

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/18/2023
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NAME OF PROVIDER OR SUPPLIER BRIDGEPOINT SUB-ACUTE & REHAB NATION	STREET ADDRESS, CITY, STATE, ZIP CODE 4601 MARTIN LUTHER KING JR AVENUE SW WASHINGTON, DC 20032
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L 000	<p>Initial Comments</p> <p>An unannounced recertification/complaint/facility reported incidents survey was conducted at this facility from July 5, 2023 to July 18, 2023. Survey activities consisted of observations, record review, and resident and staff interviews. The facility's census during the survey was 115 and the sample included 45 residents.</p> <p>The following complaints were investigated during this survey: DC~10476, DC~10676, and DC~11802.</p> <p>The following facility-reported incidents were investigated during this survey: DC~10444, DC~11675, DC~11734, and DC~11750</p> <p>After analysis of the findings, it was determined that the facility was not in compliance with the requirements of 22B District of Columbia Municipal Regulations Chapter 32 requirements for Long Term Care Facilities.</p> <p>The following deficiencies are based on observation, record review, and resident and staff interviews.</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</p>	L 000	<p>L 000- Preparation and/or execution of this plan of correction do not constitute admission or agreement by provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because the provisions of federal and state law require it. This plan is submitted as evidence of our compliance.</p>	09/18/23
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Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Samaria Washington, DHA, LNA Interim Administrator TITLE
DATE 08/29/2023 (X6) DATE

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L 000	Continued From page 1 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 EKG - 12 lead Electrocardiogram EMS - Emergency Medical Services (911) F - Fahrenheit FR.- French G-tube- Gastrostomy tube HR- Hour 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 canula Neuro - Neurological NFPA - National Fire Protection Association NP - Nurse Practitioner O2- Oxygen	L 000		
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L 000	Continued From page 2 PASRR - Preadmission screen and Resident Review Peg tube - Percutaneous Endoscopic Gastrostomy PO- by mouth POA - Power of Attorney POS - physician 's order sheet Prn - As needed Pt - Patient Q- Every QIS - Quality Indicator Survey 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 TAR - Treatment Administration Record Ug - Microgram	L 000	L 051 1. Corrective action for resident Resident #111 care plan for mittens was completed on 7/25/23. Resident #105 care plan was reviewed/ revised for unplanned weight loss on 07/18/23. Resident #111 care plan for ventilator and trach use was reviewed and updated on 7/25/23. 2. Identify other residents All residents have the potential to be affected. All current residents that have orders for mittens, use ventilators and/or trachs, unplanned weight loss greater than 5% within 30 days, use of 9 or more medications, and use of anticoagulants will be audited by the Unit Managers to ensure that they have comprehensive resident centered care plans with goals and interventions to address mittens, use ventilators and/or trachs, unplanned weight loss greater than 5% within 30 days, use of 9 or more medications, and use of anticoagulants issues. Any deficiencies will be corrected.	
L 051	3210.4 Nursing Facilities A charge nurse shall be responsible for the following: (a) Making daily resident visits to assess physical and emotional status and implementing any required nursing intervention; (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;	L 051		

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L 051	<p>Continued From page 3</p> <p>(d) Delegating responsibility to the nursing staff for direct resident nursing care of specific residents;</p> <p>(e) Supervising and evaluating each nursing employee on the unit; and</p> <p>(f) Keeping the Director of Nursing Services or his or her designee informed about the status of residents.</p> <p>This Statute is not met as evidenced by: A. Based on observation, record review, and staff interview, the Charge Nurse failed to develop a resident's comprehensive person-centered care plan with goals and interventions to address a resident's unplanned weight loss of 11 percent in 30-Days, a resident use of a Ventilator/Trach, and a resident use of hand mittens, use of anticoagulant (Warfarin) and use of nine (9) or more medications for three (3) of 45 sampled residents. (Resident #105, #109 and #111).</p> <p>The findings included:</p> <p>1. Charge Nurse failed to develop a comprehensive person-centered care plan with goals and interventions to address Resident #105 unplanned weight loss of 11 percent in 30-Days.</p> <p>Resident #105 was admitted to the facility on 01/23/23 with multiple diagnoses including Protein-Calorie Malnutrition, Dysphagia, Percutaneous Endoscopic Gastrostomy, Gastro-Esophageal Reflux Disease, Multiple Sclerosis, and Quadriplegic.</p> <p>A review of the facility's Weight Assessment and Intervention policy dated 12/01/22 documented,</p>	L 051	<p>3. Systemic changes</p> <p>Staff educator and/or Designee will educate all license nurses on completing comprehensive resident centered care plans with goals and interventions to address all residents with mittens, use ventilators and/or trachs, unplanned weight loss greater than 5% within 30 days (Dietician), use of 9 or more medications, and use of anticoagulants.</p> <p>4. Monitor corrective actions</p> <p>Unit Managers and/or designees will audit care plans for residents with mittens, use ventilators and/or trachs, unplanned weight loss greater than 5%, use 9 or more medications, and use of anticoagulants monthly x 3 months. Any deficiencies will be corrected.</p> <p>All findings will be reported monthly to the QAPI committee for 3 consecutive months for review, recommendations, monitoring, and education as needed.</p> <p>5. Date correction action completed</p> <p>Date of Compliance 09/18/23</p>	
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L 051	<p>Continued From page 4</p> <p>"Care Planning for weight loss or impaired nutrition will be a multidisciplinary effort and will include the physician, nursing staff, the dietician, the consultant pharmacist, and the resident or the resident's surrogate. Individualized care plans shall address to the extent possible: The identified causes of weight loss; Goals and benchmarks for improvement; and Time frames and parameters for monitoring and reassessment."</p> <p>A review of a physician order dated 01/24/23 instructed, "Jevity [enteral feeding] 1.5 at 50 ml/hr (milliliters/hour) via G-tube (gastrostomy tube) X 24 hours."</p> <p>A review of a physician order dated 01/30/23 instructed, "Juven [supplement] two times a day ..."</p> <p>A review of a nutritional progress note dated 01/30/23 at 3:15 PM documented, "Current TF (tube feeding) order: Jevity 1.5 at 50 ml/hr X 24 hours, [water] flush 161 ml Q4H (every four hours) ...Provides: 1800 cal (calorie), 77 g (gram) port (protein) ... CBW (current body weight) 104.6 [pounds] ...Goal - maintain weight ..."</p> <p>A review of a physician order dated 02/12/23 instructed, "Active Liquid Protein [supplement] three-times-a-day via GT."</p> <p>A review of a nutritional progress note dated 02/18/23 at 9:13 AM documented, "Current TF order: Jevity 1.5 at 50 ml/hr X 24 hr via GT (gastrostomy tube) ...Current weight 107 [pounds] ...BMI (body Mass Index) 16.8 underweight ..."</p> <p>A review of the weight log revealed Resident</p>	L 051		

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L 051	<p>Continued From page 5</p> <p>#105 weighted 105.6 [pounds] on 03/09/23.</p> <p>A review of a physician order dated 04/03/23 instructed Vital HP [enteral feeding] at 60 ml/hr X 24 hr via GT."</p> <p>A review of a nutritional progress note dated 04/23/23 at 4:19 PM documented, "Current weight 93.8 [pounds] ...Severe malnutrition related to chronic illness and multiple wounds requiring higher energy needs as evidenced by moderate to severe muscle/fat wasting noted, ~11 % unintentional body weight loss in 1-month Current BW 87.1 [pounds] ... Resident triggering for weight loss ...not desired ..."</p> <p>A review of a Quarterly Minimum Data Set dated 04/28/23 revealed the "Resident #105 did not have a Brief Interview for Mental Status summary score indicating the resident was not able to be tested. In addition, the resident was coded for weighting 938 [93.8] pounds and losing 5% or more weight in the last month ..."</p> <p>A review of the resident's comprehensive care plans lacked documented evidence the facility revised the care plan to include goals and interventions to address Resident #105's unplanned weight loss.</p> <p>During a face-to-face interview on 07/18/23 at 10:45 AM, Employee #19 (RN/Interim Unit Manager) reviewed the resident's care plans and stated that he did not see a care plan to address the resident's unplanned weight loss.</p> <p>Please cross reference 483.2 (Quality of Care) F684</p>	L 051		

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L 051	<p>Continued From page 6</p> <p>2. Facility staff failed to develop a person-centered comprehensive care plan failed to outline goals and interventions to address Resident #109's use of a Ventilator/Trach</p> <p>Resident #109 was admitted to the facility on 03/14/2023 with multiple diagnoses that included Cerebral infarction, Congestive Heart Failure, Hypertensive Heart Disease, and Dependence on Respirator ventilator,</p> <p>A review of the physician order dated 3/27/2023 7:00PM instructed, "Monitor area under trach mask for signs of discoloration\edema\redness every shift every shift".</p> <p>A review of the physician order dated 3/27/2023 at 7:00PM instructed, "Initiate Ventilator Weaning per protocol?:_yes_ every day and night shift: Vent Mode: <u>AC</u> Rate: <u>12</u> TV: <u>390</u> Peep 5 FIO2: <u>30</u>% Type of Trach: <u>Tracoe</u> Trach Size: <u>8.0</u></p> <p>A review of the physician order dated 3/27/2023 at 22:00 instructed, ""Trach care BID (twice a day) and PRN (as needed) for Airway management".</p> <p>Review of a Quarterly Minimum Data Set (MDS) dated 06/20/2023 showed that facility staff coded Resident #109 under section C (Cognitive Patterns) C1000 "3" indicating cognitively severely impaired. Section I Active Diagnoses I8000G Dependence on Respirator [ventilator] status ICD Z99.11, Section O (special treatment, procedures, and programs), facility staff coded the resident while a resident under O0100 respiratory treatments Oxygen therapy, suctioning, tracheostomy care, and invasive mechanical ventilator box was checked indicating</p>	L 051		
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L 051	<p>Continued From page 7</p> <p>that all treatment mentioned was being performed for the resident.</p> <p>During the duration of the survey (07/05/2023 - 07/18/2023) Resident #109 was observed to be Dependent on a Ventilator for respiratory support.</p> <p>A review of General progress note 7/08/2023 at 2:08PM documented, "Resident alert and responsive, but nonverbal, was on trach collar during the shift with no acute respiratory distress ... suction as needed ... aspiration precaution maintained with HOB elevated at 30 degrees ... "</p> <p>A review of General progress note 07/10/2023 at 6:26PM documented, "Resident alert and responsive with no acute respiratory distress. ... Breathing even with no labor. ... HOB elevated to 45 degrees for aspiration precautions. ... Dependent on Ventilator for respiratory support, suction as needed ..."</p> <p>A Review of Resident #109's Care Plan failed to outline goals and interventions to address Resident #109's trach/ vent airway management.</p> <p>During a face-to-face interview on 07/17/2023 at 1:30 PM, Employee #19 (3East Nurse Manager) acknowledged the findings and stated the care plan will updated to include the resident's use of a Ventilator/Trach.</p> <p>3A. Facility staff failed to develop a person-centered comprehensive care plan failed to outline goals and interventions to address Resident #111's use of hand mittens.</p> <p>Resident #111 was admitted to the facility on 03/17/2023. The resident had a history of multiple</p>	L 051		

