

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095019	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/15/2022
NAME OF PROVIDER OR SUPPLIER DEANWOOD REHABILITATION AND WELLNESS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5000 NANNIE HELEN BURROUGHS AVE. NE WASHINGTON, DC 20019		
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F 000	INITIAL COMMENTS An unannounced Focused Infection Control Survey was conducted at this facility on December 14 - 15, 2022. Survey activities consisted of observations, record reviews, and staff interviews. The facility's census during the survey was 237 and the survey sample included nine (9) residents. 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 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 D.C. - District of Columbia DCMR- District of Columbia Municipal Regulations D/C - Discontinue DI - Deciliter DMH - Department of Mental Health DOH - Department of Health DON - Director of Nursing	F 000	Disclaimer: Facility submits this plan of correction under procedures established by the Department of health in order to comply with department directives to change conditions which the department alleges are deficient under state regulations related to long term care. This should not be construed as either a waiver of the facility's right to appeal or to challenge the accuracy or severity of the alleged deficiencies or any admission of any wrongdoings.	1.18.23	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Joseph D. Raphael Interim Administrator 1/23/23

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.

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

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FORM APPROVED
OMB NO. 0938-0391

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F 000	Continued From page 1 ED - Emergency Department EKG - 12 lead Electrocardiogram EMS - Emergency Medical Services (911) ER - Emergency Room F - Fahrenheit FR. - French FRI - Facility reported incident G-tube - Gastrostomy tube HR - Human Resources Hrs - Hours HS - hour of sleep HSC - Health Service Center HVAC - Heating ventilation/Air conditioning ID - Intellectual disability IDT - Interdisciplinary team IPCP - Infection Prevention and Control Program LPN - Licensed Practical Nurse L - Liter Lbs - Pounds (unit of mass) MAR - Medication Administration Record MD - Medical Doctor MDS - Minimum Data Set Mg - milligrams (metric system unit of mass) M - Minute ML - milliliters (metric system measure of volume) Mg/dl - milligrams per deciliter Mm/Hg - millimeters of mercury MN - midnight N/C - nasal cannula Neuro - Neurological NFFPA - National Fire Protection Association NP - Nurse Practitioner O2 - Oxygen PA - Physician's Assistant PASRR - Preadmission screen and Resident Review Peg tube - Percutaneous Endoscopic Gastrostomy PO - by mouth	F 000		

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F 000	Continued From page 2 POA - Power of Attorney POS - physician's order sheet Prn - As needed Pt - Patient Q - Every RD - Registered Dietitian RN - Registered Nurse ROM - Range of Motion RP R/P - Responsible party SBAR - Situation, Background, Assessment, Recommendation SCC - Special Care Center Sol - Solution SW - Social Worker TAR - Treatment Administration Record Ug - Microgram	F 000		1.18.23	
F 842 SS=E	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized	F 842	CORRECTIVE ACTION FOR THE AFFECTED RESIDENTS Employee immunization vaccination tracking record was updated on 12/16/22 for to include the number of employees who had taken the bivalent booster shot on 12/13/22. Thereafter the line listing continues to be updated after each clinic. IDENTIFICATION OF OTHERS WITH THE POTENTIAL TO BE AFFECTED: All employees working at the facility and the residents residing in the facility during the time of the deficient practice have the potential to be affected. ICP/QA Director will ensure daily that the immunization vaccine record for employees who have taken the booster shot is updated and accurate and will continue to ensure it is updated after each clinic within 72 hours. MEASURES TO PREVENT RECURRENCE Education will be provided by staff educator/designee to the ICP/QA director on the importance of updating employee immunization vaccine record after each covid 19 bivalent booster clinic.		

