



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

PRINTED: 07/09/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>095019</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/18/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>GRANT PARK CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5000 BURROUGHS AVE. NE</b> <b>WASHINGTON, DC 20019</b>	
(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) COMPLETION DATE
{F 000}	<b>INITIAL COMMENTS</b>  A follow-up survey to the recertification survey completed April 9, 2009 was conducted on June 18, 2009. The following deficiencies were based on observations, record review and facility staff interviews. The sample size was 18 residents and three (3) supplemental resident.	{F 000}	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider with the statement of deficiencies. The plan of correction is prepared and/or executed because it is required by provision of Federal and State regulations.	
{F 253} SS=D	<b>483.15(h)(2) HOUSEKEEPING/MAINTENANCE</b>  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 during the environmental tour, it was determined that facility staff failed to ensure that the facility was maintained in a safe and sanitary manner as evidenced by damaged: cove bases in 11 of 32 resident rooms, and six (6) of 12 wall guards in common areas and three (3) of 32 resident rooms.  The environmental tour was conducted from 11:00 AM to 12:30 PM and 2:00PM to 4:00 PM on June 18, 2009 in the presence of Employees #12, 13 and 14.  The findings include:  1. Cove Base was observed damaged in the following areas: resident rooms 203, 205, 228, 229, 230, 305, 311, 320, 322, 402 and 436 in 11 of 32 resident rooms.  2. Wall guards were observed damaged in the following areas: rooms 2 N clean utility room, 2 S Dining Room, 1st floor elevator area, 2nd floor	{F 253}	<b>F 253</b> 1. Cove base was replaced in rooms 203, 205, 228, 229, 230, 305, 311, 320, 322, 402, and 436. Wall guards have been replaced in 2 North clean utility room, 2 south dining room, 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , and 4 <sup>th</sup> floor elevator areas and rooms 416, 419, and 515.  2. Facility round was completed to identify other areas of concern.  3. Maintenance & Housekeeping staff have been re-educated on conducting environmental rounds. Additional painters & maintenance staff have been employed to complete correction of identified areas. Daily 5x week environmental rounds are conducted by the safety manager with workers initiated for correction at time of discovery.	7/08/09  7/15/09  7/15/09
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE

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 253}	Continued From page 1 elevator area, 3rd floor elevator area, 4th floor elevator area in six (6) of 12 common areas observed and rooms 416, 419 and 515 in three (3) of 32 rooms observed.	{F 253}	4.Tracking/trending of environmental rounds will be reported to the monthly QI/RM committee.		
{F 278} SS=D	Employees #12, 13 and 14 acknowledged the findings at the time of the observations. 483.20(g) - (j) RESIDENT ASSESSMENT The assessment must accurately reflect the resident's status. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. A registered nurse must sign and certify that the assessment is completed. Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment. Clinical disagreement does not constitute a material and false statement.  This REQUIREMENT is not met as evidenced	{F 278}	F278 1. Resident #12 MDS Quarterly assessment has been signed.  2. Current Residents MDS's have been reviewed for RN signature with correction at time of discovery as needed.  3. MDS staff have been re-educated on Federal Regulation requiring RN signature on MDS section R2. MDS's will be reviewed for appropriate signature by Resident care coordinator or DON as completed utilizing RAI process.  4. Results will be report to the monthly QI/RM committee.	6/18/09  7/15/09  7/15/09	

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{F 278}	Continued From page 2 by: Based on record review and staff interview for one (1) of 18 sampled residents, it was determined that facility staff failed to obtain the signature of a registered nurse (RN) certifying that the quarterly Minimum Data Set Assessment (MDS) was completed for Resident #12.  The findings include:  A review of the quarterly MDS for Resident # 12 revealed that the R2 signature for the RN assessment coordinator was missing. The Assessment Reference Date on the MDS was June 5, 2009.  A face-to-face interview was conducted with Employee #15 at approximately 1:20 PM on June 18, 2009. He/she stated, "The MDS was completed last month. I am waiting to get all of the signatures." The record was reviewed on June 18, 2009.	{F 278}	F286  1. 15 months of MDS's are on Resident #12's chart.  2. Current Resident charts have been reviewed for 15 months of MDS's on medical record.  3. MDS staff have been re-educated on the Federal requirement to maintain 15 months of MDS's on medical record. Resident care coordinator will review utilizing the RAI process.  4. Results will be reported to the monthly QI/RM committee.	7/08/09  7/15/09  7/15/09
F 286 SS=D	483.20(d) RESIDENT ASSESSMENT - USE  A facility must maintain all resident assessments completed within the previous 15 months in the resident's active record.  This REQUIREMENT is not met as evidenced by:  Based on record review and staff interview for one (1) of 18 sampled residents, it was determined that facility staff failed to maintain 15 months of completed Minimum Data Set (MDS) assessments in Resident #12's active record.  The findings include:	F 286		



