(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: B WING HFD02-0024 09/23/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONSTITUTION AVE. NE **BRIDGEPOINT SUB-ACUTE AND REHAB** WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX TAG (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) L 000 Initial Comments L 000 A Recertification Quality Indicator Survey (QIS) was conducted at your facility on September 9, 2015 through September 23, 2015. The following deficiencies are based on observations, record reviews, resident and staff interviews for 55 sampled residents. Responses begin on page 9. An Immediate Jeopardy (IJ) was identified at CFR 483.25 Quality of Care; F328 (Treatment/Care for Special Needs); F309 (Provide Care/ Services for Highest Well Being): and F353 (Sufficient Nurse Staffing) on September 22, 2015 at 2:20 PM. The facility's Administrator provided a letter noting a corrective action plan and the IJ was removed on September 25, 2015 at 6:00 PM. Substandard Quality of Care was identified during this survey. The following is a directory of abbreviations and/or acronyms that may be utilized in the report: Abbreviations AC -Assist control AMS -Altered Mental Status ARD assessment reference date BID -Twice- a-day **Blood Pressure** B/P -CiPAP - Continuous positive airway pressure CTA -Clear to auscultation cm -Centimeters

Health Regulation & Licensing Administration

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

Kunn W. Leller TITLE Chief Executive Officer

(X6) DATE 11.06.15

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Health R	egulation & Licensing	Administration				
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L 000	Continued From page 1 CMS - Centers for Medicare and Medicaid Services CNA- Certified Nurse Aide CRF - Community Residential Facility D.C District of Columbia DCMR- District of Columbia Municipal Regulations D/C Discontinue DI - deciliter DMH - Department of Mental Health DBP - Diastolic blood pressure EKG - 12 lead Electrocardiogram EMS - Emergency Medical Services (911) FiO2 - Fraction of expired oxygen G-tube Gastrostomy tube HVAC - Heating ventilation/Air conditioning ID - Intellectual disability IDT - interdisciplinary team L - Liter Lbs - Pounds (unit of mass) MAR - Medication Administration Record MD- Medical Doctor MDS - Minimum Data Set Mg - milligram (metric system unit of mass) mL - milligram (metric system measure of volume) mg/dl - milligram per deciliter mm/Hg - milligram per deciliter mm/Hg - Nurse Practitioner OX - oximetry PASRR - Preadmission screen and Resident Review PEEP - Positive Expiratory End Pressure Peg tube - Percutaneous Endoscopic Gastrostomy POS - physician 's order sheet Prn - As needed Pt - Patient	L 000		

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	RR - Rapid Res Rp, R/P- Responsib SBP - systolic bl S/he - She/he Sol- Solution	ole party ood pressure Administration Record				
L 001	3200.1 Nursing Faci	lities	L 001			
	these rules and the 483, Subpart B, Sec D, Sections 483.150 section 483.200 to 4 constitute licensing s the District of Column	shall comply with the Act, requirements of 42 CFR Part tions 483.1 to 483.75; Subpart to 483.158; and Subpart E, 83.206, all of which shall standards for nursing facilities in bia. net as evidenced by:				
	staff interviews, it was Administration, Gove Assessment and Assessment and Assessment and Assessment are corrective to the state of th	ons, clinical record reviews and as determined that the erning Body, and Quality surance (QAA) Committee plement, and/or revise reactions: to provide naintenance services necessary ry, orderly, and comfortable at resident assessments were and revised care plans as that services provided or lity must be provided by accordance with each resident it; to ensure that each resident it; to ensure that each resident attained/maintained the ohysical, mental, and eing, in accordance with the essment				

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PRINTED: 10/26/2015 FORM APPROVED Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B WING HFD02-0024 09/23/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONSTITUTION AVE. NE **BRIDGEPOINT SUB-ACUTE AND REHAB** WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX TAG (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) L 001 Continued From page 3 L 001 and plan of care; to ensure the necessary services were provided to maintain good hygiene and to carry out activities of daily living; to ensure provision of necessary care and treatment to promote healing of wound(s); to ensure that the resident environment remains as free of accident hazards as is possible; ensure that a resident maintains acceptable parameters of nutritional status, such as body weight; ensure that a resident receives proper treatment and care for respiratory care; to ensure that sufficient staff was available to provide quality care and services; to post nurse staffing information on a daily basis to include all components per the regulation; to ensure that medications were properly labeled and stored; to ensure all essential resident care equipment was in safe operating condition; to ensure that the resident call system was maintained in a safe and operating condition; to ensure that the facility maintained an effective pest control program; to ensure that location and date of Care Area Assessment information on the Minimum Data Sets (MDS) under Section V was complete; to comply with state and local laws and regulations; and to maintain clinical records in accordance with

The findings include:

accepted professional standards.

During the recertification survey from September 9 - 23, 2015, the following areas of concern were identified:

• Failure to ensure that facility staff notified the attending physician when there was a change in

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L 001	F157 Failure to provious maintenance services sanitary, orderly, and reference CFR 483. Failure to ensur were accurate. Croston Failure to ensur care plans with appreto address care neereference CFR 483. Failure to ensur arranged by the faci qualified persons in swritten plan of care (3) (ii), F282 Failure to ensur and the facility proviservices to attained/practicable physical, well-being, in accordassessment and pla 483.25, F309 Failure to ensur provided to maintain activities of daily livit 483.25(a) (3), F312 Failure to ensur and treatment to proceed to the consurremains as free of a Cross reference CFI Failure to ensur acceptable parametro body weight. Cross Failure to ensur	de housekeeping and es necessary to maintain a d'comfortable interior. Cross 15, F253 et that resident assessments es reference 483.20, F272 et that facility staff developed opriate goals and approaches ds of residents. Cross 20, F279 et that services provided or lity must be provided by accordance with each resident e. Cross reference 483.20 (k) et that each resident received ded the necessary care and maintained the highest mental, and psychosocial dance with the comprehensive of care. Cross reference et the necessary services was a good hygiene and to carry out ng. Cross reference CFR e provision of necessary care mote healing of wound (s). R 483.25(c), F314 et that the resident environment ocident hazards as is possible.	L 001			

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PRINTED: 10/26/2015 FORM APPROVED Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B WING HFD02-0024 09/23/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONSTITUTION AVE. NE **BRIDGEPOINT SUB-ACUTE AND REHAB** WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX TAG (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) L 001 Continued From page 5 L 001 Cross reference 483.25(k), F328 Failure to ensure that sufficient staff was available to provide quality care and services. Cross reference 483.30 (a), F353 Failure to ensure that medications were properly labeled and stored. Cross reference 483.60 (b), (d), (e), F431 Failure to ensure all essential resident care equipment was in safe operating condition. Cross reference CFR 483.70, F456 Failure to ensure that the call bell system was maintained in good working condition. Cross reference CFR 483.70, F463 Failure to ensure that the facility maintained an

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regulations. Cross reference CFR 483.75, F492 Failure to ensure that clinical records were

483.70(h)(4), F469

maintained in accordance with accepted professional standards. Cross reference CFR 483.75, F514.

effective pest control program. Cross reference

Failure to comply with state and local laws and

- Failure to ensure that location and date of Care Area Assessment information on the Minimum Data Sets (MDS) under Section V was complete. CFR 483.20, F272
- Failure to ensure that the Quality Assurance Committee identified and developed corrective measures to address the concerns identified during the survey process. Cross reference CFR 483.75, F520.

On Tuesday September 22, 2015 at approximately 2:20 PM a face-to-face interview was conducted at approximately 2:28 PM with Employee 's #2, #3, and #4. The employees made the following responses related to the

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L 001	Continued From pag	ge 6	L 001			
	· -					
	quality concerns ide	entified during the survey:				
		ated that during the Quality and				
		surance Review Committee ed on September 18, 2015 that				
		re that there was a problem				
		ents who are vent dependent.				
	· Employee #3 st	ated that he/she was aware that				
		could arise as a result of his/her				
		egarding the care and treatment				
		ent residents, it seem very hard changes. As a result of the				
		(IJ) a plan of correction was				
	developed regarding	g physical assessment and				
		e respiratory system and				
		nducted by the Respiratory urse Practitioner in order to				
		edge base of staff and safety of				
		re ventilator dependent.				
	· Employee #3 ar	nd #4 acknowledged that				
	Employee #6 did no	t have the required skills to				
		e the nursing personnel needed				
	to stair veritilator de	pendent residents in the facility.				
		cknowledged that the duties and				
		e facility staff should be outlined ne when a Rapid Response is				
		in the facility and by who and				
		should be completed.				
	Employee #2 cm	ad #7 aaknawladaad that tha				
		nd #7 acknowledged that the Assessment is a computer				

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L 001	Continued From pag	 de 7	L 001			
2 00.	program problem sir and that the program information to popul the date and location found.	nce MDS 3.0 came into effect, m no longer will allow for late into the area that requires n of where information could be	2001			
	time there is one (1) Medicare A resident	cknowledged that at present wound doctor that covers ts and that they are in the hiring a another physician to				
	alarms for ventilator or that the battery w respiratory therapist particular resident w alarms once a shift,	acknowledged that the external residents did not have a battery as low, and stated that the is that is assigned to that will check the external ventilator and that the internal ventilator every four (4) hours.	,			
	facility was under re Employee #3 ac document nor asses	and #3 acknowledged that the enovation in some areas. cknowledged that staff did not see residents prior to and after the				
	staff were not follow weights for residents weight loss. And sta be the reason for so At this time, it was d	cknowledged that the facility ring the facility policy regarding s with significant unplanned ated that the new scales might ome of the discrepancy.				

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Educator failed to proservices and lacked services and staff accurate residents who receives notify the physician was acute changes, failed residents with pain conserious conditions residents receiving we ensure that staff who special needs and vestraining to help provide and failed to ensure the coded. It was determined that Assurance Committee identify the necessary needed to provide sare residents; and develous appropriate plans of a quality deficiencies. L 026 3207.1 Nursing Facility The Medical Director for the overall superversided in the facility provided in the facility services and lacked	e 8 povide necessary care and supervision for residents who ervices; failed to ensure that the ely assessed and monitored ed ventilator services, failed to when the resident experienced it to assess and monitor encerns; and failed to intervene is related to the care of entilator services, failed to worked with resident requiring entilator received education and de quality care and services that CAAs were accurately at the Quality Assessment and e failed to recognize and y care concerns and services fe and competent care to oped and implement action to correct identified	L 001	Response to L001 1. See immediate corrective action of concerns cited 2. A preliminary meeting was held department managers responsib concern to review existing syster processes; identify breakdown in processes; determine effectivene protocols and, policies and processes; determine refectivene protocols and, policies and processes; determine resulted; Determine resulted for data collection, analy monitoring; Develop action plans relevant to systems to ensure sustainability; Facility wide education on QAPI 4. All quality assessment findings a status/outcomes of action plans reported to Executive Team and Body at scheduled intervals to except the content of the content is operating and maintain substantial compliance with all Fregulations, DCMR chapter 32, a related professional standards.	with le for areas of ms and n systems and less of current edures. ill revise the ses for areas sources rses, process and and process. and will be Governing nsure Nursing ling ederal
This Statute is not m Based on record revie (2) of 55 sampled res	nt care to a qualified physician. net as evidenced by: ew and staff interview for two sidents, it was determined that failed to review the total			

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PRINTED: 10/26/2015 FORM APPROVED Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: B WING HFD02-0024 09/23/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONSTITUTION AVE. NE **BRIDGEPOINT SUB-ACUTE AND REHAB** WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX TAG (X5) COMPLETE DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) L 026 Continued From page 9 L 026 weights, labs, wound status and pain for a resident that experienced a weight loss that exceeded five (5) percent in 30 days for one (1) resident and visual function for one (1) resident. Residents #64 and #122. The findings include: Response starts on page 11 L026, Resident 64 and 112 1. The Medical Director failed to review the total program of care for Resident #64 to include weights, labs, wound status and pain for a resident that experienced a weight loss that exceeded five (5) percent in 30 days.

A review of the medical record revealed that Resident #64 was admitted on May 4, 2015 with diagnoses to include Sacral decubitus ulcer, Urinary Retention, Hypertension, Lymphedema Bilateral Lower Extremities, and Bilateral Lower Extremity Venous Stasis, and "Chief Complaint: Nutritional Deficient with deconditioning " as documented on the History and Physical dated May 4, 2015. Resident underwent a Percutaneous Endoscopic Gastrostomy on May 8, 2015 for Dysphagia and poor oral intake.

Medical record review conducted on September 16, 2015 at 10:00 AM revealed the following documented weights: May 11, 2015- 186.8 pounds; May, 2015 (date of month unknown) - 177 pounds; June, 2015- 163 pounds; July, 2015- 150 pounds; and August, 2015-141 pounds.

Review of the Nurse 's Notes and Physician 's Progress Notes from June 22, 2015 through

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STREET ADDRESS, CITY, STATE, ZIP CODE

NAME OF PROVIDER OR SUPPLIER

700 CONSTITUTION AVE. NE

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L 026	Continued From page 10 September 1, 2015 revealed the medical staff documented notification of significant weight loss on August 20, 2015. The medical record lacked documented evidence that the medical staff was notified of the weight loss documented between May and August 20, 2015. A face-to-face interview conducted with Employee #27 at 10:38 AM on September 16, 2015 revealed that Resident #64 was admitted as "obese". According to Employee #27, after it was determined the resident was not eating, the plan was changed to adjust tube feeding because of volume intolerance and oral intake. When queried about labs, s/he stated the labs were not available and it was assumed the albumin was low because of the sacral wound and weight loss. Juven was started for 2 weeks and then changed to Beneprotein. The resident plan of care was discussed with the nurse manager at the time. S/he was unable to provide any further insight related to physician notification. Although the dietician continued to make adjustment to the tube feeding order and the physician authenticated the order as evidence by a signature. The medical record lacked documented evidence the physician reviewed Resident #64 's total program of care to include weights, labs, wound status and pain prior to August 20, 2015. As of August 20, 2015, the resident had loss approximately 45.2 pounds since original weight of 186.8 pounds documented on May 11, 2015. The findings were discussed, reviewed and acknowledged by Employee # 11.	L 026	1. Immediately upon notification of this deficiency a review of the medical record for resident #6 to verify findings. 2. The Assistant Director of Clinical Nutrition performed a retrospective audit of the monthly weights on 10/1/2015 to ensure that all residents with significant weight changes were addressed and communicated to the attending physician. 3. Assessment and Intervention policy will be revised to reflect the Registered Dietitian (RD) as responsible for notifying the attending physician or NP of a confirmed significant weight change within 48 hours. The RD will call the attending physician or NP to inform about the significant weight change via phone and email. The RD will keep a record of physician/NP significant weight notification including date, time, and mode of communication. The RD will continue to communicate weekly to the Interdisciplinary Risk Management Subcommittee of interventions related to significant weight changes based on clinical collaborations. The Director of Nursing (DON) re-educated the nursing staff on 10/7/2015 and is ongoing regarding the change in resident condition process related to assessment and interventions, highlighting the importance of physician notification. The communication binder will be created to maintain a record of notification, to include date/time/interventions (if applicable). 4. The Assistant Director of Clinical Nutrition will perform monthly audits of the physician significant weight change notification record. The audit results will be reported to Quality Assurance Committee. Auditing will continue until 100% compliance is demonstrated for a minimum of three (3) months.	11.10.15

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L 026	Continued From pag	je 11		L 026	Response	to L026, Resident #122		
	program of care to in resident with Visual #122 A review of the resi indicated that the refacility on April 16, 2 According the Histor 2015 the resident hawhich included: "Mu Vascular Accidents) Off Vent [Ventilator]. There was evidence assessed on the His 17, 2015. A review of the residence assessed on the His 17, 2015. A review of the residence assessed on the His 17, 2015. A review of the residence assessed on the His 17, 2015. A review of the residence assessed on the His 17, 2015. A review of the residence assessed on the His 17, 2015. A review of the residence assessed on the His 17, 2015. A review of the residence assessed on the His 17, 2015. A review of the residence assessed on the His 17, 2015. A review of the residence assessed on the His 17, 2015. There was evidence assessed on the His 17, 2015. A review of the residence assessed on the His 17, 2015. A review of the residence assessed on the His 17, 2015. There was evidence assessed on the His 17, 2015. A review of the residence assessed on the His 17, 2015. There was evidence assessed on the His 17, 2015. A review of the residence assessed on the His 17, 2015. A review of the residence assessed on the His 17, 2015. A review of the residence assessed on the His 17, 2015. There was evidence assessed on the His 17, 2015. A review of the residence assessed on the His 17, 2015. A review of the residence assessed on the His 17, 2015.	ry and Physical dated Ap ad the following diagnose altiple CVA 's (Cerebral , Chronic Respiratory Fa	one (1) dent et ne oril 17, es ailure - April um Data ant in edded "egular gnifying coded dwith eated ses ent		1. 2. 3.	Physician assessed resident #122 vi appointment scheduled for follow-up ophthalmologist care plan updated. The Resident Care Coordinators (RC performed an MDS audit of all reside triggered for vision impairment in the quarter finding no other residents affect to create an integrated interdisciplina plan that will identify the problem, measureable goals and interventions/approaches. The DON/Administrator will in-service Interdisciplinary Team on the care plantocess. The MDS Coordinator will re-educated department managers on the process electronically view MDS care area triall residents. MDS Coordinators will perform week to ensure discussions related to trigg are reviewed and addressed by the I during care planning meetings. A mosummary of the audit results will be reto Quality Assurance Committee. Au continue until 100% compliance is demonstrated for a minimum of three months.	and CC) Ints who previous ected. planning any care e the anning e the s to ggers for ly audits er CAAs DT onthly reported diting will	11.10.15

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L 026	Continued From page	ge 12	L 026				
	lacked evidence of a	any further review related to the					
	residents visual fund						
	A face-to-face interv	riew was conducted on					
	September 21, 2015	5 with Employee #10 at					
		AM. After review of the above ed the findings, and indicated					
		nent would be arranged.					
	TI M II I D'						
		or to review the total program of neasures for one (1) resident					
	with Visual Function						
L 043	3208.5 Nursing Fac	ilities	L 043	Refer to page 15 for response to L0)43		
	The Director of Nurs	sing shall provide for, at a					
	minimum, the follow						
	(a) Dalivary of purain	va coro corvinco in cocordonos					
	with these rules;	ng care services in accordance					
		naintaining nursing service Is of practice, policy and					
		and written job descriptions for					
	each level of nursing	g personnel;					
	(c)Planning for and	recommendation to the					
	Administrator the nu	ımber and levels of nursing					
	personnel to be emp	ployed;					
	(d)Coordinating nurs	sing personnel, which include					
	the following:						
	(1)Recruitment;						
	(2)Selection;						
	(3)Position assignm	ent;					

Health Regulation & Licensing Administration STATE FORM

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A. BUILDING: _

HFD02-0024

B. WING _ 09/23/2015

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BRIDGEPOINT SUB-ACUTE AND REHAB

700 CONSTITUTION AVE. NE

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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) COMPLET DATE
L 043	Continued From page 13	L 043		
	(4)Orientation;			
	(5)In-service education;			
	(6)Supervision; and			
	(7)Termination			
	(e)Developing a staffing plan that considers residents' needs for various types of nursing care;			
	(f)Working with the medical staff and the interdisciplinary team in developing and implementing policies for resident care;			
	(g)Working with other employees to ensure that the interdisciplinary care plan (ICP) is coordinated and maintained; and			
	(h)Working with the Administrator and the Medical staff or Medical Director in the allocation of funds for facility programs.			
	This Statute is not met as evidenced by:			
	Based on record review and staff interviews, it was determined that the Director of Nursing failed to ensure that licensed nurses assigned to provide ventilator services were qualified and competent. Additionally, the facility failed to ensure that the licensed practical nurse performed duties consistent with his/her scope of practice; and to ensure a comprehensive assessment was performed by a registered nurse as evidenced by the licensed practical nurse 's documentation of an assessment when a change of condition was observed.			

Health Regulation & Licensing Administration

PRINTED: 10/26/2015 FORM APPROVED Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: B WING HFD02-0024 09/23/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONSTITUTION AVE. NE **BRIDGEPOINT SUB-ACUTE AND REHAB** WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX TAG (X5) COMPLETE DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) L 043 Continued From page 14 L 043 Response to L043 The findings include: 2 Immediately upon notification of this deficiency a review of the competencies confirmed findings. however no adverse event occurred to resident #98. On 9/22-9/26, 10/7, all Registered and Licensed A. Facility staff failed to ensure that licensed nurses Practical Nurses assigned to the 6th floor ventilator assigned to provide ventilator services were unit by Respiratory Department were in-serviced on qualified and competent. ventilator mechanics, to include ventilator settings function and their correlation to respiratory function was performed for all. The scope of practice for RN and LPNs were During the survey period interviews conducted with reviewed with nursing staff, as well as the implications licensed nursing staff assigned to provide ventilator for daily practice. services to residents revealed a lack of knowledge A review of the retrospective review of the medical in the mechanics of ventilation, ventilator function records for all residents on vent weaning protocol was and its correlation to the resident 's respiratory performed by the Resident Care Coordinator. Results status. An example to reflect this determination is of the audit found all residents were in compliance. Continual skills and competency assessment related delineated in the deficient practice statement for to vent management and airway maintenance, as well Resident #98 documented below. as the mechanics of the ventilator has been included in the annual requirements for all nursing staff and A review of personnel records of licensed nursing new hires staff assigned to provide ventilator services lacked Residents on weaning protocol will be entered on 24hour report to ensure communication of residents' evidence that the staff were adequately trained status and order changes. and/or had documented demonstration of Hand-off communication was established between competency in vent management and airway Nursing and Respiratory during shift change to note maintenance. status and progress of residents on weaning protocol. The Nursing Ventilator Flowsheet was revised and nursing instructed on the new format. The RCCs will perform weekly audits of the nursing 11.10.15 On September 22, 2015 at approximately 1:00 PM, ventilator flowsheet to ensure settings reflect a review of 20 personnel records of staff, confirmed respiratory therapy ventilator flowsheet and audit the ongoing by Employee #10, who have taken care of residents 24-hour report to ensure appropriate protocol related requiring ventilator services lacked evidence that to residents' change in condition are followed. Results of the audits will be reported weekly to the they were trained and/or had documented Risk Management Subcommittee for any actions demonstration of competency in ventilator plans/recommendations if deemed necessary. management. The following list of employee personnel records was reviewed:

Registered Nurses Employee #9 Employee #35 Employee #10 A quarterly summary will be reported to the Quality Assurance Committee until 100% is consistently

maintained for three (3) months.

