

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/18/2014
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NAME OF PROVIDER OR SUPPLIER CAPITOL HILL NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONST. AVE. NE WASHINGTON, DC 20002
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L 000	Initial Comments The annual licensure survey was conducted on July 8 through July 18, 2014. The deficiencies are based on observation, record review, resident and staff interviews for 36 sampled residents and eight (8) of 40 supplemental residents.	L 000	Please begin typing your responses here:	
L 051	3210.4 Nursing Facilities A charge nurse shall be responsible for the following: (a) Making daily resident visits to assess physical and emotional status and implementing any required nursing intervention; (b) Reviewing medication records for completeness, accuracy in the transcription of physician orders, and adherences to stop-order policies; (c) Reviewing residents' plans of care for appropriate goals and approaches, and revising them as needed; (d) Delegating responsibility to the nursing staff for direct resident nursing care of specific residents; (e) Supervising and evaluating each nursing employee on the unit; and (f) Keeping the Director of Nursing Services or his or her designee informed about the status of residents. This Statute is not met as evidenced by: A. Based on record review and staff interview for one (1) of 36 sampled residents, it was	L 051		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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L 051	<p>Continued From page 1</p> <p>determined that the charge nurse failed to develop a care plan with goals and approaches to address one (1) resident who received continuous oxygen therapy for shortness of breath. Resident #136.</p> <p>The findings include:</p> <p>1. The charge nurse failed to develop a care plan for Resident #136 who was receiving continuous oxygen therapy for shortness of breath.</p> <p>According to the admission's MDS (Minimum Data Set) with an ARD (Assessment Reference Date) date of March 13, 2014, Section J: Health Condition; J1100 Shortness of Breath (dyspnea) was coded (C) trouble breathing when lying flat and under Section O: Special Treatments, Procedures, and Programs O 0100 [Respiratory Treatments] was coded as receiving oxygen therapy while a resident.</p> <p>According to the quarterly MDS with an ARD date of June 04, 2014 revealed that Resident #136 was shortness of breath or trouble breathing when lying flat, under Section J1100 [Shortness of Breath] and under Section O 0100 [Respiratory Treatments] coded as receiving oxygen therapy while a resident.</p> <p>A review of Resident #136 ' s care plan updated July 15, 2014 lacked evidence of problem identification, goals and approaches to manage the resident ' s respiratory status. The resident's medication regimen included continuous oxygen for shortness of breath.</p> <p>A face-to-face interview was conducted on July 11, 2013 at 12:30 PM with Employee #3. After</p>	L 051	<p>Response to #A1, Resident #136</p> <ol style="list-style-type: none"> 1. Immediately upon notification of this deficiency, a care plan was initiated for resident #136 to indicate use of continues oxygen use 2. An audit will be conducted by RCC's or designee on residents on oxygen to ensure that they have a care plan for continues oxygen use. 3. RCC's/ designee will audit care plans of residents on oxygen use monthly. 4. Reports of the audits will be reported to the risk management committee weekly and then to QA monthly for a period of 3 months for review, evaluation, and recommendations. 	9.12.2014

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L 051	<p>Continued From page 2</p> <p>review of the above, He/she acknowledged the aforementioned findings. The record was reviewed on July 15, 2014.</p> <p>B. Based on record review and staff interview for one (1) of 36 sampled residents, it was determined that the charge nurse failed to amend Resident #42 ' s care plan to include aspiration precautions and application of functional ROM [range of motion] braces. Resident #42</p> <p>The findings include:</p> <p>A. the charge nurse failed to amend Resident #42 ' s care plan to include application of functional ROM braces.</p> <p>According to an interim physician ' s order dated June 4, 2014 directed, " Discontinue skilled [Physical Therapy] services at this time [secondary to] [patient] at maximum functional level. (2) Functional maintenance program for donning/doffing BLE ROM [bilateral lower extremities Range of Motion] braces. On at 9:00 AM, Off at 3:00 PM, On at 5:00 PM, Off at 10:00 PM. "</p> <p>The comprehensive care plan dated April 28, 2014 included the following problems: " Decline in Range of Motion, Interventions included, " use aids/supportive devices provide passive ROM to bilateral lower extremities; however, there was no evidence that the care plan was revised to include the schedule for application of the ROM braces.</p>	L 051	<p>Response to #A, #B, Resident #42</p> <ol style="list-style-type: none"> 1. Resident #42's care plan was updated/amended to include application of functional ROM braces and aspiration precautions 2. Audit will be conducted on residents receiving functional ROM braces and on those that are on aspiration precautions to ensure that their care plans and Physicians orders are up to date. 3. RCC's or designee will aud`it Physician orders and care plans of residents that are on functional ROM braces to ensure that they are cared planned appropriately Care plans of residents needing Aspiration precautions will be audited monthly to ensure that the care plans are amended/ updated as needed. 4. RCC's will document findings of the audit monthly for a period of 3months and report findings to QA monthly for review , evaluation, and recommendations. 	9.12.2014

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L 051	<p>Continued From page 3</p> <p>A review of the June, 2014 Treatment Administration Record (TAR) revealed nurses ' initials in the allotted spaces that the ROM braces were being applied as directed by physical therapy from June 5 - June 30, 2014 and July Functional maintenance Program for donning BLE ROM [bilateral lower extremity- Range of Motion] on at 9:00 AM, off at 3:00 PM, on at 5:00 PM, off at 10:00 PM</p> <p>A review of the clinical record lacked evidence that the care plan was revised to include goals and interventions to specify the various application times of the ROM braces.</p> <p>The charge nurse failed to amend Resident #42 ' s care plan to include the application of functional ROM braces.</p> <p>A face-to-face interview was conducted with Employee #3 on July 11, 2014 at approximately 10:30 AM. After reviewing the clinical record; he/she acknowledged that the care plan did not incorporate the application of ROM braces. The clinical record was reviewed on July 11, 2014.</p> <p>B.The charge nurse failed to amend Resident #42 ' s care plan to include aspiration precautions.</p> <p>According to an interim physician ' s order dated June 11, 2014 at 11:40 AM directed, " Speech skilled services discontinue 6/11/14- Continue with current diet puree with thin liquids. Follow strict aspiration precautions. Please follow aspiration precautions when feeding- small</p>	L 051	Refer to page 3 for response L051, Resident #42	

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L 051	<p>Continued From page 4</p> <p>bites/sips via straw, seated upright for meals, alternate liquids and solids. "</p> <p>The comprehensive care plan dated April 28, 2014 included the following problems: Alteration in Nutritional Status related to chewing problem as evidenced by altered feeding ability, Approach Plan-Monitor: PO (by mouth) intake; Provide PO diet per order ... "</p> <p>A review of the clinical record lacked evidence that the care plan was amended to include the strict aspiration precautions.</p> <p>The charge nurse failed to amend Resident #42 ' s care plan to include aspiration precautions.</p> <p>A face-to-face interview was conducted with Employee #3 on July 11, 2014 at approximately 10:30 AM. After reviewing the clinical record; he/she acknowledged that the care plan was not amended to include the aspiration precautions. The clinical record was reviewed on July 11, 2014.</p>	L 051		
L 052	<p>3211.1 Nursing Facilities</p> <p>Sufficient nursing time shall be given to each resident to ensure that the resident receives the following:</p> <p>(a) Treatment, medications, diet and nutritional supplements and fluids as prescribed, and rehabilitative nursing care as needed;</p> <p>(b) Proper care to minimize pressure ulcers and</p>	L 052	Refer to page 7 for response L052, Resident #44, #127, #134	