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F 286	Continued From page 3 A review of the clinical record for Resident #12 revealed the following: quarterly MDS February 3, 2008; annual MDS March 10, 2008; quarterly MDS June 4, 2008; quarterly MDS September 2, 2008 and annual MDS February 23,2009. The quarterly MDS for May 2009 was not on the resident's record at the time of this review.  A face-to-face interview was conducted with Employee #15 at approximately 1:20 PM on June 18, 2008. During the interview, a copy of the completed quarterly MDS for May, 2009 was requested.  Employee #15 presented a copy of an MDS with a completion date of May 5, 2009, but without any signatures. Employee #15 was asked why the completed MDS was not in the resident's record. He/she stated, " The MDS was completed last month. I am waiting to get all of the signatures before I put it on the record." The record was reviewed on June 18, 2009.	F 286	F309 1. Resident #1 is receiving medication as ordered. Resident #13 appointment has been scheduled for 7/16/09.  2. Current Resident medication Orders and orders for consultations have been reviewed with corrective action taken as indicated.  3. Licensed nurses have been reeducated on medication order transcription, medication administration, timely follow up of consultation orders.	7/08/09  7/15/09  7/15/09
{F 309} SS=D	483.25 QUALITY OF CARE  Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.  This REQUIREMENT is not met as evidenced by:  Based on record review and staff interview for one (1) of 18 sampled residents, it was determined that facility staff administered	{F 309}	4. Tracking/trending of environmental rounds will be reported to the monthly QI/RM committee.	

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{F 309}	<p>Continued From page 4</p> <p>discontinued medications to one (1) resident and failed to schedule an appointment at a pain clinic for one (1) resident. Residents #1 and 13.</p> <p>The findings include:</p> <p>1. Facility staff failed to follow physician's orders for Resident #1.</p> <p>A physician's telephone order, signed and dated on June 9, 2009, directed "D/C [Discontinue] Vitamin C tab po [by mouth] bid [twice daily], D/C Zinc tab po [by mouth] daily, Give Multivite 1 [one] tab po [by mouth] qd [daily] supplement."</p> <p>On June 18, 2009, at approximately 10:50 AM, during the medication pass for Resident #1, Employee #7 administered Vitamin C 500 gm tablet and Zinc Sulfate 220 mg capsule to the resident.</p> <p>The surveyor's Medication Pass worksheet was compared with the physician's order sheet signed and dated June 2009, it revealed that the medication were discontinued on June 9, 2009 by the physician.</p> <p>A face-to face interview was conducted on June 18, 2009 at approximately 11:00 AM with Employees #7 and 8. They acknowledged that the aforementioned medications were administered to Resident #1 without out a physicians order.</p> <p>2. The facility staff failed to schedule an appointment for Resident #13 at a pain clinic.</p> <p>A review of Resident #13's record revealed an order dated June 15, 2009, that directed,"Pls</p>	{F 309}		