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION COMPLETED A. BUILDING: _

> HFD02-0024 B. WING 09/23/2015

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

700 CONSTITUTION AVE. NE

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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 043	Continued From page 15 Employee #36 Employee #13 Employee #37 Employee #17 Employee #17 Employee #18 Employee #39 Employee #39 Employee #32 Employee #34 Licensed Practical Nurses Employee #44 Employee #44 Employee #45 Employee #45 Employee #45 Employee #46 Con September 22, 2015 at approximately 9:30 AM a face-to-face interview was conducted with Employee #45 Employee #45 Employee #6 [staff development personnel], regarding ventilator management training provided to staff and the corresponding documented competencies. He/she stated, " I have no knowledge of ventilators and I made administration aware of that when I took the job. I know the staff spends one day with a Respiratory Therapist." On September 22, 2015 at approximately 10:00 AM a face-to-face interview was conducted with Employee #9, regarding ventilator management training provided to staff and the corresponding documented competencies. He/she stated, " The nursing staff " shadow " a Respiratory Therapist for one (1) day. I do not have a checklist or competencies for their training. That is the responsibility of the nursing department."	L 043	Refer to page 15 for response	
	stion 9 Licensing Administration			

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PRINTED: 10/26/2015 FORM APPROVED Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: B WING HFD02-0024 09/23/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONSTITUTION AVE. NE **BRIDGEPOINT SUB-ACUTE AND REHAB** WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX TAG (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) L 043 Continued From page 16 L 043 Example of licensed nurse interviews cross Refer to page 15 for response referenced from 483.25 F328: Facility staff failed to ensure that licensed nursing staff assigned to provide ventilator services for Resident #98 were qualified. On September 21, 2015 at approximately 9:30 AM, a review of the admission record revealed that Resident #98 was admitted on July 8, 2015 to the facility with a diagnosis that included Respiratory Failure. The resident was ventilator dependent. Further review of the physician 's orders signed and dated August 26, 2015 revealed an order dated July 8, 2015 for the following ventilator settings: AC [ventilator mode], Rate 10, VT [tidal volume] 500, FIO2 [fraction of inspired oxygen] 30%, PEEP [Positive End Expiratory Pressure] 5. A subsequent order dated August 13, 2015 directed the following, " Initiate ventilator weaning protocol. " On September 21, 2015 at approximately 9:42 AM a review of the 'Ventilator Flow Sheet' completed by Respiratory Therapy revealed that ventilator weaning was in progress, but when the resident was not weaning, the ventilator settings were as follows from September 1, 2015 to September 21, 2015: AC/ Rate 12, VT500 FI02 40% PEEP 5.

ventilator flow sheets.

An observation of the ventilator settings made on September 21, 2015 at approximately 9:40 AM confirmed that the resident was on the settings that were documented on the Respiratory Therapy

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in-service.

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Health Regulation & Licensing Administration

Diabetes Mellitus.

Infarction (AMI), Diabetes Mellitus, Sacral Decubitus

Ulcer, and Sepsis; and subsequently expired on

Atherosclerotic Cardiovascular Disease and

July 17, 2015 with cause of death documented as

plans/recommendations if deemed necessary. A

quarterly summary will be reported to the Quality

Assurance Committee until 100% is consistently

maintained for three (3) months..

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
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	ROVIDER OR SUPPLIER POINT SUB-ACUTE AN	D REHAB 700 CONS	DRESS, CITY, STATE, ZIP CODE STITUTION AVE. NE GTON, DC 20002				
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L 043	Medical record revied Data Set Assessment documented Reside under section C0100 understood". Accord Form for June, 2015 Code with original discording to the meat approximately 5:1 unresponsive by the practical nurse. According to the meat approximately 5:1 unresponsive by the practical nurse. According to the meat approximately 5:1 unresponsive as a renotified right away, contified and he was arrived on time along documentation also vital signs during CF 73/49 millimeter of Nand 66/42 millimeter 133, no respirations documented to indictivital were obtained. Physical assessment resident was found usupervisor documented to the Upon arrival to the uncertain CPR in progress by to the "911 crew" officer was also called evaluation. The Emeatrived at 5:30 AM according to the control of the control	ew revealed Admission Minimum and dated May 28, 2015 Int #132 's Cognition Pattern D- "No Resident is rarely/never ling to the Physician 's Order is, Resident #132 was a Full lated May 20, 2015 as "Yesary Resuscitation)". dical record, on June 17, 2015 5 AM Resident #132 was found in rursing staff, a licensed bording to the nurse 's note AM, the licensed practical tube feeding and found resident lesult "the supervisor was CPR initiated, in-house doctor at the scene, 911 call and they go with the police officers. The revealed Resident #132 had PR as follows: blood pressure Mercury, and [heart rate] observed. There was no time late the specifics of when the The medical record any further to by the nursing staff after the lunresponsive. The nursing staff after the lunresponsive. The nursing staff after the lent being unresponsive. "Init, The nursing supervisor met nursing staff. A call was placed at 5:20 AM and the House and took over CPR. Resident worted by Emergency Medical	L 043	Refer to page 19 for respons	Se		

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PRINTED: 10/26/2015 FORM APPROVED Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: B WING HFD02-0024 09/23/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONSTITUTION AVE. NE **BRIDGEPOINT SUB-ACUTE AND REHAB** WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX TAG (X5) COMPLETE DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) L 043 Continued From page 20 L 043 to " asystole (indicates the heart has stopped beat and there is no electrical activity in the heart) status Refer to page 19 for response On June 17, 2015 at 6:30 AM the respiratory therapy staff documented an SBAR (Situation, Background, Assessment, and Response) note which stated a "Rapid Response" (emergency plan to initiate additional resources for a change in condition) was called at 5:15 AM for " trach [tracheostomy] pt. (patient) " that was found unresponsive by nurse with no pulse and CPR was " activated " and patient was subsequently pronounced dead " at 5:35 AM. On June 17, 2015 at 5:40 PM, the Employee #23 documented the details of the incident at follows: ' Code blue was called after patient was found unresponsive and pulseless. The patient has tracheostomy, chest compressions, was started and Ambu (manual resuscitator device used to provide ventilation to patient who are not breathing adequately) bagged the patient. The patient did not gain pulse the pulse, the pupils were fixed dilated. The 911 was called. Tried to secure the IV (intravenous) line; however, Rigor Mortis (is a sign of death when the muscles become stiff after death usually occurring two (2) to six (6) hours following death); the compression stopped. " The patient was noted to be asystole once AED (Automatic External Defibrillator device that diagnoses life-threatening cardiac arrhythmias) pads were placed. A face to face conversation was held with the Employees #2 and 3 relative to the findings on

September 17, 2015 at approximately 2:20 PM regarding the findings relative to incident preceding the death of Resident #132. Consequently, the

administrator arranged for the

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cardiac activity.

mortis". The physician did not perform a physical assessment. He was unable to recall if an AED was brought to scene or utilized to determine electrical

September 18, 2015 at approximately 10:05 AM, a

face to face interview was conducted with

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Health Regulation & Licensing Administration

following:

L 051 3210.4 Nursing Facilities

A charge nurse shall be responsible for the

L 051

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NUMBER:	A. BUILDING: _		COMP		
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NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	ATE, ZIP CODE			
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L 051	Continued From pag	ge 23	L 051				
	(a)Making daily residual	dent visits to assess physical s and implementing any					
		ation records for completeness, scription of physician orders, stop-order policies;					
		nts' plans of care for nd approaches, and revising					
		nsibility to the nursing staff for ng care of specific residents;					
	(e)Supervising and employee on the un	evaluating each nursing it; 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:						
	four (4) of 55 sample that the charge nurs when two (2) ventila demonstrated a com and two (2) resider	review and staff interview for ed residents it was determined se failed to notify the physician attor dependent residents who appromise in respiratory function at experienced a weight loss that ercent in 30 days. Residents' 46, #5.		Refer to page 25 for r	esponse		
	The findings include): :					
	The facility 's policy entitled, "Ventilator Weaning Protocol," dated revised: June 17, 2015, stipulated; "1. Purpose: To provide						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

HFD02-0024

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

(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) COMPLETI DATE
L 051	Continued From page 24 protocols for the management and weaning of ventilator support. Policy: Protocol will be applied per physician 's written order of "Wean per protocol." Page 8 In the event of acute exacerbation of the patient 's pulmonary condition during vent management or weaning the therapist will immediately notify the pulmonary physician and take appropriate steps to treat the symptoms." 1.The charge nurse failed to notify the physician when Resident #145 as ventilator dependent resident demonstrated a compromise in respiratory function. Resident #145 was admitted on August 25, 2015. According to the admitting history and physical examination signed by the physician August 25, 2015, Resident #145 's diagnoses included Chronic Respiratory Failure, Status Post Tracheotomy-Continue on [Ventilator], Quadriplegia [secondary] to cervical spine injury, Non-Ischemic Cardiomyopathy, Congestive Heart Failure, Major Depression with Anxiety and Diabetes Mellitus Type II. Res #145 complained of shortness of breath (SOB), refused C-PAP treatments secondary to SOB and exhibited signs of a change in mental status. The clinical record lacked evidence that nursing staff identified, acted on, comprehensively assessed and intensively monitored the resident when he/she demonstrated a change in status as evidenced by the following: Resident #145 complained of SOB and refused C-PAP treatments as follows:	L 051	Response to L051, #1, Resident #145, #5 1. Immediately upon notification of this deficiency, the medical records for resident #145 and #5 to verify findings. On 9/16/15, 1:1 education of the Respiratory staff involved was held on the timeliness of completing respiratory orders and enhance accountability. 2. Nursing conducted a retrospective review of the 24-hr report for indications of status change, cross-referencing the medical record to ensure the physician was notified of any change in the resident's condition. The audit results found all medical records in compliance. Respiratory Therapist conducted medical record audits to identify new/changed orders and indications of missed orders. Those found out of compliance were addressed with the attending physician. 3. The clinical nursing staff were educated 9/22-9/26, 10/7 and ongoing by the Respiratory Department on the weaning protocol and related comprehensive assessment and interventions. The Director of Nursing (DON) re-educated the nursing staff on 10/7/2015 and is ongoing regarding the change in resident condition process related to assessment and interventions, highlighting the importance of physician notification. The communication binder will be created to maintain a record of notification, to include date/time/interventions (if applicable) The Respiratory staff were re-educated on 9/25/2015 related to the timeliness of completing physician orders, notification to physician, and the use of the communication binder	

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			
HFD02-0024		B. WING		09/2	3/2015	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
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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 CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	D BE COMPLETE	
L 051	Continued From page 25		L 051	Response to L051, #1, Resident #145, #5 (cont'd)		
L 051	Ø August 29, 2018 Patient refused CPA (assist control) due (shortness of breath) Ø August 30, 2018 Special Procedures Attempt to wean. Pt [Patient] keep comp (shortness of breath) (Assist Control) mod Resident #145 demonstatus as follows: Ø Psychiatric consunct indicated) "ur pt [patient] not responsimuli but not easily resident [Alert and Oplace), but just rece Ø Respiratory the August 31, 2015 7A remains on A/C mod patient being less and There was no evide comprehensive asse exhibited a change is complained of short treatments. The recommunicated to the psychiatric consult] responsive due to "review of the Medical"	5-7PM-7AM- Shift Report "AP trails last nightback on AC to patient complaining of SOB b) 5-7AM-7PM- S- Shift Report Done [and] Time Performed: [Patient] on CPAP trial. (complaining) of SOB b), anxious. Placed back on AC de to rest. onstrated change in mental sultation August 31, 2015 (hour nable to assess [secondary to] onding responding to painful or arousableStaff reports oriented x3- (time, person and ived pain medications " rapy entry [shift report] dated M-7PM read: "patient de, no active weaning due to rousable in PM. " nce that nursing staff conducted essments when Resident #145 in the level of arousal, ness of breath and refused ord revealed that nursing staff e mental health practitioner that the resident was not pain medication. " However, a action Administration Record	L 051	Response to L051, #1, Resident #145, #5 (con 3. Residents on weaning protocol will be enter 24 hour report to ensure notification of resistatus and order changes are communicate shift. Hand-off communication was established by Nursing and Respiratory during shift changs status and progress of residents on weaning protocol. 4. The Resident Care Coordinator (RCC) will poweekly audits of the 24 hour report to ensus appropriate protocol related to residents' cloondition are followed per policy. Results of the audits will be reported weekly Risk Management Subcommittee for three months. A quarterly summary of the audits reported to the Quality Assurance Committee (3) months. The Respiratory Department will conduct in audits to respiratory orders. A monthly sum the audits will be reported to the Quality As Committee until 100% compliance is democonsistently for three (3) months.	red on the dents' ed across between e to note ag erform re nange in will be ee until ently for nonthly imary of surance	11.10.15
		enol 500mg 2 caplets were the 7AM - 3PM shift on August of				

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HFD02-0024	B. WING		09/23/2015
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, ST.		·
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(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLETE
L 051	Continued From pag	ge 26	L 051		
		ions of Tylenol lacked evidend stained an alteration in mental al].	ce		
	An in-depth review of follows:	of the clinical record is as			
		n 's Orders dated August 25, vas not limited to the following	:		
	Rate- 15, TV (Tidal \	r Settings: AC (Assist/Control, Volume)- 500, PEEP (Positive sure), FIO2 - 45% (Fraction of		Refer to page 25 for respon	nse
	vial neb (nebulization PRN (as needed) for Duo Neb order was	lators) 2.5mg/3ml (millimeter)- n treatment) [every] 6 hours r bronchospasms, Note: The modified on August 25, 2015 ery 4 hours " [instead of every	or		
	Tylenol 500mg 2 cap wound care for pain	olets via peg 30 minutes prior	to		
		ssant) 25 mg (milligram) - 1 ostomy tube) BID (twice a day)		
	Prozac 20 mg 1 cap	sule daily for Depression			
	medication) 10mg vi (three times a day) f	ssor/Antihypotensive ia GT (Gastrostomy Tube) TID or hypotension. Hold for SBP sure) > (greater) 120, DBP sure) > 80			
	Pulmonary Consult a	and Psychiatry consult			

Health Regulation & Licensing Administration STATE FORM

PRINTED: 10/26/2015 FORM APPROVED Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: B WING HFD02-0024 09/23/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONSTITUTION AVE. NE **BRIDGEPOINT SUB-ACUTE AND REHAB** WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX TAG (X5) COMPLETE DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) L 051 Continued From page 27 L 051 An Interim physician 's order dated August 31, 2015 read: August 31, 2015- 2059 (8:59PM) - Please transfer patient to nearest ER via 911 re: Acute AMS (Altered Mental Status), tachycardia and hypotension. " Physician 's Notes: " August 25, 2015- 3:17 PM- Pulmonary Consult: ... Refer to page 25 for response Awake, alert, appears anxious. Vitals: Chestcrackles [positive] bilaterally, vent settings: VT-500, AC-15, P [Peep] - 5, FIO2-45%, Impression: Chronic Respiratory Failure. PT (Patient) on venttolerates CPAP (Continuous Positive Airway Pressure) trials intermittently. Continue trials as tolerated. [He/she] remains very anxious ... Titrate O2 (oxygen) to sats (saturations) > (greater than or equal to) 92%. August 25, 2015-1545 (3:45PM) -Attending/Admission Note: cc: (chief complaint) -Chronic Respiratory Failure Assessment/Plan: -Chronic Respiratory Failure- continue on vent at current settings, continue vent weaning trials, Pulmonary input appreciated ... Depression-Continue Prozac (Anti-depressant). August 28, 2015 - 1520 (3:20 PM) - Attending Note; cc: chronic respiratory failure. Voiced [no] complaints this afternoon. [Vital Signs Stable]- T-98, Pulse-74, Respirations-18, B/P (Blood Pressure) - 132/82. Assessment/Plan: Chronic Respiratory

Prozac.

Failure- Continue on vent, wean as possible, suction PRN (as needed), Depression- Continue on

August 31, 2015- 2103 (9:03 PM) - Hospitalist

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Nursing Notes:

week to reassess mood/and anxiety. "

August 28, 2015 3:13 PM - " ... V/S [vital signs]:

PRINTED: 10/26/2015 FORM APPROVED Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: B WING HFD02-0024 09/23/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONSTITUTION AVE. NE **BRIDGEPOINT SUB-ACUTE AND REHAB** WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX TAG (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) L 051 Continued From page 29 L 051 Refer to page 25 for response [b/p-blood pressure] 108/58; [P-pulse] 99; [R-respirations] 18 ... " August 29, 2015 3:00 AM - " ...[b/p] 116/62; [P] 78, [R] 20 ... ' August 31, 2015- 12:35 PM - Resident remain alert and responsive. Vent dependent AC mode for respiratory support. Suction PRN (as needed) ...V/S- [Blood Pressure] - 134/74, 98.9 [Temperature]-, 74, 100 [no respirations documented, two (2) different heart rates]... (Situation-Background-Assessment-Recommendati on) /Acute Change in Condition Report: Situation-Date: 8/31/15, Time: 9:39 PM ... low B/P-77/53, P-153, R-24, lethargy [and] gasping for breath, although on vent. Background: Respiratory Failure, Temp: 98.6, B/P-77/53, RESP: 24, Pulse: 153, Lung sounds: Crackles, Pulse ox: 93% ventilator ... Resident was noted [with] [decreased] B/P 77/53, elevated pulse rate. House officer notified who ordered to transport resident to [hospital] for further evaluation and treatment. " A review of the facility 's Ventilator Policy/Protocol The facility 's Ventilator Management and Nursing Care Respiratory Protocol [no date indicated] stipulates: " Modes of Ventilation- Assist-Control Ventilation (A/C): A/C delivers the preset volume or

pressure in response to the patient 's own inspiratory effort, but will initiate the breath if the patient does not do within the set amount of time. This means that any inspiratory attempt by the patient triggers a ventilator breath. The patient may

need to be sedated to limit the

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treatments (prescribed every 4 hours) were administered between 4:48 PM (last noted dose administered during the 7AM-7PM shift) and 11:59 PM on August 30th. The record revealed that the next dose was given at 12 Midnight on 8/31/15 [nearly 7 hours after the preceding dosage].

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Heart Rate-87

continue to monitor.

Set/Total " on the A/C mode:

pale secretions, BS (breath sounds) cleared, R- Will

Ventilator Flow Sheet revealed the following "Rate

0130 (1:30 AM) - 15/34 - [Oxygen] Saturation- 97%,

0425 (4:30 AM) - 15/33 - [Oxygen] Saturation-

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUF

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
		HFD02-0024	B. WING		09/2	3/2015
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
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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 051	Heart Rate-87 1230 (12:30 PM) - 1 and Heart Rate doct 5:00 PM - 15/29 - [C 2045 (8:45 PM) - 15 Rate- 158. " [defined: 15/34 - " 1 respiratory rate and breaths] A review of the nebuladministration record 6th dosage [prescribt [scheduled for admin PM on August 30th explanation. However, and the state of the same of the state of	/32 - [Oxygen] Saturation-98%, 5/33 - No Oxygen Saturation umented in the allotted space. 0xygen] - 98%, Heart Rate-80 /23, Saturation 96%, Heart 5 " reflects ventilator preset " 34 " reflects - resident ulization treatment d for August 30th revealed the ned every 4 hours] of Duoneb nistration at approximately 8:45] was omitted without er, the respiratory therapy " 'PM] notes reveal the resident ness of breath. acked evidence that the ed regarding the resident 's shortness of breath, refusing missed Duoneb treatment from (7PM-7AM) to August 31, 2015 view was conducted with coming team member) of at approximately 2:00 PM aforementioned concerns. The off-going team member, who ent was calling all night and that #14 further stated the off-going rse was in and out of the	L 051	Refer to page 25 for response		

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29. 2015. The

when the resident 's mental status changed, complained of having shortness of breath, and difficulty breathing. Nursing assessments failed to depict the resident being anxious, restless and having difficulty breathing. The physician was not notified when the resident complained of shortness of breath, which was first documented on August

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retaken the next day for

one week thereafter. If no weight concerns are

noted at this point, weights will be measured monthly thereafter ...3. Any weight change of 5% or more since the last weight assessment will be

compliance is demonstrated for a minimum of

three (3) months...

PRINTED: 10/26/2015 FORM APPROVED Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B WING HFD02-0024 09/23/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONSTITUTION AVE. NE **BRIDGEPOINT SUB-ACUTE AND REHAB** WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX TAG (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) L 051 Continued From page 35 L 051 Refer to page 35 for response confirmation. If the weight is verified, nursing will immediately notify the Dietician in writing ... Analysis 1. Assessment information shall be analyzed by the multidisciplinary team and conclusions ... 2. The Physician and the multidisciplinary team will identify conditions and medications that may be causing anorexia, weight loss or increasing the risk of weight... " Resident #64 was admitted on May 4, 2015 with diagnoses to include Sacral decubitus ulcer, Urinary Retention, Hypertension, Lymphedema Bilateral Lower Extremities, and Bilateral Lower Extremity Venous Stasis, and "Chief Complaint: Nutritional Deficient with deconditioning " as documented on the History and Physical dated May 4, 2015. Resident underwent a Percutaneous Endoscopic Gastrostomy on May 8, 2015 for Dysphagia and poor oral intake. Medical record review conducted on September 16, 2015 at 10:00 AM revealed the following documented weights: May 11, 2015- 186.8 pounds; May, 2015 (date of month unknown) - 177 pounds; June, 2015- 163 pounds; July, 2015- 150 pounds; and August, 2015- 141 pounds. Review of the Nurse 's Notes and Physician 's Progress Notes from June 22, 2015 through September 1, 2015 revealed the medical staff documented notification of significant weight loss on

6899

May and August 20, 2015.

August 20, 2015. The medical record lacked documented evidence that the medical staff was notified of the weight loss documented between

Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: B WING HFD02-0024 09/23/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONSTITUTION AVE. NE **BRIDGEPOINT SUB-ACUTE AND REHAB** WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX TAG (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) L 051 Continued From page 36 L 051 A face-to-face interview conducted with Employee Refer to page 35 for response #27 at 10:38 AM on September 16, 2015 revealed that Resident #64 was admitted as "obese". According to Employee #27, after it was determined the resident was not eating; the plan was changed to adjust the tube feeding because of volume intolerance and oral intake. When queried about labs, he/she stated the labs were not available and it was assumed the albumin was low because of the sacral wound and weight loss. Juven was started for 2 weeks and then changed to Beneprotein. The resident plan of care was discussed with the nurse manager at the time. S/he was unable to provide any further insight related to physician notification. Although the dietician continued to make adjustment to the tube feeding order and the physician authenticated the order as evidence by a signature. The medical record lacked documented the physician was notified of the weight loss until August 20, 2015 when at the time the resident had loss approximately 45.2 pounds since original weight of 186.8 pounds on May 11, 2015. The findings were discussed, reviewed and acknowledged by Employee # 11. The clinical record was reviewed on September 16, 2015. 3. The charge nurse failed to notify the attending physician in regards to a weight loss as evidence by more than a 25% [percent] weight loss in 30 days for Resident #6.

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weight change in April when first identified.

(etiology) dysphagia and missing teeth; (signs/symptoms) SLP [Speech Language

A Quarterly Nutrition Review conducted dated May 19, 2015 revealed, "Swallowing /chewing difficulty;

Quarterly Nutrition Notes:

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...Plan: ADL [Activities of

seen, reviewed labs and meds. "S" [none] "O" observation: [unclear writing] alert, disoriented, built small and frail, wt 88 pounds, A/P severe Dementia

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a reweight. Employee #26 acknowledged

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and Ventilator.

Section I (Active Diagnoses) included:

directed; "Vent [Ventilator] Settings: AC

Hypertension, Tracheostomy, Respiratory Failure,

According to physician 's orders dated May 9, 2015

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BRIDGEPOINT SUB-ACUTE AND REHAB 700 CONSTITUTION AVE. NE WASHINGTON, DC 20002						
(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 051	Continued From page 41 (Assist Control) Mode- Rate-10, VT- 400 [Tidal	L 051	Refer to page 25 for response			
	Volume]- FIO2 [Fraction Inspired Oxygen]- 40%					
	Physician 's Progress Notes:					
	Pulmonary Note - June 1, 2015 at 1:45 PM revealed "Patient [resident] remains on vent. Responds to stimuli, no purposeful movements. Vent settings AC [mode of Assist Control] 10, VT [tidal volume] 500, PEEP [positive expiratory end pressure] +5, Fi02 [room air] 40%. Exam: vitals 104/72, P 69, R 18, T 97.9; CTA-[clear to auscultation bilaterally no wheezes; CVS [cardiovascular] no murmurs; Abd [abdomen] + [positive] bs [bowel sounds]; Ext [extremities] no edemaA/P Assessment/Plan (1) chronic Respiratory Failure; (2) Encephalopathy secondary CVA [Cerebral Vascular Accident] - Continue on vent support - no weaning - supportive care. "					
	MD [Medical Doctor] Acute Note - June 2, 2015 at 08:50 AM revealed "Responding to "Rapid Response." Patient [Resident] identified with tachycardia with HR [140], SBP [systolic blood pressure 110, RR [respiratory rate] 20s-30s; SAT [Saturation] 96%, 100% Fi02 with ambu bagging. Emesis, tube feeding witnessed; lung (+) Rhonchi, R [right] CTA [clear to auscultation] left. CVS: tachycardiaABD: distendedhypo [hypoactive] bowel sounds; ENT [Ear, Nose, Throat] edema BUE [bilateral upper extremities], R [right] > [greater than] L [left]. Warm extremities; A/P [Assessment/Plan]: Respiratory Distress, R/O aspiration/sepsis. Will send to ER [Emergency Room] v [by] 911."					