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L 052	<p>Continued From page 5</p> <p>contractures and to promote the healing of ulcers:</p> <p>(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;</p> <p>(d) Protection from accident, injury, and infection;</p> <p>(e) Encouragement, assistance, and training in self-care and group activities;</p> <p>(f) Encouragement and assistance to:</p> <p>(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;</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>	L 052	Refer to page 7 for response L052, Resident #44, #127, #134	

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L 052	<p>Continued From page 6</p> <p>This Statute is not met as evidenced by: A. Based on observations, record review, resident interview, and staff interviews for three (3) of 36 sampled residents, it was determined that sufficient nursing time was not given to: follow physician orders for the application of antiembolism stockings for one (1) resident with pedal edema, administer anticoagulant medication, Lovenox in accordance with physician's orders; obtain a psychiatric consultation in accordance with physician's orders for one (1) resident and clarify a diet order for one (1) resident. Residents' #44, #127 and #134.</p> <p>The findings include:</p> <p>1. Sufficient nursing time was not given to follow a physician ' s order for Resident #44 to apply Ted stockings daily for Pedal Edema.</p> <p>A review of the resident ' s clinical record revealed a Physician ' s Order Sheet (POS) with an initial order date of December 13, 2013 which directed, " Ted Stockings daily for Pedal Edema. " The order was last signed by the physician on July 8, 2014.</p> <p>The resident was observed sitting in a wheel chair in his/her room and in the Day Room (without Ted stockings) wearing socks from approximately 9:00AM to 12:00PM on July 15, 2014.</p> <p>A face-to-face interview was conducted with the assigned CNA Employee #29 at approximately 12:30PM on July 15, 2014 The employee was</p>	L 052	<p>Response to #1, 2, 3a, 3b Resident: #44, #127, #134</p> <ol style="list-style-type: none"> 1. Resident #44's Ted Stockings was applied on the resident immediately on 7/15/2014 after the RCC was notified by the surveyor; Resident #127 no longer has a physician's order for Lovenox; (a) Resident # 134 was seen by the Psychiatrist on 7/16/2014; (b) A telephone order was obtained on 7/14/2014 to reflect resident #134's current diet of Mechanical soft diet with Thin Liquids. 2. Residents with TED Stockings order will be observed by the RCC or designee to ensure compliance to Physicians Orders. RCC's or designee will audit POS/MAR & Medication carts to ensure compliance with physician orders for residents receiving Lovenox; RCC or designee will audit physician orders to ensure psychiatrist consults are scheduled in accordance with the physician's orders; RCC or designee to audit dietary recommendations to ensure physician's orders are written according to the dietician recommendations. 3. RCC's or Designee will audit POS's monthly to ensure compliance with applying TED stockings, Administration of Lovenox and obtaining psychiatrist consults. 4. Reports of the audits will be reported to the risk management committee weekly and then to QA monthly for a period of 3 months for review, evaluation, and recommendations. 	9.12.2014

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L 052	<p>Continued From page 7</p> <p>queried whether he/she applied Ted stockings for his/her assigned residents. He/she responded "Yes, as long as they have an order." The employee was then queried why Resident #44 was not wearing Teds. The employee stated, " They were probably discontinued. I did not see any [Teds] in the room. I will check and if they are not discontinued I will put them on. " The record was reviewed on July 15, 2014.</p> <p>Sufficient nursing time was not given to follow a physician ' s order to apply Ted stockings daily for Pedal Edema.</p> <p>2. Sufficient nursing time was not given to administer Resident #127's Lovenox in accordance to physician ' s orders.</p> <p>According to a " History and Physical " dated January 27, 2014 revealed Resident #127's diagnoses included: " Left hemiplegia, Chronic Respiratory Failure, Bilateral Pulmonary Embolism, Intracranial Hemorrhage and Hypertension. "</p> <p>An interim order dated January 28, 2014 at 4:00 PM directed: " Lovenox 30mg SQ (subcutaneously) QD (everyday). Dx Anticoagulation Tx (Treatment). "</p> <p>A review of the January 2014 Medication Administration Record (MAR) lacked evidence that Lovenox 30mg was administered on January 29, 20 and 31.</p> <p>A review of the February 2014 MAR revealed nurses ' initials were in the allotted spaces which indicated the resident was administered Lovenox 30 mg SQ daily at 9:00 AM on February 1, 2, and</p>	L 052	Refer to page 7 for response L052, Resident #44, #127, #134	

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L 052	<p>Continued From page 8</p> <p>3, 2014.</p> <p>There was no evidence in the clinical record that the staff administered the Lovenox from January 29 through January 31. There were no untoward effects to the resident.</p> <p>A face-to-face interview was conducted with Employees #5 and #6 on July 11, 2014 at approximately 2:00 PM. He/she acknowledged the aforementioned findings. The clinical record was reviewed on July 11, 2014.</p> <p>3a. Sufficient nursing time was not given to obtain a psychiatric consultation in accordance with physician's orders for Resident #134.</p> <p>A review of the History and Physical dated February 9, 2014 revealed the following diagnoses: Cerebral Vascular Accident (stroke) 2008, Pontine Hemorrhage 2013, Left Hemiplegia, Hypertension, Obstructive Sleep Apnea, Tracheostomy, Peg [feeding tube].</p> <p>A review of the clinical record revealed a psychiatric consultation note dated February 11, 2014 with recommendations to start the resident on Zoloft [Sertraline] 50mg [milligrams] for depression.</p> <p>A physician ' s order dated March 1, 2014 directed, " psychiatric re-evaluation of Sertraline."</p> <p>On July 14, 2014 at approximately 11:40 AM, a face-to-face interview was conducted with Employee #3, who was asked to provide the follow-up psychiatry note. He/she was unable to produce the document from the clinical record</p>	L 052	Refer to page 7 for response L052, Resident #44, #127, #134	

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L 052	<p>Continued From page 9</p> <p>and acknowledged that there was no progress note from the psychiatrist since the initial consultation [February 11, 2014].</p> <p>On July 14, 2014, at approximately 3:15 PM, a face-to-face interview was conducted with Resident #134 to discuss the approximate day he/she was visited by the psychiatrist. He/she explained that he/she had not spoken to the psychiatrist.</p> <p>There was no evidence that sufficient nursing time was not given to follow the physician's order for Resident #134 to have a psychiatric consultation.</p> <p>3b. Sufficient nursing time was not given to follow through on a dietitian 's recommendation for a dietary texture modification for Resident #134.</p> <p>The History and Physical dated February 9, 2014 revealed the following diagnoses: Cerebral Vascular Accident (stroke) 2008, Pontine Hemorrhage 2013, Left Hemiplegia, Hypertension, Obstructive Sleep Apnea, Tracheostomy, Peg Tube [feeding tube].</p> <p>A review of the clinical record revealed dietary recommendations on the 'Quarterly Nutrition Review' dated May 28, 2014 for "mechanical soft thin liquids."</p> <p>A review of the 'Physician's Order Form' dated May 28, 2014 revealed a diet order that directed the following: "NAS [No Added Salt] diet order related to dx [diagnosis] of HTN [hypertension]."</p>	L 052	Refer to page 7 for response L052, Resident #44, #127, #134	