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{F 309}	<p>Continued From page 5</p> <p>[please] send patient to Pain Management Specialist for uncontrolled pain on left shoulder and right leg." There was no documentation in the record indicating that the appointment was scheduled.</p> <p>According to Section J2 of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date of May 25, 2009 the resident complains of pain daily.</p> <p>A review of the physician's order sheet for June 2009 revealed two orders for pain medications. The first order which was dated June 3, 2009 prescribed "Gabapentin 400 mg capsule -IE Neurontin 1 cap by mouth four times a day (0600, 1000, 1800, 2200) for Neuropathic Pain."</p> <p>The second order was also dated June 3, 2009. This order prescribed "Propoxyphene NAPS W/APAP 100-650 -IE Darvocet-N 100 1 tablet by mouth every 12 hours as needed for mild pain."</p> <p>Review of the Medication Administration Record (MAR) for June 2009 revealed that the resident received Darvocet N one tablet once daily for June 1, 2, 5, 6, 8, 9, 10, 13, and 14 2009 and twice daily for June 3, 4, 7, 11, 12 and 15, 2009.</p> <p>The resident also received Neurontin 400 mg 1 cap four times daily for June 1 through June 17, 2009.</p> <p>A face-to-face interview was conducted with Employee #8 at approximately 2:00 PM on June 18, 2009. He/she stated that the appointment had not been scheduled. He/she added, "We [nurses] do not make the appointments. Someone else does, but I will check to make sure</p>	{F 309}	<p>F323</p> <ol style="list-style-type: none"> <li>Toilets were secured to the floor in the bathroom of rooms 228, 229, 427, and 526. The door to room 506 has a cover to conceal exposed electrical wire. The oxygen concentrator in room 524 is now plugged in a socket preventing the cord from being in the path way where residents and staff walk. Extension chords are no longer in rooms 209, 524, 526, and 534.</li> <li>Facility round was completed to identify other areas of concern.</li> <li>Maintenance &amp; Housekeeping staff have been re-educated on conducting environmental rounds. Additional maintenance staff has been employed to complete correction of identified areas. Daily 5x week environmental rounds are conducted by the safety manager with workers initiated for correction at time of discovery.</li> </ol>	<p>7/08/09</p> <p>7/15/09</p> <p>7/15/09</p>

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{F 309}	Continued From page 6 that it gets scheduled as soon as possible." The record was reviewed on June 18, 2009.	{F 309}		
{F 323} SS=D	483.25(h) ACCIDENTS AND SUPERVISION  The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.  This REQUIREMENT is not met as evidenced by:  Based on observations during the environmental tour, it was determined that facility staff failed to ensure that the environment was hazard free as evidenced by: four (4) of 32 unsecured toilets in resident bathrooms, one (1) of 32 resident room doors that lacked a cover for electrical wires, extension cords in four (4) of 32 resident rooms, and one (1) of three (3) oxygen concentrators with the cord in a walking area.  The environmental tour was conducted from 11:00 AM to 12:30 PM and 2:00 PM to 4:00 PM on June 18, 2009 in the presence of Employees #12, 13 and 14.  The findings include:  1. Toilets in resident rooms were not secured to the floor in rooms 228, 229, 427, and 526 in four (4) of 32 resident bathrooms observed. This is a repeat deficiency from the recertification survey completed April 9, 2009.  2. The door to room 506 lacked a cover to	{F 323}	4. Tracking/trending of environmental rounds will be reported to the monthly QI/RM committee.	



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{F 323}	Continued From page 7 conceal exposed electrical wiring in one (1) of 32 resident room doors observed. This is a repeat deficiency from the recertification survey completed on April 9, 2009.  3. An oxygen concentrator in room 524 was plugged into an electrical socket opposite the resident using the device, resulting in the cord being in the path way where residents and staff walked in one (1) of three (3) concentrators observed.  4. Extension cords were observed in rooms 209, 524, 526, and 534 in four (4) of 32 resident rooms observed.  Employees #12, 13 and 14 acknowledged the findings at the time of the observations.	{F 323}	F332  1. Medications are being administered according to physician order for Resident #1.  2. Current Resident medication orders have been reviewed with corrective action taken as indicated.  3. Licensed nurses have been reeducated on medication order transcription, medication administration,	6/20/09  7/15/09  7/15/09
F 332 SS=D	483.25(m)(1) MEDICATION ERRORS  The facility must ensure that it is free of medication error rates of five percent or greater.  This REQUIREMENT is not met as evidenced by:  Based on observation of one (1) of eight (8) medication passes, record review and staff interview, it was determined that facility staff failed to ensure that the facility was free of a medication error rate of five percent (5%) or greater. Resident #1  The findings include:  The medication error rate was five percent (5%) based on two (2) errors out of 40 opportunities.	F 332	4. Tracking/trending of physician orders and medication administration will be reported to the monthly QI/RM committee.	