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L 051	<p>Continued From page 8</p> <p>including Chronic Respiratory Failure, Dependence on Respirator (Ventilator Status), Dementia, and Anxiety.</p> <p>A review of a physician order dated 3/18/2023 at 7AM instructed, "Apply Hand mittens. Remove every 2 hours to check for circulation every shift for prevent self-decannulation every shift".</p> <p>A review of the physician order dated 3/18/2023 at 10 AM instructed, "Mittens: Pt (patient) with both hands mittens due to pulling of medical equipment's. Take off mittens q2 hours and monitor for circulations and reapply two times a day for hand mittens".</p> <p>Review of an Admission Minimum Data Set (MDS) dated 05/11/2023 showed that facility staff coded Resident #111 under section C (Cognitive Patterns) C1000 "3" indicating cognitively severely impaired. Section P (Physical restraint), Limb Restraint "2" Used Daily box was checked indicating that all treatment mentioned was being performed for the resident.</p> <p>A review Resident #111's care plan failed to outline goals and interventions to address Resident #111's use of hand mittens.</p> <p>During a face-to-face interview on 07/17/2023 at 1:30 PM, Employee #19 (3East Nurse Manager) acknowledged the findings and stated the care plan will updated to include the resident's use of hand mittens.</p> <p>3B. Facility staff failed to develop a person-centered comprehensive care plan outline goals and interventions to address Resident #111's use of Warfarin (anti-coagulant) .</p>	L 051		
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L 051	<p>Continued From page 9</p> <p>Resident #111 was admitted to the facility on 03/17/2023 with multiple diagnoses that included Hyperlipidemia, Heart Failure and Congestive Heart Failure.</p> <p>Review of an Admission Minimum Data Set (MDS) dated 05/11/2023 showed that facility staff coded Resident #111 under section C (Cognitive Patterns) C1000 "3" indicating cognitively severely impaired. Section N (Medication), N0410 (Medication Received) E Anticoagulant (eg, Warfarin, heparin, or low-molecular-weight heparin) coded "3" box was checked indicating that resident mentioned received anticoagulant medication.</p> <p>A review of the physician's order dated 06/25/2023 instructed, "Warfarin [anticoagulant] Tablet 4 mg (milligrams) give via G-tube in the evening for treating/preventing blood clots."</p> <p>A review Resident #111's care plan failed to outline goals and interventions to address Resident #111's use of Warfarin.</p> <p>B. Based on observation, record review and interviews for one (1) of 45 sampled residents, facility staff failed to update the person center comprehensive care plan with goals and approaches to address Resident #111's use of vent/trach. Resident #111</p> <p>Findings included:</p> <p>Resident #111 was admitted to the facility on 03/17/2023. The resident had a history of multiple including Chronic Respiratory Failure, Dependence on Respirator (Ventilator Status), Dementia, and Anxiety.</p>	L 051		
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L 051	<p>Continued From page 10</p> <p>A review of Resident #111's comprehensive care plan showed a focus area stating, "[Resident #111] has ADL self-care performance deficit related disease process of respiratory failure, bed bound, and vent dependent..." The care plan was initiated on 05/06/2023 with the following goals and interventions: "Goals: The resident will maintain the current level of function; Interventions: Bedfast- The resident is bedfast all or most of the time. Oral care routine q shift. Monitor/document/ report PRN any changes, any potential for improvement reason for self-care deficit, expected course declines in function."</p> <p>A Review of this comprehensive care plan did not reveal a goal or intervention related to the use of a ventilator for respiratory support, treatments related to ventilator use and maintenance.</p> <p>A review of Resident #111's "History/Physical" reports dated 05/09/2023 at 1:30 PM documented, "Chief complaint ... Chronic Respiratory failure s/p tracheostomy ... Review of system: Respiratory and no retractions. Patient has no sign of acute respiratory distress. Patient has no dyspnea with supine position, trach/vent..."</p> <p>Review of an Admission Minimum Data Set (MDS) dated 05/11/2023 showed that facility staff coded Resident #111 under section C (Cognitive Patterns) C1000 "3" indicating cognitively severely impaired. For section O (special treatment, procedures, and programs), facility staff coded under O0100 respiratory treatments Oxygen therapy, suctioning, tracheostomy care, and invasive mechanical ventilator box was checked indicating that all treatment mentioned was being performed for the resident.</p>	L 051		

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L 051	<p>Continued From page 11</p> <p>During an observation on 07/06/2023 at 1:30 PM, Resident #111 was lying on his bed, with hand mittens on and dependent on a ventilator for respiratory.</p> <p>A review of general progress note dated 07/10/2023 at 18:33 PM documented, "Resident alert and responsive with no acute respiratory distress. Breathing even with no labored ...HOB elevated to 45 degrees for aspiration precautions ... Dependent on ventilator for respiratory support. Suction as needed..."</p> <p>During a face-to-face interview on 07/17/2023 at 1:30 PM, Employee #19 (3 East Nurse Manager) acknowledged the findings and stated the care plan will updated to include the resident's use 111's use of vent/trach.</p> <p>B</p> <p>During a face-to-face interview on 07/17/2023 at 1:30 PM, Employee #19 (3East Nurse Manager) acknowledged the findings and stated the care plan will be updated to include Resident #111's use of Warfrin.</p>	L 051	<p>L 052</p> <p>1. Corrective action for resident</p> <p>Resident # 105 had a GI consultation on 7/14/2023. Residents #18, #22 and #53 have all been re-evaluated for therapy services and are on the current caseload. Resident #18 evaluation and pick up on 7/17/23; Resident #22 evaluation and pick up on 7/12/23; and Resident #53 evaluation and pick up on 7/13/23. Resident # 29 was seen by podiatrist on 7/14/2023. Resident #8 podiatrist was notified of need for service on 7/11/2023, podiatrist saw resident on 8/15/2023. Resident # 33 was seen by podiatrist on 7/20/2023. Incontinent care was completed on resident #68 on 7/12/2023 and resident was given a shower on 7/14/2023. Resident # 76 received incontinent care on 7/13/2013 and received a shower on 7/14/2023. Resident #105 discharged 8/8/2023. The Nurse who provided the wound care was educated on 07/11/2023. The resident did not suffer any negative outcomes related to this citation.</p>	
L 052	<p>3211.1 Nursing Facilities</p> <p>Sufficient nursing time shall be given to each resident to ensure that the resident receives the following:</p> <p>(a) Treatment, medications, diet and nutritional supplements and fluids as prescribed, and rehabilitative nursing care as needed;</p> <p>(b) Proper care to minimize pressure ulcers and contractures and to promote the healing of ulcers:</p> <p>(c) Assistants in daily personal grooming so that</p>	L 052		