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May 31, 2015 6:30 PM - " Resident is alert and responsive due medications given as ordered. No abnormal findings noted. Vs T 98.2, P 86 R 20, BP 133/78. Pulse Ox 96%. Will continue to monitor. "

June 1, 2015 4:00 PM - "Resident is alert and responsive PM care given. Vs T 98.6, P 87, R 20, BP 130/77 Pulse OX 98%. Turned and repositioned, due meds give. "

June 2, 2015 5:00 AM - " Resident is alert. On vent [ventilator] dependent for support. Trach [tracheostomy] and suction care provided. Total care with ADL [Activities of Daily Living]. Enteral Feeding in progress. Peg [percutaneous endoscopic gastrostomy] tube patent and flushed well. Will monitor. Vs [BP] 131/72, [P] 76, [R] 18, [T] 98.3.

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Mode: AC Fi02: 40% PEEP 5

Saturation: 98% Heart Rate: 121

Date: June 2, 2015 Time: 08:20 [8:20 AM]

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tachycardia (increased heart rate), which was first documented on June 2, 2015 at 3:45 AM to be 121. The resident 's condition declined as evidenced by increased tachycardia (HR elevated to 129). A rapid

response was called and resident

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2015.

was ventilator dependent and first experienced an increase in heart rate and was subsequently sent

The clinical record was reviewed on September 21,

out 911 [Emergency Services].

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resident 's visual function.

Visual Function care area triggered and Care

planning decision was checked indicating that the

A review of the comprehensive care plans updated

care area would be addressed in the care plan.

August 15, 2015 lacked evidence of problem identification, goals and approaches to manage the

during care planning meetings. A monthly

months...

summary of the audit results will be reported

to Quality Assurance Committee. Auditing will continue until 100% compliance is demonstrated for a minimum of three (3)

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Review of the care plan dated May 6, 2015 through September 6, 2015 listed Pressure Ulcer: Sacral Stage IV with potential for delay healing due to

multiple contributors as a problem. An

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FORM APPROVED Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: B WING HFD02-0024 09/23/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONSTITUTION AVE. NE **BRIDGEPOINT SUB-ACUTE AND REHAB** WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX TAG (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) L 051 Continued From page 48 L 051 entry dated May 6, 2015 stated the goal as: " Ulcer Refer to page 47 for response will be healed without complication; Ulcer will be clean and free of odor " . Nursing interventions to this problem include " Wound status: size of wound: measurements of depth and width, skin color, surrounding skin tissue assessment weekly, complaints of pain, effectiveness of pain medication per MD order; Apply medicated ointment per MD order; Apply dressing per MD order (space for order specific is blank); keep Dietary informed of wound status: Freq: PRN; Notify physician of wound status of change in or deterioration in status of wound; and Air mattress to promote wound healing ". The sections for Dietary, Social Services, and Activities intervention were blank with no interventions indicated. Nurse 's notes and Nutrition Risk Assessment dated May 5, 2015 documented the presence of a 16 X 18 X 3 centimeter Stage 4 pressure ulcer on sacrum. The presence ulcer was documented as present on admission May 4, 2015. The most recent wound assessment was documented as 15 X 16 X 3.5 centimeters on August 31, 2015 with the narrative: 08/31/15 unable to assess Resident. {She} said she is sick, pain though pain med has been given & N/V (and nausea and vomiting). Nurse aware ". The care plan did not include information on individualized interventions, or changes to plan of care to promote healing of pressure, and/or measurable goals for present on admission pressure ulcer to sacrum. The charge nurse failed to develop a care plan with measureable goals and/or interventions to promote healing for Resident #64.

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Resident #122 on September 21, 2015 at approximately 11:00 AM. The resident indicated that he/she wears glasses, and that the glasses were on the dresser, however I prefer different

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white colored

monitor the status of one (1) who exhibited an acute change in status as manifested by low blood pressure, increased respirations and tachycardia; to

perform an accurate assessment for one (1) resident who experience a documented change in condition; to consistently assess and monitor one (1) resident who was ventilator dependent and experienced tachycardia; assess and identify the need for one (1) resident who had accumulated

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intensively

refused C-PAP treatments secondary to SOB and exhibited signs of a change in mental status. The clinical record lacked evidence that nursing staff identified, acted on, comprehensively assessed and

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L 051	Continued From pag	je 52	L 051	Response to L051, Resident #145, 37, 5, 6		
	monitored the reside change in status as Resident #145 comp C-PAP treatments a Ø August 29, 2015 Patient refused CPA (assist control) due to (shortness of breath) Ø August 30, 2015 Special Procedures Attempt to wean. Pt [Patient] keep comp (shortness of breath) (Assist Control) mod Resident #145 demonstatus as follows: Ø Psychiatric consonot indicated) "ur pt [patient] not responsitional indicated) place), but just received Ø Respiratory ther August 31, 2015 7Al remains on A/C mod patient being less ar There was no evider conducted comprehe Resident #145 exhibations and complained	ent when he/she demonstrated a evidenced by the following: blained of SOB and refused is follows: 5-7PM-7AM- Shift Report " P trails last nightback on AC is patient complaining of SOB 5-7AM-7PM- S- Shift Report Done [and] Time Performed: [Patient] on CPAP trial. (complaining) of SOB), anxious. Placed back on AC is to rest. In the performed is the performed is the performed is the performed in the performed is the performed in the performed is the performed in the performed in the performed is the performed in the performed in the performed is the performed in the per		 Immediately upon notification of this deficiency, the medical records for n #145 and #5 ws reviewed to verify fi On 9/16/15, 1:1 education of the Re staff involved was held on the timelic completing respiratory orders. Nursing conducted a retrospective of the 24-hr report for indications of stachange, cross-referencing the medic to ensure the physician is notified of change in the resident's condition. Tresults found all medical records in compliance. Respiratory Therapist conducted me record audits to identify new/change and indications of missed orders. Thout of compliance were addressed vattending physician. The clinical nursing staff were educa 9/26, 10/7 and ongoing by the Resp Department on the weaning protocorelated comprehensive assessment interventions. The Director of Nursing (DON) re-educed the nursing staff on 10/7/2015 and cregarding the change in resident corprocess related to assessment and interventions, highlighting the import physician notification. The communibinder will be created to maintain a notification, to include date/time/inte (if applicable) The Respiratory staff were re-educa 9/25/2015 related to the recognition changes in resident's status, notifica physician and timeliness of completing physician orders 	esident ndings. spiratory ness of eview of tus all record any he audit edical d orders cose found with the exted 9/22-iratory and and and external edical distribution external edical e	
	refused treatments.	i ne record revealed that				

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L 051	Continued From pag	ge 53	L 051	Response to L051, Resident #145, 37, 5, 6		
	nursing staff communicationer [psychia was not responsive However, a review of Record [MAR] reveausere administered of August 31, 2015. A administrations of Tresident sustained at [lack of arousal]. An in-depth review of follows: A review of Physicia 2015 included, but we verified the verified of th	unicated to the mental health stric consult] that the resident due to "pain medication." of the Medication Administration aled Tylenol 500mg 2 caplets during the 7AM - 3PM shift on review of previous ylenol lacked evidence that the an alteration in mental status of the clinical record is as an 's Orders dated August 25, was not limited to the following: r Settings: AC (Assist/Control, Volume)- 500, PEEP (Positive issure), FIO2 - 45% (Fraction of lators) 2.5mg/3ml (millimeter)- 1 on treatment) [every] 6 hours or bronchospasms, Note: The modified on August 25, 2015 for ery 4 hours " [instead of every 6] plets via peg 30 minutes prior to		3. Residents on weaning protocol will be ent the 24 hour report to ensure notification or residents' status and order changes are communicated across shift. Hand-off communication was established Nursing and Respiratory during shift charnote status and progress of residents on protocol. 4. The Resident Care Coordinator (RCC) will weekly audits of the 24 hour report to ensappropriate protocol related to residents' condition are followed per policy. Results of the audits will be reported wee Risk Management Subcommittee for thremonths. A quarterly summary of the audit reported to the Quality Assurance Comm 100% compliance is demonstrated consist three(3) months. The Respiratory Department will conduct audits to respiratory orders. A monthly suthe audits will be reported to the Quality A Committee until 100% compliance is demonsistently for three (3) months.	of between age to weaning liperform sure change in lekly to the e (3) ts will be ittee until stently for monthly immary of Assurance	11.10.15

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6899

Physician 's Notes:

2015 read:

hypotension. "

" August 25, 2015- 3:17 PM- Pulmonary Consult: ... Awake, alert, appears anxious. Vitals: Chestcrackles [positive] bilaterally, vent settings: VT-500, AC-15, P [Peep] - 5, FIO2-45%, Impression: Chronic Respiratory Failure. PT (Patient) on venttolerates CPAP (Continuous Positive Airway Pressure) trials intermittently. Continue trials as tolerated. [He/she] remains very anxious ... Titrate O2 (oxygen) to sats (saturations) > (greater than or equal to) 92%.

(three times a day) for hypotension. Hold for SBP (Systolic blood pressure) > (greater) 120, DBP

Pulmonary Consult and Psychiatry consult

An Interim physician 's order dated August 31,

August 31, 2015- 2059 (8:59PM) - Please transfer patient to nearest ER via 911 re: Acute AMS (Altered Mental Status), tachycardia and

(diastolic blood pressure) > 80....

August 25, 2015-1545 (3:45PM) -Attending/Admission Note: cc: (chief complaint) -Chronic Respiratory Failure Assessment/Plan: -Chronic Respiratory Failure- continue on vent at current settings, continue vent weaning trials, Pulmonary input appreciated ... Depression-Continue Prozac (Anti-depressant).

August 28, 2015 - 1520 (3:20 PM) - Attending Note; cc: chronic respiratory failure. Voiced [no] complaints this afternoon. [Vital Signs Stable]- T-

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staff. Plans: Monitor for safety and fall

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A review of the facility 's Ventilator Policy/Protocol

The facility 's Ventilator Management and Nursing Care Respiratory Protocol [no date indicated]

stipulates: " Modes of Ventilation-

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needed. There was no

[Patient] is on AC 15, 500, 45%, +5, B-Respiratory Failure, A- [Patient] is on AC. Stable O2 Sat 98%, HR-78%, RR-20. No sign of distress, R- We will continue monitoring [patient] and [symptoms] as

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[Patient] keep comp (complaining) of SOB (shortness of breath), anxious. Placed back on AC (Assist Control) mode to rest. Physician Order: Albuterol 2.5mg and Atrovent .5mg - q 4 (every 4 hours). Treatments were documented as being administered at 0020 (12:20 AM), 0410 (4:10 AM), 0800 (8:50 AM), 1310 (1:10 PM), and 16:48 (4:48PM). " The next Duoneb treatment was recorded as being administered on 8/31/15 (12MN), approximately 7 hours later.

August 31, 2015-7PM-7AM- S-[Patient] is on AC 15/[Tidal Volume]-500, [Fractioned of Inspired Oxygen-45%, [Peep]-5, B- Respiratory Failure, A-Pt stable throughout shift- Sat-98%. HR-79, RR (Respiratory Rate) -21. Pt complains of "being unable to breathe " but in no apparent distress. Continue to monitor for changes.

August 31, 2015- 7AM-7PM- S- Pt remains on AC mode. [No] active weaning [due] to pt being less arousable in PM. B- Respiratory failure, A- Alert [male/female], HR-84- RR-25, Sat-98%, small thin pale secretions, BS (breath sounds) cleared, R- Will continue to monitor.

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L 051	Continued From pag	ge 59	L 051	Refer to page 53 for response		
	Ventilator Flow Shee Set/Total " on the A	et revealed the following "Rate /C mode:				
	Heart Rate- 87	/34 - [Oxygen] Saturation- 97%,				
	Heart Rate-93	/33 - [Oxygen] Saturation- 98%, /32 - [Oxygen] Saturation-98%,				
	Heart Rate-87 1230 (12:30 PM) - 15/33 - No Oxygen Saturation and Heart Rate documented in the allotted space.					
	5:00 PM - 15/29 - [C	oxygen] - 98%, Heart Rate-80 /23, Saturation 96%, Heart				
		5 " reflects ventilator preset " 34 " reflects - resident				
	6th dosage [prescrib [scheduled for admir PM on August 30th explanation. However shift notes " [7AM-7 complained of shorts The clinical record la physician was notified complaint of having CPAP trials and the	d for August 30th revealed the bed every 4 hours] of Duoneb histration at approximately 8:45] was omitted without er, the respiratory therapy "PM] notes reveal the resident				
	A face-to-face interv Employee #14 (on-c September 18, 2015	riew was conducted with coming team member) at approximately 2:00 PM aforementioned concerns.				

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PRINTED: 10/26/2015 FORM APPROVED Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B WING HFD02-0024 09/23/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONSTITUTION AVE. NE **BRIDGEPOINT SUB-ACUTE AND REHAB** WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX TAG (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) L 051 Continued From page 60 L 051 Refer to page 53 for response He/she stated that the off-going team member, who stated that the resident was calling all night and that [he/she]. Employee #14 further stated the off-going therapist and the nurse was in and out of the resident 's room all night; and the resident had the call bell you blow into. Employee #14 acknowledged the physician should have been informed of the resident 's missed duoneb treatment, restlessness and the complaint of having shortness of breath and refusing to use the CPAP on August 29, 2015. A follow-up interview was conducted with Employee#14 on September 18, 2015 at approximately 3:00 PM regarding the missed Duoneb treatment on August 30, 2015. He/she stated there was only one (1) respiratory therapist on 8/30/15 (7PM-7AM) shift. There were 12 residents on ventilators, 15 residents who had tracheostomies, four (4) residents requiring BIPAP (Bi-level Positive Airway Pressure), 2 (two) residents requiring Hi-Flow, 55 [nebulization] treatments and four (4) residents weaning from ventilators. A review of the respiratory therapist assignment sheet dated August 30, 2015 revealed one respiratory therapist on for the 7PM-7AM shift. Also, the Respiratory Therapist was assigned a Registered Nurse orientee (for orientation to ventilator). A review of the nursing assignment for

August 30, 2015 revealed four (4) Licensed Practical Nurses (LPNs) were on duty for the 6th floor from 7:00 AM-3:30PM shift to manage residents receiving ventilator services.

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2. The charge nurse failed to perform an accurate

assessment for Resident #37 that experience a

Refer to page 53 for response

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		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
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L 051	Continued From page	ne 62	L 051			
2 00 1				Refer to page 53 for response		
	documented change	e in condition.				
	Posidont #37 was a	dmitted on July 22, 2015 with				
		e Chronic Respiratory Failure,				
		ease, and Sacral Decubitus.				
		ew was conducted on				
	•	5 at 9:40 AM. The review of				
		ed inconsistencies in the dent #37 status on September				
		1 as it relates to entries				
		dical staff, nursing staff, and				
		e inconsistencies are as follows:				
		Progress note from September				
		I revealed the Attending				
		ested by the nursing staff to nt with changes in mental status,				
		poxia. According to the medical				
		e resident was noted to have a				
		ats per minute, blood pressure				
	of 125/56 millimeter	of Mercury.				
	. The nursing	g staff documented an ' Acute				
		Report ' dated September 18,				
		condary to resident with				
		eart rate of 166 beats per minute				
		on of 81% while on the				
	ventilator with FiO2	of 40%.				
	· Review of t	he Ventilator Flow Sheet dated				
		5 revealed the respiratory				
	therapy staff docum	ented pre- treatment				
		PM which indicated the heart				
		ninute, respiratory rate- 19				
	breaths per minute,	and				
			I .	İ		

PRINTED: 10/26/2015 FORM APPROVED Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: B WING HFD02-0024 09/23/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONSTITUTION AVE. NE **BRIDGEPOINT SUB-ACUTE AND REHAB** WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX TAG (X5) COMPLETE DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) L 051 Continued From page 63 L 051 oxygen saturation- 98 percent; and post-treatment assessment at 5:15 PM indicating heart rate was 90 beats per minute, respiratory rate 16 breaths per minute and oxygen saturation of 98%. Although the medical and nursing staff assessed Resident #37 to have experienced a change in

condition to include elevated heart rate, increased respirations, and decreased oxygen saturation, the respiratory therapy staff documented an assessment with the heart rate, respiratory, and oxygen saturation consistent with Resident #37 's baseline physical assessments. Resident #37 was subsequently transferred via Emergency Medical Services to a local emergency department.

A face to face interview was conducted with Employee #31 on September 21, 2015 at approximately3:30 PM. S/he confirmed that the respiratory assessment was inconsistent with the change of condition at the time of assessment. The findings were reviewed, discussed, and acknowledged.

3. The charge nurse failed to consistently assess and monitor Resident #5 who was ventilator dependent and experienced an increase in heart rate and was subsequently sent out 911 [Emergency Services].

A review of Resident #5 's quarterly MDS (Minimum Data Set) with an Assessment Reference Date (ARD) of April 22, 2015 revealed

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Refer to page 53 for response

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVE COMPLETED	·Υ	
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L 051	Hypertension, Trach and Ventilator. According to physici directed; " Vent [Ve	in I (Active Diagnoses) included: neostomy, Respiratory Failure, dian 's orders dated May 9, 2015 entilator] Settings: AC (Assist e-10, VT- 400 [Tidal Volume]- red Oxygen]- 40%	L 051	Refer to page 53 for respon	Se	
	"Patient [resident] restimuli, no purposefu AC [mode of Assist 6 500, PEEP [positive Fi02 [room air] 40%. 18, T 97.9; CTA-[cle wheezes; CVS [card [abdomen] + [positive [extremities] no eder chronic Respiratory secondary CVA [Cel	une 1, 2015 at 1:45 PM revealed emains on vent. Responds to ul movements. Vent settings Control] 10, VT [tidal volume] expiratory end pressure] +5, Exam: vitals 104/72, P 69, R ear to auscultation bilaterally no diovascular] no murmurs; Abd ve] bs [bowel sounds]; Ext maA/P Assessment/Plan (1) Failure; (2) Encephalopathy rebral Vascular Accident] - upport - no weaning - supportive				
	08:50 AM revealed Response. "Patientachycardia with HR pressure 110, RR [re [Saturation] 96%, 10 Emesis, tube feeding	Acute Note - June 2, 2015 at Responding to Rapid nt [Resident] identified with [140], SBP [systolic blood espiratory rate] 20s-30s; SAT 20% Fi02 with ambu bagging. g witnessed; lung (+) Rhonchi, to auscultation] left. CVS: distendedhypo				

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Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION COMPLETED A. BUILDING: _ HFD02-0024 B. WING _ 09/23/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

BRIDGEPOINT SUB-ACUTE AND REHAB 700 CONSTITUTION AVE. NE WASHINGTON, DC 20002							
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L 051	Continued From page 65 [hypoactive] bowel sounds; ENT [Ear, Nose, Throat] edema BUE [bilateral upper extremities], R [right] > [greater than] L [left]. Warm extremities; A/P [Assessment/Plan]: Respiratory Distress, R/O aspiration/sepsis. Will send to ER [Emergency Room] v [by] 911. "	L 051	Refer to page 53 for response				
	A review of the nursing notes revealed the following: " May 31, 2015 4:50 AM - " Resident is alert and responsive. AM care given, vs [vital signs] 98.4 temperature, P [pulse] 77 R[respirations] 16, BP [blood pressure]127/68, Pulse OX [oximetry] 96%. No evidence of pain noted. IS Care given will continue to monitor "						
	May 31, 2015 6:30 PM - " Resident is alert and responsive due medications given as ordered. No abnormal findings noted. Vs T 98.2, P 86 R 20, BP 133/78. Pulse Ox 96%. Will continue to monitor."						
	June 1, 2015 4:00 PM - "Resident is alert and responsive PM care given. Vs T 98.6, P 87, R 20, BP 130/77 Pulse OX 98%. Turned and repositioned, due meds give."						
	June 2, 2015 5:00 AM - "Resident is alert. On vent [ventilator] dependent for support. Trach [tracheostomy] and suction care provided. Total care with ADL [Activities of Daily Living]. Enteral Feeding in progress. Peg [percutaneous endoscopic gastrostomy] tube patent and flushed						

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE S COMPLI	
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	ROVIDER OR SUPPLIER	D REHAB 700 CONS	RESS, CITY, STATITUTION AV	/E. NE	•	
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L 051	well. Will monitor. \([T] 98.3.\) June 2, 2015- 8:35 A Background, Assess change in condition. respiratory distress a of 140 [bpm/beats pobagged by RT [Response was calle respondedIn hou transfer resident via [vomiting] noted x [ti with seizure like acti transferred via 911 to Respiratory Therapy	AM- SBAR [Situation, sment, Recommendation]/Acute Resident was noted with and an elevated HR [heart rate] er minute]. Resident was biratory Therapy] while Rapid d. Rapid Response team se officer gave new order to [by] 911 [Emergency]. Emesis mes] 1 [one] during bagging vity. Resident was then o [local hospital]. " Notes: Diratory Ventilator Flow Sheet ealed the following: AM]	L 051	Refer to page 53 for response		

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		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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240.45	CLIMMADY CT		1		NI.	245
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L 051	Continued From page Date: June 2, 2015 Time: 08:20 [8:20 Al Mode: AC Fi02: 40% PEEP: 5 Saturation: 99% Heart Rate: 129 There was no docur nurse notified the ph #5's increased hea AM) to June 2, 2015 of approximately 4 h A review of the resp revealed: June 2, 2015 - 7pm- S: Pt on A/C mode B: Respiratory resic A: Sat 98% HR 71, I Rhonchi/clear, sxn [suction, no distress. R: monitor June 2, 2015 -7AM- under shift report; in [Patient] transferred The clinical record la assessed and monit resident's heart rat	mented evidence that the charge hysician in regards to Resident art rate from June 2, 2015 (3:45 to (08:20 AM), which is indicative nours. iratory therapy shift note -7am shift note revealed: dent RR 18 BS [breath sounds] suction] moderate yellow -7PM Shift- no documentation adicated on flow sheet- "PT	L 051			
l		sed heart rate), which was first e 2, 2015 at 3:45 AM to be 121. dition				

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antifungal treatment.

2015.

he/she was bagged. Employee #47 stated when he/she was conducting rounds from the rooms assigned he/she was called to the rapid response by Employee #18 who stated that the rapid response took over, and that the resident had vomited when he/she was bagged and then the resident was sent out 911 with a heart rate at 140. The night shift nurse was not available for interview. The clinical record was reviewed on September 21,

4. The charge nurse failed to assess and identify

the need for medical intervention for Resident #104. who had accumulated white colored lesions on his/her tongue. The resident was subsequently diagnosed with oral Candidiasis and prescribed

Refer to page 70 for response

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#104 's oral cavity with Employee #15. A visualization of the resident 's oral cavity was unsuccessful because the resident rejected the employee 's attempt to open his/her mouth. This surveyor conveyed to Employee #15 the concern related to the observation of the white substance on the resident 's tongue. Employee #15 informed the

Nurse Practitioner who evaluated

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The charge nurse failed to assess and identify the need for intervention for Resident #104 whose tongue was observed coated with a white substance.

