

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 R-C 12/15/2021
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NAME OF PROVIDER OR SUPPLIER BRIDGEPOINT SUBACUTE AND REHAB NATIONAL H.	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
{L 000}	<p>Initial Comments</p> <p>An unannounced Revisit survey was conducted at Bridge Point National Harbor on December 15, 2021. Survey activities consisted of a review of 13 sampled residents. The facility's census on that day was 106.</p> <p>After analysis of the findings, it was determined that the facility was not in compliance with the requirements of 42 CFR Part 483, Subpart B, and 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 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 Dl- Deciliter DMH - Department of Mental Health DOH- Department of Health EKG - 12 lead Electrocardiogram</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>	01/10/22

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

TITLE

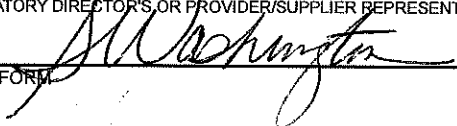
(X6) DATE

STATE FORM

6899

CWPH13

If continuation sheet 1 of 7



Interim Administrator

01/04/22

Health Regulation & Licensing Administration

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{L 000}	Continued From page 1 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 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	{L 000}		

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{L 000}	Continued From page 2 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 128}	3224.3 Nursing Facilities The supervising pharmacist shall do the following: (a)Review the drug regimen of each resident at least monthly and report any irregularities to the Medical Director, Administrator, and the Director of Nursing Services; (b)Submit a written report to the Administrator on the status of the pharmaceutical services and staff performances, at least quarterly; (c)Provide a minimum of two (2) in-service sessions per year to all nursing employees, including one (1) session that includes indications, contraindications and possible side effects of commonly used medications; (d)Establish a system of records of receipt and disposition of all controlled substances in sufficient detail to enable an accurate reconciliation; and (e)Determine that drug records are in order and that an account of all controlled substances is maintained and periodically reconciled.	{L 128}	L 128 1. Corrective action for resident Resident #100 received their medication as ordered. The nurse involved signed out the medication that had been previously given and all counts were reconciled and correct. The nurses involved in both instances were also addressed by leadership using our disciplinary process. Active licensed nurses have been re-educated on completing the narcotic count as a part of nursing report/hand-off and the importance of accurate accounting of narcotic medications and documentation of medication administration. Training will be ongoing for prn, new staff, and staff on leave.	01/10/22	

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{L 128}	<p>Continued From page 3</p> <p>This Statute is not met as evidenced by: Based on observation, record review and staff interview, facility staff failed to accurately reconcile narcotics for one resident and failed to conduct shift verification of controlled substances for one (1) medication of two (2) medication carts. Resident #100.</p> <p>The findings include:</p> <p>According to the facility's Plan of Correction (POC), with a compliance date of 12/08/2021, the facility staff documented, "Active licensed nursing staff have been reeducated on the importance of accurate accounting of narcotic medications and documentation of medication administration and requirement to perform a narcotic count as a part of report/hand-off. The Director of Nursing will be responsible for ensuring that nurses accurately count and document narcotic medications..."</p> <p>1. On 12/15/2021, at approximately 9:00 AM with Employee #4 (Registered Nurse), a reconciliation of the narcotics record/log for Unit 1South was conducted on medication cart #2. Review of Resident #100's pharmacy medication card (blister pack) of Clonazepam (antianxiety medication) 0.5 MG (milligram) Tablet was observe to have 24 tablets, however, the Medication Sign-out Form showed the resident had "25" remaining Clonazepam tablets.</p> <p>During a face-to-face interview conducted at the time of the observation, Employee #4 stated, "I gave the resident the medication, got distracted and forgot to sign the book (medication sign-out form).When asked what the facility's process is, Employee #4 stated, "I am supposed to sign out the (narcotic) medication as soon as I take it to give." The employee further stated that he did</p>	{L 128}	<p>2. Identify other residents Narcotic sheets and medication cards were reviewed. No residents were affected. There were no additional findings related to this citation.</p> <p>3. Systemic changes Active licensed nursing staff have been re-educated on the importance of accurate accounting of narcotic medications and documentation of medication administration and requirement to perform a narcotic count as a part of report/hand-off. Training will be ongoing for prn, new staff, and staff on leave. The Director of Nursing will be responsible for ensuring that nurses accurately count and document narcotic medications.</p> <p>4. Monitor corrective actions The Director of Nursing/Designee will complete 100% audits daily of the narcotic count sheets on all shifts and observe shift reports to ensure that narcotic counts occur at change of shift and anytime licensed nurses change units and/or take over the keys for the medication cart.</p>		

