

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0017	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/15/2022
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NAME OF PROVIDER OR SUPPLIER DEANWOOD REHABILITATION AND WELLNESS CEN	STREET ADDRESS, CITY, STATE, ZIP CODE 5000 NANNIE HELEN BURROUGHS AVE. NE WASHINGTON, DC 20019
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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
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L 000	<p>Initial Comments</p> <p>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.</p> <p>After analysis of the findings, it was determined that the facility was not in compliance with 22B District of Columbia Municipal Regulations Chapter 32 requirements for Long Term Care Facilities.</p> <p>The following is a directory of abbreviations and/or acronyms that may be utilized in the report:</p> <p>AMS - Altered Mental Status ARD - Assessment Reference Date AV- Arteriovenous BID - Twice- a-day B/P - Blood Pressure cm - Centimeters CFR- Code of Federal Regulations CMS - Centers for Medicare and Medicaid Services CNA- Certified Nurse Aide CRF - Community Residential Facility CRNP- Certified Registered Nurse Practitioner D.C. - District of Columbia DCMR- District of Columbia Municipal Regulations D/C - Discontinue DI - Deciliter DMH - Department of Mental Health DOH - Department of Health DON - Director of Nursing ED - Emergency Department</p>	L 000	<p>Disclaimer:</p> <p>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.</p>	1/18/23
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Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Joseph P. Raphael

Interim Administrator

TITLE

(X6) DATE

1/23/23

Health Regulation & Licensing Administration

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L 056	3211.5 Nursing Facilities Beginning January 1, 2012, each facility shall provide a minimum daily average of four and one 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 nurse or registered nurse, which shall be in addition to any coverage required by subsection 3211.4. This Statute is not met as evidenced by: Based on record review and staff interview, during a review of staffing [direct care and advanced practiced registered nurse per Resident per day hours], it was determined that the facility failed to provide a minimum daily average of four and one-tenth (4.1) hours of direct care per day for 17 of 17 days and sixth tenths (0.6) Advance practiced registered nurse per Resident per day for 17 of 17 days reviewed	L 056	CORRECTION ACTION: No resident was affected by this deficient practice. The facility strives to maintain the staffing ratios as required by the Department of Health. IDENTIFICATION OF OTHERS WITH THE POTENTIAL TO BE AFFECTED: All current residents have the potential to be affected. The facility will strive to maintain the staffing rations as required by the Department of Health. MEASURES TO PREVENT RECURRENCE Administrator/Designee will in service the Staffing Coordinator, DON an HR of the need to maintain State mandated PPD Staffing needs to be updated PPD will be evaluated daily by the Staffing coordinator and leadership team. Weekly Labor meeting on recruitment will be conducted with Corporate HR, Facility HR. Hiring bonuses approved and implemented. Attendance bonuses approved and implemented.	

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Joseph P. Raphael TITLE *Interim Administrator* (X6) DATE *1/23/23*

STATE FORM 6899 JOF111 If continuation sheet 1 of 12

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L 056	<p>Continued From page 3</p> <p>in accordance with Title 22 DCMR Section 3211, Nursing Personnel and Required Staffing Levels.</p> <p>The findings included . . .</p> <p>According to the District of Columbia Municipal Regulations for Nursing Facilities: 3211.5 Beginning January 1, 2012, each facility shall provide a minimum daily average of four and one-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 nurse or registered nurse, which shall be in addition to any coverage required by subsection 3211.5.</p> <p>A review of the Nurse Staffing was conducted on December 14, 2022, at approximately 4:00 PM.</p> <p>Of the seventeen (17) days reviewed, the Seventeen days failed to provide a minimum daily average of four and one-tenth (4.1) hours of direct care per resident per day and to provide a minimum daily average of six-tenths (0.6) hours of advanced practiced registered nurse as follows:</p> <p>Hours of Direct Care per resident per day</p> <p>Friday, August 5, 2022, showed that the facility provided direct nursing care per resident at a rate of 3.43 hours.</p> <p>Saturday, August 20, 2022, showed that the facility provided direct nursing care per resident at a rate of 3.80 hours.</p> <p>Monday, September 5, 2022, showed that the</p>	L 056	<p>MONITORING CORRECTIVE ACTION:</p> <p>Administrator/Designee will conduct weekly audits of staffing issues and Human resources will conduct weekly report on vacancies and hires to Administrator.</p> <p>DATE OF COMPLIANCE: 1/18/23</p>	1.18.23
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L 056	<p>Continued From page 4</p> <p>facility provided direct nursing care per resident at a rate of 3.90 hours.</p> <p>Sunday, September 11, 2022, showed that the facility provided direct nursing care per resident at a rate of 3.64 hours.</p> <p>Friday, September 23, 2022, showed that the facility provided direct nursing care per resident at a rate of 3.66 hours.</p> <p>Saturday, September 24, 2022, showed that the facility provided direct nursing care per resident at a rate of 3.76 hours.</p> <p>Monday, October 10, 2022, showed that the facility provided direct nursing care per resident at a rate of 3.68 hours.</p> <p>Sunday, October 16, 2022, showed that the facility provided direct nursing care per resident at a rate of 3.33 hours.</p> <p>Monday, December 5, 2022, showed that the facility provided direct nursing care per resident at a rate of 3.39 hours.</p> <p>Tuesday, December 6, 2022, showed that the facility provided direct nursing care per resident at a rate of 3.65 hours.</p> <p>Wednesday, December 7, 2022, showed that the facility provided direct nursing care per resident at a rate of 3.53 hours.</p> <p>Thursday, December 8, 2022, showed that the facility provided direct nursing care per resident at a rate of 3.42 hours.</p> <p>Friday, December 9, 2022, showed that the</p>	L 056		