According to the annual Minimum Data Set (MDS0 with a Assessment Reference Date (ARD) of August 14, 2015 revealed Resident #104 's diagnoses in Section I (Active Diagnoses) included: Seizure Disorder, Traumatic Brain Injury, Tracheostomy, Craniotomy, Dysphagia. Section G (Functional Status) resident was coded as being total dependent with one person physical assist for personal hygiene (how resident maintains personal hygiene, including combing hair, brushing teeth).

Physician 's order dated August 25, 2015 directed: "Mouth care every shift."

An interim physician 's order [subsequent to the surveyor 's observation] dated September 14,

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FORM APPROVED Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: B WING HFD02-0024 09/23/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONSTITUTION AVE. NE **BRIDGEPOINT SUB-ACUTE AND REHAB** WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX TAG (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) L 051 Continued From page 71 L 051 2015 at 4:00 PM directed; " Nystatin (Anti-fungal Refer to page 70 for response medication) Oral Suspension 100,000 units per ml. Apply 5 ml (millimeters) to tongue and clean tongue QID (four times a day) [times] 14 days for thrush. " A review of the resident 's "CNA Charting " flow sheets from September 7, 2015 through September 15, 2015 revealed, "Personal Hygiene: Resident required one person physical assist to provide all hygiene tasks [oral care included], with no self-performance. " The comprehensive care plan updated August 11. 2015 included the following problem: " Alteration in ADL (Activities of Daily Living) function [secondary] to diagnosis of Anoxic Brain Injury, Approaches included, ... Staff to provide oral, hair and nail care qd (every day) and prn (as needed) ... " The charge nurse failed to assess and identify the need for medical intervention for Resident #104. who had an accumulation of a white colored coating on his/her tongue that was diagnosed as Candidiasis (thrush) after the surveyor 's request for intervention. A face-to-face interview was conducted with Employees #15 and #17 on September 14th at approximately 1:00 PM. When gueried about how the resident 's mouth care is performed and the frequency, he/she stated; " It is done every day, and an oral swab is used and s/he stated there was no white coating on the resident 's tongue. He/she further stated sometimes white secretions are in his/her mouth but they are suctioned out, and the mouth and tongue is cleaned. The clinical record was reviewed on September 15, 2015.

Health Regulation & Licensing Administration

PRINTED: 10/26/2015 FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: B WING HFD02-0024 09/23/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONSTITUTION AVE. NE **BRIDGEPOINT SUB-ACUTE AND REHAB** WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) L 051 L 051 Continued From page 72 Response to L051, Resident #143 Resident #143 suffered no adverse event. The head circumference was re-measured 5. The charge nurse failed to ensure that Resident and found consistent with previous #143 wore protective head gear and head measurements. The attending was contacted and care plan updated to include interventions circumference was measured weekly in accordance related to managing resident with a to physician 's orders. craniotomy There were no other residents with an order On September 16, 2015 at approximately 11:45 AM for a helmet; therefore, no other resident was and 2:00 PM. Staff was observed sitting in chair, affected Staff re-educated of the standards of practice near the window at the foot of Resident # 143 's related to execution of physician orders. bed. The resident was observed asleep, lying in RCC or designee will perform random audits 11.10.15 bed on his/her back. A white mitten was observed of the medical record to ensure physician on the right hand. He/she was covered with a white orders are followed per policy. Results of the sheet. A helmet was positioned on the foot board. audits will be reported the Quality Council until A face to face interview was conducted with 100% compliance is consistently maintained for six (6) months. Employee #48 at the time of the observation. Employee #48 was gueried about the scheduled times the resident was supposed to wear the helmet. He/she stated; "He/she is supposed to wear the helmet when he/she is out of bed. Employee #48 further stated that the resident was on one to one (1:1) observation. A physician order dated August 27, 2015 directed; " Helmet to be worn Q [every] shift for safety to protect craniotomy site. Remove every 2 (two)

hours to check skin integrity. Document in chart. Measure head circumference weekly. Report increase in size to MD (Medical Doctor). "

The clinical record lacked evidenced that Resident #143's head circumference was measured weekly

There was no evidence that the charge nurse ensured the resident wore his/her helmet in

A face-to-face interview was conducted with Employee #18 on September 16, 2015 at

approximately 2:31 PM. He/she acknowledged the aforementioned findings. The observation and

in accordance to physician 's orders.

accordance to physician 's order.

Health Regulation & Licensing Administration

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE STREET ADDRESS, CITY, STATE, ZIP CODE	
700 CONSTITUTION AVE. NE	
BRIDGEPOINT SUB-ACUTE AND REHAB WASHINGTON, DC 20002	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX TAG OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE

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FORM APPROVED Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B WING HFD02-0024 09/23/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONSTITUTION AVE. NE **BRIDGEPOINT SUB-ACUTE AND REHAB** WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX TAG (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) L 051 Continued From page 74 L 051 Refer to page 73 for response A review of the physician 's orders dated May 19, 2015 ... " (3) Weekly weights x 4 weeks. " A further review of the clinical record revealed more than 30 days had lapsed before the Quarterly Nutrition Review was conducted in May 2015. In addition, there was no evidence in the clinical record that weekly weights times 4 weeks were conducted as ordered per the physician orders. A face-to-face interview was conducted with Employees' #26 and #27 on September 17, 2015 at approximately 9:50 AM regarding interventions once the weight loss was identified. Employee #26 acknowledged that a reweight should have been conducted and placed on weekly weights. In summary, Resident #6 sustained a 28 pound weight loss from March 2015 to April 2015. There was no evidence that a reweight or weekly weights times 4 were conducted to confirm the weight loss. D. Based on record review and staff interview for seven (7) of 55 sampled residents, it was Refer to page 77 for response determined the charge nurse failed to: conduct comprehensive pain assessments to include characteristics such as intensity, type, pattern of pain, location, frequency and duration of pain for seven (7) residents; consistently assess two (2) residents response to pain intervention. Residents ' #64, #108, #107, #142, #80, #43 and #49.

Health Regulation & Licensing Administration

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L 051	Continued From pag	ge 75	L 051			
	The findings include			Refer to page 77 for response	e	
	Facility 's Policy -Pa	ain Assessment and Copyright 2001 MED_PASS,				
	INC (Revised Octob	er 2010) stipulates "Steps in				
		gnizing Pain: 1. Observe the and movement) for physiologic				
	and behavioral (non	-verbal) signs of pain . During Comprehensive pain				
	assessment gather t	the following information as				
	indicated from the rea. History of pain an	esident (or legal representative): d its treatmentb.				
	Characteristics of pa	ain: (1) Intensity of pain (as				
		dardized pain scale); (2) (3) Pattern of pain (e.g.				
	constant or intermitt	ent); (4) Location and radiation				
	c. Impact of pain on	cy, timing and duration of pain; quality of life; d. Factors that				
		rbate pain; e. Factors and				
	strategies that reduce pain; and f. Symptoms that accompany pain (e.g. nausea, anxiety)Identifying					
		Define Goals and Appropriate ement Pain Management				
		armacological interventions; interventions; 4. The				
	physician and staff v	vill establish a treatment				
	regimen based on consideration of the following a. The resident 's medical condition; b. Current					
		c. Nature, severity and cause se of the illness; and e.				
	Treatment goals6	. Implement the medication				
		carefully documenting the entionsMonitoring and				
		esDocumentation 1. ent 's reported level of pain with				
	adequate details (i.e	e. enough information to gauge				
	the status of pain ar	nd the effectiveness of				

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wound care

G-tube (gastrostomy tube) three times a day prior to

August 24, 2015 at 2:10 PM- Discontinue Tramadol 50 milligrams; Start Tramadol 100 milligram by mouth 30 minutes prior to wound

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medication regimen prior to wound care from August 24, 2015 through September 1,

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temperature- 97.3 degrees Fahrenheit, blood pressure- 125/55 millimeters of Mercury;

120 beats per minute. The resident was subsequently transferred to the hospital via

Subsequent review of the August 2014

Emergency Medical Services.

respirations- 28 breaths per minute, and heart rate

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and after the administration of the pain medication to include location, intensity, and descriptors.

On August 24, 2015 at 11:00 [no indication of am

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It was at 9:00 PM on September 1, 2015 that the family "complained that resident sleep deeply and not communicating with her, resident opened her eyes then close it still responds to touch " . A call was placed to the house officer at 9:30 PM.

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L 051	the facility staff cont Resident #64 's corn necessary care and readily identify acute earliest time possibl The "Pain" care page May 6, 2015 through the facility staff document facility staff documents. "Green with the facility staff documents. "Will be display signs of compain resolved with pain resolved with pain resolved with pain facility. The "Interventions". The "9/6/15". The "Interventions". The "9/6/15". The "Interventions". The yield page and document locate by the resident; Procealming music, TV particulation of the resolved pain green with pain person yield pain with pain person yield pain yield pain yield pain yield pain yield pain ", there were the "5/11/15- Cont. c'] (with) POC (Pla. "8/24/15- Pain in pain med noted Control of the possible pain med noted Control of the passible pain med noted Control of the passible pain med noted Control of the possible pain med noted Control of the passible	lacked documented evidence inued to assess and monitor adition with ensure s/he received treatment to prevent and/or e changes in status at the e. clan initiated for the period of a September 6, 2015 revealed amented the "Problem/Need Other, specify generalized "" aints of pain less than daily "" On: Able to communicate needs, of pain " with Goal(s) or free of pain complaints; Will afort, no grimacing; Will report ain medication and other "Target Review date: 5/6/15-reventions " for "Nursing " mptoms of pain on occurrence from and pain scale as reported ovide quiet environment; Offer over resident request; Offer back Provide pain medications as ital signs: Freq. Per order and Pain persists despite gns are out of normal range istence. " The sections and activities were left are easily of the care plan for "Incree (3) entries as follows: c [line noted above the letter in of Care) x 90 days "reevaluated, need for increase and notified, Tramadol increased to	L 051	Refer to page 77 for response		

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Further review of the medical record revealed Resident #64 experienced a significant weight loss since admission to the facility from May, 2015 through August, 2015. The weights were

documented as: May 11, 2015- 186.8 pounds; May, 2015 (day of month unknown) - 177 pounds; June, 2015- 163 pounds; July, 2015- 150 pounds; and August, 2015- 141 pounds. As a result of the documented weights the resident triggered for a significant weight loss for 30 days according to

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pain medication as is consistent with current clinical standards of practice. There was no evidence the resident was consistently monitored when pain medications were adjusted and when the resident

demonstrated a change in clinical

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[shortness of breath] " .

A review of the September 2015 Medication Administration Record (MAR) revealed

Acetaminophen with Codeine was administered for pain on the following occasions: September 3,

PRINTED: 10/26/2015 FORM APPROVED Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B WING HFD02-0024 09/23/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONSTITUTION AVE. NE **BRIDGEPOINT SUB-ACUTE AND REHAB** WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX TAG (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) L 051 Continued From page 85 L 051 Refer to page 77 for response 2015 at 11:00 AM; September 8, 2015 at 8:00 AM, September 9, 2015 at 8:00 PM, September 10, 2015 at 9:30 AM, September 11, 2015 at 11:30 AM, September 12, 2015, September 13, 2015 at 9:00 AM, and September 14, 2015 at 9:00 AM. The reverse side of the September 2015 MAR revealed the details of the Acetaminophen with Codeine administered for pain as follows: September 3, 2015 at 11:00 AM- No documented evidence of the date/hour, medication, reason or result September 8, 2015 at 8:00 AM- No documented evidence of the date/hour, medication, reason or result September 9, 2015 at 8:00 PM- No documented evidence of intensity relative to reason and result was documented as "effective " no intensity documented or time of reassessment September 12, 2015 at 9:00 PM- Reason documented as "c/o pain" (no location documented); Result documented as "effective" no intensity or time of reassessment documented September 13, 2015 at 9:00 AM- Result documented as " effective " - no intensity or time of reassessment documented September 14, 2014 at 9:00 AM- Reason documented as "c/o pain " - no location documented; Result was left blank- no reassessment documented

In addition, Roxanol 0.25 milliliter administration was documented on the September 2015 MAR on September 1, 2015 at 11:00 AM; September 5, 2015 at 12:30 PM; and September 6, 2015 at

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management.

temperature greater than 101; and Acetaminophen 500 milligrams two (2) caplets by mouth every day

30 minutes prior to wound care for pain

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or time of reassessment

or time of reassessment

Result- " effective " no documentation of intensity

August 25, 2015 at 9:00 AM- No documented

 August 20, 2015 at 7:00 PM- Reason- " general pain " no documentation of intensity;
 Result- " effective " no documentation of intensity

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PEG 30 minutes prior to wound care.

Review of the September 2015 Medication Administration Record (MAR) revealed the facility staff documented the administration of the daily Tylenol 650 milligrams prior to wound care. In

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2015.

A review of the medical record revealed that Resident #80 was admitted with diagnoses to include Amyotrophic Lateral Sclerosis, Anemia, Stage IV Sacral Ulcer, and Respiratory Failure.

Medical record review conducted on September 16, 2015 at approximately 3:20 PM revealed Physician Order for Acetaminophen 650 milligram via G-tube (Gastrostomy tube) 30 minutes prior to wound care for pain management signed and date September 4,

Review of the Medication Administration Record

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treatment for pain.

[narcotic analgesic] 30 minutes prior to wound care

Review of the Medication Administration Record [MAR] dated September 2015 revealed that the staff administered Percocet daily from September 1-17.

2015 between the 3-11PM-work shifts.

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION COMPLETED A. BUILDING: _ HFD02-0024 B. WING _ 09/23/2015

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BRIDGEF	POINT SUB-ACUTE AND REHAB	TITUTION AV		
(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 051	Continued From page 91 Further review of the nursing notes and clinical record revealed that the staff failed to assess the resident 's response to pain 7 (seven) of 17 days that the pain medication was administered. On September 18, 2015 at approximately 12:15 PM, a face-to-face interview was conducted with Employee #21 regarding the aforementioned findings. He/she reviewed the record and acknowledged the findings. The record was reviewed on September 18, 2015.	L 051		
	b. the charge nurse failed to re-assess the effectiveness of wound care interventions for Resident #43. On September 18, 2015 at approximately 12:15 PM, a review of the admission record revealed that Resident #43 was initially admitted to the facility on April 22, 2011. A review of the physician 's history and physical dated May 1, 2015 revealed the resident 's diagnoses included a Stage 3 sacral ulcer and Immobility. Review of the physician 's orders signed and dated August 31, 2015 revealed an order that directed the following: "Cleanse sacral ulcer wound with normal saline, pat dry with gauze. Apply Maxorb [wound care dressing] Ag [silver] and cover with dry dressing daily. " Further review of the weekly wound documentation from April 2015 to September 10, 2015 revealed the following monthly wound		1. There was no adverse affect to the wound healing process because the 'actual' treatment being done was saline. The error was in the report submitted by the wound consultant physician. 2. A review of wound care orders were audited finding all orders in compliance. 3. Careful review of treatment orders during end of month review and reconciliation to ensure accuracy. Review reports submitted by consulting wound physician with signed physician order in medical record. 4. The RCCs or designee will audit the TAR to ensure all orders are documented and implemented. The audit findings will be reported to Risk Management Subcommittee for three (3) months and a quarterly summary to Quality Assurance Committee until 100% compliance is demonstrated for three (3) months	11.10.1

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				CONSTRUCTION	(X3) DATE : COMPL		
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NAME OF P	ROVIDER OR SUPPLIER			RESS, CITY, STA			
BRIDGEF	POINT SUB-ACUTE AN	D REHAB		TON, DC 200			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFI BE PRECEDED BY NTIFYING INFORM	FULL REGULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
L 051	Continued From pag	je 92		L 051			
	information relative t	to the resident	's sacral wound:		Refer to page 92 for respor	ise	
	April 30, 2015 Stage 2.5 [width] x1.8 [dep		2.8 [length] x				
	May 21, 2015 Stage	4	2.2 x 1.7 x1				
	June 25, 2015 Stage	e 4	1.7 x 1.5 x 2				
	July 23, 2015 Stage	3	2.0 x 2.5 x 1.0				
	August 28, 2015 Sta	ige 3	2.9 x 2.0x 1.5				
	September 10, 2015 0.8	Stage 3	2.0 x 1.5 x				
	The resident 's wou and the record lacke the staff re-assessed care interventions.	ed documente	d evidence that				
	On September 18, 2 a face-to-face interview Employee #12 regar interventions and ho effectiveness of the no answer. The reco 18, 2015.	iew was condi ding the wour ow the staff re- treatment plar	ucted with nd care assessed the n. He/she provided				
	7. The charge nurse effectiveness of pair						

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record, could not provide the requested

documentation, and acknowledged the findings. The record was reviewed on September 18, 2015.

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE S COMPL		
		HFD02-0024	B. WING		09/2	23/2015
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
BRIDGEP	POINT SUB-ACUTE AN	D RFHAB	STITUTION AV STON, DC 20			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
L 052	Continued From pag	ge 94	L 052			
L 052	3211.1 Nursing Faci	ilities	L 052			
	Sufficient nursing time shall be given to each resident to ensure that the resident receives the following:			Refer to page 97 for respon	ISE	
	(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 a	accident, injury, and infection;				
	(e)Encouragement, self-care and group	assistance, and training in activities;				
	(f)Encouragement a	nd assistance to:				
	` ,	d and dress or be dressed in his and shoes or slippers, which a good repair;				
	(2)Use the dining roo	om if he or she is able; and				
	(3)Participate in mea activities; with eating	aningful social and recreational				
	(g)Prompt, unhurried requires or request h	d assistance if he or she nelp with eating;				
	(h)Prescribed adapti	ive self-help devices to assist				

ITKI11

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accordance to physician's orders and failed to follow physicians orders to obtain weekly weights times four (4) weeks for one (1) resident. Residents

#145, #37, #5, #104 and #143, #6.

1. Sufficient nursing time was not given to

The findings include:

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Resident #145 complained of SOB and refused C-PAP treatments as follows:

Ø August 29, 2015- 7PM-7AM- Shift Report ---- " Patient refused CPAP trails last night ...back on AC (assist control) due to patient complaining of SOB (shortness of breath)

Health Regulation & Licensing Administration STATE FORM

The Respiratory staff were re-educated on

9/25/2015 related to the recognition of changes in resident's status, notification to physician and timeliness of completing

(if applicable)

physician orders..

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FORM APPROVED Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: B WING HFD02-0024 09/23/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONSTITUTION AVE. NE **BRIDGEPOINT SUB-ACUTE AND REHAB** WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX TAG (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) L 052 Continued From page 97 L 052 Response to L051, Resident #145, 37, 5, 6 Ø August 30, 2015 - 7AM-7PM- S- Shift Report 3. Residents on weaning protocol will be entered on the Special Procedures Done [and] Time Performed: 24 hour report to ensure notification of residents' Attempt to wean. Pt [Patient] on CPAP trial. status and order changes are communicated across [Patient] keep comp (complaining) of SOB (shortness of breath), anxious. Placed back on AC Hand-off communication was established between (Assist Control) mode to rest. Nursing and Respiratory during shift change to note status and progress of residents on weaning Resident #145 demonstrated change in mental status as follows: 4. The Resident Care Coordinator (RCC) will perform 11.10.15 weekly audits of the 24 hour report to ensure Psychiatric consultation August 31, 2015 (hour appropriate protocol related to residents' change in not indicated) "...unable to assess [secondary to] condition are followed per policy. pt [patient] not responding ... responding to painful Results of the audits will be reported weekly to the stimuli but not easily arousable ... Staff reports Risk Management Subcommittee for three (3) resident [Alert and Oriented x3- (time, person and months. A quarterly summary of the audits will be reported to the Quality Assurance Committee until place), but just received pain medications ... " 100% compliance is demonstrated consistently for three(3) months. Respiratory therapy entry [shift report] dated August 31, 2015 7AM-7PM read: "...patient The Respiratory Department will conduct monthly remains on A/C mode, no active weaning due to audits to respiratory orders. A monthly summary of the audits will be reported to the Quality Assurance patient being less arousable in PM. " Committee until 100% compliance is demonstrated consistently for three (3) months... There was no evidence that sufficient nursing time was given to conduct comprehensive assessments when Resident #145 exhibited a change in the level of arousal, complained of shortness of breath and refused treatments. The record revealed that nursing staff communicated to the mental health practitioner [psychiatric consult] that the resident was not responsive due to " pain medication. " However, a review of the Medication Administration Record [MAR] revealed Tylenol 500mg 2 caplets were administered during the 7AM - 3PM shift on August 31, 2015. A review of previous administrations of Tylenol lacked evidence that the resident sustained an alteration in mental status [lack of arousal].

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2015 read:

(diastolic blood pressure) > 80....

Pulmonary Consult and Psychiatry consult

August 31, 2015- 2059 (8:59PM) - Please

An Interim physician 's order dated August 31,

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Prozac.

suction PRN (as needed), Depression- Continue on

August 31, 2015- 2103 (9:03 PM) - Hospitalist Note:

I was called to evaluate [Resident #145] b/c (because) of hypotension, tachycardia, [and] acute AMS gradually since few hours ago. [His/her] HR

(heart rate) has been elevated to

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August 29, 2015 3:00 AM - " ...[b/p] 116/62; [P]

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muscles. '

patient triggers a ventilator breath. The patient may

need to be sedated to limit the number of spontaneous breaths since hyperventilation can occur. This mode is used for patients who can initiate a breath but who have weakened respiratory

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[nearly 7 hours after the preceding dosage].

