

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2007
--	---	--	---

NAME OF PROVIDER OR SUPPLIER WASHINGTON CTR FOR AGING SVCS	STREET ADDRESS, CITY, STATE, ZIP CODE 2601 18TH STREET NE WASHINGTON, DC 20018
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 000	Initial Comments An annual licensure survey was conducted on June 18 through 22, 2007. The following deficiencies were based on observations, record reviews and staff interviews. The sample included 30 residents based on a census of 237 on the first day of survey and three (3) supplemental residents	L 000		
L 036	3207.11 Nursing Facilities Each resident shall have a comprehensive medical examination and evaluation of his or her health status at least every twelve (12) months, and documented in the resident's medical record. This Statute is not met as evidenced by: Based on staff interview and record review for one (1) of 30 sampled residents, it was determined that the physician failed to complete an annual history and physical examination for one (1) resident. Resident #15. The findings include: A review of Resident#15's record revealed that the last history and physical examination was documented on April 27, 2006. Further review of the resident's record revealed physician progress notes dated May 6, 2007 and May 8, 2007. However, there was no evidence of a history and physical examination. A face-to-face interview was conducted with Employee #11 on June 22, 2007 at approximately 9:05 AM. He/she stated, "Physical exams are done once a year. I think it was done. I will check to make sure it has not been thinned." Documentation of a history and physical examination could not be located during the	L 036	L 036 3207.11 Nursing Facilities 1. The History & Physical for resident 15 was completed. on 6/21/07. 2. A full audit of medical records of all residents was undertaken by Medical Records staff. 3. A meeting was held with the Medical Director to review this finding on 6/22/07. 4. The Medical Director will present physicians requirements at Medical Staff Meeting. Monitoring the H&P is a part of the medical record audit. This information will be presented at the QI meeting.	7/27/07

Health Regulation Administration

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

STATE FORM

6899

7J3911

TITLE

(X6) DATE

If continuation sheet 1 of 23

REVISER

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2007
NAME OF PROVIDER OR SUPPLIER WASHINGTON CTR FOR AGING SVCS		STREET ADDRESS, CITY, STATE, ZIP CODE 2601 18TH STREET NE WASHINGTON, DC 20018		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 036	Continued From page 1 survey. The record was reviewed on June 20, 2007.	L 036		
L 051	<p>3210.4 Nursing Facilities</p> <p>A charge nurse shall be responsible for the following:</p> <p>(a) Making daily resident visits to assess physical and emotional status and implementing any required nursing intervention;</p> <p>(b) Reviewing medication records for completeness, accuracy in the transcription of physician orders, and adherences to stop-order policies;</p> <p>(c) Reviewing residents' plans of care for appropriate goals and approaches, and revising them as needed;</p> <p>(d) Delegating responsibility to the nursing staff for direct resident nursing care of specific residents;</p> <p>(e) Supervising and evaluating each nursing employee on the unit; and</p> <p>(f) Keeping the Director of Nursing Services or his or her designee informed about the status of residents.</p> <p>This Statute is not met as evidenced by: Based on staff interview and record review for seven (7) of 30 sampled residents, it was determined that the charge nurse failed to initiate interventions for four (4) residents after weight loss; update the "Falls" care plan with additional goals and approaches to prevent further falls for two (2) residents; and ensure the accuracy in the transcription of orders for one (1) resident. Residents #4, 5, 11, 13, 15, 21 and 28.</p>	L 051	<p>L051 3210.4 Nursing Facilities</p> <p>1. Residents #4, 5, 11, 13, 15, and 21 were evaluated by the clinical team and interventions are in place. Resident 28 was discharged prior to the survey. Unable to retrospectively correct documentation. For resident #21, the Spound weight loss cited did not meet 5% guidelines for significant weight loss. Per policy and MDS guidelines, dietitian focus on 5% weight loss X30 days and 10% in 180 days. The treatment on resident #15 was completed as ordered. The falls care plan was updated.</p> <p>2. An audit of the POS was conducted and all physician's orders are accurate. The weights for all residents were reviewed for accuracy. The care plans for all residents with a fall within the last 30 days were reviewed. No other resident was affected by this practice.</p>	

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2007
NAME OF PROVIDER OR SUPPLIER WASHINGTON CTR FOR AGING SVCS		STREET ADDRESS, CITY, STATE, ZIP CODE 2601 18TH STREET NE WASHINGTON, DC 20018		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 051	<p>Continued From page 2</p> <p>The findings include:</p> <p>1. The charge nurse failed to ensure that interventions were initiated timely for the nutritional status of Resident #4 after a weight loss of 11 pounds in one month.</p> <p>A review of Resident #4's "Monthly Vital Signs Flow Sheet" recorded the resident's weight for October 5, 2006 as 113 pounds. The weight recorded on November 5, 2006 was 102 pounds. There was no assessment or follow up for the 11 pound weight loss.</p> <p>Dietary notes were present in the record for September 19 and December 7, 2006. On December 7, 2006, dietary notes revealed that a complete assessment was done and interventions were initiated. On June 5, 2007 the resident weighed 108 pounds.</p> <p>A face-to-face interview was conducted on June 18, 2007 at 4:20 PM with Employee #22. When asked if there was any follow up for the 11 pound weight loss in November 2006, he/she stated, "I guess we just missed it." The record was reviewed June 18, 2007.</p> <p>2. The charge nurse failed to update Resident #5's care plan for falls.</p> <p>A review of the nurses' notes revealed the following: " April 27, 2007 at 2:00 AM ...Resident was observed on the floor mattress with the foot end on low bed and head... No apparent injury noted ..."</p> <p>" May 1, 2007 at 11:40 PM ... resident noted sitting on the floor mattress leaning on the bed.</p>	L 051	<p>3. In-services were done on documentation, specifically addressing the transcription of orders and medication passes; falls prevention and post falls management and care planning.</p> <p>4. Monthly charts reviews and audits will be conducted by the dietitian/nutritionist; the care plan audit and monitoring the clinical record is a part of the QI Program. This practice will be reported at the QI Meeting.</p>	7/15/07

