



Unique Residential Care Center

901 First Street NW • Washington DC 20001
(202) 535-1100 • Fax (202) 408-8098 www.urccenter.com



A VMT Managed Facility

"At URCC we stick our neck out for quality."

June 16, 2014

Dr. Sharon Williams Lewis, Program Manager
District of Columbia Department of Health
Health Care Regulation and Licensing Administration
899 North Capitol Street, NE 2nd Floor
Washington, DC 20002

Re: Plan of Correction

Dear Ms. Lewis:

Attached is the responses to the 2567, Statement of Deficiencies for the re-certification (Health) Quality Indicator Survey (QIS) and Licensure (Health) that was completed by the Department of Health (DOH), Health Regulation and Licensing Administration on May 23, 2014.

We believe that this plan of correction will constitute our allegation of compliance.

If there are questions please do not hesitate to contact me as we are committed to ensuring that the highest practicable physical, mental and psychosocial level of care is provided to our residents.

Thank you and your team for your continued efforts in this process.

Sincerely,


Dr. Rosalind Wright, RN-BC, CNHA
Administrator / VMT VP of Quality Management

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

PRINTED: 06/12/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095036	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/23/2014
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NAME OF PROVIDER OR SUPPLIER UNIQUE RESIDENTIAL CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 901 FIRST STREET NW WASHINGTON, DC 20001
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F 000	INITIAL COMMENTS A recertification Quality Indicator Survey (QIS) was conducted on May 19 through May 23, 2014. The deficiencies are based on observation, record review, resident and staff interviews for 34 sampled residents.	F 000	Unique Residential Care Center makes its best efforts 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 to the truth of the facts alleged or the validity of the conditions set forth of the Statement of Deficiencies. This Plan of Correction (POC) is prepared and/or executed solely because it is required by Federal and State Laws.	
F 246 SS=D	483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered. This REQUIREMENT is not met as evidenced by: Based on observations made during the survey period May 19, 2014 through May 23, 2014, it was determined that the facility staff failed to ensure that call bells in six (6) of 47 residents' bathrooms reviewed were readily accessible to residents and staff. Residents' Rooms #110A, 119A, 148, 121A, 224 and 311. The findings include: 1. Facility staff failed to ensure in resident's room # 110A that the call bell was readily accessible to the resident, as evidenced by the call bell cord observed wrapped around the grab bar in the resident's bathroom. The observation was made on May 19, 2014 at approximately 3:48 PM in the presence of Employees #33 and #34. Both employees acknowledged the observation.	F 246	483.15 (e) (1) 1. The call bell in rooms 110A, 119A, 148, 121A, 224 and 311 were removed from around grab bar during survey. 2. A review of all call bells in the resident's bathroom was completed and if found around the grab bar they were removed. It was also determined that several residents, wrapped the call bell around the grab bar. These residents were re-educated and/or behavior included in their care plans. 3. Nursing staff and environmental staff were re-educated Regarding call bells. 4. The resident's environment is monitored daily including call bells. The results of the quality monitoring is a part of the quality improvement committee meeting.	6/19/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE DNP- RN, BC, CNHA, VP	(X6) DATE 6/14/14
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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 246	Continued From page 1 2. Facility staff failed to ensure in resident's room #119A that the call bell was readily accessible to the resident, as evidenced by the call bell cord observed wrapped around the grab bar in the resident's bathroom. The observation was made on May 20, 2014 at approximately 10:28 AM in the presence of Employee #32 who acknowledged the observation. 3. Facility staff failed to ensure in resident's room #148 that the call bell was readily accessible to the resident, as evidenced by the call bell cord observed wrapped around the grab bar in the resident's bathroom. The observation was made on May 19, 2014 at approximately 3:05 PM in the presence of Employee #32 who acknowledged the observation. 4. Facility staff failed to ensure in resident's room #121A that the call bell was readily accessible to the resident, as evidenced by the call bell cord observed wrapped around the grab bar in the resident's bathroom. The observation was made on May 19, 2014 at approximately 3:07 PM in the presence of Employee #35 who acknowledged the finding. 5. Facility staff failed to ensure that the call bell in resident's room #224 was readily accessible to the resident, as evidenced by the call bell cord was observed wrapped around the grab bar in such a manner as to prevent it from functioning as required. The observation was made on May 21, 2014 at approximately 10:00 AM in the presence of Employee #31 who acknowledged the finding.	F 246			