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F 842	Continued From page 3 §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening	F 842	HR Director will work with QA director to ensure that the immunization vaccine record for employees who have taken the booster shot is updated and accurate by 1/18/23 MONITORING CORRECTIVE ACTION: HR Manager will conduct house wide audit to ensure that the names of all employees who have taken the booster shot are on the immunization vaccine record, also to ensure that the record is updated, accurate and is accessible to the LNHA, DON, HR, QA and Educator at all times. This audit will be done weekly x 4, then monthly x3. Findings will be corrected immediately and reported to QA committee. DATE OF COMPLIANCE: 1.18.23	1.18.23	

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F 842	Continued From page 4 and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on a record review and staff interviews, the facility staff failed provide readily accessible documentation to show staff vaccination-Bivalent Booster status. The findings included: During the entrance conference on 12/14/22, Employee #2 (DON) stated that the facility had their first staff Bivalent Booster Clinic on 12/13/22 at which time 54 (of 348) staff received the bivalent booster. However, review of the facility's staff vaccination line listing revealed there was no documented evidence of staff who received the Bivalent booster on 12/13/22. During a face-to-face interview on 12/14/22 at approximately 1:00 PM, Employee #3 (Infection Preventionist) stated that the staff Bivalent Booster vaccination status was not captured on the line listing, but she would provide the surveyor with the list of staff who received the Bivalent Booster on 12/13/22. It should be noted that Employee #3 did not provide the surveyor with the list for review.	F 842			
F 885 SS=D	Reporting-Residents,Representatives&Families CFR(s): 483.80(g)(3)(i)-(iii) §483.80(g) COVID-19 reporting. The facility must—	F 885			

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F 885	<p>Continued From page 5</p> <p>§483.80(g)(3) Inform residents, their representatives, and families of those residing in facilities by 5 p.m. the next calendar day following the occurrence of either a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other. This information must—</p> <p>(i) Not include personally identifiable information;</p> <p>(ii) Include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered; and</p> <p>(iii) Include any cumulative updates for residents, their representatives, and families at least weekly or by 5 p.m. the next calendar day following the subsequent occurrence of either: each time a confirmed infection of COVID-19 is identified, or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record reviews and staff interviews, after a single confirmed occurrence of COVID-19 on 11/29/22, the facility's staff failed to notify residents, their representatives, and families by 5 PM the next calendar day (11/30/22).</p> <p>The findings included:</p> <p>During a face-to-face interview at the entrance conference on 12/14/22 at 9:24 AM, Employee #3 (Infection Preventionist), stated that the first recent occurrence of a single confirmed</p>	F 885	<p>CORRECTIVE ACTION FOR AFFECTED RESIDENTS</p> <p>All residents residing in the facility have the potential to be affected by this deficient practice. This deficiency cannot be retroactively corrected. There was no negative outcome to any resident from this deficient practice.</p> <p>IDENTIFICATION OF OTHERS WITH THE POTENTIAL TO BE AFFECTED:</p> <p>The residents that were in the facility at the time of the survey had the potential to be affected by this deficient practice. These residents/RP were notified about the outbreak on 12/14/22. As of 1/6/23, the facility is no longer in outbreak, hence no other residents are affected thereafter. The facility will continue to ensure that the Findings will be corrected by 1/18/23.</p> <p>MEASURES TO PREVENT RECURRENCE:</p> <p>Activity Director will ensure that the daily chronicle distributed to residents daily carry the covid status if the facility is in an outbreak mode. Activity aides will also ensure that they explain to the residents that the facility is in an outbreak mode.</p> <p>The Administrator / QA will send out robo-calls to family members to let them know that the facility has covid positive cases in the building. For residents that are their own RP, the Unit Manager/designee will notify the residents. This call will be placed to responsible parties before 5 pm of the next calendar day.</p> <p>Residents will be notified during resident's council meeting of the covid status of the facility.</p> <p>Education was provided by the representative of the governing body to the QA Director on 1/13/23 to ensure that a call will be placed to resident/responsible parties before 5 pm of the next calendar day when there is an outbreak.</p>	1.18.23