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2007
NAME OF PROVIDER OR SUPPLIER WASHINGTON CTR FOR AGING SVCS		STREET ADDRESS, CITY, STATE, ZIP CODE 2601 18TH STREET NE WASHINGTON, DC 20018		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 051	<p>Continued From page 3</p> <p>No apparent injury noted."</p> <p>Resident #5's record revealed a care plan dated April 11, 2007 for "Resident has diagnosis of seizures disorder ... Fall Risk ..." There was no evidence that additional goals and approaches were developed in response to the resident's April 27 and May 1, 2007 falls.</p> <p>A face-to-face interview was conducted with Employee #10 on June 18, 2007 at 3:50 PM. He/she acknowledged that Resident #5's care plan was not updated to reflect additional goals and approaches in response to the above cited falls. The record was reviewed June 18, 2007.</p> <p>3. The charge nurse failed to update Resident #11's care plan for falls.</p> <p>A review of the nurses' notes revealed the following: "October 29, 2006 at 5:30 PM ...outside resident fell from wheelchair while reaching for peanuts on the ground. No injuries ... "</p> <p>" October 31, 2006 at 5:30 AM, Resident observed on the floor between the bed and the wheelchair ..."</p> <p>Resident #11's record revealed a care plan last updated March 21, 2007 for "At risk for falls related to limited mobility " . There was no evidence that additional goals and approaches were developed in response to the resident's October 29 and 31, 2006 falls.</p> <p>A face-to-face interview was conducted with Employee #9 on June 19, 2007 at 11:50 AM. He /She acknowledged that Resident #11's care plan was not updated to reflect additional goals and approaches in response to the above cited falls.</p>	L 051		

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2007
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

WASHINGTON CTR FOR AGING SVCS

STREET ADDRESS, CITY, STATE, ZIP CODE

2601 18TH STREET NE
WASHINGTON, DC 20018

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 051	<p>Continued From page 4</p> <p>The record was reviewed June 19, 2007.</p> <p>4. The dietician failed to ensure that interventions were initiated for the nutritional status of Resident #13 after a weight loss of 10 pounds in one month.</p> <p>According to Resident #13's "Vital Signs and Monthly Weight" form, the resident weighed 170.4 pounds on December 2006. On January 1, 2007 the resident weighed 160.2.</p> <p>The dietary progress note dated January 5, 2007 revealed, "Wt. (weight) for 1/07 pending." There was no evidence that the dietician followed up on the 10 pound weight loss for January 2007. On June 5, 2007 the resident weighed 168 pounds.</p> <p>A face-to-face interview was conducted on June 20, 2007 at 11:30 AM with Employee #7. He/she acknowledged that the resident had lost weight. The record was reviewed June 20, 2007.</p> <p>5. The charge nurse failed to ensure the accuracy in the transcription of orders for Resident #15.</p> <p>A review of the Physician's Order Sheets (POS) for Resident # 15 revealed four (4) orders for wound treatments:</p> <p>(1) April 18, 2007, "Cleanse Lt. [left] buttock open area with wound cleanser pat dry then apply Polysporin powder Cover with DuoDerm q [every] 3rd d [day] until healed."</p> <p>(2) April 19, 2007, "Cleanse open area to the sacrum with wound cleanser pat dry, then apply Polysporin powder Cover with DuoDerm q 3rd d</p>	L 051		

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2007
---	--	--	--

NAME OF PROVIDER OR SUPPLIER WASHINGTON CTR FOR AGING SVCS	STREET ADDRESS, CITY, STATE, ZIP CODE 2601 18TH STREET NE WASHINGTON, DC 20018
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 051	<p>Continued From page 5</p> <p>till healed."</p> <p>(3) May 11, 20007, "Cleanse R (Right) heel with wound cleanser. Pat dry and apply Polysporin Powder and Santyl oint. (ointment) Daily. Cover with 4 x 4 and wrap with kerlix."</p> <p>(4) May 18, 2007, "Cleanse L (Left) heel with wound cleanser. Pat dry and apply polysporin powder and santyl oint. daily. Cover with 4 x 4 and wrap with Kerlix. "</p> <p>A review of the Treatment Administration Record (TAR) for June, 2007 revealed the following treatment orders:</p> <p>(1) "Polysporin Powder apply to left buttock open area every 3 days until healed after cleanse with wound cleanse. Pat dry cover with DuoDerm."</p> <p>(2) "Cleanse left heel with wound cleanse Pat dry and apply Polysporin Powder."</p> <p>(3) "Cleanse R heel with wound cleanser. Pat dry and apply Polysporin Powder and Santyl (Santyl) oint (ointment). Cover with 4x4 and wrap with kerlix q (every) day."</p> <p>The TAR lacked evidence that the dressing on the sacrum was done every third day as ordered by the physician due to the omission of the transcription of the order on the TAR.</p> <p>Observation of the buttocks and sacrum revealed two (2) open areas; one (1) on the left buttock and one (1) on the sacrum The observation was made at 10:00 AM on June 22, 2007 in the presence of Employee #12. The dressing to the sacrum was dated June 21, 2007. The dressing to the left buttock was dated June 22, 2007. Both</p>	L 051		