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L 052	<p>Continued From page 12</p> <p>the resident is comfortable, clean, and neat as evidenced by freedom from body odor, cleaned and trimmed nails, and clean, neat and well-groomed hair;</p> <p>(d) Protection from accident, injury, and infection;</p> <p>(e) Encouragement, assistance, and training in self-care and group activities;</p> <p>(f) Encouragement and assistance to:</p> <p>(1) Get out of the bed and dress or be dressed in his or her own clothing; and shoes or slippers, which shall be clean and in good repair;</p> <p>(2) Use the dining room if he or she is able; and</p> <p>(3) Participate in meaningful social and recreational activities; with eating;</p> <p>(g) Prompt, unhurried assistance if he or she requires or request help with eating;</p> <p>(h) Prescribed adaptive self-help devices to assist him or her in eating independently;</p> <p>(i) Assistance, if needed, with daily hygiene, including oral care; and</p> <p>j) Prompt response to an activated call bell or call for help.</p> <p>This Statute is not met as evidenced by: Based on observations, record reviews, residents' interviews, and staff interviews, for six (6) of 45 sampled residents, the facility staff failed to ensure sufficient nursing time was given to ensure: a resident who had an 11 percent</p>	L 052	<p>2. Identify other residents</p> <p>All residents have the potential to be affected. Unit manager and/or designee will audit current and new residents with GI consultations to ensure that the consults are completed per physician orders.</p> <p>The Rehabilitation Director and/or Designee will conduct an audit to ensure that all residents with orders for restorative nursing services are being seen appropriately.</p> <p>Unit manager and/or designee will assess all current residents and new admissions feet to determine the need for podiatry services. Once determined that they need podiatry services, the resident's name will be added to the podiatry list. Unit Manager/charge nurse and/or supervisor will conduct 2 hourly walking rounds on each unit to ensure that CNAs complete incontinent care every 2 hours and as needed for residents. Unit Managers and/or designee will check shower books to ensure that residents are having their regularly scheduled showers. Any deficiencies will be corrected.</p> <p>No current residents were affected as observed by Wound Care Director during wound treatments on 7/11/2023.</p>	
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L 052	<p>Continued From page 13</p> <p>unplanned weight loss with 28 days recieved a treatment (GI Consult) in a timely manner; a resident was provided wound treatment as ordered; that two (2) residents recieved restorative nursing, as ordered; three (3) residents received nursing assistance with daily personal grooming including incontinent care, regularly scheduled showers and foot care. (Residents #18, #29, #53, #68, 76, #105)</p> <p>The findings included:</p> <p>1. The facility's staff failed to ensure Residents #105 who had an 11 percent unplanned weight loss in 29 days was scheduled or had GI consult conducted from 05/11/23 to 07/13/23 (43 days).</p> <p>Resident #105 was admitted to the facility on 01/23/23 with multiple diagnoses including Protein-Calorie Malnutrition, Dysphagia, Percutaneous Endoscopic Gastrostomy, Gastro-Esophageal Reflux Disease, Respiratory Failure, Multiple Sclerosis, Quadriplegic, and Depression.</p> <p>A review of a care plan with a revision date of 01/23/23 documented the following: "Focus - [Resident's name] has a BMI indicative of underweight. Goal- [Resident's name] will have a gradual weight gain. Interventions- RD [registered dietician] to evaluate quarterly and PRN (as needed)., monitor caloric intake, estimate needs, make recommendations for changes to tube feeding as needed, check for tube placement and gastric content, the resident is dependent with tube feeding and water flushes ..."</p> <p>A review of a nutritional progress note dated 01/30/23 at 3:15 PM documented, "CBW (current body weight) 104.6 [pounds] ... TF (Tube feeding)</p>	L 052	<p>3. Systemic changes</p> <p>Staff Educator and or designee will educate all License Nurses on following up on GI consultations to ensure that they are completed per physician orders.</p> <p>Evaluating therapists (PT, OT, and ST) were provided an in-service on 7/24/23 by the Rehabilitation Director on the proper process after discharge for placing residents on restorative nursing services.</p> <p>Staff Educator will educate all Licensed Nurses to add residents that need podiatry care to podiatry list weekly, charge nurses to validate podiatry visits and document in the resident progress notes all podiatry visits, and all CNAs on timely incontinent care every 2 hours and as needed and residents receive their regularly scheduled showers twice weekly.</p> <p>Staff Educator will educate all licensed nurses to ensure wound treatments are completed as ordered on the correct site.</p>	
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L 052	<p>Continued From page 14</p> <p>providing estimated needs ...continue to monitor weights, labs ... goals- maintain weight ..."</p> <p>A review of weight log documented on 03/09/23 - Resident #105 weighted 105.6 pounds.</p> <p>A review of a nutritional progress note dated 04/03/23 at 8:02 PM documented, "CBW (current body weight) 101.6 [pounds] on 03/28/23 ...Resident continues with TF (tube feeding) regimen w/o (without) intolerance or residual ...No N/V/D/C (nausea, vomiting, diarrhea, constipation). Resident with severe muscle wasting in lower and upper extremity (sp) require high calorie/protein needs. Will continue to monitor TF tolerance, weights, labs as available ..."</p> <p>A review of weight log documented on 04/07/23 - Resident #105 weighted 93.8 pounds.</p> <p>A review of a nutritional progress note dated 04/23/23 at 4:19 PM documented, "Current weight 93.8 [pounds] ...Severe malnutrition related to chronic illness and multiple wounds requiring higher energy needs as evidenced by moderate to severe muscle/fat wasting noted, ~11 % unintentional body weight loss in 1-month Current BW 87.1 [pounds] ... Resident triggering for weight loss ...not desired ..."</p> <p>A review of a Quarterly Minimum Data Set dated 04/28/23 revealed the "Resident #105 did not have a Brief Interview for Mental Status summary score indicating the resident was not able to be tested. In addition, the resident was coded for weighting 938 [93.8] pounds and losing 5% or more weight in the last month ..."</p>	L 052	<p>4. Monitor corrective actions</p> <p>The Unit Manager and/or designee will audit GI consults weekly x 3 months to ensure completion of the consults per physician orders. Any deficiencies will be corrected.</p> <p>The Rehabilitation Director will conduct an audit monthly x 3 of the restorative nursing program to ensure that all processes are being followed for all newly discharged therapy residents that are appropriate for restorative care plans. Any deficiencies will be corrected.</p> <p>Unit Managers and/or designee will audit 5 residents on each unit weekly x 3 months to ensure that proper feet care and incontinence care is being completed. Any deficiencies will be corrected.</p> <p>Random observations of at least 5 residents with pressure ulcers weekly x 3 months by Wound Care Director to ensure that wound care is completed as ordered for current and newly admitted residents. Any deficiencies will be corrected.</p> <p>The results of these audits will be reported to QAPI for review, recommendations, monitoring, and education as needed.</p> <p>5. Date correction action completed</p> <p>Date of Compliance 09/18/23</p>	
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L 052	<p>Continued From page 15</p> <p>A review of a nurse practitioner's note dated 05/06/23 at 1:40 PM documented, "Palliative care on board following patient ...dysphagia/protein calorie malnutrition - continue enteral feeds-RD (registered Dietician) to follow [resident] ..."</p> <p>A review of a physician order dated 05/11/23 instructed, "GI consult ... for possible malabsorption ..."</p> <p>A review of the resident's Treatment Administration Record and nursing progress revealed no documented evidence that the resident had a GI consultation scheduled or completed from 05/11/23 to 07/13/23.</p> <p>A review of the unit's lacked documented evidence Resident #105's name was added for a GI (Gastro-Intestinal) consult from May 17, 2023 to July 11, 2023.</p> <p>During a face-to-face interview on 07/13/23 at approximately 10:30 AM, Employee #11 (Dietician) stated that she had changed the resident's feeding and supplements several times to address the resident's unplanned weight loss. The resident, however, continued to lose weight. She then recommended a GI consultation for possible malabsorption in May (2023), which had not been completed as of 07/13/23. In response to the question whether she informed the resident's physician/nurse practitioner that a GI consult had not been done? She explained that she discussed it in the weekly "Risk Meeting" where the "physician" is present.</p> <p>During a face-to-face interview on 07/13/23 at 11:57 AM, Employee #30 (Unit Secretary) stated that the facility's protocol is for nursing staff to notify her of new orders for consults. Then she will call the physician to schedule the consultation</p>	L 052		
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L 052	<p>Continued From page 16</p> <p>and document it on the "Consultation Tracking Sheet". Also, the resident's TAR is updated with the consult. When asked if she called to schedule the GI consult? Employee #30 said she did call to schedule the GI consult, but she doesn't know why it's not on the tracking sheet or the TAR. During a telephone interview on 07/13/23 at approximately 12:30 PM, Employee #31 (Nursing Practitioner) stated that she believed the resident was evaluated by the gastroenterologist. The employee said that the resident's weight loss may be related to declining secondary to the Multiple Sclerosis diagnosis. Additionally, they approached the resident's responsible party about hospice care for Resident #105, but the responsible party was not receptive.</p> <p>During a telephone interview on 07/13/23 at approximately 4:00 PM, the Gastroenterologist stated that she was not aware of Resident #105's order for a GI consult in May 2023. Additionally, the Gastroenterologist said that Multiple Sclerosis can contribute to weight loss. However, she would come in and evaluate the resident to determine a possible cause for the unplanned weight loss.</p> <p>Please cross reference 483. 25 (Quality of Care) F684</p> <p>2. The facility's staff failed provide Resident #105 with wound treatment as ordered.</p> <p>Resident #105 was admitted to the facility on 01/23/23. The resident had a history of Multiple Pressure Ulcers to include a Stage 4 Left Trochanter and Left Buttocks Pressure Ulcer, Protein-Calorie Malnutrition, Dysphagia, Percutaneous Endoscopic Gastrostomy, Gastro-Esophageal Reflux Disease, Respiratory</p>	L 052		
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L 052	<p>Continued From page 17</p> <p>Failure, Multiple Sclerosis, and Quadriplegic.</p> <p>A review of Resident #105's care plan dated 01/27/23 documented the following: Focus area- the resident has potential/actual multiple areas of skin integrity ...Interventions: keep skin clean and dry ...weekly treatment documentation to include ...any notable changes or observations ...</p> <p>A review of a Quarterly Minimum Data Set dated 04/28/23 revealed the "Resident #105 did not have a Brief Interview for Mental Status summary score indicating the resident was not able to be tested. In addition, the resident was coded for having six (6) Stage 3 Pressure Ulcers five (5) were present upon admission/reentry, six (6) Stage 4 Pressure Ulcers four were present upon admission, five (5) Unstageable Pressure Ulcers four were present upon admission/re-entry, and one (1) Unstageable Deep Tissue Injury. In addition, the resident was coded for using a pressure reducing bed, nutrition or hydration intervention, pressure ulcer care, surgical wound care and application of ointments/medications.</p> <p>A review of physician order dated 06/29/23 instructed, "Cleanse right trochanter with wound cleanser apply collagen followed by silver alginate to promote autolytic debridement secured with boarder foam. Change dressing daily or if soiled/ dislodged."</p> <p>A review of physician order dated 07/06/23 instructed, "Cleanse left trochanter clustered with left buttock injury with Vashe wound wash, apply Medi-honey followed by Silver Alginate to promote autolytic debridement and secured with boarder foam. Change dressing daily or if soiled or dislodge."</p>	L 052		

