

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 12/08/2022
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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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L 000	<p>Initial Comments</p> <p>An unannounced Focused Infection Control Survey was conducted at this facility on December 08, 2022. Survey activities consisted of observations, record reviews, and staff interviews. The facility's census during the survey was 115 and the survey sample included 10 residents.</p> <p>After analysis of the findings, it was determined that the facility was not in compliance with the 22B District of Columbia Municipal Regulations Chapter 32 requirements for Long Term Care Facilities.</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 DI - Deciliter DMH - Department of Mental Health DOH - Department of Health DON - Director of Nursing ED - Emergency Department</p>	L 000	<p>This Plan of Correction is submitted as required under Federal and State regulation and statues applicable to long term care providers. This Plan of Correction does not constitute and admission of liability on the part of the facility, and such liability is hereby specifically denied. The submission of the plan does not constitute an agreement by the facility that the surveyors' findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope or severity regarding any of the deficiencies cited are correctly applied.</p>	

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

Keysh Dole

TITLE
NHA

(X6) DATE

1-9-23

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L 000	Continued From page 1 EKG - 12 lead Electrocardiogram EMS - Emergency Medical Services (911) ER - Emergency Room F - Fahrenheit FR. - French FRI - Facility reported incident G-tube - Gastrostomy tube HR - Human Resources Hrs - Hours HS - hour of sleep 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 cannula Neuro - Neurological NFPA - National Fire Protection Association NP - Nurse Practitioner O2 - Oxygen PA - Physician's Assistant PASRR - Preadmission screen and Resident Review Peg tube - Percutaneous Endoscopic Gastrostomy PO - by mouth POA - Power of Attorney POS - physician's order sheet	L 000		

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L 000	Continued From page 2 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 SW - Social Worker TAR - Treatment Administration Record Ug - Microgram	L 000		
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; (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	L 051		

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L 051	<p>Continued From page 3</p> <p>(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 record review and staff interview, for two (2) of 10 sampled residents, facility staff failed to review their plans of care for appropriate goals, interventions and treatments to address their new COVID-19 diagnosis. (Residents' #3 and #4).</p> <p>The findings included:</p> <p>Review of the policy "Care Planning - Interdisciplinary Team" revised on 11/02/22 showed, "Our facility's Care Planning/Interdisciplinary Team is responsible for the development of an individualized comprehensive care plan for each resident ..."</p> <p>Review of the policy "Care Plans, Comprehensive Person-Centered" revised on 11/02/22 showed, "A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident ..."</p> <p>1. Resident #3 was admitted to the facility on 02/04/22 with multiple diagnoses that included Rhabdomyolysis, Type 2 Diabetes Mellitus and Heart Failure.</p> <p>Review of Resident #3's medical record revealed:</p> <p>12/07/22 [physician's order] "Maintain isolation for resident ...due to new diagnose (sp) of COVID-19, as evidenced by a positive test to the</p>	L 051	<p>1. Residents #3 & #4's care plans will be reviewed and updated. There were no negative outcomes for resident's # 3 and #4.</p> <p>2. An audit of residents on isolation for COVID-19 will be conducted to ensure all active COVID-19 residents have updated care plans related to COVID-19.</p> <p>3. The Interdisciplinary Team (IDT) will be educated by the DON and/or designee on the importance of having care plans related to COVID-19 for each resident that is COVID-19 positive. The MDS team will make certain care plans related to COVID-19 are updated with new goals, interventions, or treatments for new diagnosis of COVID-19.</p> <p>4. A monthly audit of care plans related to COVID-19 will be conducted by the MDS team to ensure all residents have updated comprehensive care plans. All findings will be reported to the QAPI Committee for (3) consecutive months for review and recommendations or until 100% compliance Any care plans that are out of compliance will be corrected as appropriate.</p> <p>5. Date of compliance: 1-9-23</p>	<p>1-4-23</p> <p>1-4-23</p> <p>1-9-23</p>