August 30, 2015 - 7AM-7PM- S- Shift Report, B-Respiratory Failure, A- Received [patient] on AC

mode, [nebulization treatment] given as

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	CONSTRUCTION	(X3) DATE COMP	SURVEY LETED		
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L 052	Continued From page ordered. [Patient] Ox-99%, HR (illegible monitor patient. Spet Time Performed: Att CPAP trial. [Patient] SOB (shortness of both on AC (Assist Controlorder: Albuterol 2.5 (every 4 hours). Tree being administered at AM), 0800 (8:50 AM (4:48PM). " The net recorded as being at approximately 7 hour August 31, 2015-74 (Coxygen-45%, [Peep Pt stable throughout (Respiratory Rate) - 2 (Coxygen-45%, [Peep Pt stable throughout (Respiratory Rate) - 3 (Coxygen-45%, [Peep Pt stable throughout (Respiratory Rate) - 3 (Coxygen-45%, [Peep Pt stable to breathe "Continue to monitor (Respiratory Rate) - 3 (Coxygen-45%, [Peep Pt stable throughout (Respiratory Rate) - 3 (Coxygen-45%, [Peep Pt	. (Illegible writing). le writing), R- Will of cial Procedures Dotempt to wean. Pt [I keep comp (complement), anxious. Prool) mode to rest. Programments were documents were documents were documents were documents. It is a seatment were document on the seatment were document on the seatment were document. It is a seatment were document on the seatment of the seatme	continue to one [and] Patient] on laining) of laced back Physician mg - q 4 umented as 0, 0410 (4:10 and 16:48 ent was 1/15 (12MN), ent] is on AC Inspired Failure, A-R-79, RR f " being distress. ains on AC being less et A- Alert be, small thin eared, R- Will owing " Rate uration- 97%, uration- 98%, uration-98%,	L 052	Refer to page 97 for r		

Health Regulation & Licensing Administration
STATE FORM

PRINTED: 10/26/2015 FORM APPROVED Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: B WING HFD02-0024 09/23/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONSTITUTION AVE. NE **BRIDGEPOINT SUB-ACUTE AND REHAB** WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX TAG (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) L 052 Continued From page 104 L 052 Refer to page 97 for response and Heart Rate documented in the allotted space. 5:00 PM - 15/29 - [Oxygen] - 98%, Heart Rate-80 2045 (8:45 PM) - 15/23, Saturation 96%, Heart Rate- 158. " [defined: 15/34 - " 15 " reflects ventilator preset respiratory rate and "34" reflects - resident breaths] A review of the nebulization treatment administration record for August 30th revealed the 6th dosage [prescribed every 4 hours] of Duoneb [scheduled for administration at approximately 8:45 PM on August 30th] was omitted without explanation. However, the respiratory therapy " shift notes " [7AM-7PM] notes reveal the resident complained of shortness of breath. The clinical record lacked evidence that the physician was notified regarding the resident 's complaint of having shortness of breath, refusing CPAP trials and the missed Duoneb treatment from August 29, 2015 at (7PM-7AM) to August 31, 2015 (7AM-7PM). A face-to-face interview was conducted with Employee #14 (on-coming team member) September 18, 2015 at approximately 2:00 PM regarding the above aforementioned concerns. He/she stated that the off-going team member, who

refusing to use

stated that the resident was calling all night and that [he/she]. Employee #14 further stated the off-going therapist and the nurse was in and out of the resident 's room all night; and the resident had the call bell you blow into. Employee #14 acknowledged the physician should have been informed of the resident 's missed duoneb treatment, restlessness and the complaint of having shortness of breath and

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notified when the resident

when the resident 's mental status changed, complained of having shortness of breath, and difficulty breathing. Nursing assessments failed to depict the resident being anxious, restless and having difficulty breathing. The physician was not

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A review of records obtained from the acute care facility that the resident was transferred to revealed the resident was admitted and a physician 's entry on 8/31/15 included: " ... [Resident #145] presented to the ED (Emergency Department) from NH (Nursing Home) with acute AMS (Altered Mental Status), hypotension, tachycardia and fever of 107. In ED, [Temperature] - 41.7(Celsius- converted to Fahrenheit- 107.6 degrees); [Heart Rate-85]; Respirations-16; Systolic B/P-87, diastolic B/P (Blood Pressure)-48; [Oxygen] Saturation -100; FIO2 [Fraction of Inspired Oxygen] Ventilator- 100 [percent].

condition declined as evidenced by a change in mental status, heart rate elevated to 150's and blood pressure as low as 77/53 as depicted in the hospitalist note on the evening of August 31, 2015. The resident was subsequently transferred to the nearest ER via 911 and hospitalized. The clinical record was reviewed on September 18, 2015.

2. Sufficient nursing time was not given to perform an accurate assessment for Resident #37 who experienced a documented change in condition.

Resident #37 was admitted on July 22, 2015 with diagnoses to include Chronic Respiratory Failure, Coronary Artery Disease, and Sacral Decubitus.

Medical record review was conducted on

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Refer to page 97 for response

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	ETED
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18, 2015 at 5:00 PM as i documented by medical respiratory staff. The incomplete of	9:40 AM. The review of nconsistencies in the t #37 status on September it relates to entries staff, nursing staff, and consistencies are as follows: ress note from September realed the Attending d by the nursing staff to th changes in mental status, a. According to the medical esident was noted to have a per minute, blood pressure Mercury. aff documented an 'Acute export' dated September 18, dary to resident with rate of 166 beats per minute of 81% while on the 0%. Ventilator Flow Sheet dated realed the respiratory ed pre- treatment which indicated the heart te, respiratory rate- 19 oxygen saturation- 98 nent assessment at 5:15 PM	L 052	Refer to page 97 for response		

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If continuation sheet 108 of 217

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and Ventilator.

Date (ARD) of April 22, 2015 revealed diagnoses in

Hypertension, Tracheostomy, Respiratory Failure,

According to physician 's orders dated May 9, 2015 directed; "Vent [Ventilator] Settings: AC (Assist

Section I (Active Diagnoses) included:

Control) Mode- Rate-10, VT- 400 [Tidal

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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HFD02-0024				TE 710 000E	09/2	3/2015
	ROVIDER OR SUPPLIER	700 CONS	RESS, CITY, STA			
BRIDGER	POINT SUB-ACUTE AN	D REHAB WASHING	TON, DC 200	002		
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L 052	Continued From page 109 Volume]- FIO2 [Fraction Inspired Oxygen]- 40%		L 052	Refer to page 97 for response		
	Physician 's Progre	ss Notes:				
	" Patient [resident] restimuli, no purposeft AC [mode of Assist 500, PEEP [positive Fi02 [room air] 40%. 18, T 97.9; CTA-[cle wheezes; CVS [car [abdomen] + [positive [extremities] no eder chronic Respiratory secondary CVA [Ce	une 1, 2015 at 1:45 PM revealed emains on vent. Responds to all movements. Vent settings Control] 10, VT [tidal volume] expiratory end pressure] +5, Exam: vitals 104/72, P 69, R ear to auscultation bilaterally no diovascular] no murmurs; Abd re] bs [bowel sounds]; Ext maA/P Assessment/Plan (1) Failure; (2) Encephalopathy rebral Vascular Accident] - pport - no weaning - supportive				
	08:50 AM revealed Response. Patie tachycardia with HR pressure 110, RR [re [Saturation] 96%, 10 Emesis, tube feeding R [right] CTA [clear tachycardiaABD: bowel sounds; ENT [bilateral upper extre than] L [left]. Warm [Assessment/Plan]	Acute Note - June 2, 2015 at "Responding to "Rapid nt [Resident] identified with [140], SBP [systolic blood espiratory rate] 20s-30s; SAT 00% Fi02 with ambu bagging. g witnessed; lung (+) Rhonchi, to auscultation] left. CVS: distendedhypo [hypoactive] [Ear, Nose, Throat] edema BUE emities], R [right] > [greater extremities; A/P: Respiratory Distress, R/O ill send to ER [Emergency				

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PRINTED: 10/26/2015 FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: B WING HFD02-0024 09/23/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONSTITUTION AVE. NE **BRIDGEPOINT SUB-ACUTE AND REHAB** WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX TAG (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) L 052 Continued From page 110 L 052 Refer to page 97 for response A review of the nursing notes revealed the following: " May 31, 2015 4:50 AM - " Resident is alert and responsive. AM care given, vs [vital signs] 98.4 temperature, P [pulse] 77 R[respirations] 16, BP [blood pressure]127/68, Pulse OX [oximetry] 96%. No evidence of pain noted. IS Care given will continue to monitor ... " May 31, 2015 6:30 PM - " Resident is alert and responsive due medications given as ordered. No abnormal findings noted. Vs T 98.2, P 86 R 20, BP 133/78. Pulse Ox 96%. Will continue to monitor. " June 1, 2015 4:00 PM - "Resident is alert and

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respiratory distress and

[T] 98.3.

responsive PM care given. Vs T 98.6, P 87, R 20,

June 2, 2015 5:00 AM - " Resident is alert. On vent

endoscopic gastrostomy] tube patent and flushed well. Will monitor. Vs [BP] 131/72, [P] 76, [R] 18,

Background, Assessment, Recommendation]/Acute change in condition. Resident was noted with

BP 130/77 Pulse OX 98%. Turned and

[ventilator] dependent for support. Trach [tracheostomy] and suction care provided. Total care with ADL [Activities of Daily Living]. Enteral

Feeding in progress. Peg [percutaneous

June 2, 2015- 8:35 AM- SBAR [Situation,

repositioned, due meds give. "

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

WASHINGTON, DC 20002

FORM APPROVED

(X2) MULTIPLE CONSTRUCTION

A. BUILDING:

B. WING

O9/23/2015

STREET ADDRESS, CITY, STATE, ZIP CODE

700 CONSTITUTION AVE. NE

WASHINGTON, DC 20002

(X4) ID

SUMMARY STATEMENT OF DEFICIENCIES

ID

PROVIDER'S PLAN OF CORRECTION

(X3) DATE SURVEY COMPLETED

(X3) DATE SURVEY COMPLETED

(X3) DATE SURVEY COMPLETED

(X3) DATE SURVEY COMPLETED

(X4) DATE SURVEY COMPLETED

(X4) DATE SURVEY COMPLETED

(X5) DATE SURVEY COMPLETED

(X6) DATE SURVEY COMPLETED

(X6) DATE SURVEY COMPLETED

(X6) DATE SURVEY COMPLETED

(X6) DATE SURVEY COMPLETED

(X7)
BRIDGEF	POINT SUB-ACUTE AND REHAB	TITUTION AV		
(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 052	Continued From page 111 an elevated HR [heart rate] of 140 [bpm/beats per minute]. Resident was bagged by RT [Respiratory Therapy] while Rapid Response was called. Rapid Response team respondedIn house officer gave new order to transfer resident via [by] 911 [Emergency]. Emesis [vomiting] noted x [times] 1 [one] during bagging with seizure like activity. Resident was then transferred via 911 to [local hospital]. " Respiratory Therapy Notes: A review of the Respiratory Ventilator Flow Sheet for June 2, 2015 revealed the following: "Date: June 2, 2015 Time: 0025 [12:25 AM] Mode: AC Fi02: 40% PEEP: 5 Saturation: 97% Heart Rate: 70 Date: June 2, 2015 Time: 0345 [3:45 AM] Mode: AC Fi02: 40% PEEP 5 Saturation: 98% Heart Rate: 121 Date: June 2, 2015 Time: 08:20 [8:20 AM] Mode: AC Fi02: 40% PEEP: 5 Saturation: 98% Heart Rate: 129	L 052	Refer to page 97 for response	

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FORM APPROVED Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: B WING HFD02-0024 09/23/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONSTITUTION AVE. NE **BRIDGEPOINT SUB-ACUTE AND REHAB** WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX TAG (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) L 052 Continued From page 112 L 052 Refer to page 97 for response There was no documented evidence that sufficient nursing time was given to notify the physician in regards to Resident #5 's increased heart rate from June 2, 2015 (3:45 AM) to June 2, 2015 (08:20 AM), which is indicative of approximately 4 hours. A review of the respiratory therapy shift note revealed: June 2, 2015 - 7pm-7am shift note revealed: S: Pt on A/C mode B: Respiratory resident A: Sat 98% HR 71, RR 18 BS [breath sounds] Rhonchi/clear, sxn [suction] moderate yellow suction, no distress. R: monitor June 2, 2015 -7AM- 7PM Shift- no documentation under shift report; indicated on flow sheet- " PT [Patient] transferred to area Hospital. " The clinical record lacked evidence that facility staff assessed and monitored Resident #5 when the resident 's heart rate increased. The physician was not notified when the resident 's became tachycardia (increased heart rate), which was first documented on June 2, 2015 at 3:45 AM to be 121. The resident 's condition declined as evidenced by increased tachycardia (HR elevated to 129). A rapid response was called and resident was subsequently transferred to the Emergency room via 911 [Emergency Medical Services] according to the

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rate of 140.

SBAR at the time of transport the residents heart

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According to, "The Lippincott Manual of Nursing Practice, "Ninth Edition-2010, pp 613, revealed: " Conditions of the Mouth and Jaw Candidiasis-Candidiasis is a fungal infection commonly caused

by Candida albicans. It usually

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surveyor conveyed to Employee #15 the concern related to the observation of the white substance on the resident 's tongue. Employee #15 informed the Nurse Practitioner who evaluated the resident and diagnosed him/her with Oral Candidiasis as follows:

Nurse Practitioner note dated September 14, 2015 at 4:10 PM read: " Asked to evaluate resident with

c/o [complaint of] whitish coating on

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Apply 5 ml (millimeters) to tongue and clean tongue QID (four times a day) [times] 14 days for thrush. "

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5. Sufficient nursing time was not given to ensure that Resident #143 wore protective head gear and

head circumference was measured weekly in

accordance to physician 's orders.

Refer to page 118 for response

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND I EAR OF CONNECTION		IDENTIFICATION NOMBER.	A. BUILDING:		GOIVII EETED	
HFD02-0024		B. WING		09/2	3/2015	
			RESS, CITY, STA	ATE. ZIP CODE	, 00/2	0,2010
	POINT SUB-ACUTE AN	D DEHAR 700 CONS	TITUTION A	/E. NE		
BRIDGE	OINT SUB-ACUTE AN	WASHING'	TON, DC 20	002		
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
L 052	On September 16, 2 and 2:00 PM. Staff near the window at the bed. The resident whele on his/her back on the right hand. His sheet. A helmet was A face to face intervity Employee #48 at the Employee #48 was times the resident whelmet. He/she stat wear the helmet whe Employee #48 further on one to one (1:1) A physician order date Helmet to be worn of the protect craniotomy is hours to check skin Measure head circuincrease in size to Mind The clinical record late #143 is head circuin accordance to phy There was no evided was given to ensure helmet in accordance to phy There was no evided was given to ensure helmet in accordance to phy There was no evided was given to ensure helmet in accordance to find approximately 2:31 aforementioned find clinical record was considered.	was observed sitting in chair, the foot of Resident # 143 's was observed asleep, lying in A white mitten was observed elshe was covered with a white positioned on the foot board. It is was conducted with a white time of the observation. It is a supposed to wear the ed; "He/she is supposed to the he/she is out of bed. It is a supposed to the he/she is out of bed. It is a supposed to the he/she is out of bed. It is a supposed to the he/she is out of bed. It is a supposed to the he/she is out of bed. It is a supposed to the he/she is out of bed. It is a supposed to the he/she is out of bed. It is a supposed to the he/she is out of bed. It is a supposed to the he/she is out of bed. It is a supposed to the he/she is out of bed. It is a supposed to the he/she is out of bed. It is a supposed to the integrity. Document in chart. It is a supposed to the herence weekly. Report the herence weekly. Report the herence was measured weekly wiscian 's orders. In the herence was measured weekly wiscian 's orders. In the herence was conducted with the prember 16, 2015 at the herence was conducted with the prember 16, 2015 at the herence was not given to conduct the time was not given to conduct the herence was not given the herence was not given the herence was not	L 052	1. Resident #143 suffered no adverse of The head circumference was re-meat and found consistent with previous measurements. The attending was county and care plan updated to include integrated to managing resident with a craniotomy 2. There were no other residents with a for a helmet; therefore, no other residented. 3. Staff re-educated of the standards of related to execution of physician ord. 4. RCC or designee will perform randor of the medical record to ensure physorders are followed per policy. Resultaudits will be reported the Quality County 100% compliance is consistently main for six (6) months.	ontacted erventions In order dent was F practice ers. In audits ician ts of the buncil until	11.10.15

11.10.15

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four] ... "

(etiology) dysphagia and missing teeth;

(signs/symptoms) SLP [Speech Language

Pathology] ordered ... mechanical soft diet ...(other

comments) PO [by mouth] intake 75%, Boost Plus

[nutritional supplement] intake 50%..(Progression

A review of the physician 's orders dated May 19, 2015 ... " (3) Weekly weights x 4 weeks. "

on Interventions: ...(3) wwx4 [weekly weights times

The Assistant Director of Clinical Nutrition will

perform monthly audits of the physician significant

will be reported to Quality Assurance Committee.

Auditing will continue until 100% compliance is

demonstrated for a minimum of three (3) months

weight change notification record. The audit results

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In summary, Resident #6 sustained a 28 pound weight loss from March 2015 to April 2015. There was no evidence that a reweight or weekly weights times 4 were conducted to confirm the weight loss.

B. Based on record review and staff interview for seven (7) of 55 sampled residents, it was determined the sufficient nursing time was not given to: conduct comprehensive pain assessments to include characteristics such as intensity, type, pattern of pain, location, frequency and duration of pain for seven (7) residents; consistently assess two (2) residents response to pain intervention. Residents ' #64, #108, #107, #142, #80, #43 and #49.

The findings include:

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Refer to page 121 for response

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STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			
HFD02-0024		B. WING		09/2	3/2015	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADDI	RESS, CITY, STA	ATE, ZIP CODE		
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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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
L 052	Facility 's Policy -Pa Management policy INC (Revised Octob the Procedure Recoresident (during rest and behavioral (nonAssessing Pain: 1 assessment gather trindicated from the rea. History of pain and Characteristics of pameasured on a stand Descriptors of pain; constant or intermitted for pain; (5) Frequence. Impact of pain on precipitate or exacel strategies that reduce accompany pain (e.g. the Causes of Pain InterventionsImplestrategies1. Non-ph 2. Pharmacological in physician and staff or regimen based on control the pain; d. Courstreatment goals6 regimen as ordered, results of the interventions for pain an interventions for pain an interventions for pain accordance with the	ain Assessment and Copyright 2001 MED_PASS, er 2010) stipulates "Steps in gnizing Pain: 1. Observe the and movement) for physiologic -verbal) signs of pain . During Comprehensive pain the following information as esident (or legal representative):	L 052	Response to L052, Resident #64, #108, #107, #80, #43 and #49 1. Immediately upon notification of this deficie comprehensive pain assessment for reside #107, #142, #80, #43 and #49 was comple 2. Resident #108 was discharged, therefore nactions could be taken. 3. A chart audit was conducted on all resident management program. Audit findings deter other resident potentially affected by the sa deficient practice. All clinical staff were reeducated on 10/15, and ongoing by the Interim Administrator/D the revised Pain Assessment and Manager policy and the Omnicare Pharmacy Pain Flowsheet wimplemented 11/1/15 for pain monitoring and documentation of assessment, intensity an effectiveness. The RCCs will perform a random sample a pain flowsheet weekly to ensure compliance. 4. Results of the audit findings will be reported to the Risk Management Subcommittee the months. A monthly summary of the audit re be reported to Quality Assurance Committee Auditing will continue until 100% compliance demonstrated for a three (3) months	ncy, a nts #64, ted. o further s on pain mined no me 10/25 ON on ment owsheet. vill be add d d d d d d d d d d d d d d d d d	11.10.15

PRINTED: 10/26/2015 FORM APPROVED Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: B WING HFD02-0024 09/23/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONSTITUTION AVE. NE **BRIDGEPOINT SUB-ACUTE AND REHAB** WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX TAG (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) L 052 Continued From page 121 L 052 person conducting the assessment shall record the information obtained from the assessment in the resident 's medical record." 1. Sufficient nursing time was not given to conduct Refer to page 121 for response comprehensive pain assessment and/or reassessment to include characteristics such as intensity, type, pattern of pattern, location, frequency and duration of pain for resident #64 A review of the medical record revealed Resident #64 was admitted on May 4, 2015 with diagnoses which included Surgical Wound, Sacral Wound, and Nutritional Deficit with Reconditioning. Resident #64 was transferred out to a local emergency department on September 1, 2015 to manage "change in mental status". Review of medical record conducted on September 14, 2015 revealed Resident #64 has a documented community-acquired Stage IV sacral pressure ulcer present on admission which last measured 15 X 16.5 X 3.5 centimeters according to the Wound and Skin Care Progress Note dated August 31, 2015. According to the Physician 's Orders, the medical staff documented the following medication orders relative to pain: July 15, 2015- Tramadol 50 milligrams via G-tube (gastrostomy tube) three times a day prior to wound care August 24, 2015 at 2:10 PM- Discontinue

Tramadol 50 milligrams; Start Tramadol 100 milligram by mouth 30 minutes prior to wound treatment three times per day then one (1) by mouth

every eight (8) hours as needed pain

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to wound care; however,

August 24, 2015 through September 1, 2015. Nurse 's Notes from August 22, 2015 through September 1, 2015 revealed Resident #64 was medicated prior

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milligrams prior to

intake/hydration; and Labs in the past 30 days " were left blank. According to the narrative contained in the SBAR: Resident #64 was " noted very sleepy but arouse to touch and verbal commands " at around 9:00 PM. The resident 's family was in the room at the time of the observation. S/he informed the facility staff " that resident sleep deeply and not communicating with her " . SicThe attempt to start an intravenous line was unsuccessful secondary to poor vein. Resident #64 's respirations were also ' noted " to be shallow with a change in vital signs. The vital signs were documented as follows: temperature- 97.3 degrees Fahrenheit, blood pressure- 125/55 millimeters of Mercury;

respirations- 28 breaths per minute, and heart rate

Subsequent review of the August 2014 Medication Administration Record (MAR) revealed the facility staff documented the administration of Tramadol 50

120 beats per minute. The resident was subsequently transferred to the hospital via

Emergency Medical Services.

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FORM APPROVED Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: B WING HFD02-0024 09/23/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONSTITUTION AVE. NE **BRIDGEPOINT SUB-ACUTE AND REHAB** WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX TAG (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) L 052 Continued From page 124 L 052 wound care from August 1-24, 2015 and on August Refer to page 121 for response 25-31, 2015 Tramadol 100 milligram, was administered three times a day. The Medication Administration Record did not contain specific time of each dose of pain medication administered and/or the time wound treatment was completed. Medication administration times were documented according to the shift, i.e. $\,$ " 7-3; 3-11; 11-7 $\,$ " . Furthermore, the MAR lacked documentation of comprehensive pain assessment before and after medication administration to determine the presence of pain and/or effective of the pain medication. Review of Nurse 's Notes from August 19, 2015 through September 1, 2015 revealed the facility staff documented the pain medication administration prior to wound care. According to the note documented on August 20, 2015 at 11:00 PM, the Resident #64 was " medicated x1 with Tramadol as ordered prior to wound care for breakthrough pain with positive outcomes ", there was no documentation to provide enough description of pain to include intensity, descriptors, pattern, location and radiation, and a frequency. In addition, there were additional nurse 's notes on August 22, 23, 24, 26, and 28, 2015 that indicated that pain medication was administered prior to wound care with "good" or "+" (positive) effects. However, the aforementioned nurse 's notes lacked documented evidence of a pain assessment before and after the administration of the pain medication to include location, intensity, and descriptors. On August 24, 2015 at 11:00 [no indication of am or pm documented], the facility staff documented the resident was asked if the pain medicine ... gets is effective enough for [his/her] with [him/her]

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family "complained that resident sleep deeply and not communicating with her, resident opened her eyes then close it still responds to touch ". A call was placed to the house officer at 9:30 PM. The medical record lacked documented evidence the facility staff continued to assess and monitor Resident #64's condition with ensure s/he

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reserved for intervention to be documented by dietary, social services, and activities were left blank. On the reverse side of the care plan for ' pain ", there were three (3) entries as follows:

c'] (with) POC (Plan of Care) x 90 days "

100 ma. Will cont. to monitor resident. "

be given prior to wound care. Will monitor

in pain med noted CRNP (Certified Registered Nurse Practitioner) notified, Tramadol increased to

" 5/11/15- Cont. c [line noted above the letter '

8/24/15- Pain reevaluated, need for increase

" 8/31/15- Resident is started on Oxy IR 5 mg to

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2015-163 pounds; July, 2015-150 pounds; and August, 2015- 141 pounds. As a result of the documented weights the resident triggered for a significant weight loss for 30 days according to the Nutritional Care Progress notes on June 17, 2015,

July 20, 2015, and August 19, 2015.

