PRINTED: 10/15/2021 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
095024			B. WING	· · · · · · · · · · · · · · · · · · ·	09/01/2021	
	ROVIDER OR SUPPLIER  DINT SUBACUTE AND R	EHAB NATIONAL HARBOR	***************************************	STREET ADDRESS, CITY, STATE, ZIP CODE 4601 MARTIN LUTHER KING JR AVENUE SW WASHINGTON, DC 20032		
(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 BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) MPLETION DATE
E 000	Health Regulation and in accordance with 42 record review and stathat the facility was not be the facility with the facility was not be the facility was not be the facility was not be the facility with the facility was not be the facility was not	ility August 31, and y the Department of Health, d Licensing Administration, c CFR 483.73. Based on ff interview, it was found of in compliance with ness requirements for id Participating Providers	E 000	E000-Preparation and/or execution of the of correction do not constitute admission agreement by provider of the truth of the alleged or conclusions set forth in the state of deficiencies. The plan of correction is prepared and/or executed solely because provisions of federal and state law require	or facts atement s the	2/2021
E 004 SS=F	S403.748(a), §416.54 §441.184(a), §460.84 §441.184(a), §460.84 §483.475(a), §484.10 §485.625(a), §485.72 §486.360(a), §491.12  The [facility] must confederal, State and locopreparedness required develop establish and emergency prepared requirements of this some preparedness programments of the som	(a), §482.15(a), §483.73(a), 2(a), §485.68(a), 7(a), §485.920(a), (a), §494.62(a).  Inply with all applicable cal emergency ments. The [facility] must I maintain a comprehensive ness program that meets the ection. The emergency must include, but not be g elements:  The [facility] must develop gency preparedness pland], and updated at least an must do all of the	E 004	1. Corrective action for resident The Emergency and Preparedness Plan have reviewed and updated.  2. Identify other residents All residents have the potential to be affectivation.  3. Systemic changes Administrative staff have been educated importance of ensuring that the Emergen Preparedness Plan is reviewed and updat yearly and as needed. The Administrator responsible for ensuring that the Emerge Preparedness Plan is reviewed and updat yearly and as needed.	ected. I to this  on the ccy ed r will be ncy	2/2021
ABORATORY	<u> </u>	JPPLIER REPRESENTATIVE'S SIGNATURE			(Xβ) DA	ATE /

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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: CWPH21

Facility ID: HADLEY

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILD		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
095024			B. WING	8. WING			01/2021	
	ROVIDER OR SUPPLIER  DINT SUBACUTE AND RI	EHAB NATIONAL HARBOR		STREET ADDRESS, CITY, STATE, ZIP CODE 4601 MARTIN LUTHER KING JR AVENUE SW WASHINGTON, DC 20032				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
E 004	State, and local emer requirements. The [Indevelop and maintain emergency preparedr requirements of this sall-hazards approach.  * [For LTC Facilities applant. The LTC facility an emergency prepar reviewed, and update.  * [For ESRD Facilities Plant. The ESRD facility maintain an emergency must be [evaluated], appears.  This REQUIREMENT by: Based on record revifacility staff failed to in preparedness plan the annually to ensure concollaboration with local officials.  The findings include:  A review of the facility preparedness plan on that the plan was last January 6, 2020. The confirm that the facility that the facility that the facility and the facility of the facility preparedness plan on that the plan was last January 6, 2020. The confirm that the facility appearedness plan on that the facility that the facility appearedness plan on that the plan was last January 6, 2020. The confirm that the facility appearedness plan on that the facility appeared the plant was last January 6, 2020. The confirm that the facility appeared the plant was last January 6, 2020. The confirm that the facility appeared the plant was last January 6, 2020. The confirm that the facility appeared the plant was last January 6, 2020.	th all applicable Federal, gency preparedness ospital or CAH] must a comprehensive ness program that meets the ection, utilizing an ti §483.73(a):] Emergency must develop and maintain edness plan that must be diat least annually.  Leat §494.62(a):] Emergency ty must develop and cy preparedness plan that and updated at least every 2 is not met as evidenced ew and staff interview, naintain an emergency at is reviewed and updated intinuity of business and all emergency preparedness over the every expression of the every every expression of the every expression of the every expression of the every every expression of the every expression of the every every expression of the	E	004	The Administrator/Designee will complementally audits of the Emergency Prepar Plan to ensure that it is current and updaneeded. The results will be reported to a QAPI Committee monthly x 3 months for review and recommendations.  The QAPI Committee is responsible for going monitoring for compliance.  5. Date correction action complete The facility's date of alleged compliance November 2, 2021.	redness ted if the or the on-		

