STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	095022	A. BUILDING _____ B. WING _____	C 08/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPITOL CITY REHAB AND HEALTHCARE CENTER	2425 25TH STREET SE WASHINGTON, DC 20020

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F 000	INITIAL COMMENTS An unannounced complaint survey was conducted at Capitol City Rehab and Healthcare Center from August 16, 2022, to August 29, 2022. Survey activities consisted of a review of six (6) sampled residents. The facility's census during the survey was 322. Complaints DC00010934 and DC00010944, and facility reported incident DC00010925 were investigated during this survey. Deficiencies were cited related to the investigation of DC00010925 After analysis of the findings, it was determined that the facility was not in compliance with the requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities. The following deficiencies are based on observation, record review, and resident and staff interviews. The following is a directory of abbreviations and/or acronyms that may be utilized in the report: AMS - Altered Mental Status ARD - Assessment Reference Date AV- Arteriovenous BID - Twice- a-day B/P - Blood Pressure cm - Centimeters CFR- Code of Federal Regulations CMS - Centers for Medicare and Medicaid Services CNA- Certified Nurse Aide CRF - Community Residential Facility CRNP- Certified Registered Nurse Practitioner	F 000	This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	ADMINISTRATOR	9/21/22

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

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D.C. - District of Columbia
DCMR- District of Columbia Municipal Regulations
D/C- Discontinue
Dl- Deciliter
DMH - Department of Mental Health
DOH- Department of Health
EKG - 12 lead Electrocardiogram
EMS - Emergency Medical Services (911)
F - Fahrenheit
FR.- French
G-tube- Gastrostomy tube
HR- Hour
HSC - Health Service Center
HVAC - Heating ventilation/Air conditioning
ID - Intellectual disability
IDT - Interdisciplinary team
IPCP- Infection Prevention and Control Program
LPN- Licensed Practical Nurse
L - Liter
Lbs - Pounds (unit of mass)
MAR - Medication Administration Record
MD- Medical Doctor
MDS - Minimum Data Set
Mg - milligrams (metric system unit of mass)
M- minute
mL - milliliters (metric system measure of volume)
mg/dl - milligrams per deciliter
mm/Hg - millimeters of mercury
MN midnight
N/C- nasal canula
Neuro - Neurological
NFPA - National Fire Protection Association
NP - Nurse Practitioner
O2- Oxygen
PASRR - Preadmission screen and Resident Review

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F 000	Continued From page 2 Peg tube - Percutaneous Endoscopic Gastrostomy PO- by mouth POA - Power of Attorney POS - physician ' s order sheet Prn - As needed Pt - Patient Q- Every QIS - Quality Indicator Survey RD- Registered Dietitian RN- Registered Nurse ROM Range of Motion RP R/P - Responsible party SBAR - Situation, Background, Assessment, Recommendation SCC Special Care Center Sol- Solution TAR - Treatment Administration Record Ug - Microgram	F 000		
F 607 SS=D	Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(3) §483.12(b) The facility must develop and implement written policies and procedures that: §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and §483.12(b)(3) Include training as required at paragraph §483.95, This REQUIREMENT is not met as evidenced by: Based on record reviews and staff and resident interviews, one (1) of six (6) sampled residents,	F 607	F607 1.Resident #1 currently resides in the center. No ill effects noted as a result of the deficiency. Resident #1 remains on one-to-one monitoring to increase his supervision for resident and staff members' safety. Employee #3 was suspended on 8/1/22 and has not returned to the facility. Employee #5 received a disciplinary action on 8/19/22 for failure to report information of a possible assault.	10/31/2022

