STATEMEN	T OF DEFICIENCIES	E & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	IPLE CONSTRUCTION	(X3) DATE S	
			A. BUILDIN	NG	COMPL	
	and the second second	095022	B. WING		07/	R 19/2006
NAME OF F	PROVIDER OR SUPPLIER		STI	REET ADDRESS, CITY, STATE, ZIP CODE	011	19/2000
WASHIN	IGTON NURSING FA	CILITY	1	2425 25TH STREET SE WASHINGTON, DC 20020		
(X4) ID PREFIX TAG	EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHOUL REFERENCED TO THE APPROPRIATE	D BE CROSS-	(X5) COMPLET DATE
{F 000}		TS	{F 000}			
	A follow up survey 2006 (to the May 1 recertificaton survey were based on rec interviews and obs records based on to sample with three residents. The cer Complaint (#06-08	was conducted on July 19, 5 through 19, 2006) ay. The following deficiencies ord review, staff and resident ervations. The sample was 18 50% of the standard survey (3) supplemental sampled hsus was 324 residents. 3, 06-079 and 06-075)) e conducted during the follow	(The filing of this Plan of Correct constitute an admission that the alleged did in fact exist. The Correction is filed as evider	deficiencies nis Plan of	
F 241 SS=D	manner and in an e enhances each res full recognition of h	omote care for residents in a environment that maintains or ident's dignity and respect in is or her individuality.	F 241	 facility's desire to comply regulatory requirement of res these citations and to continue quality resident care. 483.15(a) DIGNITY 1. Staff member's statement 1. Staff member witnessed to hav derogatory statement was terminal 	with the ponding to to provide	7/25/00
 This REQUIREMENT is not met as evidenced: Based on observations during the survey period it was determined that facility staff failed to ensith the facility's environment enhanced the residents' dignity as evidenced by a staff memmaking a derogatory statement concerning the facility and staff's failure to respond to a reside call for assistance timely. The findings include: 1. During review of a record on unit 2 South or July 19, 2006 at 3:38 PM a CNA made the following statement: "This place is a dump". There were nine (9) residents seated in front of the nurses' station at the time within hearing 	ons during the survey period, hat facility staff failed to ensure vironment enhanced the s evidenced by a staff member y statement concerning the illure to respond to a resident's imely. a: a record on unit 2 South on 8 PM a CNA made the "This place is a dump". residents seated in front of		 misconduct. Inservicing was done with the to ensure their understandir Residents' right to dignity and row 3. Clinical Managers and Charge each unit will monitor their staft that each resident is provided a dit therapeutic environment. They we the results of their monitoring to the of Nurses. The Director of Nurses will demonitoring. The results of her malong with any action plans for imwill be integrated into the improvement program. 	c CNA staff ag of the espect. Nurses on f to ensure gnified and vill forward he Director oversee the nonitoring, provement	8 1 06 8 4 06 8 4 06	
	distance.	ER/SUPPLIER REPRESENTATIVE'S SIGNA	TURF	A more at 1		
	CM	VI T	1 4	tominionator	8/4	X8) DATE
wing the d	ate of survey whether or the date these accumer	m asterisk (*) denotes a deficiency which tection to the patients. (See instructions.) not a plan of correction is provided. For its are made available to the facility. If de	Except for r	nursing nomes, the findings stated above	are disclosat	le 90 days

