fibrillation, Hyperlipidemia and Hypertension.<br><br>A face-to-face interview was conducted with Employee #13 on May 21, 2007 at approximately 4:20 PM. He/she acknowledged that the care plans were not initiated. The record was reviewed on May 21, 2007. | {L 051} | | |
| {L 052} | 3211.1 Nursing Facilities<br><br>Sufficient nursing time shall be given to each resident to ensure that the resident receives the following:<br><br>(a)Treatment, medications, diet and nutritional supplements and fluids as prescribed, and rehabilitative nursing care as needed;<br><br>(b)Proper care to minimize pressure ulcers and contractures and to promote the healing of ulcers;<br><br>(c)Assistants in daily personal grooming so that the resident is comfortable, clean, and neat as evidenced by freedom from body odor, cleaned and trimmed nails, and clean, neat and well-groomed hair;<br><br>(d) Protection from accident, injury, and infection;<br><br>(e)Encouragement, assistance, and training in self-care and group activities;<br><br>(f)Encouragement and assistance to; | {L 052} | F314<br>1. Current nursing staff have been in-serviced on maintaining a protective barrier / clean field when placing supplies on an over bed table prior to beginning pressure ulcer treatment. In addition, current nursing staff has been in-serviced on proper disposal of biohazard soiled dressing materials and cleaning of over bed table upon completion of the treatment.<br>2. Current nursing staff providing wound care has been observed to determine if proper clean protective barriers and proper infection control practices are followed. If deficient practice is observed, 1:1 in-servicing will occur and corrective actions will be implemented.<br>3. All supplies in treatment cart have been individually bagged, and now include biohazard trash bags for disposal of biohazard dressing materials and disinfectant wipes to wipe down over bed tables. Licensed staff in-serviced on proper wound care techniques to include infection | 6/22/07 |

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| {L 052} | Continued From page 4<br>(1)Get out of the bed and dress or be dressed in his or her own clothing; and shoes or slippers, which shall be clean and in good repair;<br><br>(2)Use the dining room if he or she is able; and<br><br>(3)Participate in meaningful social and recreational activities; with eating;<br><br>(g)Prompt, unhurried assistance if he or she requires or request help with eating;<br><br>(h)Prescribed adaptive self-help devices to assist him or her in eating independently;<br><br>(i)Assistance, if needed, with daily hygiene, including oral acre; and<br><br>j)Prompt response to an activated call bell or call for help.<br><br>This Statute is not met as evidenced by:<br>Based on observations and staff interviews for one (1) of six (6) sampled residents and three (3) supplemental residents, it was determined that licensed staff failed to ensure that proper infection control procedures were followed to prevent infection during wound treatments for two (2) of three (3) residents with pressure ulcers; ensure that one (1) resident correctly administered an inhaler; and one (1) resident received medication as ordered by the physician. Residents #5, H2, JH1 and T1.<br><br>The findings include:<br><br>1. Facility staff failed to follow proper infection control procedures during pressure ulcer treatments for Resident #5 and H2. | {L 052} | control practices and disposal of biohazardous waste. New licensed team members will be trained on proper wound care techniques.<br>4. DNS and/or designee will complete random observations of wound care weekly for a month and then quarterly to ensure proper technique is followed. Immediate action will be taken when indicated. The results of these observations and corrective action taken will be reported at the Quality Assurance monthly meeting. Data collected will be used to drive staff development. | |

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| {L 052} | Continued From page 5<br><br>On May 21, 2007 at approximately 9:25 AM a pressure ulcer treatment was observed for Resident #5 and at approximately 10:50 AM a pressure ulcer treatment was observed for Resident H2.<br><br>Employee #3 rolled the treatment cart with a plastic bag attached to the side of the cart outside of Resident #5 ' s room. He/she entered the room with a container of supplies and a bottle of liquid hand cleanser. The container of supplies and the hand cleanser were placed on the resident's over bed table without cleaning or the use of a protective barrier to open supplies.<br><br>He/she proceeded to administer the treatment with the use of a liquid hand cleanser between glove changes. At the completion of the treatment, the soiled dressing was discarded in a plastic bag which was closed, removed from the resident's room and placed in a non-biohazardous plastic bag that was attached to the treatment cart. Employee #3 failed to clean the over bed table after the treatment. The treatment cart was then rolled to Resident H2's doorway who was scheduled for the next treatment.<br><br>Employee #3 failed to clean the over bed table prior to and after the pressure ulcer treatment for Resident H2. The same supply container and hand cleanser bottle were placed on Resident H2's over bed table without a protective barrier. The soiled dressing was contained in a plastic bag and disposed of in a non-biohazardous bag attached to the treatment cart.<br><br>A face-to-face interview was conducted on May 21, 2007 at approximately 4:35 PM with | {L 052} | | |