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L 052	<p>Continued From page 10</p> <p>The July 2014 'Physician's Order Form' revealed the following diet orders: February 28, 2014 - "Diagnosis, PT [patient] eating po [by mouth] food, good intake" and May 28, 2014 - "No added salt diet."</p> <p>On July 14, 2014 at approximately 9:40 AM, mechanical soft foods were observed on the tray at Resident #134's bedside.</p> <p>On July 14, 2014 at approximately 9:45 AM, a face-to-face interview was conducted with Employee #3 regarding the resident's diet. He/she acknowledged that the resident's diet was mechanical soft with thin liquids and there was no physician's order for the mechanical soft diet.</p> <p>Sufficient nursing time was not given to follow through on a dietitian 's recommendation for a dietary texture modification for Resident #134.</p> <p>B. Based on record review and staff interview for one (1) of 36 sampled residents, it was determined that sufficient nursing time was not given to ensure a gradual dose reduction (GDR) was attempted for the use of an anti-depressant medication. Resident #95.</p> <p>The findings include:</p> <p>Sufficient nursing time was not given to ensure that a gradual dose reduction [GDR] was attempted for the use of an antidepressant medication, Prozac for Resident #95.</p> <p>A review of the physician 's orders revealed that Resident #95 was prescribed the antidepressant medication Prozac 10 mg everyday for</p>	L 052	<p>Response to #B, Resident #95</p> <ol style="list-style-type: none"> 1. Resident #95 will be started on a gradual dose reduction of the anti-depressant Prozac. 2. RCCs will conduct an audit of pharmacist's recommendations to ensure gradual dose reduction per recommendation. 3. RCCs or designee will conduct monthly audits of pharmacist's recommendations. 4. RCCs will document findings and report to the Quality Assurance Committee for review, evaluation, and recommendations monthly for a period of three months. 	9.12.2014

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L 052	<p>Continued From page 11</p> <p>depression (originated April 2, 2013).</p> <p>An interim physician ' s order dated May 23, 2014 at 9:00 PM directed, " Prozac 20 mg po [by mouth every] am (morning) for depression.</p> <p>The psychiatry consultation dated April 1, 2014 revealed, " Report requested regarding: Follow up on Alpraolam (Xanax- anti anxiety) ... [He/she] denies being depressed, suicidal or homicidal... Medication Psych- Xanax 0.25mg BID, Prozac 10 mg po q am for depression. Plan: Continue Prozac order, [Decrease] Xanax 0.25mg po qd. "</p> <p>A review of the pharmacy " Drug Regimen Review " revealed the following: " March 18, 2014- See report for any noted irregularities and/or recommendations April 18, 2014- See report for any noted irregularities and/or recommendations. "</p> <p>A review of the pharmacy consultation reports revealed the following: "February 19, 2014 - [Resident #95] has received alprazolam 0.25mg daily since 4/2013. Please consider a gradual dose reduction, perhaps decreasing to 0.25 mg at bedtime ... Physician ' s response: I accept the recommendations above with the following modification(s): [Follow-up] with psychiatry. Signed by Nurse Practitioner."</p> <p>"April 18, 2014 revealed, Comment: [Resident #95] has received Fluoxetine (Prozac) 10mg for management of depressive symptoms since 4/2013. Recommendation: Please consider a gradual dose reduction, perhaps decreasing to Fluoxetine (Prozac) 10mg every other day, while concurrently monitoring for re-emergence of</p>	L 052	Refer to page 11 for response L052, Resident #95	

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L 052	<p>Continued From page 12</p> <p>depressive and/or withdrawal symptoms. If therapy is to continue at the current dose, please provide rationale describing a dose reduction as clinically contraindicated. Physician ' s response: Resident seen by Psychiatrist on 4/1/14. See [his/her] note. Wanted to continue current dose. Signed by Employee #30. "</p> <p>The clinical record lacked evidence that a gradual dose reduction for the anti-depressant medication Prozac.</p> <p>A face-to-face interview was conducted with Employee #30 on July 17, 2014 at approximately 3:30 PM regarding the aforementioned findings. He/she stated that although the pharmacy recommendation was dated April 18, 2014, "The psychiatrist had already evaluated the resident on April 1, 2014 and wrote a note stating [he/she] wanted the resident to continue on the same dose of Prozac. "</p> <p>A face-to-face interview was conducted with Employee #17 on July 18, 2014 at approximately 12:45 PM regarding the consultation report dated April 18, 2014 recommending the GDR for Prozac. He/she stated, " The nurse practitioner did document [his/her] comments; however, the psychiatrist needs to address the GDR and indicate response to accept or decline with rationale. " The clinical record was reviewed on July 18, 2014.</p> <p>Sufficient nursing time was not given to ensure that a gradual dose reduction [GDR] was attempted for the use of an antidepressant medication.</p>	L 052	<p>Refer to page 11 for response L052, Resident #95</p>	

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L 052	<p>Continued From page 13</p> <p>C. Based on record review and staff and resident interviews for two (2) of 36 sampled residents, it was determined that sufficient nursing time was not given to provide recommended dental services for two (2) residents. Residents' #44 and #95.</p> <p>The findings include</p> <p>1. Sufficient nursing time was not given to follow-up and/or provide recommended dental services for Resident #44.</p> <p>During a face-to-face interview with Resident #44 on July 10, 2014 at approximately 10:40AM the resident was asked the following question, " Do you have any chewing or eating problems[could be due to no teeth, missing teeth, oral lesions, broken or loose teeth]? He/she responded, " Yes. " The resident opened his/her mouth widely, pointed to his/her gums and said, " No teeth and I would like to have some dentures." The resident was queried whether his/her gums hurt and he/she responded, yes."</p> <p>A review the of the Dental Records revealed the following: On September 16, 2011, comments from the initial exam were, "Edentulous, oral cancer screening is negative." Under "Recommendations" the following statement was documented; "If patient has Medicaid, will attempt to fabricate FU/FL, (full upper/full lower) dentures.</p> <p>On October 11, 2011 the dentist wrote, "Patient is not interested in dentures at this time. [He/she] states that he/she has never had false</p>	L 052	<p>Response to C#1 & 2 Resident #44, #95</p> <ol style="list-style-type: none"> 1. Resident #44 was seen by dentist on 7/17/14 who determined that she is not a good candidate for dentures as she does not follow commands due to her dementia. Resident #95 has been scheduled for appointment with the oral surgeon on 9/11/14. 2. RCCs will review consult folder and dentist's progress notes to identify residents who need follow-up. 3. RCCs or designees will review consult folder and dentist's progress notes monthly to ensure additional services are followed through 4. RCCs will document findings and present to the Quality Assurance Committee for review, evaluation, and recommendations monthly for a period of three months. 	9.12.2014

