

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/25/2012
NAME OF PROVIDER OR SUPPLIER CARROLL MANOR NURSING & REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 725 BUCHANAN ST., NE WASHINGTON, DC 20017		
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L 056	Continued From page 40 The findings were determined on September 24, 2012 at 3:30 PM during a concurrent review of records with Employee #3. Employee #3 acknowledged the findings and stated that the staffing was reflective of weekend coverage and the facility was currently recruiting qualified staff.	L 056	L099 NURSING FACILITIES	
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 made on September 18, 2012 at approximately 9:30 AM and on September 21, 2012 at approximately 11:15 AM, it was determined that the facility failed to prepare, distribute and serve food under sanitary conditions as evidenced by soiled cooking equipment such as two (2) of two (2) convection ovens and one (1) of one (1) gas stove, nine (9) of nine (9) size 1-3 hotel pans and ten of ten gourmet pans that were inappropriately stored, four (4) of nine (9) size 1-3 hotel pans, five (5) of ten gourmet pans and one (1) of three (3) full size hotel pans that were soiled and eight (8) of eight (8) cold cut sandwiches that were stored undated in the resident refrigerator on 5 east. The findings include: 1. Cooking equipment such as two (2) of two (2) convection ovens and one (1) of one (1) gas stove including the six (6) burners were soiled. 2. Nine (9) of nine (9) size 1-3 hotel pans and	L 099	1 1. The two convection ovens and gas stove were cleaned and sanitized. 2. All kitchen equipment was inspected and any concerns were corrected. 3. Staff were in-serviced on proper cleaning and sanitizing procedures for equipment. 4. Monthly audits will be done by the closing supervisor or designee. Results of the monitoring will be reported quarterly at the QA/QI meeting. 2 1. Pans were removed from storage and were properly cleaned, sanitized, air dried, and properly stored. 2. All remaining pans were inspected for proper sanitation and drying. 3. All kitchen staff were in-serviced on proper cleaning, sanitizing, air drying, and storage of pots and pans.	9/21/12 11/9/12 11/15/12 Ongoing 9/21/12 9/21/12 11/15/12

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L 099	Continued From page 41 ten of ten gourmet pans were stored wet. 3. Four (4) of nine (9) size 1-3 hotel pans, five (5) of ten gourmet pans and one (1) of three (3) full size hotel pans were soiled. 4. Eight (8) of eight (8) cold cut sandwiches were stored undated in the resident refrigerator on 5 east. These observations were made in the presence of Employee #16 and/or Employee #18 who confirmed the findings.	L 099	4. Monthly audits will be done by the closing supervisor or designee. Results of the monitoring will be reported to the quarterly QA/QI meeting. 3 1. Cold cut sandwiches stored on 5 east were discarded.	Ongoing 9/21/12	
L 108	3220.2 Nursing Facilities The temperature for cold foods shall not exceed forty-five degrees (45°F) Fahrenheit, and for hot foods shall be above one hundred and forty degrees (140°F) Fahrenheit at the point of delivery to the resident. This Statute is not met as evidenced by: Based on observations made on September 21, 2012 at approximately 12:35 PM, it was determined that the facility failed to maintain hot food temperatures at a minimum of 140 degrees Fahrenheit (F) as evidenced by: foods such as fried chicken that tested at 97 degrees F and a pan of broccoli that tested at 122 degrees F. The findings include: 1. A pan of fried chicken on the 5th. floor pantry tested at 97 degrees F. 2. A pan of broccoli on the 5th. floor pantry tested at 122 degrees F.	L 108	1. All refrigeration storage areas on were inspected for compliance with proper labeling, dating and storage of all food products. 3. Staff were in-serviced on proper labeling, dating and storage of all food products. 4. Monthly audits will be done by the closing supervisor or designee. Results will be reported quarterly at the QA/QI meeting. L108 3220.2 NURSING FACILITIES 1. The broccoli and fried chicken in 5 th floor pantry was discarded. 2. All remaining broccoli and fried chicken temperatures were checked	9/21/12 11/9/12 Ongoing 9/21/12	

