

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

PRINTED: 03/16/2023
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095014 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R-C 03/14/2023 |
| NAME OF PROVIDER OR SUPPLIER WASHINGTON CTR FOR AGING SVCS | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2601 18TH STREET NE WASHINGTON, DC 20018 | |
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| {F 000} | <p>INITIAL COMMENTS</p> <p>An unannounced Revisit Survey was conducted at this facility, from March 13 - 14, 2023. Survey activities consisted of observations, record reviews, and staff interviews. The facility's census on the first day of the survey was 170 and the survey sample included seven (7) residents.</p> <p>After analysis of the findings, it was determined that the facility was not in compliance with the requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities.</p> <p>The following is a directory of abbreviations and/or acronyms that may be utilized in the report:</p> <p>AMS - Altered Mental Status ARD - Assessment Reference Date AV- Arteriovenous BID - Twice- a-day B/P - Blood Pressure cm - Centimeters CFR- Code of Federal Regulations CMS - Centers for Medicare and Medicaid Services CNA- Certified Nurse Aide CRF - Community Residential Facility CRNP- Certified Registered Nurse Practitioner D.C. - District of Columbia DCMR- District of Columbia Municipal Regulations D/C - Discontinue DI - Deciliter DMH - Department of Mental Health DOH - Department of Health DON - Director of Nursing ED - Emergency Department</p> | {F 000} | <p>Washington Center for Aging Services makes its best effort to operate in substantial compliance with both Federal and State laws. Submission of this Plan of Correction (POC) does not constitute an admission or agreement by any party, its officers, directors, employees, or agents as to the truth of the facts alleged of the validity of the conditions set forth of the Statement of Deficiencies. This POC is prepared and/or executed solely because it is required by Federal and State laws.</p> | |

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

TITLE

L N H A

(X6) DATE

3/17/23

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 000} | Continued From page 1 EKG - 12 lead Electrocardiogram EMS - Emergency Medical Services (911) ER - Emergency Room F - Fahrenheit FR. - French FRI - Facility reported incident G-tube - Gastrostomy tube HR - Human Resources Hrs - Hours HS - hour of sleep HSC - Health Service Center HVAC - Heating ventilation/Air conditioning ID - Intellectual disability IDT - Interdisciplinary team IPCP - Infection Prevention and Control Program LPN - Licensed Practical Nurse L - Liter Lbs - Pounds (unit of mass) MAR - Medication Administration Record MD - Medical Doctor MDS - Minimum Data Set Mg - milligrams (metric system unit of mass) M - Minute ML - milliliters (metric system measure of volume) Mg/dl - milligrams per deciliter Mm/Hg - millimeters of mercury MN - midnight N/C - nasal cannula Neuro - Neurological NFPA - National Fire Protection Association NP - Nurse Practitioner O2 - Oxygen PA - Physician's Assistant PASRR - Preadmission screen and Resident Review Peg tube - Percutaneous Endoscopic Gastrostomy PO - by mouth POA - Power of Attorney | {F 000} | | | |

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| {F 000} | Continued From page 2 POS - physician's order sheet Prn - As needed Pt - Patient Q - Every RD - Registered Dietitian RN - Registered Nurse ROM - Range of Motion RP R/P - Responsible party SBAR - Situation, Background, Assessment, Recommendation SCC - Special Care Center Sol - Solution SW - Social Worker TAR - Treatment Administration Record TV - Television Ug - Microgram | {F 000} | | | |
| F 677 SS=D | ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview, for one (1) of seven (7) sampled residents, facility staff failed to ensure that one resident, who is unable to carry out activities of daily living, received the necessary care to maintain good grooming and personal hygiene. Resident #1. The findings included: Review of the policy, "AM (morning) and PM (evening) Care" (not dated) showed, "... All residents in the facility will be provided assistance | F 677 | 1. Resident #1 was provided nail care immediately. 2. Resident rounds were made on all units and all residents nails were checked. No other resident was found to be affected by this practice. | 03.17.2023 | |