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L 051	<p>Continued From page 4</p> <p>SAR-CoV-2 virus; specimen collected on 12/6/22 ..."</p> <p>12/07/22 at 8:03 AM [General Progress Note] "continue on droplet Isolation for positive [COVID-19] ..."</p> <p>Review of the care plan section of the electronic clinical record on 12/08/22 lacked documented evidence that facility staff developed or implemented new care plan goals, interventions or treatments for Resident #3's new diagnosis of COVID-19.</p> <p>2. Resident #4 was admitted to the facility on 08/12/22 with diagnoses that included Acute Respiratory Failure with Hypoxia, Pulmonary Hypertension, and Atrial Fibrillation.</p> <p>Review of Resident #4's medical record revealed:</p> <p>12/07/22 [physician's order] "Maintain isolation for resident ...due to new diagnose (sp) of COVID-19, as evidenced by a positive test to the SAR-CoV-2 virus; specimen collected on 12/6/22 ..."</p> <p>12/07/22 at 7:59 AM [General Progress Note] "Resident on quarantine for COVID-19. Contact/Droplet Isolation maintained ..."</p> <p>Review of the care plan section of the electronic clinical record on 12/08/22 lacked documented evidence that facility staff developed or implemented new care plan goals, interventions or treatments for Resident #4's new diagnosis of COVID-19.</p> <p>During a face-to-face interview conducted on 12/08/22 at 2:42 PM, Employee #2 (Director of</p>	L 051		

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L 051	Continued From page 5 Nursing/DON) acknowledged the findings and made no further comments.	L 051		
L 088	<p>3217.3 Nursing Facilities</p> <p>The Infection Control Committee shall establish written infection control policies and procedures for at least the following:</p> <ul style="list-style-type: none"> (a) Investigating, controlling, and preventing infections in the facility; (b) Handling food; (c) Processing laundry; (d) Disposing of environmental and human wastes; (e) Controlling pests and vermin; (f) The prevention of spread of infection; (g) Recording incidents and corrective actions related to infections; and (h) Nondiscrimination in admission, retention, and treatment of persons who are infected with the HIV virus or who have a diagnosis of AIDS. <p>This Statute is not met as evidenced by: Based on record reviews and staff interviews, facility staff failed to prevent potential spread of infection as evidenced by not having a dedicated space in the facility for cohorting and managing care of residents with COVID-19.</p> <p>The findings included:</p>	L 088		

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L 088	Continued From page 6 During a review of the facility's line listing for COVID-19 on 12/08/22, it was noted that their current outbreak started on 11/23/22 when one (1) employee tested positive followed by one resident on 11/25/22. The line listing also revealed that from 11/23/22 to 12/07/22, 13 had tested positive for COVID-19. During a conference with Employees' #1 (Administrator), #2 (DON), and #3 (Infection Preventionist) conducted on 12/08/22 at 2:42 PM, they were asked, where is the designated location for residents who test positive for COVID-19. Employee #2 stated, "There is no dedicated space as of now. We are converting 3 west to the COVID-19 unit and it was agreed upon yesterday. We are in the process of moving [COVID-19 positive] residents there now."	L 088	1. There were no residents impacted by this alleged deficient practice. 2. All residents have the potential to be affected by the alleged deficient practice. Employees #2 & #3 began the process of moving COVID-19 positive residents to dedicated space within the facility for cohorting and managing care of residents. An in-house audit was conducted on 12/8/22 to ensure all identified COVID-19 positive residents were cohorted to dedicated space. 3. Staff will be re-educated on the importance of identifying and providing a dedicated space for cohorting and managing care of residents who are COVID-19 positive by the DON and/or Educator. 4. The IP or Designee will conduct weekly audits to ensure that all COVID-19 positive residents are cohorted appropriately to dedicated unit. All findings will be reported to the QAPI Committee for (3) consecutive months for review, recommendations, and on-going compliance. If any residents are not cohorted appropriately, immediate action will be taken to move the resident as appropriate and additional actions will be taken as directed by the infection preventionist.	12-8-22 1-9-23 1-9-23
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: Based on observations, record reviews and staff interviews, for one (1) of 10 sampled residents, facility staff failed to prevent potential spread of infection as evidenced by: not wearing the required Personal Protective Equipment (PPE) while interacting with a confirmed positive COVID-19 resident. Resident #2. The findings included:	L 091	Date of Completion: 1-9-23	

