

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

PRINTED: 03/05/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095034	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/29/2021
NAME OF PROVIDER OR SUPPLIER CARROLL MANOR NURSING & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 725 BUCHANAN ST., NE WASHINGTON, DC 20017	
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F 000	<p>INITIAL COMMENTS</p> <p>A COVID-19 Focused Infection Control Survey was conducted on January 27, 2021 through January 29, 2021. Survey activities consisted of a review of nine (9) sampled residents. It was determined that the facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities. This includes the facility's non compliance with 42 CFR §483.80 infection control regulations. The resident census was 146.</p> <p>The following is a directory of abbreviations and/or acronyms that may be utilized in the report:</p> <p>Abbreviations AMS - Altered Mental Status ARD - Assessment Reference Date AV- Arteriovenous BID - Twice- a-day B/P - Blood Pressure cm - Centimeters CMS - Centers for Medicare and Medicaid Services CNA- Certified Nurse Aide CRF - Community Residential Facility D.C. - District of Columbia DCMR- District of Columbia Municipal Regulations D/C Discontinue DI - deciliter DMH - Department of Mental Health EKG - 12 lead Electrocardiogram EMS - Emergency Medical Services (911) G-tube Gastrostomy tube HR- Hour</p>	F 000	<p>Carroll Manor makes its best efforts to operate in substantial compliance with both Federal and State laws. Submission of this (POC) does not constitute an admission or agreement by any party, its officers, directors, employees or agents as the truth of the facts alleged or the validity of the conditions set forth on the statement of deficiencies. This plan of correction (POC) is prepared and/ or executed because it is required by State and Federal laws.</p>	3/20/2021

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

TITLE

(X6) DATE



Executive Director

3-12-2021

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 HSC - Health Service Center HVAC - Heating ventilation/Air conditioning ID - Intellectual disability IDT - interdisciplinary team 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) mL - milliliters (metric system measure of volume) mg/dl - milligrams per deciliter mm/Hg - millimeters of mercury MN - midnight Neuro - Neurological NP - Nurse Practitioner O2- Oxygen PASRR - Preadmission screen and Resident Review Peg tube - Percutaneous Endoscopic Gastrostomy PO- by mouth POS - physician ' s order sheet Prn - As needed Pt - Patient Q- Every QIS - Quality Indicator Survey ROM - Range of Motion Rp, R/P - Responsible party SCC - Special Care Center Sol- Solution TAR - Treatment Administration Record	F 000			
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident;	F 580			

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F 580	Continued From page 2 consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility	F 580	F580 1) The Physician extender was notified of resident #2's change of condition on 12/4/2020. 2) The unit managers or designee reviewed the residents with current change in condition, who were inhouse on 3/8/2021 to ensure that the physician/ physician extenders were notified. 3) The staff educator or designee will educate the licensed nurses on the timely notification of physicians/ physician extenders of resident change of conditions. The Unit Manager or designee will review resident change of conditions 3 x's per week X's 3 months to ensure that physicians/physician extenders are notified of resident change of conditions in a timely manner. 4) The results of the resident change of condition reviews will be discussed during the monthly QAPI, times 3 months to ensure substantial compliance.	3/20/2021

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F 580	<p>Continued From page 3</p> <p>that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interview, for one (1) of nine (9) sampled residents, facility staff delayed informing the resident's physician of a change in physical and mental status. Resident #2.</p> <p>Findings included ...</p> <p>Resident #2 was admitted to the facility on 02/04/2019, with diagnoses that included, Dementia, Constipation, Benign Prostatic Hypertension (BPH) and Allergic Rhinitis.</p> <p>Review Resident #2's medical record showed the following nursing progress note:</p> <p>12/3/2020: 13:10 (1:10 PM) ..." Resident had a change in condition was not able to walk around the unit as usual, and more confused ... poor appetite ..."</p> <p>12/4/2020, at 9:15 AM [Resident #2] was found on the floor ... CRNP (Certified Registered Nurse Practitioner) notified ..."</p> <p>During a face-to-face interview conducted on 02/04/2021, at approximately 10:30 AM with Employee #2 (Director of Nursing), she stated that nursing staff are trained and educated to report any change in condition to the physician</p>	F 580			

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F 580	Continued From page 4 immediately and that she will look into it. At the time of the interview, Employee #2 acknowledged the findings. During a telephone interview conducted on 02/08/2021, at 10:42 AM, Employee #12 (Licensed Practical Nurse) stated, "We have to call the medical doctor or nurse practitioner for any changes in the resident's condition. I did make the nurse practitioner aware but I remember why didn't document it." Facility staff delayed informing Resident #2's physician (20 hours later) of the resident's change in physical and mental status.	F 580			
F 726 SS=D	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 at §483.70(e). §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. §483.35(a)(4) Providing care includes but is not	F 726			