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| F 677 | <p>Continued From page 3 with care as needed ... assist/have resident bathe hands ..."</p> <p>Resident #1 was admitted to the facility on 06/08/20 with multiple diagnoses that included Age-related Physical Debility, Muscle Weakness and Altered Mental Status.</p> <p>Review of Resident #1's medical record revealed the following:</p> <p>09/12/20 [physician's order] " ... Head to toe skin observation for any abnormalities ... twice a week on shower days ...Mondays and Thursdays night shift ..."</p> <p>08/30/21 [physician's order] "Target Behavior ... (A) kicking/hitting staff (B) scratching staff (C) refusing care ...Every Shift ..."</p> <p>A Quarterly Minimum Data Set (MDS) dated 12/15/22 showed facility staff coded the following: moderately impaired cognitive skills for daily decision making; no rejection of care behaviors; required extensive assistant of two person assist for personal hygiene; and had no functional limitation in range of motion.</p> <p>Care plan focus area: "Self-Care Deficit related to muscle weakness, age- related physical debility ..." last reviewed on 12/28/22 had the interventions of " ...Nursing staff will groom and dress resident daily ...Nursing staff will bath resident daily and give shower twice a week on shower day ..."</p> <p>Care plan focus area: "Resident exercising his rights to refuse care (...ADL [activities of daily living] assistance)" last reviewed on 12/28/22 had</p> | F 677 | <ol style="list-style-type: none"> 3. In-service training on Activities of Daily Living, including nail hygiene was conducted for CNAs and Licensed Nursing Staff by the Unit Managers. 4. Nursing management will monitor ADL's and hygiene of residents daily, including nail care. The results will be reported to the QA committee quarterly. 5. Completion Date: March 17, 2023 6. 6. DON/ADON | 03.17.2023 |
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| F 677 | <p>Continued From page 4</p> <p>the interventions of " ...When resident begins to resist care, STOP and try the task later. Do not force the resident to do the task ... Notify MD/NP (medical doctor/Nurse Practitioner) and RP (representative) of lab refusal and care ..."</p> <p>Care plan focus area: "Resident has physical behavioral symptoms toward others (e.g., hitting, kicking, pushing, scratching, abusing others ..." last reviewed on 01/26/23 had the interventions of: " ...When resident becomes physically abusive, STOP and try task later. Do not force to do task. When resident becomes physically abusive, keep distance between resident and others (e.g., staff, other residents, visitors). Call for assistance if resident is agitating and is not safe to leave him alone ..."</p> <p>During an observation on 03/13/23 at 11:06 AM, Resident #1 was observed laying in bed, with his arms folded on his chest. All ten (10) of his fingernails were noted to be very long with thick, with caked up and dark colored substance underneath each fingernail.</p> <p>Review of the progress notes, Medication Administration Record (MAR), Treatment Administration Record (TAR) and the Certified Nurse Aide (CNA) documentation from 03/10/23 to 03/13/23 (three days), showed no documented evidence that the resident refused medications, ADL care or had any physical behavioral symptoms towards the staff. The CNA documentation also showed that the resident was provided staff assistance to "maintain personal hygiene" on 03/13/23 at 6:44 AM.</p> <p>During a face-to-face interview conducted on 03/13/23 at 11:08 AM at Resident #1's bedside,</p> | F 677 | | | |