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L 091	<p>Continued From page 7</p> <p>Review of facility's policy entitled "Infection Control Policy & Procedure-COVID 19", revised in April 2020, showed, "For resident that may be a suspected COVID that may not require a higher level of care ...that resident will be placed on contact isolation precaution for 14 days ... Full PPE per CDC (Center for Disease Control) guidelines will be worn by staff for known or suspected cases of COVID-19 to avoid transmission within the facility."</p> <p>Review of the facility's policy entitled, "COVID-19 Guidelines For Quarantine And Testing Of Patients & Healthcare Providers" under the section "Isolation Precautions" reviewed on 02/08/21 showed, "PPE Requirements ... Exam Mask: At all times within the facility ... Eye Shield: At all times when working with patients/residents."</p> <p>Resident #2 was admitted to the facility on 03/11/22 with multiple diagnoses, including Infection and Inflammatory Reaction due to Internal Fixation Device of Left Humerus, Paroxysmal Atrial Fibrillation, Dysphagia and Dementia.</p> <p>Review of Resident #2's medical record and the facility's COVID-19 line listing showed that he tested positive for COVID-19 on 12/07/22.</p> <p>During face-to-face interview on 12/08/22 at approximately 9:56 AM, Employee #2 [Director of Nursing/DON] stated, "PPE Policy for COVID positive patients is all staff providing direct patient care is to wear full PPE, gown, gloves, face shield, N95."</p> <p>During observation of Unit 2 East on 12/08/22 at approximately 11:20 AM, Employee #4 (Unit Manager) was observed coming out of Resident</p>	L 091	<p>1. Identified employee #4 was re-educated on facility's Infection Control Policy & Procedure COVID-19; proper PPE practices during patient care interactions.</p> <p>2. A random audit of infection control practices was conducted on 12/9/22 by Infection Preventionist. There were no residents found to have the potential to be affected by this finding.</p> <p>3. Staff will be re-educated on Infection Control Policy & Procedures for COVID-19, proper PPE practices during patient care interactions by Infection Preventionist.</p> <p>4. IP or Designee will conduct (10) weekly random observations of employees to ensure Infection Control Policies are being followed by clinical and non-clinical employees. All findings will be reported to the QAPI Committee for (3) consecutive months for review, recommendations, and on-going compliance. Any observed failures to follow Infection Control Policies will be addressed immediately to include additional training.</p> <p>5. Date of compliance: 1-9-23</p>	<p>12-9-22</p> <p>12-9-22</p> <p>1-9-23</p> <p>1-9-23</p>

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L 091	<p>Continued From page 8</p> <p>#2's room, wearing an N95 mask, but not a face shield. During a face-to-face interview conducted at the time of the observation, Employee #4 was asked where his face shield was, he stated, "It's over there" pointing in the direction of the nurse's station. When asked if he knew that Resident #2 tested positive for COVID-19, he stated "Yes, I know. I was only helping him with the phone to talk with his family, just in there for a few minutes." When Employee #4 was asked if he knew the facility's PPE policy, he stated, "We must wear a face shield and N95 at all times." He was then observed walking to the nurse's station, picked up a face shield that was still wrapped in its packaging, began opening the new face shield package then proceeded to put on the face shield.</p> <p>It should be noted that Employee #4 signed his name to attest that he received the staff education entitled, "2022 Skills Fair Competency Review ... Infection Control and Prevention - Transmission-based precautions, hand hygiene, COVID update, PPE ..." on 11/29/22.</p>	L 091		
L 201	<p>3231.12 Nursing Facilities</p> <p>Each medical record shall include the following information:</p> <p>(a)The resident's name,age, sex, date of birth, race, martial status home address, telephone number, and religion;</p> <p>(b)Full name, addresses and telephone numbers of the personal physician, dentist and interested family member or sponsor;</p> <p>(c)Medicaid, Medicare and health insurance</p>	L 201		

