

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095019	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/29/2006
NAME OF PROVIDER OR SUPPLIER GRANT PARK CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 5000 BURROUGHS AVE. NE WASHINGTON, DC 20019		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{L 000}	Initial Comments A follow-up survey to the annual licensure survey (April 14, 2006) was conducted on June 28 through June 29, 2006. The following deficiencies were based on observations, staff and resident interview and record review. The sample size was 18 with 132 supplemental residents. The census was 282 on the first day of survey.	{L 000}		
{L 054}	3211.3 Nursing Facilities To meet the requirements of subsection 3211.2, facilities of thirty (30) licensed occupied beds or more shall not include the Director of Nursing Services or any other nursing supervisor employee who is not providing direct resident care. This Statute is not met as evidenced by: Facility staff failed to maintain 3.5 nursing hours per resident for four (4) of six (6) days reviewed. The findings include: According to 22 DCMR 3211.3, "Beginning no later than January 1, 2005, each facility shall employ sufficient nursing staff to provide a minimum daily average of 3.5 nursing hours per resident per day." The Nursing Daily Staffing Sheets were requested for May 30, 31, June 1, 2, 3 and June 28, 2006 were reviewed with the Director of Nurses (DON) on June 28, 2006. The staffing sheets revealed the following daily average of nursing hours per day as follows: Dates Nursing hours May 30, 2006 3.18	{L 054}	3211.3 Nursing Facilities 1. Facility provides 3.5 nursing hours per resident day. Facility contracted with Agency & Agency staff is used as needed. Facility has hired additional staff. 2. Review of staffing levels will be conducted for providing 3.5 nursing hours per day. 3. Staff involved in staffing/scheduling in-serviced on 3.5 minimum standard and calculating staffing. DON/designee to review daily staffing for meeting 3.5 nursing hours. 4. Admin/designee to QI monitor nursing staff levels. Findings reported to FLC.	7/31/06 <i>review received 7/30/06</i>

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

TITLE

Exec. Dir

(X6) DATE

7-27-06

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{L 054}	Continued From page 1 May 31, 2006 3.56 June 1, 2006 3.28 June 2, 2006 3.25 June 3, 2006 2.70 June 28, 2006 3.5 The DON acknowledged that staffing was below 3.5 nursing hours per resident per day. This was a repeated deficiency from the standard Federal Survey completed April 14, 2006.	{L 054}		
{L 214}	3234.1 Nursing Facilities Each facility shall be designed, constructed, located, equipped, and maintained to provide a functional, healthful, safe, comfortable, and supportive environment for each resident, employee and the visiting public. This Statute is not met as evidenced by: Based on observations during the survey period, it was determined that facility staff failed to provide safety from environmental hazards as evidenced by: a television cable in an ambulating area and a dislodged metal strip on a corridor door. The findings include: 1. During the environmental tour, a television cable was observed in the ambulating areas of room 515 in one (1) of one (1) observation on June 28, 3006 at approximately 11:25 AM. 2. On June 27, 2006 at 9:00 AM, the bottom quarter of a vertical metal strip on the corridor double doors near the Rehabilitation Department was observed unsecured from the door frame.	{L 214}	3234.1 Nursing Facilities 1. Television cable has been placed out of ambulating area of room 515. Vertical metal strip on corridor double doors near Rehab Dept has been repaired/secured 2. Room to room rounds will be conducted for television cables being in ambulating areas. Appropriate action taken. Rounds conducted of center doors for door frames needing repair. Appropriate action taken. 3. Staff in-serviced on reporting television cables requiring relocation due to ambulation hazard & maintaining a safe room environment.	7/31/06
			Staff in-serviced on identifying and reporting maintenance issues 4. Maintenance Dir/designee to conduct environmental rounds weekly X 4 then monthly for television cables in ambulating areas & door frames. Appropriate action taken on findings & findings reported to FLC.	

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{L 410}	Continued From page 2	{L 410}		
{L 410}	3256.1 Nursing Facilities 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. This Statute is not met as evidenced by: Based on observations during the survey period, it was determined that housekeeping and maintenance services were not adequate to ensure that the facility was maintained in a safe and sanitary manner as evidenced by: floors stained in rooms and common areas, HVAC control panel doors not secured, gum on the concrete surfaces at the front entrance, soiled and stained privacy curtains, and marred and scarred doors, soiled baseboards and marred and scarred furnishings in residents' rooms and common areas. These observations were made in the presence of the Directors of Housekeeping and Maintenance and nursing staff. The findings include: 1. Floor surfaces were soiled with wax and accumulated debris in the following areas: 2nd Floor - 2 South pantry in one (1) of six (6) observations on June 28, 2006 at approximately 2:30 PM.	{L 410}	1. 3256.1 Nursing Facilities Floor surfaces cleaned and wax build up removed. HVAC control panel doors are secured in rooms 515, 517, 536 & 5 North Day Room. Gum removed from concrete surfaces at main entrance. Privacy curtains in rooms 215, 221, 302,309,410,434, 532 & 536 are clean & without stains. Doors in rooms 210,253, 2 south utility rooms, room 411, 427 & 429 have been repaired & repainted. Baseboard surfaces have been replaced or cleaned in 3 North pantry, 3 North soiled utility room, 4 South utility room, 5 North soiled utility room. New Resident room and common area furniture has been ordered. Furnishings in 2 South Day Room & room 230, North Day room, room 302, 334 & 353, 4 th floor, 4 South Day Room & 5 South Day Room have been repaired or scheduled to be replaced. Facility Administrator will notify the State Agency of any changes in Plan of Correction.	7/31/06
	3rd Floor - Room 302 in one (1) of seven (7) observations on June 28, 2006 at approximately 4:00 PM. 4th Floor -Rooms 402 and 411 in two (2) of eight (8) observations on June 28, 2006 at approximately 3:15 PM.		2. Environmental rounds of entire facility will be conducted for cleanliness of floors & wax build up, HVAC control panel doors being secured, gum on side walks or floors, rooms for doors being marred or scarred, baseboards being soiled/stained, furnishings being in good repair & stained/soiled privacy curtains. Appropriate actions taken on findings. 3. Staff educated on identifying & reporting of housekeeping & maintenance issues. Walking rounds to be conducted by Administrator & Housekeeping, DON & Maintenance daily X 4 weeks then weekly. 4. Maintenance director or designee will check maintenance log for areas requiring housekeeping and/or maintenance follow up. Environmental rounds will be conducted daily time 4 weeks then weekly for housekeeping & maintenance issues by Administrator and/or maintenance director and/or housekeeping and/or unit managers, DON or ADON. Findings reported to facility FLC.	