CENTE	RS FOR MEDICAR	H AND HUMAN SERVICES	(74)		FORM OMB NO	: 07/28/20 APPROV . 0938-03
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		095022 B. WING			a sub-	R
NAME OF	PROVIDER OR SUPPLIER		STE	REET ADDRESS. CITY, STATE, ZIP CODE	07/1	9/2006
WASHI	NGTON NURSING FAC	CILITY	2	425 25TH STREET SE VASHINGTON, DC 20020		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHOUL REFERENCED TO THE APPROPRIATE	D BE CDOSS	(XS) COMPLETI DATE
	 During the tour of resident in room 25 assistance. Two (2) observed by the meresident's room. A walking pass the refersponded to the referse of the resident used to the resident used to	of unit 2 South at 9:10 AM, the 22A used the tap bell to call for 2) licensed nurses were edication cart across from the CNA was also observed esident's room. No one esident's call for assistance. the tap bell a second time (4) minutes after the first call his time one of the licensed	F 241 {F 253}	 Response to Tap Bell The resident's call for assist of the tap bell, was responded minutes. The resident's needs the nursing staff. The call system on Unit 2 Sou replaced so that the Tap Bells n in use on that unit. Inservicin with the CNA and Licensed Nurs the Residents Right to prompt an treatment which includes the sta to answering the residents assistance in a timely manner. The Clinical Mangers an Clinical Managers on each unit v their staffs response to calls for from the residents to ensure residents right to prompt and cou is upheld. They will forward th their monitoring to the Director 4. The Director of Nurses will a monitoring. The results of her r along with any action plans for in will be integrated into the improvement program. All doors cited at the time of have been repaired and painted a 2. The attached schedule developed to address the paintin doors and door jambs which may need for specific attention 	ance, by use to within 4 were met by uth has been o longer are g was done sing Staff on ad courteous aff attention call for d Assistant vill monitor r assistance e that the uteous care e results of of Nurses. oversee the nonitoring, provement be quality EEPING/ doors and the survey s needed. has been g of other y have the	7]19/01 7]31/06 8 4 06 8 4 06 8 4 06

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If continuation sheet Page 2 of 21

	RS FOR MEDICAR				OMB NO (X3) DATE S COMPLI	APPROV 0938-03 URVEY ETED
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WASHIN	PROVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP COD 2425 25TH STREET SE WASHINGTON, DC 20020	07/1)E	9/2006
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION SHOT REFERENCED TO THE APPROPRIA	ILD BE CROSS	(X5) COMPLET DATE
rf Lj	Nursing Staff. The findings includ 1. Entrance and ba were marred on the the following areas 1 North rooms: 111 of observations on to 11:50 AM. 1 South rooms: 106 room in five (5) of 1 2006 from 12:02 PM 2 North rooms: 209 room, shower room observations on Jul 30 PM. 2 South rooms: 212 eight (8) observation PM to 3:10 PM. 3 North rooms: 305 observations betweed July 19, 2006. 3 South rooms: 302, 345, 357, 359, 340, 50 om in 14 of 18 obs rom 3:30 PM to 4:30 aundry room in one July 19, 2006 at 4:45	e: throom doors and door jams frontal and rear surfaces in , 125, 153, tub room in four (4) July 19, 2006 from 11:20 AM , 114, 132,160, and shower 1 observations on July 19, A to 1:30 PM. , 211, 215, 233, 245, 253, tub and pantry in nine (9) of 16 y 19, 2006 from 3:11 PM to 4: , 232, and 238 in three (3) of hs on July 19, 2006 from 2:30 and 313, two (2) of nine (9) en 3:30 PM and 4:30 PM on 304, 308, 312, 324, 337, 343, 348, tub room and shower servations on July 19, 2006 0 PM.	{F 253}	to ensure the repairs are susta 4. The Director of Maintenand the monitoring. The res- monitoring, along with any ad- improvement will be integr quality improvement program 2. Wall Surfaces 1. All wall surfaces cited at the survey have been repaired and 2. The attached schedul developed to address the repair of other wall surfaces which the need for specific attention maintenance department. 3. The Director of Maintenance the monitoring. The result monitoring, along with any act improvement will be integrad quality improvement program. 3. Louvered surfaces of HVA 1. Louvered surfaces of HVA 1. Louvered surfaces of HVA 2. The attached schedule developed to address the repair 3. The Director of Maintenance the monitoring. The result monitoring along with any act improvement will be integrad quality improvement program. 3. Louvered surfaces of HVA 1. Louvered surfaces of HVA 1. Louvered surfaces of HVA 2. The attached schedule developed to address the repair HVAC units which may have the specific attention from the transitional fr	ce will oversee sults of his ction plans for ated into the h. he time of the d painted. le has been r and painting may have the n from the ance and his ices to ensure stained. e will oversee lts of his cion plans for ted into the AC units C units cited een repaired has been of the other he need for naintenance nce and his its to ensure stais of his	8/4/06 8/4/06 8/4/06 8/4/06 7/4/06 19/06 8/4/06

