Health Regulation & Licensing Administration

MAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2IP CODE 725 BUCHANAN ST., NE WASHINGTON, DC 20017 CARDOLL MANOR NURSING & REHAB T25 BUCHANAN ST., NE WASHINGTON, DC 20017 CARDOLL MANOR NURSING & REHAB T25 BUCHANAN ST., NE WASHINGTON, DC 20017 L 000 Initial Comments L 000 Initial Comment	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
MANE OF PROVIDER OR SUPPLIER CARROLL MANOR NURSING & REHAB PROVIDERS CITY, STATE, 2IP CODE 725 BUCHANAN ST., NE WASHINGTON, DC 20017 PREFIX TAG (EACH DEPICIENCY MUST BE PRECEDED BY FULL REQULATORY OR LSC IDENTIFYING INFORMATION). PREFIX TAG (EACH DEPICIENCY MUST BE PRECEDED BY FULL REQULATORY OR LSC IDENTIFYING INFORMATION). A COVID-19 Focused Infection Control Survey was conducted at Carroll Manor from January 27, 2021 through January 29, 2021. Survey activities consisted of a review of nine (9) sampled residents. The survey was conducted under Title 22B District of Columbia Municipal Regulations, Chapter 32 Nursing Facilities. The resident census during the survey was 146. The following is a directory of abbreviations and/or acronyms that may be utilized in the report: Abbreviations AMS - Altered Mental Status ARD - Assessment Reference Date AV- Anteriovenous BID - Twice-a-day BIP - Blood Pressure CMS - Centers for Medicare and Medicaid Services CNA- Certified Nurse Aide CRF - Community Residential Facility D.C District of Columbia DOMR. District of Columbia Emergency Medical Services (911) G-tube Gastrostomy tube STREET ADDRESS. CIT, STATE, 2IP CODE TAG PROVIDERS NAN F CORRECTION PREFIX TAG PROVIDER'S NAN OF CORRECTION (EACH OBSERCENCE ACTION SERVICES) CROSS-REFERRENCE OF the Harphroprise Correction (PCC) is perate in substantial compliance with both Federal and State laws. Submission of the operate in substantial compliance with both Federal and State laws. Submission of this operate in substantial compliance with both Federal and State laws. Submission of this operate in substantial compliance with both Federal and State laws. Submission of this operate in substantial compliance with both Federal an			A. BUILDING:					
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A COVID-19 Focused Infection Control Survey was conducted at Carroll Manor from January 27, 2021 through January 29, 2021. Survey activities consisted of a review of nine (9) sampled residents. The survey was conducted under Title 22B District of Columbia Municipal Regulations, Chapter 32 Nursing Facilities. The resident census during the survey was 146. The following is a directory of abbreviations and/or acronyms that may be utilized in the report: Abbreviations AMS - Altered Mental Status ARD - Assessment Reference Date AV- Arteriovenous BID - Twice- a-day B/P - Blood Pressure cm - Centimeters CMS - Centiers for Medicare and Medicaid Services CNA- Certified Nurse Aide CRF - Community Residential Facility D.C District of Columbia DCMR- Department of Mental Health EKG - 12 lead Electrocardiogram EMS - Emergency Medical Services (911) G-tube Gastrostomy tube	PREFIX	(EACH DEFICIENCY MUST	BE PRECEDED BY FULL REGULATORY	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETE	
HSC - Health Service Center HVAC - Heating ventilation/Air conditioning ID - Intellectual disability Health Regulation & Licensing Administration LARGED ON DIRECTOR ACT PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE (X6) DATE		A COVID-19 Focuse conducted at Carroll through January 29, consisted of a review The survey was con of Columbia Municip Nursing Facilities. The survey was 146. The following is a diacronyms that may lead to acronyms that may	Manor from January 27, 2021 2021. Survey activities of nine (9) sampled residents. ducted under Title 22B District bal Regulations, Chapter 32 The resident census during the rectory of abbreviations and/or be utilized in the report: ental Status ent Reference Date is day essure iters or Medicare and Medicaid I Nurse Aide ity Residential Facility f Columbia Columbia Municipal ent of Mental Health lectrocardiogram incy Medical Services (911) omy tube ervice Center entilation/Air conditioning al disability		operate in substantial compliance with Federal and State laws. Submission (POC) does not constitute an admission agreement by any party, its officers, directors, employees or agents as the of the facts alleged or the validity of the conditions set forth on the statement deficiencies. This plan of correction is prepared and/or executed because	h both of this ion or e truth he of (POC)	3/20/2021	