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| {L 052} | Continued From page 6<br>Employee #3 who acknowledged that he/she was unaware that the over bed table required cleaning prior to and after the pressure ulcer treatment and that the soiled dressings should have been disposed of immediately.<br><br>A face-to-face interview was conducted with Employee #1 on May 21, 2007 at 5:30 PM. He/she stated, "Once the dressing change is done, the trash should be immediately taken to the trash room and disposed of in a bio-hazardous container."<br><br>2. Licensed staff failed to ensure that Resident JH1 correctly administered an inhaler.<br>The annual MDS (Minimum Data Set) dated December 25, 2006, Section I (Disease Diagnoses) included Asthma.<br>According to the facility's policy "Oral Inhalation Administration Procedure", Section: III B: 9, Page:1 of 2, " Purpose: To allow correct administration of oral inhaler to resident, and for instruction in proper technique for those residents able to administer the medication to themselves... Procedures: Shake the inhaler. Attach the aerochamber or spacer device, if indicated... Have the resident rinse his/her mouth and spit out the rinse water..."<br>On May 21, 2007, at approximately 10:00 AM, during medication pass, Resident JH1 administered both of his/her inhalers, Adair 500/50mg and ProAir HFC, in the presence of Employee #3. The resident did not follow the correct procedure for administering the inhalers. The resident did not shake the inhaler, did not space the inhaler properly nor did he/she rinse his/her mouth after use. Employee #3 did not stop the resident at any time and instruct him/her in the proper technique.<br>A face-to-face interview was conducted with the | {L 052} | | |

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| (L 052) | Continued From page 7<br>Employee #3, on May 21, 2007 at 1:00 PM. He/She stated, "The resident likes to administer [his/her] own inhaler".<br><br>3. Licensed staff failed to administer two (2) inhalant medications to Resident T1 as ordered by the physician.<br><br>According to the physician's order signed and dated May 19, 2007 at 10:20 PM " ...Advair discus 250/50 inhalation bid [twice a day] COPD, Spiriva inhalation PO [by mouth] Q [every day] - COPD (Chronic Obstructive Pulmonary Disease)..."<br><br>A review of the Medication Administration Record for May 2007 revealed that Advair and Spiriva were not administered on May 20, 2007 as ordered by the physician.<br><br>On May 21, 2007 at 10:35 AM an observation of Resident T1's medication revealed that a box of Advair and Spiriva was present. The boxes were unopened.<br><br>A face-to-face interview was conducted with Employee #3 at approximately 10:35 AM. He/she stated, "The medication must have arrived sometime yesterday (Sunday, May 20, 2007). It was here when I got to work this morning (Monday, May 21, 2007). I don't know why they didn't give it at least once yesterday. I am going to give them to [him/her] now."<br><br>The resident was observed on May 21, 2007 at 8:30 AM, 1:00 PM and 3:45 PM. [Resident] was not observed to be in any distress at the time of the observations.<br>The record was reviewed on May 21, 2007. | (L 052) | | |

