

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0021	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/24/2009
NAME OF PROVIDER OR SUPPLIER LT. JOSEPH P. KENNEDY INST OF CATHOLIC		STREET ADDRESS, CITY, STATE, ZIP CODE 4419 19TH ST, NE WASHINGTON, DC 20018		
(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
1 000	<p>INITIAL COMMENTS</p> <p>A licensure survey was conducted on September 23, 2009 through September 24, 2009. A random sample of three residents was selected from a resident population of five women with various disabilities.</p> <p>The findings of the survey were based on observations, interviews with staff and residents in the home, as well as a review of resident and administrative records, including incident reports.</p>	1 000	<p><i>Received 10/27/09</i></p> <p>GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002</p>	
1 043	<p>3502.2(c) MEAL SERVICE / DINING AREAS</p> <p>Modified diets shall be as follows:</p> <p>(c) Reviewed at least quarterly by a dietician.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that the resident with a modified diet had been reviewed at least quarterly by the consulting dietician for two of the three residents (Residents #1 and #2) included in the sample.</p> <p>The findings include:</p> <p>The GHMRP failed to ensure Residents #1 and #2's modified diets was reviewed at least quarterly by a dietician.</p> <p>1. Interview with the direct care staff on September 23, 2009 at 6:32 p.m. revealed that all the resident diet's residing in the facility was the same. The staff stated that each were on a 1500 calorie diet. Review of Resident #1's medical record on September 23, 2009 at 12:29 p.m. revealed a Nutritional Assessment dated</p>	1 043	<p>I043: The residents were being followed quarterly until 12/30/08. It was found that the nutritionist was making errors on the menus that were causing questions about the meals. The unclear directions and menus appearing with errors became a reason to end that consultant's role with KI. KI searched for a new nutritionist with good skills working with the population we serve. It took until June to secure a contract with that person. We now have a nutritionist in place that has provided an initial assessment and is providing quarterly reviews.</p>	

Health Regulation Administration

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

STATE FORM

TITLE

(X6) DATE

Director

10/23/09

306D11

If continuation sheet 1 of 6

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0021	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/24/2009
NAME OF PROVIDER OR SUPPLIER LT. JOSEPH P. KENNEDY INST OF CATHOLIC		STREET ADDRESS, CITY, STATE, ZIP CODE 4419 19TH ST, NE WASHINGTON, DC 20018		
(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
I 043	Continued From page 1 September 29, 2009. According to the assessment, Resident #1 had a recommendation for a 1200 - 1400 calorie, low fat, low cholesterol no added salt (NAS), no concentrated sweets, chopped diet. Review of the resident's physician's order (POs) dated September 2009 revealed the Resident #1 was prescribed for her foods to be "soft textured". At the time of the survey, the GHMRP failed to show evidence that a dietitian or nutritionist had reviewed Resident #1's modified diet plan since December 10, 2008. 2. Review of Resident #2's medical record on September 24, 2009 at 3:00 p.m. revealed a Nutritional Assessment dated September 28, 2008. According to the assessment, Resident #2 had a recommendation for a 1200 - 1400 calorie, low fat, low cholesterol no added salt (NAS), no concentrated sweets, and high fiber diet. Review of the resident's physician's order (POs) dated September 2009 revealed the Resident #2 was prescribed for her foods to be served "soft textured". At the time of the survey, the GHMRP failed to show evidence that a dietitian or nutritionist had reviewed Resident #2's modified diet plan since December 2008.	I 043		
I 058	3502.16 MEAL SERVICE / DINING AREAS A review and consultation by a dietitian or nutritionist shall be conducted at least quarterly to ensure that each resident who has been prescribed a modified diet receives adequate nutrition according to his or her Individual Habilitation Plan. This Statute is not met as evidenced by: Based on observation, interview and record	I 058	I058: The new nutritionist has provided initial and quarterly evaluations. The nutritionist will conduct training with all the staff on menus and diets 11/5/09. Trainings with the staff will continue on a periodic basis following that date.	

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0021	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/24/2009
NAME OF PROVIDER OR SUPPLIER LT. JOSEPH P. KENNEDY INST OF CATHOLIC		STREET ADDRESS, CITY, STATE, ZIP CODE 4419 19TH ST, NE WASHINGTON, DC 20018		
(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
1058	<p>Continued From page 2</p> <p>review, the GHMRP failed to ensure that a dietitian or nutritionist conducted at least a quarterly review and consultation for two of the three residents (Residents #1 and #2), who was prescribed modified diets.</p> <p>The findings include:</p> <p>The GHMRP failed to ensure Residents #1 and #2's modified diets was reviewed at least quarterly.</p> <p>On September 23, 2009 at approximately 6:36 p.m., observation of Resident #1 and #2 revealed dinner was being served. Continued observation revealed the meal consisted of turkey breast, potato salad and green beans. Residents #1 and #2's turkey was served chopped and the potatoes in the salad were chunky. Additionally, the green beans were observed to be of regular consistency. According to direct care staff interview conducted on September 23, 2009 at 6:32 p.m., each client in the facility was receiving a 1500 calorie diet.</p> <p>1. Review of Resident #1's medical record on September 23, 2008 at 12:29 p.m. revealed a Nutritional Assessment dated September 29, 2008. According to the assessment, Resident #1 had a recommendation for a 1200 - 1400 calorie, low fat, low cholesterol no added salt (NAS), no concentrated sweets, and chopped diet. Review of the resident's physician's order dated September 2009, revealed the Resident #1 was prescribed food to be served in a soft texture. At the time of the survey, the GHMRP failed to ensure a review and consultation had been conducted by a dietician or nutritionist regarding Resident #1's modified diet and food texture.</p>	1058		