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F 885	Continued From page 6 COVID-19 infection in the facility was on 11/29/22. Additionally, when asked how residents and resident representatives are made aware of COVID-19 occurrences in the facility Employee #2 (Director of Nursing) stated we send letters and do robocalls. Review of the facility's administrative records lacked documented evidence that the facility informed residents, resident representatives and families of the confirmed occurrence of COVID-19 by 5 PM on 11/30/22. Instead, the facility sent a letter 10 days later on 12/09/22 which documented: "...We would like to inform you that 20 of our residents tested positive for COVID-19 this week ...7 of our employees tested positive for COVID-19 this week ..." In addition, review of the transcript for a robocall detailing the confirmed COVID-19 cases in the facility revealed that the call was made 14 days later on 12/14/22 at 11:05 AM. During a face-to-face interview on 12/14/22 at approximately 3:00 PM, Employee #1 (Administrator) acknowledged that the "12/09/22" letter was the first correspondence sent to notify residents, resident representatives and families about the recent outbreak of COVID-19 in the facility.	F 885	MONITORING CORRECTIVE ACTION: The DON/ Designee will complete an audit to ensure that residents and their responsible parties are notified of the facility's covid 19 status before 5pm the next calendar day, whenever there is a new COVID positive staff or resident. This audit will be done weekly x4, then monthly x3. Findings will be corrected and reported to QA committee. DATE OF COMPLIANCE: 1.18.23		
F 887 SS=D	COVID-19 Immunization CFR(s): 483.80(d)(3)(i)-(vii) §483.80(d) (3) COVID-19 immunizations. The LTC facility must develop and implement policies and procedures to ensure all the following: (i) When COVID-19 vaccine is available to the	F 887			

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F 887	Continued From page 7 facility, each resident and staff member is offered the COVID-19 vaccine unless the immunization is medically contraindicated or the resident or staff member has already been immunized; (ii) Before offering COVID-19 vaccine, all staff members are provided with education regarding the benefits and risks and potential side effects associated with the vaccine; (iii) Before offering COVID-19 vaccine, each resident or the resident representative receives education regarding the benefits and risks and potential side effects associated with the COVID-19 vaccine; (iv) In situations where COVID-19 vaccination requires multiple doses, the resident, resident representative, or staff member is provided with current information regarding those additional doses, including any changes in the benefits or risks and potential side effects associated with the COVID-19 vaccine, before requesting consent for administration of any additional doses; (v) The resident, resident representative, or staff member has the opportunity to accept or refuse a COVID-19 vaccine, and change their decision; (vi) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident representative was provided education regarding the benefits and potential risks associated with COVID-19 vaccine; and (B) Each dose of COVID-19 vaccine administered to the resident; or (C) If the resident did not receive the COVID-19 vaccine due to medical contraindications or refusal; and	F 887	CORRECTIVE ACTION FOR AFFECTED RESIDENTS: Residents #1 and resident # 6 were affected by this deficient practice. Resident #1 and resident #6 did not suffer any negative outcome from this deficient practice. The (EHR) Electronic Health Record was updated for Resident#1 and #6 for the education done on 1.13.23 on risk and benefits of COVID vaccine. IDENTIFICATION OF OTHERS WITH THE POTENTIAL TO BE AFFECTED: All residents have the potential to be affected by this deficient practice. House wide audit will be conducted by UNIT Managers/designee, to ensure that residents that have refused the COVID vaccine, have documented education to the Resident/RP on the risk and benefits of receiving the covid 19 vaccine. Education provided to residents will be documented in the residents' clinical records. MEASURES TO PREVENT RECURRENCE Education will be provided by staff educator/designee to all licensed nursing staff on the importance of educating residents and their responsible parties on the risk and benefit of receiving the COVID-19 vaccine especially when they refuse the COVID-19 vaccine. Education provided will be documented on the resident clinical record. Unit managers will ensure that the residents that refuse the COVID vaccine understands the basics of the importance of receiving the covid 19 vaccine. For residents who cannot comprehend, education will be provided by Unit managers/designee to the responsible parties on the risk, benefit, and side effects of covid 19 vaccine.	1.18.23