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IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		OMB NO. 0938-03 (X3) DATE SURVEY COMPLETED	
		095022	B. WING		R	
	PROVIDER OR SUPPLIER	CILITY	24	EET ADDRESS, CITY, STATE, ZIP COD. 425 25TH STREET SE /ASHINGTON, DC 20020		19/2006
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SHOU REFERENCED TO THE APPROPRIAT	I D BE CROSS	(X5) COMPLETION DATE
	 room, linen room, p observations on Ju :30 PM. 1 South rooms: 106 , 154, dining room a observations on Ju :30 PM. 2 North rooms: 203) observations on J :30 PM. 2 South rooms: 208 in five (5) of seven 2006 between 2:30 3 North rooms: 313 , hallway and dining observations on July 45 PM. 3. The top louver su damaged and the in dust in the following 1 North rooms: 105, , 159 and dining roo observations on July 30 PM. 	nd common areas: 5, 111, 125, 139,141, 159, toilet bantry and hallway in 10 of 17 ly 19, 2006 from 11:20 AM to 1 5, 114, 116, 122, 132, 142, 144 and toilet room in 10 of 12 ly 19, 2006 from 11:30 AM to 1 4, 211 and 221, in (3) of nine (9 uly 19, 2006 from 2:11 PM to 4 8, 210, 212, 220, and tub room (7) observations on July 19, PM and 3:10 PM. , 337, 343, 345, 353, 355, 357 room in nine (9) of nine (9) y 19, 2006 from 3:30 PM to 4: urfaces of HVAC units were mer panels were soiled with areas: 111, 113, 139, 145, 151, 153 m in nine (9) of 13 (19, 2006 from 11:20 AM to 1	{F 253}	 improvement will be integraduality improvement program 4. Baseboards and Floor Suation of the survey have been recleaned as necessary. 2. The attached schedulid developed to address other which may have the need attention from the maintenances 3. The Director of Maintenance of Cleaning has been cleaned. 2. A monthly schedule of cleaning has been put in place to routine cleaning of other wheeld may have the need for specififrom the housekeeping departm 3. The Director of Housekeeping staff will monitor the wheelchait the cleaning has been sustained. 4. The Director of Housekeeping department of Maintenance of the maintenance of the maintenance of monitoring, along with any action of monitoring, along with any action of Maintenance of monitoring, along with any action of Maintenance of monitoring of the maintenance of monitoring along with any action of Mai	rfaces es cited at the paired and/or e has been baseboards for specific e department. ance and his ds and floors ned. will oversee lts of his ion plans for ted into the time of the wheelchair o address the chairs which fic attention nent. Ding and his irs to ensure eeping will esults of his on plans for	2/4/06 8/4/06 8/4/06 8/4/06 8/4/06 8/4/06 8/4/06
	30 PM. 1 South rooms, 106, 154 and day room in	110, 114, 132, 142,151, 153, nine (9) of 19 observations n 11:33 AM to 2:30 PM.		monitoring, along with any activ improvement will be integrate quality improvement program.	ON DIGHTD TOT	8 4 0

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Event ID: D95S12 Facility ID: WASHNURS