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| F 677 | <p>Continued From page 5</p> <p>Employee #8 (assigned nurse) and Employee #7 (Unit Manager) both acknowledged the finding. When asked why Resident #1's fingernails had not been cut or cleaned, Employee #7 stated, "We try as much as he allows. He hits the staff." Employee #8 then proceeded to cut and clean the resident's nail. It should be noted that the resident did not display any physically aggressive behavior towards Employee #8 as she performed this task.</p> <p>DCMR 3211.1</p> <p>{F 689} Free of Accident Hazards/Supervision/Devices SS=D</p> <p>CFR(s): 483.25(d)(1)(2)</p> <p>§483.25(d) Accidents. The facility must ensure that -</p> <p>§483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on one (1) of one observation, record review and staff interviews, facility staff failed to ensure that the resident environment remained free of accident hazards as evidenced by leaving a needle syringe unattended on top of a medication cart in the hallway, where residents were walking by.</p> <p>The findings included:</p> <p>According to the "Occupational Safety and Health Administration (OSHA)", " ... [The] policy is that recapping of needles, in general, is not appropriate. Used needles are to be placed in</p> | F 677 | <p>{F 689}</p> <ol style="list-style-type: none"> 1. The needle/syringe was discarded into the sharps container immediately. Employee #5 was re-educated immediately on the Point of Care Testing Policy. No resident was affected by this practice. 2. All medication carts were checked, and no other cart was noted to have syringes on them. All carts had a sharps container attached, which was being used. | 03.17.2023 |

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| {F 689} | <p>Continued From page 6</p> <p>sharps disposal containers without recapping ..."</p> <p>https://www.osha.gov/laws-regs/standardinterpretations/1990-09-13#:~:text=OSHA%20policy%20is%20that%20recapping%20of%20needles%2C%20in,such%20as%20self-sheathing%20needles%20are%20the%20preferred%20method.</p> <p>Review of the "Point of Care Testing" policy (not dated) documented, " ...All disposable needles, syringes and sharps shall be placed in sharps containers ..."</p> <p>During a tour of unit 2 Green on 03/13/23 at 12:10 PM, a needle syringe was observed unattended on top of a medication cart in the hallway, as residents were walking by. Also observed, was a resident sitting in his wheelchair, within arm's reach of the medication cart and unattended needle syringe. The closest employee was observed down the hall, to the left of the cart. The surveyor got the employee's attention, who then came and acknowledged the unattended needle syringe on top of the medication cart. Employee #5 (Registered Nurse assigned to the medication cart) quickly took the needle syringe and threw it into the trash receptacle that did not have a trash bag. It should be noted that there was a sharps container attached to the medication cart, located directly above the trash receptacle.</p> <p>During a face-to-face interview conducted at the time of the observation, Employee #5 stated, "I went to use the needle to draw up Insulin (medication to lower blood sugar), but I noticed it was bent when I opened it (uncapped it) so I couldn't use it. The needle was never used." The employee was asked is it standard of practice to</p> | {F 689} | <ol style="list-style-type: none"> 3. Licensed Nursing Staff were re-educated on the Point of Care Testing Policy, which included safety as it pertains to syringes/needles being left on the cart as well as proper disposal of sharps into sharps container. 4. Nurse managers will utilize monitoring tool to ensure syringes and needles are being properly disposed of and nursing staff not recapping syringes/needles. The results will be reported to the QA committee quarterly. 5. Completion Date: March 17, 2023 6. DON/ADON | 03.17.2023 | |

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| {F 689} | Continued From page 7 recap a needle. The employee responded, "I did not use the needle. It was bent." When asked why she recapped the needle and why she did not discard of the needle instead of leaving it unattended, on top of the medication cart, the employee did not provide a response. The employee was asked why she discarded the needle syringe in the trash and not the sharp's container. Employee #5 stated, "Yes, I know. It's [needle syringe] supposed to go in the sharps container." During a face-to-face interview conducted at on 03/13/23 at 12:15 PM, Employee #9 (unit 2 Green Unit Manager) was made aware of the findings. Employee #9 acknowledged the findings and stated that she would talk to Employee #5. During a face-to-face interview conducted on 03/13/23 at approximately 12:40 PM, Employees #1 (Administrator) and Employee #2 (Director of Nursing) were also made aware of the findings. | {F 689} | | | |
| F 726 SS=D | DCMR 3211.1 Competent Nursing Staff CFR(s): 483.35(a)(3)(4)(c) §483.35 Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required | F 726 | | | |

