Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HFD02-0024	A. BUILDING: _____ B. WING _____	C 03/25/2022

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BRIDGEPOINT SUB-ACUTE AND REHAB CAPITOL HI	223 7TH STREET NE WASHINGTON, DC 20002

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L 000	Initial Comments An unannounced Annual Survey was conducted at this facility on March 10 - 25, 2022. Survey activities consisted of observations, record reviews, and resident and staff interviews. The facility's census during the survey was 110 and survey sample included 53 residents. The following complaints were investigated during this survey: DC00010635, DC00010566, DC00010544, DC00010455, DC00010440, DC00010355 and DC00010167. The following facility reported incidents were investigated during this survey: DC00010614, DC00010497, DC00010473, DC00010461, DC00010360, DC00010221, DC00010172, DC00010108, and DC00010102. Federal and Local deficiencies were cited related to the investigation of: DC00010635, DC00010614, DC00010566, DC00010544, DC00010497, DC00010360, DC00010221, and DC00010102. After analysis of the findings, it was determined that the facility is not in compliance with the requirements of 22B District of Columbia Municipal Regulations Chapter 32. The following is a directory of abbreviations and/or acronyms that may be utilized in the report: AMS - Altered Mental Status ARD - Assessment Reference Date AV- Arteriovenous BID - Twice- a-day B/P - Blood Pressure cm - Centimeters	L 000	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.	06/20/22

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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
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

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L 000	Continued From page 2 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 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 The following deficieinces are a result of this survey:	L 000	L 051 1. Corrective action for resident Resident #32's care plan was reviewed and updated on 3-24-22. Resident #96 DC'd 5-20-22 (we were unable to retrospectively correct these care plans). 2. Identify other residents An audit of all current resident care plans will be completed by 06/20/22. 3. Systemic changes The IDT team (Social services, Dietician, Rehabilitation, Recreation, and Nursing) will be educated on ensuring that comprehensive care plans are created for each resident and updated as needed. The Director of Nursing will be responsible for ensuring that all residents have comprehensive care plans. 4. Monitor corrective actions The MDS nurses will complete monthly audits of comprehensive care plans to ensure that all residents have comprehensive care plans. Audits will be completed during resident MDS completion. 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 **June 20, 2022.**	
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	L 051		

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L 051	Continued From page 3 policies; (c)Reviewing residents' plans of care for appropriate goals and approaches, and revising them as needed; (d)Delegating responsibility to the nursing staff for direct resident nursing care of specific residents; (e)Supervising and evaluating each nursing employee on the unit; and (f)Keeping the Director of Nursing Services or his or her designee informed about the status of residents. This Statute is not met as evidenced by: Based on observations, record reviews, and staff interviews, for two of 53 sampled residents, the facility's staff failed to: (1) develop a care plan to address the resident's use of a portable fan; and (2) implement a nursing intervention to monitor a resident for signs and symptoms of Depression. (Residents #32 and #96) The findings included: 1.The facility's staff failed to develop a care plan to address Resident #32's use of a portable fan. Resident #32 was admitted to the facility on 07/28/16 with multiple diagnoses, including Respiratory Failure, Systemic Lupus, Ventilator Dependent, and Generalized Muscle Weakness. Review of a facility reported incident (FRI) received by the DC Department of Health on 06/28/21 documented that on 06/27/21 at 8;30 AM, the resident (Resident #32) "sustained a small skin tear to the upper right braw [brow] measuring 0.5 inches", after a small portable hand fan fell on the resident.	L 051		

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L 051	Continued From page 4 During an observation on 03/10/22 at approximately 1:30 PM, a white portable fan was noted clipped to the IV pole at the head of the bed towards the right side. Review of Resident #32's medical record showed the following: 06/05/21[Quarterly Minimum Date Set (MDS)] documented that she was in a persistent vegetative state with no discernible consciousness. Further review of the MDS showed that the resident was coded for total dependent and required the physical assistance of two or more people for bed mobility. 06/27/21 at 14:49 [nursing progress note] revealed, "Nurse was called at 8:30 am by the CNA and notified that while giving care to resident, the small portable handheld ...plastic fan that was clamped to the headboard, popped off and fell on resident and [she] sustained a small skin tear to the upper right eye braw [brow] measuring 0.5inches ...MD called and made aware, gave new order to apply bacitracin ointment to skin tear daily x 7 days." 06/27/21 [physician order] directed, "Bacitracin ointment 500 units/gm (gram) apply to right upper eye topically one time a day for open wound for 7 days." Review of Resident #32's comprehensive care plans lacked documented evidence of interventions to address the resident's use of a portable fan. During a telephone conference on 03/23/22 at approximately 12:30 PM, Employee #3(RN)	L 051		

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L 051	Continued From page 5 stated that the CNA called her into the resident's room and informed her that fan had fallen. When she entered the room, she observed that the resident had a small bump on her brow. She rendered first aid and informed the physician and the resident's family of the incident. During a face-to-face interview on 03/23/22 at 5:46 PM, Employee #2 (DON) stated that the facility supplied and implemented the use of a portable fan for Resident #32 because she (the resident) gets hot. When asked if Resident #32 had a care plan to address the resident's use of the portable fan, Employee #2 said, "I'll look for it." It should be noted Employee #2 did not provide the surveyor with a care plan to address Resident #32's use of a portable fan. 2. The facility's staff failed to implement a nursing intervention intervention to monitor Resident #96 for signs and symptoms of Depression. Resident #96 was admitted to the facility on 01/06/22 with multiple diagnoses, including Depression. Multiple observations from 03/10/22 to 03/17/22, starting at approximately 9:00 AM to 6:00 PM, showed Resident #96 was observed sleeping, awake, watching television, or following simple staff commands. Review of an admission Minimum Data Set (MDS) dated 01/13/22 revealed that section C (Cognitive Pattern) was blank, indicating that the staff did not conduct a Brief Interview for Mental Status for the resident. Further review of the MDS revealed the resident was not coded for feeling depressed, appearing down, or rejecting care. Additionally, Resident #96 was coded for	L 051		