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	E & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN		(X3) DATE S COMPL	ETED
		095022	B. WING		07//	R
WASHIN	PROVIDER OR SUPPLIER	CILITY	2	REET ADDRESS, CITY, STATE, ZIP 425 25TH STREET SE VASHINGTON, DC 20020	CODE	19/2006
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTION S REFERENCED TO THE APPROF	SHOULD BE CDOCC	(XS) COMPLET DATE
f	2 North rooms: 202 253 and day room 19, 2006 from 3:11 2 South rooms: 21 of seven (7) obsen :33 PM to 3:10 PM 3 North rooms: 326 in six (6) of nine (9) from 3:30 PM to 4:4 3 South rooms: 312 room in six (6) of 12 2006 from 3:30 PM to 4:4 3 South rooms: 312 room in six (6) of 12 2006 from 3:30 PM 4. Baseboards and stained and separa following areas: First floor rooms: 12 153, 154 and dining observations betwee July 19, 2006. Second and third flo 236, 238, 253, 255, rooms, 303, 305, 30 332, 334, 335, 337, 359 in 28 of 52 obse and 4:30 PM on July 5. Wheelchairs were frame surfaces and damaged in the follo First Floor Rooms: 1	3, 209, 211 215, 225, 233, 245, in 9 of 18 observations on July PM to 4:30 PM. 0, 226, 232, and 238 in four (4) vations on July 19, 2006 from 2 5, 335, 351, 343, 345 and 353 0 observations on July 19, 2006 45 PM. 2, 316, 326, 332, 340 and day 2 observations on July 19, 2006 45 PM. 2, 316, 326, 332, 340 and day 2 observations on July 19, to 5:00 PM. floor surfaces were soiled, ted from wall surfaces in the 23, 125, 132, 145, 146, 150, room in nine (9) of 20 en 10:20 AM and 2:30 PM on por rooms 202, 203, 210, 233, second and third floor day 8, 313, 316, 324, 325, 327, 343, 345, 351, 357, 358, and ervations between 10:21 AM v 19, 2006. e soiled on the spoke and arms were worn and	{F 253}	 6. Wall guards 1. Wall guards cited a survey have been repaired 2. Wallguards throughout been evaluated so that address their painting and 3. The Director of Maintent the monitoring. The monitoring, along with any improvement will be interpained in the monitoring of the survey have been cleaned. 7. Sprinkler Heads 1. Sprinkler heads cited a survey have been cleaned. 2. Sprinkler heads throug have been evaluated so that address their cleanliness. 3. The Director of Maintent the monitoring is the survey have been cleaned. 4. Sprinkler heads throug have been evaluated so that address their cleanliness. 3. The Director of Maintent the monitoring. The monitoring is the survey have been sustained. 4. The Director of Maintent the monitoring. The monitoring is the survey have been sustained. 5. The Director of Maintent the monitoring. The monitoring is the survey have been sustained. 4. The Director of Maintent the monitoring. The monitoring is the survey have been sustained. 5. The Director of Maintent the monitoring. The monitoring is the survey have been sustained. 6. The Director of Maintent the monitoring is the survey have been sustained. 	d as needed. t the facility have maintenance can repair. intenance and his dition of the wall rs are sustained. nance will oversee results of his y action plans for tegrated into the ram. at the time of the thout the facility maintenance can htenance and his canliness of the their cleanliness ance will oversee results of his cation plans for grated into the	8 [4]01 8 4 0) 8 4 0) 8 4 0 8 4 0 8 4 0 8 4 0 8 4 0 9 4 0

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/28/2006 FORM APPROVED

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII	ULTIPLE CONSTRUCTION	(X3) DATE	<u>O. 0938-039</u> SURVEY LETED
		095022	B. WIN	G		R
	PROVIDER OR SUPPLIER	CILITY		STREET ADDRESS, CITY, STATE, ZIP 2425 25TH STREET SE WASHINGTON, DC 20020		19/2006
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFID TAG	PROVIDER'S PLAN OF C	HOLID BE CROSS	(X5) COMPLETION DATE
	 and 1:00 PM, 2 North rooms: 225 observations on Ju 30 PM. 2 South room 238 i observations on Ju 00 PM. 6. Wall guards in th and third floors wen 3) observations on A AM and 4:30 PM. 7. Sprinkler heads v debris in rooms 144 observations betwee July 19, 2006. 8. The interior surface soiled with dust. 1 North rooms: 105, five (5) of 11 observ 11:20 AM to 1:30 PM. 1 South room 110, to three (3) of nine (9) a 1:30 PM to 2:00 PM. 2 North rooms: 209, pathroom in five (5) of July 19, 2006 from 2 2 South room 238, si 	5, 253, 255 in three (3) of 11 by 19, 2006 at 11:33 AM to 2: n one (1) of five (5) by 19, 2006 at approximately 3: e hallways on the first, second e marred in three (3) of three (July 19, 2006 between 10:20 were soiled with dust and and 160 in two (2) of 22 en 1:18 PM and 2:25 PM on ces of exhaust vents were 123, 125, 139, and 153 in ations on July 19, 2006 from <i>M</i> . ub room, and shower room in observations on July 19, 2006	{F 25	 8. Exhaust vents 1. Exhaust vents cited a survey have been cleaned. 2. Exhaust vents throughout been evaluated so that raddress their cleanliness. 3. The Director of Maintenst vents ensure their been sustained. 4. The Director of Maintenst the monitoring. The romonitoring, along with any improvement will be intequality improvement programes. 9. Privacy Curtains 1. Privacy curtains cited a survey have been replaced. 2. Privacy curtains through have been evaluated so that can address their cleanlines. 3. The Director of Housel staff will monitor the clean integration. 4. The Director of Housel staff will monitor the clean integration. 9. Privacy curtains to ensure the been sustained. 4. The Director of Housel staff will monitor the clean integration. 4. The Director of Housel staff will monitor the clean integration. 4. The Director of Housel staff will monitor the clean integration. 4. The Director of Housel staff will monitor the clean integration. 4. The Director of Housel staff will monitor the clean integration. 4. The Director of Housel staff will monitor the clean integration. 4. The Director of Housel staff will monitor the clean integration. 4. The Director of Housel staff will monitor the clean integration. 5. The Director of Housel staff will monitor the clean integration. 6. The Director of Housel staff will monitor the clean integration. 7. The Director of Housel staff will monitor integration. 8. The Director of Housel staff will monitor integrates the monitoring. The monitoring along with any improvement will be integrated. 	t the facility have naintenance can netenance and his eanliness of the c cleanliness has ance will oversee results of his action plans for egrated into the am. t the time of the nout the facility at housekeeping s. keeping and his anliness of the heir cleanliness usekeeping will e results of his action plans for grated into the	8 4 0b 8 4 0b