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L 052	<p>Continued From page 18</p> <p>An observation on 07/11/23 starting at 11:00 AM showed Employee #16 (LPN- Wound Care Nurse) providing the following wound treatment for the Residnt #105's left trochanter and left buttocks pressure ulcer wounds: -cleaning the wounds with wound cleanser. -applying collagen (sprinkles), -applying silver alginate, and -covering the wounds with a boarder foam dressing.</p> <p>A review of a "Wound Assessment Report" dated 07/12/23 documented, "Left Trochanter -Stage 4 Pressure Ulcer...Dressing Change Frequency - Daily and PRN (as needed), Clan wound with - Vashe, Primary Treatment - Silver aliginate, medical grade honey, Other dressing- Boarder Foam.."</p> <p>During a face -to- face interview on 07/11/13 at approxiamtely 11:15 AM, Employee #16 was asked if the current treatment for Resident 105's left trochanter and left buttock wound was used at the time of the observation? She stated, "Yes".</p> <p>During a face -to- face interview on 07/11/13 at approxiamtely 11:20 AM, Employee #17 (Director of Wound Care Services) said that the treatment provided by Employee #16 was for the right trochanter, not the left.</p> <p>4.The facility's staff failed to ensure Resident #29's personal hygiene was maintained as evidenced by the resident's dry, scaly feet and very long toenails.</p> <p>A review of the Activities of Daily Living Policy dated 12/01/22 instructed that "Residents will</p>	L 052		
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L 052	<p>Continued From page 19</p> <p>[be] provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living ... Appropriate care and services will be provided for residents who are unable to carry out ADLs (activity of daily living) independently, with the consent of the resident an in accordance with the plan of care, including appropriate support and assistance with: hygiene (bathing, grooming) ...eliminating (toileting)..."</p> <p>Resident #29 was admitted to the facility on 01/16/20 with multiple diagnoses including Chronic Respiratory Failure, Muscle Weakness, Dementia...</p> <p>A review of the Podiatry Service Policy dated 03/01/23 documented, "Residents requiring foot care who have complicating disease process will be referred to qualified professional such as a Podiatrist ...Foot disorders which may require treatment include, but not limited to ...nail disorders. Employees should refer any identified need for foot care to the unit secretary of designee. The unit secretary or designees will assist the resident in making and appointment ..."</p> <p>A review of a physician order dated 01/16/20 instructed, "Podiatry Consult and PRN (as needed) ..."</p> <p>A review of a two (2) physician orders dated 01/17/20 instructed the following: "Administer bed bath or sponge bath to residents daily during dayshift ..." "Wash feet with soap and water, pat dry, apply moisturizer. Check between toes and feet. Report any unusual changes. Every evening shift on Monday and Friday. "</p>	L 052		
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L 052	<p>Continued From page 20</p> <p>A review of the unit's Referral Log from 01/24/23 to 06/29/23 lacked documented evidence the facility's staff added Resident #29's name for a Podiatry Referral.</p> <p>A review of emails the facility's staff sent requesting services to the Podiatrist from 02/13/23 to 05/11/23, revealed Resident #29's name was not listed.</p> <p>A review of the resident's Treatment Administration Records revealed from 04/01/23 to 07/04/23, the nursing staff signed their initials indicating that staff provided a bed bath or sponge bath to Resident #29 daily during the day shift. The resident's feet were cleaned with soap and water, patted dry, moisturized and toes and feet were checked every Monday and Friday during the evening shift.</p> <p>A review of a Quarterly Minimum Data Set dated 05/11/23 showed the resident had a Brief Interview for Mental Status summary score of "9" which indicated the resident had moderate impairment in [pronoun] cognitive function. In addition, the resident was coded for requiring extensive assistance from staff with personal hygiene. In addition, the resident was not coded for rejection (refusal) of care.</p> <p>A review of a care plan with a revision date of 05/29/23 showed the following: Focus area - [Resident's name] has an ADL (activity of daily living) self-care performance deficit r/t (related to) Disease Process. Intervention - Personal hygiene/oral care: The resident is totally dependent on staff for personal hygiene and oral care. Continued review of the resident's care plan lacked documented evidence of a refusal of care plan.</p>	L 052		
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L 052	<p>Continued From page 21</p> <p>Multiple observations from 12:28 PM on 07/05/23 to 11:32 AM to 07/10/23 showed Resident #29 was lying in bed. The skin on the resident's feet appeared dry and flaky. In addition, the toenails on the resident's left and right first toe "big toe" were very thick and long. The left [big toe] toenail was so long it curved over the nail bed and appeared to be touching the skin of the resident's big toe.</p> <p>During a face-to-face interview on 07/10/23 at 11:29 AM, Employee #29 (Unit Secretary) stated that nurses are responsible for adding resident names to the referral log for Podiatry services. After checking the referral log, she emails the Podiatrist to request services for the identified residents.</p> <p>During a face-to-face interview conducted on 07/10/23 at 11:32 AM, Employee #6 (RN/Unit Manager) revealed that she would ensure staff provided care to the resident's feet immediately. The employee also said she would make sure the resident's toenails are trimmed by a Podiatrist.</p> <p>During a telephone interview on 07/10/23 starting at 12:15 PM, Employee #5 (Podiatrist) stated that she started working at the facility in November of 2022. She attempted to assess and treat Resident #29 in January 2023 and again in March 2023, but the resident refused. Due to the resident's refusal, she did not observe the resident's feet. When asked if she had informed staff of the resident's refusal? The employee said "no".</p> <p>5. The facility's staff failed to ensure Resident #68 received incontinent care from 6 PM on 07/12/23 to 8:00 AM on 07/13/23 [14 hours]. And regularly scheduled showers, resulting in the resident</p>	L 052		
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L 052	<p>Continued From page 22</p> <p>receiving one shower this year (2023).</p> <p>Resident #68 was admitted to the facility on 11/03/21 with multiple diagnoses including: Muscle Weakness, Rheumatoid Arthritis, Morbid Obesity, Fused Fingers and Right Shoulder Pain.</p> <p>A review of a Quarterly Minimum Data Set dated 04/19/23 showed the resident had a Brief Interview for Mental Status summary score of "15" indicating the resident was cognitively intact. In addition, the resident was coded for: using a wheelchair, requiring extensive assistance from staff for toileting, being frequently incontinent of urine and bowel, being totally dependent on staff for bathing, and receiving occupational therapy services.</p> <p>A review of a Care Plan with a revision date of 05/17/23 showed the following: "Focus area [Resident's name] has limited physical mobility r/t (related to) Weakness. Interventions: Frequent rounding and toileting every 2 hours. The resident is totally dependent on staff for ADL care. Provide supportive care, assistance with mobility as needed ..."</p> <p>A review of the certified nursing assistance task check list titled, "Documentation Survey Report v2" revealed the section Activities of Daily Living (toilet use) was blank for the 7PM to 7AM shift on 07/13/23 indicating that Employee #22 did not document what toileting services she provided for Resident #68.</p> <p>A review of the unit's "Shower Book" revealed a document titled, "Skin Monitoring: Comprehensive Shower/Bed-Bath Review" dated 07/13/23 for Resident #68 that indicated staff</p>	L 052		
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L 052	<p>Continued From page 23</p> <p>conducted a skin assessment during Resident #68's bed bath and no new skin impairments were noted.</p> <p>A review of the unit's "Weekly Shower Schedule" showed Resident #68's schedule shower days were every Monday and Wednesday Morning Shift [7 AM to 7 PM].</p> <p>During an observation on 07/13/23 at approximately 8:00 AM, Resident #68 was observed wearing a hospital gown awake lying in bed watching television. When asked how [pronoun] was doing? The resident stated, "I have not been changed or seen the aide [Employee #22] since yesterday (07/12/23) around 6 PM. The aide usually comes in the morning, but she didn't come today." The resident was asked if [pro-noun] called for assistance? Resident #68 said "No". The resident was asked if [pronoun] was sleeping, how does [pronoun] know that Employee #22 wasn't checking on [pronoun] every two hours as the facility's protocol requires? Resident #68 said, "I am a light sleeper, and every time someone opens my door, I wake up. The aides don't come in my room every two hours. They only come when the first arrive in the evening (7 PM) and before they leave in the morning (7 AM) that they come. It should be noted the resident denied any pain or discomfort at the time of the observation. And Resident #76 and Resident #68 are roommates.</p> <p>During a second observation on 07/14/23 at approximately 11:30 AM Resident #68 was observed lying in bed with a blue gown and a matching hair bonnet watching tv. The resident was smiling and appeared very happy. When asked if [pronoun] she received a shower? Resident #68 said, "Yes, I did, and it felt so good</p>	L 052		

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L 052	<p>Continued From page 24</p> <p>to feel the water run all over my body. When I go home, the first thing I'm going do is take a shower for 30 minutes."</p> <p>During a face-to-face on 07/14/23 at 10:18 AM, the regularly scheduled dayshift nurse [Employee #21 LPN], stated that she gave Resident #68 a shower last month, but she could not recall another time the resident had a shower.</p> <p>During a telephone interview on 07/14/23 at 2:22 PM, Employee #22 [Certified Nursing Assistance] stated that she only provided incontinent care to Resident #68 at the beginning of her shift on 07/13/22. The employee then said she checked on the resident every two hours throughout the night, but the resident was asleep and did not request assistance, so she assumed the resident did not need any assistance.</p> <p>. The facility's staff failed to ensure Resident #76 received incontinent care from 5 PM on 07/12/23 to 8:00 AM on 07/13/23 [15 hours]. And regularly scheduled showers, resulting in the resident receiving one shower this year (2023).</p> <p>Resident #68 was admitted to the facility on 11/03/21 with multiple diagnoses including: Hemiplegia and Hemiparesis following Cerebral Infarction affecting Right Dominant Side, Cardiomyopathy, Muscle Weakness, Lack of Coordination, Difficulty Walking, and Visual Disturbance.</p> <p>A review of the Activities of Daily Living Policy dated 12/01/22 instructed that "Residents will [be] provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living ... Appropriate care and services will be provided for residents</p>	L 052		
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L 052	<p>Continued From page 25</p> <p>who are unable to carry out ADLs (activity of daily living) independently, with the consent of the resident an in accordance with the plan of care, including appropriate support and assistance with: hygiene (bathing) ...eliminating (toileting)..."</p> <p>A review of a Quarterly Minimum Data Set dated 06/17/23 showed the resident had a Brief Interview for Mental Status summary score of "15" indicating the resident was cognitively intact. In addition, the resident was coded for: using a wheelchair, requiring extensive assistance from staff for toileting, being frequently incontinent of urine and bowel, and being totally dependent on staff for bathing.</p> <p>A review of care plan with a revision date of 06/19/23 showed the following: "Focus area [Resident's name] has an ADL (activity of daily living) self-care performance deficit r/t (related to) stroke. Intervention - The resident is unable to wash her upper body ..."</p> <p>A review of the certified nursing assistance task check list titled, "Documentation Survey Report v2" revealed the section Activities of Daily Living (toilet use) was blank for the 7PM to 7AM shift on 07/13/23 indicating that Employee #22 documented an "8" for toilet use: self-performance and an "8" for toilet use-support provided. According to the key code on the previously mentioned document, the number "8" indicates that the "activity did not occur or family and/or non-facility staff provided 100% of the time for that activity."</p> <p>A review of the unit's "Shower Book" revealed a document titled, "Skin Monitoring: Comprehensive Shower/Bed-Bath Review" dated 07/13/23 for Resident #76 that indicated staff</p>	L 052		

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L 052	<p>Continued From page 26</p> <p>conducted a skin assessment during the resident's shower and no skin issues were observed.</p> <p>A review of the unit's "Weekly Shower Schedule" showed Resident #76's schedule shower days were every Tuesday and Thursday Morning Shift [7 AM to 7 PM].</p> <p>During an observation on 07/13/23 at approximately 8:00 AM, Resident #76 was observed awake lying in bed watching television. When asked how [pronoun] was doing? The resident stated, "I have not been changed since the dayshift aide changed me yesterday (07/12/23) around 5 PM. The evening aide [Employee #22] took my vital signs around 7 PM and she didn't come back. The resident also said, "I had my first shower this year (2023) last week. It should be noted the resident denied any pain or discomfort at the time of the observation. And Resident #76 and Resident #68 are roommates.</p> <p>During a face-to-face on 07/13/23 at 3:20 PM, the regularly scheduled dayshift nurse [Employee #21 LPN], stated, "I'm not aware of the last time the resident had a shower before 07/13/23. In addition, the employee said that residents receive showers twice a week as part of the facility's protocol.</p> <p>During a telephone interview on 07/14/23 at 2:22 PM, Employee #22 [Certified Nursing Assistance] stated that she only provided incontinent care to Resident #68 at the beginning of her shift on 07/13/22. The employee then said she checked on the resident every two hours throughout the night, but the resident was asleep and did not request assistance, so she assumed the resident did not need any assistance.</p>	L 052		