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F 246	Continued From page 2 6. Facility staff failed to ensure that the call bell in resident's room #311 was readily accessible to the resident as evidenced by the call bell was observed wrapped around the grab bar in such a manner as to prevent it from functioning as required. The observation was made on May 21, 2014 at approximately 10:00 AM in the presence of Employee #31 who acknowledged the finding.	F 246			
F 253 SS=D	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observations made on May 21, 2014 between 10:00 AM and 3:00 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 two (2) of two (2) soiled shower floors on 1 North, dusty air vents in two (2) of 47 residents' rooms, surveyed and a stained ceiling tile in one (1) of 47 resident's room. Rooms #104, #408, 2 North private room (facility designates this room as private) and #1 North Shower rooms. The findings include: 1. Two (2) of two (2) shower floors located on 1 North were visibly soiled with dark spots. 2. Air vents were soiled with dust particles in the bathroom of room #408 and the Private room on	F 253	483.15(h)(2) 1. The white grout in the shower room floor was cleaned and disinfected but even with cleaning it is unable to return to the original color (white) As a result, new tiles and grout for both shower room floors have been installed. The air vents in the bathroom of room 408 and the private room on 2North were cleaned at the time of the survey. The ceiling tile located in the bathroom of room 104 was changed immediately during the survey. 2. A detailed review of the floors, air vents and ceiling tiles of the resident's rooms and bathrooms were conducted. Areas of concern were addressed as indicated. 3. The environmental staff were re-educated on housekeeping and maintenance services necessary to maintain a sanitary orderly and comfortable environment. 4. A review of the resident rooms including bathrooms is a part of the environmental monitoring tool. This information is presented at the quality improvement committee meetings.	6/19/14	

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F 253	Continued From page 3 2 North. 3. A ceiling tile located in the bathroom of room #104 was stained. These observations were made in the presence on Employee #31 who acknowledged the findings.	F 253			
F 371 SS=D	483.35(i) FOOD PROCURE, 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 This REQUIREMENT is not met as evidenced by: Based on observations made on May 19, 2014 at approximately 10:00 AM, it was determined that the facility failed to prepare, distribute and serve food under sanitary conditions as evidenced by one (1) of one (1) steamer that was leaking through the door and a torn air curtain in one (1) of one (1) walk-in freezer. The findings include: 1. One (1) of one (1) steamer was leaking through the bottom of the access door while in use.	F 371	483.35(i) 1. The manufacturer for the steamer suggested a drain pan to ensure condensation is collected. A drain pan was purchased and installed. The air curtain located at the entrance of the walk-in freezer was replaced. 2. A review of the entire kitchen was conducted no other deficient practice was noted. 3. The food service and engineering staff were re-educated regarding equipment in the kitchen. 4. The kitchen is a part of the quality improvement program and areas of concern are addressed and included in the quality improvement committee meeting.	6/19/14	

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F 371	Continued From page 4 2. The air curtain located at the entrance of one (1) of one (1) walk-in freezer was torn in numerous areas. These observations were made in the presence on Employee #7 who acknowledged the findings.	F 371		
F 463 SS=D	483.70(f) RESIDENT CALL SYSTEM - ROOMS/TOILET/BATH The nurses' station must be equipped to receive resident calls through a communication system from resident rooms; and toilet and bathing facilities. This REQUIREMENT is not met as evidenced by: Based on observations made on May 21, 2014 between 10:00 AM and 3:00 PM, it was determined that the facility failed to maintain call bells in good working condition as evidenced by non-functioning call bells in three (3) of 47 residents' rooms and a short call bell cord in one (1) of 47 resident's room. Rooms # 113, 200, 203, and 2 North Private room (facility designates this room as private). The findings include: 1. Call bells did not initiate an alarm when tested in rooms #113, 203 and the Private room on 2 North. 2. The call bell cord in the bathroom of room #200 was too short and needed to be replaced. These observations were made in the presence on Employee #31 who acknowledged the	F 463	483.70 (f) 1. The call bell cords in rooms 113, 203, and private room on 2 North were replaced. The call bell cord in room 200 was extended. 2. A review of call bells and cords were conducted no other deficient practice was noted. 3. Nursing staff and environmental staff were re-educated regarding call bells. 4. The resident's environment is monitored daily including call bells. This is a part of the quality improvement committee meeting.	6/19/14