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F 726	<p>Continued From page 5</p> <p>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:</p> <p>Based on record review and interview, for one (1) of nine (9) sampled residents, facility staff failed to provide competent nursing care in a manner that promotes the resident's well-being. Resident #2.</p> <p>Findings included ...</p> <p>Resident #2 was admitted to the facility on 02/04/2019, with diagnoses that included, Dementia, Constipation, Benign Prostatic Hypertension (BPH) and Allergic Rhinitis.</p> <p>Review Resident #2's medical record showed the following nursing progress note:</p> <p>12/3/2020: 13:10 (1:10 PM) ..." Resident had a change in condition was not able to walk around the unit as usual, and more confused ... poor appetite ..."</p> <p>12/4/2020, at 9:15 AM [Resident #2] was found on the floor ... CRNP (Certified Registered Nurse Practitioner) notified ..."</p> <p>During a face-to-face interview conducted on 02/04/2021, at approximately 10:30 AM with</p>	F 726	<p>F726</p> <ol style="list-style-type: none"> 1. The licensed nurse #12 was re-educated on notifying physicians/physician extenders of resident change of conditions in a timely manner. 2. The licensed staff members were re-educated on notifying physicians/physician extenders of resident change of conditions in a timely manner. 3. The educator or designee will educate new licensed associates on notifying physicians/physician extenders of resident change of conditions in a timely manner during the orientation process. The Unit Manager or designee will randomly review resident change of conditions 3 times per week, times 3 months to ensure timely notification by licensed nurses. 4. The results of the random reviews will be discussed during the monthly QAPI, times 3 months to ensure substantial compliance. 	3/20/2021

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F 726	Continued From page 6 Employee #2 (Director of Nursing), she stated that nursing staff are trained and educated to report any change in condition to the physician immediately and that she will look into it. At the time of the interview, Employee #2 acknowledged the findings. During a telephone interview conducted on 02/08/2021, at 10:42 AM, Employee #12 (Licensed Practical Nurse) stated, "We have to call the medical doctor or nurse practitioner for any changes in the resident's condition. I did make the nurse practitioner aware but I remember why didn't document it." Facility staff failed to provide competent nursing care in a manner that promotes the resident's well-being.	F 726			
F 880 SS=E	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: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents,	F 880			

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F 880	<p>Continued From page 7</p> <p>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> <ul style="list-style-type: none"> (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: <ul style="list-style-type: none"> (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (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 (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact. <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p>	F 880			

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F 880	<p>Continued From page 8</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:</p> <p>Based on observation, record review and interview, the facility's staff failed to follow Standards of Practice and the facility's practice and protocol with doffing Personal Protective Equipment (PPE) when exiting a resident's room, follow Standards of Practice and the facility's practice and protocol for keeping a resident's room door closed on the COVID-19 unit and properly don a face shield in accordance to professional standards of practice.</p> <p>Findings included ...</p> <p>1. Facility staff failed to doff PPE (gown and gloves) before exiting Resident's Room #226.</p> <p>According to Center for Disease Control (CDC) guidance on the use of Personal Protective Equipment, How to Safely Remove Personal Protective Equipment (PPE) Example 2, documented to "Remove all PPE before exiting the patient room except a respirator, if worn ..."</p> <p>https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf</p> <p>On 01/27/2021, at approximately 11:00 AM, observation of the 2nd Floor showed Employee #9 (Housekeeper), donning gloves, a gown, and</p>	F 880	<ol style="list-style-type: none"> Associate #9 was re-educated on Donning and Doffing and keeping doors closed per the infection control policy. Associate #7 was provided education on wearing her mask appropriately and provided another mask. The housekeeping associates were re-educated on Donning and Doffing and keeping doors closed per the infection control policy. The associates were educated on wearing their masks appropriately and a mask questionnaire was completed to determine if there were barriers to wearing their mask properly? An alternate mask type was provided if indicated. New associates will be educated on Donning and Doffing, wearing PPE appropriately, and keeping doors closed per the infection control policy during the new hire orientation process. The Unit Manager or designee will make random observations 3x's per week, times 3 months to ensure that housekeeping staff Don and Doff, doors are closed, and associates wear their masks appropriately per the infection control policy. The results of the observations will be discussed during the monthly QAPI, times 3 months to ensure substantial compliance. 	3/20/2021