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L 052	<p>Continued From page 27</p> <p>Please cross refrence 483.24 (Quality of Life) F677</p> <p>3.Facility staff failed to follow the physician's orders for two residents to receive restorative nursing for Residents #18 and #53.</p> <p>A. Facility staff failed to offer Resident # 18 restorative nursing for donning and doffing an orthotic after the Resident's physical therapy was discontinued per a physician's order.</p> <p>On 07/06/23 at 10:27 AM, Resident #18 was observed laying in a supine (flat on one's back) position in [pronoun] bed. The Resident's left arm was contracted at the elbow. A splint was observed on the Resident's windowsill. During a face-to-face interview during the observation, the Resident said that [pronoun] had not worn the splint since physical therapy stopped about one month ago.</p>	L 052		
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L 052	<p>Continued From page 28</p> <p>On 07/11/23 at 11:20 AM, Resident #18 was observed lying supine (on one's back) in bed. The Resident's left arm was contracted at the elbow. A splint was observed on the Resident's windowsill in the same position as the day before.</p> <p>Resident #18 was admitted to the facility on 05/12/20 with diagnoses including: Other Sequelae of Cerebral Infarction, Hemiplegia, Unspecified Affecting Left Nondominant Side, Schizophreniform Disorder, Contracture, Right Hand.</p> <p>A review of Resident #18's medical record revealed:</p> <p>A review of an Annual Minimum Data Set (MDS) assessment dated 05/05/23 documented that: the Resident had a Brief Interview for Mental Status Summary (BIMS) score of "14," indicating the Resident had intact cognition; the assessment also revealed that the Resident required extensive assistance from staff for bed mobility, transfers, locomotion off unit, dressing, toilet use, personal hygiene, was totally dependent on staff for bathing, used a wheelchair for mobility, ended physical therapy on 05/05/23.</p> <p>A review of a care plan initiated on 05//05/23 documented: "[Resident #18's Name] will participate in the restorative program as needed and as tolerated. Goal: [Resident #18's Name] will maintain the current level of function through the next review date. Interventions: Bridging x 10 reps; Donning of LUE (left upper extremity) elbow extension orthosis 3-5x/week; PROM (passive range of motion) on LUE (left upper extremity). Free weight on RUE/RLE.(right upper extremity/right lower extremity) AROM (active</p>	L 052		
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L 052	<p>Continued From page 29</p> <p>range of motion) on LLE in all available planes for 10 reps.(repetitions) 3-5x/week."</p> <p>A review of a physician's order dated 05/11/23 documented: "DC (Discharge) from PT (physical therapy) 5/6/23. RNP (Restorative Nursing Program) for donning of L (left) elbow extension orthosis for 3-5 days per week, as tolerated ROME (range of motion for extremities) on UE/LE (upper extremities/lower extremities) all planes, as tolerated."</p> <p>A review of a physical therapy discharge summary dated 05/05/23 at 11:22 AM documented: " ...Discharge Recommendations, RNP placed ...Donning of L elbow extension orthosis and a hand carrot/roll, daily 7 hours. Inspection of skin after doffing the orthotics...D/C (discharge) Reason: Maximum Potential Achieved, refereed for RNP ..."</p> <p>A review of Resident #18's medical record and observations of the Resident on 07/06/23, 07/07/23, and 07/11/23 lacked evidence that facility staff provided the Resident with restorative nursing and assistance with applying or removing the left arm splint as directed by the physician's order.</p> <p>During a face-to-face interview on 07/11/23 at 12:24 AM, Employee #28 (Director of Rehabilitative Services) stated that restorative nursing was done by the restorative nursing aides (RNAs) unless the RNAs have trained the nursing staff. When asked where the RNAs document their care, she stated that each RNA hand-writes the care they provide in notebooks. When asked if she could provide the RNA's hand-written documentation for Resident #18, she acknowledged that when the Resident's physical</p>	L 052		
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L 052	<p>Continued From page 30</p> <p>therapy ended, facility staff failed to communicate that the Resident had a physician's order for restorative nursing to the RNA; therefore, the Resident did not receive restorative nursing.</p> <p>B. Facility staff failed to add Resident #53 to the restorative nursing caseload after the Resident's physical therapy ended on 05/11/23. Subsequently, Resident #53 received no restorative nursing from 05/11/23 to /07/12/23.</p> <p>Resident #53 was admitted to the facility on 11/04/20 MDS dated 05/10/23 with diagnoses that included: Cerebral infarction, Dysphagia, Aphasia, Gastrostomy, Weakness, Fall, Initial Encounter, and Dementia.</p> <p>A review of Resident #53's medical record revealed:</p> <p>A review of an Annual Minimum Data Set (MDS) assessment dated 05/10/23 documented that: the Resident had a Brief Interview for Mental Status Summary (BIMS) score of "11," indicating the Resident had moderately impaired cognition. The assessment also revealed that the Resident was totally dependent on staff for eating, and required extensive assistance with dressing, toilet use, personal hygiene, and bathing total dependence, started physical therapy on 03/13/23 and received physical therapy for four (4) out of seven (7) of the days during the assessment.</p> <p>A physician's order dated 05/11/23 directed: "D/C (discharge) skilled PT effective 5/12/23. Referred to RNP (restorative nursing program) for ROME (sp) (range of motion) repositioning and donning/doffing of R (right) knee extension orthosis 3-5 days, as tolerated on UE/LE (upper extremity/lower extremity) and repositioning, to</p>	L 052		
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L 052	<p>Continued From page 31</p> <p>prevent any decline on (in) functional mobility."</p> <p>A physical therapy discharge summary note dated 05/11/23 documented: "...D/C Destination Maximum Potential Achieved, referred for RNP ...Discharge Recommendations: RNP was established - ROME on UE/LE ..."</p> <p>A review of Resident #53's medical record lacked documented evidence that facility staff provided the Resident with restorative nursing after the Resident's physical therapy ended on 05/11/23.</p> <p>During a face-to-face interview on 07/07/23 at 10:13 AM, Resident #53 stated that [pronoun] did not receive therapy or restorative nursing and could not recall the last time [pronoun] had either. The Resident then pointed to a gait belt draped over a walker leaning against the wall to the right side of the Resident's bed and stated, "That walker and the strap (gait belt) have been in my room for six (6) months and have never been used."</p> <p>During a face-to-face interview on 07/12/23 at 3:49 PM, Employee #28, Director of Rehabilitative Therapy, stated, "[Name of Resident #53] is on my list for a physical therapy re-evaluation tomorrow. [pronoun] should have been on the caseload for restorative [nursing] when PT ended on 05/11/23 per the physician's order. "The Employee then acknowledged that Resident #53 had not received restorative therapy from 05/11/23 to 0712/23</p> <p>6. The facility's staff failed to maintain Resident #8's personal hygiene, as evidenced by the</p>	L 052		
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L 052	<p>Continued From page 32</p> <p>Resident's dry, scaly feet and mycotic toenails.</p> <p>On 07/05/23 at 11:04 AM, during an observation and interview, Resident #8 was observed resting in bed. The Resident reported that his left big toe was hurting. The surveyor reported the Resident's complaint to Employee # 33, Agency Registered Nurse. Employee #33 uncovered the Resident's feet and removed the Resident's socks. The skin on the Resident's feet was dry, flaky, and scaly, and the Resident's toes were mycotic (jagged, yellowed, thickened). The skin on the left big toe was intact, and there was no redness.</p> <p>Resident #8 was admitted to the facility on 12/03/15 with multiple diagnoses, including: Type 2 Diabetes Mellitus, Peripheral Vascular Disease, Congestive Heart Failure, Bilateral Cataracts, Bilateral Dry Eye Syndrome, Muscle Weakness, and Dementia.</p> <p>A review of Resident #8's medical record revealed :</p> <p>A review of a physician's order dated 10/28/19 at 7:00 AM directed: "Wash feet with soap and water, pat dry apply moisturizer. Check in-between toes and feet, and report any unusual changes. Every day shift every Mon, (Monday), Thu (Thursday)."</p> <p>A review of two Podiatry Consult Notes dated 03/02/23 and 06/05/23 at 12:00 AM documented: "...Pt (patient) seen at bedside ...Referred by house staff. Pt is unable to maintain own foot care due to h/o (History of) DM2 (Diabetes Mellitus Type 2) ...Assessment and Plan: Bilateral foot exam performed. Toenails debrided times 10 with sterile nippers. Rough edges smoothed with an electric file to the patient's</p>	L 052		
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L 052	<p>Continued From page 33</p> <p>tolerance. Lotion applied to feet sparing webspace ...Pt requires at-risk foot care due to DM (Diabetes Mellitus) and PVD (Peripheral Vascular Disease). Will follow up in 10-12 weeks or sooner if problem occurs."</p> <p>A review of a physician's order dated 06/03/23 at 10:00 AM directed: "Weekly skin head to toe assessment: Write nurses note regarding resident skin condition on PCC (PointClickCare app) one time a day every Sat (Saturday)."</p> <p>A review of a care plan with a revision date of 06/25/23 showed the following: "Focus area - [Resident's name] has an ADL (activity of daily living) self-care performance deficit r/t (related to) Disease Process. Intervention - Bathing/showering: Requires total care assistance from nursing staff. Continued review of the Resident's care plan lacked documented evidence of a refusal of care plan ..."</p> <p>A review of a Quarterly Minimum Data Set dated 06/28/23 showed the Resident had a Brief Interview for Mental Status summary score of 11" which indicated the Resident had moderate impairment in cognitive function. In addition, the Resident was coded for requiring extensive assistance from staff with bed mobility and eating and was totally dependent on staff for personal hygiene and bathing. In addition, the Resident was not coded for refusal of care.</p> <p>A review of Resident #8's Treatment Administration Records revealed from 07/01/23 to 07/05/23; the nursing staff signed their initials indicating that staff performed a weekly skin assessment on 07/01/23 and washed the Resident's feet with soap and water, patted them dry and</p>	L 052		
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L 052	<p>Continued From page 34</p> <p>applied moisturizer.</p> <p>A review of the July 2023 CNA Documentation Survey Report from 07/01/23 to 07/05/23 showed that the facility staff documented that they provided a bed bath or sponge bath to Resident #8 on 07/04/23 during the day shift and documented that they provided personal hygiene daily.</p> <p>During a face-to-face interview on 07/05/23 at 11:04 AM with Employee #33, when asked who was responsible for providing ADL care for Resident # 8, Employee #33 stated that the Certified Nurse Aides (CNA's) are usually responsible, but the facility was short-staffed today, so the Nurses were assigned to assist the residents with ADL care. The Employee stated that she was unsure if the CNA had provided ADL care to the Resident then said she would wash the Resident's feet. Before doing so, Employee #9, 3 West Unit Manager, was called to the Resident's bedside to assess the Resident's feet. Employee #33 looked at the Resident's feet and stated, "The Resident should have gotten foot care yesterday (Monday) since the Resident had an order for foot care every Monday." The Employee then acknowledged that the Resident's feet were dry and scaly and that facility staff needed to wash the Resident's feet.</p> <p>During a face-to-face interview on 07/05/23 at 12:39 PM, Employee #32, CNA stated that she had provided ADL care, including a bed bath, to Resident #8 around 8:00 AM. When asked if she had washed and moisturized the Resident's feet, she admitted that she had changed and fed the Resident but had not washed or moisturized the Resident's feet. She also commented that she knew that CNAs are supposed to provide bed</p>	L 052		
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L 052	<p>Continued From page 35</p> <p>baths as part of ADL care, but that does not always happen due to insufficient staffing.</p> <p>7. The facility's staff failed to maintain Resident #33's personal hygiene, as evidenced by the Resident's dry, scaly feet and thickened, discolored, and jagged toenails.</p> <p>On 07/05/23 at 3:45 PM, Resident #33 was observed resting in bed. The Resident's feet were dry and scaly, and the Resident's toenails on both feet were jagged and discolored.</p> <p>Resident #33 was admitted to the facility on 12/03/15 with multiple diagnoses, including Type 2 Diabetes Mellitus, Aphasia, Hemiplegia and Hemiparesis, Metabolic Encephalopathy, Anoxic Brain Damage, Schizoaffective Disorders, and Epilepsy.</p> <p>A review of Resident #33's medical record revealed :</p> <p>A review of two (2) physician's orders dated 11/14/20 directed:</p> <p>"Daily head-to-toe assessment q (every) shift. Notify MD/NP of any abnormalities and document your assessment every shift."</p> <p>"Bath/shower administer shower or sponge bath to Resident daily during the day shift as needed. Please document patients refusal and notify MD in the morning every Tue and Thur, every day shift every Tue, Thu."</p> <p>A review of a physician's order dated 11/19/20 directed: "For foot hygiene, wash feet with soap and water, pat dry, apply moisturizer. Check</p>	L 052		
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L 052	<p>Continued From page 36</p> <p>between toes and feet anu usual changes, In the morning every Tue and Thur in the morning."</p> <p>A review of a physician's order dated 02/06/23 documented: "Podiatry consult."</p> <p>A review of a Podiatry Consult Note dated 02/16/23 at 12:00 AM documented: " ... [Resident's First Name] was referred by physician for diabetic foot exam ...toenails are overgrown ...is unable to maintain own foot care due to [pronoun] medical status ...Assessment and Plan: Bilateral foot exam performed. Toenails debrided times 10 with sterile nipper. R (right) great toe removed in toto(sp.)(total) ...Follow PCP (primary care physician) 's POC (plan of care) o maintain DM (Diabetes Mellitus) control. Pt (patient) requires at-risk foot care q 10-12 weeks due to h/o DM. Will follow up in 10-12 weeks or sooner if a problem occurs."</p> <p>A review of a Quarterly Minimum Data Set dated 05/15/23 showed the Resident had severely impaired cognition, required extensive assistance from staff with bed mobility, was totally dependent on staff for personal hygiene and bathing, and had bilateral impairment to lower extremities (hip, knee, ankle, foot).</p> <p>A review of Resident #33's Treatment Administration Records revealed from 07/01/23 to 07/13/23, the nursing staff signed their initials indicating that staff administered a shower or sponge bath to the Resident on 07/07, 07/06, 07/11, and 07/13; performed daily head to toe assessments every shift, and washed the Resident's feet with soap and water, patted them dry, and applied moisturizer daily.</p> <p>A review of the July 2023 CNA Documentation</p>	L 052		
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L 052	<p>Continued From page 37</p> <p>Survey Report showed that from 07/01/23 to 07/13/23, facility staff documented that they provided a bed bath or sponge bath to Resident #33 on 07/01, 07/04, 07/05, 07/07, 07/08, and 07/1, and provided personal hygiene daily.</p> <p>During a face-to-face interview on 07/17/23 at 1:45 PM Employee #34, CNA, stated, "I had to prioritize the residents, I provided incontinent care, mouth care and fed the residents who needed assistance, and then I completed ADL care for those residents who have therapy, first. He then added I have not given the Resident a bed bath, but I will."</p> <p>During an observation on 07/18/23 at 12:03 PM, Resident # 33 was observed resting in bed. The Resident's feet were dry and scaly, and the Resident's toenails on both feet were jagged and discolored. Employees #21 (Licensed Practical Nurse) and #6 (2 East Unit Manager) were present during the observation.</p> <p>During an interview on 07/18/23 at 12:07 PM, Employee #6 stated that the CNAs were supposed to wash the Resident's feet as part of the ADL care, and she stated that the concern would be addressed with the nursing staff. The Employee then acknowledged the Resident's feet condition and the finding.</p>	L 052		
L 056	<p>3211.5 Nursing Facilities</p> <p>Beginning January 1, 2012, each facility shall provide a minimum daily average of four and one tenth (4.1) hours of direct nursing care per resident per day, of which at least six tenths (0.6) hours shall be provided by an advanced practice registered nurse or registered nurse, which shall</p>	L 056		