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{L 410}	Continued From page 3 5th Floor - Rooms 502 and 524 in two (2) of eight (8) observations on June 28, 2006 between 11:25 AM and 1:00 PM. 2. HVAC control panel doors were not secure in the following areas: 5th Floor - rooms 515, 517, 5 North Day Room and 536 in four (4) of eight (8) observations on June 28, 2006 at 12:05 PM. 3. Gum was observed on the concrete surfaces at the main entrance at 9:30 AM on June 28, 2006 in one (1) of one (1) observation. 4. Privacy curtains were soiled and stained in the following areas: 2nd Floor - rooms 215 and 221 in two (2) of eight (8) observations on June 28, 2006 at approximately 2:30 PM. 3rd Floor: rooms 302 and 309 in two (2) of seven (7) observations on June 28, 2006 at 4:00 PM. 4th Floor - rooms 410 and 434 in two (2) of eight (8) observations on June 28, 2006 at 3:15 PM. 5th Floor - rooms 532 and 536 in two (2) of eight (8) observations on June 28, 2006 at 12:05 PM.	{L 410}			
	5. Entrance and bathroom doors were marred and scarred in the following areas: 2nd Floor - rooms 210, 253 and 2 South utility room in three (3) of six (6) observations on June 28, 2006 at 2:30 PM 4th Floor - rooms 411, 427 and 429 in three (3) of eight (8) observations on June 28, 2006 at 3:15				

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{L 410}	<p>Continued From page 4</p> <p>PM.</p> <p>This was a repeated deficiency from the annual recertification survey completed April 14, 2006. Facility staff failed to supply invoices to indicate doors were ordered by the compliance date of May 29, 2006, prior to the end of this survey.</p> <p>6. Baseboard surfaces were observed soiled and stained in the following areas:</p> <p>3rd Floor - 3 North pantry and 3 North soiled utility room in two (2) of seven (7) observations on June 28, 2006 at approximately 4:00 PM.</p> <p>4th Floor - 4 South clean utility room in one (1) of eight (8) observations on June 28, 2006 at approximately 3:15 PM.</p> <p>5th Floor - 5 North soiled utility room in one (1) of eight (8) observations on June 28, 2006 approximately 12:05 PM.</p> <p>7. Furnishings in residents' rooms and day rooms were marred and scarred in the following areas:</p> <p>2nd Floor: 2 South Day Room in four (4) of 13 chairs and five (5) of 15 tables, 2 North Day room in eight (8) of 10 chairs and five (5) of five (5) tables, and room 230 in one (1) of eight (8) observations on June 28, 2006 between 2:30 PM and 3:15 PM.</p> <p>3rd Floor: 3 North Day room in four (4) of four (4) tables and nine (9) of nine (9) chairs, rooms 302, 334 and 353 in three (3) of seven (7) observations on June 28, 2006 at approximately 4:00 PM.</p>	{L 410}		

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{L 410}	Continued From page 5 4th Floor: 4 South Day Room in 15 of 15 chairs and five (5) of five (5) tables on June 28, 2006 at 3:15 PM. 5th Floor: 5 South Day Room in eight (8) of 15 chairs and four (4) of five (5) tables on June 28, 2006 at 12:05 PM. The facility failed to notify the State Agency of a change in the plan of correction of the annual certification survey completed April 14, 2006 regarding marred furniture and repair of baseboards. According to the plan of correction for marred and scared furnishings, " All chairs and tables identified in [rooms cited] will be repaired by 5/29/06 ... The maintenance supervisor and staff will make a list of damaged chairs and tables including the ones which are beyond repair and forward the list to the Director of Engineering who will monitor the process and forward a copy of the problems and corrections to the quarterly [quality assurance] meeting. " According to the plan of correction for baseboards, " All baseboards identified [rooms cited] will be checked and glued back to the wall by 5/28/06 ...	{L 410}		
	A telephone interview with the facility administrator and the State Agency was conducted on July 5, 2006 at 10:10 AM. The administrator stated, "Furnishings that could be repaired were repaired. There were some furnishings that were not repairable and a decision was made to replace those furnishings. Some baseboards were marred and had to be replaced. I was not aware that I needed to notify the State Agency because we were unable to			

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{L 410}	Continued From page 6 repair furnishings and the base boards and chose to replace items."	{L 410}			