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L 051	Continued From page 6 receiving anti-depressant and anti-psychotic medications. Review of the resident's medical record revealed the following: 01/06/22 [physician order] instructed, "Aripiprazole (anti-psychotic drug) 5mg (milligrams) give 3 tablets via G-tube (gastrostomy tube) in the evening for Depression." 01/06/22 [physician order] instructed, "Mirtazapine (anti-depressant drug) 30 mg give 1 tablet g-tube at bedtime for Depression." 01/06/22 [care plan] Focus Area- [Resident's name] has an altered mood [related to] depression, anxiety on psych (psychiatric) medication. Goal - will be monitored for symptoms not managed on current regime ... Interventions: o Assess for s/sx (signs/symptoms) of depression and agitation. Notify MD (medical director), if current regime doesn't manage symptoms... o Medicate as ordered o Psych (psychiatric) eval (evaluate) and treat as indicated. Review of nursing progress notes, medication administration records (MAR), and treatment administration records (TAR) from 01/06/22 to 03/16/22 lacked documented evidence staff monitored Resident #30 for s/sx of Depression. During a face-to-face interview on 03/17/22 at 1:10 PM, Employee #2 (DON) stated that nurses document their monitoring of residents for signs	L 051		

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L 051	Continued From page 7 and symptoms of Depression on MARs or TARs. The employee reviewed Resident #96's MARs and TARs from 01/06/22 to 03/16/22 and said that she did not see documented evidence that staff monitored the resident for signs and symptoms of Depression.	L 051	L 052 1. Corrective action for resident Resident #29 (resident no longer resides in the facility as of 4-7-22, had their midline replaced 3-10-22). Resident #81 (resident no longer resides in the facility as of 4-29-22, we were unable to	
L 052	3211.1 Nursing Facilities Sufficient nursing time shall be given to each resident to ensure that the resident receives the following: (a)Treatment, medications, diet and nutritional supplements and fluids as prescribed, and rehabilitative nursing care as needed; (b)Proper care to minimize pressure ulcers and contractures and to promote the healing of ulcers: (c)Assistants in daily personal grooming so that 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; (d) Protection from accident, injury, and infection; (e)Encouragement, assistance, and training in self-care and group activities; (f)Encouragement and assistance to: (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; (2)Use the dining room if he or she is able; and	L 052	retrospectively correct this issue). Resident #30 was re-weighed and verified, and their nutritional status was addressed on 3/22/22. 2. Identify other residents An audit of other residents with midlines, antibiotics, blood pressure medications, and skin rashes did not reveal any additional concerns. An audit of all residents will be completed, and all residents will be weighed and their weights documented and verified by 06/20/22. 3. Systemic changes A root cause analysis some potential events that could cause a dislodgement. Licensed nursing staff have been educated on the proper assessment of line/tubes/trach sites at regular intervals and pre/post dislodgement or discontinuance. In addition, all nursing staff will be educated on the potential causes of dislodgements such as: proper turning and repositioning of residents to preserve the integrity of their midlines/other IV accesses/g-tubes/foleys/trachs, correct way to remove the gowns via shoulder snaps to prevent potential dislodgements, resident behaviors that could lead to dislodgements like	

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L 052	Continued From page 8 (3)Participate in meaningful social and recreational activities; with eating; (g)Prompt, unhurried assistance if he or she requires or request help with eating; (h)Prescribed adaptive self-help devices to assist him or her in eating independently; (i)Assistance, if needed, with daily hygiene, including oral acre; and j)Prompt response to an activated call bell or call for help. This Statute is not met as evidenced by: Based on observations, record reviews, and staff interviews for two (2) of 53 sampled residents, the facility failed to allow staff sufficient time to: (1) administer midodrine to a resident in accordance with the physician's order; (2) provide activites of daily living in a manner that prevented a resident's midline (intravenous line) from being dislodged; and address a signifcaint change in a resident's weight (Residents #81, #29, #30) The findings include: 1.Facility staff failed to administer midodrine to Resident #81 in accordance with the physician's order. Resident #81 was admitted to the facility on 11/05/2021 with diagnoses that included Amyotrophic Lateral Sclerosis (ALS), Quadriplegia, Chronic Respiratory Failure with Hypercapnia, Retention of Urine, Tracheostomy and Gastrostomy	L 052	scratching/pulling/rubbing. They were also re-educated on giving blood pressure medications per physician orders (and the understanding of how and why Midodrine is given), giving antibiotics as prescribed per physician orders/routes, and rashes are identified/monitored/treatment orders obtained. The Director of Nursing will be responsible for ensuring that residents receive quality care. Licensed nursing staff and the Dieticians will be educated on the importance of ensuring that residents are weighed and weights verified and documented per physician orders. The Dietician will be responsible for ensuring that residents are weighed and weights documented and verified. Any irregularities will be discussed and addressed by the IDT team (nursing rehabilitation, social services, therapeutic recreation, and dieticians). 4. Monitor corrective actions The Unit Managers and Supervisors/Designee will complete daily audits of ADL care, antibiotic administrations, blood pressure medication administration records, and skin sheets to ensure that quality care is being rendered and orders are being followed. The Dietician/Designee will complete weekly audits of all residents with orders to be weighed to ensure that weights are obtained, documented, verified, and addressed. 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 June 20, 2022.	

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L 052	Continued From page 9 Review of the physician's order dated 03/14/2022 directed, "Midodrine HCl Tablet 10 MG give 1 tablet via peg tube every 8 hours as needed for hypotension hold for blood pressure grater the 120 (systolic/top number on you reading)." Review of the Medication Administration Record for March 2022 showed the resident s blood pressure on the following days: 80/50 on 03/14/2022; 87/54 on 3/15/2022 and 99/61 on 3/16/2022 On the aforementioned dates the Midodrine was not given when the residents blood pressure was lower than 120. There was no evidence that facility staff administered Midodrine in accordance with the physician's order. During a face-to-face interview with Employee #3 (Director of Nursing) on 03/22/2022 at 10:22 AM, she acknowledged the findings. 2. The facility's staff failed to provide activites of daily living in a manner that prevented Resident #29's midline from being dislodged. Resident #29 was admitted to facility on 12/27/21. The resident had a history of Multiple Sclerosis, Quadriplegia, and Sepsis. On 03/21/22 at approximately 2:15 PM, an observation showed Resident #29 lying in bed with a double lumen midline in the right upper extremity. The mid-line transparent dressing was dry and intact. Further observation showed the midline insertion site had no drainage, redness,	L 052		

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or swelling. The resident was wearing a hospital gown with snaps. And the resident's bilateral upper extremities were contracted.