FORM CMS-2557(02-99) Previous Versions Obsolete

Event ID: D95S12 Facility ID: WASHNURS

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DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/28/2006 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING COMPLETED R B. WING 095022 07/19/2006 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE WASHINGTON NURSING FACILITY 2425 25TH STREET SE WASHINGTON, DC 20020 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETION TAG REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE {F 253} Continued From page 6 {F 253} 10. Ceiling Tiles. I. Ceiling tiles cited at the time of the 8/4/06 9. Soiled and worn privacy curtains were survey have been replaced. observed in the following areas: resident's rooms The attached schedule has been 2. 253 and 323 and the Rehabilitation Department in developed to address the replacement of 8/4/06 three (3) of three (3) observations between 3:30 stained and ill-fitting ceiling tiles which may PM and 4:00 PM on July 19, 2006. have the need for specific attention from the maintenance department. 10. Ceiling tiles were soiled and stained in 3. The Director of Maintenance and his resident's rooms and common areas in the staff will monitor the ceiling tiles to ensure 8406 following areas: their cleanliness and secure fit are sustained. 4. The Director of Maintenance will oversee 1 North rooms: 105, 113, 123, 125, 139, 149, 151 the monitoring. The results of his 8406 , 159, hallway, shower room, toilet room and monitoring, along with any action plans for pantry in 12 of 13 observations on July 19, 2006 improvement will be integrated into the between 11:30 and 1:30 PM. quality improvement program. 1 South rooms: 104, 106, 132, 142, 144, 146, 150 , 154, 160, toilet room, supply room and dining 11. Base of Dining Room Tables room in 12 of 12 observations on July 19, 2006 1. The bases of the dining room tables cited 8/4/06 from 11:30 AM and 1:30 PM. at the time of the survey have been cleaned. 2. Table bases throughout the facility have 2 North rooms: 203, 205, 211, 215, 245, 253, 255 been evaluated so that housekeeping can , dining room, pantry, Rehabilitation Department address their cleanliness. and soiled utility room in 11 of 13 observations on 3. The Director of Housekeeping and his 8/4/06 July 19, 2006 from 3:44 to 4:30 PM. staff will monitor the cleanliness of the table bases to ensure their cleanliness has been 2 South rooms: 202, 208, and janitor's closet in sustained. three (3) of 10 observations on July 19, 2006 from The Director of Housekeeping will 4. 2:33 PM to 3:30 PM. 8406 oversee the monitoring. The results of his monitoring, along with any action plans for 3 North rooms: 305, 349, 351 and 357 in four (4) improvement will be integrated into the of seven (7) observations between 3:30 PM and 4 quality improvement program. :45 PM on July 19, 2006. 3 South room 312 and dining room on July 19, 2006 in two (2) of seven (7) observations from 3:30 PM to 4:30 PM.