3/12/2021 **Executive Director**

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Health Regulation & Licensing Administration

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L 000	Continued From page	ge 1	L 000			
		linary team				
	L - Liter					
		unit of mass)				
		n Administration Record				
	MD- Medical D					
	MDS - Minimum					
		(metric system unit of mass)				
		(metric system measure of				
	volume) mg/dl - milligrams per deciliter mm/Hg - millimeters of mercury MN midnight					
	Neuro - Neurolog					
	NP - Nurse Pra	actitioner				
	O2- Oxygen					
		sion screen and Resident				
	Review					
		eous Endoscopic Gastrostomy				
	PO- by mouth					
		n's order sheet				
	Prn - As neede	ed				
	Pt - Patient					
	Q- Every	_				
		ndicator Survey				
		of Motion				
		sible party				
		Care Center				
	Sol- Solution					
	TAR - Treatmer	nt Administration Record				
1 054	2210 / Nuroina F	ilitios	L 051			
L 051	3210.4 Nursing Faci	iiiues	6001			
	A charge puree chal	I ha raspansible for the				
	<u> </u>	I be responsible for the				
	following:					
	(a) Making daily resi	dent visite to appear abveig-!				
	(a)Making daily resident visits to assess physical and emotional status and implementing any					
required nursing intervention;						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION ((X3) DATE SURVEY COMPLETED		
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L 051	Continued From page 2		L 051			
	(b)Reviewing medication records for completeness, accuracy in the transcription of physician orders, and adherences to stop-order policies;(c)Reviewing residents' plans of care for appropriate goals and approaches, and revising them as needed;					
(d)Delegating responsibility to the nursing staff for direct resident nursing care of specific residents; (e)Supervising and evaluating each nursing employee on the unit; and						
	(f)Keeping the Director of Nursing Services or his or her designee informed about the status of residents. This Statute is not met as evidenced by: A. Based on record review and staff interview, for one (1) of nine (9) sampled residents, the charge nurse delayed informing the resident's physician of a change in physical and mental status. Resident #2.					
	Findings included					
	02/04/2019, with dia Dementia, Constipa	mitted to the facility on gnoses that included, tion, Benign Prostatic and Allergic Rhinitis.				
	Review Resident #2's medical record showed the following nursing progress note: 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"					

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PRINTED: 03/05/2021 FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B WING HFD02-0027 01/29/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 725 BUCHANAN ST., NE **CARROLL MANOR NURSING & REHAB** WASHINGTON, DC 20017 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX TAG OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) L 051 Continued From page 3 L 051 Further review of the nursing progress notes showed that there was a delay in notifying the physician of the resident's change of condition. Physician notification was not made until 12/4/2020, at 9:15 AM when a nursing note documented that Resident #2 "was found on the floor ... CRNP [Certified Registered Nurse Practitioner] notified ..." 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 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 didn't document it." The charge nurse delayed informing Resident #2's physician of the resident's change in physical and mental status on 12/03/2021. B. Based on record review and interview, for one (1) of nine (9) sampled residents, the charge nurse failed to provide competent nursing care in a manner that promotes the resident's well-being. Resident #2.

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Findings included ...

