

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CRF-000038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/17/2009
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NAME OF PROVIDER OR SUPPLIER ABRAHAM & LAURA LISNER HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5425 WESTERN AVE NW WASHINGTON, DC 20015
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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) COMPLETE DATE
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D 000	<p>Initial Comments</p> <p>A licensure survey was conducted from July 15, 2009 through July 17, 2009. The findings of the survey were based on observations of the Community Residential Facility (CRF), interviews with the administrative staff and residents, as well as a review of clinical and administrative records, including incident reports. A random sample of eight clients was selected from a resident population of thirty residents with various medical disabilities.</p> <p>A thorough environmental inspection was conducted of the facility and there were no significant deficiencies that would be life threatening to the residents and /or staff.</p>	D 000	<p><i>Revised 8/16/09</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>	
D 600	<p>3403.11 Admission Policies</p> <p>The examining physician shall provide the community residence facility with a written report providing sufficient information on the resident's condition to enable the community residence facility to assist the resident toward rehabilitation, together with a record of any prescriptions, treatment orders, or special instructions for the management and protection of the resident.</p> <p>This CONDITION is not met as evidenced by: Based on interview and record review, the Community Residential Facility (CRF) failed to ensure treatment orders was provided for one of the eight residents (Resident #3) included in the sample.</p> <p>The finding includes:</p> <p>Interview with the Assistant Director of Nursing and review of Resident 3's medical record on July 17, 2009 at 1:26 PM revealed that the resident</p>	D 600	<p>D600</p> <p>1. Immediate Response: Phone call placed to physician to Clarify the hold order for PenVK. Hold order was placed on Physician Order Sheet (POS).</p> <p>D600</p> <p>2. Risk Identification: A clinical audit of all Resident Physician Orders was performed to ensure there was no missing orders on the POS.</p>	<p>7/17/09</p> <p>7/24/09</p>

Health Regulation Administration

Susan M. Hargreaves LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Director TITLE

(X6) DATE **8/5/09**

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D 600	<p>Continued From page 1</p> <p>was seen by the dentist on June 9, 2009. Review of the dental consult revealed that the resident had been experiencing some pain in tooth #11 identified by the consulting dentist on the date of the visit. Continued review of the consult revealed the dentist prescribed an antibiotic if the resident was not allergic to Penicillin (PenVK 500 mg).</p> <p>Further interview with the Assistant Director of Nursing was conducted to ascertain information regarding the prescribed medication. According to the nurse, Resident #3's Primary Care Physician (PCP) ordered to hold the PenVK for now, may benefit from a root canal.</p> <p>At the time of the survey, the CRF failed to provide evidence of a treatment order to hold the the PenVK for Resident #3.</p>	D 600	<p>D600 3. Systemic Changes: An In-service was given to all licensed staff on proper documentation of all Physician Orders on the POS.</p> <p>D600 4. Monitoring: A sample record review of Residents' POS and consultation orders will be performed by the ADON or designee. Findings will be reported quarterly to the Interdisciplinary Care Team.</p>	<p>8/3/09</p> <p>10/14/09</p>