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L 056	<p>Continued From page 38</p> <p>be in addition to any coverage required by subsection 3211.4.</p> <p>This Statute is not met as evidenced by: Based on record review and staff interview, during a review of staffing [direct care and advanced practiced registered nurse per Resident per day hours], it was determined that the facility failed to provide a minimum daily average of four and one-tenth (4.1) hours of direct care per day for seven (7) of 15 days and sixth tenths (0.6) Advance practiced registered nurse per Resident per day for six (6) of 15 days reviewed in accordance with Title 22 DCMR Section 3211, Nursing Personnel and Required Staffing Levels.</p> <p>The findings included:</p> <p>According to the District of Columbia Municipal Regulations for Nursing Facilities: 3211.5 Beginning January 1, 2012, each facility shall provide a minimum daily average of four and one-tenth (4.1) hours of direct nursing care per resident per day, of which at least six tenths (0.6) hours shall be provided by an advanced practice registered nurse or registered nurse, which shall be in addition to any coverage required by subsection 3211.5.</p> <p>A review of the Nurse Staffing was conducted on July 18, 2023, at approximately 11:00 AM.</p> <p>Of the 15 days reviewed, seven (7) of the days failed to provide a minimum daily average of four and one-tenth (4.1) hours of direct care per resident per day, and six (6) of the days failed to</p>	L 056	<p>L 056</p> <ol style="list-style-type: none"> Corrective action for resident The staffing Coordinator and Director of Nursing were re-educated on staffing regulation regarding 4.1 hours of direct nursing care per resident per day and at least 0.6 hours of those hours in RN hours per patient per day. Identify other residents All residents had the potential to be affected by this alleged practice. Systemic changes The Director of Nursing will review the nursing schedule to ensure enough nursing coverage is available to meet the 4.1 hours of direct nursing care required. In addition, facility is working with newly contracted vendor Qualivis on recruitment; nursing agency will also be contacted to come in and work in the event staff call outs cause the direct care staffing to fall below 4.1 hours per resident per resident per day. The Administrator will be contacted by the Director of Nursing for additional resources as needed to ensure appropriate staffing ratios. Monitor corrective actions The Director of Nursing and/or Designee will complete audits of schedules as worked weekly for compliance. Any deficits will be addressed immediately. Date correction action completed All findings will be reported to the QAPI Committee monthly x 3 months for review and recommendations, monitoring, and education as needed. Date correction action completed Date of Compliance 09/18/23 	
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L 056	<p>Continued From page 39</p> <p>provide a minimum daily average of six tenths (0.6) hours of the advanced practiced registered nurse as follows:</p> <p>Hours of Direct Care per resident per day</p> <p>Tuesday, March 7, 2022, showed that the facility provided direct nursing care per resident at a rate of 3.35 hours.</p> <p>Friday, March 10, 2022, showed that the facility provided direct nursing care per resident at a rate of 3.27 hours.</p> <p>Saturday, July 8, 2023, showed that the facility provided direct nursing care per resident at a rate of 3.96 hours.</p> <p>Sunday, July 9, 2023, showed that the facility provided direct nursing care per resident at a rate of 3.44 hours.</p> <p>Tuesday, July 11, 2023, showed that the facility provided direct nursing care per resident at a rate of 4.03 hours.</p> <p>Friday, July 14, 2023, showed that the facility provided direct nursing care per resident at a rate of 3.96 hours.</p> <p>Monday, July 17, 2023, showed that the facility provided direct nursing care per resident at a rate of 3.06 hours.</p> <p>Hours of Advanced Practice Registered Nurse per resident per day:</p> <p>Thursday, July 6, 2023, showed that the facility provided advanced practiced registered nurse per</p>	L 056		

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L 056	<p>Continued From page 40</p> <p>resident at a rate of 0.53 hours.</p> <p>Friday, July 7, 2023, showed that the facility provided advanced practiced registered nurse per resident at a rate of 0.43 hours.</p> <p>Monday, July 10, 2023, showed that the facility provided advanced practiced registered nurse per resident at a rate of 0.47 hours.</p> <p>Wednesday, July 12, 2021, showed that the facility provided advanced practiced registered nurse per resident at a rate of 0.50 hours.</p> <p>Thursday, July 13, 2023, showed that the facility provided advanced practiced registered nurse per resident at a rate of 0.59 hours.</p> <p>Saturday, July 15, 2023, showed that the facility provided advanced practiced registered nurse per resident at a rate of 0.59 hours.</p> <p>A face-to-face interview was conducted with the Staffing Coordinator at the time of the staffing review, and [pronouns] acknowledged the findings.</p>	L 056		
L 091	<p>3217.6 Nursing Facilities</p> <p>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.</p> <p>This Statute is not met as evidenced by: Based on record review and staff interview, the Infection Control Committee failed to ensure staff</p>	L 091		