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L 108	Continued From page 42 These observations were made in the presence of Employee #16 and/or Employee #18 who confirmed the findings.	L 108	proper hot food holding temperatures.	9/21/12
L 201	3231.12 Nursing Facilities Each medical record shall include the following information: (a)The resident's name, age, sex, date of birth, race, marital status home address, telephone number, and religion; (b)Full name, addresses and telephone numbers of the personal physician, dentist and interested family member or sponsor; (c)Medicaid, Medicare and health insurance numbers; (d)Social security and other entitlement numbers; (e)Date of admission, results of pre-admission screening, admitting diagnoses, and final diagnoses; (f)Date of discharge, and condition on discharge; (g)Hospital discharge summaries or a transfer form from the attending physician; (h)Medical history, allergies, physical examination, diagnosis, prognosis and rehabilitation; (i)Vaccine history, if applicable, and other pertinent information about immune status in relation to vaccine preventable disease;	L 201	3. Staff were in-serviced on the proper procedures for taking food temperatures and documenting in the temperature logs. 4. Monthly audits will be done by the closing supervisor or designee. Results of the monitoring will be reported quarterly at the QA/QI meeting. L201 3231.12 NURSING FACILITIES 1. Resident #3 was assessed by the physician, and changes in the resident's condition as it relates to skin impairment were included in the next physician progress note. 2. All residents with skin impairment have been identified, and it has been determined that physician progress notes contain description of significant change in condition as it relates to skin impairment. 3. All physicians were in-serviced on describing significant changes in residents condition as it relates to skin impairment in progress notes.	11/9/12 Ongoing 3/1/12 11/15/12 11/15/12

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L 201	Continued From page 43 (j)Current status of resident's condition; (k)Physician progress notes which shall be written at the time of observation to describe significant changes in the resident's condition, when medication or treatment orders are changed or renewed or when the resident's condition remains stable to indicate a status quo condition; (l)The resident's medical experience upon discharge, which shall be summarized by the attending physician and shall include final diagnoses, course of treatment in the facility, essential information of illness, medications on discharge and location to which the resident was discharged; (m)Nurse's notes which shall be kept in accordance with the resident's medical assessment and the policies of the nursing service; (n)A record of the resident's assessment and ongoing reports of physical therapy, occupational therapy, speech therapy, podiatry, dental, therapeutic recreation, dietary, and social services; (o)The plan of care; (p)Consent forms and advance directives; and (q)A current inventory of the resident's personal clothing, belongings and valuables. This Statute is not met as evidenced by: Based on record review and staff interview for	L 201	4. Random audits will be conducted by a wound nurse or designee. Results will be submitted to the DON for presentation at the quarterly QA/QI meeting.	Ongoing

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L 201	<p>Continued From page 44</p> <p>one (1) of 33 sampled residents it was determined that the physician failed to describe significant changes in the resident 's condition as it relates to skin impairment in the physician progress notes. Resident #3.</p> <p>The findings include:</p> <p>Skin Condition Report -Unhealed Daily Wound Assessment revealed:</p> <p>" 11/11/2011 Present on the Coccyx is a denuded area. The following findings were documented, length in cm=0.8, width in cm=0.5, no odor is present, no drainage is apparent, recent changes were made to the treatment orders for this site, no itching or discomfort, General comments: At 2020 reported by CNA resident noted open pink area on coccyx measuring 0.8cm x 0.5cm, Dr Soufi notified and gave order to clean the area with bedside care foam and pat dry, apply Calmoseptine ointment twice daily x14 days. "</p> <p>" 11/15/2011 Present on the Coccyx is a denuded area: The following findings were documented, General comments: Resident denuded area on coccyx assessed this morning, area measures 0.5 x 0.5 appearance is pink, no drainage noted. Treatment continues to cleanse with bedside foam and apply Calmoseptine bid x14 days. "</p> <p>" 11/23/2011 Present on the Coccyx is a denuded area: The following findings were documented, Length 0.2 x width 0.2, skin is not blanchable, no odor is apparent, no drainage is apparent, This wound was not present on</p>	L 201		

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L 201	Continued From page 45 admission, wound baseline visible, pink wound base = 100%, granulation tissue type = 100%, no itching, or discomfort, condition is flat, color is pink, wound has no pattern -scattered, no foreign bodies , surrounding tissues is normal, The affected area has an absence of hair, skin tissue temperature is warm to touch, margins are regular, resident has no pain. Skin turgor is fair, General comments: Denuded area on coccyx healing well, site dry and pink in color, site improvement noted. " " 11/24/11 Present on the coccyx is a denuded area. The following findings were documented, PA, NP, MD were notified of the present status of site. No changes in site condition, no recent changes were made to the treatment orders for this site, antibiotics are not currently in use. General Comments: Open area on coccyx assessed, cleanse with bedside foam as ordered and Calmoseptine applied to site, no bleeding or odor at site. " " 11/28/2011 Present on the coccyx is a denuded area. The following findings were documented Length in cm=0.5, width in cm=0.5, depth in cm= 0, no odor is apparent, no drainage is apparent recent changes were made to the treatment orders for this site, the wound was not present on admission, General comment: pale pink dry wound bed, also noted moist areas in the gluteal fold and in the periwound area, current applying Safgel ointment and covering with gauze and Tegaderm, change dressing daily 14 days, wound base is visible, pink wound base = 100%, condition is flat, color pink, no foreign bodies present, surrounding tissue hyper pigmented, skin tissue temperature is consistent with surrounding tissue, margins are regular, mucus membranes are dry, mucus membranes	L 201		