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F 332	Continued From page 8 A physician's telephone order, signed and dated on June 9, 2009, directed "D/C [Discontinue] Vitamin C tab po [by mouth] bid [twice daily], D/C Zinc tab po [by mouth] daily, Give multivite 1 [one] tab po [by mouth] qd [daily] supplement. "  On June 18, 2009, at approximately 10:50 AM, during the medication pass for Resident #1, Employee #7 administered Vitamin C 500 gm tablet and Zinc Sulfate 220 mg capsule to the resident.  The surveyor's Medication Pass worksheet was compared with the physician's order sheet signed and dated June, 2009 both forms revealed that the medications were discontinued on June 9, 2009.	F 332	F371 1. 1 ½ cases of mushy cucumbers with a white and yellow fuzzy growth on the skin of the cucumbers have been discarded. Four 5-pound packages of shredded lettuce with carrots and red cabbage with a "Use By" date of June 11, 2009 have been discarded. Three 5-pound packages of shredded lettuce with a 'Use By" date of June 11, 2009 have been discarded. Four 5-pound packages of cole slaw with a "Use By" date of June 7, 2009 have been discarded. One package of hot dog buns hard to touch and with a green, fuzzy substance on the bottom of the buns has been discarded. Four packages of hot dog buns hard to touch, two packages with sell by dates of June 7, 2009 and two with sell by dates of June 14, 2009 have been discarded. One loaf of bread with a white-yellow substance on the top crust of the bread has been discarded.	6/18/09	
{F 371} SS=D	483.35(i) SANITARY CONDITIONS  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 of the main kitchen, it was determined that facility staff failed to store foods under sanitary conditions as evidence by one and one-half (1 ½ ) cases of mushy cucumbers with a white, fuzzy growth, 11 of 11 5-pound packages of lettuce/cole slaw with expired dates, five (5) of five (5) packages of hot dog buns past "sell by"	{F 371}			



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{F 371}	<p>Continued From page 9</p> <p>date and one (1) of one (1) loaf of bread with a yellow colored substance on the top of the bread.</p> <p>The kitchen tour was conducted on June 18, 2009 at 8:40 AM through 11:00 AM in the presence of Employee #11.</p> <p>The findings include:</p> <p>1. The following items were observed in the walk-in refrigerator:</p> <p>1 ½ of 1 ½ cases of mushy cucumbers with a white and yellow fuzzy growth on the skin of the cucumbers.</p> <p>Four (4) of four (4) 5-pound packages of shredded lettuce with carrots and red cabbage with a "Use By" date of June 11, 2009.</p> <p>Three (3) of three (3) 5-pound packages of shredded lettuce with a "Use By" date of June 11, 2009.</p> <p>Four (4) of four (4) 5-pound packages of cole slaw with a "Use By" date of June 7, 2009.</p> <p>One (1) of five (5) packages of hot dog buns hard to touch and with a green, fuzzy substance on the bottom of the buns.</p> <p>Four (4) of five (5) packages of hot dog buns hard to touch, two (2) packages with sell by date of June 7, 2009 and two (2) packages with a sell by date of June 14, 2009.</p> <p>One (1) of one (1) loaf of bread with a white-yellow substance on the top crust of the bread.</p>	{F 371}	<p>2. A walk through of the walk in refrigerator was completed to identify other items of concern.</p> <p>3. Dietary Manager re-educated on the importance of discarding expired items. Dietary staff will monitor the "use By" dates on items in walk in refrigerator on weekly basis and discard as needed.</p> <p>4. Dietary Manager will report findings to the monthly QI/RM committee.</p>	<p>7/15/09</p> <p>7/15/09</p>

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NAME OF PROVIDER OR SUPPLIER  <b>GRANT PARK CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5000 BURROUGHS AVE. NE</b> <b>WASHINGTON, DC 20019</b>		
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{F 371}	Continued From page 10	{F 371}	F431		
{F 431}	Employee #11 acknowledged the findings at the time of the observations.		1. Discontinued medications have been removed from the medication cart on Unit 2 North for Resident #1.	6/18/09	
SS=D	483.60(b), (d), (e) PHARMACY SERVICES The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.	{F 431}	2. Current Resident medication orders have been reviewed with corrective action taken as indicated.	7/15/09	
	Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.		3. Licensed nurses have been reeducated on medication order transcription, medication administration, and removing discontinued medication from medication carts. Unit Managers will monitor the carts weekly to ensure discontinued drugs are removed from the carts.	7/15/09	
	In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.		4. Tracking/trending of physician orders and medication administration will be reported to the monthly QI/RM committee.		
	The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.				