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L 091	<p>Continued From page 41</p> <p>maintained Infection Control and Prevention Practices during wound care for one (1) of 45 sampled residents. (Resident #107).</p> <p>The findings included:</p> <p>Resident #107 was admitted to the facility on 03/06/23. The resident had a history of multiple diagnoses including Stage 4 Sacrum Pressure Ulcer, Anoxic Brain, Acute Respiratory Failure, Weakness, and Type 1 Diabetes.</p> <p>A review of the policy titled, Wound Management, instructed staff to " ...Perform hand hygiene, put on gloves and remove old dressing and discard, tafe off gloves and perform hand hygiene ...put on [clean] gloves and perform wound [care] ..."</p> <p>A review of Resident #107's care plan dated 03/07/23 documented the following: "Focus area- [Resident's name] has potential for pressure ulcer development related to disease process ...Interventions: Administer treatments as ordered and monitor effectiveness ..."</p> <p>A review of a Significant Change Minimum Data Set dated 04/12/23 revealed the "Resident #107 did not have a Brief Interview for Mental Status summary score indicating the resident was not able to be tested. In addition, the resident was coded for having two (2) Stage 2 Pressure Ulcers, one (1) Stage 4 Pressure Ulcers and one (1) Unstageable Pressure Ulcers. In addition, the resident was coded for using a pressure reducing bed, turning and repositioning program, nutrition or hydration intervention, pressure ulcer care, surgical wound care and application of ointments/medications.</p> <p>A review of wound evaluation dated 07/05/23</p>	L 091	<p>L 091</p> <ol style="list-style-type: none"> 1. Corrective action for resident Resident #107 with follow up wound care completed on 7/11/23 by wound nurse and observed by Director of Wound Care to ensure infection control practices were followed. 2. Identify other residents All residents with pressure ulcers have the potential to be affected. Education on infection control and prevention practices on wound care done immediately with wound treatment nurse on 7/11/2023 by Director of Wound Care. 3. Systemic changes Staff Educator will provide education to all licensed nurses on infection control and prevention practices during wound care. 4. Monitor corrective actions Random observations of at least 5 residents with pressure ulcers weekly x 30 days by wound care director to ensure that wound care is completed as ordered for current residents and new residents. Any deficiencies will be corrected. All audit findings will be reported monthly to the QAPI committee for 3 consecutive months for review, recommendations, monitoring and education as needed. 5. Date correction action completed Date of Compliance 09/18/23 	
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L 091	<p>Continued From page 42</p> <p>documented, "Stage 4 sacrum pressure ulcer ... Dressing change frequency - daily and as needed, Clean wound with- Vashe, Primary Treatment - Silver Alginate, and Other dressing - Boarder foam ..."</p> <p>A review of a physician order dated 07/06/23 instructed, "Cleanse sacral injury with Vashe wound cleanser, gently pack with silver alginate and secure with super absorbent dressing, change dressing daily and prn (as needed) ..."</p> <p>During an observation on 07/11/23 starting at approximately 10:30 AM, Employee #15 (RN/Wound Care Nurse) performed hand hygiene, applied gloves, removed the old dressing from Resident #107"s sacral wound and discarded it. The employee, however, failed to follow Infection Control and Prevention Practices by failing to wash her hands and putting on clean gloves before performing wound care for the resident's sacral wound.</p> <p>During a face-to-face interview on 07/11/23 at approximately 10:40 AM, Employee #15 stated that she should have performed hand hygiene after removing and discarding the old sacral wound dressing. She also said she should have put on new gloves after performing hand hygiene and before providing treatment for the resident's sacral wound.</p>	L 091		
L 099	<p>3219.1 Nursing Facilities</p> <p>Food and drink shall be clean, wholesome, free from spoilage, safe for human consumption, and served in accordance with the requirements set forth in Title 23, Subtitle B, D. C. Municipal Regulations (DCMR), Chapter 24 through 40.</p>	L 099		

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L 099	<p>Continued From page 43</p> <p>This Statute is not met as evidenced by: Based on observations and staff interview, facility staff failed to serve foods under sanitary conditions as evidenced by four (4) of four (4) convection ovens that were soiled throughout, and cooking equipment such as two (2) of two (2) grease fryers, one (1) of one (1) tilt skillet, and one (1) of one (1) grill that were exposed to potential food contamination.</p> <p>The findings include:</p> <ol style="list-style-type: none"> Four (4) of four (4) convection ovens were soiled throughout. Cooking equipment such as two (2) of two (2) grease fryers, one (1) of one (1) tilt skillet, and one (1) of one (1) grill were positioned unprotected, at less than 12 inches from the back of four (4) of four (4) convection ovens with no barrier in between. The motors from the convection ovens were soiled with dust and/or particulate matter and presented a potentially hazardous source of food contamination. <p>There was no separation between the back of the convection ovens and the fryers, the tilt skillet, and the grill.</p> <p>These observations were acknowledged by Employee #14 during a face-to-face interview on July 11, 2023, at approximately 10:00 AM.</p>	L 099	<p>L 099</p> <ol style="list-style-type: none"> Corrective action for resident All four convection ovens were thoroughly cleaned on 08/23/2023. A splash guard will be placed between the fryer, grill, tilt skillet and the convection ovens. Identify other residents All residents have the potential to be affected. Systemic changes Staff Educator will educate Dietary and Maintenance staff on proper cleaning of the convection ovens and the need for a barrier between the convection ovens and other kitchen equipment to prevent cross contamination. Monitor corrective actions The Dietary Manager and/or designee will audit the convection ovens weekly to ensure that they are clean and that barriers are in place to prevent cross contamination between the convection ovens and other kitchen equipment weekly x 3 months. Any deficits will be corrected. All audit findings will be reported monthly to the QAPI committee for 3 consecutive months for review, recommendations, monitoring and education as needed. 	
L 108	<p>3220.2 Nursing Facilities</p> <p>The temperature for cold foods shall not exceed forty-five degrees (45°F) Fahrenheit, and for hot foods shall be above one hundred and forty degrees (140°F) Fahrenheit at the point of</p>	L 108	<ol style="list-style-type: none"> Date correction action completed Date of Compliance 09/18/23 	

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L 108	<p>Continued From page 44</p> <p>delivery to the resident.</p> <p>This Statute is not met as evidenced by: Based on observations and staff interview, facility staff failed to serve foods under sanitary conditions as evidenced by hot foods temperatures that were below 140 degrees Fahrenheit (F) on seven (7) of seven (7) observations.</p> <p>The findings include:</p> <p>Test tray food temperatures were inadequate as puree hot foods such as chicken (114.0 F), green beans (131.0 F), rice (131.3 F), and regular hot foods such as chicken (125.0 F), green beans (119.6 F), rice (122.5 F) and soup (117.8 F) tested at less than 140 degrees F.</p> <p>These observations were acknowledged by Employee #14 during a face-to-face interview on July 11, 2023, at approximately 10:00 AM.</p>	L 108	<p>L 108</p> <p>1. Corrective action for resident</p> <p>No residents reported issues with meal temperature on 07/10/2023. Dietary staff will do test trays prior to each meal service x 1 week.</p> <p>2. Identify other residents</p> <p>All residents have the potential to be affected. Test trays will be audited by the Dietary staff prior to each meal service x 1 week. Any deficiencies will be corrected.</p> <p>3. Systemic changes</p> <p>Dietary will be educated on cooking foods to the appropriate temperatures prior to plating meals. Nursing staff will be educated on delivery methods to maintain food temperatures during meal service.</p> <p>4. Monitor corrective actions</p> <p>Test trays will be audited by the Dietary Manager prior to each meal service on each unit weekly after initial audits are completed. Any deficits will be corrected.</p> <p>All audit findings will be reported monthly to the QAPI committee for 3 consecutive months for review, recommendations, monitoring and education as needed.</p> <p>5. Date correction action completed</p> <p>Date of Compliance 09/18/23</p>	
L 191	<p>3231.2 Nursing Facilities</p> <p>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 staff failed to ensure medical record (Treatment Administration Record) for two (2) of 45 sampled resident were complete. (Resident #5, and #104)</p> <p>The findings included:</p> <p>1. Resident #5 Treatment Administration Record</p>	L 191		

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L 191	<p>Continued From page 45</p> <p>(TAR) showed failed to complete documentation in the allotted area as evidence below:</p> <p>Resident #5 was admitted to the facility on 04/11/2023 with diagnoses that included: Acute Respiratory Failure, Pneumonia, Chronic Obstructive Pulmonary Disease, Heart Failure, Hypertension, and Hyperlipidemia.</p> <p>Review of a physician's orderd dated 4/12/23 instructed, "Record urine output every shift."</p> <p>Review of a physician's orderd dated 4/12/23 instructed, "Bilateral hand mittens to prevent trach decannulation, check and monitor blood circulation q2 hours and PRN."</p> <p>Review of a physician's orderd dated 4/12/23 instructed, "Mouth care q4hrs and PRN."</p> <p>However, a review of the June 2023 TAR lack documented evidence that staff initial the designated area for 6/09/23 evening shift (1800hour), 6/27/23 night shift (0200, 0400, 0600 hours) and 6/30/23 evening shift (1800hour) indicating that the treatment had been provided as ordered</p> <p>However, a review of the June 2023 TAR lack documented evidence that staff initial the designated area for 6/10/23 evening shift (1800hour), 6/27/23 night shift (0200, 0600 hours) and 6/30/23 evening shift (1800hour) indicating that the treatment had been provided as ordered.</p> <p>However, a review of the June 2023 TAR lack documented evidence that staff initial the designated area for 6/27/23 night shift (7PM-7AM) and 6/30/23 day shift (7AM - 7PM) indicating that the treatment had been provided</p>	L 191	<p>L 191</p> <p>1. Corrective action for resident</p> <p>Resident # 5's TAR was corrected on 8/21/2023 to reflect turning and repositioning (TURP) every 2 hours. Resident # 104 was discharged on 8/17/2023.</p> <p>2. Identify other residents</p> <p>All residents have the potential to be affected. Unit Manager and/or designee will complete an audit of all current residents and new admissions to ensure that TARs are signed off for documentation of resident care. Any deficiencies will be corrected.</p> <p>3. Systemic changes</p> <p>Staff Educator will educate all License Nurses to ensure that TARs are signed off for documentation of resident care.</p> <p>4. Monitor corrective actions</p> <p>Unit Managers and or designee will audit 10 resident records to ensure that TARs are signed off for documentation of resident care weekly x 3 months. Any deficits will be corrected.</p> <p>All audit findings will be reported monthly to the QAPI committee for 3 consecutive months for review, recommendations, monitoring, and education as needed.</p> <p>5. Date correction action completed</p> <p>Date of Compliance 09/18/23</p>	

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L 191	<p>Continued From page 46 as ordered.</p> <p>During a face-to-face interview on 07/17/2023 at 1:30 PM, Employee #19 (3East Nurse Manager) acknowledged the findings.</p> <p>2. Resident #104 Treatment Administration Record (TAR) showed failed to complete documentation in the allotted area as evidence below: .</p> <p>Resident #104 was admitted to the facility on 06/05/2023 with diagnoses that included: Cerebral Infarct, Acute and Chronic Respiratory Failure, Parkinson's Disease, Rheumatoid Arthritis, Pneumonia, Atrial Fibrillation, Hypotension, and Depression.</p> <p>Review of a physician's orderd dated 3/27/23 instructed, "Initiate Ventilator weaning per protocol every day and night shift."</p> <p>Review of a physician's orderd dated 3/27/23 instructed, "Monitor area under trach BID (twice a day) and PRN (as needed)."</p> <p>Review of a physician's orderd dated 3/27/23 instructed, "Trach care BID (twice a day) and PRN."</p> <p>However, a review of the June 2023 TAR lack documented evidence that staff initial the designated area for 6/16/23 day shift (7am -3pm) and 6/28/23 day shift (7am - 3pm) indicating that the treatment had been provided as ordered.</p> <p>However, a review of the June 2023 TAR lack documented evidence that staff initial the designated area for 6/16/23 day shift (7a-3p), and</p>	L 191		