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
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L 051	Continued From pag	je 4	L 051	L051	3/20/2021		
	02/04/2019, with dia	mitted to the facility on gnoses that included Dementia, n Prostatic Hypertension (BPH)		1) The Physician extender of notified of resident #2's of condition on 12/4/20.	change		
	following progress n 12/3/2020: 13:10 (1: change in condition	nedical record showed the ote: 10 PM)" Resident had a was not able to walk around the ore confused poor appetite		2) The unit managers or de reviewed the residents we current change in condit who were inhouse on 3/to ensure that the physician extenders were	vith ion, 8/2021 cian/		
	showed that there we physician of the resi Physician notification at 9:15 AM when a resident #2 "was for [Certified Registered During a face-to-fact 02/04/2021, at approximate Employee #2 (Direct nursing staff are traichange in condition and that she will look interview, Employee During a telephone in 02/08/2021 at 10:42 Practical Nurse) staff medical doctor or nuin the resident's compractitioner aware, but the staff of the resident's compractitioner aware, but the staff of the resident's compractitioner aware, but the staff of the resident's compractitioner aware, but the resident of	e nursing progress notes as a delay in notifying the dent's change of condition. In was not made until 12/4/2020, nursing note documented that und on the floor CRNP If Nurse Practitioner] notified" The interview conducted on eximately 10:30 AM with the tor of Nursing), she stated that ned and educated to report any to the physician immediately into it. At the time of the #2 acknowledged the findings. The interview conducted on AM, Employee #12 (Licensed and, "We have to call the larse practitioner for any changes dition. I did make the nurse and I didn't document it."		notified. 3) The staff educator or de will educate the licensed on the timely notificatio physicians/ physician ex of resident change of conditions. The Unit Ma or designee will review rehange of conditions 3 x week X's 3 months to enthat physicians/physicia extenders are notified or resident change of conditions a timely manner. 4) The results of the reside change of condition reviwill be discussed during	I nurses n of tenders inager resident 's per isure n f itions in		
The charge nurse failed to provide competent			monthly QAPI, times 3 n to ensure substantial compliance.				

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	nursing care in a ma resident's well-being	anner that promotes the J.				
L 091	3217.6 Nursing Faci	ilities	L 091			
	The Infection Control Committee shall ensure that infection control policies and procedures are implemented and shall ensure that environmental services, including housekeeping, pest control, laundry, and linen supply are in accordance with the requirements of this chapter. This Statute is not met as evidenced by: 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.		е			
	Findings included					
	Facility staff failed before exiting Resid	d to doff PPE (gown and gloves ent's Room, #226.)			
	guidance on the use Equipment, How to S Protective Equipment documented to "Ren	for Disease Control (CDC) e of Personal Protective Safely Remove Personal nt (PPE) Example 2, move all PPE before exiting the a respirator, if worn"				
	https://www.cdc.gov	/hai/pdfs/ppe/ppe-sequence.pd	lf			
	On 01/27/2021, at a	pproximately 11:00 AM,				

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The emplyee 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].

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.

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.

At the time of the survey, Employee #9 failed to doff her gown and gloves prior to exiting resident's room, #226.

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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

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and did not cover her nose.

#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

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L 091	approximately 11:35 is there a reason wh covering her nose. E my ears and causes attempt to readjust h During a face-to-fact approximately 1:00 l Manager) acknowled "She will be educated mask and she will be mask."	e interview on 01/27/2021, at AM, Employee #6 was asked, y her face mask was not Employee #6 stated, "It irritates my glasses to fall off." She did her face mask to cover her nose. It interview on 01/27/2021, at PM, Employee #7 (Nurse diged the finding and stated, and on proper donning of face to offered another style face. It is properly don a face mask in professional standards of	L 091	 Associate #9 was re-educated Donning and Doffing and key doors closed per the infection policy. Associate #7 was provided mask. The housekeeping associated educated on Donning and Exeeping doors closed per the control policy. The associated educated on wearing their appropriately and a mask questionnaire was completed determine if there were bated wearing their mask properly alternate mask type was provindicated. New associates will be educated. New associates will be educated. The Unit Manager or design make random observations week, times 3 months to enhousekeeping staff Don and doors are closed, and associated their masks appropriately prinfection control policy. The observations will be disduring the monthly QAPI, timonths to ensure substant compliance. 	eeping on control ovided nask another es were re- offing and ne infection tes were masks ed to rriers to y? An ovided if cated on ing PPE doors ntrol policy ition nee will ax's per nsure that d Doff, ciates wear ier the e results of cussed mes 3	3/20/2021

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