Review of the resident's medical record showed the following:

03/02/22 at 2:01 AM [physician order] instructed, "replace left upper arm midline dsg (dressing) weekly and prn (as needed) every night shift every 7 day(s). prn."

03/08/22 at 11:38 PM [SBAR -Situation, Background, Assessment, and Request] documented, "Patient on Sodium Chloride 0.9% ...for sepsis, patient midline came out, MD (medical doctor) made aware, IV (intravenous) line to re replaced ...no acute distress noted."

03/09/22 at 6:30 AM [late entry nursing progress note] documented, "Post midline dislocation, attempt X2 made unsuccessfully for peripheral line and resident scheduled to have midline reinserted for IVF (intravenous fluid) normal [saline] 0.9 % therapy. Vascular tech ...informed and is expected this am."

03/09/22 at 7:31 AM [physician order] instructed, "Insert midline for IVF normal saline therapy."

Review of Resident #29's comprehensive care plans revealed the following:

Focus Area- [Resident's name] has a midline for IV (intravenous) medications (start date 02/28/22).
Interventions:
o Change dressing and record observations of the site every shift.
o Monitor midline site for redness, swelling,

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irritation, or drainage. Report any negative findings to the physician.

Focus Area- [Resident's name] has a midline to her LUE (left upper extremity) for antibiotic therapy (03/10/22).
Interventions:
o Change midline every week and as needed.
o Change midline to LUE for patency and flush every shift and as needed.
o Monitor midline site for redness, swelling, irritation, or drainage. Report any negative findings to the physician.

Further review of the resident's comprehensive care plans failed to include interventions to prevent dislodgement of Resident #29's midline during activities of daily living.

During a face-to-face interview on 03/21/22 at approximately 4:00 PM, Employee #3 (Director of Nursing) stated that she believed that when the certified nursing assistant was providing pm care (activities of daily living, e.g., bathing), the resident's midline became dislodged. The employee then said the midline dislodgement was noted by staff during the shift change.

3. The facility's staff failed to address a siggnifant change in Resident #30 weight from 01/24/22 to 02/05/22.

Review of the "Nutritional Assessment" policy dated 11/02/21documented that the dietitian, in conjunction with the nursing staff and healthcare practitioners, will conduct a nutritional assessment for each resident ...as indicated by a change in conditions that places the resident at risk for impaired nutrition ...The assessment will be conducted by the multidisciplinary team and

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shall at least include the following components ...nursing[will assess]unusual weight ...dietitian[will determine] whether the resident's current intake is adequate to meet his or her nutritional needs."

Review of the "Weight Assessment and Intervention" policy dated 11/09/21 documented that "the nursing staff will measure residents' weights ...monthly ...any weight change of 5% or more since last assessment will be retaken the next day for confirmation."

Resident #30 was admitted to the facility on 07/10/16 with multiple diagnoses, including Dysphagia, Gastrostomy, Brain Stem Stroke Syndrome, and Gastro-Esophageal Reflux. Review of a quarterly Minimum Data Set (MDS) dated 01/15/22 showed the resident was coded for having memory problems with short-term and long-term memory and severely impaired cognitive skills for decision making. Further review of the MDS showed Resident #30 was totally dependent on the physical assistance of one staff member for the intake of other nourishments [tube feeding]. The resident was not coded for swallowing disorders or weight loss of 5% in the last month or 10% in the last six months. Additionally, the resident was coded as having a weight of 141 pounds, using tube feeding, and receiving 51% or more proportion calories and 501cubic centimeters per day of average fluid intake through tube feeding.

Review of medical record showed the following:

10/06/21 [physician order]- Vital (tube feeding)1.55 at 55 milliliters per hour for 24 hours via GT (gastrostomy tube).

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L 052	Continued From page 13 02/17/22 [physician progress note] - "No reports of recent vomiting, diarrhea ...No changes in bowel habits. Pt (patient) tolerating tube feeds at goal." 03/22/22 at 13:03 [dietary progress note] - "CBW (current body weight): 141.9 (pounds), 30-day 124.2 (pounds) ... Resident continues on TF (tube feeding) regimen w/ (with)no N/V/C/D (nausea, vomiting, constipation or diarrhea) reported per nursing. TF Provides: 1980 kcal (kilocalorie), 89 g (gram) Pro (protein), 1003 ml (milliters)free water, 2203 ml total water ...Triggering for significant weight gain x 30 days- permissible as to resident baseline. Recommendations: Weight x1" Review of a comprehensive care plan dated 10/05/21 showed the following: Focus Area - [resident's name] requires tube feeding r/t (related to) Dysphagia. Goals - [resident's name] will have weight maintenance ... Interventions o RD (Registered Dietician) evaluates quarterly and prn (as needed), monitors caloric intake, estimates needs, and makes recommendations for change to tube feeding as needed. o The resident is dependent on tube feeding and water flushes. Review of Resident #30's weight log showed the following: -01/24/22 142.6 pounds -02/05/22 124.2 pounds -03/04/22 141.9 pounds -03/22/22 141.2 pounds During a face-to-face interview on 03/22/22	L 052		