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| F 726 | <p>Continued From page 8 at §483.70(e).</p> <p>§483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.</p> <p>§483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs.</p> <p>§483.35(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews, facility staff failed to demonstrate the competency and skill sets necessary to safely provide nursing care as evidenced by: recapping a needle; leaving a needle syringe on top of medication cart unattended in the hallway; and disposing of a needle in the trash receptacle instead of the sharp's container.</p> <p>The findings included:</p> <p>According to the "Occupational Safety and Health Administration (OSHA)", "... [The] policy is that recapping of needles, in general, is not appropriate. Used needles are to be placed in sharps disposal containers without recapping ..."</p> <p>https://www.osha.gov/laws-regs/standardinterpret</p> | F 726 | <ol style="list-style-type: none"> 1. Employee #5 was re-educated immediately, and demonstrated competency and skills necessary as it pertains to recapping a needle, placement of needle syringe and disposal of needle syringe. 2. Licensed Nurses were questioned and monitored as it pertains to the competency related to proper usage and disposal of needle syringe. No other nurse was noted to be affected by this practice. All medication carts were checked and none of the had a needle syringe on top of it, and all were noted to have a sharps container attached for proper disposal. 3. Licensed Nursing Staff were re-educated on the Point of Care Testing Policy, which included safety as it pertains to syringes/needles being left on the cart as well as proper disposal of sharps into sharps container. 4. Nurse Managers will utilize med pass audit tool to test competency of nursing staff as it pertains to disposal of syringes. The results of the tool will report to the QA Committee Quarterly. 5. Completion Date: March 17, 2023 6. DON/ADON | 03.17.2023 |
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| F 726 | <p>Continued From page 9</p> <p>ations/1990-09-13#:~:text=OSHA%20policy%20is%20that%20recapping%20of%20needles%2C%20in,such%20as%20self-sheathing%20needles%20are%20the%20preferred%20method.</p> <p>Review of the "Point of Care Testing" policy (not dated) documented, "...All disposable needles, syringes and sharps shall be placed in sharps containers ..."</p> <p>During a tour of unit 2 Green on 03/13/23 at 12:10 PM, a needle syringe was observed unattended on top of a medication cart in the hallway, as residents were walking by. Also observed, was a resident sitting in his wheelchair, within arm's reach of the medication cart and unattended needle syringe. The closest employee was observed down the hall, to the left of the cart. The surveyor got the employee's attention, who then came and acknowledged the unattended needle syringe on top of the medication cart. Employee #5 (Registered Nurse assigned to the medication cart) quickly took the needle syringe and threw it into the trash receptacle that did not have a trash bag. It should be noted that there was a sharps container attached to the medication cart, located directly above the trash receptacle.</p> <p>During a face-to-face interview conducted at the time of the observation, Employee #5 stated, "I went to use the needle to draw up Insulin (medication to lower blood sugar), but I noticed it was bent when I opened it (uncapped it) so I couldn't use it. The needle was never used." The employee was asked is it standard of practice to recap a needle. The employee responded, "I did not use the needle. It was bent." When asked why she recapped the needle and why she did</p> | F 726 | | | |

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| F 726 | Continued From page 10 not discard of the needle instead of leaving it unattended, on top of the medication cart, the employee did not provide a response. The employee was asked why she discarded the needle syringe in the trash and not the sharp's container. Employee #5 stated, "Yes, I know. It's [needle syringe] supposed to go in the sharps container." During a face-to-face interview conducted at on 03/13/23 at 12:15 PM, Employee #9 (unit 2 Green Unit Manager) was made aware of the findings. Employee #9 acknowledged the findings and stated that she would talk to Employee #5. During a face-to-face interview conducted on 03/13/23 at approximately 12:40 PM, Employees #1 (Administrator) and Employee #2 (Director of Nursing) were also made aware of the findings. | F 726 | | | |
| F 880 SS=D | DCMR 3210.4 Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: | F 880 | | | |