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L 201	<p>Continued From page 9</p> <p>numbers;</p> <p>(d)Social security and other entitlement numbers;</p> <p>(e)Date of admission, results of pre-admission screening, admitting diagnoses, and final diagnoses;</p> <p>(f)Date of discharge, and condition on discharge;</p> <p>(g)Hospital discharge summaries or a transfer form from the attending physician;</p> <p>(h)Medical history and allergies;</p> <p>(i)Descriptions of physical examination, diagnosis and prognosis;</p> <p>(j)Rehabilitation potential;</p> <p>(k)Vaccine history, if applicable, and other pertinent information about immune status in relation to vaccine preventable disease;</p> <p>(l)Current status of resident's condition;</p> <p>(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;</p> <p>(n)The resident's medical experience upon discharge, which shall be summarized by the attending physician and shall include final diagnoses, course of treatment in the facility, essential information of illness, medications on</p>	L 201	<p>1.All residents have the potential to be impacted by the deficient practice. Resident #2's RP was contacted on 12/9/22 to offer and obtain consent of pneumococcal immunization; Resident#2 was given immunization on 1/3/23. The Clinical Management team completed CDC training on 12/11/22 and took immediate action to obtain consents and administer resident vaccinations on 12/11/22 and 12/22/22. Employee #3 will be re-educated on the facility's Vaccination of Residents policy by 1-4-23.</p> <p>2.The MDS Coordinators or Designee will conduct a full in-house audit by 1-9-23. All residents who have consented to receiving vaccinations will receive them in accordance with facility policy.</p> <p>3. Unit Managers will receive education regarding facility vaccination policy and procedure of residents on pneumococcal vaccination and consents as well as CDC recommendations by the DON.</p> <p>4.IP or Designee will conduct monthly audit to ensure vaccination and consent form have been offered and/or completed. All findings will be reported to the QAPI Committee for (3) consecutive months for review, recommendations, and on-going compliance. Any missing consents will be obtained and addressed according to the resident and/or responsible party's wishes.</p> <p>5.Date of Compliance: 1-9-23</p>	<p>1-3-23</p> <p>1-4-23</p> <p>1-9-23</p> <p>1-9-23</p> <p>1-9-23</p>

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L 201	<p>Continued From page 10</p> <p>discharge and location to which the resident was discharged;</p> <p>(o)Nurse's notes which shall be kept in accordance with the resident's medical assessment and the policies of the nursing service;</p> <p>(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;</p> <p>(q)The plan of care;</p> <p>(r)Consent forms and advance directives; and</p> <p>(s)A current inventory of the resident's personal clothing, belongings and valuables.</p> <p>This Statute is not met as evidenced by: Based on record review and staff interview, for one (1) of 10 sampled residents, facility staff failed to ensure that one resident's medical record included vaccine history and other pertinent information about immune status in relation to vaccine-preventable disease (pneumococcal immunization). Resident #2.</p> <p>The findings included:</p> <p>Review of the facility's policy entitled, "Vaccination of Residents" dated 12/17/18 showed, "All residents will be offered vaccines that aid in preventing infectious diseases unless the vaccine is medically contraindicated ...if vaccines are refused, the refusal shall be documented in the</p>	L 201		

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L 201	<p>Continued From page 11</p> <p>resident's medical record ..."</p> <p>Review of the facility's policy entitled, "Pneumococcal Vaccine" dated 12/17/18 showed, "All residents will be offered pneumococcal vaccines to aid in preventing pneumonia/pneumococcal infections ..."</p> <p>Resident #2 was admitted to the facility on 03/11/22 with multiple diagnoses, including Infection and Inflammatory Reaction due to Internal Fixation Device of Left Humerus, Paroxysmal Atrial Fibrillation, Dysphagia and Dementia. Also, based on the residents age, he is eligible to receive the pneumococcal vaccine.</p> <p>Review of Resident #2's medical record revealed the following:</p> <p>Facesheet that documented the resident as his own "responsible party" and his wife listed at "responsible party care conference person emergency contact #1"</p> <p>Quarterly Minimum Data Set (MDS) dated 10/05/22 showed facility coded: severe cognitive impairment and that the pneumococcal vaccine was not "Not offered".</p> <p>There was no documented evidence that Resident #2 had prior pneumococcal immunization; that he did not receive the pneumococcal immunization due to medical contraindication or refusal or that facility staff provided education regarding the benefits and potential side effects of pneumococcal immunization to Resident #2 or his responsible party.</p> <p>During a face-to-face interview conducted on</p>	L 201		

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 12/08/2022
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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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L 201	Continued From page 12 12/08/22 at 2:42 PM, Employee #3 (Infection Preventionist) was asked why Resident #2 was consented and offered the flu vaccine and not the pneumococcal vaccine. Employee #3 stated, "That is a lapse on my end."	L 201		