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L 052	<p>Continued From page 14</p> <p>teeth and ate alright w/o [without] them. Will call RP. [Responsible Party]. " There was no documented information from the dentist in 2012. On October 23, 2013 the dentist wrote, "Annual exam. Edentulous. Oral cancer screening is negative." No additional documentation from dentist noted on the resident's clinical record.</p> <p>There was no documented evidence that the dentist followed up with the responsible party regarding the residents oral status from October 2011 to present.</p> <p>A face-to-face interview was conducted with the resident's RP at approximately 3:00PM on July 14, 2014. The RP was queried whether he/she had discussed the possibility of dentures for his/her relative with anyone. He/she responded, " Yes " and added that "It was a long time ago [does not remember exact time]" The RP added that he/she wanted the dentures but was told it was not really needed because the resident was eating okay without them.</p> <p>Review of the dietary records revealed that the resident receives a Regular, Mechanical Soft diet and that his/her weight is stable.</p> <p>A face-to-face interview was conducted with Employee #4 at approximately 12:00PM on July 14, 2014. In response to a query regarding the resident ' s complaint of sore gums and a need for dentures the employee stated that neither the resident nor the RP had advised him/her of the problem. The employee added, " If I was aware, I would have asked the dentist to see the</p>	L 052	<p>Refer to page 14 for response L052, Resident #44, #95</p>	
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L 052	<p>Continued From page 15</p> <p>resident."</p> <p>A telephone interview was conducted with Employee #32 at approximately 3:30PM on July 14, 2014. The employee stated that he/she was unaware of the resident ' s complaint of soreness/pain to the gums and of the RP ' s desire for the resident to have dentures. The employee added, " I will evaluate the resident ' s gums and will speak to the RP regarding the dentures." The record was reviewed on July 14, 2014.</p> <p>Sufficient nursing time was not given to follow-up and/or provide recommended dental services for one resident.</p> <p>2. Sufficient nursing time was not given to follow-up dental care in a timely manner for Resident #95.</p> <p>During a resident interview on July 9, 2014 at approximately 12:14 PM, Resident #95 was queried, " Do you have any chewing or eating problems (could be due to: no teeth, missing teeth, oral lesions, broken or loose teeth? He/she responded, " Yes, because of missing teeth. The dentist came in October and [I] was fitted... and had to be readjusted... [I] still has not received the dentures. " Resident further stated when asked if he/she had any tooth problems, gum problems, mouth sores, or denture problems, he/she responded, " Yes. " Stated, " I have a cavity in my front tooth... going across the gum line. "</p>	L 052	<p>Refer to page 14 for response L052, Resident #44, #95</p>	

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L 052	<p>Continued From page 16</p> <p>Proceeded to query resident if she/he had any mouth/facial pain with no relief? He/she responded, " No. "</p> <p>Review of Resident #95's clinical record revealed an annual history and physical dated April 6, 2014 which included diagnoses of COPD (Chronic Obstructive Pulmonary Disease), Pulmonary Hypertension, Diabetes and Hypertension..</p> <p>The physician ' s monthly summary note dated July 22, 2013 at 9:00 AM revealed, " [male/female] with stable COPD, Pulmonary hypertension. Declined trach - on BIPAP (Bi-Level Positive Airway Pressure) 24 hours. "</p> <p>A review of the dental notes revealed the following:</p> <p>August 13, 2013- Took 1 PA [periapical radiograph] # #23, 25. PAP [periapical panaramic], abscess no discomfort. Patient has abscess near #23. Discussed with patient need for possible extraction. Patient doesn ' t want RCT [root canal treatment]. Rx [prescription]: Amoxicillin 500mg, 1 tablet every 8 hours x 7 days.</p> <p>August 22, 2013 revealed, " Trying PU/PL (Partial Upper/Partial Lower). Will need to reset teeth. May need to schedule extraction. Patient</p>	L 052	Refer to page 14 for response L052, Resident #44, #95	

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L 052	<p>Continued From page 17 on Aspirin.</p> <p>A physician ' s order dated June 26, 2014 at 9:30 AM directed, " Dental consultation for resident with toothache. "</p> <p>A review of the physician ' s notes from August 2013 to present did not indicate that the resident had any dental concerns.</p> <p>A nurses ' note dated June 26, 2014 at 1:45 PM revealed, denies pain or discomfort New orders given for consult with dental for complain of toothache. "</p> <p>Successive nurses ' notes revealed resident denied any pain or discomfort.</p> <p>The clinical record lacked evidence that the resident had received any dental visits between August 22, 2013 and July 16, 2014.</p> <p>A review of the unit ' s appointment scheduling log revealed the nurse called the dentist office on July 1, 2014 and noted " office will place on list. "</p> <p>A face-to-face interview was conducted with Employees #6 and #5 on July 14, 2014 at approximately 12:45 PM regarding the aforementioned concerns. Employee #5 contacted Employee #32 regarding the concerns.</p>	L 052	Refer to page 14 for response L052, Resident #44, #95	

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L 052	<p>Continued From page 18</p> <p>According to a nurses ' note dated July 14, 2014 at 1:35 PM revealed, " Spoke with Employee #32 in reference to dental consult ordered on 6/26/14 and called to dentist on 7/1/14. Resident not seen by dentist, dentist in facility 7/10/14. Spoke with dentist who reported that it is difficult to see resident secondary to BIPAP, and that resident should be referred to oral surgeon at [hospital named]. Appointment is being scheduled ...Employee #32 was informed that [she/he] last saw resident in 8/13 and there was no follow up. Employee #32 informed me that she would fax a note in regards to [his/her] consultation done in 8/13. Employee #32 has ordered for resident to start on Clindamycin 150mg po [times] 7 days for toothache. Resident presently is not complain of pain or discomfort at this time ... Resident #95 updated on plan and is in agreement to go out to [named hospital] earliest appointment 8/11/14. "</p> <p>Prior to telephone discussion and documentation noted on July 14, 2014, the clinical record lacked evidence that an oral surgeon appointment was warranted secondary to resident being on BIPAP.</p> <p>On July 17, 2014 a follow-up visit was conducted by Employee #32. His/her dental note revealed, " 7/17/14 consult: Refer patient to [hospital named] for evaluation and treatment of necrotic and abscessed teeth including #23, 25. Rx: Clindamycin 150mg po (by mouth) q (every) 8 hours [times] 7 days ... "</p> <p>There was no evidence that sufficient nursing</p>	L 052	<p>Refer to page 14 for response L052, Resident #44, #95</p>	