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F 607	Continued From page 3 facility staff did not implement its "Abuse, Neglect and Exploitation", policy when they failed to increase supervision of Resident #1, who was accused of alleged sexual abuse of Employee #3; and failed to report a suspected crime (assault) involving a resident and employee to the State Agency or Law Enforcement within 24 hours of having knowledge of the incident (Resident #1). The findings included: Review of the facility's policy titled, "Abuse, Neglect and Exploitation" revised 2022 [no month listed] VI. Protection of Resident, the facility will make efforts to ensure all residents are protected from physical and psychosocial harm, as well as additional abuse, during and after the investigation. Examples include but are not limited to: A. Responding immediately to protect the alleged victim ...Increased supervision of alleged victim and residents ..." 1. The facility staff did not implement its "Abuse, Neglect and Exploitation", policy when they failed to increase supervision of Resident #1, who was accused of alleged sexual abuse of Employee #3. Resident #1 was admitted to the facility on 10/11/21. The resident had multiple diagnoses including Major Depressive Disorder, Anxiety Disorder, Schizophrenia, and Mood Disorder. A Quarterly MDS assessment dated 06/20/22 documented the resident had a Brief Interview for Mental Status summary score of "15" indicating the resident was cognitively intact. Further review of the MDS showed Resident #1 was coded for not exhibiting physical behavioral symptoms that	F 607	2. The Director of Nursing and other clinical leaders performed a review of current resident incidents in the facility on 8/3/22, and ongoing, to identify if there was any other alleged sexual assault between a resident and an employee. No other allegation of sexual assault between a resident and staff member has been reported. 3. The Director of Nursing or designee will in-service the clinical leaders on the facility abuse reporting policy; on the need to increase supervision of residents involved in alleged sexual assault; to ensure there is evidence that the increased supervision is documented in the medical record; and that any suspected assault is reported to the State Agency and/or law enforcement as required. 4. The Director of Nursing or designee will audit all allegations of alleged sexual assault involving a resident and staff member to ensure there is increased supervision of the resident, and that the suspected assault is reported to the State Agency and/or law enforcement as required. Audits will be done weekly x 4, then monthly x 3 months. Results of the audits will be submitted to the Quality Assurance and Performance Committee.	

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F 607	Continued From page 4 were directed toward others including abusing others sexually. Additionally, being totally dependent on the physical assistance of two staff members for bed mobility and one staff member for personal hygiene. Review of a Facility Reported Incident (DC00010925) dated 08/05/22 [Friday] at 11:21 AM, documented, "On 08/01/22 at approximately 10:30 AM, [Detective's name], Sexual Assault Unit of the Metropolitan Police Department informed Administration that a report was received from a Capitol City employee [Employee #3] on 07/31/22. The report alleged that the employee was sexually assaulted by [Resident #1's name]. Per the report, the alleged encounter took place on 06/17/22. [Resident #1] was interviewed by the DON. He admitted to performing oral sex on [Employee #3] and stated it was consensual ... [Employee #3] was also interviewed by the DON. [Employee #3] acknowledged that the resident performed oral sex but added it was against her will. [Employee #3] alleged that [Resident #1] led her into the bathroom and prevented her from leaving. [Employee #3] stated that she did not call for help at the time, or report the incident, in order to maintain her privacy ..." Review of the facility's investigative report revealed the following: Employee #3 (CNA) written statement documented, "On June 17, 2022, I came to work and was doing the one-on-one with [Resident #2] in Room 128B [Unit 1 South]. Around lunch time I started helping the girls pick up trays which was	F 607		

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F 607	Continued From page 5 around maybe 1:30[PM]. At this time [Resident #1] who was in Room 130B at the time came walking to me. First, he gave me a hug but then after he hug[ged] me he followed me into [Room 128] ... As we are in [Room #128 Resident #1] grabs my arms and pulls me into the bathroom where he locks both doors as he pins me to the sink. As he's holding me down, I'm telling him to get off me to move to stop but he proceeds to pull my pants down and place his face between my legs ..." Resident #1's interview with the DON conducted on 08/01/22 showed the following: Question: A detective reported today than an employee [Employee #3] reported a rape that took place in the facility. Answer: "No, no, it was consensual" Question: So, you're saying that the employee [Employee #3] agreed to the encounter? Answer: "Exactly ...I asked if I could [perform oral sex] and she said yes, so I [performed oral sex]. Question: When did this encounter occur? Answer: "July 2nd, last month." Question: Where did it occur? Answer: "In the bathroom between me and [Resident #2]". Question: How did you get the employee in the bathroom with you? Answer: "She came in there". Question: How were you able to perform the sexual act? Answer: "She pulled her pants down and I [performed oral sex]". Review of Employee #3's timesheets and assignment sheets showed the following: 06/17/22- The employee did not work that day. 06/18/22 - The employee worked the night shift	F 607		