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/GLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			A. BUILDING			(X3) DATE SURVEY COMPLETED	
	095024 B. WING		<del></del>	09/01/2021			
	NAME OF PROVIDER OR SUPPLIER  BRIDGEPOINT SUBACUTE AND REHAB NATIONAL HARBOR			46	TREET ADDRESS, CITY, STATE, ZIP CODE 501 MARTIN LUTHER KING JR AVENUE SW VASHINGTON, DC 20032		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD			(X5) COMPLETION DATE
E 013 SS=F	Employee #1 acknow a face-to-face intervir approximately 4:00 F Development of EP F CFR(s): 483.73(b)  \$403.748(b), \$416.54 \$441.184(b), \$460.84 \$483.475(b), \$485.625(b), \$485.72 \$486.360(b), \$491.12  (b) Policies and procedured plan set forth in paragand the communication this section. The policies and procedures. The LTC implement emergency procedures. The LTC implement emergency procedures, based of forth in paragraph (a) assessment at paragrand the communication this section. The policies and the communication procedures, based of forth in paragraph (a) assessment at paragrand the communication this section. The policies reviewed and upded the communication of the policies.  *[For PACE at §460.6] procedures. The PACE at §460.7] procedures. The PACE at §460.7] procedures. The PACE at §460.7]	wledged these findings during ew on September 1, 2021, at PM. Policies and Procedures  4(b), §418.113(b), §483.73(b), §2(b), §485.68(b), §27(b), §485.920(b), §2(b), §494.62(b).  edures. [Facilities] must ent emergency preparedness res, based on the emergency graph (a) of this section, risk graph (a)(1) of this section, on plan at paragraph (c) of icies and procedures must atted at least every 2 years.  §483.73(b):] Policies and C facility must develop and by preparedness policies and in the emergency plan set of this section, risk graph (a)(1) of this section, on plan at paragraph (c) of cies and procedures must lated at least annually.  The procedure of the pr		013	1. Corrective action for resident The Emergency and Preparedness Polici Procedures have been reviewed and upd 2. Identify other residents All residents have the potential to be affered the citation. 3. Systemic changes Administrative staff have been educated importance of ensuring that the Emerger Preparedness Policies and Procedures are reviewed and updated yearly and as need the Administrator will be responsible for ensuring that the Emergency and Prepare Policies and Procedures are reviewed an updated yearly and as needed. 4. Monitor corrective actions The Administrator/Designee will complementally audits of the Emergency and Preparedness Policies and Procedures to that they are current and updated if need results will be reported to the QAPI Commonthly x 3 months for review and recommendations. The QAPI Committee is responsible for going monitoring for compliance. 5. Date correction action complete. The facility's date of alleged compliance. November 2, 2021.	on the acy and e led. or edness d ete ensure ed. The amittee	11/02/2021

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
095024			B. WING	B. WING			01/2021	
NAME OF PROVIDER OR SUPPLIER  BRIDGEPOINT SUBACUTE AND REHAB NATIONAL HARBOR					STREET ADDRESS, CITY, STATE, ZIP CODE 1601 MARTIN LUTHER KING JR AVENUE SW WASHINGTON, DC 20032			
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E 013	plan set forth in paragassessment at paragand the communicative this section. The policy address management emergencies, includire equipment, power, or emergencies; and nathreaten the health or staff, or the public. The must be reviewed and years.  *[For ESRD Facilities procedures. The dialy and implement emergand procedures, bases set forth in paragraph assessment at paragand the communication this section. The policy be reviewed and updates to, fire, equipment or emergencies, water is natural disasters likely geographic area. This REQUIREMENT by:  Based on record revistaff failed to ensure preparedness policies reviewed and update.  The findings include:  A review of the facility plan on August 31, and	graph (a) of this section, risk raph (a)(1) of this section, on plan at paragraph (c) of cies and procedures must to feed medical and nonmedical ng, but not limited to: Fire; water failure; care-related tural disasters likely to asafety of the participants, ne policies and procedures dupdated at least every 2  at §494.62(b):] Policies and visis facility must develop gency preparedness policies and of this section, risk raph (a)(1) of this section, on plan at paragraph (c) of cies and procedures must ated at least every 2 years. Include, but are not limited power failures, care-related supply interruption, and y to occur in the facility's  is not met as evidenced  ew and interview, facility that its emergency are das required.	E	013				