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2007
---	---	--	---

NAME OF PROVIDER OR SUPPLIER WASHINGTON CTR FOR AGING SVCS	STREET ADDRESS, CITY, STATE, ZIP CODE 2601 18TH STREET NE WASHINGTON, DC 20018
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 051	<p>Continued From page 6</p> <p>wounds were clean and without odor or drainage.</p> <p>A face-to-face interview was conducted with Employee #12 at 11:00 AM on June 20, 2007. He/She stated, "There are two (2) open areas on the resident, one (1) on the left buttock and one (1) on the sacrum. Both treatments are being done as ordered." The record was reviewed on June 20, 2007.</p> <p>6. The dietician failed to ensure that interventions were initiated for the nutritional status of Resident #21 after a weight loss of 5 pounds in one month.</p> <p>According to Resident #21's "Vital Signs and Monthly Weight" form, the resident weighed 184 on May 7, 2007. On June 8, 2007 the resident weighed 179.</p> <p>The last dietary progress note in the record was dated April 30, 2007.</p> <p>A face-to-face interview was conducted on June 22, 2007 at 10:30 AM with Employee #11. He/she acknowledged that the resident lost weight. The record was reviewed June 20, 2007.</p> <p>7. Facility staff failed to re-weigh and ensure that interventions were initiated for Resident #28's nutritional status after an eight (8) pound weight loss in one month.</p> <p>Resident #28 was admitted on December 12, 2006. Admission weight on the "Monthly Vital Signs Flow Sheet" was 116 pounds.</p> <p>There were dietician progress notes dated January 5, 12 and 15, 2007 which revealed that interventions for the weight loss were initiated.</p>	L 051		

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2007
---	--	--	--

NAME OF PROVIDER OR SUPPLIER WASHINGTON CTR FOR AGING SVCS	STREET ADDRESS, CITY, STATE, ZIP CODE 2601 18TH STREET NE WASHINGTON, DC 20018
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 051	Continued From page 7 According to the facility's policy, "Food & Nutrition Services Policy - Weight Loss or Gain", under "Purpose/Procedure," page 1, under "2. Residents with weight loss or weight gain of more than five (5) pounds must be re-weighed." On January 5, 2007, the resident's weight was 108 pounds. There was no evidence that the resident was reweighed after loosing eight (8) pounds. The record was reviewed on June 20, 2007.	L 051		
L 052	3211.1 Nursing Facilities Sufficient nursing time shall be given to each resident to ensure that the resident receives the following: (a) Treatment, medications, diet and nutritional supplements and fluids as prescribed, and rehabilitative nursing care as needed; (b) Proper care to minimize pressure ulcers and contractures and to promote the healing of ulcers; (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; (d) Protection from accident, injury, and infection; (e) Encouragement, assistance, and training in self-care and group activities; (f) Encouragement and assistance to: (1) Get out of the bed and dress or be dressed in his or her own clothing; and shoes or slippers,	L 052	L 052 3211.1 Nursing Facilities 1. Residents #4,5,19,26, and JH1 were re-assessed and skin was evaluated by the clinical team and there was no adverse effect; pressure sores were cleaned and healing. 2. Review of the residents who have alterations of the skin was conducted and no other residents were affected. 3. All staff responsible for dressing changes will be re-educated on dressing change and disposal of the soiled dressing. 4. Staff Development Coordinator monitors the treatment and reports findings at the QI meeting.	7/20/07

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2007
---	---	--	---

NAME OF PROVIDER OR SUPPLIER WASHINGTON CTR FOR AGING SVCS	STREET ADDRESS, CITY, STATE, ZIP CODE 2601 18TH STREET NE WASHINGTON, DC 20018
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 052	<p>Continued From page 8</p> <p>which shall be clean and in good repair.</p> <p>(2)Use the dining room if he or she is able; and</p> <p>(3)Participate in meaningful social and recreational activities; with eating;</p> <p>(g)Prompt, unhurried assistance if he or she requires or request help with eating;</p> <p>(h)Prescribed adaptive self-help devices to assist him or her in eating independently;</p> <p>(i)Assistance, if needed, with daily hygiene, including oral care; and</p> <p>j)Prompt response to an activated call bell or call for help.</p> <p>This Statute is not met as evidenced by: Based on observations, record review and staff interviews, for four (4) of 30 sampled residents and one (1) supplemental resident, it was determined that sufficient nursing time was not available as evidenced by failure to: follow up on an identified pressure sore for one (1) resident, maintain clean technique for two (2) of four (4) wound treatments, apply cradle boots as ordered for one (1) resident; obtain an order to administer a medication for one (1) resident; and administer a medication per physician's orders to one (1) resident. Residents #4, 5, 19, 26 and JH1.</p> <p>The findings include:</p> <p>1. Facility staff failed to follow up on an identified pressure sore for Resident #4 and failed to maintain clean technique during a pressure sore</p>	L 052		