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F 880	<p>Continued From page 9</p> <p>a surgical mask entering Resident's Room #226 with bathroom cleaning supplies to include a toilet brush.</p> <p>Continued observation revealed a sign on the resident's door that documented, "Remove and dispose gloves ... Remove and dispose gown ...UPON EXITING THE ROOM."</p> <p>Employee #9 was observed cleaning the resident's bathroom. After cleaning the resident's bathroom, she then was observed exiting the resident's room wearing the gloves and gown that she used to clean the resident's bathroom.</p> <p>The employee then walked into the hallway to access her cleaning cart, touching the room's door frame and her cart with the gloves she failed to doff before leaving the resident's room. [It should be noted that the resident in room #226 was under quarantine due to a recent COVID-19 outbreak in the facility].</p> <p>During a face-to-face interview on 01/27/2021, at approximately 11:15 AM, Employee #9 stated that she removes her gown and gloves after she finishes cleaning a resident's room.</p> <p>During a face-to-face interview on 01/27/2021, at approximately 12:00 PM, Employee #11, Environmental Services Director, acknowledge the finding and stated that staff had been instructed to remove gloves and gowns before exiting residents' rooms.</p> <p>At the time of the survey, Employee #9 failed to doff her gown and gloves prior to exiting resident's room, #226.</p>	F 880		

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F 880	<p>Continued From page 10</p> <p>2. Facility staff failed to keep a COVID-19 positive resident's room door closed while cleaning it.</p> <p>According to CDC's guidance on Airborne Infection Isolation Rooms, "Room doors should be kept closed except when entering or leaving the room, and entry and exit should be minimized." https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html</p> <p>On 01/27/2021, at approximately 11:30 AM, observation of the 3rd Floor (3 West) showed Employee #10 cleaning a resident's room (#345), who was positive for COVID-19. Continued observation revealed a white sign and a yellow sign on the wall beside room #345. The untitled yellow sign documented, "PLEASE KEEP DOOR CLOSE." And the white sign entitled "Enhanced Respiratory Precautions", documented, "Door should be kept CLOSED."</p> <p>Further observation showed the employee cleaning resident room #345 with the door opened. Employee # 10's cart was positioned in the doorway of room #345. Due to Employee #10's cart positioning, the resident's room door was unable to be closed.</p> <p>During a face-to-face interview on 01/27/2021, at approximately 11:40 AM, the surveyor pointed to the two signs posted on the wall and asked the employee, why did she clean the resident's room with the door opened, Employee #10 stated that her supervisor instructed her to block the doorway of residents' rooms with her cart, so she can easily get to her cleaning supplies since she was not allowed to take her cart into resident's</p>	F 880		

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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 880	<p>Continued From page 11 rooms on the COVID-19 unit.</p> <p>During a face-to-face interview on 01/27/2021, at approximately 12:00 PM, Employee #11, (Environmental Services Director) acknowledged the finding and stated that she instructed her staff to keep the resident's room door open on the COVID-19 Unit so that they could have access to their cleaning supplies.</p> <p>At the time of the survey, Employee #10 failed to keep the door closed for resident room #345.</p> <p>3. Facility staff failed to properly don a face mask in accordance to professional standards of practice.</p> <p>According to the Center for Disease Control and Prevention's website, Title: Medical procedure masks (sometimes referred to as Surgical Masks or Disposable Face Masks). Medical procedure masks are single-use masks ... make sure your medical procedure mask fits close to your face without large side gaps and completely covers your nose and mouth. Bring extra medical procedure masks with you in case you need to change out a dirty or wet mask. https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html</p> <p>During an observation of the 5th floor on 01/27/2021, at approximately 11:30 AM, Employee #6 (Licensed Practical Nurse) was observed in the hallway standing at the medication cart wearing a surgical face mask that was not donned in accordance with the professional standards of practice. The mask was observed over her mouth and did not cover her nose.</p>	F 880			

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

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F 880	<p>Continued From page 12</p> <p>During a face-to-face interview on 01/27/2021, at approximately 11:35 AM, Employee #6 was asked, is there a reason why her face mask was not covering her nose. Employee #6 stated, "It irritates my ears and causes my glasses to fall off." She did attempt to readjust her face mask to cover her nose.</p> <p>During a face-to-face interview on 01/27/2021, at approximately 1:00 PM, Employee #7 (Nurse Manager) acknowledged the finding and stated, "She will be educated on proper donning of face mask and she will be offered another style face mask."</p> <p>Facility staff failed to properly don a face mask in accordance with the professional standards of practice.</p>	F 880		