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F 463	Continued From page 5 findings.	F 463		

Health Regulation & Licensing Administration

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L 000	Initial Comments The annual licensure survey was conducted on May 19 through May 23, 2014. The deficiencies are based on observation, record review, resident and staff interviews for 34 sampled residents.	L 000	Unique Residential Care Center makes its best efforts 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 to the truth of the facts alleged or the validity of the conditions set forth of the Statement of Deficiencies. This Plan of Correction (POC) is prepared and/or executed solely because it is required by Federal and State Laws.	
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 May 19, 2014 at approximately 10:00 AM, it was determined that the facility failed to prepare, distribute and serve food under sanitary conditions as evidenced by one (1) of one (1) steamer that was leaking through the door and a torn air curtain in one (1) of one (1) walk-in freezer. The findings include: 1. One of one steamer was leaking through the bottom of the access door while in use. 2. The air curtain located at the entrance of one (1) of one (1) walk-in freezer was torn in numerous areas. These observations were made in the presence on Employee #7 who acknowledged the findings.	L 099	3219.1 Nursing Facilities 1. The manufacturer for the steamer suggested a drain pan to ensure condensation is collected. A drain pan was purchased and installed. The air curtain located at the entrance of the walk-in freezer was replaced. 2. A review of the entire kitchen was conducted no other deficient practice was noted. 3. The food service and engineering staff were re-educated regarding equipment in the kitchen. 4. The kitchen is a part of the preventative maintenance program and areas of concern are addressed and included in the quality improvement committee meeting. 6/19/14	
L 306	3245.10 Nursing Facilities A call system that meets the following requirements shall be provided:	L 306		

Health Regulation & Licensing Administration

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

TITLE

(X6) DATE

[Signature], DNP-RN-BC, CNHA, VP

6/16/14

Health Regulation & Licensing Administration

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L 306	<p>Continued From page 1</p> <p>(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;</p> <p>(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;</p> <p>(c) Be of a quality which is, at the time of installation, consistent with current technology; and</p> <p>(d) Be in good working order at all times.</p> <p>This Statute is not met as evidenced by:</p> <p>A. Based on observations made during the survey period May 19, 2014 through May 23, 2014, it was determined that the facility staff failed to ensure that call bells in six (6) of 47 residents' bathrooms reviewed were readily accessible to residents and staff. Residents 'Rooms #110A, 119A, 148, 121A, 224 and 311.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Facility staff failed to ensure in resident's room # 110A that the call bell was readily accessible to the resident, as evidenced by the call bell cord observed wrapped around the grab bar in the resident's bathroom. The observation was made on May 19, 2014 at approximately 3:48 PM in the presence of Employees #33 and #34. Both employees acknowledged the observation. 2. Facility staff failed to ensure in resident's room #119A that the call bell was readily accessible to the resident, as evidenced by the call bell cord observed wrapped around the grab bar in the 	L 306	<p>3245.10 Nursing Facilities</p> <ol style="list-style-type: none"> 1. The call bell in rooms 110A, 119A, 148, 121A, 224 and 311 were removed from around grab bar during survey. The call bell cords in rooms 113, 103, and private room on 2 North were replaced. The call bell cord in room 200 was extended. 2. A review of all call bells and cords in the residents rooms and bathrooms was conducted. If found around grab bar they were removed. It was determined that several resident's wrap the bell around the grab bar, for these residents the care plans were updated. No additional call bells or cords needed to be replaced. 3. Nursing staff and environmental staff were reeducated regarding call bells. 4. The resident's environment is monitored daily including call bells. The results are presented in the quality improvement meeting. 	6/19/14

