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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095038 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 05/09/2011 |
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| NAME OF PROVIDER OR SUPPLIER METHODIST HOME | STREET ADDRESS, CITY, STATE, ZIP CODE 4901 CONNECTICUT AVENUE, NW WASHINGTON, DC 20008 |
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F 000 INITIAL COMMENTS

An annual Quality Indicator Survey [QIS] (recertification survey) was conducted on May 4 through May 9, 2011. The following deficiencies were based on observations, staff interviews, resident interviews and record review. The total sample was 22 residents.

F 241 483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY
SS=D

The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.

This REQUIREMENT is not met as evidenced by:

Based on observations and staff interview for two (2) residents, it was determined that facility staff failed to promote dignity during dining as evidenced by the observation of two(2) residents that sat idle as others dined in their presence. Residents # 34 and 37.

The findings include:

During dining observations of the breakfast meal on May 5, 2011 and May 6, 2011, it was determined that facility staff failed to promote Residents #34 and 37 ' s dignity by allowing the residents to sit idle while others dined.

The observation of the breakfast meal on May 5, 2011 at 8:30 AM revealed Residents #34 and 37 shared a table in the dining room on the first floor Health Services Care unit. Facility staff began serving individual meals at 8:34 AM. The meals

F 000 THIS PLAN OF CORRECTION IS SUBMITTED FOR PURPOSES OF REGULATORY COMPLIANCE AND AS PART OF THE METHODIST HOME'S ONGOING EFFORTS TO CONTINUOUSLY MAINTAIN THE HIGH QUALITY OF CARE AND SERVICES PROVIDED. AS SUCH IT DOES NOT CONSTITUTE AN ADMISSION OF THE FACTS OR CONCLUSIONS FOR ANY PURPOSE WHATSOEVER.

F 241

1. The deficient practice was corrected for affected residents by bringing them into the dining room only as staff were available to provide the feeding assistance required. 5/9/11
2. Other residents who may require feeding assistance will be identified through discussions at Monthly Nutrition Alert Committee meetings, review of Monthly Nursing Assessments and CNA documentation, update of the quarterly MDS, and care plan reviews. Once identified, these residents will be brought into the dining room only as staff are available to provide the feeding assistance required. 5/9/11
3. Nursing and Dining Services policies will be revised to address how residents who require feeding assistance are to be identified and served in the dining rooms in order to maintain their dignity. Staff will be in-serviced on implementation of this policy. 5/15/11
4. Policy implementation and compliance will be monitored through the quarterly Quality Assurance/Quality Improvement Committee, beginning with second quarter reports (July, 2011). Data collection will begin 5/15/11. 5/15/11

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

TITLE

CEO/ADMINISTRATOR

(X6) DATE

17 JUNE 2011

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 241 | Continued From page 1 were presented to residents that were seated and/or subsequently entered the dining area and had no requirements for feeding assistance. Residents #34 and 37 sat at their table as others were served and dined in their presence. At 9:15 AM [greater than 40 minutes later], facility staff presented meals to Residents #34 and 37, each of whom was provided with total assistance for meal consumption. A second observation of the first floor breakfast meal was conducted on May 6, 2011 at 8:30 AM. Residents #34 and 37 were observed seated together. Facility staff began serving individual meals at 8:44 AM. At 9:07 AM, after the residents that required no feeding assistance had been served, Resident #34 was presented with his/her meal and assistance for meal consumption. Resident #37 received his/her meal and assistance at 9:18 AM. Facility staff failed to promote dignity during dining for Residents #34 and 37, who required feeding assistance. The residents waited to eat until after residents that had no requirements for feeding assistance had been served. The findings were discussed during an interview with Employee #2 on May 9, 2011 at 10:30 AM. | F 241 | |
| F 279 SS=D | 483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's | F 279 | |

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F 279 Continued From page 3
during which the resident had six (6) teeth extracted.

Review of the care plans on the clinical record revealed that the record lacked a care plan with goals and approaches for mouth care status post extraction and denture care for the resident.

A face-to-face interview was conducted with Employee #5 at approximately 12:31PM on May 9, 2011. After reviewing the record/care plans, the employee acknowledged that the record lacked a care plan with goals and approaches for mouth care status post teeth extraction and denture care for the resident. The record was reviewed on May 6, 2011.

F 279

**Deficiency States observation
Made during tour on May 3, 2011 at 3:30 P.M.
Surveyors Did Not begin Annual Survey until
3:12 PM on May 4, 2011**

F 371 483.35(i) FOOD PROCURE,
SS=B STORE/PREPARE/SERVE - SANITARY

The facility must -
(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and
(2) Store, prepare, distribute and serve food under sanitary conditions

F 371

Seven out of seven shelves containing spices were observed soiled.

- Corrective Action for residents affected by deficient practice:
The spices were removed from the shelves and all shelves were cleaned and sanitized. 5/4/11
- Methods to identify other residents at risk for deficient practice:
All other shelves and counters in the department were checked to ensure there were no further occurrences for unsanitary conditions. 5/4/11
- Systemic changes to ensure deficient practices do not occur:
Director will purchase stainless steel racks or a cabinet to store spices in to ensure debris from spices does not settle on shelves. All Cooks re-trained on daily cleaning assignments. 7/1/11

This REQUIREMENT is not met as evidenced by:

Based on an observation that was made during a tour of the main kitchen on May 3, 2011 at 3:30 PM, it was determined that the facility staff failed to prepare and serve food under sanitary conditions as evidenced by seven (7) of seven (7) soiled shelves.