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L 052	Continued From page 14 starting at 12:10 PM, Employee #21 (Dietician) was asked how she addressed Resident #30's weight loss of 15.5 % from 01/24/22 to 02/05/22? The employee stated that she was not aware of the resident's February weight (124.2 pounds). The employee then said that the nursing staff is responsible for weighing residents, and she views residents' weights every month from the 1st to the 5th. Additionally, Employee #21 said that she believed the February weight was an error because the resident was at his baseline weight. It should be noted the resident had a 30-day weight loss of 15.05 % weight loss from 01/24/22 to 02/05/22. However, Employee #21 documented on her 03/22/22 progress note that the resident triggered for a significant weight gain from 02/05/22 to 03/04/22. During a face-to-face interview on 03/22/22 at approximately 4:00 PM, Employee #6 (RN) stated, "I put his (Resident #30) February weight (124.2 pounds) in the system (electronic medical record), and the system did not alert me that there was a significant change (5% or more) in the resident's weight. The employee said that when the system alerts of a significant change, staff will re-weigh the resident, and she would make the Dietician aware of the significant change.	L 052		
L 091	3217.6 Nursing Facilities The Infection Control Committee shall ensure that infection control policies and procedures are implemented and shall ensure that environmental services, including housekeeping, pest control, laundry, and linen supply are in accordance with the requirements of this chapter. This Statute is not met as evidenced by:	L 091	L 091 1. Corrective action for resident Resident #81 no longer resides in the facility as of 4-29-22 (we were unable to retrospectively address this issue). Resident #103 was observed receiving trach care by a therapist who maintained a sterile field and did not touch the inner cannula with contaminated gloves on 3-17-22. Employee #11 was re-in-serviced on maintaining a sterile field when performing trach care.	

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L 091	Continued From page 15 Based on observation and interview, for two (2) of 53 sampled residents, the Infection Control Comittee ensure Infection Control Policies were implemented for one resident receiving trach care and one resident receiving suctioning care. (Residents #103 and #81). The findings included: Review of the "Suctioning the Lower Airway (Endotracheal or Tracheostomy Tube)" dated 11/02/21 instructed staff to" apply sterile gloves. The dominant hand will remain sterile...put on mask and protective eyewear (goggles or face sheild [prior to providing care]." 1.The facility's staff failed to maintain the facility's policy by not ensuring her dominant hand remained sterile when attempting to provide trach care for Resident #103. Resident #103 was admitted to the facility on 02/02/22 with multiple diagnoses including Tracheostomy, Respiratory Failure, and Dependence on Respiratory Ventilator. On 03/15/22 at 10:11 AM, Employee #11 (Respiratory Therapist) was observed setting up a sterile field with equipment to provide trach care for Resident #103. After setting up the sterile field, Employee #11 performed hand hygiene and put on sterile gloves. The employee was noted contaminating her sterile gloves when she touched a pack of 4X4s lying on an uncleaned bedside table. The employee then touched the resident's inner cannula tracheostomy tube with her uncleaned sterile gloves. The surveyor stopped Employee #11 and requested that she change her gloves and the sterile field before providing trach care services for the resident.	L 091	2. Identify other residents An initial audit of infection control practices was completed. All residents have the potential to be affected. There were no additional findings related to this citation. 3. Systemic changes Staff have been educated on ensuring that they follow appropriate infection control practices (including but not limited to hand hygiene, enhanced barrier precautions, and proper use of PPE). The Infection Preventionist will be responsible for ensuring that staff utilize proper infection control and prevention practices. 4. Monitor corrective actions The Infection Preventionist/Designee will complete random daily audits on each unit (on all shifts) of staff to ensure that proper infection control and prevention practices are being used throughout the facility across all disciplines. 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 **June 20, 2022.**	

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L 091	Continued From page 16 Review of an admission Minimum Data Set (MDS) dated 02/09/22 showed the resident was coded for memory problems with short-term and long-term memory problems and severely impaired cognitive decision-making skills. Further review of the MDS revealed the resident was coded for respiratory treatments, including oxygen therapy, suctioning, tracheostomy care, and invasive mechanical ventilator (ventilator or respirator). Review of the resident's medical record showed the following: 02/03/22 [physician order]- "trach size 7.0 ..." 02/03/22 [physician order] instructed, "tracheostomy care every shift and prn (as needed) every shift." Review of the resident comprehensive care plan started on 02/05/22 showed the following: Focus Area- [Resident's name] is ventilator dependent r/t (related to) respiratory failure. Interventions: o Routine trach change by respiratory care. o Maintain ventilator setting as ordered. During a face-to-face interview on 03/15/22 at approximately 10:20 AM, Employee #11(RT) was asked if the Standard of Infection Control Practices was to touch the resident's tracheostomy inner cannula with uncleaned (contaminated) gloves? The employee stated, "No, I normally open all packages with other (non-sterile) gloves, and then I use sterile gloves to provide trach care." 2. The facility's staff failed to implement the policy	L 091		

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L 091	Continued From page 17 by not put applying protective eyewear (goggles or face sheild before suctioning Resident #81. Resident #81 was admitted to the facility on 02/02/22 with multiple diagnoses including Pneumonia, Dependence on Respiratory Ventilator), Chronic Respiratory Failure with Hypoxia, Tracheostomy, Quadriplegic, and Amyotrophic Lateral Sclerosis (ALS). According to the Center for Disease Control and Prevention, "Put on a face shield over the N95 ... to provide additional protection to the front and sides of the face, including skin and eyes ...hold on to the face shield with both hands, expand the elastic with your thumbs and place elastic behind your head, so that foam rest on the forehead. Once the shield is situated, check to make sure it covers the front and sides of the face, and no areas are left uncovered." https://www.cdc.gov/vhf/ebola/hcp/ppe-training/n95respirator_gown/donning_13.html According to the Center for Disease Control and Prevention, "Enhanced Barrier Precautions expand the use of PPE (personal protective equipment) beyond situations in which exposure to blood and body fluids is anticipated and refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing ...Face protection may also be needed if performing an activity with risk of splash or spray." https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html	L 091		