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2007
---	---	--	---

NAME OF PROVIDER OR SUPPLIER

WASHINGTON CTR FOR AGING SVCS

STREET ADDRESS, CITY, STATE, ZIP CODE

2601 18TH STREET NE
WASHINGTON, DC 20018

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 052	<p>Continued From page 9</p> <p>dressing.</p> <p>A. Review of Resident #4's record revealed a nurse's note dated May 2, 2007 at 10:20 AM documented, "Right foot area measuring 2 x 2 x 0 x 0x noted 100% stable eschar. No treatment needed at this time but monitor site ..."</p> <p>There was no evidence of reassessment or treatment of the right foot wound after the May 2, 2007 entry.</p> <p>Observation of the resident's right foot was conducted on June 19, 2007 at 1:15 PM. The area on the right foot was dime sized and approximately one (1) centimeter in depth. The area was covered with eschar.</p> <p>A pressure sore was observed on the left foot. The left foot pressure sore was approximately the same size and in the same location of the foot as the pressure sore on the right foot. A treatment was initiated for the left foot pressure sore on December 15, 2006.</p> <p>A face-to-face interview was conducted with Employee #8 on June 20, 2007 at 8:30 AM. He/she acknowledged that the physician should have been notified of the right foot pressure sore. The record was reviewed June 19, 2007.</p> <p>B. Facility staff failed to maintain clean technique during a pressure sore dressing for Resident #4.</p> <p>A pressure sore observation was conducted on June 19, 2007 at 1:15 PM. Employee #13 assembled items from the treatment cart including an opened package of 100 4 x 4 gauze pads and placed them in a basket. The basket was taken into the resident's room and placed on</p>	L 052		

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2007
---	---	--	---

NAME OF PROVIDER OR SUPPLIER WASHINGTON CTR FOR AGING SVCS	STREET ADDRESS, CITY, STATE, ZIP CODE 2601 18TH STREET NE WASHINGTON, DC 20018
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 052	<p>Continued From page 10</p> <p>the resident's dresser. A sterile barrier was placed on the unwashed over bed table and the basket placed on the barrier.</p> <p>Employee #13 washed his/her hands, donned gloves and removed the resident's dressings. He/she disposed of the dressings. Employee #13 failed to wash his/her hands and removed gloves from his/her uniform pocket and donned gloves. At the completion of the wound treatment, Employee #13 disposed of the soiled dressings into a non-hazardous trash container located in the soiled utility room. Employee #13 returned to the resident's room, removed the basket and the opened package of 4 x 4 gauze pads and placed them on the treatment cart.</p> <p>2. Facility staff failed to apply cradle boots to Resident #5 as ordered by the physician.</p> <p>A physician's order signed on May 10, 2007 directed, "Cradle boots at all times except during ADL (activities of daily living) care"</p> <p>On June 18, 2007 at 1:50 PM, June 19, 2007 at 2:40 PM and June 20, 2007 at 11:15 AM the cradle boots were not observed on the resident's feet as ordered. On June 22, 2007 at 9:45 AM in the presence of Employee #14, Resident #5 was observed without the cradle boots in place.</p> <p>A face-to-face interview was conducted with Employee #14 on June 22, 2007 at 9:45 AM. He/She acknowledged that the cradle boots were not applied to the resident per the physician's order. The record was reviewed June 22, 2007.</p> <p>3. The facility staff failed to obtain a physician's order for Aransep for Resident #19.</p>	L 052		

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2007
---	--	--	--

NAME OF PROVIDER OR SUPPLIER WASHINGTON CTR FOR AGING SVCS	STREET ADDRESS, CITY, STATE, ZIP CODE 2601 18TH STREET NE WASHINGTON, DC 20018
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 052	<p>Continued From page 11</p> <p>The MAR (Medication Administration Record) dated June 2007 included, "Aransep 0.1 mg (milligram)/ ml (milliliter) every week for Anemia." The original order date was June 4, 2007. The resident was hospitalized from June 5 through June 14, 2007. The medication was initialed, indicating that it was administered on June 20, 2007.</p> <p>A review of Resident #19's record revealed that readmission orders were signed by the physician on June 15, 2007. An order for the medication Aransep was not included.</p> <p>A face-to-face interview with Employee #7 was conducted on June 21, 2007 at 10:40 AM. He/she reviewed the resident's record and stated "[The transcribing nurse] forgot to add it to the new orders." The record was reviewed on June 21, 2007.</p> <p>4. Facility staff failed to follow clean technique during Resident #26's wound treatment.</p> <p>Employee #12 washed the bedside stand, placed a barrier and put wound treatment supplies on the barrier. He/she sprayed Epicleanse on the gauze and cleaned the wound. He/She started cleaning the inner aspect of the wound and used the same gauze to wipe the entire area surrounding the ulcer. Employee #12 repeated the procedure with the same gauze. The dressing change was observed at approximately 10:20 AM on June 20, 2007.</p> <p>5. Facility staff failed to administer a medication to Resident JH1 as per physician's orders.</p> <p>A physician's order dated April 13, 2007 directed,</p>	L 052		