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assessment. On

medications were adjusted and when the resident demonstrated a change in clinical status [e.g. lethargy], there was no comprehensive nursing

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A review of the September 2015 Medication Administration Record (MAR) revealed

Acetaminophen with Codeine was administered for pain on the following occasions: September 3, 2015 at 11:00 AM; September 8, 2015 at 8:00 AM, September 9, 2015 at 8:00 PM, September

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | (X3) DATE SURVEY COMPLETED | (X4) DATE SURVEY COMPLETED | (X5) DATE S

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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) COMPLET DATE
L 052	Continued From page 130 10, 2015 at 9:30 AM, September 11, 2015 at 11:30 AM, September 12, 2015, September 13, 2015 at 9:00 AM, and September 14, 2015 at 9:00 AM.	L 052	Refer to page 121 for response	
	The reverse side of the September 2015 MAR revealed the details of the Acetaminophen with Codeine administered for pain as follows: September 3, 2015 at 11:00 AM- No documented evidence of the date/hour, medication reason or result September 8, 2015 at 8:00 AM- No documented evidence of the date/hour, medication reason or result September 9, 2015 at 8:00 PM- No documented evidence of intensity relative to reasor and result was documented as " effective " no intensity documented or time of reassessment September 12, 2015 at 9:00 PM- Reason documented as " c/o pain " (no location documented); Result documented as " effective " - no intensity or time of reassessment documented September 13, 2015 at 9:00 AM- Result documented as " effective " - no intensity or time of reassessment documented September 14, 2014 at 9:00 AM- Reason documented as " c/o pain " - no location documented; Result was left blank- no reassessment documented			
	In addition, Roxanol 0.25 milliliter administration was documented on the September 2015 MAR on September 1, 2015 at 11:00 AM; September 5, 2015 at 12:30 PM; and September 6, 2015 at 7:00 PM. The three (3) occasions lacked documentation of the descriptors relative to pain			

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Refer to page 121 for response

3. Sufficient nursing time was not given to conduct comprehensive pain assessments and/or reassessments to include characteristics such as intensity, type, pattern of pattern, location, frequency and duration of pain for Resident #107

A review of the medical record revealed that Resident #107 was admitted on December 5, 2014 with diagnoses to include Sacral Osteomyelitis, Arrhythmia, Debility, and Status post Right Above Knee Amputation.

Medical record review conducted on September 18, 2015 at 2:35 PM revealed Physician Orders date and signed by the physician on September 4, 2015 with the original order date of June 16, 2015 for Acetaminophen 325 milligrams two (2) tabs by mouth every six (6) hours as needed for pain or temperature greater than 101; and Acetaminophen 500 milligrams two (2) caplets by mouth every day 30 minutes prior to wound care for pain management.

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or time of reassessment

or time of reassessment

 August 20, 2015 at 7:00 PM- Reason- " general pain " no documentation of intensity;
 Result- " effective " no documentation of intensity

 August 25, 2015 at 9:00 AM- No documented evidence of the date/hour, medication, reason or

PRINTED: 10/26/2015 FORM APPROVED Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B WING HFD02-0024 09/23/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONSTITUTION AVE. NE **BRIDGEPOINT SUB-ACUTE AND REHAB** WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX TAG (X5) COMPLETE DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) L 052 Continued From page 133 L 052 result In addition, the medical record lacked a documented pain assessment relative to the administration of Acetaminophen prior to wound care in accordance with the facility 's pain policy of at least weekly for chronic pain. There was no evidence that sufficient nursing time was given to consistently conducted pain assessments that included the intensity of the pain (e.g. numeric scale) before and after the administration of Acetaminophen. 4. Sufficient nursing time was not given to conduct Refer to page 121 for response comprehensive pain assessment and/or reassessment to include characteristics such as intensity, type, pattern of pattern, location, frequency and duration of pain for Resident #142. A review of the medical record revealed that Resident #142 was admitted on September 4, 2015 with diagnoses to include dysphagia, respiratory failure, and Guilliare-Barre Syndrome. Review of the medical record on September 16. 2015 at approximately 12:45 PM revealed Physician Orders for Tylenol 650 milligram via PEG (Percutaneous Endoscopic Gastrostomy) tube every six (6) hours as needed for pain dated

September 4, 2015; and Tylenol 650 milligrams via

PEG 30 minutes prior to wound care.

Review of the September 2015 Medication Administration Record (MAR) revealed the facility staff documented the administration of the daily Tylenol 650 milligrams prior to wound care. In addition on September 15, 2015 at 6:00 PM,

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2015.

intensity, type, pattern of pattern, location, frequency and duration of pain for Resident #80.

A review of the medical record revealed that Resident #80 was admitted with diagnoses to include Amyotrophic Lateral Sclerosis, Anemia, Stage IV Sacral Ulcer, and Respiratory Failure.

Medical record review conducted on September 16, 2015 at approximately 3:20 PM revealed Physician Order for Acetaminophen 650 milligram via G-tube (Gastrostomy tube) 30 minutes prior to wound care for pain management signed and date September 4,

Review of the Medication Administration Record

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Review of the Medication Administration Record [MAR] dated September 2015 revealed that the staff administered Percocet daily from September 1-17,

2015 between the 3-11PM-work shifts.

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dressing daily. '

August 31, 2015 revealed an order that directed the

following: " Cleanse sacral ulcer wound with normal

Further review of the weekly wound documentation

saline, pat dry with gauze. Apply Maxorb [wound

care dressing] Ag [silver] and cover with dry

from April 2015 to September 10,

implemented. The audit findings will be

reported to Risk Management Subcommittee

for three (3) months and a quarterly summary

to Quality Assurance Committee until 100%

compliance is demonstrated for three (3)

months

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATI	ON NUMBER:	A. BUILDING:		COMPL	ETED	
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NAME OF P	ROVIDER OR SUPPLIER			RESS, CITY, STA				
BRIDGE	POINT SUB-ACUTE AN	D REHAB		TITUTION A\ TON, DC 200				
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L 052	Continued From pag	ge 137		L 052	Pafor to nage 137 for respon			
	2015 revealed the following monthly wound information relative to the resident 's sacral wound:			Refer to page 137 for response				
	April 30, 2015 Stage 2.5 [width] x1.8 [dep		2.8 [length] x					
	May 21, 2015 Stage	4	2.2 x 1.7 x1					
	June 25, 2015 Stage	e 4	1.7 x 1.5 x 2					
	July 23, 2015 Stage	3	2.0 x 2.5 x 1.0					
	August 28, 2015 Sta	age 3	2.9 x 2.0x 1.5					
	September 10, 2015 0.8	Stage 3	2.0 x 1.5 x					
	The resident 's wou and the record lacke the staff re-assessed care interventions.	ed documented	l evidence that					
	On September 18, 2 a face-to-face interv Employee #12 regar interventions and ho effectiveness of the no answer. The reco 18, 2015.	iew was condurding the woun ow the staff re-atreatment plan	cted with d care assessed the . He/she provided					
	7. Sufficient nursing	time was not (given to assess		Refer to page 121 for response	•		

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and 15, 2015.

Further review of the clinical record lacked

documented evidence that the facility staff assessed the resident 's response to the administered pain medication on September 3, 5, 6, 7, 8, 10, 11, 12,

On September 18, 2015 at approximately 12:15 PM,

documentation that the resident was assessed for the effectiveness of the daily pain medicine on the aforementioned dates. He/she reviewed the clinical

documentation, and acknowledged the findings. The record was reviewed on September 18, 2015.

a face-to-face interview was conducted with Employee #20 regarding the aforementioned finding. He/she was asked to provide the

record, could not provide the requested

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Review of the care plans revealed the facility staff failed to initiate a care plan relative to Activities of Daily Living for a resident who is dependent on

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prescribed antifungal treatment.

by Candida albicans. It usually

According to, "The Lippincott Manual of Nursing Practice, "Ninth Edition-2010, pp 613, revealed: "Conditions of the Mouth and Jaw Candidiasis-Candidiasis is a fungal infection commonly caused

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related to the observation of the white substance on the resident's tongue. Employee #15 informed the Nurse Practitioner who evaluated the resident and diagnosed him/her with Oral Candidiasis as follows:

Nurse Practitioner note dated September 14,

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" Mouth care every shift. "

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L 052	Continued From page 143	L 052	Refer to page 142 for response	
	An interim physician 's order [subsequent to the surveyor 's observation] dated September 14, 2015 at 4:00 PM directed; "Nystatin (Anti-fungal medication) Oral Suspension 100,000 units per ml. Apply 5 ml (millimeters) to tongue and clean tongue QID (four times a day) [times] 14 days for thrush."			
	A review of the resident 's "CNA Charting " flow sheets from September 7, 2015 through September 15, 2015 revealed, "Personal Hygiene: Resident required one person physical assist to provide all hygiene tasks [oral care included], with no self-performance."			
	The comprehensive care plan updated August 11, 2015 included the following problem: " Alteration in ADL (Activities of Daily Living) function [secondary] to diagnosis of Anoxic Brain Injury, Approaches included, Staff to provide oral, hair and nail care qd (every day) and prn (as needed) "			
	There was no evidence that sufficient nursing time was given to provided oral care consistent with the resident's need.			
	A face-to-face interview was conducted with Employees #15 and #17 on September 14th at approximately 1:00 PM. When queried about how the resident 's most care is performed and the			

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frequency, he/she stated; "It is done every day,

DEFICIENCY)

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Resident #64 's diagnoses included Surgical

Wound, Stage IV Sacral Wound, and Protein

According to Section M, Skin Conditions, of the

Malnutrition and Deconditioning.

will be reported weekly to the Risk Management

A quarterly summary of the audits will be reported

to the Quality Assurance Committee until 100% compliance is consistently obtained for three (3)

Subcommittee for three (3) months.

months

PRINTED: 10/26/2015 FORM APPROVED Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: B WING HFD02-0024 09/23/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONSTITUTION AVE. NE **BRIDGEPOINT SUB-ACUTE AND REHAB** WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX TAG (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) L 052 Continued From page 145 L 052 Refer to page 145 for response Admission Minimum Data Set (MDS) dated May 11, 2015, Resident #64 was coded as having two (2) Stage IV sacral ulcers, one (1) Stage 3 pressure ulcer and Moisture Associated Skin Damage (MASD). Section K, Nutritional status, revealed Resident #64 received 51% or more of his/her nutrition and hydration via feeding tube and orally via mechanically altered diet. A Significant Change MDS dated August 9, 2015 under Section M; Skin Conditions revealed Resident #64 was assessed with one (1) Stage IV and two (2) Stage 2 pressure ulcers. Medical record review revealed physician orders on the September 2015 Physician Order Form for the following sacral wound treatments: Calmoseptine apply to affected area sacral/perineal area after each incontinence care with original order date May 5, 2015; and "Sacrum Wound: Cleanse with Normal Saline, pat dry, then soak Kerlix with Dakin s Solution [Half Strength] every shift " with original order date May 8, 2015. The medical record contains no further order changes relative to the treatment of sacral wound. Review of the care plan dated May 6, 2015 through September 6, 2015 listed Pressure Ulcer: Sacral Stage IV with potential for delay healing due to multiple contributors as a problem. An entry dated May 6, 2015 stated the goal as: " Ulcer will be healed without complication; Ulcer will be clean and free of odor " . Nursing interventions to this problem include "Wound status: size of wound: measurements of depth and width, skin color, surrounding skin tissue assessment weekly,

per MD order:

complaints of pain, effectiveness of pain medication

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wound assessment. According to Employee #25,

assessment, the primary nurse is made aware. The employee acknowledged that the measurement (size of the wound) recorded on the August 31,

each time the resident declines a wound

2015 'Wound and Skin Care

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2015 was to discontinue all

(urinary tract infection). The plan on September 1,

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acknowledged.

surface.

September 17, 2015 at approximately 11:55 AM a face to face interview was conducted with Employee #4. The findings were reviewed, discussed, and

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directed the following, "...Cleanse sacral opening with NSS [Normal Saline Solution], pat dry, apply

calmoseptine each shift and prn [as

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verify a significant weight loss for Resident #64.

Assessment and Intervention" stipulates:, "Weight Assessment 1. The nursing staff will resident weights on admission, the next day, and

According to the facility's policy; "Weight

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follows:

plan of care to include adjustments to the enteral

feeding products administered via Percutaneous Endoscopic Gastrostomy and nutritional status as three (3) months

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(oral) intake less than 50.

July 27, 2015 at 10:30 AM- "Resident on a calorie/protein dense formula overnight. Resident also receiving Beneprotein four (4) times per day for healing: Diet order mechanical soft thin liquids, p.o.

August 19, 2015 at 1:40 PM- "Resident triggered

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the nature of the problem, possible causes, and/or tailored interventions to Resident #64's specific situation i.e. monitoring of labs, specialty consults,

frequent monitoring of weights.

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was reviewed on September 16, 2015.

2. Sufficient nursing time was not given to implement measures to ensure that Resident #6 maintained acceptable parameters of nutritional

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				TE SURVEY MPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER.	A. BUILDING:		COMP	LEIED	
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L 052	Continued From page 155 status as evidence by more than a 25% [percent] weight loss in 30 days. A review of the residents History and Physical conducted on February 13, 2015 revealed the resident has the following active diagnoses which included: Senile Dementia, Arthritis, Elephantiasis Varicosa legs, Cataract. A review of the resident's "Monthly Weights" revealed the following: January 2015 - 112 pounds February 2015 - 116 pounds March 2015 - 116 pounds April 2015 - 88 pounds ?? - the two (2) hand written question marks [??] were written in the corresponding space for "re-weight." May 2015 - 88 pounds June 2015 - 89.4 pounds July 2015 - 91.2 pounds August 2015 - 90.8 pounds September 2015 - 91 pounds (27.5% weight loss over 180 days.)		L 052	Refer to page 152 for resp	oonse		
	Resident #6 sustain weight loss of 28 po	March through April 2015, ed a significant unplanned unds over 30 days. The clinical nced of a verification of the ariance.					
	Quarterly Nutrition Notes: A Quarterly Nutrition Review conducted dated May						
		Nutrition Note was dated revealed, "Swallowing					

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A. BUILDING:	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	
B. WING 09/23/2019	HFD02-0024	
TREET ADDRESS, CITY, STATE, ZIP CODE		NAME OF PROVIDER OR SUPPLIER
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ATORY ID PROVIDER'S PLAN OF CORRECTION (X COMF PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMF TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	NT OF DEFICIENCIES RECEDED BY FULL REGULATORY NG INFORMATION)	PREFIX (EACH DEFICIENCY MUST
missing age Boost yl, agia, per RN er RN. el" d more y bl claid lical Refer to page 152 for response titel s more is	egy) dysphagia and missing SLP [Speech Language echanical soft diet; Boost ent] BID [twice-a-day], ating, no teeth/dysphagia, e (average) is 75% per RN applement50% per RN. s/40.4 kg [kilograms] " Inical record revealed more before the Quarterly ducted in May 2015. stained the unplanned ch and April 2015. evidence in the clinical transport was ordered. W dated August 11, 2015 ed to stimulate appetite] ations " which was more esident 's weight was S Progress Note " [March 20, 2015] 7:45 is [none]; " O " [no] distress, wt [weight] sment/Plan] Senile	teeth; (signs/sympton Pathology] ordered. Plus [nutritional suppneeds assistance wit [%] percent of meal i [Registered Nurse], Current weight 89 por A further review of the than 30 days had lap Nutrition Review was However, the resider weight loss between In addition, there was record that a SLP coordinate of the mean of the than 60 days since the identified at 88 pound Physician Notes: A review of a Physician Review of a Physician Notes: A review of a Physician Revealed "pt. seconds of the percent of the per
d more y 5. eed ical 2015 titte] s more is	upplement50% per RN. s/40.4 kg [kilograms] " nical record revealed more before the Quarterly ducted in May 2015. stained the unplanned ch and April 2015. evidence in the clinical t was ordered. w dated August 11, 2015 ed to stimulate appetite] tions " which was more esident 's weight was s Progress Note " 5 [March 20, 2015] 7:45 s [none]; " O " [no] distress, wt [weight] sment/Plan] Senile	Registered Nurse], Current weight 89 pc A further review of the than 30 days had lap Nutrition Review was However, the resider weight loss between In addition, there was record that a SLP co Quarterly Nutrition R revealed, "Remeron was added to the methan 60 days since the identified at 88 pounds. Physician Notes: A review of a Physicial Attending dated 3/4 PM revealed pt. see [observation] small by

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Interviews:

A face-to-face interview was conducted with

PRINTED: 10/26/2015 FORM APPROVED Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: B WING HFD02-0024 09/23/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONSTITUTION AVE. NE **BRIDGEPOINT SUB-ACUTE AND REHAB** WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX TAG (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) L 052 Continued From page 158 L 052 Refer to page 152 for response Employees' #26 and #27 on September 17, 2015 at approximately 9:50 AM regarding interventions once the weight loss was identified. Employee #26 acknowledged that a reweight should have been conducted and placed on weekly weights. Employee #26 also acknowledged that the facility obtained new scales in April 2015 and the weights were stable since April on and the resident 's condition nor behavior changed. A face-to-face interview was conducted on September 17, 2015 at approximately 9:00 AM with Employee #3. He/she stated that after review of the aforementioned, he/she believed the change was due to the new scales (weighing equipment). A face-to-face interview was conducted on September 17, 2015 at approximately 12:40 PM with Employee #28 [Attending Physician]. After review of the aforementioned, he/she stated I should have placed in the medical record that the resident has multiple medical factors for weight loss and that weight loss was expected due to the diagnosis of Dementia. In summary, Resident #6 sustained a significant unplanned weight loss of 28 pounds over 30 days between April and March 2015.

There was no evidence in the clinical record (nursing, dietitian, physician notes and consults) of documented evidence that when the resident sustained a 28 pound weight loss from March 2015 to April 2015 neither the dietitian nor the physician

were notified of the weight loss.

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resident

of close monitoring, supervision and/or physician notification, subsequently was transferred to ER via 911; consistently assess and monitor one (1) resident who was ventilator dependent and experienced an increase in heart rate and was subsequently sent out 911 [Emergency Services]; accurately assess the respiratory status of one (1)

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the following:

refused C-PAP treatments secondary to SOB and exhibited signs of a change in mental status. The clinical record lacked evidence that nursing staff identified, acted on, comprehensively assessed and intensively monitored the resident when he/she demonstrated a change in status as evidenced by

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HFD02-0024	B. WING		09/23/2015
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(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
L 052	Resident #145 comp C-PAP treatments a Ø August 29, 2018 Patient refused CPA (assist control) due to (shortness of breath) Ø August 30, 2018 Special Procedures Attempt to wean. Pt [Patient] keep comp (shortness of breath) (Assist Control) mod Resident #145 demonstatus as follows: Ø Psychiatric consonot indicated) "ur pt [patient] not responsitionally resident [Alert and Complace), but just received a Respiratory there August 31, 2015 7A remains on A/C mod patient being less ar There was no evided was given to conduct assessments when change in the level of shortness of breath record revealed that the mental health president in the shortness of breath record revealed that the mental health president in the shortness of breath record revealed that the mental health president in the shortness of breath record revealed that the mental health president in the shortness of breath record revealed that the mental health president in the shortness of breath record revealed that the mental health president in the shortness of breath record revealed that the mental health president in the shortness of breath record revealed that the mental health president in the shortness of breath record revealed that the mental health president in the shortness of breath record revealed that the mental health president in the shortness of breath record revealed that the mental health president in the shortness of breath record revealed that the mental health president in the shortness of breath record revealed that the mental health president in the shortness of breath record revealed that the mental health president in the shortness of breath record revealed that the mental health president in the shortness of breath record revealed that the mental health president in the shortness of breath record revealed that the mental health president in the shortness of breath record revealed that the mental health president in the shortness of breath record revealed that the shortness of breath record revealed that the shortness of breath	plained of SOB and refused is follows: 5-7PM-7AM- Shift Report "AP trails last nightback on AC to patient complaining of SOB) 5-7AM-7PM- S- Shift Report Done [and] Time Performed: [Patient] on CPAP trial. (complaining) of SOB), anxious. Placed back on AC le to rest. 5-1-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-	L 052	Response to L052, F1-3, Resident 145, 37, 5, 3. Residents on weaning protocol will on the 24 hour report to ensure noti residents' status and order changes communicated across shift. Hand-off communication was estable between Nursing and Respiratory dichange to note status and progress residents on weaning protocol. 4. The Resident Care Coordinator (RC perform weekly audits of the 24 hour ensure appropriate protocol related residents' change in condition are for per policy. Results of the audits will be reported to the Risk Management Subcommithree (3) months. A quarterly summa audits will be reported to the Quality Assurance Committee until 100% or is demonstrated consistently for three months. The Respiratory Department will commonthly audits to respiratory orders monthly summary of the audits will reported to the Quality Assurance Cuntil 100% compliance is demonstrate consistently for three (3) months	be entered fication of stare dished uring shift of CC) will In report to to bollowed d weekly littee for any of the compliance see (3) Induct Ind

PRINTED: 10/26/2015 FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: B WING HFD02-0024 09/23/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONSTITUTION AVE. NE **BRIDGEPOINT SUB-ACUTE AND REHAB** WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX TAG (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) L 052 Continued From page 162 L 052 Refer to page 161 for response to "pain medication." However, a review of the Medication Administration Record [MAR] revealed Tylenol 500mg 2 caplets were administered during the 7AM - 3PM shift on August 31, 2015. A review of previous administrations of Tylenol lacked evidence that the resident sustained an alteration in mental status [lack of arousal]. An in-depth review of the clinical record is as

follows:

A review of Physician 's Orders dated August 25, 2015 included, but was not limited to the following:

Ventilator (Ventilator Settings: AC (Assist/Control, Rate- 15, TV (Tidal Volume)- 500, PEEP (Positive End Expiratory Pressure), FIO2 - 45% (Fraction of Inspired Oxygen)

Duoneb (bronchodilators) 2.5mg/3ml (millimeter)- 1 vial neb (nebulization treatment) [every] 6 hours PRN (as needed) for bronchospasms, Note: The Duo Neb order was modified on August 25, 2015 for administration "every 4 hours" [instead of every 6 hours as needed]

Tylenol 500mg 2 caplets via peg 30 minutes prior to wound care for pain

Seroquel (antidepressant) 25 mg (milligram) - 1 tablet via GT (Gastrostomy tube) BID (twice a day) for depression:

Prozac 20 mg 1 capsule daily for Depression

Midodrine (Vasopressor/Antihypotensive medication) 10mg via GT (Gastrostomy Tube) TID (three times a day) for hypotension. Hold for

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	HFD02-0024		B. WING	B. WING		23/2015
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	,		
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L 052	Continued From pag	ge 163	L 052			
	SBP (Systolic blood (diastolic blood pres	pressure) > (greater) 120, DBP sure) > 80				
	Pulmonary Consult a	and Psychiatry consult				
	An Interim physician 2015 read:	's order dated August 31,				
	patient to nearest El	959 (8:59PM) - Please transfer R via 911 re: AcuteAMS (Altered ycardia and hypotension. "	l t			
	Physician 's Notes:					
	"August 25, 2015- 3:17 PM- Pulmonary Consult: Awake, alert, appears anxious. Vitals: Chest-crackles [positive] bilaterally, vent settings: VT-500, AC-15, P [Peep] - 5, FIO2-45%, Impression: Chronic Respiratory Failure. PT (Patient) on vent-tolerates CPAP (Continuous Positive Airway Pressure) trials intermittently. Continue trials as tolerated. [He/she] remains very anxious Titrate O2 (oxygen) to sats (saturations) > (greater than or equal to) 92%.					
	Chronic Respiratory Chronic Respiratory current settings, con	Note: cc: (chief complaint) - Failure Assessment/Plan: - Failure- continue on vent at atinue vent weaning trials, preciated Depression-				
	cc: chronic respirato complaints this after	520 (3:20 PM) - Attending Note; ory failure. Voiced [no] noon. [Vital Signs Stable]- T- rations-18, B/P (Blood Pressure nt/Plan: Chronic				