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F 887	<p>Continued From page 8</p> <p>(vii) The facility maintains documentation related to staff COVID-19 vaccination that includes at a minimum, the following:</p> <p>(A) That staff were provided education regarding the benefits and potential risks associated with COVID-19 vaccine;</p> <p>(B) Staff were offered the COVID-19 vaccine or information on obtaining COVID-19 vaccine; and</p> <p>(C) The COVID-19 vaccine status of staff and related information as indicated by the Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN).</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record reviews and a staff interview, the facility's staff failed to ensure a resident's medical record included documented evidence that the resident or the resident's representative received education regarding the benefits, risk, and potential side effects associated with the COVID-19 vaccine (Bivalent Booster) for two (2) of nine (9) sampled residents (Residents' #1 and #6).</p> <p>The findings included:</p> <p>1. Resident #1 was re-admitted to the facility on 06/24/22 with multiple diagnoses including Chronic Obstructive Pulmonary Disease, Shortness of Breath, Hypertension. Additionally, on 12/22/22, the resident had a new diagnosis of COVID-19.</p> <p>Review of Resident #1's medical record showed the following:</p> <p>06/24/22 [Face Sheet] documented, the resident</p>	F 887	<p>MONITORING CORRECTIVE ACTIONS:</p> <p>The DON/Designee will conduct audit to ensure that the residents and their responsible parties are aware of the risk, benefits, and side effects of covid 19 vaccine, and that evidence of education is documented in the residents' record. This audit will be conducted weekly x4, then monthly x3. Findings will be corrected immediately, and report presented to QA Committee.</p> <p>DATE OF COMPLIANCE: 1.18.23</p>	1.18.23

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F 887	<p>Continued From page 9</p> <p>had a family member as a responsible party.</p> <p>11/01/22 [Annual Minimum Data Set] documented the resident had a Brief Interview for Mental Status summary score of "15" indicating the resident cognitive status was intact.</p> <p>Review of the resident's immunization record showed the resident refused SARS-COV-2 (COVID-19) Bivalent booster vaccination.</p> <p>Review of progress notes from 11/08/22 to 12/15/22 lacked documented evidence the resident or the resident representative received education regarding the benefits, risk, and potential side effects associated with the COVID-19 vaccine (Bivalent Booster).</p> <p>2b. Resident #6 was re-admitted to the facility on 09/15/22 with multiple diagnoses, including Epilepsy, Type 2 Diabetes Mellitus, Paranoid Schizophrenia, and Dementia. In addition, the Resident was diagnosed with COVID-19 on 12/12/22.</p> <p>09/15/22 [Face Sheet] documented that the resident had a responsible party/guardian.</p> <p>A review of Resident #6's medical record revealed:</p> <p>12/08/22 [Annual Minimum Data Set] documented that Resident #6 had a Brief Interview for Mental Status summary score of "08," indicating moderately impaired cognition.</p> <p>11/29/22 at 6:30 PM [Default Progress Note for eMAR (Electronic Medication Administration</p>	F 887		

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F 887	<p>Continued From page 10</p> <p>Record]: "Moderna (COVID-19) Bivalent Booster Suspension 50 mcg (micrograms)/0.5 ml (milliliters). Inject 0.5[ml] intramuscularly every day shift for COVID-19 Bivalent Booster vaccine until 11/29/2022 11:59 PM ...Resident refused, attempted three times, did not take."</p> <p>A review of progress notes from 11/01/22 to 12/15/22 lacked documented evidence that the resident or the resident's representative received education regarding the benefits, risks, and potential side effects of the COVID-19 vaccine (Bivalent Booster).</p> <p>During a face-to-face interview on 12/15/22 at approximately 3:00 pm, Employee #2 (Director of Nursing) was asked where could I locate the education that Residents' #1 and #6 or their representatives received on the benefits, risks, and possible side effects associated with the COVID-19 vaccine (Bivalent Booster)? After viewing the resident's electronic medical record on the surveyor's laptop, the employee asked to search for the education on his computer. He returned a few minutes later and stated that he did not see the education provided to the residents or the resident's' representatives.</p>	F 887		