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L 201	Continued From page 46 are pink, skin turgor is fair, no change in site condition, recent changes were made to the treatment orders for this site, Antibiotics are not currently in use: pressure reducing or relieving devices are in place, devices used on the bed surface, extremity device or shoes used, turning and repositioning program being implemented. Nutrition update: protein supplemental administered other nutritional programs in Ensure. Risk factor: Decreased mobility, inactivity. " " 11/29/2011 Present on the coccyx is a denuded area. The following findings were documented General comments: Residents Coccyx area assessed this morning is pink and dry and new treatment orders received to cleanse with bedside foam and apply Safgel daily, no pain at site. " " 12/07/2011 Present on the coccyx is a denuded area. The following findings were documented Length in cm=0.5, width in cm=0.5, depth in cm=0, no odor is apparent, no drainage is apparent, The wound was not present on admission, General comments: dark pink wound bed with very scant drainage, recommend applying Mepilex sacral border to the dressing, wound base is visible, pink wound base = 100%, no foreign bodies present, surrounding tissue is normal, skin tissue temperature is consistent with surrounding tissue, margins are irregular, mucus membranes are moist, mucus membranes are pink, skin turgor is fair ... " " 12/13/2011 Present on the coccyx is a denuded area. The following findings were documented General comments: Sacral coccyx area assessed this shift and appearance pink and moist, treatment done as ordered with Mepilex	L 201			

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L 201	Continued From page 47 sacral border, no drainage was noted, no odor " " 12/14/2011 Present on the coccyx is a denuded area: Length 0.5cm x width 0.5cm, skin is not blanchable, no drainage, wound base is visible, pink wound base = 100%. " " 12/21/2011 Present on the coccyx is a denuded area: Length 1cm x width 1cm, depth 0.1cm, drainage consistency is thin, scant drainage is present, color is clear, red area on the edges with pale pink area in the center, wound base is visible, pink wound base = 15%, red wound base = 85%, surrounding tissue is moist, continue applying Mepilex sacral dressing. " " 12/27/2011 Present on the coccyx is a denuded area.: Length 0.5cm x width 0.3cm, depth 0cm, skin is blanchable, no odor, no drainage, red in color, is red and moist, treatment cleanse with bedside foam and with Mepilex sacral border every third day. " " 12/28/2011 Present on the coccyx is a denuded area.: Length 3cm x width 6cm, depth 0cm, drainage consistency is thin, scant drainage is present, color is clear, denuded superficial dark pink ... with irregular borders, wound base visible, red wound base = 100%, Apply Stomadhesive powder, Calmoseptine and baza clear as moisture barrier ointment, Nutrition: zinc and vitamin C, protein supplement. " " 01/06/2012 Present on the coccyx is a denuded area ...Length 2cm x width 4.5cm. depth 0cm, no drainage , wound base visible, red wound base = 100%, Epithelial tissue type =100%, wound red, margins are irregular, treatment no changes, continue pressure	L 201		

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L 201	Continued From page 48 reducing or relieving devices, Nutrition zinc, vitamin C and protein supplement. " A review of the medical record revealed that the attending physician made a visit on January 5, 2012. However, there was no evidence that physician addressed the changes in condition to the Resident ' s coccyx in his/her review. A face-to-face interview was conducted with Employee # 3 on September 25, 2012 at approximately 10:00 AM. He/she acknowledged that the physician did not include Resident #3's skin impairment in the progress notes. The record was reviewed September 24, 2012.	L 201		
L 306	3245.10 Nursing Facilities A call system that meets the following requirements shall be provided: (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; (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; (c)Be of a quality which is, at the time of installation, consistent with current technology; and (d)Be in good working order at all times. This Statute is not met as evidenced by:	L 306	L306 3245.10 NURSING FACILITIES 1. Call bells in all identified rooms were checked for proper operation and repaired as needed. 2. All call bells have been checked for proper operation. 3. All staff have been in-serviced on proper protocol to report inoperable defective call bells or call bell cords wrapped around bars. 4. Random audits will be completed by maintenance staff. Results will be presented at the quarterly QA/QI meeting.	9/21/12 11/9/12 11/9/12 Ongoing