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Health Regulation & Licensing Administration

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				ATE SURVEY MPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER.	A. BUILDING: _		COMPL	EIED	
	HFD02-0024		B. WING		09/2	3/2015	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE			
BBIDGE	POINT SUB-ACUTE AN	ID REHAR 700 CONS	TITUTION A	/E. NE			
BRIDGE	OINT SUB-ACUTE AN	WASHING	TON, DC 200	002			
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L 052	Continued From page	ge 164	L 052				
	possible, suction PR	RN (as needed), Depression-					
	Continued From page 164 Respiratory Failure- Continue on vent, wean as possible, suction PRN (as needed), Depression-Continue on Prozac. August 31, 2015- 2103 (9:03 PM) - Hospitalist Note: I was called to evaluate [Resident #145] b/c (because) of hypotension, tachycardia, [and] acute AMS gradually since few hours ago. [His/her] HR (heart rate) has been elevated to 150 's [and] B/ P as low as 77/53. As per nurse even to earlier today [he/she] was A&O (alert and oriented), but currently [he/she] is obtunded [and] unresponsive with agonal breathing. [He/she] is quadriplegic. Assessment/Plan: Acute AMS [and] hypotension-unknown cause ([he/she] finished [his/her] IV (Intravenous) Cipro (antibiotic) yesterday [and] Diflucan (anti-fungal medication) was discontinued). Transfer to nearest ER (Emergency Room). " Psychiatric Diagnostic Consultation: August 31, 2015 [no time indicated] - Certified Registered Nurse Practitioner " Mental Status Exam: Information obtained from staff/chart/resident [not] easily arousable [Patient not arousable and does not answer questions at this time. Staff reports resident [Alert and Oriented x3- (time, person and place), but just received pain meds. Concerns/Findings: Per staff resident normally [Alert and oriented x3], responds to questions asked. On exam, resident responding to painful stimuli but not easily arousable and [he/she] opens eyes to name but does not answer question, (-) Insomnia, " + " [Positive] Anxiety, " + " mood and affect [secondary to medical complications/conditions per staff. Plans: Monitor for safety and fall precautions, monitor for worsening anxiety, [Follow-up] in one (1)						

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		HFD02-0024		B. WING		09/	23/2015
NAME OF P	ROVIDER OR SUPPLIER			DRESS, CITY, STA	,		
BRIDGE	POINT SUB-ACUTE AN	D REHAB		STITUTION AV STON, DC 200			
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L 052	Continued From pag	je 165		L 052			
	mood/and anxiety. "						
	Nursing Notes:						
	August 28, 2015 3:1 [b/p-blood pressure] [R-respirations] 18	108/58; [P-pulse] 9					
	August 29, 2015 3:0 [R] 20 "	0 AM - "[b/p] 116	6/62; [P] 78,				
	August 31, 2015- 12:35 PM - Resident remain alert and responsive. Vent dependent AC mode for respiratory support. Suction PRN (as needed)V/S- [Blood Pressure] - 134/74, 98.9 [Temperature]-, 74, 100 [no respirations documented, two (2) different heart rates]						
	S-BAR (Situation-Backgroun on) /Acute Change i Date: 8/31/15, Time: P-153, R-24, letharg although on vent. B Temp: 98.6, B/P- 77 Lung sounds: Crack Resident was noted elevated pulse rate. ordered to transport evaluation and treate	n Condition Report: 9:39 PM low B/F y [and] gasping for ackground: Respira /53, RESP: 24, Puls les, Pulse ox: 93% [with] [decreased] E House officer notificer resident to [hospita	Situation- P- 77/53, breath, tory Failure, se: 153, ventilator B/P 77/53, ed who				
	A review of the facili	ty 's Ventilator Poli	cy/Protocol				
	The facility 's Ventill Care Respiratory Pr stipulates: "Modes Ventilation (A/C): A/c pressure in response	otocol [no date indic of Ventilation- Assi C delivers the prese	cated] st-Control				

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administered between 4:48

[Patient] is on AC 15, 500, 45%, +5, B-Respiratory Failure, A- [Patient] is on AC. Stable O2 Sat 98%, HR-78%, RR-20, No sign of distress, R- We will continue monitoring [patient] and [symptoms] as needed. There was no evidence that Duoneb treatments (prescribed every 4 hours) were

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continue to monitor.

Ventilator Flow Sheet revealed the following "

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Interviews:

(7PM-7AM) to August 31, 2015 (7AM-7PM).

A face-to-face interview was conducted with Employee #14 (on-coming team member) September 18, 2015 at approximately 2:00 PM

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Registered Nurse orientee (for orientation to ventilator). A review of the nursing assignment for August 30, 2015 revealed four (4) Licensed Practical Nurses (LPNs) were on duty for the 6th floor from 7:00 AM-3:30PM shift to manage residents receiving ventilator services.

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[percent].

(Blood Pressure)-48; [Oxygen] Saturation -100; FIO2 [Fraction of Inspired Oxygen] Ventilator- 100

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and oxygen saturation of 81% while on the

Review of the Ventilator Flow Sheet dated

ventilator with FiO2 of 40%.

September 18, 2015 revealed the

PRINTED: 10/26/2015 FORM APPROVED Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B WING HFD02-0024 09/23/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONSTITUTION AVE. NE **BRIDGEPOINT SUB-ACUTE AND REHAB** WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX TAG (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) L 052 Continued From page 172 L 052 Refer to page 161 for response respiratory therapy staff documented pre-treatment assessment at 5:00 PM which indicated the heart rate- 89 beats per minute, respiratory rate- 19 breaths per minute, and oxygen saturation- 98 percent; and post-treatment assessment at 5:15 PM indicating heart rate was 90 beats per minute, respiratory rate 16 breaths per minute and oxygen saturation of 98%. Although the medical and nursing staff assessed Resident #37 to have experienced a change in condition to include elevated heart rate, increased respirations, and decreased oxygen saturation, the respiratory therapy staff documented an assessment with the heart rate, respiratory, and oxygen saturation consistent with Resident #37 's baseline physical assessments. Resident #37 was subsequently transferred via Emergency Medical Services to a local emergency department. A face to face interview was conducted with Employee #31 on September 21, 2015 at approximately3:30 PM. S/he confirmed that the respiratory assessment was inconsistent with the change of condition at the time of assessment. The findings were reviewed, discussed, and acknowledged. 3. Sufficient nursing time was not given to consistently assess and monitor Resident #5 who was ventilator dependent and experienced an increase in heart rate and was subsequently sent

out 911 [Emergency Services].

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

(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) COMPLET DATE
L 052	Continued From page 173 A review of Resident #5 's quarterly MDS (Minimum Data Set) with an Assessment Reference Date (ARD) of April 22, 2015 revealed diagnoses in Section I (Active Diagnoses) included: Hypertension, Tracheostomy, Respiratory Failure, and Ventilator.	L 052	Refer to page 161 for response	
	According to physician 's orders dated May 9, 2015 directed; "Vent [Ventilator] Settings: AC (Assist Control) Mode- Rate-10, VT- 400 [Tidal Volume]-FIO2 [Fraction Inspired Oxygen]- 40%			
	Physician 's Progress Notes:			
	Pulmonary Note - June 1, 2015 at 1:45 PM revealed "Patient [resident] remains on vent. Responds to stimuli, no purposeful movements. Vent settings AC [mode of Assist Control] 10, VT [tidal volume] 500, PEEP [positive expiratory end pressure] +5, Fi02 [room air] 40%. Exam: vitals 104/72, P 69, R 18, T 97.9; CTA-[clear to auscultation bilaterally no wheezes; CVS [cardiovascular] no murmurs; Abd [abdomen] + [positive] bs [bowel sounds]; Ext [extremities] no edemaA/P Assessment/Plan (1) chronic Respiratory Failure; (2) Encephalopathy secondary CVA [Cerebral Vascular Accident] - Continue on vent support - no weaning - supportive care. "			
	MD [Medical Doctor] Acute Note - June 2, 2015 at 08:50 AM revealed "Responding to "Rapid Response." Patient [Resident] identified with tachycardia with HR [140], SBP [systolic blood pressure 110, RR [respiratory rate] 20s-30s; SAT			

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June 1, 2015 4:00 PM - "Resident is alert and responsive PM care given. Vs T 98.6, P 87, R 20,

BP 130/77 Pulse OX 98%. Turned and

repositioned, due meds give. "

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A review of the Respiratory Ventilator Flow Sheet for June 2, 2015 revealed the following:

"Date: June 2, 2015 Time: 0025 [12:25 AM]

Mode: AC Fi02: 40% PEEP: 5

Saturation: 97% Heart Rate: 70

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
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]				
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NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
BRIDGER	POINT SUB-ACUTE AN	ID RFHAB	TITUTION A			
		WASHING	TON, DC 20	002		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES F BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
L 052	Date: June 2, 2015 Time: 0345 [3:45 Al Mode: AC Fi02: 40% PEEP 5 Saturation: 98% Heart Rate: 121 Date: June 2, 2015 Time: 08:20 [8:20 Al Mode: AC Fi02: 40% PEEP: 5 Saturation: 99% Heart Rate: 129 There was no docur nursing time was gi regards to Resident June 2, 2015 (3:45 Al which is indicative of A review of the resp revealed: June 2, 2015 - 7pm- S: Pt on A/C mode B: Respiratory resid A: Sat 98% HR 71, I Rhonchi/clear, sxn [suction, no distress. R: monitor June 2, 2015 - 7AM-	mented evidence that sufficient ven to notify the physician in #5 's increased heart rate from AM) to June 2, 2015 (08:20 AM), f approximately 4 hours. iratory therapy shift note -7am shift note revealed: dent RR 18 BS [breath sounds] suction] moderate yellow 7PM Shift- no documentation adicated on flow sheet- " PT	L 052	Refer to page 161 for response		

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6899

2015.

by Employee #18 who stated that the rapid response took over, and that the resident had vomited when he/she was bagged and then the resident was sent out 911 with a heart rate at 140. The night shift nurse was not available for interview. The clinical record was reviewed on September 21,

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2015: AC/ Rate 12, VT500 FI02

On September 21, 2015 at approximately 9:42 AM a review of the 'Ventilator Flow Sheet' completed by Respiratory Therapy revealed that ventilator weaning was in progress, but when the resident was not weaning, the ventilator settings were as follows from September 1, 2015 to September 21,

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the requested information.

the mode, the set rate, the resident 's rate, and the resident 's expected respiratory outcome in relation his/her ventilator status. Employee #22 explained the set rate of 12; however, could not further explain

On September 21, 2015 at approximately 10:45 AM a face-to-face interview was conducted with

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Consents for Surgery, Procedures, Anesthesia,

Transfusion and Other Treatments form dated May

11, 2015 at 6:05 PM revealed the signature of two

Peripherally Inserted Central Catheter; however, the

nurses witnessing the telephone consent for the

form lacks the signature of the individual

responsible for explaining the nature of

will audit all PICC orders. Results of the audits will

be reported monthly to the Risk Management

summary of the audits will be reported to the Quality Assurance Committee until 100%

(3) months

Subcommittee for three (3) months. A quarterly

compliance is demonstrated consistently for three

11.10.15

PRINTED: 10/26/2015 FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: B WING HFD02-0024 09/23/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONSTITUTION AVE. NE **BRIDGEPOINT SUB-ACUTE AND REHAB** WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX TAG (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) L 052 Continued From page 181 L 052 Refer to page 181 for response the patient condition, procedure, and risks/ benefits associated with undergoing the procedure. Review of the Physician 's Progress Notes for May 11, 2015 at 5:00 PM failed to reveal the medical staff spoke with the resident and/or responsible party about the need for a Peripherally Inserted Central Catheter and/or its risks and benefits. A face to face interview was conducted with Employee# 10 on September 21, 2015 at approximately 12:55 PM regarding the execution of the consent for Peripherally Inserted Central Catheters. S/he stated that it was the understanding that the individual performing the procedure would obtain the consent. When queried about the omission with regards to Resident #11, s/he was unable to provide further insight. Sufficient nursing time was not given to ensure that a consent was properly executed before an invasive procedure was performed. The clinical record was reviewed on September 21, 2015. 2. Resident #140 was admitted on August 18, 2015 with diagnoses to include Osteomyletis.

Medical record review conducted September 18, 2015 at 2:00 PM revealed a Peripheral Inserted Central Catheter (PICC) line was inserted on September 9, 2015 by an outside contract nurse.

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2015.

clinical record was reviewed on September 18,

H. Based on record review and staff interview for

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given to the resident.

signed the allotted signature boxes twice a day from July 1-31, 2015 which indicated the medication was

Review of the Medication Administration Record [MAR] dated September 2015 revealed the

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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMB	ER:	A. BUILDING: _		COMPI	_ETED
		HFD02-0024		B. WING		09/2	23/2015
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
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	QUI II A DV OT	ATEMENT OF REFIGIENCIES	WASHING	1		-071011	
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L 052	Continued From page 184			L 052			
	lacking the dose, fre and use. The staff h boxes twice a day fr	C. The order was in equency, route of admi ad signed the allotted om September 1-16, 2 medication was given	nistration, signature 2015				
	resident was free from evidenced by the ad	me was not given to er om unnecessary medio Iministration of Vitamir in September and 31 ician 's order.	cations as				
	a face-to-face interv Employee #4 regard findings. He/she rev	2015 at approximately iew was conducted wi ling the aforementione iewed the records and ndings. The record wanber 16, 2015.	th ed I				
L 056	3211.5 Nursing Fac	ilities		L 056	Refer to page 188 for resp	onse	
	Beginning January of provide a minimum tenth (4.1) hours of per day, of which at be provided by an a nurse or registered in	1, 2012, each facility s daily average of four a direct nursing care per least six tenths (0.6) h dvanced practice regis nurse, which shall be i uired by subsection 32	ind one r resident nours shall stered n addition		Note: to page 100 101 109k		
	This Statute is not r	met as evidenced by:					
		review and staff interv t the facility staff failed					

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(3) (ii), F282

arranged by the facility must be provided by qualified persons in accordance with each resident ' s written plan of care. Cross reference 483.20 (k)

Failure to ensure that each resident received and the facility provided the necessary care and services to attained/maintained the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive

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STATEMEN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HFD02-0024	B. WING		09/2	3/2015
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
BRIDGEF	POINT SUB-ACUTE AN	D REHAB	TITUTION A\ TON, DC 200			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
L 056	Continued From pagassessment and pla	ge 186 n of care. Cross reference	L 056			
	483.25, F309 Failure to ensur provided to maintain activities of daily livin 483.25(a) (3), F312 Failure to ensur and treatment to pro Cross reference CFI Failure to ensur remains as free of a Cross reference CFI Failure to ensur acceptable parametrody weight. Cross Failure to ensur proper treatment and Cross reference 483 Failure to ensur available to provide Cross reference 483 Failure to post redaily basis to include regulation. 483.30 (6) Failure to ensur properly labeled and 483.60 (b), (d), (e), Failure to ensur equipment was in sa reference CFR 483. Failure to ensur maintained in good reference CFR 483. Failure to ensur effective pest contro 483.70(h)(4), F469 Failure to complete to complete to complete to complete to complete to complete to the sur effective pest contro 483.70(h)(4), F469	e the necessary services was a good hygiene and to carry out ng. Cross reference CFR e provision of necessary care mote healing of wound (s). R 483.25(c), F314 e that the resident environment ocident hazards as is possible. R 483.25, F323 e that a resident maintains ers of nutritional status, such as reference 483.25 (i), F325 e that a resident receives d care for respiratory care. B 25(k), F328 e that sufficient staff was quality care and services. B 3.30 (a), F353 hurse staffing information on a erall components per the exp.), F356 e that medications were a stored. Cross reference F431 e all essential resident care afe operating condition. Cross T0, F456 e that the call bell system was working condition. Cross		Refer to page 188 for respo	nse	

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tenth (4.1) hours of direct nursing care per resident

per day, of which at least six tenths (0.6) hours shall

be provided by an advanced practice registered

The facility failed to ensure that there was

nurse or registered nurse ... '

Staffing utilization, including the use of supplemental

to Executive Leadership monthly.

the Quality Assurance Committee

staff, per diem and PRN will be analyzed and reported

Human Resources Department will report recruitment efforts daily in the Operations Meeting and monthly to

09/23/2015

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(X3) DATE SURVEY COMPLETED A. BUILDING: _

HFD02-0024 B. WING _

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

700 CONSTITUTION AVE. NE

BRIDGEP	GEPOINT SUB-ACUTE AND REHAB 700 CONSTITUTION AVE. NE WASHINGTON, DC 20002							
(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 056	Continued From page 188 sufficient registered nurse staffing for two (2) of 13 days from August 30, 2015 to September 13, 2015, as indicated below:	L 056						
	August 30, 2015 0.2 September 13, 2015 0.5							
	C. Based on observations, record review, staff interviews, and resident outcomes, it was determined that facility staff failed to provide care and services by qualified staff and in sufficient numbers to ensure that residents received quality care consistent to meet their needs. For example, a review of the nursing assignment for August 30, 2015 revealed four (4) Licensed Practical Nurses (LPNs) were on duty for the 6th floor from 7:00 AM-3:30PM shift. There were no Registered Nurses on duty to manage the residents on the 6th floor. There was only one (1) respiratory therapist on August 30, 2015 (7PM-7AM) shift. There were 12 residents on ventilators, 15 residents who had tracheostomies, four (4) residents requiring BIPAP (Bi-level Positive Airway Pressure), 2 (two) residents requiring Hi-Flow, 55 [nebulization] treatments and four (4) residents weaning from ventilators. A face to face interview was conducted on September 16, 2015 at approximately 4:20 PM with Employees #3 and #10. After review of the		Refer to page 188 for response					
L 067	aforementioned both acknowledged the findings. 3214.1 Nursing Facilities	L 067						
	A comprehensive on-going in-service education program shall be provided by the facility and shall include training on the provision of resident care. This Statute is not met as evidenced by:							

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maintenance.

and/or had documented demonstration of

a review of 20 personnel records of staff,

competency in vent management and airway

On September 22, 2015 at approximately 1:00 PM,

to residents' change in condition are followed.

Results of the audits will be reported weekly to the

Risk Management Subcommittee for any actions plans/recommendations if deemed necessary. A quarterly summary will be reported to the Quality

Assurance Committee until 100% is consistently

maintained for three (3) months

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Employee #43

On September 22, 2015 at approximately 9:30 AM a

knowledge of ventilators and I made administration aware of that when I took the job. I know the staff

face-to-face interview was conducted with Employee #6 [staff development personnel], regarding ventilator management training provided to staff and the corresponding documented competencies. He/she stated, " I have no

spends one day with a Respiratory

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protocol. "

directed the following, " Initiate ventilator weaning

On September 21, 2015 at approximately 9:42 AM a

review of the 'Ventilator Flow Sheet'

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the set rate of 12;

a face-to-face interview was conducted with Employee #22, who was assigned to care for residents requiring ventilator services. Employee #22 was asked to observe Resident #98 and the ventilator, confirm ventilator settings and to describe the mode, the set rate, the resident 's rate, and the resident 's expected respiratory outcome in relation his/her ventilator status. Employee #22 explained

PRINTED: 10/26/2015 FORM APPROVED Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: B WING HFD02-0024 09/23/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONSTITUTION AVE. NE **BRIDGEPOINT SUB-ACUTE AND REHAB** WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX TAG (X5) COMPLETE DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) L 067 Continued From page 193 L 067 however, could not further explain the requested information. On September 21, 2015 at approximately 10:45 AM a face-to-face interview was conducted with Employee #10, regarding the aforementioned findings. He/she acknowledged the findings, stating that the Respiratory Therapy staff would hold an in-service. On September 22, 2015 at approximately 2:00 PM, a face-to-face was conducted with Employees #2 and 3, regarding the aforementioned findings. Both Employees acknowledged the findings. Facility staff failed to ensure the staff was qualified to provide care for residents requiring ventilator services. B. Facility failed to ensure that the licensed practice Refer to page 195 for response nurse performed duties in accordance with his/her scope of practice as evidenced by a failure to notify the registered nurse when Resident #132 sustained a change in condition that warranted a comprehensive nursing assessment. According to District of Columbia Municipal Regulations for Practical Nursing 5514.3 " The practice of practical nursing shall include the following: (a) Participating in the performance of the

ongoing comprehensive nursing assessment process of the client 's biological, physiological, and behavioral health, including the client 's reaction to an illness, injury, and treatment regimens by collecting data and performing focused nursing

assessments; (b) Recording and

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133, no respirations observed. There was no time documented to indicate the specifics of when the vital were obtained. The medical record any

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usually occurring two (2)

adequately) bagged the patient. The patient did not gain pulse the pulse, the pupils were fixed dilated.

(intravenous) line; however, Rigor Mortis (is a sign of death when the muscles become stiff after death

The 911 was called. Tried to secure the IV

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medication interventions secondary medications are not provided in the SNF (Skilled Nursing Facility).

When necessary, the Rapid Response

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condition.

that facility staff performed a comprehensive assessment relative to the documented change in

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA					SURVEY		
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L 067	Continued From page 198		L 067				
	The facility failed to assessment was pe when a change in colicensed practical nu	rformed by a registe andition was identifi	ered nurse				
L 075	3215.3 Nursing Fac	ilities		L 075	Refer to page 200 for response	neo	
	The facility shall ensare provided by a suand that personal procommensurate with experience, and corollars Statute is not responsible.	ufficient number of of covide ventilator car their documented to inpetence.	qualified staff e services raining,		Neier to page 200 for respec	nise	
	Based on record revidetermined that the licensed nurses ass services were qualifithe facility failed to enurse performed duscope of practice; and assessment was peas evidenced by the documentation of arcondition was obser	facility failed to ensigned to provide veried and competent. ensure that the licerties consistent with not to ensure a comprormed by a register licensed practical in assessment when	ure that ntilator Additionally, nsed practical his/her prehensive ered nurse nurse 's				
	The findings include	:					
	A. Facility staff failed assigned to provide qualified and comper During the survey policensed nursing states services to residents	ventilator services vetent. eriod interviews corff assigned to provide	were nducted with de ventilator				

Health Regulation & Licensing Administration STATE FORM

PRINTED: 10/26/2015 FORM APPROVED Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: B WING HFD02-0024 09/23/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONSTITUTION AVE. NE **BRIDGEPOINT SUB-ACUTE AND REHAB** WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX TAG (X5) COMPLETE DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) L 075 Continued From page 199 L 075 Response to L075, #98 knowledge in the mechanics of ventilation, ventilator Immediately upon notification of this deficiency a function and its correlation to the resident 's review of the competencies confirmed findings, respiratory status. An example to reflect this however no adverse event occurred to resident #98. determination is delineated in the deficient practice statement for Resident #98 documented below. On 9/22-9/26, 10/7, all Registered and Licensed Practical Nurses assigned to the 6th floor ventilator unit by Respiratory Department were in-serviced on A review of personnel records of licensed nursing ventilator mechanics, to include ventilator settings staff assigned to provide ventilator services lacked function and their correlation to respiratory function evidence that the staff were adequately trained was performed for all. and/or had documented demonstration of The scope of practice for RN and LPNs were competency in vent management and airway reviewed with nursing staff, as well as the maintenance. implications for daily practice. A review of the retrospective review of the medical On September 22, 2015 at approximately 1:00 PM, records for all residents on vent weaning protocol a review of 20 personnel records of staff, confirmed was performed by the Resident Care Coordinator. Results of the audit found all residents were in by Employee #10, who have taken care of residents compliance. requiring ventilator services lacked evidence that Continual skills and competency assessment related they were trained and/or had documented to vent management and airway maintenance, as demonstration of competency in ventilator well as the mechanics of the ventilator has been management. The following list of employee included in the annual requirements for all nursing personnel records was reviewed: staff and new hires. Residents on weaning protocol will be entered on 24-hour report to ensure communication of residents' status and order changes Registered Nurses Hand-off communication was established between Employee #9 Nursing and Respiratory during shift change to note Employee #35 status and progress of residents on weaning protocol Employee #10 The Nursing Ventilator Flowsheet was revised and Employee #36 nursing instructed on the new format. 11.10.15 Employee #13 The RCCs will perform weekly audits of the nursing Employee #37 ventilator flowsheet to ensure settings reflect Employee #17 respiratory therapy ventilator flowsheet and audit the

Employee #38

Employee #18 Employee #39

Employee #32

Employee #40

Employee #33

Employee #41

24-hour report to ensure appropriate protocol related

Results of the audits will be reported weekly to the

A quarterly summary will be reported to the Quality Assurance Committee until 100% is consistently

Risk Management Subcommittee for any actions

plans/recommendations if deemed necessary.

maintained for three (3) months

to residents' change in condition are followed.