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:			PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
095024				09/01/2021		
NAME OF PROVIDER OR SUPPLIER  BRIDGEPOINT SUBACUTE AND RI	EHAB NATIONAL HARBOR	STREET ADDRESS, CITY, STATE, ZIP CODE 4601 MARTIN LUTHER KING JR AVENUE SW WASHINGTON, DC 20032				
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)			
Employee #1 acknow a face-to-face intervie approximately 4:00 P	dures annually as required. ledged these findings during ew on September 1, 2021, at M.	E 01	E 030	11/02/2021		
§441.184(c)(1), §460. §483.73(c)(1), §483.4 §485.68(c)(1), §485.6 §485.920(c)(1), §486. §494.62(c)(1).  [(c) The [facility must emergency preparedres with Feand must be reviewed 2 years [annually for communication plant following:]  (1) Names and contact following: (i) Staff. (ii) Entities providing services (iv) Other [facilities]. (v) Volunteers.  *[For Hospitals at §48 §485.625(c)] The communication of the following: (i) Names and contact following: (i) Staff.	54(c)(1), §418.113(c)(1), 84(c)(1), §482.15(c)(1), 75(c)(1), §484.102(c)(1), 525(c)(1), §485.727(c)(1), 360(c)(1), §491.12(c)(1),  develop and maintain an ness communication plan deral, State and local laws and updated at least every LTC facilities]. The nust include all of the  ct information for the  services under arrangement. Ins  2.15(c) and CAHs at munication plan must wing:	E 03	The Emergency and Preparedness Facilic Contact Information has been reviewed updated.  2. Identify other residents  All residents have the potential to be aff There were no additional findings relate citation.  3. Systemic changes  Administrative staff have been educated importance of ensuring that the Emergen Preparedness Facility Contact Information reviewed and updated yearly and as need The Administrator will be responsible for ensuring that the Emergency and Preparefacility Contact Information is reviewed updated.  4. Monitor corrective actions  The Administrator/Designee will complementally audits of the Emergency and Preparedness Facility Contact Information ensure that it is current and updated if not The results will be reported to the QAPI Committee monthly x 3 months for revierecommendations.	ected. d to this  on the ney and on is ded. or edness I and		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
095024			B. WING_		09	0/01/2021	
	ROVIDER OR SUPPLIER  DINT SUBACUTE AND R	EHAB NATIONAL HARBOR		STREET ADDRESS, CITY, STATE, ZIP COD 4601 MARTIN LUTHER KING JR AVENU WASHINGTON, DC 20032			
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E 030	(iii) Patients' physicia (iv) Other [hospitals a (v) Volunteers.  *[For RNHCls at §400 communication plant following: (1) Names and contate following: (i) Staff. (ii) Entities providing: (iii) Next of kin, guard (iv) Other RNHCls. (v) Volunteers.  *[For ASCs at §416.4 plan must include all (1) Names and contate following: (ii) Entities providing: (iii) Patients' physicia (iv) Volunteers.  *[For Hospices at §40 communication plant following: (1) Names and contate following: (1) Names and contate following: (1) Names and contate following: (1) Hospice employee (ii) Entities providing: (iii) Patients' physiciate (iv) Other hospices.	and CAHs].  3.748(c):] The must include all of the ct information for the services under arrangement. ian, or custodian.  5(c):] The communication of the following: ct information for the services under arrangement. ins.  18.113(c):] The must include all of the ct information for the services under arrangement. ins.  2. 18.113(c):] The must include all of the ct information for the s. services under arrangement. ins.	E	The QAPI Committee is respongoing monitoring for complian  5. Date correction action The facility's date of alleged of November 2, 2021.	ce.		