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| {L 099} | Continued From page 8 | {L 099} | 1. All pans and skillets have been re-washed and air dried prior to stacking. All pans free of grease and residue. | 6/22/07 |
| {L 099} | 3219.1 Nursing Facilities<br><br>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.<br>This Statute is not met as evidenced by:<br>Based on observations during the tour of the main kitchen, it was determined that dietary services failed to ensure that foods were served and prepared in a safe and sanitary manner as evidenced by soiled hotel pans and skillets. These findings were observed in the presence of Employee #6 on May 21, 2007 at 8:30 AM.<br><br>The findings include:<br><br>1. Hotel pans were observed stored wet and/or with a greasy residue after being washed and ready for reuse in 23 of 26 observations of hotel pans.<br><br>2. Skillets were observed stored wet with food debris on the interior surfaces after being washed and ready for reuse in three (3) of six (6) observations of skillets.<br><br>Employee #8 acknowledged the aforementioned findings at the time of the observations. | {L 099} | 2. All pans and skillets have been inspected to ensure that they are clean, dry and ready for use. All pans free of grease and residue<br>3. In-services will be provided to kitchen staff on the need to ensure that pans and skillets are clean, dry and free of grease and residue. Kitchen rounds will be completed on a daily basis by Dining Service Coordinator or their designee. If pans and skillets are observed to be in need of cleaning, the staff will remove them from the storage area and have them cleaned and dried properly.<br>4. Dining Service Coordinator or their designee will monitor the kitchen daily. Pans will be inspected to ensure that they are free from grease and residue. Any pans or skillets not dry, hung and free from grease or residue will be immediately rewashed to meet the specifications. On a monthly basis, the findings and any necessary corrective action taken from the kitchen rounds will be reported at the Quality Assurance meetings. The Quality Assurance report will drive staff education, changes in practice and/or procedure, if indicated. | |
| L 104 | 3219.6 Nursing Facilities<br><br>Each food service employee shall wear either a hair net or other head covering.<br>This Statute is not met as evidenced by:<br>Based on observations during a tour of the main kitchen, it was determined that facility staff failed to wear a hair net or other hair covering and/or completely cover their hair while in the main | L 104 | 1. Hairnets were donned by the cited staff members at the time of survey.<br>2. All kitchen staff will be in-serviced and observed to determine if staff is compliant with hair coverings are requirements. | 6/22/07 |

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| L 104 | Continued From page 9<br>kitchen.<br><br>The findings include:<br><br>According to 22 DCMR 3219.6, " Each food service employee shall wear either a hair net or other hair covering. "<br><br>During observations of the main kitchen on May 21, 2007 the following was observed:<br><br>At 9:30 AM, Employee #11 was observed entering the kitchen without a hair covering and pouring two (2) cups of coffee. The coffee machine was on the opposite side of the counter from which scrambled eggs, grits and sausage were being served.<br><br>A face-to-face interview was conducted at the time of the observation with Employee #5. Employee #5 was asked if anyone was allowed in the kitchen without hair covering. Employee #5 stated, "Everyone has to wear a hair net. I ran out of them by the dining room door." Employee #5 immediately replaced hair nets by the dining room door.<br><br>At 11:30 AM Employee #12 was observed entering the kitchen from the dining room and walk into the main serving area without a hair covering.<br><br>At 2:00 PM Employee #9 was observed cooking at the gas range without his/her hair fully covered.<br><br>At 2:50 PM, Employee #10 was observed walking through the main kitchen to the main dining room without a hair covering. | L 104 | 3. Employees # 9, 10, 11 and 12 have all been counseled on the need to wear hair covering while in the kitchen. All kitchen staff was in-serviced on the importance of wearing a hairnet. The hairnet supply container has been placed next to the kitchen door, to allow staff better access to the hairnets prior to entering the kitchen. Kitchen rounds will be completed on a daily basis by Dining Service Coordinator or their designee. If in-serviced staff are observed not wearing hair nets, staff will be made to wear the hair net and disciplinary action will occur.<br>4. Dining Service Coordinator or designee will monitor the kitchen daily for compliance. Rounds will be completed and deficient practices will be documented and analyzed. Immediate action will be taken, if indicated. On a monthly basis, the findings of the kitchen rounds and corrective actions will be reported at the Quality Assurance meeting. The Quality Assurance report will drive staff education, changes in practice and/or procedure, if indicated. | |

