

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

*POC accepted
3/7/06 ms*

PRINTED: 02/23/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09E020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/17/2006
NAME OF PROVIDER OR SUPPLIER JÉANNE JUGAN RESIDENCE			STREET ADDRESS, CITY, STATE, ZIP CODE 4200 HAREWOOD ROAD NE WASHINGTON, DC 20017	
(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	INITIAL COMMENTS An annual recertification survey was conducted on February 16 through 17, 2006. The following deficiencies were based on observations, staff interviews and record review. The sample included 10 residents based on a census of 29 on the first day of survey.	F 000		
F 253 SS=B	483.15(h)(2) HOUSEKEEPING/MAINTENANCE 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 survey period, it was determined that the facility was not maintained in a safe and sanitary manner as evidenced by marred and splintered entrance, bathroom and closet doors. These findings were observed in the presence of the Housekeeping and Maintenance staff. The findings include: 1. Resident's entrance, closet and bathroom doors were marred and splintered on the frontal and edge surfaces in rooms 1201, 1207, 1209, 1217, 1223, 1407, 1416 and 1420 in eight (8) of 16 observations between 1:10 PM and 2:15 PM on February 17, 2006.	F 253	1. Immediate repair of door edges with putty, sanding, stain will be done to rooms #1201, 1207, 1209, 1217, 1223, 1407, 1416 and 1420. 2. To identify other potential problems, maintenance will inspect all Residents' doors. A log will be kept of doors needing repairs will be completed by 05-03-06. 3. We will add these door inspections to the quarterly Preventative Maintenance program. 4. We will include the doors on semiannual inspection list to see that Preventative Maintenance program is being adhered to.	03-10-06 04 05-03-06 03-03-06 06-30-06
F 371 SS=D	483.35(h)(2) SANITARY CONDITIONS - FOOD PREP & SERVICE	F 371	1. The dietary staff person responsible for handling (cont)	02-18-06

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *S. Cecilia Sartorius* TITLE *Administrator* (X6) DATE *3/2/06*

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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(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 371	<p>Continued From page 1</p> <p>The facility must store, prepare, distribute, and serve food under sanitary conditions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations during the survey period, it was determined that dietary services were not adequate to ensure that foods were prepared and served in a safe and sanitary manner as evidenced by a dietary staff person handling silverware without wearing gloves and soiled metal sensor wires under cooking hoods. These findings were observed in the presence of the Food Service staff.</p> <p>The findings include:</p> <p>1. A dietary staff person on the Good Shepard Unit was observed handling silverware (knives, forks and knives) without using gloves in one (1) of one (1) observation at approximately 12:50 PM on February 16, 2005.</p> <p>2. The Ansul Fire Suppressor sensor wires under cooking hoods were soiled with accumulated grease and dust in one (1) of two (2) observations at approximately 8:40 AM on February 16, 2005.</p>	F 371	<p>silverware without gloves has been instructed to use gloves when separating clean silverware and when setting them at table.</p> <p>2. All dietary staff will use gloves when separating clean silverware and when setting them at table.</p> <p>3. To ensure that sanitary conditions are met for serving food, an inservice has been conducted for all dietary aides by the dietary manager regarding the proper procedure used in handling clean silverware.</p> <p>4. The Dietary Manager will monitor, on weekly intervals, the table setting by dietary aides in Good Shepherd Dining Room. Mandatory annual inservice for dietary aides on "food handling" covers the safe and sanitary manner of handling clean silverware and tableware.</p>	<p>02-18-06</p> <p>02-18-06</p> <p>03-01-06</p> <p>06-14-06</p>