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/22/2007
NAME OF PROVIDER OR SUPPLIER WASHINGTON CTR FOR AGING SVCS			STREET ADDRESS, CITY, STATE, ZIP CODE 2601 18TH STREET NE WASHINGTON, DC 20018		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
L 052	Continued From page 12 "Omeprazole 20 mg one (1) capsule daily for GERD (Gastroesophageal Reflux Disease)." According to the MAR, the resident's medication was to be administered at 9:00 AM. On June 18, 2007, during the morning medication pass at approximately 9:40 AM, Employee #17 administered one (1) Senna-S tablet and one (1) Oscal-D 500 mg to Resident JH1. Employee #17 did not administer Omeprazole 20 mg for Resident JH1. A face-to-face interview was conducted with Employee #9 on June 18, 2007 at approximately 1:30 PM. He/She acknowledged the error.	L 052			
L 091	3217.6 Nursing Facilities The Infection Control Committee shall ensure that infection control policies and procedures are implemented and shall ensure that environmental services, including housekeeping, pest control, laundry, and linen supply are in accordance with the requirements of this chapter. This Statute is not met as evidenced by: Based on observations during the environmental tour, it was determined that proper procedures were not followed to control the spread of communicable diseases as evidenced by: soiled ice machine trays, a dusty fan blowing on clean laundry, disposal of soiled wound dressings in a non-biohazard container and equipment stored on the floor in the Rehabilitation Department. The findings include: 1. Trays under the spout on the ice machines were observed soiled with debris on units 2 Green and 3 Green on June 22, 2007 between	L 091	L 091 3217.6 Nursing Facilities 1. The trays under the ice machines on 2 green and 3 green were cleaned immediately. And the laundry fan cover has been cleaned. The red plastic bags were placed in the room for treatment usage. The table tops and cushion observed in the Rehab area was removed immediately. 2. All ice machines were check. No other fan was in the laundry area. All nursing units were checked and all red bags were checked. The Rehab staff was instructed to ensure that no other items are placed on the floor. No resident were affect by this practice.		

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2007
NAME OF PROVIDER OR SUPPLIER WASHINGTON CTR FOR AGING SVCS		STREET ADDRESS, CITY, STATE, ZIP CODE 2601 18TH STREET NE WASHINGTON, DC 20018		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 091	Continued From page 13 8:40 AM and 9:20 AM in the presence Employees #10 (2 Green) and Employee #11 (3 Green). 2. A dusty fan was observed on June 20, 2007 at 11:40 AM blowing on clean linen in the presence of Employee # 20. 3. During a wound treatment observation on June 19, 2007 at 1:15 PM, Employee #13 disposed of a soiled dressing in a clear plastic bag into a non biohazard trash container. 4. Rehabilitation equipment, a table top and cushion was observed on the floor on June 22, 2007 at 11:45 AM in the presence of Employee #24.	L 091	3. Environmental and Engineering staff reviewed existing monitoring programs and temperatures meet guidelines which prevents the spread of infection. In-service were provided on the water temperature requirement and the various cycles when using existing chemicals. 4. Monitoring the laundry temperature is a part of the QI program and presented in the QI meetings.	7/13/07
L 099	3219.1 Nursing Facilities Food and drink shall be clean, wholesome, free from spoilage, safe for human consumption, and served in accordance with the requirements set forth in Title 23, Subtitle B, D. C. Municipal Regulations (DCMR), Chapter 24 through 40. This Statute is not met as evidenced by: Based on observations during the survey, it was determined that dietary services were not adequate to ensure that foods were served and prepared in a sanitary manner as evidenced by: soiled plates and can opener, expired milk and nutritional supplements and unlabeled food. These findings were acknowledged in the presence of the Food Service Director and nursing staff. The findings include: 1. The top surfaces of melanized plates were soiled and stained after washing in the dishwasher in 32 of 48 observations of plates at	L 099		