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F 607	Continued From page 6 (11:00 PM - 7:00) on Unit 2 North and was not assigned as the one-on-one for Resident #2. 06/19/22 - The employee worked day shift (7:00 AM to 3:30 PM) on Unit 1 North and was not assigned to Resident #2. 07/02/22 - The resident worked the day shift (7am to 3:30pm) on Unit 1 South, where she alleged the abuse occurred. She was also assigned as Resident #2's one-to-one. Resident #1's medical record, including physician's order, progress notes, and a comprehensive care plan, lacked documented evidence that once the facility's administrative staff were made aware of the incident (allegation of sexual assault), there was no documented evidence that safeguards (increased supervision) were put in place to protect residents and other staff from Resident #1 as they investigated the allegation of sexual assault. During a face-to-face interview on 08/17/22 at approximately 2:00 PM, the DON stated that she advised the unit manager to monitor Resident #1 frequently, but the monitoring was not documented. The DON also said that the police informed the facility of the allegation of sexual abuse earlier in the day on 08/01/22, and the resident left the facility AMA (against medical advice) on the evening of 08/01/22. 2. The facility's staff did not implement its Abuse Investigation and Reporting policy by failing to report a suspected crime (assault) involving Resident #1 and Employee #3 to the State Agency or Law Enforcement within 24 hours of having knowledge of the incident.	F 607		

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F 607	Continued From page 7	F 607		

Review of the facility's policy titled, "Abuse Investigation and Reporting" revised in July 2017, showed direction for staff to report all alleged violations involving abuse, neglect, exploitation or exploitation ...to the State licensing/certification agency ... law enforcement official ... not later than twenty-four (24) hours if the alleged violation does not involve abuse and has not resulted in serious bodily injury.

Resident #1 was admitted to the facility on 10/11/21. The resident had multiple diagnoses including Major Depressive Disorder, Anxiety Disorder, Schizophrenia, and Mood Disorder.

A Quarterly MDS assessment dated 06/20/22 documented the resident had a Brief Interview for Mental Status (BIMs) summary score of "15" indicating the resident was cognitively intact. Further review of the MDS showed Resident #1 was coded for not exhibiting physical behavioral symptoms that were directed toward others including abusing others sexually. Additionally, being totally dependent on the physical assistance of two staff members for bed mobility and one staff member for personal hygiene.

Review of a Facility Reported Incident (DC00010925) dated 08/05/22 [Friday] at 11:21 AM, documented, "On 08/01/22 at approximately 10:30 AM, [Detective's name], Sexual Assault Unit of the Metropolitan Police Department informed Administration that a report was received from a Capitol City employee [Employee #1] on 07/31/22. The report alleged that the employee was sexually assaulted by [Resident #1's name]. Per the report, the alleged encounter

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F 607	Continued From page 8 took place on 06/17/22. [Resident #1] was interviewed by the DON [Director of Nursing]. He admitted to performing oral sex on [Employee #1] and stated it was consensual ... [Employee #1] was also interviewed by the DON. [Employee #1] acknowledged that the resident performed oral sex but added it was against her will. [Employee #1] alleged that [Resident #1] led her into the bathroom and prevented her from leaving. [Employee #1] stated that she did not call for help at the time, or report the incident, in order to maintain her privacy ..." During a face-to-face interview on 08/16/22 at 10:12 AM, Employee #4 (CNA) stated that [Employee #3] told her that [Resident #1] pushed her in the bathroom and performed oral sex on her. The employee then said [Employee #3] told a supervisor but he said, "he couldn't help". When asked if she able to remember the date [Employee #3] told her about the incident? Employee #4 could not recall. During telephone interview on 08/16/22 at 1:00 PM, Employee #5 (Nursing Supervisor, informed of the incident) stated that Employee #3 posed him a hypothetical question about what she should do if a resident tried to corner her in the bathroom. He then asked [Employee #3] if the incident really happened, and Employee #3 confirmed it. When he asked her if [Resident #1] touched her, she answered, "No". Employee #5 stated that when he attempted to move [Employee #3] from the unit and report the incident to the police and state agency, [Employee #3] refused, saying, "Strike it out. You never had this conversation with me." When questioned, why he didn't inform his Administrator, the police, or the State Agency, he	F 607		

