

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD02-0027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/13/2013</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CARROLL MANOR NURSING &amp; REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>725 BUCHANAN ST., NE WASHINGTON, DC 20017</b>
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L 000	Initial Comments  An annual licensure survey was conducted at your facility on September 13, 2013. The following deficiencies were based on observations, record review and interviews for 33 sampled residents.	L 000	Carroll Manor Nursing and Rehabilitation Center Makes its best effort to operate in substantial compliance with both Federal and State laws. Submission of this plan of correction (POC) does not constitute an admission or agreement by any party, its officers, directors, employees, or agents, as the truth of the facts alleged or validity of the conditions set forth on the statement of deficiencies. This plan of Correction (POC) is prepared and or executed because it is required by the State and Federal laws.	
L 056	3211.5 Nursing Facilities  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. This Statute is not met as evidenced by:  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 meet 0.6 [six tenths] hours for Registered Nurses/APRN [Advanced Practice Registered Nurse] and 4.1 [four and one tenth] hours for Direct Nursing Care on one (1) of the seven (7) days reviewed, in accordance with Title 22 DCMR Section 3211, Nursing Personnel and Required Staffing Levels.  The findings include:  A review of Nurse Staffing was conducted on September 13, 2013 at approximately 3:30 PM.	L 056	L 056 3211.5 Nursing Facilities  1. RN coverage for the next day met minimum daily average of direct nursing care per resident per day.  2. Facility continues to recruit qualified RN staff to meet minimum daily nursing care per resident per day.  3. Staffing Coordinator and Supervisors have been in-serviced on minimum staffing requirements.	9/9/13  Ongoing  10/10/13
	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		4. Staffing levels will be monitored. The DON and Administrator will be notified when staffing levels are below the minimum required.	Ongoing

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

*Lena Lamb*  
TITLE

(X6) DATE

10/11/13

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**CARROLL MANOR NURSING & REHAB**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**725 BUCHANAN ST., NE  
WASHINGTON, DC 20017**

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L 056	<p>Continued From page 1</p> <p>be in addition to any coverage required by subsection 3211.4.</p> <p>Of the seven (7) days reviewed, one (1) of the days failed to meet the 0.6 [six tenths] hours of direct nursing care per resident day for Registered Nurse/APRN [Advanced Practice Registered Nurse] and Direct Nursing Care Hours 4.1 [four and one tenth] as follows:</p> <p>On September 8, 2013 it was determined that the facility provided direct nursing care at a rate of 4.0 hours and RN coverage at a rate of 0.56 hours.</p> <p>The findings were determined on September 13, 2013 at approximately 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 made every effort to supplement staffing coverage, but was unsuccessful.</p>	L 056	<p>L369 3250.1 Nursing Facilities</p> <ol style="list-style-type: none"> <li>1. Ice scoop holder was replaced immediately.</li> <li>2. No other ice scoop holder was identified.</li> <li>3. Kitchen staff were in-serviced on reporting protocol for broken equipment.</li> <li>4. Random audits will be conducted by kitchen management. Results will be presented at the quarterly QI meeting.</li> </ol>	<p>9/9/13</p> <p>9/9/13</p> <p>10/10/13</p> <p>Ongoing</p>
L 359	<p>3250.1 Nursing Facilities</p> <p>Each food service areas shall be planned, equipped, and operated in accordance with Title 23 DCMR, Chapter 22, 23 and 24, and with all other applicable District laws and regulations. This Statute is not met as evidenced by:</p>	L 359	<ol style="list-style-type: none"> <li>1. 5 Muffin pans were cleaned immediately.</li> <li>2. No other soiled muffin pans were identified.</li> <li>3. Kitchen staff were in-serviced on procedure for washing pans.</li> </ol>	<p>9/12/13</p> <p>10/4/13</p>
	<p>Based on observations made on September 9, 2013 at approximately 9:00 AM and on September 12, 2013 at approximately 2:30 PM, it was determined that the facility failed to procure, serve, prepare and store food under sanitary conditions as evidenced by one (1) of one (1) ice scoop holder with a broken lid and with a piece of plastic debris inside the holder, five (5) of five (5)</p>		<ol style="list-style-type: none"> <li>4. Audits will be conducted by kitchen manager or designee and results will be presented at the quarterly QI meeting.</li> </ol>	<p>Ongoing</p>

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L 359	<p>Continued From page 2</p> <p>soiled muffin pans and 10 of 15 soiled and wet two-inch full hotel pans that were stored in the clean area, and a heavily soiled kitchen floor.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. The lid to one (1) of one (1) ice scoop holder was broken and a piece of plastic debris was found inside the holder.</li> <li>2. Five (5) of five (5) muffin pans stored in the 'clean' area were soiled with food residue.</li> <li>3. Five (5) of 15 two-inch hotel pans were stored wet and soiled on a shelf in the 'clean' area.</li> <li>4. The entire kitchen floor was soiled and needed to be cleaned.</li> </ol> <p>These observations were made in the presence of Employee #14 who acknowledged the findings.</p>	L 359	<ol style="list-style-type: none"> <li>3. 1. 5 2" hotel pans were cleaned and dried immediately.</li> <li>2. No other soiled or wet hotel pans were identified.</li> <li>3. Kitchen staff were in-serviced on protocol for washing and drying pans.</li> <li>4. Audits will be conducted by kitchen manager or designee and results will be presented at the quarterly QI meeting.</li> </ol>	<p>9/12/13</p> <p>9/12/13</p> <p>10/4/13</p> <p>Ongoing</p>
			<ol style="list-style-type: none"> <li>4. 1. Entire kitchen floor was cleaned immediately.</li> <li>2. No other soiled kitchen floor was identified.</li> <li>3. Kitchen staff were in-serviced on increased frequency for floor cleaning.</li> <li>4. Audits will be conducted by kitchen manager or designee and results will be presented at the quarterly QI meeting.</li> </ol>	<p>9/9/13</p> <p>9/9/13</p> <p>10/4/13</p> <p>Ongoing</p>