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F 371 Continued From page 4

The findings include:

On May 3, 2011 at 3:30 PM seven (7) of seven (7) shelves containing spices were observed soiled.

This observation was made in the presence of Employees #6 and #7 who acknowledged these findings during the tour.

F 371

4. Performance Monitoring to ensure solutions are sustained:

Monthly sanitation audits conducted by management and to ensure compliance.

6/15/11
Ongoing

**Deficiency States observation
Made during tour on May 3, 2011 at 3:30 P.M.
Surveyors Did Not begin Annual Survey until
3:12 PM on May 4, 2011**

F 372 483.35(i)(3) DISPOSE GARBAGE & REFUSE PROPERLY
SS=B

The facility must dispose of garbage and refuse properly.

This REQUIREMENT is not met as evidenced by:

Based on an observation made during a tour of the main kitchen on May 3, 2011 at 3:30 PM, it was determined that the facility failed to dispose of garbage and refuse properly as evidenced by two (2) of two (2) trash receptacles that were observed containing garbage.

The findings include:

On May 3, 2011 at 3:30 PM, two (2) of two (2) trash receptacles were observed containing garbage (food waste).

This observation was made in the presence of Employee #6 and #7 who acknowledged these findings during the tour.

F 372

2 of 2 trash receptacles were observed containing garbage (food waste).

1. Corrective Action for residents affected by deficient practice:

The sandwich wrapped in plastic wrap was removed from the trash receptacle in the dish room and discarded without the plastic wrap into the garbage disposal. Bread ends were removed from the trash receptacle in the kitchen and discarded into the garbage disposal. 5/4/11

2. Methods to identify other residents at risk for deficient practice:

All other trash receptacles were inspected throughout the department to ensure there was no food waste evident. 5/4/11

3. Systemic changes to ensure deficient practices do not occur:

Provide separate food waste containers at work stations and have staff discard food waste into the garbage disposals in the dish room throughout the shift. All staff re-trained on proper disposal of food waste, 6/15/11
Ongoing

4. Performance Monitoring to ensure solutions are sustained:

Dietary Management will monitor trash receptacles daily. 5/4/11
Ongoing

F 428 483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON
SS=D

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| F 428 | <p>Continued From page 5</p> <p>The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.</p> <p>The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interview, it was determined that the physician failed to act upon a pharmacy communication associated with a Medication Regimen Review. Resident #51.</p> <p>The findings include:</p> <p>A review of the clinical record for Resident #51 revealed a communication dated April 5, 2011 documented by the consultant pharmacist, entitled " Note to Attending Physician. "</p> <p>The note to the physician read as follows: " This patient has been receiving the PPI [Proton-Pump Inhibitor] Pantoprazole, for an extended period. Due to the associated risks of long term therapy of PPI ' s (i.e. hypomagnesia, fractures, pneumonia, c-diff etc.), recommend re-evaluate continued use at this time. Recommend consider a taper and/or ranitidine or prn antacids, if clinically appropriate. "</p> <p>A review of the most current physician ' s orders</p> | F 428 | <ol style="list-style-type: none"> 1. There was no opportunity to correct the deficient finding identified during the survey, as the Pharmacy review occurred more than 30 days prior. The resident experienced no negative outcome as a result of this deficient finding. 5/9/11 2. Monthly chart audits will be expanded to include determination of physician signatures on each Medication Regimen Review submitted by the Consultant Pharmacist. If not signed, the chart will be flagged for the physician's review during the next week's visit. 5/11/11 3. Medical Staff policies will be updated to include the physician's responsibilities to review and sign monthly Medication Regimen reports. Physicians will be notified in writing of this policy update as well as receive copies of the policy. 5/20/11 4. Policy implementation and compliance will be monitored through the quarterly Quality Assurance/Quality Improvement Committee, beginning with second quarter reports (July, 2011). Data collection will begin 5/20/11. 5/20/11 |

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F 428 Continued From page 6
signed March 10, 2011, directed the administration of Pantoprazole sodium 40mg by mouth daily for gastro-esophageal reflux [Gerd]. A review of the Medication Administration Records [MARs] for April and May 2011 revealed Pantoprazole was administered in accordance with the physician's orders.

A concurrent review of the medical record lacked evidence that the physician acted on the pharmacy communication. There was no evidence that he/she was aware of the communication or that he/she disagreed with the recommendations. The findings were reviewed and acknowledged during a face-to-face interview with Employee #2 on May 9, 2011 at 11:00 AM.

F 428

F 514 483.75(l)(1) RES
SS=B RECORDS-COMPLETE/ACCURATE/ACCESSIBLE

F 514

The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.

The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.

This REQUIREMENT is not met as evidenced by:

Based on record review and staff interview for

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| F 514 | Continued From page 8 2011. I called the therapist and he/she is checking for the notes in the department. " A face-to-face interview was also held with Employee #8 at approximately 4:00PM on May 9, 2011. He/she stated, "The manager is away and I am filling in. I will check the information that he/she left me and I will call him/her to get the information if I cannot find it in the department. " Employee #8 later stated," I spoke to the manager and I looked at an e-mail from him/her. The resident was seen a few times. Initially, he/she refused to be screened. He/she has now agreed but we are awaiting permission from his/her son/daughter. The son/daughter has been called and a message was left but he/she has not responded. " The employee acknowledged that the information regarding the attempts to screen the resident and the resident's refusal to be screened should have been documented in the resident's record." The record was reviewed on April 6, 2011. | F 514 | | | |