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F 607	Continued From page 9 stated, "I didn't want to look like a liar." When inquired, what date and time did this conversation with [Employee #3] occur? He could not remember and further stated, [Employee #3] told him a few weeks later that she was calling the police to report the incident with [Resident #1]. Review of Resident #1's clinical record and the facility incident report(s) lacked documented evidence that the suspected incident was reported to the Law Enforcement and the State Agency within 24 hours of having knowledge of the incident. Note: This is a repeat deficiency from a recertification survey conducted on 12/23/21.	F 607		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established	F 609	F609 1. Resident #1 currently resides in the center. No ill effects noted as a result of the deficiency. Employee #5 received a disciplinary action on 8/19/22 for failure to report information of a possible assault. 2. The Director of Nursing or designee will review all allegations involving a resident and an employee in the past 30 days to ensure an appropriate report was made to the State Agency and law enforcement as required.	10/31/2022

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F 609	Continued From page 10 procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, for one (1) of six (6) sampled residents, the facility staff failed to report a suspicion of a crime (confinement in a bathroom) involving a resident and an employee to the State Agency or law enforcement within 24 hours of knowledge of the event (Resident #1). The findings included: Review of the facility's policy titled, "Abuse Investigation and Reporting" revised in July 2017, showed direction for staff to report all alleged violations involving abuse, neglect, exploitation or exploitation ...to the State licensing/certification agency ... law enforcement official ... not later than twenty-four (24) hours if the alleged violation does not involve abuse and has not resulted in serious bodily injury. Resident #1 was admitted to the facility on 10/11/21. The resident had multiple diagnoses including Major Depressive Disorder, Anxiety Disorder, Schizophrenia, and Mood Disorder.	F 609	3. The Director of Nursing or designee will in-service the clinical leadership on the facility abuse reporting policy, and to report suspicions of a crime involving a resident and an employee to the State Agency or law enforcement as required. 4. The Director of Nursing or designee will audit all allegations of sexual abuse or assault to ensure that suspicions of a crime involving a resident and an employee are reported to the State Agency or law enforcement as required. Audits will be done weekly 4, then monthly x 3 months. Results of the audits will be submitted to the Quality Assurance and Performance Committee.	

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F 609	Continued From page 11	F 609		

A Quarterly MDS assessment dated 06/20/22 documented the resident had a Brief Interview for Mental Status (BIMs) summary score of "15" indicating the resident was cognitively intact. Further review of the MDS showed Resident #1 was coded for not exhibiting physical behavioral symptoms that were directed toward others including abusing others sexually. Additionally, being totally dependent on the physical assistance of two staff members for bed mobility and one staff member for personal hygiene.

Review of a Facility Reported Incident (DC00010925) dated 08/05/22 [Friday] at 11:21 AM, documented, "On 08/01/22 at approximately 10:30 AM, [Detective's name], Sexual Assault Unit of the Metropolitan Police Department informed Administration that a report was received from a Capitol City employee [Employee #1] on 07/31/22. The report alleged that the employee was sexually assaulted by [Resident #1's name]. Per the report, the alleged encounter took place on 06/17/22. [Resident #1] was interviewed by the DON [Director of Nursing]. He admitted to performing oral sex on [Employee #1] and stated it was consensual ... [Employee #1] was also interviewed by the DON. [Employee #1] acknowledged that the resident performed oral sex but added it was against her will. [Employee #1] alleged that [Resident #1] led her into the bathroom and prevented her from leaving. [Employee #1] stated that she did not call for help at the time, or report the incident, in order to maintain her privacy ..."

During a face-to-face interview on 08/16/22 at 10:12 AM, Employee #4 (CNA) stated that [Employee #3] told her that [Resident #1] pushed her in the bathroom and performed oral sex on

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F 609	Continued From page 12	F 609		

her. The employee then said [Employee #3] told a supervisor but he said, "he couldn't help". When asked if she able to remember the date [Employee #3] told her about the incident? Employee #4 could not recall.

During telephone interview on 08/16/22 at 1:00 PM, Employee #5 (Nursing Supervisor, informed of the incident) stated that Employee #3 posed him a hypothetical question about what she should do if a resident tried to corner her in the bathroom. He then asked [Employee #3] if the incident really happened, and Employee #3 confirmed it. When he asked her if [Resident #1] touched her, she answered, "No". Employee #5 stated that when he attempted to move [Employee #3] from the unit and report the incident to the police and state agency, [Employee #3] refused, saying, "Strike it out. You never had this conversation with me." When questioned, why he didn't inform his Administrator, the police, or the State Agency, he stated, "I didn't want to look like a liar." When inquired, what date and time did this conversation with [Employee #3] occur? He could not remember and further stated, [Employee #3] told him a few weeks later that she was calling the police to report the incident with [Resident #1].