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{F 431}	Continued From page 11 This REQUIREMENT is not met as evidenced by:  Based on observation of one (1) of five (5) medication carts and staff interview, it was determined that facility staff failed to remove discontinued medication from the medication cart on Unit 2 North.  The findings include:  On June 18, 2009, at approximately 11:00 AM, during the reconciliation of the medication pass for Resident #1, Employee #7 administered discontinued Vitamin C 500 mg and Zinc sulfate 220 mg from the medication cart.  A physician's telephone order, signed and dated on June 9, 2009, directed "D/C [Discontinue] Vitamin C tab po [by mouth] bid [twice daily], D/C Zinc tab po [by mouth] daily, Give Multivite 1 [one] tab po [by mouth] qd [daily] supplement."  A face-to-face interview was conducted on June 18, 2009, at approximately 11: 00 AM with Employees #7 and 8. They acknowledged that the medications should have been removed from the cart after being discontinued.	{F 431}	F441  1. Protective floor mats for residents' in rooms 407, 413, and 436 were cleaned and are not stored on floor when bed is not occupied.  2. A walk through of each Unit was completed to identify other unoccupied beds with floor mats stored on the floor.  3. Housekeeping staff has been re-educated on conducting environmental rounds. A new Housekeeping Director has been employed to complete correction of identified areas. Daily 5x week environmental rounds are conducted by the safety manager with workers initiated for correction at time of discovery.  4. Results will be reported to the monthly QI/RM committee.	6/18/09  7/15/09  7/15/09
{F 441} SS=D	483.65(a) INFECTION CONTROL  The facility must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to prevent the development and transmission of disease and infection. The facility must establish an infection control program under which it investigates, controls, and prevents infections in the facility; decides what procedures, such as isolation should be applied to an individual resident; and maintains a record of incidents and	{F 441}		





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{F 469}	<p>Continued From page 13</p> <p>Based on observations during the environmental tour, it was determined that flying and crawling insects were observed in three (3) of 32 resident rooms, the main kitchen, and five (5) of 21 common areas and facility staff failed to fully investigate Resident S1's swollen lip to determine if an insect bite was the cause of the swelling.</p> <p>The environmental tour was conducted from 11:00 AM to 12:30 PM and 2:00PM to 4:00 PM on June 18, 2009 in the presence of Employees #12, 13 and 14.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>Flying and crawling insects were observed in the following areas: 4 S training toilet at 11:15 AM 4 S shower room at 11:20 AM 4 S janitor closet at 11:30 AM 3rd floor woman' s public bathroom at 2:00 PM Room 320 at 2:20 PM 2 S shower room at 2:50 PM Room 203 at 3:00 PM</li> </ol> <p>This is a repeat deficiency from the recertification survey completed April 9, 2009.</p> <ol style="list-style-type: none"> <li>Facility staff failed to fully investigate Resident S1's swollen lip to determine if an insect bite was the cause of the swelling.</li> </ol> <p>A review of the 4 South "Pest Sighting Log" revealed the following entries:</p> <p>" 6/9/09 Bed Bugs 421A 6/16/09 Bed Bugs 419 6/16/09 Bed Bugs 420"</p>	{F 469}	<p>4. Results will be reported to the monthly QI/RM committee.</p>		