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L 091	Continued From page 18 On 03/16/22 at approximately 11:30 AM, Employee #22 (RN) was wearing a face shield inappropriately while suctioning Resident #81. The employee's face shield was pointed upward, which failed to cover the employee's eyes, face, and face mask. Further observation revealed a sign that indicated Resident #81 was on Enhanced Barrier Precautions. Review of a re-admission history physical dated 03/16/22 documented, "Pt. (patient) ... s/p(status post) recent hypercapnic resp. (respiratory) failure induced by ALS leadking (sp) to swallowing dysfunction and pneumonia ...cont. (continue) Zosyn(antibiotic) until 03/26." Review of a comprehensive care plans with a revision date of 03/14/22showed the following: Focus Area - [Resident's name] is ventilator dependent r/t (related to) Respiratory Failure and ALS. Goals - [Resident's name] will be monitored for VAP (Ventilator-Associated Pneumonia) through the next review date. Interventions Monitor/document/report PRN (as needed) any s/sx (signs and symptoms) of ...pneumonia ... Focus Area - [Resident's name] has a tracheostomy r/t (related to) impaired breathing and ALS. Goals - [Resident's name] will be monitored for s/sx of infection through the next review period. Interventions Suction as necessary. During a face-to-face interview on 03/16/22 at approximately 11:45 AM, Employee #22 stated that she forgot to push her face shield down so it	L 091		

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L 091	Continued From page 19 could cover her eye, face, and face mask before providing suction care for Resident #81.	L 091	L 099 1. Corrective action for resident The torn slats on the freezer were replaced on 3-20-22.	
L 099	3219.1 Nursing Facilities 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. This Statute is not met as evidenced by: Based on observations and interview, facility staff failed to store foods under sanitary conditions as evidenced by two (2 of six (6) slats in the main freezer that were torn throughout. The findings include: During a walkthrough of dietary services on March 17, 2022, at approximately 10:00 AM, two (2) of six (6) slats from the walk-in freezer were torn with missing pieces. Employee #16 acknowledged the findings during a face-to-face interview on March 17, 2022, at approximately 10:30 AM.	L 099	2. Identify other residents An audit of the kitchen did not reveal any additional torn slats. There were no additional findings related to this citation. 3. Systemic changes Dietary and Engineering staff have been educated on ensuring that food is stored under sanitary conditions. The Director of Dietary will be responsible for ensuring that food safety requirements are met. 4. Monitor corrective actions The Director of Dietary/Designee will complete weekly audits of freezer/refrigerators to ensure that the slates to the units are in good repair. The results will be reported to the QAPI Committee monthly x 3 months for review and recommendations.	
L 201	3231.12 Nursing Facilities Each medical record shall include the following information: (a)The resident's name,age, sex, date of birth, race, martial status home address, telephone number, and religion; (b)Full name, addresses and telephone numbers of the personal physician, dentist and interested family member or sponsor;	L 201	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 **June 20, 2022.**	

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L 201	Continued From page 20 (c)Medicaid, Medicare and health insurance numbers; (d)Social security and other entitlement numbers; (e)Date of admission, results of pre-admission screening, admitting diagnoses, and final diagnoses; (f)Date of discharge, and condition on discharge; (g)Hospital discharge summaries or a transfer form from the attending physician; (h)Medical history and allergies; (i)Descriptions of physical examination, diagnosis and prognosis; (j)Rehabilitation potential; (k)Vaccine history, if applicable, and other pertinent information about immune status in relation to vaccine preventable disease; (l)Current status of resident's condition; (m)Physician progress notes which shall be written at the time of observation to describe significant changes in the resident's condition, when medication or treatment orders are changed or renewed or when the resident's condition remains stable to indicate a status quo condition; (n)The resident's medical experience upon discharge, which shall be summarized by the attending physician and shall include final	L 201	L 201 1.Corrective action for resident The representatives of residents #30 signed the contract on 3/17/22. Resident #96 discharged to the hospital on 03/29/22 and returned on 05/10/22, discharged again on 05/20/22 and returned on 06/07/22. The representative for resident #96 was contacted on 06/09/22 to sign the contract (contract has still not been signed at this point. 2. Identify other residents An audit of all other residents will be completed by 06/20/22. 3. Systemic changes Business Office staff will be educated on ensuring that residents/representatives are presented with the facility admissions contract within 72 hours of admissions. Social Services Staff will be re-educated on the importance of ensuring that residents/representatives are given information on formulating Advanced Directives. The Social Workers will be responsible for ensuring that residents and their representatives are informed of the right to formulate an advanced directive by presenting the information to them in person, via email, or via mail within 72 hours of admission. The Administrator will be responsible for follow up on findings.	

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L 201	Continued From page 21 diagnoses, course of treatment in the facility, essential information of illness, medications on discharge and location to which the resident was discharged; (o)Nurse's notes which shall be kept in accordance with the resident's medical assessment and the policies of the nursing service; (p)A record of the resident's assessment and ongoing reports of physical therapy, occupational therapy, speech therapy, podiatry, dental, therapeutic recreation, dietary, and social services; (q)The plan of care; (r)Consent forms and advance directives; and (s)A current inventory of the resident's personal clothing, belongings and valuables. This Statute is not met as evidenced by: Based on record review and staff interview, the facility's staff failed to ensure residents records included Advance Directive information for two (2) of 53 sampled residents (Residents #30 and #96). The findings include: 1. Resident #30 was admitted to the facility on 07/10/16 with multiple diagnoses, including Respiratory Failure, Brain Stem Stroke Syndrome, and Atrial Fibrillation. Review of a Quarterly Minimum Data Set (MDS)	L 201	4. Monitor corrective actions The Social Workers/Designee will complete audits of all resident records to ensure that all residents and their representatives have been offered the opportunity to formulate an Advanced Directive to assess compliance and follow up on any subsequent findings. 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 **June 20, 2022.**	

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L 201	Continued From page 22	L 201		

dated 10/15/22 revealed that the Resident was coded for having memory problems with short-term and long-term memory and severely impaired cognitive skills for decision making.

Review of the Resident #30's face sheet shows the resident had a representative (daughter).

Review of the resident's medical record showed the resident was a "Full Code. "However, the record lacked documented evidence the Resident #30's representative was provided information about Advance Directives.