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| L 106 | Continued From page 10 | L 106 | 1. The garbage disposal has been replaced with a new disposal.<br>2. The other garbage disposal in the kitchen was inspected and found to be fully operational.<br>3. The kitchen staff will be in-serviced on maintaining kitchen garbage disposal in proper working order, notifying Maintenance of the need for repairs and proper disposal of food waste. Kitchen rounds will be completed on a daily basis by Dining Service Coordinator or their designee. If garbage disposal are found to be non operational, Maintenance department will be contacted and a work order completed and repairs completed promptly. When repairs are needed, staff will utilize the other operational garbage disposals to deposit food waste.<br>4. Dining Service Coordinator or designee will monitor the kitchen daily for compliance. Rounds will be completed and deficient practices will be documented and analyzed. Immediate action will be taken, if indicated. On a monthly basis, the findings of the kitchen rounds and corrective actions will be reported at the Quality Assurance meeting. The Quality Assurance report will drive staff education, changes in practice and/or procedure, if indicated. | 6/22/07 |
| L 106 | 3219.8 Nursing Facilities<br><br>Food waste shall be disposed in a garbage disposal system or garbage grinder which is conveniently located near each activity and which has adequate capacity to dispose of all readily grindable food waste (garbage) produced.<br>This Statute is not met as evidenced by:<br>Based on observation and staff interview, it was determined that facility staff failed to ensure that food waste was disposed off in a garbage disposal system.<br><br>The findings include:<br><br>During a tour of the main kitchen on May 21, 2007 at 8:25 AM with Employee #6, food waste was observed in trash cans with paper and metal waste. Employee #6 stated that the garbage disposal attached to the mechanical dishwasher was broken.<br><br>Two (2) garbage disposals in the clean food preparation area were tested and were functioning. Trash cans by both areas were observed to contain food and paper/metal trash. | L 106 | | |
| L 110 | 3220.4 Nursing Facilities<br><br>Each therapeutic diet shall be prescribed by the attending physician and prepared under the guidelines of a dietitian<br>This Statute is not met as evidenced by:<br>Based on observation, staff interview, record review and review of menus for two (2) of 22 residents, it was determined that facility staff failed to prepare diets as ordered by the physician for three (3) residents with special nutritional needs and offer substitutions for certain foods that one (1) resident disliked. | L 110 | 1. Dietician in serviced staff regarding Renal diet. Dietician reviewed and approved all diets ordered within the community. Residents #2 and T1 have received diets as prescribed by the physician. Resident # 4 has received the proper textured modified diet as prescribed by | 6/22/07 |

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| SUNRISE AT THOMAS CIRCLE | 1330 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20005 |

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| L 110 | Continued From page 11<br>Residents #2, 4 and T1.<br><br>The findings include:<br><br>A face-to-face interview was conducted with Employee #5 at 9:45 AM on May 23, 2007. He/she stated, "I only prepare a regular diet meal. I don't cook any special diets like renal, low fat or diabetic. I puree foods for those residents needing a pureed diet and I chop the food up for the mechanical diets."<br><br>A review of the recipe book for "Week 4" (menus for the current week) revealed menus for a regular diet. There were no menus in the recipe book for those residents with special nutritional needs.<br><br>The nursing facility unit is located on the second floor of the facility. A face-to-face interview with Employee #14, assigned to the second floor kitchen, was conducted on May 21, 2007 at 10:30 AM. He/she stated, "The hot food comes up here from the main kitchen. I serve it and include all the other things like drinks, bread and dessert. For the residents on no concentrated sweets, I give them a sugar substitute and diet dessert. For the no added salt diets I don't add any salt on the tray. For [Resident #2 - renal diet] I don't give [him/her] potatoes or tomatoes. Those are all the special diets we have. All that information is printed on the individual meal ticket for each resident."<br><br>The unit currently serviced 23 residents. One (1) resident received all nutrition through a gastrostomy tube. Twenty-two meal tickets were reviewed and the diets were as follows:<br><br>7 regular diets with no restrictions | L 110 | the physician. In addition, Resident #T1 has been interviewed to determine her likes / dislikes.<br>2. An audit will be completed for all residents to confirm diet that is served is the diet that is prescribed. If any discrepancies are identified, proper orders will be obtained and proper diets will be served. In addition, residents will be re-interviewed to confirm their likes and dislikes. The resident's likes and dislikes will be noted in resident's health information record and diet card in dietary.<br>3. The kitchen staff will be in serviced on the need to offer, prepare and serve the proper diets as prescribed by the physician to the residents. Included in the in-service will be ensuring that resident likes and dislikes are observed. At the time of meal delivery, the meal tickets and tray will be checked to confirm proper diets are being served and dislikes / likes are being observed. If any discrepancies are identified, the meal tray will be corrected prior to serving to the residents. Discrepancies will be noted and communicated to the Dining Services Coordinator for follow up corrective action.<br>4. Registered dietician has reviewed all diet orders and reconciled the "Week at a Glance" spreadsheet. Audits completed by registered dietician are shared with Dining Services Coordinator or designee to ensure that diet ordered is diet served to resident. Dining Services Coordinator or designee will perform random cross checks between generated diet | |