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L 306	<p>Continued From page 2</p> <p>resident's bathroom. The observation was made on May 20, 2014 at approximately 10:28 AM in the presence of Employee #32 who acknowledged the observation.</p> <p>3. Facility staff failed to ensure in resident's room #148 that the call bell was readily accessible to the resident, as evidenced by the call bell cord observed wrapped around the grab bar in the resident's bathroom. The observation was made on May 19, 2014 at approximately 3:05 PM in the presence of Employee #32 who acknowledged the observation.</p> <p>4. Facility staff failed to ensure in resident's room #121A that the call bell was readily accessible to the resident, as evidenced by the call bell cord observed wrapped around the grab bar in the resident's bathroom. The observation was made on May 19, 2014 at approximately 3:07 PM in the presence of Employee #35 who acknowledged the finding.</p> <p>5. Facility staff failed to ensure that the call bell in resident's room #224 was readily accessible to the resident, as evidenced by the call bell cord was observed wrapped around the grab bar in such a manner as to prevent it from functioning as required. The observation was made on May 21, 2014 at approximately 10:00 AM in the presence of Employee #31 who acknowledged the finding.</p> <p>6. Facility staff failed to ensure that the call bell in resident's room #311 was readily accessible to the resident as evidenced by the call bell was observed wrapped around the grab bar in such a manner as to prevent it from functioning as required. The observation was made on May 21,</p>	L 306		

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L 306	<p>Continued From page 3</p> <p>2014 at approximately 10:00 AM in the presence of Employee #31 who acknowledged the finding.</p> <p>B. Based on observations made on May 21, 2014 between 10:00 AM and 3:00 PM, it was determined that the facility failed to maintain call bells in good working condition as evidenced by non-functioning call bells in three (3) of 47 resident's rooms and a short call bell cord in one (1) of 47 resident's room.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Call bells did not initiate an alarm when tested in rooms #113, 203 and the Private room on 2 North. 2. The call bell cord in the bathroom of room #200 was too short and needed to be replaced. <p>These observations were made in the presence on Employee #31 who acknowledged the findings.</p>	L 306		
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 May 21, 2014 between 10:00 AM and 3:00 PM, it was determined that the facility failed to provide housekeeping and maintenance services</p>	L 410		

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L 410	<p>Continued From page 4</p> <p>necessary to maintain a sanitary, orderly, and comfortable interior as evidenced by two (2) of two (2) soiled shower floors on 1 North, dusty air vents in two (2) of 47 residents' rooms surveyed and a stained ceiling tile in one (1) of 47 resident's room. Rooms #104, #408, 2 North private room (facility designates this room as private) and #1 North Shower rooms.</p> <p>The findings include:</p> <ol style="list-style-type: none"> Two of two shower floors located on 1 North were visibly soiled with dark spots. Air vents were soiled with dust particles in the bathroom of room #408 and the Private room on 2 North. A ceiling tile located in the bathroom of room #104 was stained. <p>These observations were made in the presence on Employee #31 who acknowledged the findings.</p>	L 410	<p>3256.1</p> <ol style="list-style-type: none"> The white grout in the shower room floor was cleaned and disinfected but even with the cleaning it is unable to return to the original color(white) as a result new tiles and grout for both shower room floors have been installed. The air vents in the bathroom of room 408 and the private room on 2North were cleaned at the time of the survey. The ceiling tile located in the bathroom of room 104 was changed immediately during the survey. A detailed review of the floors, air vents and ceiling tiles of the resident's rooms and bathrooms were conducted. Areas of concern were addressed as indicated. The environmental staff were re-educated on housekeeping and maintenance services necessary to maintain a sanitary orderly and comfortable environment. A review of the resident rooms including bathrooms is a part of the environmental monitoring tool. This information is presented at the quality improvement committee meetings. 	6/19/14