

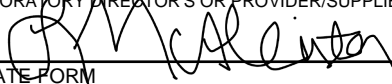
Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/05/2021
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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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(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
L 000	<p>Initial Comments</p> <p>A COVID-19 Focused Infection Control Survey was conducted at Carroll Manor from December 29, 2020 through January 5, 2021. Survey activities consisted of a review of six (6) 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 176.</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 HSC - Health Service Center HVAC - Heating ventilation/Air conditioning ID - Intellectual disability</p>	L 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>	1/25/2021

Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE
Executive Director

(X6) DATE
1-18-2021

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L 000	Continued From page 1 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	L 000		
L 091	3217.6 Nursing Facilities 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.	L 091		

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L 091	<p>Continued From page 2</p> <p>This Statute is not met as evidenced by: Based on observation, record review and staff interview, in one (1) of one (1) employee observation, facility staff failed to wear required personal protective equipment (PPE) while in a resident care area. Employee #5.</p> <p>Findings included ...</p> <p>According to District of Columbia's Coronavirus 2019 (COVID-19) Reopening Guidance (Phase One & Phase Two) for Skilled Nursing Facilities & Assisted Living Residences ... "goggles or face shield at all times while in the facility for staff who provide direct patient care or are in the patient care areas."</p> <p>https://coronavirus.dc.gov/sites/default/files/dc/sites/dcps/page_content/attachments/06122020_DCHealth-Long-Term-Care-Phased-Guidance.pdf</p> <p>Review of the facility's policy entitled, "Standard Precautions" dated 1/2020, showed, "Standard precautions shall apply to the care of all residents in all situations regardless of suspected or confirmed presence of infectious disease ... wear a mask and eye protection or a face shield to protect the mucous membranes of the eyes, nose and mouth ..."</p> <p>During a tour of the 2nd floor on 12/28/2020, at approximately 12:30 PM, Employee #5 (certified nursing aide, CNA) was observed in the hallway not wearing a face shield or goggles.</p> <p>Facility staff failed to wear the required PPE while in a resident care area.</p>	L 091	<p>1. Employee #5 will be re-educated on PPE and COVID-19 (Personal Protective Equipment) on or before 1/25/2021 by the staff educator or designee.</p> <p>2. The ED and AIT made rounds on 1/5/2021 to ensure that associates were wearing masks and eye protection. All associates were observed to be wearing eye protection as required.</p> <p>3. The associates will be re-educated on PPE and COVID-19 (Personal Protective Equipment) on or before 1/25/2021 by the staff educator or designee.</p> <p>4. The Unit Manager or designee will make rounds on a weekly basis, times 3 months to ensure that associates wear masks and eye protection. The results of the rounds will be reported at the monthly QAPI committee meeting for review to ensure substantial compliance.</p>	<p>1/25/2021</p> <p>1/25/2021</p> <p>1/25/2021</p> <p>1/25/2021</p>

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L 091	Continued From page 3 During a face-to-face interview conducted on 12/28/2020, at approximately 12:30 PM, Employee #5 stated, "I am aware of the policy for eye protection in the building. I was just sitting here doing my charting, but I do put on my face shield when performing resident care." Employee #6 acknowledged the findings at the time of the interview.	L 091		
L 191	3231.2 Nursing Facilities A designated employee of the facility shall be assigned the responsibility for implementing and maintaining the medical records service. This Statute is not met as evidenced by: Based on record review and staff interview, facility staff failed to record the initials and or names of the designated employees responsible for conducting the staff COVID-19 screening on the facility's screening questionnaire form. Findings included ... A review of the facility's COVID-19 screening questionnaires forms from November 1, 2020, through December 27, 2020, showed the facility's designated screener (a staffer responsible for the screening of all employees and approves their access for entry into the facility) failed to consistently record their names and or initials on the questionnaire attesting that they screened staff and that the information recorded was correct. Facility staff failed to consistently record the	L 191	1. The referenced designated screener was re-educated on the screening questionnaire process including recording their names and initials on December 29, 2020 by the AIT. 2. The remaining designated screeners were re-educated on the screening questionnaire process including recording their names and initials on December 29, 2020 by the AIT. 3. Future designated screeners will be educated on the screening questionnaire process including recording their names and initials during the orientation process. 4. The Infection Prevention Nurse or designee will review the screening questionnaires on a weekly basis, times 3 months to ensure that the screeners sign and initial the questionnaires. The results of the weekly reviews will be reported at the monthly QAPI committee meeting for review to ensure substantial compliance.	1/25/2021 1/25/2021 1/25/2021 1/25/2021

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L 191	<p>Continued From page 4</p> <p>designated screener's name and or initials on the screening questionnaire.</p> <p>During a face-to-face interview conducted on 12/28/2020, at approximately 2:55 PM, Employee #3 (Quality Director/Infection Control) stated that the front desk screeners have been trained on the screening process and the screening tool is collected at the end of the day and audited for quality and infection surveillance purposes. Employee #3 also acknowledged the findings at the time of the interview.</p>	L 191		