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| L 110 | Continued From page 12<br>4 regular mechanical (soft) with no restrictions<br>2 regular pureed with no restrictions.<br>1 regular with no pork and no added salt<br>1 regular no added salt, no concentrated sweets<br>1 regular with no added salt<br>1 no concentrated sweets<br>1 mechanical, no added salt, no concentrated sweets<br>1 mechanical, no concentrated sweets, no added salt, lactose intolerant<br>1 regular no added salt, low fat<br>1 regular low fat, low cholesterol<br>1 mechanical, renal no added salt, no concentrated sweets<br><br>Twenty-two (22) residents were observed during the dinner meal between 5:10 PM and 6:30 PM. Nineteen (19) of 22 residents received the appropriate diets.<br><br>1. Facility staff failed to prepare/serve appropriate foods for Resident #2's diet as prescribed by the physician.<br><br>According to Resident #2's record, a physician's order dated May 18, 2007 directed, "Renal Diet". The resident had a diagnosis of ESRD (End Stage Renal Disease).<br><br>The resident's meal ticket included, "No concentrated sweets and no added salt." The foods that are to be limited or avoided for Resident #2 (those high in potassium and phosphorous), were not listed on the resident's meal ticket.<br><br>The dinner meal for Resident #2 was observed being prepared on May 21, 2007 at 5:22 PM. The meal consisted of a cup of chicken gumbo soup (tomato base), chicken [alternate meat], | L 110 | sheet and food served. Any discrepancies will be corrected immediately. The registered dietician will report issues related to diet at quarterly Quality Assurance meeting. The Quality Assurance report will drive staff education, changes in practice and/or procedure, if indicated. | |

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| L 110 | Continued From page 13<br>pasta, carrots, a dinner roll, cranberry juice and vanilla ice cream.<br><br>The "Week at a Glance" spread sheet for week four (4) of May 2007, for a renal diet with no concentrated sweets, was prepared by the dietician (no date indicated). The meal was to consist of chicken rice soup, spaghetti with beef and gravy, California vegetable mix, bread, and applesauce. There was no evidence that the dietician approved the substituted foods actually served.<br><br>On May 21, 2007 at 5:30 PM a face-to-face interview was conducted with Employee #15. He/She was asked if any other soup was prepared as an alternate choice. Employee #15 stated, " No. Folks seem to like this chicken gumbo soup. I serve what's on the meal ticket. That lists all the dislikes and things the resident can't have or doesn't want." There was no evidence that chicken rice soup, spaghetti with beef and gravy and California vegetable mix were prepared as directed by the dietician.<br><br>2. Facility staff failed to follow physician's orders for the texture of Resident #4's meals.<br><br>Resident #4 was ordered a mechanical soft diet by the physician on May 18, 2007.<br><br>On May 21, 2007 at 5:10 PM the preparation of the dinner meal was observed. The meal consisted of pureed beef, macaroni and tomato casserole, pureed carrots and mashed potatoes. The meal ticket was printed as "Pureed."<br><br>On May 21, 2007 at 5:30 PM a face-to-face interview was conducted with Employee #15. He/She was asked about Resident #4's diet. | L 110 | | |

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| L 110 | Continued From page 14<br>He/She stated, "...I serve what's on the meal ticket..."<br><br>There was no evidence in the record that the physician had changed the consistency of the resident's diet.<br><br>3. Facility staff failed to serve Resident T1 low fat and low cholesterol foods as ordered by the physician and offer substitutions for certain foods that the resident disliked.<br><br>Resident T1 was ordered a low fat, low cholesterol diet on May 16, 2007 by the physician. Foods to be limited or avoided were not listed on the resident's meal ticket.<br><br>The resident's dinner tray was observed being prepared at 5:30 PM. The meal consisted of a cup of chicken gumbo soup, beef, macaroni and tomato casserole, peas and carrots, a dinner roll, cranberry juice and vanilla ice cream.<br><br>Included on the resident's meal ticket under "Dislikes" was beef and pasta. Chicken was not offered or served to the resident. The meal ticket did not list the high fat or high cholesterol foods to be limited or avoided. | L 110 | | |
| {L 163} | 3227.14 Nursing Facilities<br><br>Destruction of controlled substances shall be witnessed by two (2) licensed nurses and a signed and dated notation shall be made in the resident's medical record.<br>This Statute is not met as evidenced by:<br>Based on review of the "Destruction of Discontinued Controlled II-V Substances" forms and staff interview, it was determined that facility staff failed to have two (2) licensed nurses | {L 163} | 1. Controlled medications have been destroyed according to policy and state/federal regulations and paperwork/signatures completed.<br>2. Controlled medications have been audited and any controlled, discharged/discontinued medications, were destroyed immediately and appropriate paperwork/signatures completed.<br>3. Nursing staff will be in-serviced on the center's policy for proper destruction and documentation of controlled medications | 6/22/07 |

