

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

PRINTED: 06/25/2020
FORM APPROVED
OMB NO 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095024	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/19/2020
NAME OF PROVIDER OR SUPPLIER BRIDGEPOINT SUBACUTE AND REHAB NATIONAL HARBOR			STREET ADDRESS, CITY, STATE, ZIP CODE 4601 MARTIN LUTHER KING JR AVENUE SW WASHINGTON, DC 20032		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS A COVID-19 Focused Infection Control Survey was conducted on June 17, 2020. The facility was found not to in compliance with 42 CFR §483.80 infection control regulations and has implemented the Centers for Medicare and Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) recommend practices to prepare for COVID-19. The resident census was 104.	F 000	Preparation and/or execution of this plan of correction does not constitute admission or agreement by this 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 submitted as evidence of our compliance.		
F 880 SS=F	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include,	F 880			

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

TITLE

(X6) DATE

Mona J. Weyher

Administrator

7/3/2020

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 880	Continued From page 1 but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.	F 880	Uncovered Linen 1. Corrective action for identified: The staff on Unit 3 East corrected the handling of clean linen on the clean linen cart and covered the clean linen carts completely without leaving any linen exposed. 2. To identify other residents: A walk through and observations was conducted on Unit 3 East and other Units to identify and observe staff handling of clean linen carts. No other clean linen carts were observed without entire carts covered. 3. Systemic changes: 3 East staff have been educated to cover the clean linen carts completely, without leaving any linen exposed. The Nursing Management Team instituted daily monitoring of the clean linen carts on Unit 3 East for four weeks, and weekly audits of the linen carts thereafter. Findings will be reported to the Director of Nursing.	06/17/2020 06/19/2020 07/02/2020	

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F 880	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, review of facility surveillance logs and staff interview, facility staff failed to handle linens so as to prevent the spread of infection in two (2) of two (2) observations; and facility staff failed to wear facemask appropriately in three (3) of three (3) observations. In addition, the facility administration failed to designate an individual(s) as the infection preventionist.</p> <p>Findings included:</p> <p>Uncovered Linen</p> <p>The surveyor conducted a tour of Unit 3 East on 06/17/2020 at approximately 11:50 AM, in the presence of Employee #6. The Surveyor observed two (2) of two (2) carts storing clean linen, partially covered across in the hallway outside of resident rooms #306 and #316.</p> <p>In response to the surveyor's query regarding the uncovered linen carts. Employee #6 stated that linen carts are currently being used by employees but should be covered. Employee #6 made an attempt to cover the first cart with a sheet; however, the sheet was not long enough to cover the entire cart. Employee #6 then covered the second linen cart Employee #6.</p> <p>The practice lacked evidence that the facility staff handled clean linens in a manner to prevent the risk of contamination and spread of infection.</p> <p>Employees #1 confirmed the findings at the time of the observations.</p>	F 880	<p>4. Monitor Corrective actions:</p> <p>The Director of Nursing will report these findings of the audits at the QAPI Committee meetings monthly x 3 months for review, recommendations and compliance.</p>	07/20/2020 & ongoing	

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F 880	<p>Continued From page 4</p> <p>Facemask was not worn appropriately Employee #9 stated, "I could not breathe with mask completely on".</p> <p>The facility staff failed to follow health care workers standard of practice for the appropriate use of personal protective equipment (facemask).</p> <p>Employees' #7, #8, and #9 acknowledged the concern at the time of the observation. Employee #4 also confirmed the findings during a face-to-face interview on 6/17/2020, at approximately 12:20 PM.</p> <p>Infection Preventionist</p> <p>Facility staff failed to designate an individual as the infection preventionist who is responsible for the facility's Infection Prevention and Control Program (IPCP).</p> <p>A review of the facility's Infection Control Surveillance Logs for April, May and June 2020, was conducted on 6/17/2020 at approximately 1:30 PM.</p> <p>Employee #3 was present at the time of review and stated there are currently eight (8) residents in the facility on isolation precautions.</p> <p>The logs April, May and June 2020 lacked evidence that the facility staff performed a surveillance inclusive of the following: *A systematic collection, analysis, interpretation, "Dissemination of surveillance data to identify infections acquired within the facility and from the community before they can spread to other</p>	F 880	<p>Infection Preventionist</p> <p>1. Corrective action for identified:</p> <p>The facility administration has designated an individual as an infection preventionist who has completed the specialized training in infection prevention and control.</p> <p>The facility infection control surveillance log has been updated to include the eight residents on isolation precautions. Organism cultures were obtained for the residents.</p>	6/26/2020	

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F 880	Continued From page 5 persons in the facility; "There was no corrective action(s) taken to address the residents in the facility that are on isolation; "Data for current residents on isolation was not included in the surveillance logs provided In addition, the facility administration failed to designate an individual(s) as the infection preventionist(s) who are responsible for the facility's IPCP who completed the specialized training in infection prevention and control. During a face-to-face interview on 6/17/2020 at approximately 1:40 PM, Employees' #1, #3 and #5 acknowledged the findings.	F 880	2. Identify other residents: The Infection Surveillance Log has been reviewed by the Director of Nursing. And also The infection control and the infection Surveillance log is being reviewed by the Infection Preventionist for analysis of the surveillance data collected. 3. Systemic changes: System of daily updating of Surveillance log and data collection of residents on isolation precaution and/or with infection has been instituted. The Infection Preventionist will review surveillance log and update nursing team as needed and also report at weekly Clinical High Risk Meeting addressing and analyzing surveillance data as well as status of residents on isolation. 4. Monitor corrective actions: The Infection Preventionist will report findings of review and data analysis of surveillance log monthly at QAPI Committee meetings x 3 months, for recommendations and compliance.	7/2/20	06/24/2020 07/02/2020 07/20/2020 & ongoing