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L 052	<p>Continued From page 19</p> <p>time was given to act with timeliness on an order for a dental consultation for Resident #95 who had a " toothache " . In addition, there was no evidence the dentist made provisions/arrangements for follow-up on Resident #95 ' s dentures.</p> <p>A face-to-face interview was conducted with Employee #32 on July 18, 2014 at approximately 11:00 AM. He/she stated, no one called him/her nor informed him/her that the resident was having any tooth pain. It was further stated that the resident had an abscess before and was treated and there was no harm to the resident. The clinical record was reviewed on July 18, 2014.</p> <p>D. Based on record review and staff interview for one (1) of 36 sampled residents, it was determined that sufficient nursing time was not given to maintain clinical records in a complete; accurately documented; readily accessible; and systematically organized manner, as evidenced by wound sheets not readily accessible for an active clinical record. Resident #42</p> <p>The findings include:</p> <p>A review of the physician's orders directed: May 2, 2014- " Right Heel: Cleanse with normal saline, pat dry, apply santyl ointment mixed with mupirocin ointment followed by maxorb and roller gauze every day and prn (as needed)"</p> <p>June 17, 2014 at 5:01 PM-" D/C (Discontinue) previous santyl + 2% Muprocin TX (treatment) for [right] heel wound treatment secondary to</p>	L 052	<p>Refer to page 14 for response L052, Resident #44, #95</p> <ol style="list-style-type: none"> 1. Resident #42 has the wound and skin sheets on the chart; Resident #42 has the wound treatments documented on the wound skin treatment sheets. 2. Resident Care Coordinators or designee will audit resident charts, to ensure wound and skin sheets are in the charts <p>Resident Care Coordinators or designee will audit Treatment Administration Records, Medical Administration Records, to ensure wound treatments are documented on the wound skin treatment sheets, and that Lovenox orders are transcribed to the MAR</p> <ol style="list-style-type: none"> 3. Staff Development nurse will re-in-service CNAs on the use of shower logs. Staff Development nurse will re-in-service RNs/LPNs on transcription of orders and on following consultant's recommendations. Resident Care Coordinators or designee will audit resident charts, MARs, TARs, shower logs, and dietitian's consult folder monthly. 4. Resident Care Coordinators will document findings and present to the Quality Assurance Committee for review, evaluation, and recommendation monthly for a period of three months. 	9.12.2014

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L 052	<p>Continued From page 20</p> <p>non-covered by insurance. Right heel wound- Cleanse with [Normal Saline Solution], Pat dry then apply santyl ointment with dry dressing QD (every day) and prn (as needed). "</p> <p>On July 15, 2014 at approximately 12:30 PM the State Agency Representative reviewed the active clinical record for Resident #42. During the reveiw, wound and skin sheets from April 30, 2014 to June 3, 2014 were not located on the active clincial record.</p> <p>At this time Employees #3 and #8 were queried as to the wereabouts of the wound and skin sheets. Employee #3 the retrieve the wound and skin shets from his/her computer and placed in them active clinical record.</p> <p>Employee #3 was queried, " What is the process of maintaining the wound sheets in the active clinical record? " He/she responded, " The wound team rounds every week. The wound nurse measures and assess the wound. Afterwards, the charge nurse dress the resident ' s wound. The wound and skin care sheet is completed by the wound nurse and e-mailed to the clinical managers and director of nursing usually one-two days. The clinical manager prints it from the computer and places it in the resident ' s chart.</p> <p>Sufficient nursing time was not given to maintain complete and systematically organized medical records as evidence by wound and skin sheets were not readily available on the active clinical record.</p> <p>E. Based on a resident interview, staff interviews</p>	L 052	Refer to page 20 for response L052, Resident #42	

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L 052	<p>Continued From page 21</p> <p>and clinical record review for four (4) of 36 sampled residents, it was determined that sufficient nursing time was not given to accurately document one (1) resident's wound treatment onto the wound skin treatment sheets; failed to consistently document one (1) resident's baths and showers onto the the log sheet; failed to transcribe a physician's order for Lovenox onto the Medication Administration Record (MAR) for one (1) resident; and failed to transcribe an order to discontinue nutritional supplements on to the June 2014 and July 2014 Medication Administration Records for one (1) resident. Residents' #42, #95, #127 and #134.</p> <p>The findings include:</p> <p>1. Sufficient nursing time was not given to accurately document Resident #42 ' s prescribed wound treatment onto the wound treatment sheets.</p> <p>The physician ' s order dated June 17, 2014 at 5:01 PM directed, " D/C (Discontinue) previous Santyl + 2% Muprocin TX (treatment) for [right] heel wound treatment secondary to non-covered by insurance. Right heel wound- Cleanse with [Normal Saline Solution], Pat dry then apply Santyl ointment with dry dressing QD (every day) and prn (as needed). "</p> <p>A dressing change observation was conducted on July 14, 2014 at approximately 9:45 AM. At this time the State Agency Reprehensive observed Santyl ointment being applied to right heel.</p> <p>A review of the " Wound and Skin Care</p>	L 052	<p>Response to #E1-4 Resident #42, #95, #127 and #134</p> <ol style="list-style-type: none"> Resident #42 has the wound and skin sheets on the chart Resident #42 has the wound treatments documented on the wound skin treatment sheets. Resident #95 will have showers documented on the log sheet. Resident #127 is no longer receiving Lovenox. Resident #134's order for nutritional supplements was discontinued. Resident Care Coordinators or designee will audit resident charts, to ensure wound and skin sheets are in the charts Resident Care Coordinators or designee will audit Treatment Administration Records, Medical Administration Records, to ensure wound treatments are documented on the wound skin treatment sheets, and that Lovenox orders are transcribed to the MAR Resident Care Coordinators or designee will audit shower logs and dietitian's consult folder to ensure showers are documented and dietitian's recommendations are followed through Staff Development nurse will re-in-service CNAs on the use of shower logs. Staff Development nurse will re-in-service RNs/LPNs on transcription of orders and on following consultant's recommendations. Resident Care Coordinators or designee will audit resident charts, MARs, TARs, shower logs, and dietitian's consult folder monthly. Resident Care Coordinators will document findings and present to the Quality Assurance Committee for review, evaluation, and recommendation monthly for a period of three months. 	9.12.2014

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L 052	<p>Continued From page 22</p> <p>Progress Note " sheets from June 18, 2014 to July 9, 2014 revealed, " Location: Right heel; Stage/ Etiology- unstageable, Treatment: Continue Santyl + 2% Mupirocin TX (Treatment) as per order. "</p> <p>A face-to-face interview was conducted with Employee #24 on July 15, 2014 at approximately 12:15 PM regarding the aforementioned findings. He/she stated, "We continued to write the treatment as Santyl and 2% Mupirocin because we thought the resident was receiving the same treatment. No one informed us (wound team) that the treatment has changed." The clinical record was reviewed on July 15, 2014.</p> <p>Sufficient nursing time was not given to accurately document Resident #42 ' s prescribed wound treatment onto the wound and skin care progress notes.</p> <p>2. Sufficient nursing time was not given to consistently document resident ' s bath and showers on log sheet for Resident #95.</p> <p>During a resident interview conducted on July 9, 2014 at approximately 11:58 AM, when queried, " Do you choose whether you take a shower, tub, or bed bath? He/she responded, " No. " He/she further stated; " I suppose to get a shower on Tuesday and Fridays on evening shift, but it is not consistent. "</p> <p>A review of the resident ' s " bath/shower log " revealed resident ' s shower days were Tuesdays and Fridays on 3PM-11PM shift. However, from February to July 2014 the resident received bed baths on designated shower days.</p>	L 052	Refer to page 22 for response L052, Resident #42, #95, #127 and #134	