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2007
---	--	--	--

NAME OF PROVIDER OR SUPPLIER WASHINGTON CTR FOR AGING SVCS	STREET ADDRESS, CITY, STATE, ZIP CODE 2601 18TH STREET NE WASHINGTON, DC 20018
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 091	Continued From page 13 8:40 AM and 9:20 AM in the presence Employees #10 (2 Green) and Employee #11 (3 Green). 2. A dusty fan was observed on June 20, 2007 at 11:40 AM blowing on clean linen in the presence of Employee # 20. 3. During a wound treatment observation on June 19, 2007 at 1:15 PM, Employee #13 disposed of a soiled dressing in a clear plastic bag into a non biohazard trash container. 4. Rehabilitation equipment, a table top and cushion was observed on the floor on June 22, 2007 at 11:45 AM in the presence of Employee #24.	L 091		
L 099	3219.1 Nursing Facilities Food and drink shall be clean, wholesome, free from spoilage, safe for human consumption, and served in accordance with the requirements set forth in Title 23, Subtitle B, D. C. Municipal Regulations (DCMR), Chapter 24 through 40. This Statute is not met as evidenced by: Based on observations during the survey, it was determined that dietary services were not adequate to ensure that foods were served and prepared in a sanitary manner as evidenced by: soiled plates and can opener, expired milk and nutritional supplements and unlabeled food. These findings were acknowledged in the presence of the Food Service Director and nursing staff. The findings include: 1. The top surfaces of melanized plates were soiled and stained after washing in the dishwasher in 32 of 48 observations of plates at	L 099	L 099 3219.1 Nursing Facilities 1. All melanized plates were removed from use and replaced with china plates on the same day as kitchen survey. It was determined that the salad person was in the process of preparation for the lunch meal when surveyor approached the area. The manual can opener was cleaned and sanitized immediately. Stock room person removed all expired items from the refrigerator and items were dated correctly. Several items in the pantry refrigerator were not opened. Additionally, unopened items belonged to the employees. 2. The kitchen, and pantry areas were reviewed by the nursing and dietary department; a sanitization audit was conducted of the kitchen pantry. No other areas found to be deficient.	

14A

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2007
---	--	--	--

NAME OF PROVIDER OR SUPPLIER WASHINGTON CTR FOR AGING SVCS	STREET ADDRESS, CITY, STATE, ZIP CODE 2601 18TH STREET NE WASHINGTON, DC 20018
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 099	<p>Continued From page 14</p> <p>approximately 2:15 PM on June 18, 2007 in the presence of Employee #26.</p> <p>2. The cutting and gear surfaces of a manual can opener in the salad preparation area were soiled with metal shavings observed at approximately 8:45 AM on June 18, 2007 in the presence of Employee #26.</p> <p>3. Five (5) gallons of milk were stored in a crate in the produce refrigerator beyond the expiration dates. Three (3) gallons were dated May 31, 2007, one (1) gallon dated June 6, 2007 and one (1) gallon dated June 10, 2007 observed at approximately 9:00 AM on June 18, 2007 in the presence of Employee #26.</p> <p>4. Two (2) cartons of chocolate milk were stored in the walk in refrigerator beyond the expiration date of June 16, 2007 in two (2) of 22 observations of chocolate milk at 9:05 AM on June 18, 2007 in the presence of Employee #26.</p> <p>5. Foods such as: chicken or tuna salad, sliced tomatoes, trays of sandwiches, apple sauce, pudding, and yogurt were stored in the walk in refrigerator without labels or dates in six (6) of 10 observations at 8:45 AM on June 18, 2007 in the presence of Employee #26.</p> <p>6. Pantry refrigerators were observed with unlabeled and/or undated food items as follows:</p> <p>1 Green: one (1) carton of regular milk, one (1) can of soda and one (1) carton of Orange Splash were observed on June 20, 2007 at 10:00 AM in the presence of Employee #9.</p>	L 099	<p>3. Nursing and FNS staff will be in-service on dating and labeling, foods. And first in, first out rotation of food items.</p> <p>4. Weekly and sanitization audits will be presented at the QI meeting.</p>	7/20/07
	<p>2 Green: one (1) can of Boost, two (2) cartons of Orange Splash, one (1) carton of milk, container</p>			

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2007
---	--	--	--

NAME OF PROVIDER OR SUPPLIER WASHINGTON CTR FOR AGING SVCS	STREET ADDRESS, CITY, STATE, ZIP CODE 2601 18TH STREET NE WASHINGTON, DC 20018
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 099	<p>Continued From page 15</p> <p>of grapes, one (1) sandwich dated June 9, 2007, two (2) large plastic containers of cut-up fresh fruit, were observed on June 20, 2007 at 8:30 AM in the presence of the Employee # 10.</p> <p>3 Green: four (4) cartons of prune juice, two (2) cartons of orange juice, one (1) can of Boost, one (1) carton of Orange Splash, one (1) apple, and a plastic container of strawberries in the freezer, were observed on June 20, 2007 at 8:20 AM in the presence of Employee # 11.</p> <p>1 Blue: Three (3) bottles of salad dressing, five (5) containers of prune juice, three (3) containers of applesauce, two (2) plastic bags of food, one (1) container of chocolate syrup, and in the freezer: four (4) frozen uncooked fish, and three (3) frozen bottles of water were observed on June 18, 2007 at 10:10 AM in the presence of Employee # 3.</p> <p>2 Blue: Two (2) containers of prune juice and two (2) containers of orange juice, one (1) carton of 2% milk, one (1) can of Boost, 12 containers of 32oz. Med Pass, one (1) bottle of orange juice, and in the freezer one-half container of peach cobbler ice cream, four (4) bottles of frozen water, one (1) container of prune juice, one (1) container of orange juice, and one (1) can of diet soda.</p> <p>26 cans of Neutren 1.5, a tube feeding product, were observed in a cabinet. 1 case (24 cans) expired April 26, 2007; one (1) can expired March 20, 2007, and one (1) can expired February 6, 2007 and were observed in the presence of Employee #16 on June 18, 2007 at 10:40 AM.</p> <p>3 Blue: Three (3) containers of blueberry yogurt, one (1) container of Orange Splash, one (1)</p>	L 099		

