

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 04/09/2024
NAME OF PROVIDER OR SUPPLIER Jeanne Jugan Residence		STREET ADDRESS, CITY, STATE, ZIP CODE 4200 Harewood Road NE Washington, DC 20017	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41645</p> <p>Based on record review and staff interview, the facility failed to ensure a resident's MDS contained accurate information related to skin integrity for one (1) of 16 sampled resident. (Resident #4)</p> <p>The findings included:</p> <p>Resident #4 was admitted to the facility on [DATE]. The resident had a history of Peripheral Vascular Disease and Cerebral Palsy.</p> <p>A radiology report dated 12/09/23 (Right Duplex Scan - an assessment of how blood flows through arteries and veins), documented the following findings: Rle r/o PVD (Right Lower Extremity rule out Peripheral Vascular Disease), Findings- There is moderate stenosis (narrowing) in the femoral artery.</p> <p>A review of Employee #7's (Wound Care Physician) weekly progress notes dated from 12/13/23 to 02/21/24 documented the following but not limited to: Wound; Location - right heel, Etiology - PVD (Peripheral Vascular Disease).</p> <p>A quarterly Minimum Data Set, dated dated [DATE] documented the following but not limited to: the resident had a Brief Interview for Mental Status summary score of 15 indicating the resident's cognitive status was intact. Additionally, the resident was not coded for having a vascular (PVD) wound. The resident however was coded for having an unstagable (slough/eschar) pressure ulcer. The resident however was not coded for having a vascular (PVD) wound.</p> <p>On 04/03/24 at approximately 11 AM, the resident was observed in his room reading the paper in his wheelchair. He was alert, oriented X4 (name, place, time, and situation). At the time of the observation, the resident denied having any skin integrity issues.</p> <p>During a telephone interview on 04/05/24 at 1PM, Employee #7 stated that the resident did not have a pressure ulcer. The wound on the resident 's right heel was a Peripheral Vascular Disease (PVD) wound. The physician also said that the resident had a Right Duplex Scan done to confirm the PVD diagnosis.</p> <p>During a face-to-face interview on 04/08/24 at approximately 11:00 AM, Employee #8 (MDS Coordinator) reviewed Employee #7's weekly progress notes and the MDS dated [DATE]. After reviewing the documents, the employee stated that she coded the resident's MDS incorrectly when she documented that the resident had a pressure ulcer.</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>27689</p> <p>Based on observations and staff interview, facility staff failed to distribute foods under sanitary condition, as evidenced by dishwashing machine final rinse temperatures that were below 180 degrees Fahrenheit (F), and dietary logs that were not consistently maintained to indicate the concentration of the sanitizing solution from one (1) of one (1) 3-compartment sink.</p> <p>The findings include:</p> <p>1. Final rinse dishwashing machine temperatures failed to reach 180 degrees F during observations on April 4, and April 5, 2024. Facility staff used paper plates for dinner meals on April 4, 2024, and for all meals on April 5, 2024.</p> <p>Final repairs of the dishwashing machine were completed on April 5, 2024, at approximately 3:00 PM, when the final rinse temperature reached 192 degrees F .</p> <p>Observations on April 8, 2024, at 9:35 AM, confirmed that dishwashing machine temperatures were consistent as final rinse temperatures were between 186 degrees F and 192 degrees F, on four (4) consecutive wash cycles.</p> <p>2. Chemical sanitizer solution logs for one (1) of one (1) 3-compartment sink were incomplete as several daily entries were not recorded during the months of January 2024, through March 2024.</p> <p>During a face-to-face interview on April 8, 2024, at approximately 2:00 PM, Employee #5 acknowledged the findings.</p>

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep all essential equipment working safely.</p> <p>27689</p> <p>Based on observations and staff interview, facility staff failed to maintain essential equipment in safe operating condition, as evidenced by final rinse temperatures that were below 180 degrees on April 4, 2024, at 9:15 AM and 10:40 AM.</p> <p>The findings include:</p> <p>During observations in dietary services on April 4, 2024, at 9:15 AM, and 10:40 AM, final rinse temperatures from the dishwashing machine did not reach a minimum of 180 degrees as required. The machine was repaired on April 5, 2024, at approximately 3:00 PM.</p> <p>During a face-to-face interview on April 8, 2024, at approximately 2:00 PM, Employee #5 acknowledged the findings.</p>		