Review of Resident #1's clinical record and the facility incident report(s) lacked documented evidence that the suspected incident was reported to Law Enforcement and the State Agency within 24 hours of having knowledge of the incident.

Note: This is a repeat deficiency from a recertification survey conducted on 12/23/21.

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	095022	A. BUILDING _____ B. WING _____	C 08/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPITOL CITY REHAB AND HEALTHCARE CENTER	2425 25TH STREET SE WASHINGTON, DC 20020

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F 656	Continued From page 13	F 656	F656	10/31/2022
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate	F 656	1. Resident #3 no longer resides in the center. Resident #3 was discharged on 8/18/22. 2. The Director of Nursing or designee will review the current residents with enabler assessments for independence, but who prefer not to use enablers, to ensure a care plan with goals and approaches is developed. 3. The Director of Nursing or designee will in-service the licensed nurses to develop a care plan with goals and approaches for residents with enabler assessments for independence, but who prefer not to use enablers. 4. The Director of Nursing or designee will audit 20% of the residents who have assessments requiring enablers for independence, but who prefer not to use enablers, to ensure a care plan with goals and approaches is developed. Audits will be done weekly 4, then monthly x 3 months. Results of the audits will be submitted to the Quality Assurance and Performance Committee.	

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F 656	Continued From page 14 entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, for one (1) of six (6) sampled residents, the facility staff failed to develop a care plan with goals and approaches to address the resident's preference to use a bed without side rails (Resident #3). The findings included: Resident #3 was admitted to the facility on 05/10/22 with multiple diagnoses including Difficulty Walking, Radiculopathy Cervical region, Lower Back Pain, Generalized Muscle Weakness, and Vitamin D Deficiency. The Quarterly MDS (Minimum Data Set) assessment dated 07/13/22 documented a Brief Interview of Mental Status summary score of "15" indicating the resident was cognitively intact. The resident was coded for extensive assistance and requiring physical assistance of one person for bed mobility and using a wheelchair Under Section G Functional Status. Under Section J Health Conditions showed Resident #3 was not coded for falls. Under Section O Special Treatments, Procedures and Programs the resident was coded for receiving occupational and physical therapy services; and Under Section P Restraints and Alarms the resident was coded as bedrail not used.	F 656		

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F 656	Continued From page 15	F 656		

Review of the medical record revealed the following:

05/10/22 [Side Rail/Grab bar Evaluation] documented, " ...Resident is currently using a grab bar for positioning or support ...bilateral ... [side rails] are indicated and serve as an enabler to promote independence ...resident educated ..."

07/26/22 at 6:15 AM [Nursing Note] documented, "At 05:05 AM resident called for help. Upon responding, resident was observed on the floor beside her bed with face down in prone position with the two arms on her side. When writer asked resident what happened, she stated that I was trying to adjust my position in bed, and I rolled over and fell but did not hit her head on the floor. On assessment, no discoloration or swelling or visible injury noted, ROM (range of motion) positive on upper and her lower extremities, denies pain, lung sound clear on auscultation, abdomen soft and nondistended, resident assisted back to her bed after assessment. Neurological assessments initiated. No neurological deficit noted. PT Consult initiated ..."

07/30/22 at 6:23 AM (created date and time) [Nursing Note] - "Resident requested for a bed with siderails for enabling. A new bed was given to her but the next day, resident said she did not like the bed and that she wanted her old bed which did not have the side rails. Beds were swapped as she requested ..."