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| {L 163} | Continued From page 15<br>witness the destruction of controlled substances.<br><br>The findings include:<br><br>On May 21, 2007, at approximately 9:30 AM, the "Destruction of Discontinued Controlled II-V Substances" forms were requested for review.<br><br>The "Destruction of Discontinued Controlled II-V Substances" form dated May, 9 2007 had eight (8) entries. The eight (8) entries included one (1) signature, not the required two (2) licensed nurse signatures.<br><br>A face-to-face interview was conducted with Employee #13 on May 21, 2007 at 3:00 PM. He/she stated that a review of the procedure was needed. | {L 163} | Discontinued or discharged medications will be removed from medication cart and placed in a centralized location for destruction. Licensed nurse will obtain a second signature when placed in secured location. DNS and/or designee will destroy all medications (controlled and non-controlled) monthly during pharmacy consultant visit. Night nurse will review medication carts daily to ensure that all discontinued and discharge medications are removed and stored /destroyed per policy and state/federal regulations.<br>4. Director of Nursing or their designee will monitor documentation of proper destruction, discontinuation and discharge medication. The findings and any necessary corrective action taken will be reported at the Quality Assurance monthly meetings. Data collected will be used to drive staff development. | |
| L 442 | 3258.13 Nursing Facilities<br><br>The facility shall maintain all essential mechanical, electrical, and patient care equipment in safe operating condition.<br>This Statute is not met as evidenced by:<br>Based on observations, staff interview and review of a maintenance request form, it was determined that facility staff failed to maintain the gas stove in the main kitchen in safe operating condition as evidenced by failure of five (5) of eight (8) burners to ignite on the gas stove. Facility staff failed to ensure the safety of residents and staff by lighting the burners on the gas stove in the main kitchen with paper.<br><br>The findings include:<br><br>During a tour of the main kitchen at 8:20 AM on May 21, 2007, a white residue was observed on | L 442 | 1. The stove with gas burners was repaired at the time of the survey on May 21, 2007. The burners were cleaned by kitchen staff and an outside company inspected the gas burners to ensure proper igniting. The open area in the service area floor has been repaired.<br>2. All stoves with gas burners where inspected to determine if they properly ignited. In addition, the service area floor was inspected to determine if there are additional holes in the flooring. No issues were identified with regard to the gas burners and service area flooring.<br>3. In-services will be provided to the kitchen staff on proper lighting of gas burners. On a | 6/22/07 |

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| L 442 | Continued From page 16<br>two (2) of the eight (8) burners on the gas stove. When asked what the white residue was, Employee #6 stated, "The burners don't ignite so the staff lights the stove with paper. That's the leftover paper."<br><br>Each burner was tested and five (5) of the eight (8) burners failed to ignite.<br><br>Employee #7 who prepared the breakfast meal and was beginning to prepare the soup for dinner was asked if he/she had used any burners on the stove this morning at approximately 8:30 AM on May 21, 2007. Employee #7 answered, "I only use the burners that work. Some of them don't work so I don't use those." Employee #7 turned on the two (2) burners used for the breakfast meal and both ignited.<br><br>A face-to-face interview was conducted with Employee #6 on May 21, 2007 at 8:35 AM. He/She stated that the burners had not been working for more than a week. He/she presented a copy of a maintenance request to repair the stove dated May 11, 2007 at 9:00 AM. The work order noted that six (6) parts were on order for the burners.<br><br>At 9:45 AM on May 21, 2007, Employee #5 was queried if he/she was aware of any problems with the stove. Employee #5 replied, "Some of the burners don't ignite when turned on. There was a work order put in about a week or so ago. We are waiting for the parts to arrive. The injectors are clogged and need to be cleaned." Employee #5 was asked if he/she was aware that staff were lighting the burners with paper. Employee #5 stated, "Yes, I know. They shouldn't do that. It's not safe." | L 442 | weekly basis, the gas burner will be inspected and cleaned as needed. In addition, the maintenance employees will be in-serviced on the need to secure service area flooring covers during repairs. Kitchen rounds will be completed on a daily basis by Dining Services Coordinator or their designee, utilizing the attached rounds sheet. If areas are identified to be in need of repair, the Maintenance department will be contacted and a work order will be submitted to address any identified areas.<br>4. Dining Service Coordinator or their designee will monitor the kitchen daily for compliance. Rounds will be completed and deficient practices will be documented and analyzed. Immediate action will be taken, if indicated. On a monthly basis, the findings of the kitchen rounds and corrective actions will be reported at the Quality Assurance meeting. The Quality Assurance report will drive staff education, changes in practice and/or procedure, if indicated. | |