2. Resident #96 was admitted to the facility on 01/06/22 with multiple diagnoses, including Anoxic Brain Damage, Dependence of Respiratory [Ventilator], and Tracheostomy.

Review of an admission Minimum Data Set (MDS) dated 01/13/22 revealed that section C (Cognitive Pattern) was blank, indicating that the staff did not conduct a Brief Interview for Mental Status for the resident.

Review of the Resident #96's face sheet shows the resident had a representative (daughter).

Review of the resdient's medical record showed the Resident was a "Full Code. "However, the record lacked documented evidence the Resident's representative was provided information about Advance Directives.

During a face-to-face interview on 03/15/22 at approximately 9:30 AM, Employee #2 (Administration Representative) stated that residents representatives are provided written information about Advance Directive when they sign the admission contract. However, Residents

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L 201	Continued From page 23 #30 and #96 did not have signed admission contracts.	L 201	L 204 1. Corrective action for resident Resident #30 had an unwitnessed fall on 01/08/22 @ 11pm. The resident was unable to articulate what occurred. During a subsequent review of this incident during the survey, we were unable to ascertain the exact cause of the fall. The resident has their bed in the lowest position with floor mats. Resident #32's portable clip-on fan fell on them and caused a minor skin tear on 06/27/21. The incident was unwitnessed, and the resident was unable to articulate what caused the fan to fall. During a subsequent review of the incident during the survey we were unable to ascertain what caused the fan to fall. Based on the type of fan used, the vibration of the fan or resident movements could have caused the fan to fall. Moving forward, this type of fan will not be positioned close enough to residents for them to fall on the residents. Moving forward, all falls and dislodgements will be fully investigated at the time of occurrence. 2. Identify other residents An audit of other incidents will be conducted by 06/20/22 to identify any additional residents that may have been affected.	
L 204	3232.2 Nursing Facilities A summary and analysis of each incident shall be completed immediately and reviewed within forty-eight (48) hours of the incident by the Medical Director or the Director of Nursing and shall include the following: (a)The date, time, and description of the incident; (b)The name of the witnesses; (c)The statement of the victim; (d)A statement indicating whether there is a pattern of occurrence; and (e)A description of the corrective action taken. This Statute is not met as evidenced by: Based on observations, record review, and staff interviews, the facility failed to analysis: (1) an incident of a resident who had an unwitnessed fall with injury resulting in the resident being transferred to the hospital for evaluation. (2) an accident of a portable falling on a resident resulting in the resident sustaining a minor injury for two (1) of 53 sampled residents (Residents #30 and #32). The findings included: Review of the facility's policy titled, "Abuse and Neglect- Clinical Protocol," dated 11/01/21, defined neglect as the failure of the facility, its employees, or service providers to provide goods	L 204		

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L 204	Continued From page 24 and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress." Review of the facility's policy titled "Abuse Investigation and Reporting" dated 11/09/21 documented, "if an incident or suspected incident of resident abuse, mistreatment, neglect or injury of unknown source is reported, the Administrator will assign the investigation to an appropriate individual." 1.The facility's staff failed to investigate Resident #30's unwitnessed fall with injury resulting in the resident being transferred to the hospital for evaluation. Resident #30 was admitted to the facility on 07/10/16 with multiple diagnoses, including Respiratory Failure, Brain Stem Stroke Syndrome, and Atrial Fibrillation. Review of a facility-reported incident (FRI) received by the DC Department of Health on 01/11/22 documented that on 01/08/22 at 11:00 PM, the resident (Resident #30) "was observed on the floor laying on his back ...with a medium-size laceration to left side eyebrow." Multiple observations from 03/10/22 to 03/17/22 from 9:00 AM to 6:00 PM showed that Resident #30 was in bed with the bed in the low position, quarter side rails up, and floor mats next to the bed. Review of Resident #30's medical record showed the following: 10/15/21[Quarterly Minimum Data Set -MDS] revealed that the resident was coded for having memory problems with short-term and long-term memory and severely impaired cognitive skills for decision making. Further review of the MDS	L 204	3. Systemic changes Administrator and Nursing leadership staff will be re-educated on identifying incidents that must be investigated and reported to DOH. Incidents will be reported to the DON/Administrator, and they will submit the report to DOH. A nursing leader will be assigned to gather statements about the incident. The Administrator will be responsible for ensuring that incidents are investigated and reported per CMS/DOH guidelines. The Administrator will be responsible for the subsequent follow up on findings. 4. Monitor corrective actions The Administrator/Designee will complete a review of the 24-hour report to identify issues that may need to be investigated and reported and follow up on any subsequent findings 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 **June 20, 2022.**	

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	HFD02-0024	A. BUILDING: _____ B. WING _____	C 03/25/2022

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L 204	Continued From page 25 showed Resident #30 was totally dependent on the physical assistance of two or more staff members for bed mobility and transfers. The MDS also showed the resident was not coded for behaviors of falls. 01/08/22 at 11:15 PM [nursing progress note] - "Writer was doing last rounds for the shift at 2300 (11 PM) and observers (sp) resident on the floor by the bedside laying on his back ... resident was noted with blood on the floor and medium size laceration on the left size eyebrows, first aid provided to stop the bleeding ...RP (responsible party) and MD (medical doctor)notified and ordered to send resident out to the nearest ER for further evaluation." 01/08/22 [physician order] instructed, "transfer resident to the nearest ER (emergency room) for evaluation following unwitnessed fall with left eyebrows(sp)laceration." 01/09/22 at 06:47 [nursing]- "Resident returned back from the ER at 0530 (5:30 AM) via ambulance ... CT scans did not show any new brain injury or broken bones. The cut was repaired with sutures that are absorbable, so they do not need to be removed ...RP made aware of Resident retuned. MD also notified. Resident continues on neuro check, floor mat in place, bed in low position. Resident was given 1x does Tylenol for generalized pain. Will continue to monitor." Review of Resident #30's comprehensive care plan dated 01/08/22 showed the following: Focus Area[Resident's name] has had an actual fall with injury on 01/08/22 r/t unaware of safety needs, jerking movement while coughing.	L 204		