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF A. BUILDING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	095024		B. WING		09/01/2021	
	NAME OF PROVIDER OR SUPPLIER  BRIDGEPOINT SUBACUTE AND REHAB NATIONAL HARBOR			STREET ADDRESS, CITY, STATE, ZIP CODE 4601 MARTIN LUTHER KING JR AVENUE SW WASHINGTON, DC 20032		
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E 030	(i) Staff. (ii) Entities providing s (iii) Patients' physicial (iv) Volunteers.  *[For OPOs at §486.3 plan must include all o (2) Names and contact following: (i) Staff. (ii) Entities providing s (iii) Volunteers. (iv) Other OPOs. (v) Transplant and do Donation Service Are This REQUIREMENT by:	services under arrangement.  60(c):] The communication of the following: ct information for the services under arrangement.  nor hospitals in the OPO's a (DSA).  is not met as evidenced ew, and interview, facility that all facility contact	E 03			
E 031 SS=E	plan on August 31, an showed the facility had updated all facility conference prepared to the face of	nd not reviewed and/or Intact information in its Iness plan annually. Idedged these findings during Idew on September 1, 2021, at M.	E 03	E 031 11 1. Corrective action for resident The contact information for federal, state regional, and local emergency staff has breviewed and updated.		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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NAME OF PROVIDER OR SUPPLIER  BRIDGEPOINT SUBACUTE AND REHAB NATIONAL HARBOR			STREET ADDRESS, CITY, STATE, ZIP CODE  4601 MARTIN LUTHER KING JR AVENUE SW  WASHINGTON, DC 20032				
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E 031	§485.68(c)(2), §485.6 §485.920(c)(2), §486. §494.62(c)(2).  [(c) The [facility] must emergency prepared that complies with Fe and must be reviewed 2 years [annually for communication plan r following:  (2) Contact information (i) Federal, State, trib emergency prepared (ii) Other sources of a *[For LTC Facilities at information for the fol (i) Federal, State, trib emergency prepared (ii) The State Licensin (iii) The Office of the Sombudsman.  (iv) Other sources of a *[For ICF/IIDs at §483 information for the fol (i) Federal, State, trib emergency prepared (ii) Other sources of a (iii) The State Licensin (iv) The State Protection This REQUIREMENT by:  Based on record revistaff failed to maintain	25(c)(2), §485.727(c)(2), 360(c)(2), §491.12(c)(2), develop and maintain an ess communication plan deral, State and local laws and updated at least every LTC facilities]. The must include all of the entering for the following: al, regional, and local ess staff. ssistance. §483.73(c):] (2) Contact lowing: al, regional, and local ess staff. g and Certification Agency. State Long-Term Care essistance. 6.475(c):] (2) Contact lowing: al, regional, and local ess staff.	E 03	2. Identify other residents  All residents have the potential to be affi. There were no additional findings related citation.  3. Systemic changes  Administrative staff have been educated importance of ensuring that the contact information for federal, state, regional, a emergency staff is reviewed and updated and as needed. The Administrator will be responsible for ensuring that the contact information for federal, state, regional, a emergency staff are reviewed and updated yearly and as needed.  4. Monitor corrective actions  The Administrator/Designee will complemently audits of the contact information federal, state, regional, and local emergestaff to ensure that they are current and updated if needed. The results will be reported to QAPI Committee monthly x 3 months for review and recommendations.  The QAPI Committee is responsible for going monitoring for compliance.  5. Date correction action complete.  The facility's date of alleged compliance.  November 2, 2021.	on the nd local i yearly be nd local ed ete n for ncy updated o the or		

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	<b>095024</b> B. WIN		B. WING_			09/01/2021	
	NAME OF PROVIDER OR SUPPLIER  BRIDGEPOINT SUBACUTE AND REHAB NATIONAL HARBOR			STREET ADDRESS, CITY, STATE, 2 4601 MARTIN LUTHER KING JR WASHINGTON, DC 20032			
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E 031	Continued From page	8	EC	031			
	The findings include:						
	plan on August 31, an showed the facility fai	led to review and/or update formation for federal, state,	The state of the s				
		ledged these findings during ew on September 1, 2021, at M.					
			in managed by the second secon				