NOTE: The above nursing note was created four (4) days after the resident fell on 07/26/22. The

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F 656	Continued From page 16 note states, the Resident requested for a bed with siderails for enabling...A new bed was given to her but the next day...however there are no dates and times recorded to reflect the occasion(s). Review of Residents #3's comprehensive care plans showed no evidence that a care plan was created with goals and approaches to address the resident's preference of using a bed without rails. During a face-to-face interview on 08/17/22 at approximately 11:00 AM, Employee #6 (ADON) stated that a care plan was not developed to address Resident #3's preference of using a bed without bedrails.	F 656		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, for one (1) of six (6) sampled residents, the facility staff failed to reevaluate/reassess and educate Resident #3 on the use of bedrails as an enabler to promote independence with bed mobility when her bed was changed.	F 689	F689 1. Resident #3 no longer resides in the center. Resident was discharged on 8/18/22. 2. The Director of Nursing or designee will review the current residents with enabler assessments for independence, but who prefer not to use enablers, to ensure they have been reassessed for enablers; are educated on the hazards involved in not using enablers when performing bed mobility; that the education is documented; and have a care plan with goals and approaches developed.	10/31/2022

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F 689	Continued From page 17 The findings included: Resident #3 was admitted to the facility on 05/10/22 with multiple diagnoses including Difficulty Walking, Radiculopathy Cervical Region, Lower Back Pain, Generalized Muscle Weakness, and Vitamin D Deficiency. The Quarterly MDS (Minimum Data Set) assessment dated 07/13/22 documented a Brief Interview of Mental Status summary score of "15" indicating the resident was cognitively intact. The resident was coded for extensive assistance and requiring physical assistance of one person for bed mobility and using a wheelchair Under Section G Functional Status. Under Section J Health Conditions showed Resident #3 was not coded for falls. Under Section O Special Treatments, Procedures and Programs the resident was coded for receiving occupational and physical therapy services; and Under Section P Restraints and Alarms the resident was coded as bedrail not used. Review of the medical record revealed the following: 05/10/22 [Side Rail/Grab bar Evaluation] documented, " ...Resident is currently using a grab bar for positioning or support ...bilateral ... [side rails] are indicated and serve as an enabler to promote independence ...resident educated ..." 07/26/22 at 6:15 AM [Nursing Note] documented, "At 05:05 AM resident called for help. Upon responding, resident was observed on the floor beside her bed with face down in prone position	F 689	3. The Director of Nursing or designee will in-service the licensed nurses that residents with enabler assessments for independence, but who prefer not to use enablers, have been reassessed for enablers; are educated on the hazards involved in not using enablers when performing bed mobility; that the education is documented; and have a care plan with goals and approaches developed. 4. The Director of Nursing or designee will audit 20% of the residents with assessments for enablers for bed mobility, but who prefer not to use enablers, have been reassessed for enablers; are educated on the hazards involved in not using enablers when performing bed mobility; that the education is documented; and have a care plan with goals and approaches developed. Audits will be done weekly x 4, then monthly x 3 months. Results of the audits will be submitted to the Quality Assurance and Performance Committee.	

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F 689	Continued From page 18 with the two arms on her side. When writer asked resident what happened, she stated that I was trying to adjust my position in bed, and I rolled over and fell but did not hit her head on the floor. On assessment, no discoloration or swelling or visible injury noted, ROM (range of motion) positive on upper and her lower extremities, denies pain, lung sound clear on auscultation, abdomen soft and nondistended, resident assisted back to her bed after assessment. Neurological assessments initiated. No neurological deficit noted. PT Consult initiated ..." 07/30/22 at 6:23 AM (created date and time) [Nursing Note] - "Resident requested for a bed with siderails for enabling. A new bed was given to her but the next day, resident said she did not like the bed and that she wanted her old bed which did not have the side rails. Beds were swapped as she requested ..." NOTE: The above nursing note was created four (4) days after the resident fell on 07/26/22. The note states, the Resident requested for a bed with siderails for enabling...A new bed was given to her but the next day...however there are no dates and times recorded to reflect the occasion(s). Additionally, review of Residents #3's comprehensive care plan did not include any documented evidence that facility staff addressed the resident's preference not to use bedside rails as an enabler to promote independence with bed mobility (Resident #3). Continued review of Resident #3's medical record, including progress notes and assessments, showed no evidence that after the resident had a change in beds, that she was	F 689		

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F 689	Continued From page 19 re-assessed to ensure she could safely perform bed mobility without the use of side rails. In addition, there was no evidence that Resident #3 was provided education about the hazards associated with not using siderails when performing bed mobility independently. During a face-to-face interview on 08/17/22 at approximately 11:00 AM, Employee #6 (ADON) stated that she provided education on not using bed siderails, however she did not document it. Additionally, the employee said Resident #3 was not re-assessed for using bed rails since the assessments are conducted quarterly, and the last assessment was completed on 05/10/22.	F 689		