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L 204	Continued From page 26 Interventions o Place floor mats on sides of the bed at all times while in bed for injury precautions. o Assess left eyebrow swelling for any change every shift. o Left eyebrow laceration wound evaluation by wound nurse o Monitor/document /report PRN x 72h to MD for s/sx: Pain, bruises, Change in mental status, new-onset: confusion, sleepiness, agitation. o Neuro-checks x 72 hour o Proper positioning when in the bed or chair o PT/OT eval. s/p fall During a telephone interview on 03/10/22 starting at approximately 1:00 PM, the resident's responsible party stated that the facility called her and made her aware that her dad had a little accident of a fall and was being transferred to the hospital. The representative said the staff told her "the aide left the side rail down, and that how he (Resident #30) fell out the bed." The representative then said when she visited with the resident the next day, his face was so swollen and bruised that she took pictures because she was so upset. During a telephone interview on 03/17/22 starting at 11:00 AM, Employee #18 (RN) stated that she observed the resident (Resident #30) on the floor when she made her rounds. When asked to describe what she saw, Employee #18 said, "The resident was lying on his back on the left side of his bed, the resident had a laceration to his brow, and the bed was in a low position with the side (quarter) side rails were up." When asked how did the resident fall? The employee stated that the respiratory therapist told her that some residents could cough so hard that they could fall	L 204		

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L 204	Continued From page 27 out of the bed. During a face-to-face interview on 03/17/22 at 11:33 AM, Employee #19(Medical Director) stated that he was aware of the incident. The employee then said that residents with Brain Stem injuries could have coughing episodes that cause their whole body to violently jerk. During a face-to-face interview on 03/17/22 at approximately 2:00 PM, Employee #3 (Director of Nursing) stated that she could not find documented evidence that an investigation was conducted for Resident #30's fall on 01/08/22. 2. Resident #32 was admitted to the facility on 07/28/16 with multiple diagnoses, including Respiratory Failure, Systemic Lupus, Ventilator Dependent, and Generalized Muscle Weakness. Review of a facility reported incident (FRI) received by the DC Department of Health on 06/28/21 documented that on 06/27/21 at 8:30 AM, the resident (Resident #32) "sustained a small skin tear to the upper right braw [brow] measuring 0.5 inches" after a small portable hand fan fell on the resident." During an observation on 03/10/22 at approximately 1:30 PM, a white portable fan was noted clipped to the IV pole on the right side of the resident's bed. Review of Resident #32's medical record showed the following: 06/05/21[Quarterly Minimum Date Set (MDS)] documented that Resident #32 was in a persistent vegetative state with no discernible consciousness. Further review of the MDS showed that the resident was coded for total	L 204		

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L 204	Continued From page 28 dependent and required the physical assistance of two or more people for bed mobility. 06/27/21 at 14:49 [nursing progress note] revealed, "Nurse was called at 8:30 am by the CNA (certified nursing assistant) and notified that while giving care to resident, the small portable handheld ...plastic fan that was clamped to the headboard, popped off and fell on resident and [she] sustained a small skin tear to the upper right eye braw [brow] measuring 0.5inches ...MD called and made aware, gave new order to apply bacitracin ointment to skin tear daily x 7 days." 06/27/21 [physician order] directed, "Bacitracin ointment 500 units/gm (gram) apply to right upper eye topically one time a day for open wound for 7 days." Further review of Resident #32's medical record lacked documented evidence that the facility staff investigated the incident of the resident sustaining a minor injury (skin tear) to the resident's right eyebrow on 06/27/21. During a face-to-face interview on 03/23/22 at approximately 4:00 PM, Employee #3 (Director of Nursing) stated, "I didn't do an investigation for that incident."	L 204		
L 529	3269.1l Nursing Facilities (l) To be free from mental or physical abuse; This Statute is not met as evidenced by: Based on observations, record review, staff, and resident interviews, for one (1) of 53 sampled residents, facility staff failed to ensure that	L 529	L 529 1. Corrective action for resident Resident #266 no longer resides in the facility as of 5-4-22. The nurse and CNA involved in the incident were suspended pending investigation and subsequently terminated on 3-22-22. The CNA was an agency staff person. The agency was notified of the incident. The nurse and CNA were reported to the board of nursing on 3-22-22.	

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L 529	Continued From page 29 Resident #266 was free from mental abuse and rough handling/physical abuse by a licensed practical nurse employed by the facility. These failures resulted in psychosocial harm to Resident #266. The findings include: Facility policy entitled Abuse Policy revised 07/2017 stipulates, "Definitions ...1.Abuse ... the willful infliction of injury, unreasoned confinement, intimidation or punishment with resulting physical harm, pain or mental anguish ...Includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology. Treatment/Management ...the facility management and staff will institute measures to address the needs of residents and minimize the possibility of abuse and neglect ..." Resident #266 was initially admitted to the facility on 02/24/22, with multiple diagnoses that included: Traumatic Subarachnoid Hemorrhage without Loss of Consciousness, Traumatic Hemorrhage of Cerebrum, Unspecified with Loss of Consciousness, Multiple Fractures of Pelvis without Disruption of Pelvic Ring, Fracture Left Lower Leg, Fracture of Orbit Unspecified, encounter for Attention to Gastrostomy, Chronic Respiratory Failure with Hypoxia, Encounter for Attention to Tracheostomy, Encounter for Attention to Gastrostomy and Pedestrian injured in Traffic Accident Involving Unspecified Motor Vehicles. A review of Resident #266's medical record revealed physicians' orders documenting the following:	L 529	2. Identify other residents Other like residents were interviewed during the survey with no like concerns noted. 3. Systemic changes All facility staff have been re-educated on identifying abuse and their responsibility to report suspected cases of abuse which could include elder abuse, rough handling, physical, mental emotional, verbal, and exploitation. Staff were also educated on the consequences for failure to report abuse which makes them a party to the abuse. The Administrator will be responsible for ensuring that residents are not abused. The Administrator will be responsible for the subsequent follow up on findings. 4. Monitor corrective actions The Administrator/Designee will complete rounds to monitor staff and resident interactions and follow up on any subsequent findings. Incident reports will be reviewed for any questionable activity weekly. 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 **June 20, 2022.**	