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L 052	<p>Continued From page 23</p> <p>A face-to-face interview was conducted with Employee #5 on July 14, 2014 at approximately 11:45 AM. He/she acknowledged the aforementioned findings. He/she further stated, " When a bed bath was given, there should have been documentation that a shower was offered and if resident refused. " The clinical record was reviewed on July 14, 2014.</p> <p>There was no evidence that sufficient nursing time was given to consistently documented the resident ' s bath and showers on log sheet.</p> <p>3.Sufficient nursing time was not given to transcribe a physician ' s order for Lovenox onto the Medication Administration Record (MAR) for Resident #127.</p> <p>The "History and Physical "dated January 24, 2014 revealed that Resident #127 ' s diagnoses included: " Left hemiplegia, Chronic Respiratory Failure, Bilateral Pulmonary Embolism, Intracranial Hemorrhage and Hypertension. "</p> <p>A physician's interim order dated January 28, 2014 directed, " Lovenox 30mg SQ (subcutaneously) QD (everyday) - Dx (Diagnosis) - Anticoagulation Tx (Treatment). "</p> <p>A review of the January 2014 Medication Administration record lacked evidence that the order to administer Lovenox 30 mg SQ was transcribed onto the MAR.</p> <p>A face-to-face interview was conducted with Employees #5 and #6 on July 16, 2014 at approximately 2:30 PM. Both employees</p>	L 052	Refer to page 22 for response L052, Resident #42, #95, #127 and #134	

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L 052	<p>Continued From page 24</p> <p>acknowledged the aforementioned findings. The clinical record was reviewed on July 16, 2014.</p> <p>Sufficient nursing time was not given to transcribe a physician ' s order for Lovenox onto the Medication Administration Record.</p> <p>4. Sufficient nursing time was not given to transcribe an order to discontinue nutritional supplements on to the June 2014 and July 2014 Medication Administration Records for Resident #134.</p> <p>The History and Physical dated February 9, 2014 for Resident #134 included the following diagnoses: Cerebral Vascular Accident (stroke) 2008, Pontine Hemorrhage 2013, Left Hemiplegia, Hypertension, Obstructive Sleep Apnea, Tracheostomy, Peg Tube [feeding tube].</p> <p>A telephone order dated May 28, 2014 directed, " D/C [discontinue] Beneprotein [nutritional supplement] related to wound healing, D/C [discontinue] Juven [nutritional supplement]."</p> <p>A review of the June 2014 and July 2014 'Physician's Order Forms' revealed the following orders dated April 28, 2014: " Juven 7G[gram]-7G [gram] - 1.5G [gram] packet, 1 packet dissolved in liquid by mouth twice daily ...and Resource Beneprotein 7GM [gram] packet, 1 packet dissolved in liquid by mouth twice daily..."</p> <p>On July 14, 2014 at approximately 9:45 AM, a face-to-face interview was conducted with Employee #3 regarding the resident's discontinued orders. He/she confirmed that although the supplements were actively on the 'Physician's Order Forms,' the resident was no</p>	L 052	Refer to page 22 for response L052, Resident #42, #95, #127 and #134	

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L 052	<p>Continued From page 25</p> <p>longer receiving the supplements. The April 2014 Medication Administration Record [MAR] documentation indicated they were discontinued as evidenced by the following markings beside the Juven and Resource Beneprotein, " D/C [discontinue] May 28, 2014 ".</p> <p>A review of the June and July 2014 MARs revealed that here were no nursing initials in the designated areas to indicate that the supplements were given.</p> <p>Sufficient nursing time was not given to transcribe an order to discontinue nutritional supplements on to the June 2014 and July 2014 Medication Administration Records.</p>	L 052	Refer to page 22 for response L052, Resident #42, #95, #127 and #134	
L 056	<p>3211.5 Nursing Facilities</p> <p>Nursing personnel, licensed practical nurses, nurse aides, orderlies, and ward clerks shall be assigned duties consistent with their education and experience and based on the characteristics of the patient load.</p> <p>This Statute is not met as evidenced by:</p> <p>Based on record review and staff interview during a review of staffing [direct care per resident day hours], it was determined that facility staff failed to provide a minimum daily average of four and one tenth (4.1) hours of direct care per resident per day for one of 14 (fourteen) days reviewed in accordance with Title 22 DCMR Section 3211, Nursing Personnel and Required Staffing Levels.</p> <p>The findings include:</p>	L 056	Refer to page 27 for response L056	

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L 056	<p>Continued From page 26</p> <p>According the District of Columbia Municipal Regulations for Nursing Facilities: 3211.5 Beginning January 1, 2012, each facility shall provide a minimum daily average of four and one tenth (4.1) hours of direct nursing care per resident per day, of which at least six tenths (0.6) hours shall be provided by an advanced practice registered nurse or registered nurse, which shall be in addition to any coverage required by subsection 3211.5.</p> <p>A review of Nurse Staffing was conducted on July 18, 2014 at approximately 3:00 PM.</p> <p>Of the fourteen (14) days reviewed, one (1) of the days failed to provide a minimum daily average of four and one tenth (4.1) hours of direct care per resident per day as follows:</p> <p>On Sunday July 6, 2014, it was determined that the facility provided direct nursing care per resident at a rate 3.8 hours.</p> <p>A face-to-face interview was conducted with Employee #21 at the time of the staffing review, he/she acknowledged the findings.</p>	L 056	<ol style="list-style-type: none"> 1. Nursing staffing levels meet the 4.1 hours of direct care per resident per day. 2. Acting DON or designee will review staffing levels to ensure the facility is providing 4.1 hours of direct care per resident per day. 3. Staffing Coordinator will provide staffing levels daily to the Acting DON. Acting DON or designee will audit staffing levels monthly. 4. Acting DON will document findings and present to the Quality Assurance Committee for review, evaluation, and recommendations monthly for a period of three months. 	9.12.2014
L 099	<p>3219.1 Nursing Facilities</p> <p>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:</p> <p>Based on observations made on July 11, 2014 at approximately 10:00 AM, it was determined that the facility failed to store and prepare food under sanitary conditions as evidenced by one (1) of</p>	L 099		

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L 099	<p>Continued From page 27</p> <p>one (1) hotel pan of cooked pasta that was stored uncovered on the code production table, a half-full 16 ounces bottle of apple juice that was stored inside one (1) of one (1) ice machine, dented and/or soiled cooking utensils such as one (1) of one (1) braser, two (2) of two (2) four-inch deep third pans, four (4) of four (4) six-inch deep third pans, five (5) of five (5) six-inch deep half pans, one (1) of two (2) soiled air curtain from the dishwashing machine and a soiled and blemished kitchen floor.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. One (1) of one (1) hotel pan of cooked pasta was stored uncovered on the code production table. 2. A half-full bottle of apple juice was observed inside the ice machine in the kitchen. 3. Cooking utensils such as one (1) of one (1) braser and two (2) of two (2) four-inch deep third pans were dented and needed to be replaced. 4. Cooking utensils such as four (4) of four (4) six-inch deep third pans and five (5) of five (5) six-inch deep half pans were soiled and dented. 5. One (1) of two (2) air curtain from the dishwashing machine was soiled with food debris and needed to be cleaned. 6. The entire kitchen floor was marred with accumulated stained spots and discolored tiles. <p>These observations were made in the presence</p>	L 099	<p>Response to #1-6</p> <ol style="list-style-type: none"> 1. Immediately upon notification, the pasta was covered, the bottle of apple juice was discarded and Ice machine emptied, clean and sanitized on 7/18/2014. The dented braser and 4' deep pans were discarded and replaced. The dented soiled cooking utensils have been replaced. The air curtain was cleaned. The kitchen floor was stripped, cleaned and waxed. Tiles will be change as necessary. 2. Dietary staff were reeducated on 7/24/2014 on the importance of following sanitation/infection control practices within the dietary area. Director of Dietary will conduct an environmental round to ensure sanitary conditions. 3. Director of Dietary or designee will conduct environmental rounds on a monthly basis. 4. Director of Dietary will document findings and present to the Quality Assurance Committee for review, evaluation, and recommendations monthly for a period of three months. 	9.12.2014