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Event ID: D95S12

Facility ID: WASHNURS

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DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/28/2006 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION **IDENTIFICATION NUMBER:** (X3) DATE SURVEY COMPLETED A. BUILDING B. WING R 095022 07/19/2006 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE WASHINGTON NURSING FACILITY 2425 25TH STREET SE WASHINGTON, DC 20020 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETION PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE {F 253} Continued From page 7 {F 253} 12. Abundance of Personal Items 11. The base surfaces of dining room tables 1. Those rooms noted with an abundance of were soiled with dust and debris in seven (7) of 8/4/06 18 observations at 3:30 PM on July 19, 2006 on personal items have been addressed with storage of items with the residents' the third floor. permission. 12. An abundance of personal items were in 2. Resident storage of personal items residents' rooms beside the bed and on the floor throughout the facility have been evaluated 8/4/06 in the following areas: room 114, 209 and 210 in so that housekeeping can address their three (3) of three (3) observations on July 19, proper disposition. 2006 between 10:20 AM and 4:00 PM. 3. The Director of Housekeeping and his 8/4/06 staff will monitor the abundance of personal 13. Strong urine odors were detected in the items to ensure their proper storage has been hallways and residents' rooms in the following sustained. areas: first, second and third floor hallways near 4. The Director of Housekeeping will 8/4/06 the main elevator, and residents' rooms 122, 210 oversee the monitoring. The results of his and 215 in six (6) of nine (9) observations monitoring, along with any action plans for between 10:20 AM and 4:30 PM on July 19, 2006. improvement will be integrated into the quality improvement program. 14. Cleaning equipment such as a dust mop, broom and dust pan were stored on the floor in 13. Urine Odors the hallway on 1 North and the floor of the 1. Sources of urine odors noted at the time 8/4/06 janitorial closet on 2 North in two (2) of two (2) of the survey have been addressed observation at between 2:30 PM and 3:44 PM on aggressively. July 19, 2006. 2. The source of any unpleasant odor found 8/4/06 throughout the facility have been evaluated so that housekeeping can address their This was a repeat deficiency from the elimination recertification survey completed May 19, 2006. 3. The Director of Housekeeping and his The plan of correction indicated all items would 8406 staff will monitor the sources of odor to be repaired, replaced and/or corrected by June ensure their prompt elimination has been 30, 2006. sustained. 4. The Director of Housekeeping will oversee the monitoring. The results of his 8406 monitoring, along with any action plans for improvement will be integrated into the quality improvement program.

FORM CMS-2557(02-99) Previous Versions Obsolete

Event ID: D95S12

Facility ID: WASHNURS

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/28/2006 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER;	(X2) MU A. BUIL	JLTIPLE CONSTRUCTION	(X3) DATE I COMPL	
		095022	B. WIN	G		R
	PROVIDER OR SUPPLIER	CILITY		STREET ADDRESS, CITY, STATE, ZIF 2425 25TH STREET SE WASHINGTON, DC 20020		19/2006
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF	SHOULD BE CROSS.	(X5) COMPLETIO DATE
	 11. The base surface were soiled with du 18 observations at the third floor. 12. An abundance residents' rooms be in the following are three (3) of three (32006 between 10:2 13. Strong urine od hallways and reside areas: first, second the main elevator, a and 215 in six (6) o between 10:20 AM 14. Cleaning equip broom and dust part the hallway on 1 No janitorial closet on 2 observation at betw. July 19, 2006. This was a repeat d recertification surve The plan of correction 	aces of dining room tables ust and debris in seven (7) of 3:30 PM on July 19, 2006 on of personal items were in eside the bed and on the floor as: room 114, 209 and 210 in 3) observations on July 19, 20 AM and 4:00 PM. Nors were detected in the ents' rooms in the following and third floor hallways near and residents' rooms 122, 210 f nine (9) observations and 4:30 PM on July 19, 2006. Imment such as a dust mop, in were stored on the floor in orth and the floor of the 2 North in two (2) of two (2) reen 2:30 PM and 3:44 PM on	{F 25	 33 12. Abundance of Person Those rooms noted with personal items have been storage of items with permission. Resident storage of throughout the facility hav so that housekeeping can ad disposition. The Director of Houseke will monitor the abundance o ensure their proper storage ha The Director of Houseke the monitoring. The results o along with any action plans for be integrated into the qua program. 13. Urine Odors Sources of urine odors note survey have been addressed cleaning the room several tim proper caulking around sink an the HVAC unit, washing dowr the room, and encouraging flui The Source of any unple throughout the facility have I that housekeeping can addresses 3. The Director of Housekee will monitor the sources of oc prompt elimination has been s 4. The Director of Housekee the monitoring. The results of along with any action plans is will be integrated into improvement program.	an abundance of a addressed with the residents' personal items re been evaluated ddress their proper eping and his staff of personal items to as been sustained. eping will oversee of his monitoring, r improvement will dity improvement d at the time of the d aggressively by the aday, ensuring to toilets, cleaning the side chairs in ds to the residents, asant odor found been evaluated so their climination, eping and his staff dor to ensure their sustained. eping will oversee this monitoring, for improvement	8/4/06 8/4/06 8/4/06 8/4/06 8/4/06 8/4/06 8/4/06