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L 529	Continued From page 30 -02/25/22 "Trach (tracheostomy) care q (every) shift for Trach care; -03/01/22 "Patient has Spanish/English communication binder in room. Review of the Admission Minimum Data Set (MDS) assessment dated 03/03/22, revealed that facility staff coded the following: -In section A (Identification Information): A1100 Language ...Preferred Language "Spanish"; -In section C (Cognitive Patterns): Should a brief Interview for Mental Status Conducted? "no". -The Brief Interview for Mental Status (BIMS) summary score section was "Blank". -In Section G (Functional Status): Bed mobility, Transfer and Toilet use were all coded as "Total Dependence" requiring "Two-person physical assist" -Bathing "total dependence" -Functional Limitation in Range of motion, Upper Extremity "No impairment" Lower extremity "Impairment on both sides" -In section J (Health Conditions): Pain Management, Received scheduled pain medication regimen "No" -In section N (Medications): Medications received "Opioid" -In section O (Special Treatments, Procedures, and Programs): Respiratory Treatments "Oxygen Therapy, Suctioning and Tracheostomy Care". During a face-to-face interview on 03/17/2022 at approximately 3:30 PM Employee #1 informed the survey team that there was "an alleged allegation of emotional abuse that involved a staff member and [Resident #266] ...the resident's daughter has the video tape of the staff emotionally abusing the resident ...this	L 529		

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L 529	Continued From page 31 supposedly happened on yesterday (03/16/2022) ...we just reviewed the video ..." A face-to-face interview was conducted on 03/17/22 at approximately 5:00 PM with Resident #266's daughter-in-law who stated that yesterday her mom (Resident #266) told her please take me home there is a lot of mean people. At the time of this interview Resident #266's relatives provided the survey team with a video recording from a private device that they indicated was recorded the previous evening (03/16/22) in Resident #266's room on a private device. A review of the video revealed the following: -Two staff in Resident #266's room were identified as Employee #13 (Licensed Practical Nurse) and Employee #14 (Certified Nurse Aide). -While providing personal care for Resident #266, Employee #13 was observed handling the resident roughly [pulling the resident by the arm and pushing her body to roll her]. The employee was also heard yelling, "what did you eat tacos and tequila?..."I'm telling you, you crazy f***k"....Why does she move like that? Does she have worms in her butt? Girl are you part of a human being..." The employee continued to taunt the resident by calling the resident's daughter's name multiple times and saying, "come and get your mama." -Further observation of the video showed Employee #13 changing the resident's incontinent brief, repositioning resident # 266 in the bed, and suctioning the resident while the resident was lying flat in the bed. -During this time, Resident #266 could be heard speaking Spanish loudly stating the following:	L 529		

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L 529	Continued From page 32	L 529		

"...Oh Father help me nobody wants to listen to me...This foot hurts...I have such pain...That's the hand that hurts." Further review of the video showed that Employees #13 and #14 failed to ask Resident #266 if she was in pain while they performed care.

During a face-to-face interview on 03/17/22 at 4:34 PM, Employee #13 (LPN) was questioned by the writer regarding the care she provided for Resident #266 on 03/16/22 during the 3-11 PM shift. Employee #13 stated, "while we were changing the resident she said, "P***a" (Spanish expletive). Then I repeated back what she said. I think there is an English barrier, but I think she understands. I said turnover and she understood what I said. Then I said nothing else and the CNA [Certified Nurse Aide] said nothing else. Then the resident tried to take the trach out."

A general progress note dated 03/17/22 at 10:22 PM documented, "Resident is alert, oriented x3 and verbally responsive. Trach collar intact and suctioned prn with clear moderate sections noted. O2 at 5/L (liters) per min via tracheostomy tube 28% Fio2 (fraction of inspired oxygen) for respiratory support. Seen by NP [name] on unit and assess the patient. New order given to transfer resident to the [Hospital Name] for further evaluation due to chest pain and knee. No acute distress noted ...Resident was transferred to ER (emergency room) at 5:57 PM ..."

During a face-to-face interview on 03/18/22 at 4:44 PM, Employee #14 (CNA - Agency Staff) was questioned by the writer regarding the care she provided to Resident #266 on 03/16/2022 during the 3-11 PM shift. Employee #14 stated, "While I was in the room, she [Resident #266] gets a fear on her face. The charge nurse

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L 529	Continued From page 33 (Employee #13) likes to work with her CNAs, she does the work. I try to go in rooms by myself ...she picks the rooms she wants to do ...She does the work;" The surveyor asked Employee #14 to explain how she and Employee #13 work together and Employee #14 stated, "I just stand waiting for her to turn the resident ...This is the same thing that happens all the time. Nothing different. She washes the resident's face very roughly. Employee #13 pulls her (Resident #266) with her arm, we should use the sheet to pull them over. The resident likes to come to the middle of the bed and that upsets [Employee #13]. The lady (Resident #266) started saying "P***a" so [Employee #13] started calling her a "B***h". If the lady (Resident #266) tried to tell her something it made her angry. She yanks them around and she does it to everybody ..." When asked if she has reported any of her observations or what she shared, she stated, "I have not reported this. I'm' not full-time here. I am not fearful of her [Employee #13] ... I don't want hostility. None of the other nurses do anything..." A physician's order dated 03/19/22 was also noted in the medical record that requested, "Pain assessment Q (Every) shift". During a face-to-face interview on 03/23/22 at approximately 3:03 PM with Employee #2, (Administration Representative) and Employee #15 (Social Worker) Employee #2 stated, "Through our investigation, we have bumped up the concern from verbal abuse to physical abuse because of the way [Employee #13] handled the resident."	L 529		