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L 306	<p>Continued From page 49</p> <p>Based on observations made on September 21, 2012 between 1:40 PM and 3:45 PM and observations made on September 24, 2012 at approximately 10:30 AM, it was determined that the facility failed to maintain call bells in working condition as evidenced by call bells that did not initiate an alarm when tested in three (3) of 63 residents rooms, call bells that were wrapped around the grab bar in three (3) of 63 residents rooms, one (1) call bell that was cracked in two of 63 residents rooms and one (1) call bell that could not be connected in one (1) of five (5) residents rooms on 5 East.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Call bells did not initiate an alarm in rooms #215, #110 and #104 in three (3) of 63 residents rooms. 2. Call bells were wrapped around the grab bar and could not be activated in the bathroom of residents rooms #436, #401 and #101. 3. The call bell switch was cracked in room #101 and the reset button was cracked in room #102 in two (2) of 63 residents rooms. 4. Staff was unable to hook up the call bell in room #564 on 5 East (Hospital) due to a missing connector. <p>Observations one (1), two (2) and three (3) were made in the presence of Employee #19 and observation #4 was made on 5 east, in the presence of Employee #22. They both acknowledged the findings.</p>	L 306		

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L 410	Continued From page 50	L 410	L410 3256.1 NURSING FACILITIES	
L 410	<p>3256.1 Nursing Facilities</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 on September 21, 2012 at approximately 10:30 AM and on September 21, 2012 at approximately 3:15 PM, 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 a loose toilet paper holder in one (1) of five (5) residents rooms on 5 East, torn privacy curtains in two (2) of five (5) residents rooms on 5 East, marred door frames in one (1) of five (5) residents rooms on 5 East, a malodorous smell in one (1) of three (3) hallways on the first floor unit and a soiled carpet in one (1) of three (3) hallways on the first floor unit.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. The toilet paper holder in room #564 on 5 East (Hospital) was partially detached from the wall in one (1) of five (5) residents rooms. 2. One (1) of one (1) privacy curtain in room #565 on 5 East (Hospital) was torn and one (1) of two (2) privacy curtains in room #566 on 5 East was also torn in two (2) of five (5) residents rooms. 3. The door frames were marred in room #568 (Hospital) in one (1) of five (5) 	L 410	<ol style="list-style-type: none"> 1. The toilet paper holder in room 564 on 5 east was repaired. 2. All rooms on 5 east were inspected and repairs were initiated where needed. 3. Staff were in-serviced on how to properly report damaged fixtures. 4. Random audits will be conducted weekly by EVS supervisor or designee and results of the audits will be reported to the quarterly QA/QI meeting. <ol style="list-style-type: none"> 2. <ol style="list-style-type: none"> 1. The curtains in rooms 565 and 566 have been replaced. 2. All room curtains on 5 east were inspected and replaced where needed. 3. Staff were in-serviced on proper installation and reporting of damaged curtains. 4. Random audits will be conducted by EVS supervisor or designee and results of the audits will be reported quarterly at QA/QI meeting. 	<p>9/21/12</p> <p>11/14/12</p> <p>11/14/12</p> <p>Ongoing</p> <p>11/14/12</p> <p>11/14/12</p> <p>11/14/12</p> <p>Ongoing</p>

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L 410	Continued From page 51 residents rooms. 4. The hallway on 1 North had a malodorous smell in one (1) of three (3) hallways on the first floor unit. 5. The carpet on 1 North was soiled throughout in one (1) of three (3) hallways on the first floor unit. The first three (3) observations were made on 5 East in the presence of Employee #22 and the last two (2) observations were made in the presence of Employee #19. They both acknowledged the findings.	L 410	3. 1. 1 north hall carpet was cleaned. 2. Remaining hallways have been cleaned and there is no malodorous smell at this time. 3. Staff were in-serviced on carpet cleaning techniques. 4. Audits by the EVS supervisor or designee will be reported at the quarterly QA/QI meeting.	11/15/12 11/15/12 11/15/12 Ongoing