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Facility staff failed to ensure that licensed nursing staff assigned to provide ventilator services for

On September 21, 2015 at approximately 9:30 AM, a review of the admission record revealed that Resident #98 was admitted on July 8, 2015

Resident #98 were qualified.

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September, 2015.

On September 21, 2015 at approximately 9:45 AM, a face-to-face interview was conducted with Employee #16, who was assigned to care for the resident. Employee #16 was asked to observe Resident #98 and the ventilator, confirm ventilator

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services.

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respiratory therapist.

part of the ventilator checks. The external ventilator alarm monitors are battery-operated. The battery for the aforementioned alarm was observed to be low and continued to shut off when inspected by the

There was not documented evidence to support

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incident.

each ventilator.

external ventilator alarms only serve as a back-up to the manufacturer 's internal ventilator alarms on

acknowledged by Employee #31 at the time of each

These observations were confirmed, and

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L 099	Continued From pag	ge 205	L 099	Response to L099, #1, #2		
L 099	from spoilage, safe is served in accordance forth in Title 23, Sub Regulations (DCMR This Statute is not reasonable). Based on observation at approximately 9:2 the facility failed to proditions as evider	I be clean, wholesome, free for human consumption, and se with the requirements set tittle B, D. C. Municipal), Chapter 24 through 40. met as evidenced by: ons made on September 9, 2015 to AM, it was determined that prepare food under sanitary need two (2) of two (2) soiled kitchen floor that was marred in	L 099	 Immediately upon notification of this defic grease fryer in prep area was cleaned. The kitchen floors throughout the department replaced. The Dietary Director conducted environmental is addressed immediately or submitted to maintenance through the electronic work system. No residents were impacted by the deficiency. The Dietary Director or designee will commonthly kitchen inspections to identify an sanitary or environmental issues. An equic cleaning schedule will be developed and implemented by the Dietary Director. The Dietary staff were re-educated on the process of the grease fryers. The Dietary Director or designee will report findings monthly to the Environment of Committee and quarterly to the Quality A Committee 	ne marred will be lental sues were order nis duct d correct ipment e cleaning ort audit are 11.	10.15
	1. Two (2) of (2) gre leftover food residue	ase fryers were soiled with				
	2. The kitchen floor	was marred in several areas.				
		were made in the presence of cknowledged the findings.				
L 190	3231.1 Nursing Faci	ilities	L 190			
	responsible for implemedical records.	rator or designee shall be ementing and maintaining the met as evidenced by:				

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Based on record review and staff interviews for three (3) of 55 sampled residents, it was determined

that the facility staff failed to maintain

PRINTED: 10/26/2015 FORM APPROVED Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: B WING HFD02-0024 09/23/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONSTITUTION AVE. NE **BRIDGEPOINT SUB-ACUTE AND REHAB** WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX TAG (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) L 190 Continued From page 206 L 190 clinical records in accordance with accepted professional standards and practices as evidenced by: the physician failed to document the accurate intervention for wound care treatment for one (1) resident; and the staff failed to ensure the correct spelling of two (2) residents ' names were accurately documented in the clinical records. Residents # 43,108, and 138. The findings include: Response to L190,#1, Resident #43 1. The physician failed to document accurate intervention for wound care treatment for Resident There was no adverse affect to the wound #43. healing process because the 'actual' treatment being done was saline. The error was in the report submitted by the wound On September 18, 2015 at approximately 12:15 PM, consultant physician. a review of the admission note revealed and A review of wound care orders were audited revealed that Resident #43 was admitted to the finding all orders in compliance. facility on April 22, 2011. A review of the physician ' Careful review of treatment orders during end s history and physical dated May 1, 2015 revealed of month review and reconciliation to ensure the resident 's diagnosis included a Stage 3 sacral accuracy. Review reports submitted by consulting ulcer and Immobility. wound physician with signed physician order in medical record. Review of the physician 's orders signed and dated The RCCs or designee will audit the TAR to 11.10.15 August 31, 2015 revealed an order that directed the ensure all orders are documented and implemented. The audit findings will be following: " Cleanse sacral ulcer wound with normal reported to Risk Management Subcommittee saline, pat dry with gauze. Apply Maxorb [wound for three (3) months and a quarterly summary care dressing] Ag [silver] and cover with dry to Quality Assurance Committee until 100% dressing daily. ' compliance is demonstrated for three (3) months Review of the 'Wound Care Specialist Evaluation' records revealed that the resident was not receiving dressing changes with Normal Saline as per physician 's order; instead, the following wound

care documentation observed in the 'Assessment & Plan' section of the August 20, 2015 and September 10, 2015 notes described the following:

PRINTED: 10/26/2015 FORM APPROVED Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: B WING HFD02-0024 09/23/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONSTITUTION AVE. NE **BRIDGEPOINT SUB-ACUTE AND REHAB** WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX TAG (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) L 190 Continued From page 207 L 190 " Continue dry protective dressing once daily, silver absorbing agent -prn [as needed], Dakin 's Solution- once daily cleanse. " On September 18, 2015 at approximately 4:26 PM, a telephone interview was conducted with Employee #9 regarding the aforementioned documentation and treatment. He/she explained, " The resident should be receiving dressing changes with saline, as the physician ordered. I meant to switch my notes to saline. " The record was reviewed on September 18, 2015. 2. Facility staff failed to ensure the correct spelling Response to L190,#2A, B, Resident #108, #138 of two residents' names were accurately Immediately upon notification, the names of documented in the clinical records for Residents' resident #108 and #138 were corrected within #108 and 138. the medical record. A. On September 16, 2015 at approximately 12:30 An audit of the medical records were reviewed and none were found to have been affected. PM. a review of the admission note revealed Resident #108 was admitted to the facility on The MDS Audit Tool was revised, to include December 19, 2014 with diagnoses that included verification of the spelling of residents' names Respiratory Failure. A full review of each residents' name will be done during admission, utilizing all available information by the MDS Coordinator. Review of the Admission Record and physician 's history revealed documentation that the resident 's Results of the MDS audit will be reported to 11.10.15 name was spelled one way. A review of the Risk Management Subcommittee for three (3) Controlled Medication Record ' and Medication months and a quarterly summary to Quality Administration Record [MAR] revealed Assurance Committee until 100% compliance is demonstrated for three (3) months documentation that the resident 's name was spelled differently. The resident 's name was

spelled two different ways in the clinical record.

reviewed on September 16, 2015.

On September 16, 2015 at approximately 1:20 PM, a face-to-face interview was conducted with Employees #4 and #50. Both reviewed the records and acknowledged the findings. The record was

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STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
		HFD02-0024	B. WING		09/23/2015
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE	
BRIDGEF	POINT SUB-ACUTE AN	IN REHAR	TITUTION AV		
			TON, DC 200		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES I BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
L 190	Continued From pag	ge 208	L 190		
	PM, a review of the Resident #138 was	0, 2015 at approximately 1:30 admission note revealed that admitted to the facility on h diagnosis that included Failure.		Refer to page 208 for respor	nse
	history revealed doo name was spelled o Controlled Medicatio Set [MDS] dated Au resident 's name wa	ssion Record and physician 's cumentation that the resident 's ne way. A review of the 'on Record 'and Minimum Data gust 23, 2015 revealed the as spelled differently. The as spelled two different ways in			
	a face-to-face interv Employees #7 regar findings. He/she rev	2015 at approximately 1:40 PM, riew was conducted with rding the aforementioned riewed the records and andings. The record was aber 10, 2015.			
L 214	3234.1 Nursing Fac	ilities	L 214	Refer to page 210 for respor	nse
	located, equipped, a functional, healthful, supportive environm and the visiting publ	e designed, constructed, and maintained to provide a , safe, comfortable, and nent for each resident, employee ic. met as evidenced by:			
	2015 at approximate 16, 2015 at approximate determined that faci area free of acciden (2) of two (2) surge	ons made during an of the facility on September 14, ely 2:30 PM and on September mately 10:00 AM, it was lity staff failed to maintain the thazards as evidenced by two protectors observed on the floor dent's rooms surveyed and one			

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

HFD02-0024

| Complete Construction | Complete Comp

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

(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 214	Continued From page 209	L 214	Response to L214, 1-4	
	protector observed on top of the dresser in one (1) of 42 resident's rooms surveyed, nails that were sticking out of the top of the closet door in one (1) of 42 resident's rooms surveyed, an unlocked and accessible utility closet with cleaning chemicals on one (1) of three (3) resident's care unit and an unlocked and accessible oxygen storage room on one (1) of three (3) resident care units. The findings include: 1. Two (2) of two (2) surge protectors were not mounted and were observed on the floor of room #6138, and a surge protector was observed on top of a dresser in room #6104, two (2) of 42 resident's rooms surveyed.		 Immediately upon notification, the surge protectors were secured, the nails sticking out of the top of the closet door were removed and closet door repaired in the identified areas. The utility closet on 5th floor and oxygen storage room on 6th floor was securely locked. Facilities Supervisor and Interim Administrator performed Environment of Care (EOC) rounds on each unit focusing on surge protector location, resident closet doors and utility closet on each unit. Those found out of compliance were repaired and/or placed on a maintenance repair schedule. Environmental Surveillance Rounds will continue to include Facilities Director, Maintenance Supervisor and EVS Supervisor. An electronic work order system was established to submit and track completion. An Environment of Care Committee (EOC) was formed to monitor maintenance/repair activities based on findings from the surveillance rounds and electronic work order system 	
	 2. Four nails were observed protruding from the top of a broken closet door in room #4132, one (1) of 42 resident's rooms surveyed. 3. The utility closet on the fifth floor where housekeeping cleaning chemicals are stored, was unlocked and accessible to residents and visitors. 		The Facilities Director or designee will audit the work order system and surveillance round findings to ensure EOC activities are addressed. A monthly compliance summary will be reported to the EOC Committee and Quality Assurance Committee	11.10.1
	The oxygen storage room located on the sixth floor was unlocked and accessible to residents and visitors.			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/S IDENTIFICAT	SUPPLIER/CLIA TON NUMBER:	(X2) MULTIPLE A. BUILDING: _		TRUCTION	(X3) DATE S COMPLE	
		HFD02-	0024	B. WING			09/2	3/2015
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	ATE, ZIF	P CODE		·/
BRIDGE	POINT SUB-ACUTE AN	D REHAB		TITUTION AV				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFI BE PRECEDED BY NTIFYING INFORM	FULL REGULATORY	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
L 214	Continued From pag	ge 210		L 214				
	These observations Employee #8 who a							
L 306	3245.10 Nursing Fa	cilities		L 306	Res	ponse to L306, #1		
	A call system that m shall be provided:	eets the follov	ving requirements		1.	Immediately upon notification, the call bell li repaired and the call bell cord of room 6146 bathroom was replaced.		
	(a)Be accessible to from each bed locat shower room and ot	ion, toilet room	n, and bath or		2.	Maintenance Supervisor and 6th FI RCC cor environmental rounds to ensure the call bel resident rooms and bathrooms were functio rooms were in compliance.	ls in	
	(b)In new facilities o made to existing fac call bell can be term room;	ilities, be of ty	pe in which the		3.	Environmental rounds will be conducted bi- on a rotational schedule by a work group to Maintenance Supervisor or designee, Hous Supervisor or designee, Clinical Care Coord designee, and Administrator or designee.	include ekeeping	
	(c)Be of a quality whe	ent technology	; and			The work group will utilize the electronic wo system to ensure tracking and just-in-time s report of any outstanding environmental cor	tatus	
	(d)Be in good workir	ng order at all	times.			identified.	:-	
	This Statute is not r	net as evidend	ced by:			The staff was in-serviced on 9/27, 9/30 and ongoing regarding the work order process b Maintenance Supervisor.		
	Based on observation environmental tour of 2015 at approximate 16, 2015 at approximate determined that facing resident's call systeme videnced by a call #6146 that missing the systeme of the system of the sys	of the facility of the facility of the facility 2:30 PM armately 10:00 Ality staff failed in good worlold the bath	n September 14, and on September AM, it was to maintain king condition as		4.	Results of ongoing quality monitoring, findin actions taken during inspections will be reported to Committee monthly and Quality Assur Committee at least quarterly	orted to	11.10.15
	The findings include	:						

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		HFD02-0024	B. WING		09/23/2015
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	ATE, ZIP CODE	
BRIDGE	OINT SUB-ACUTE AN	ID RFHAB	TITUTION A		
DIVIDUE	OIITI OOD AOOTE AII	WASHING	TON, DC 20	002	
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L 306	Continued From pag	ne 211	L 306		
	missing a pull cord, surveyed. These observations	e bathroom of room #6146 was one (1) of 41 resident's rooms were made in the presence of cknowledged the findings.			
1 440	2050 4 Number Faci	iliai a a	1 440		
L 410	3256.1 Nursing Faci	llities	L 410	Refer to page 213 for response	
	maintenance service exterior and the inte sanitary, orderly, commanner.	ovide housekeeping and es necessary to maintain the rior of the facility in a safe, mfortable and attractive met as evidenced by:			
	2015 at approximate 16, 2015 at approximate 16, 2015 at approxim determined that facil housekeeping and not omaintain a sanitar interior as evidence resident's rooms, sta 42 rooms, non-funct fourth, fifth and sixth 30 of 87 resident's rothat were out of order rooms surveyed, and 42 resident's rooms expired eyewash so fifth floor and one (1)	ons made during an of the facility on September 14, ely 2:30 PM and on September mately 10:00 AM, it was lity staff failed to provide maintenance services necessary ry, orderly, and comfortable d by marred walls in 23 of 42 ained ceiling tiles in two (2) of ioning sink hoopers on the officen floor, marred entrance doors in sooms in the facility, wall lights er in two (2) of 42 resident's d broken ceiling lights in one of surveyed, one (1) of one (1) lution in the utility room on the) of one (1) eyewash solution in the utility room on the sixth			

Health Regulation & Licensing Administration STATE FORM

STATEMEN	T OF DEFICIENCIES DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HFD02-0024	B. WING		09/23/2015
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE	
BRIDGEF	POINT SUB-ACUTE AN	D RFHAB	TITUTION AV		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
L 410	1. Walls in resident's rooms # 4111, # 4123, # # 5102, # 5119, # 52 # 5143, # 6138, # 6146, # 62 23 of 42 rooms su 2. Ceiling tiles were 5156, # 5149, two (2 surveyed. 3. Three (3) of three located in soiled utilifith and sixth floorand were not function fifth floorand fl	s rooms were marred including 12, # 4115, # 4118, 4132, # 4144, # 4153, # 4157, 133, # 5142, 5156, # 5157, # 6119, # 6129, 156, a total of irveyed. Stained in resident room # 2) of 42 resident's rooms (3) clinical sinks hoppers ty rooms on the fourth, or (One per floor) failed to flush ining as intended. President's rooms were marred 104, # 4123, 4139, # 4144, # 4155, # 4156, 104, # 5106, 5113, # 5116, # 5127, # 5130, 135, # 5142, 5149, # 6113, # 6116, # 6145, a total of 30	L 410	1. Immediately upon notification of thes deficiencies the marred walls; marrer entrance doors; stained ceiling tiles; functional bed wall lights; and ceiling were painted, repaired and/or replace identified areas. The clinical sink hoppers located in tutility rooms of each floor were repair functional, allowing complete water expensed when flushed. The expired eyewash on the 5th floor eyewash solution with a missing cap 6th floor were immediately replaced. 2. Environmental rounds were performed Interim Administrator and Maintenann Supervisor to identify additional area compliance. Those rooms identify wiplaced on a maintenance/repair sche audit of all eyewash solutions was the the facility was completed, replacing found expired. 3. Environmental Surveillance Rounds continue to include Facilities Director Maintenance Supervisor and EVS Standard to submit and track companies and track companies formed to monitor maintenance/activities based on findings from the surveillance rounds and electronic we system	d non-lights ed in the es soiled red and exchange er and the on the ed by the ce so out of ll be edule. An roughout any will expervisor.
	when tested in resid # 6156, two (2) of	lights were not functioning ent's room # 5133 and 42 resident's rooms surveyed. (3) ceiling lights were out in		 The Facilities Director or designee w the work order system and surveillar findings to ensure EOC activities are addressed. A compliance summary v reported to the EOC Committee and Assurance Committee monthly. 	ce round 11.10.15

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED (X2) MULTIPLE CONSTRUCTION A. BUILDING: _ HFD02-0024 B. WING _ 09/23/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS CITY STATE 7IP CODE

NAME OF P	ROVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	ATE, ZIP CODE	<u> </u>	
BRIDGE	POINT SUB-ACUTE AND REHAB		TITUTION AV			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REG OR LSC IDENTIFYING INFORMATION)	SULATORY	ID PREFIX TAG	(E/	PROVIDER'S PLAN OF CORRECTION ACH CORRECTIVE ACTION SHOULD BE SS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 410	Continued From page 213		L 410			
	7. One (1) of one (1) eyewash solution loc the utility room on the fifth floor was expired as of February 2015 and one (1) eyewash solution located in the utility room on the sixth floor was missing a man cap and could not be used as intended.	1) of one				
				Response	to L426, 1-2	
	These observations were made in the pres Employee #8 who acknowledged the findir			1.	Immediately upon notification, pest control measures have been implemented to control flying insects on the fourth, fifth, and sixth floor.	
L 426	3257.3 Nursing Facilities Each facility shall be constructed and main that the premises are free from insects and and shall be kept clean and free from debraight provide harborage for insects and room this Statute is not met as evidenced by:	d rodents, ris that odents.	L 426	3.	Environmental rounds were conducted on 9/23 by Environmental Services Supervisor and Administrator to ensure pest control issue related to flying insects has been resolved. Environmental rounds will be conducted biweekly on a rotational schedule by a work group to include Maintenance Supervisor or designee, Environmental Services Supervisor or designee, Clinical Care Coordinator or	
	Based on observations made on Septemb at approximately 9:30 AM, it was determin the facility failed to maintain an effective program as evidenced by a crawling insect the garbage disposal located in the prep a flying insects seen throughout the facility disurvey.	ed that est control ct seen in rea and			Environmental Services Supervisor will implement routine cleaning schedule for trash and deep cleaning schedule for residents' rooms as part of the pest control program.	
	The findings include:				Pest Control Company will be required to communicate with the EVS Supervisor and nursing staff prior to doing rounds to ensure all locations are addressed. A logbook of Pest Control visit will be maintained and monitored by EVS Supervisor.	
	A crawling insect was observed in one (three (3) the garbage disposal located in the prep area	he		4.	Results of ongoing quality monitoring, findings, and actions taken during inspections will be reported to EOC Committee monthly and Quality Assurance Committee quarterly.	11.10.15
	Flying pest were observed throughout t	the			and quality recording committee qualitary.	

STATEMEN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SU COMPLE	
		HFD02-0024	B. WING		09/23	3/2015
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
BRIDGER	OINT SUB-ACUTE AN	D REHAR	TITUTION A\ TON, DC 200			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
L 426	Continued From pag	je 214	L 426			
	facility on the fourth, fifth and sixth on numerous occasions during the survey.					
		was made in the presence of cknowledged the finding.				
L 442	3258.13 Nursing Fac	cilities	L 442	Response to L442, 1, 3		
	electrical, and patier operating condition.	intain all essential mechanical, at care equipment in safe net as evidenced by:		Immediately upon notification, the splashguard in the prep area was work order was submitted to repai curtain and slats in the walk-in refi	replaced. A r the air	
	This Statute is not met as evidenced by: Based on observations made on September 9, 2015 at approximately 9:20 AM, it was determined that the facility failed to maintain essential equipment in good working condition as evidenced by one (1) of three (3) garbage disposals with a torn gasket and missing slats from air curtains located in one (1) of			2. The Dietary Director conducted er rounds. Any sanitary or environme were addressed immediately or sumaintenance through the electron order system. No residents were in this deficiency.	ental issues ubmitted to ic work	
		gerator and one (1) of one (1)		The Dietary Director or designee we monthly kitchen inspections to ide correct sanitary or environmental in the co	ntify and	
	The findings include	:		The Dietary Director or designee vaudit findings monthly to the Environment Care Committee and quarterly to the Assurance Committee.	onment of	11.10.15
	1. One (1) of three (3 the prep area had a	3) garbage disposals located in torn splash guard.				
		one (1) of one (1) walk-in (1) of one (1) walk-in vere missing slats.				
		were made in the presence of cknowledged the findings.				

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FORM APPROVED Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: _ B WING HFD02-0024 09/23/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONSTITUTION AVE. NE **BRIDGEPOINT SUB-ACUTE AND REHAB** WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX TAG OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) L 442 Continued From page 215 L 442 Response to L442, #B1 B. Based on observation and staff interview made during tour of the sixth floor on September 9, 2015 The battery was immediately replaced by the at approximately 12:20 PM and September 16, respiratory therapist on 9/16. Immediate 2015 at approximately 1:15 PM, it was determined follow-up was conducted with the individual respiratory staff to enhance accountability. that the facility failed to maintain essential Respiratory therapy staff were reeducated on equipment as evidence by the external ventilator the process for checking ventilator external alarm monitor for one (1) of eleven ventilator alarm alarms. monitors on multiple days. External alarm check was performed on all patients that were on mechanical ventilation. Based on the review this was an isolated The findings include: incident, resident #37, was not harmed by this deficiency. No other resident were found to be affected by this deficiency. 1. On September 16, 2015 at 12:15 PM during a Daily rounding will be conducted at the beginning of each shift. tour of the ventilator unit revealed the external ventilator monitor for Resident #37 was observed to Ventilator External Alarm Check List - All be turned off as evidenced by the lack of digital external alarms will be checked at the display on the screen. beginning of the shift. A face to face interview was conducted with Effective 9/25/15, the Respiratory Therapist Employee #30on September 16, 2015 at assigned to Subacute will record the following approximately at 12:20 PM. S/he stated rounds for at the beginning of each shift: Alarm working the external ventilator alarm monitors are conducted properly and battery changed date. A running once every shift to ensure proper functioning as a log will be maintained part of the ventilator checks. The external ventilator alarm monitors are battery-operated. The battery for The Director of Respiratory or designee will 11.10.15 the aforementioned alarm was observed to be low monitor the ventilator alarm log daily, providing a monthly summary to Quality and continued to shut off when inspected by the Assurance Committee until 100% compliance respiratory therapist. is consistently demonstrated for three (3) months. There was not documented evidence to support that the facility staff monitored the proper functioning of the external ventilator alarm monitors as stated in the interview.

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