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| F 880 | <p>Continued From page 11</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact .</p> <p>§483.80(a)(4) A system for recording incidents</p> | F 880 | <ol style="list-style-type: none"> 1. Employee #5 was re-educated immediately, and demonstrated competency and skills necessary as it pertains to recapping a needle, placement of needle syringe and disposal of needle syringe. 2. All medication carts were checked, and no other cart was noted to have syringes on them. All carts had a sharps container attached, which was being used. 3. Licensed Nursing Staff were re-educated on the Point of Care Testing Policy, which included safety as it pertains to syringes/needles being left on the cart as well as proper disposal of sharps into sharps container. Medication Pass Administration was conducted on licensed nursing staff which included infection control practices. 4. Nurse Managers will utilize med pass audit tool to test infection control practiced as it pertains to disposal of syringes. The results of the tool will report to the QA Committee Quarterly. 5. Completion Date: March 17, 2023 6. DON/ADON | 03.17.2023 | |

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| F 880 | <p>Continued From page 12 identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on one (1) of one observation, record review and staff interviews, facility staff failed to maintain infection control practice and procedures as evidenced by recapping a needle syringe and disposing of the needle in the trash receptacle instead of the sharp's container.</p> <p>The findings included:</p> <p>According to the "Occupational Safety and Health Administration (OSHA)", " ... [The] policy is that recapping of needles, in general, is not appropriate. Used needles are to be placed in sharps disposal containers without recapping ..."</p> <p>https://www.osha.gov/laws-regs/standardinterpretations/1990-09-13#:~:text=OSHA%20policy%20is%20that%20recapping%20of%20needles%2C%20in,such%20as%20self-sheathing%20needles%20are%20the%20preferred%20method.</p> <p>Review of the "Point of Care Testing" policy (not dated) documented, " ...All disposable needles, syringes and sharps shall be placed in sharps containers ..."</p> | F 880 | | |

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| F 880 | <p>Continued From page 13</p> <p>During a tour of unit 2 Green on 03/13/23 at 12:10 PM, a needle syringe was observed unattended on top of a medication cart in the hallway, as residents were walking by. Also observed, was a resident sitting in his wheelchair, within arm's reach of the medication cart and unattended needle syringe. The closest employee was observed down the hall, to the left of the cart. The surveyor got the employee's attention, who then came and acknowledged the unattended needle syringe on top of the medication cart. Employee #5 (Registered Nurse assigned to the medication cart) quickly took the needle syringe and threw it into the trash receptacle that did not have a trash bag. It should be noted that there was a sharps container attached to the medication cart, located directly above the trash receptacle.</p> <p>During a face-to-face interview conducted at the time of the observation, Employee #5 stated, "I went to use the needle to draw up Insulin (medication to lower blood sugar), but I noticed it was bent when I opened it (uncapped it) so I couldn't use it. The needle was never used." The employee was asked is it standard of practice to recap a needle. The employee responded, "I did not use the needle. It was bent." When asked why she recapped the needle and why she did not discard of the needle instead of leaving it unattended, on top of the medication cart, the employee did not provide a response. The employee was asked why she discarded the needle syringe in the trash and not the sharp's container. Employee #5 stated, "Yes, I know. It's [needle syringe] supposed to go in the sharps container."</p> <p>The evidence showed that facility staff failed to</p> | F 880 | | | |

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| F 880 | <p>Continued From page 14</p> <p>maintain infection control practice and procedures as evidenced by recapping a needle syringe and disposing of the needle in the trash receptacle instead of the sharp's container.</p> <p>During a face-to-face interview conducted at on 03/13/23 at 12:15 PM, Employee #9 (unit 2 Green Unit Manager) was made aware of the findings. Employee #9 acknowledged the findings and stated that she would talk to Employee #5.</p> <p>During a face-to-face interview conducted on 03/13/23 at approximately 12:40 PM, Employees #1 (Administrator) and Employee #2 (Director of Nursing) were also made aware of the findings.</p> <p>DCMR 3217.6</p> | F 880 | | |
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