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2007
---	--	--	--

NAME OF PROVIDER OR SUPPLIER WASHINGTON CTR FOR AGING SVCS	STREET ADDRESS, CITY, STATE, ZIP CODE 2601 18TH STREET NE WASHINGTON, DC 20018
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES. (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 099	Continued From page 16 container of chocolate milk, three (3) bottles of water, three (3) pieces of cake, one (1) bottle of opened water, and in the freezer one (1) bottle of strawberry-kiwi juice and one (1) bottle of cranberry-grape juice were observed in the presence of Employee #15 on June 18, 2007 at 9:15 AM.	L 099		
L 167	3227.18 Nursing Facilities Each facility shall comply with all applicable District and federal laws, regulations, standards, administrative guidelines, and rules that regulate the procurement, handling, storage, administering, and recording of medication. This Statute is not met as evidenced by: Based on the observation of two (2) of nine (9) nursing units, it was determined that facility staff failed to store medications properly. The findings include: The Facility's policy 4.1, titled, "General Guidelines for Medication Storage" stipulates, "Refrigerated medications are ... separated from ... foods used in administering medication. Other food (e.g. employee lunches, activity department refreshment) may not be stored in the medication refrigerator." On June 18, 2007, the medication refrigerators were inspected and findings were as follows: 2 Green - One (1) 16 ounce container of Green Tea at 1:45 PM 3 Green - One (1) cake and one (1) 16 ounce orange soda at 2:30 PM	L 167	L 167 3227.18 Nursing Facilities 1. All staff items in the refrigerator were removed immediately. 2. All medications refrigerators were cleaned of all food items. 3. Licensed staff were re-educated on multi dose medication vials and the improper storage of food in the medication refrigerator. 4. Monitoring of the medication refrigerator will be done by licensed staff and will be reported at the QI meeting.	7/15/07

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2007
---	---	--	---

NAME OF PROVIDER OR SUPPLIER WASHINGTON CTR FOR AGING SVCS	STREET ADDRESS, CITY, STATE, ZIP CODE 2601 18TH STREET NE WASHINGTON, DC 20018
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 168	Continued From page 17	L 168	L 168 3227.19 Nursing Facilities	
L 168	3227.19 Nursing Facilities The facility shall label drugs, and biologicals in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and their expiration date. This Statute is not met as evidenced by: Based on the observation of three (3) of nine (9) nursing units, it was determined that facility staff failed to date and initial opened multi-dose medication vials. The findings include: On June 21, 2007, at approximately 1:30 PM through 2:00 PM, during the observation of the medication carts, six (6) of 12 multi-dose containers were opened, but not dated and/or initialed when first opened. The medication included: 3rd Floor Blue unit - Xalatan ophthalmic drops three (3) vials Orange unit - Xalatan ophthalmic drops two (2) vials 1st Floor Green unit - Xalatan ophthalmic drops one (1) vial Employees #21 (3 Orange), 30 (3 Blue) and 31 (1 Green) acknowledged that the Xalatan vials were not dated and/or initialed at the time of the observations.	L 168	1. All open multi-dose medication identified during the survey were dated appropriately. All staff items in the refrigerator were removed immediately. 2. All multi-dose vials on the medication cart were checked, dated and initialed, as necessary. All medications refrigerators were cleaned of all food items. 3. Licensed staff were re-educated on multi dose medication vials and the improper storage of food in the medication refrigerator. 4. Monitoring of the medication refrigerator will be done by licensed staff and will be reported at the QI meeting.	7/15/07
L 214	3234.1 Nursing Facilities	L 214		

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/22/2007
NAME OF PROVIDER OR SUPPLIER WASHINGTON CTR FOR AGING SVCS			STREET ADDRESS, CITY, STATE, ZIP CODE 2601 18TH STREET NE WASHINGTON, DC 20018		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 214	<p>Continued From page 18</p> <p>Each facility shall be designed, constructed, located, equipped, and maintained to provide a functional, healthful, safe, comfortable, and supportive environment for each resident, employee and the visiting public. This Statute is not met as evidenced by: Based on observations during the survey period, it was determined that facility staff failed to maintain a safe environment as evidenced by: electrical cords in the walking path of staff and unattended housekeeping carts.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Electrical cords to the motor controlling the alternating pressure mattresses were observed to be in the walking path of staff members on 2 Blue rooms 204 and 211. Residents residing in the two (2) rooms were non-ambulatory. Employee #16 acknowledged the above cited observations. 2. Housekeeping carts were left unattended with cleaning products on the top of the cart unsecured as follows: 3 Blue on June 18, 2007 at 8:40 AM 2 Blue on June 19, 2007 at 9:10 AM 1 Blue on June 19, 2007 at 9:30 AM <p>There was no staff or residents in the immediate area at the time of each observation.</p> <p>A face-to-face interview was conducted with Employees #27 (3 Blue), 28 (2 Blue) and 29 (1 Blue) when they returned to the carts. The employees acknowledged that they were not to leave the cart unattended.</p>		L 214	<p>L 214 3234.1 Nursing Facilities</p> <ol style="list-style-type: none"> 1. Environmental Services and Nursing staff repositioned the electrical cords behind the beds to ensure that they would not be in the walking path of the staff. The residents are non-ambulatory and not affected by this observation. All Environmental Services Staff moved the item from the top of cart and placed the item under lock and key. 2. The resident's rooms were checked for electrical cords and common area was checked for safety. No other areas were affected by this observation. The housekeeping carts were checked and no other carts were affected by this practice. 3. Supervisors will in-service staff on safety; the placement of electrical cords on the opposite side of bed and storing and cleaning products in locked cabinet. 4. Environmental Services supervisors will audit monthly on QI tool. 	7/20/07
L 410	3256.1 Nursing Facilities		L 410		