Event ID: D95S12 Facility ID: WASHNURS

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CENTE	RS FOR MEDICARI	H AND HUMAN SERVICES				FORM	D: 07/28/2006 MAPPROVED D. 0938-0391
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU			(X3) DATE COMPL	SURVEY
		095022	B. WI	NG_			R
NAME OF	PROVIDER OR SUPPLIER			STR	REET ADDRESS, CITY, STATE, ZIP CODE	07/	19/2006
	IGTON NURSING FAC			24	425 25TH STREET SE VASHINGTON, DC 20020		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS	(X5) COMPLETION DATE
{F 279} SS=D	A facility must use to develop, review a comprehensive pla The facility must de plan for each reside objectives and time medical, nursing, an needs that are iden assessment. The care plan must to be furnished to a highest practicable psychosocial well-bi 25; and any service required under §483 to the resident's exe	k)(1) COMPREHENSIVE the results of the assessment and revise the resident's n of care. evelop a comprehensive care ent that includes measurable tables to meet a resident's nd mental and psychosocial tified in the comprehensive describe the services that are ttain or maintain the resident's physical, mental, and eing as required under §483. s that would otherwise be 3.25 but are not provided due ercise of rights under §483. o refuse treatment under §483.	{F 2	79}	 14. Storing of Cleaning Equip. 1. The storage of cleaning equipm floor of the janitor's closet was immediately upon discovery. 2. The janitors closets throughout have been inspected to ensure a storage of housekeeping ensure their understanding of the i of proper storage of cleaning equipment to ensure that the placement in the janitors closets sustained. 4. The Director of Housekeep or equipment in the janitors closets sustained. 4. The Director of Housekeep or equipment in the janitors closets sustained. 4. The Director of Housekeep oversee the monitoring. The resument in the janitors closets sustained. 	the facility the facility the proper equipment. he staff to mportance ipment. hg and his f cleaning ir proper has been ping will ults of his plans for	819100
	This REQUIREMEN Based on the review residents, it was deter failed to develop a c who was receiving m therapy. Resident M The findings include: During the review of Resident MH1, the p dated on July 3, 2000 directed, "Coumadir				 483.20(d) COMPREHENSIVE PLANS Resident #MH1 1. The care plan was updated immediated interaction of the second secon	nediately n all anti- that care l record. licensed of anti- of the sessment s type of elation to gers and ach unit	7/19/06 8/106 8/106