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0021	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/24/2009
NAME OF PROVIDER OR SUPPLIER LT. JOSEPH P. KENNEDY INST OF CATHOLIC			STREET ADDRESS, CITY, STATE, ZIP CODE 4419 19TH ST, NE WASHINGTON, DC 20018		
(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	
I 058	Continued From page 3 2. Review of Resident #2's medical record on September 24, 2008 at 3:00 p.m. revealed a Nutritional Assessment dated September 28, 2008. According to the assessment, Resident #2 had a recommendation for a 1200 - 1400 calorie, low fat, low cholesterol no added salt (NAS), no concentrated sweets, and high fiber diet. Review of the resident's physician's order dated September 2009 revealed the Resident #2 was prescribed for her food to be served soft textured foods. At the time of the survey, the GHMRP failed to ensure a review and consultation had been conducted by a dietician or nutritionist regarding Resident #2's modified diet and food texture.	I 058			
I 090	3504.1 HOUSEKEEPING The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by: Based on observation and staff interview, the GHMRP failed to maintain the facility in a safe, clean, orderly and sanitary manner. The findings include: An environmental inspection was conducted on September 24, 2009, at approximately 1:45 p.m. and revealed the following: Dining Room: The backs of the dining room chairs were soiled.	I 090	I090: Dining Room: (6) Dining room chairs were replaced on 10/21/09.		

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0021	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/24/2009
NAME OF PROVIDER OR SUPPLIER LT. JOSEPH P. KENNEDY INST OF CATHOLIC			STREET ADDRESS, CITY, STATE, ZIP CODE 4419 19TH ST, NE WASHINGTON, DC 20018		
(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	
1090	Continued From page 4 Additionally, the blinds were also soiled and missing several slats. Living Room: The blinds in the living room were also soiled. External: 1. There was chipping paint on the upper front trim of the house. Also there was chipping and peeling paint on several window ledges of the exterior of the house. 2. There front yard had large patches of dirt and no grass. The Program Manager witnessed and acknowledge that the aforementioned findings.	1090	Dining Room: The vertical blinds located in the dining room will be measured for special order. A purchase order was submitted on 10/22/09. Completion date is scheduled on or before 11/30/09. Living Room: The vertical blinds located in the living room will be measured for special order. A purchase order was submitted on 10/22/09. Completion date is scheduled on or before 11/30/09. External: 1. The chipping paint located on the upper front trim of the house and window ledges will be sanded and repainted by October 30, 2009. 2. Due to the season change, landscape contractors advised not to plant or lay sod (grass) at this time. However, JPKI of CC will ensure that new sod patches are laid to cover the large patches of dirt during the early spring season in 2010.		
1379	3519.10 EMERGENCIES In addition to the reporting requirement in 3519.5, each GHMRP shall notify the Department of Health, Health Facilities Division of any other unusual incident or event which substantially interferes with a resident 's health, welfare, living arrangement, well being or in any other way places the resident at risk. Such notification shall be made by telephone immediately and shall be followed up by written notification within twenty-four (24) hours or the next work day. This Statute is not met as evidenced by: Based on interview and review of the incident reports, the GHMRP failed to ensure that all incidents that presented a risk to residents' health or safety were reported immediately to the	1379	I379: Although the incident involving resident #3 on 8/19/09 was not reported to DOH, the Incident Management Coordinator (IMC) has received the incident report and all supported documentation for follow-up to ensure the health and safety of resident #3. In addition, the IMC has received updated contact information for reporting incidents to DOH. Moving forward, JPKI of CC will ensure that all reported incidents to the IMC will be reported to DOH per policy.		

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0021	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/24/2009
NAME OF PROVIDER OR SUPPLIER LT. JOSEPH P. KENNEDY INST OF CATHOLIC		STREET ADDRESS, CITY, STATE, ZIP CODE 4419 19TH ST, NE WASHINGTON, DC 20018		
(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
I 379	<p>Continued From page 5</p> <p>Department of Health (DOH), Health Regulation Administration, for one of the three residents (Resident #3) included in the sample.</p> <p>The finding includes:</p> <p>During the entrance conference on September 23, 2009 at 11:03 a.m., it was revealed that Resident #3 had been hospitalized earlier this year. The review of incident reports was conducted on the same morning beginning at 9:35 a.m., however, there was no documented evidence of an incident report regarding Resident #3's emergency room (ER) visit. Interview with the Incident Management Coordinator at 12:54 p.m. revealed that she had no knowledge of an incident report regarding Resident #3's ER visit. At that time, the program manager proceeded to get the resident's medical book to review the ER discharge summary dated August 19, 2009. Review of the discharge summary revealed that the resident had experienced swelling in her legs which was called "peripheral edema."</p> <p>Although the GHMRP provided evidence of their incident report later that afternoon, there was no documented evidence that the GHMRP notified the Department of Health (DOH) of all unusual incidents that substantially interfered with Resident #3's welfare.</p>	I 379		