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2007
---	--	--	--

NAME OF PROVIDER OR SUPPLIER WASHINGTON CTR FOR AGING SVCS	STREET ADDRESS, CITY, STATE, ZIP CODE 2601 18TH STREET NE WASHINGTON, DC 20018
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 410	<p>Continued From page 19</p> <p>Each facility shall provide housekeeping and maintenance services necessary to maintain the exterior and the interior of the facility in a safe, sanitary, orderly, comfortable and attractive manner.</p> <p>This Statute is not met as evidenced by: Based on observations during the survey period, it was determined that housekeeping and maintenances services were not adequate to ensure that the facility was maintained in a safe and sanitary manner as evidenced by: soiled grates in the rear of washers in the laundry room, a wall in the therapy room, pantry counter tops and sinks, compressor fan covers and the refrigerator unit cover, cleaning equipment and other items were stored on the floor, under the sink and under the ice machine, a hole in the wall, the baseboard was missing under the refrigerator and marred floors.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. The top surfaces of metal grates in the rear of washers were soiled in the laundry room with accumulated lint and debris in one (1) of one (1) observation of a grate at approximately 12:15 PM on June 18, 2007 and June 19, 2007 at 3:30 PM in the presence of Employee #20. 2. A brown substance measuring 3 inches by 4 inches was noted on the wall of the occupational therapy room behind the triceps press machine on June 20, 2007 at 9:25 AM in the presence of Employee #24. 3. Counter tops and sinks were observed soiled with stains and debris as follows: <p>3 Green Pantry -The sink and pantry counter top was soiled with water stains and debris at 8:20</p>	L 410	<p>L 410 3256.1 Nursing Facilities</p> <ol style="list-style-type: none"> 1. The soiled grates in the rear of washers in the laundry room, a wall in the therapy room, pantry counter tops and sinks, compressor fan covers and the refrigerator unit cover, cleaning equipment and other items that were stored on the floor, under the ice machine, a hole in the wall, the base board that were missing under the refrigerator were reviewed by Environmental Services Manager and were corrected as indicated. All cleaning equipment and paper supplies that were stored under sinks have been removed. 2. The soiled grates in the rear of washers in the laundry room, a wall in the therapy room, pantry counter tops and sinks, compressor fan covers and the refrigerator unit cover, cleaning equipment and other items that were stored on the floor, under the ice machine, a hole in the wall, the base board were cleaned, stored, or repaired as needed and inspected by the supervisor. No residents were affected by the findings. 3. Environmental Management team re-educated staff on proper cleaning procedures and preventive maintenance program. 	7/15/07

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2007
---	---	--	---

NAME OF PROVIDER OR SUPPLIER WASHINGTON CTR FOR AGING SVCS	STREET ADDRESS, CITY, STATE, ZIP CODE 2601 18TH STREET NE WASHINGTON, DC 20018
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 410	<p>Continued From page 20</p> <p>AM on June 20, 2007 observed in the presence of Employee #11.</p> <p>2 Green Pantry - The sink and pantry counter top was soiled with water stains and debris at 8:30 AM on June 20, 2007 in the presence of Employee #10.</p> <p>The sink in the physical therapy room was soiled with stains and debris in one (1) of two (2) sinks observed on June 20, 2007 at 9:15 AM in the presence of Employee #24.</p> <p>4. Compressor fan covers and the outer surface of the refrigeration unit were soiled with accumulated dust and debris in the walk in produce refrigerator in one (1) of two (2) fan covers observed at 9:00 AM on June 18, 2007 in the presence of Employee #26.</p> <p>5. Cleaning equipment was stored on floor surfaces in the janitorial closet, cart wash room and food preparation areas of the main kitchen in three (3) of three (3) areas observed between 8:39 AM and 11:00 AM on June 18, 2007 in the presence of Employee #26.</p> <p>6. Nine (9) pantries were observed, one (1) on each unit in the facility. The following items were observed stored on the floor and under the sink and ice machine in the following areas:</p> <p>1 Green - A box of Styrofoam water pitchers was observed stored in a cabinet under the ice machine at 9:00 AM on June 20, 2007 in the presence of Employee #9.</p> <p>3 Blue - One (1) box of disposable diapers was stored on the floor and three (3) boxes of disposable diapers were stored on/in the sink of</p>	L 410	<p>4. Monitoring the environment is a part of the Environmental Services and Engineering program. Findings are presented at the QI meetings.</p>	