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: D95S12

Facility ID: WASHNURS

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1.		PLE CONSTRUCTION	(X3) DATE S COMPL	0. 0938-039 SURVEY ETED
		095022	B. WI	NG		R 07/19/2006	
	PROVIDER OR SUPPLIER	ALITY		24	EET ADDRESS, CITY, STATE, ZIP CODE 125 25TH STREET SE ASHINGTON, DC 20020		13/2000
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)		IX	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SHOU	LD BE CROSS-	(X5) COMPLETION DATE
{F 279} SS=D	CARE PLANS A facility must use it to develop, review a comprehensive plan The facility must de plan for each reside objectives and time medical, nursing, an needs that are iden assessment. The care plan must to be furnished to al highest practicable psychosocial well-bu 25; and any service required under §483 to the resident's exer	(1) COMPREHENSIVE the results of the assessment and revise the resident's n of care. Velop a comprehensive care ent that includes measurable tables to meet a resident's nd mental and psychosocial tified in the comprehensive describe the services that are ttain or maintain the resident's physical, mental, and eing as required under §483. Is that would otherwise be 3.25 but are not provided due ercise of rights under §483. In refuse treatment under §483.	{F 2	 (EACH CORRECTIVE ACTION SHOUL REFERENCED TO THE APPROPRIATE 14. Storing of Cleaning Equip 1. The storage of cleaning equip floor of the janitor's closet w immediately upon discovery. hangers are available in all closets b used appropropriately. 2. The janitors closets throughou have been inspected to ensure the p of housekeeping equipment. Inser- done with the staff to ensure their u of the importance of proper storag equipment. See attached. 3. The Director of Housekeeping will monitor the storage of cleaning ensure that their proper placement in closets has been sustained. 4. The Director of Housekeeping the monitoring. The results of his along with any action plans for impr be integrated into the quality is program. 483.20(d) COMPREHENSIV 		pment on the vas corrected Appropriate but not always ut the facility proper storage rvice has been anderstanding ge of cleaning g and his staff g equipment to in the janitors g will oversee monitoring, rovement will improvement	8 4 06 8 4 06 8 4 06 8 4 06
	: Based on the review residents, it was det failed to develop a c who was receiving n therapy. Resident M The findings include During the review of Resident MH1, the dated on July 3, 200 directed, "Coumadin				PLANS Resident #MH1 1. The care plan was updated it to include anti-coagulant therap 2. A 100% audit was completed coagulant medications to ensur- plans were present in each medi 3. Inservicing was completed to nurses that included a revier coagulant therapy, monitorin accompanying lab test results, and observation of residents on medications, and care planning in treatment plans. The Clinical Ma Assistant Clinical Managers or will monitor their residents	mmediately y. on all anti- re that care cal record, for licensed w of anti- ig of the assessment this type of relation to langers and each unit	7/19/06 8/1/06 8/1/06

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: D95S12 Facility ID: WASHNURS

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID

PRINTED:	07/28/2006
FORM	APPROVED
OMB NO	0938-0391

AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION	(X3) DATE S COMPL	0. 0938-03 SURVEY ETED
		095022	B. WING		R 07/19/2006	
	PROVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP CO 2425 25TH STREET SE WASHINGTON, DC 20020		9/2006
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION SHO REFERENCED TO THE APPROPRIA	III D BE CROCE	(X5) COMPLETIO DATE
{F 279}	order was dated Ju The care plan date updated to include anticoagulant thera On July 19, 2006 a face-to-face intervi clinical manager w	une 26, 2006. d April 27, 2006 was not	{F 279}	 plan is present when appropriate the plan is present when appropriate the plan is present with the plan plan is present with the plan plan plan plan plan plan plan plan	ate. dings to the ill oversee the r monitoring, improvement the quality	8/4/0
	This REQUIREMEN Based on staff inter one (1) of 18 sample determined that faci blood test for Residen admission order dat by the physician on . 06." (Prothrombin T Ratio). At the time of	T is not met as evidenced by view and record review for ed residents, it was lity staff failed to obtain a ent #11.	{F 309}	 The lab test was done immedia results were within prescribed para PT was 18.4 and the Protime INR w physician signed the lab report ar adjustments to the resident's medica A 100% audit was done of all ensure that each one was completed An inservice was done for the lice that included review of anticoagul monitoring of appropriate test results and observation of residents on anti- individualizing care plans in relation plans, and the importance of perform as ordered, review of the lab appropriate notification of the phys- the results are abnormal. The Clinical Mangers and Assist Managers on each unit will mo- residents on anti-coagulant therapy to the lab tests are performed when order physician is notified if the results are abnorma The Director of Nurses will monitoring. The results of her monitor with any action plans for improvement integrated into the quality improvement 	neters. The vas 1.5. The id made no tion regime. PT/INRs to as ordered. nsed nurses ant therapy, assessment coagulants, to treatment ing the tests results and sician when ant Clinical onitor their ensure that tred and the boresee the pring, along nent will be	7/19/0 8/1/01 8/4/06 8/4/06

Aug 16 2006 13:47 P.15

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