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L 191	<p>Continued From page 47</p> <p>6/28/23 day shift 7-3) indicating that the treatment had been provided as ordered.</p> <p>However, a review of the June 2023 TAR lack documented evidence that staff initial the designated area for 6/16/23 evening shift (1000hour), and 6/28/23 night shift (1000 hours) indicating that the treatment had been provided as ordered.</p> <p>During a face-to-face interview on 07/17/2023 at 1:30 PM, Employee #6 (2East Nurse Manager) acknowledged the findings and stated, "staff will be reeducate and improve on their tasks."</p>	L 191		
L 200	<p>3231.11 Nursing Facilities</p> <p>Each entry into a medical record shall be legible, current, in black ink, dated and signed with full signature and discipline identification. This Statute is not met as evidenced by: Based on record review and staff interview, the facility's staff failed to ensure a resident's Significant Change MDS (Minimum Data Set) contained accurate information related to skin condition for one (1) of 43 sampled residents. (Resident #107)</p> <p>The findings included:</p> <p>Resident #107 was re-admitted to the facility on 03/06/23 with multiple diagnoses including Anoxic Brain, Acute Respiratory Failure, Weakness, and Type 1 Diabetes.</p> <p>A review of an admission nursing progress note dated 03/07/23 at 2:28 AM, "Resident is ...admitted from [Name of hospital] ...Resident is alert, non-verbal. Skin warm and dry to touch</p>	L 200		

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L 200	<p>Continued From page 48</p> <p>...Skin color is normal, no cyanosis noted. Cap [capillary] refills is less than 3 sec. [seconds]. Skin in non-tenting ..."</p> <p>A review of an admission wound team note dated 03/10/23 at 3:03 PM documented, "At risk for pressure ulcers/skin breakdown given immobility, dependence on oxygen, malnutrition/dependence on TF (tube feeding), incontinence, and anoxic brain injury. No open wounds on today's skin assessment ..."</p> <p>A review of an Admission MDS dated 03/12/23 revealed Resident #107 had severe cognitive impairment and memory problems for both short and long-term memory. The resident was coded as being at risk for pressure ulcers. Furthermore, the resident was not coded as having pressure ulcers.</p> <p>A review of a Significant Change MDS dated 04/12/23, revealed Resident #107 had severe cognitive impairment and memory problems for both short and long-term memory. Additionally, the resident was coded as being at risk for pressure ulcers, having two Stage 2 pressure ulcers on admission, one Stage 4 pressure ulcer on admission, and one Unstageable pressure ulcer on admission.</p> <p>During a face-to face interview on 07/12/23 at 4:00 PM, Employee #18 (MDS Coordinator) stated that the Significant Change MDS dated 04/12/23 was inaccurately coded for Resident #107 having pressure ulcers on admission.</p> <p>Please cross reference 483. 20 (Resident Assessment) F641</p>	L 200	<p>L 200</p> <p>1. Corrective action for resident</p> <p>MDS Assessment for resident #107 was modified on 7/12/23 to correct the inaccurate coding for Resident having pressure ulcer on admission.</p> <p>2. Identify other residents</p> <p>All residents could be affected. All residents admitted/re-admitted from June 1st to date will be reviewed by the Director of Reimbursement and/or designee for proper MDS coding of presence of pressure ulcer on admissions/re-admission. MDS modification will be made as needed.</p> <p>3. Systemic changes</p> <p>MDS Department will be in-serviced by the Director of Reimbursement on how to code pressure ulcers that were present on admission/re-admission based on the RAI Manual by August 29, 2023.</p> <p>4. Monitor corrective actions</p> <p>Director of Reimbursement and/or designee will audit all admission/re-admission for appropriate coding of pressure ulcers that were present on admission/re-admission Monthly x 3 months. Any deficiencies will be corrected.</p> <p>All findings will be reported monthly to the QAPI Committee for (3) consecutive months for review, recommendations, monitoring, and education as needed.</p> <p>5. Date correction action completed</p> <p>Date of Compliance 09/18/23</p>	
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L 410 L 410	<p>Continued From page 49</p> <p>3256.1 Nursing Facilities</p> <p>Each facility shall provide housekeeping and maintenance services necessary to maintain the exterior and the interior of the facility in a safe, sanitary, orderly, comfortable and attractive manner.</p> <p>This Statute is not met as evidenced by: Based on observations and interview, facility staff failed to provide housekeeping services necessary to maintain a safe, clean, comfortable environment as evidenced by loose, torn, privacy curtains in 30 of 75 resident's rooms.</p> <p>The findings include:</p> <p>During an environmental walkthrough of the facility on July 10, 2023, between 10:00 AM and 4:00 PM, privacy curtains were torn or separated from curtain tracks in 30 of 75 resident's rooms.</p> <p>Unit 3 East: Six (6) of 24 resident rooms (#301, #302, #304, #311, #321, #324).</p> <p>Unit 3 West: 12 of 15 resident's rooms (#330, #331, #332, #333, #334, #336, #337, #338, #340, #341, #343, #344).</p> <p>Unit 2 East: Five (5) of 20 resident's rooms (#213, #217, #220, #221, #224).</p> <p>Unit 2 South: Four (4) of eight (8) resident's rooms (#252, #257, #258, #259).</p> <p>Unit 1 South: Three (3) of eight (8) resident's rooms (#152, #157, #158).</p> <p>These findings were acknowledged by Employee # 27 during a face-to-face interview on July 10,</p>	L 410 L 410	<p>L 410</p> <ol style="list-style-type: none"> Corrective action for resident The facility will correct or replace the privacy curtains in rooms 301, 302, 304, 311, 321, 324, 330, 331, 332, 333, 334, 336, 337, 338, 340, 341, 343, 344, 213, 217, 220, 221, 224, 252, 257, 258, 259, 152, 157, and 158 by September 18, 2023. Identify other residents All residents could be affected. All other resident rooms will be audited by The Director of Environmental Services and/or designee by September 18, 2023, to ensure that the privacy curtains are hung properly and not torn. Any deficiencies will be corrected. Systemic changes The Director of Environmental Services will provide education to The EVS staff on ensuring that privacy curtains are hung properly and are not torn. Monitor corrective actions The Director of Environmental Services and/or designee will audit all resident rooms monthly x 3 months to ensure that the privacy curtains are hung properly and are not torn. Any privacy curtains that are not hung properly or torn, will be corrected and/or replaced. All findings will be reported monthly to the QAPI Committee for (3) consecutive months for review, recommendations, monitoring, and education as needed. Date correction action completed Date of Compliance 09/18/23 	

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L 534	<p>Continued From page 51</p> <p>A face sheet that documented that the Resident had a representative.</p> <p>A Quarterly Minimum Data Set (MDS) assessment dated 05/13/23 documented that the Resident had a brief interview for a mental status summary score of 7, indicating moderately impaired cognition, required extensive assistance for most ADLs had received antibiotics for 6 out of 7 days before the assessment was always incontinent of bow and bladder, had one stage 2 pressure ulcer.</p> <p>A Situational, Background, Assessment, and Recommendation (SBAR) note dated 07/08/23 at 4:27 PM documented " ...change in condition nurse practitioner (NP) in house reviewed resident labs order given to send the resident to LTAC (long-term acute care hospital) for blood transfusion for anemia hemoglobin 6.5 ..."</p> <p>A physician's order dated 07/08/23 documented: "Transferred to L TAC for blood transfusion one time only for anemia hemoglobin 6.5."</p> <p>A Department of Health, "Notice of Discharge/Transfer or Relocation, Form," dated 07/10/23 documented: " ...You are scheduled to be discharged, transferred or relocated on or by (date): July 08, 2023 ...Your number of bed hold days is: Resident transferred out to the Hospital ..." Facility staff did not document the number of bed hold days. In addition, the Resident transferred to the hospital on 07/08/23, and the notice of transfer was sent on 07/10/23 (2 days after the Resident's transfer).</p> <p>Review of Resident #84's medical record lacked documented evidence that the facility notified the Resident or the representative of the reason for</p>	L 534		
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L 534	<p>Continued From page 52</p> <p>transfer or the correct number of bed hold days at the time of or before the Resident's transfer to the hospital on 07/08/23.</p> <p>2. Resident #97 was admitted to the facility on 01/11/23 with diagnoses including: Traumatic Subdural Hemorrhage with Loss of Consciousness Greater than 24 hours, Protein-calorie malnutrition, Pressure Ulcer of Sacral Region Stage 4, Unspecified Dementia, Dysphasia, Gastrostomy, Fluid Overload, and Dependence on supplemental oxygen.</p> <p>A review of Resident #97's medical record revealed:</p> <p>A face sheet that documented that the Resident had a representative.</p> <p>A review of a Discharge Minimum Data Set assessment dated 06/21/23 that documented: the Resident had severely impaired cognition, was totally dependent on staff for transfers, dressing, eating, toilet use, personal hygiene, and bathing, required extensive assistance from staff for bed mobility, was always incontinent for bowel, had received anticoagulants, antibiotics, diuretics, and opioids within seven (7) days of the assessment. In addition, the MDS documented that the Resident had multiple pressure ulcers that included: one (1) unhealed pressure ulcer, one (1) Stage 2 pressure ulcer, two (2) Stage 3 pressure ulcers, four (4) Stage 4 pressure ulcers and had three (3) unstageable pressure ulcers.</p> <p>A physician's order dated 06/21/23 documented: "Transfer resident to hospital r/t (related to) foot infection via non-emergency transportation."</p> <p>A Nurse's Progress Note dated 06/21/23 at 3:58</p>	L 534		
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L 534	<p>Continued From page 53</p> <p>PM 07/06/23 03:25 PM, documented: "...NP ([Name of Nurse Practitioner] assess(ed) resident and order given to transfer resident to [Name of Local Hospital] for evaluation via non-Emergency transportation for right wound infection ..."</p> <p>A Department of Health, "Notice of Discharge/Transfer or Relocation, Form," dated 07/10/23 at 11:33 AM, documented: "...You are scheduled to be discharged, transferred or relocated on or by (date): July 09, 2023 ...If you are being transferred to a hospital or the transfer is for therapeutic leave, attached is the facility's bed hold policy. "</p> <p>Your available number of bed hold days is n/a (not applicable). Of note, the Resident transferred to the hospital on 06/21/23, and the notice of transfer was sent to the Resident's representative on 07/10/23 (19 days after the Resident's transfer). In addition, there was no bed hold policy attached to the notice of transfer.</p> <p>During a face-to-face interview on 07/14/23 at 02:57 PM, Employee #4 acknowledged that facility staff failed to send the bed hold notices for Residents #84 and #97 to the residents' representatives before or upon the Residents' transfer to the hospital and failed to document the number of bed hold days accurately for both residents. In addition, the Employee acknowledged that facility staff did not attach a bed hold policy to the notification form for Resident #97.</p> <p>The Employee then stated that [pronoun] would provide an in-service with the staff person assisting with completing the bed hold notices, and [pronouns] would correct the forms for Residents #84 and #97.</p>	L 534		
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NAME OF PROVIDER OR SUPPLIER BRIDGEPOINT SUB-ACUTE & REHAB NATION	STREET ADDRESS, CITY, STATE, ZIP CODE 4601 MARTIN LUTHER KING JR AVENUE SW WASHINGTON, DC 20032
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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