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{F 469}	<p>Continued From page 14</p> <p>A face-to-face interview was conducted with Employee #16 on June 18, 2009 at 6:45 PM. He/she stated, " I looked at the bed. The linens were changed. The pillow was not changed. I don't know if the bed and mattress were cleaned by housekeeping. I didn't see any bugs on the bed."</p> <p>Although the incident was documented in the "Pest Sighting Log" on June 9, 2009, it was not documented on the "24 Hour Report" until June 12, 2009 as follows: "At 5 AM resident was observed with [his/her] right lip swollen. States something bite [bit] [him/her] while sleeping. Ice pack applied. Swollen [area] reduced at 5:30 am. (Physician) notified. Ordered Benadryl 25 mg po (orally) until right lip swelling goes down ..."</p> <p>According to Employee #16, the "24 Hour Report" was discussed in the morning meeting that included all managers and administration. Additionally, Employee #16 stated that the above cited issue was discussed at a manager's meeting later that same day. However, Employee #3...stated that he/she was not informed that the cause of the resident' s swollen lip was due to being "bitten by something."</p> <p>Entries into the "Pest Sighting Log" for June 16, 2009, included "Bed Bugs" in two (2) additional rooms.</p> <p>Face-to-face interviews were conducted on June 16, 2009 at 6:00 PM, with Resident S1, and S2 and F1, who were the residents of the two (2) additional rooms identified with bed bugs. The three (3) residents denied being bitten by " bugs." Resident S1's right upper lip was not swollen.</p>	{F 469}			



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{F 469}	Continued From page 15 Facility staff failed to fully investigate the above cited incident to determine if an insect bite was the cause of Resident S1's swollen lip. Additionally, facility staff failed to thoroughly investigate two (2) other rooms identified on June 16, 2009 with "Bed Bugs." The record was reviewed June 18, 2009.	{F 469}	F514 1. The record for Resident #3 has been updated to reflect current status of GYN results , evaluation of alleged rape and inability to sleep.	6/18/09	
{F 514} SS=D	483.75(l)(1) CLINICAL RECORDS 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 one (1) of 18 sampled residents, it was determined that facility staff failed to document the resident's status after returning from an emergency transfer to the hospital. Resident #3.  The findings include:  A review of Resident #3's record revealed the following nurse's note dated June 17, 2009 at 10:30 AM, "Resident transferred to [Hospital] for gynecological test and evaluation and treatment due to complaint of inability to sleep and alleged rape by a female nurse."	{F 514}	2. Current Resident charts have been reviewed for accurate documentation of hospital visits results on medical record.  3. Licensed Staff has been re-educated on the importance of documenting the results of hospital visits, test results, evaluations, treatment s and conditions on the Resident record. Unit Manger will review records daily X 5 days a week to ensure compliance.  4. DON or designee will review weekly and report findings to the monthly QI/RM committee.	7/15/09  7/15/09	

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{F 514}	<p>Continued From page 16</p> <p>A nurse's note dated June 17, 2009 at 2255 (10:55 PM) documented, "Returned from [Hospital] in stable condition with orders to follow up with doctor for blood pressure and any concerning symptoms. No signs or symptoms of distress noted. Resident closely monitored during shift and assisted by two staff members accordingly. Will continue with plan of care."</p> <p>There was no documentation in the resident's record regarding the results of the hospital's gynecological test, evaluation and treatment of the alleged rape and/or resident's inability to sleep.</p> <p>Entries on the 24-hour report were as follows: Day shift (7:00 AM to 3:00 PM): "Resident transferred to [hospital] for gynecological test and evaluation and treatment due to complaint of inability to sleep and alleged rape by a female nurse." Evening shift (3:00 PM to 11:00 PM): "Returned from [hospital] in stable condition with orders to f/u (follow up) with doctor for blood pressure and any concerning symptoms. Remains stable and afebrile." Night shift (11:00 PM to 7:00 AM): "Resident remains stable after f/u appointment. No distress noted. Alert and verbally responsive."</p> <p>There was no documentation in the resident's record that facility staff attempted to obtain the results of the hospital's evaluation of the resident's claim of being raped.</p> <p>A face-to-face interview was conducted with Employee #7 on June 18, 2009 at 2:50 PM. He/she stated, "I got a call from the hospital</p>	{F 514}			



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{F 514}	Continued From page 17 telling us that [Resident #3] was okay. Nothing was found on the gyn exam. I did not document the phone call because I passed the information onto the next shift. The next shift was suppose to write it. I did tell them about it."  A face-to-face interview was conducted with Employee #8 on June 18, 2009 at 1:30 PM. He/she reviewed the resident's record and acknowledged that there was no documentation regarding the resident's status about the alleged rape after returning from the hospital . The record was reviewed June 18, 2009.	{F 514}			