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L 099	Continued From page 28 of Employee #12 and Employee #1 who acknowledged the findings.	L 099		
L 157	<p>3227.8 Nursing Facilities</p> <p>Each refrigerator that is used for storage of medication shall operate at a temperature between thirty-six degrees (36°F) and forty-six (46°F) Fahrenheit; each refrigerator shall be equipped with a thermometer that is easily readable, accurate and in proper working condition.</p> <p>This Statute is not met as evidenced by:</p> <p>Based on observations, record review and staff interview, it was determined that facility staff failed to consistently monitor and ensure medication refrigerator temperatures were between 36-46 degrees fahrenheit on one(1) nursing unit.</p> <p>The findings include:</p> <p>An observation of a medication refrigerator in the 5th floor medication storage room was done on July 15, 2014 at approximately 4:00PM. A review of the " Refrigerator Storage Log " for July 15, 2014 revealed the temperature was recorded as 32 degrees F (Fahrenheit). After further review of the Refrigerator Temperature log revealed the following recorded temperatures: January 10, 2014 - 30 degrees F; January11, 2014 - 30 degrees F; January 15, 2014- 34 degrees F; January 24, 2014- 42 degrees F; January 31, 2014- 32 degrees F;</p>	L 157	<ol style="list-style-type: none"> 1. The refrigerator in the 5th floor medication storage room was replaced. 2. RCCs will check refrigerator temperatures in medication storage rooms to ensure temperatures remain at 36-46 degrees Fahrenheit. 3. Environmental rounds will be conducted monthly with the Resident Care Coordinator or designee, Maintenance Director or designee, Housekeeping Director or designee, and Administrator or designee. Staff Development Nurse will re-in-service RNs and LPNs on the need to monitor the temperatures in the medication refrigerators to maintain temperatures at 36-46 degrees Fahrenheit. 4. RCCs will document findings and present to the Quality Assurance Committee for review, evaluation, and recommendations monthly for a period of three months. 	9.12.2014

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L 157	<p>Continued From page 29</p> <p>February 10, 2014- 32 degrees F; February 27, 2014- 32 degrees F; March 6, 2014- 30 degrees F; April 20, 2014- 34 degrees F; May 1, 2014 -34 degrees F; June 2, 2014- 32 degrees F; June 7, 2014- 34 degrees F; June 15, 2014- 34 degrees F; June 18, 2014- 34 degrees F; June 26, 2014 -32 degrees F; June 28, 2014- 32 degrees F; June 29, 2014- 30 degrees F; July 1, 2014 - 34 degrees F; July 2, 2014- 32 degrees F; July 4, 2014- 34; degrees F; July 5, 2014- 32 degrees F; July 6, 2014- 34 degrees F; July 9, 2014- 32 degrees F; July 10, 2014 -30 degrees F; July15, 2014 -32 degrees F"</p> <p>There was no evidence that facility staff notified the maintenance department when the refrigerator items were below 36 degrees Fahrenheit as directed on refrigerator log.</p> <p>A face-to-face interview was conducted with Employees #2 and #20 on July 15, 2014 at approximately 4:15 PM. After reviewing the "Refrigerator Temperature Log" form, Both employees acknowledged the aforementioned findings. The observation was conducted July 15, 2014.</p>	L 157	Refer to page 29 for response L157,	
L 214	<p>3234.1 Nursing Facilities</p> <p>Each facility shall be designed, constructed, located, equipped, and maintained to provide a functional, healthful, safe, comfortable, and</p>	L 214		

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L 214	<p>Continued From page 30</p> <p>supportive environment for each resident, employee and the visiting public. This Statute is not met as evidenced by:</p> <p>A. Based on an observation made during an environmental tour of the facility on July 10, 2014 at approximately 10:00 AM, it was determined that facility staff failed to maintain the area free of accident hazards as evidenced by one (1) of one (1) unlocked door to the sprinkler control room where various mechanical equipment are located.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. The door to the sprinkler control room on the sixth floor was unlocked and accessible to residents. 2. Floor tiles located in front of the shower room access door on the fourth floor were loose, damaged and wet and presented a tripping and/or a slipping hazard. <p>These observations were made in the presence of Employee #1 and Employee #15 who acknowledged the findings.</p> <p>B. Based on observation and staff interviews for one (1) of 36 sampled residents, it was determined that the facility staff failed to maintain medications under safe and secure storage and limited access to minimize loss or diversion of all medications as evidenced by the wound cart (containing prescribed meds) observed unattended outside of Resident #42's door during a wound care treatment.</p>	L 214	<p>Response to #A1, 2</p> <ol style="list-style-type: none"> 1. Immediately upon notification of this deficiency the sprinkler control room door was locked. The Maintenance Director is obtaining bids to repair the tiles and leaky pipes. 2. Maintenance Director will conduct an environmental sound to identify and address hazardous conditions. 3. Environmental rounds will be conducted monthly by a work group including Maintenance Director or designee, Housekeeping Director or designee, Administrator or designee, Resident Care Coordinator or designee to identify any hazardous conditions or unlocked medication/treatment carts. Maintenance will have a work order binder on each floor to ensure other staff document maintenance needs. 4. Maintenance Director will document findings and present to the Quality Assurance Committee for review, evaluation, and recommendation monthly for a period of three months. <p>Refer to page 32 for response L214, #B,</p>	9.12.2014
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L 214	<p>Continued From page 31</p> <p>The findings include:</p> <p>On July 15, 2014 at approximately 9:45 AM, a wound care observation was conducted. The wound cart was observed outside of Resident #42 's door unlocked and unattended, while Employee #23 was inside the room performing the dressing change.</p> <p>The wound cart contained the following medications:</p> <p>Drawer #1 and Drawer #2: Scissors, Clotrimazole 1% Cream, Risanue Ointment (multiple tubes), ten (10) Arzol - Silver Nitrate Applicators (Silver Nitrate - 75%/Potassium Nitrate 25%). The front of the tube was labeled " POISON " in red.</p> <p>Drawer #3: Ammonium Lactate cream 12%</p> <p>Drawer #4: Ketoconazole cream 2% (anti fungal cream), enema supplies, and xeroform pads</p> <p>Drawer #5: Optifoam dressing supplies</p> <p>On July 15, 2014 at approximately 9:45 AM, a face-to-face interview was conducted with Employee # 3 and Employee # 23 regarding the findings. Both employees acknowledged the aforementioned findings.</p> <p>Facility staff failed to maintain medications under safe and secure storage and limited access to minimize loss or diversion.</p>	L 214	<ol style="list-style-type: none"> 1. Immediately upon notification of this deficiency the medication cart was locked. 2. Administrator will conduct a round to ensure treatment carts are maintained locked. 3. Environmental rounds will be conducted monthly by a work group including Maintenance Director or designee, Housekeeping Director or designee, Administrator or designee, Resident Care Coordinator or designee to identify any hazardous conditions or unlocked medication/treatment carts. Maintenance will have a work order binder on each floor to ensure other staff document maintenance needs. RNs/LPNs will be re-in-serviced to lock treatment and medication carts. 4. The Administrator will document findings and present to the Quality Assurance Committee for review, evaluation, and recommendation monthly for a period of three months. 	9.12.2014
L 306	3245.10 Nursing Facilities A call system that meets the following	L 306		