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{L 128}	Continued From page 4 attend the facility's re-education on pharmacy services (that included narcotic administration and documentation). 2. During a review of the "Shift Verification of Controlled Substances Count" form for unit 3 east, medication cart #1 on 12/15/2021 at 10:23 AM, it revealed that on 12/14/2021 at 7:00 PM, the oncoming nurse did not sign to completing the narcotic count; on 12/15/2021 at 7: 00 AM - neither the oncoming or the off going nurse signed off to completing the narcotic count. During a face-to-face interview conducted at the time of the observation, Employee #5 (Registered Nurse) stated, "I did do count with the nurse that left, my patient needed something at the time and I was distracted." When asked what the facility's process is, Employee #5 stated, "We are supposed to sign right when we do the count." The employee further stated that she did attend the facility's reeducation on pharmacy services (that included performing narcotic count as a part of report/hand-off).	{L 128}	In addition, the DON/designee will review if medication counts match the medication on hand correctly, and are documented when given on each shift daily. The results will be reported to the QAPI Committee monthly x 3 months for review and recommendations. The QAPI Committee is responsible for the on-going monitoring for compliance. 5. Date correction action completed The facility's date of alleged compliance is January 10, 2022.		
{L 199}	3231.10 Nursing Facilities Each medical record shall document the course of the resident's condition and treatment and serve as a basis for review, and evaluation of the care given to the resident. This Statute is not met as evidenced by: Based on record review and staff interview, for one (1) of 13 sampled residents, facility staff failed to record the administration of the resident receiving Ipratropium-Albuterol Solution on the Respiratory Medication Administration Record. Resident #5.	{L 199}	L 199 1. Corrective action for resident Resident #5's Respiratory Medication Administration Record has been reviewed and is currently being signed off. A review of resident #5's Respiratory Treatment Care Assessment revealed that they did receive the treatments that the therapist failed to sign off in the RMAR.	01/10/22	

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{L 199}	<p>Continued From page 5</p> <p>The findings include:</p> <p>Resident #5 was admitted to the facility on 02/22/2017 with multiple diagnoses that included: Tracheostomy Status, Anxiety Disorder and Depression.</p> <p>Review of the Quarterly Minimum Data Set (MDS) dated 11/06/2021 revealed that facility staff coded the following:</p> <p>In Section C (Cognitive Patterns): cognitive skills, "moderately [cognitively] impaired."</p> <p>In Section O (Special Treatments, Procedures and Programs): Respiratory Treatments "oxygen therapy, suctioning, tracheostomy care."</p> <p>Review of the physician's orders revealed:</p> <p>05/25/2021 "Ipratropium-Albuterol Solution 0.5-2.5 (3) MG (milligram)/3ML (milliliter) via trach every 6 hours ..."</p> <p>Review of the "Respiratory Treatment Care Assessment" (used to document respiratory care performed) forms dates 12/08/2021 to 12/15/2021 showed that a respiratory therapist administered the Ipratropium-Albuterol Solution as ordered by the physician.</p> <p>Although the medication was administered by the Respiratory Therapist, the staff failed to document that Resident #5 receiving Ipratropium-Albuterol Solution on the Respiratory Medication Administration record on dates: 12/11/2021 at 2:00 AM 12/13/2021 at 2:00 PM 12/15/2021 at 2:00 AM</p>	{L 199}	<p>2. Identify other residents An audit of other residents receiving respiratory therapy were reviewed and no additional concerns were noted.</p> <p>3. Systemic changes The Respiratory Therapists will be re-educated and on the importance of ensuring that documentation is complete and accurate. The therapists involved were also addressed through our disciplinary process. The Director of Cardiopulmonary will be responsible for ensuring that respiratory therapy documentation is complete and accurate.</p> <p>4. Monitor corrective actions The Director of Cardiopulmonary/ Designee will complete daily audits of all RMARs to ensure that respiratory therapy documentation is complete and accurate. The results will be reported to the QAPI Committee monthly x 3 months for review and recommendations. The QAPI Committee is responsible for the on-going monitoring for compliance.</p>	

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{L 199}	Continued From page 6 During a face-to-face interview conducted on 12/15/2021 at 12:44 PM, Employee #6 (Director of Respiratory) stated, "All respiratory staff have been educated on making sure to document their work. We have started doing weekly audits to identify holes or missing documentation and then going directly to the staff identified. They are reminded to complete their documentation but no reeducation is done."	{L 199}	5. Date correction action completed The facility's date of alleged compliance is January 10, 2022.		

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

PRINTED: 12/29/2021
FORM APPROVED
OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER BRIDGEPOINT SUBACUTE AND REHAB NATIONAL HARBOR			STREET ADDRESS, CITY, STATE, ZIP CODE 4601 MARTIN LUTHER KING JR AVENUE SW WASHINGTON, DC 20032	
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{F 000}	<p>INITIAL COMMENTS</p> <p>An unannounced Revisit survey was conducted at Bridge Point National Harbor on December 15, 2021. Survey activities consisted of a review of 13 sampled residents. The facility's census on that day was 106.</p> <p>After analysis of the findings, it was determined that the facility was not in compliance with the requirements of 42 CFR Part 483, Subpart B, and 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 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 Dl- Deciliter DMH - Department of Mental Health</p>	{F 000}	F 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.	01/10/22

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

TITLE

Interim Administrator

(X6) DATE

1/4/2021

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.