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L 306	<p>Continued From page 32</p> <p>requirements shall be provided:</p> <p>(a)Be accessible to each resident, indicating signals from each bed location, toilet room, and bath or shower room and other rooms used by residents;</p> <p>(b)In new facilities or when major renovations are made to existing facilities, be of type in which the call bell can be terminated only in the resident's room;</p> <p>(c)Be of a quality which is, at the time of installation, consistent with current technology; and</p> <p>(d)Be in good working order at all times.</p> <p>This Statute is not met as evidenced by:</p> <p>Based on an observation made during an environmental tour of the facility on July 10, 2014 at approximately 3:00 PM, it was determined that facility staff failed to maintain resident's call system in good working condition as evidenced by a non-functional call bell in one (1) of 15 resident's rooms on the fifth floor.</p> <p>The findings include:</p> <p>1. The call bell in resident room #5105 would not reset after it was activated, one (1) of 15 resident's rooms.</p> <p>These observations were made in the presence of Employee #1 and Employee #15 who acknowledged the findings.</p>	L 306	<ol style="list-style-type: none"> 1. The call bell in room #5105 was repaired. 2. Maintenance Director or designee will conduct environmental rounds to ensure call bells in rooms and bathrooms are working. 3. Maintenance Director or designee, Director of Housekeeping or designee, Administrator or designee, Resident Care Coordinator or designee will conduct monthly rounds. Maintenance will have a work order system on each unit for staff to document maintenance needs. 4. Maintenance Director will document findings and present to the Quality Assurance Committee for review, evaluation, and recommendations monthly for a period of three months. 	9.12.2014
L 410	3256.1 Nursing Facilities	L 410		

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L 410	<p>Continued From page 33</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:</p> <p>Based on observations made during an environmental tour of the facility on July 10, 2014 at approximately 10:00 AM, it was determined that the facility failed to provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior as evidenced by air control fans that failed to blow cool air in 12 of 46 resident's rooms, window blinds with missing slats in three (3) of 46 resident's rooms, soiled shower floors on three (3) of three (3) floor levels, burnt ceiling lights in five (5) of 46 resident's rooms, a broken light cover in one (1) of 46 resident's rooms, marred entrance doors in seven (7) of 46 resident's rooms, marred walls in nine (9) of 46 resident's rooms and in two (2) of three (3) activity rooms and leaky hot water faucets in two (2) of 46 resident's rooms.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Air control fans were not blowing cool air in 13 of 46 resident's rooms. 2. Window blinds were missing slats in four (4) of 46 resident's rooms (#6128, # 6112, #5127, #4143). 3. Shower room floors on the fourth, fifth and sixth floor level were soiled and discolored in several areas. 4. Ceiling lights would not illuminate in the 	L 410	<p>Response to #1-8</p> <ol style="list-style-type: none"> 1. Air control fans have been fixed in rooms #6153, #6144, #6143, #6128, #6112, #5144. Window slats have been replaced in rooms #6128, #6112, #5127, #4143; Shower room floors on the fourth, fifth and sixth floor will be stripped and waxed by housekeeping. Ceiling lights have been replaced in rooms #6142, #6143, #6133, #6128; The wall light and cover in room #5119 will be replaced; The entrance door to resident's rooms #5116, #5110, #5102, #4150 and #4106 will be painted; The walls in resident's rooms #6143, #6104, #5147, #5133, #4155, #4146, #4133, #4104 will be painted. The walls in the activity rooms in the 4th and 5th floor, and the walls in the bathroom in room #4116 will be fixed; The hot water faucet in rooms #6129 and #4121 have been fixed. 2. Maintenance Director or designee will conduct an environmental round to identify any issues with air control fans, window blinds, floors, ceiling lights, entrance doors, walls, and faucet leaks. 3. Environmental rounds will be conducted monthly by a work group including Maintenance Director or designee, Housekeeping Director or designee, Administrator or designee, Resident Care Coordinator or designee to identify any maintenance or housekeeping issues. Maintenance a binder on each floor to ensure staff can document maintenance needs. 4. Maintenance Director will document findings and present to the Quality Assurance Committee for review, evaluation and recommendations monthly for a period of three months. 	9.12.2014

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/18/2014
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NAME OF PROVIDER OR SUPPLIER CAPITOL HILL NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONST. AVE. NE WASHINGTON, DC 20002
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L 410	<p>Continued From page 34</p> <p>following resident's rooms: Two (2) of three (3) in room #6142, two (2) of two (2) in the bathroom of room #6143, two (2) of three (3) in room #6133 and one (1) of two (2) in the bathroom of room #6128.</p> <p>5. The wall light located in the bathroom of room #5119 was out and its cover was cracked.</p> <p>6. The entrance door to several resident's rooms were marred including rooms #5116, #5110, #5102, #4157, #4150 and #4106.</p> <p>7. Walls in resident's rooms were marred including rooms #6143, #6104, #5147, #5133, #4155, #4146, #4133, #4104, the activity room on the fifth floor, the activity room on the fourth floor and the bathroom in room #4116.</p> <p>8. The hot water faucet in rooms #6129 and #4121 leaked when in use.</p> <p>These observations were made in the presence of Employee #1 and Employee #15 who acknowledged the findings.</p>	L 410	Refer to page 34 for response L410	
L 426	<p>3257.3 Nursing Facilities</p> <p>Each facility shall be constructed and maintained so that the premises are free from insects and rodents, and shall be kept clean and free from debris that might provide harborage for insects and rodents. This Statute is not met as evidenced by:</p> <p>Based on observations made throughout the</p>	L 426		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/18/2014
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L 426	<p>Continued From page 35</p> <p>survey period from July 8 2014 through July 14, 2014, it was determined that the facility failed to maintain an effective pest control program as evidenced by flying insects seen on the fourth, fifth and sixth floor.</p> <p>The findings include:</p> <p>1. Flying insects were seen several times in resident's areas located on the fourth, fifth and sixth floor.</p> <p>These observations were made throughout the survey period from July 8, 2014 through July 14, 2014.</p>	L 426	<ol style="list-style-type: none"> 1. Pest control measures will be implemented to control flying insects on the fourth, fifth, and sixth floor. 2. Maintenance Director will conduct an environmental round to ensure pest control issue related to flying insects has been resolved. 3. Environmental rounds will be conducted with a work group including Director of Maintenance or designee, Director of Housekeeping or designee, Resident Care Coordinator or designee, and Administrator or designee monthly. The Pest Control company will be required to communicate with maintenance and nursing staff prior to doing rounds. 4. Director of Maintenance will document findings and present to the Quality Assurance Committee for review, evaluation, and recommendations monthly for a period of three months. 	9.12.2014