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L 056	<p>Continued From page 5</p> <p>facility provided direct nursing care per resident at a rate of 3.29 hours.</p> <p>Saturday, December 10, 2022, showed that the facility provided direct nursing care per resident at a rate of 3.53 hours.</p> <p>Sunday, December 11, 2022, showed that the facility provided direct nursing care per resident at a rate of 2.49 hours.</p> <p>Monday, December 12, 2022, showed that the facility provided direct nursing care per resident at a rate of 3.57 hours.</p> <p>Tuesday, December 13, 2022, showed that the facility provided direct nursing care per resident at a rate of 3.42 hours.</p> <p>Hours of Advanced Practice Registered Nurse per resident per day</p> <p>Friday, August 5, 2022, showed that the facility provided advanced practiced registered nurse per resident at a rate of 0.24 hours.</p> <p>Saturday, August 20, 2022, showed that the facility provided advanced practiced registered nurse per resident at a rate of 0.32 hours</p> <p>Monday, September 5, 2022, showed that the facility provided advanced practiced registered nurse per resident at a rate of 0.29 hours</p> <p>Sunday, September 11, 2022, showed that the facility provided advanced practiced registered nurse per resident at a rate of 0.22 hours</p> <p>Friday, September 23, 2022, showed that the facility provided advanced practiced registered</p>	L 056		
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Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0017	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/15/2022
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NAME OF PROVIDER OR SUPPLIER DEANWOOD REHABILITATION AND WELLNESS CEN	STREET ADDRESS, CITY, STATE, ZIP CODE 5000 NANNIE HELEN BURROUGHS AVE. NE WASHINGTON, DC 20019
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L 056	<p>Continued From page 6</p> <p>nurse per resident at a rate of 0.26 hours</p> <p>Saturday, September 24, 2022, showed that the facility provided advanced practiced registered nurse per resident at a rate of 0.29 hours</p> <p>Monday, October 10, 2022, showed that the facility provided advanced practiced registered nurse per resident at a rate of 0.33 hours</p> <p>Sunday, October 16, 2022, showed that the facility provided advanced practiced registered nurse per resident at a rate of 0.35 hours</p> <p>Monday, December 5, 2022, showed that the facility provided advanced practiced registered nurse per resident at a rate of 0.17 hours</p> <p>Tuesday, December 6, 2022, showed that the facility provided advanced practiced registered nurse per resident at a rate of 0.27 hours</p> <p>Wednesday, December 7, 2022, showed that the facility provided advanced practiced registered nurse per resident at a rate of 0.34 hours</p> <p>Thursday, December 8, 2022, showed that the facility provided advanced practiced registered nurse per resident at a rate of 0.27 hours</p> <p>Friday, December 9, 2022, showed that the facility provided advanced practiced registered nurse per resident at a rate of 0.20 hours</p> <p>Saturday, December 10, 2022, showed that the facility provided advanced practiced registered nurse per resident at a rate of 0.34 hours</p> <p>Sunday, December 11, 2022, showed that the facility provided advanced practiced registered</p>	L 056		
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L 056	Continued From page 7 nurse per resident at a rate of 0.24 hours Monday, December 12, 2022, showed that the facility provided advanced practiced registered nurse per resident at a rate of 0.30 hours Tuesday, December 13, 2022, showed that the facility provided advanced practiced registered nurse per resident at a rate of 0.23 hours During a face-to-face interview on December 15, 2022, at 11:00 AM, with Employee #1 (Administrator) she was made aware that a review of 17 days of facility staffing from August 5, 2022, to December 13, 2022, showed that the staffing was not met. She agree and stated, "There is a shortage in nurse staffing"	L 056	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 current residents 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. 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 employee booster shot line listing is updated and accurate, that employee booster shot record 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.	1.18.23
L 091	3217.6 Nursing Facilities The Infection Control Committee shall ensure that infection control policies and procedures are implemented and shall ensure that environmental services, including housekeeping, pest control, laundry, and linen supply are in accordance with the requirements of this chapter. This Statute is not met as evidenced by: Based on record reviews and staff interviews, the facility's staff failed to implement their Infection Control procedures for: tracking staff vaccination status, education on COVID-19 vaccinations (Bivalent Booster), and notification of an occurrence of a single confirmed infection of COVID-19 on 11/29/22. The findings included: 1.The facility staff failed to implement their	L 091		

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L 091	<p>Continued From page 8</p> <p>procedure for tracking staff vaccination status for the Bivalent vaccine.</p> <p>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.</p> <p>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.</p> <p>2. The facility's staff failed to implement their Infection Control procedure (protocol), as evidenced by not having documented evidence that Resident #1, Resident #6, or their representatives received education on the benefits, risks, and potential side effects associated with the COVID-19 vaccine.</p> <p>2a. Resident #1 was re-admitted to the facility on 06/24/22 with multiple diagnoses including Chronic Obstructive Pulmonary Disease, Shortness of Breath, and Hypertension. Additionally, on 12/22/22, the resident had a new diagnosis of COVID-19. Review of Resident #1's medical record showed the following:</p> <p>06/24/22 [Face Sheet] documented, the resident 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. Review of the resident's immunization record</p>	L 091	<p>CORRECTIVE ACTION FOR AFFECTED RESIDENTS 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: 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 at this time. The facility will continue to ensure that the Findings will be corrected by 1/18/23.</p> <p>MEASURES TO PREVENT RECURRENCE: Activity Director will ensure that the daily chronicle distributed to residents daily carry the covid status if the facility is under outbreak mode. Activity aides will also ensure that they explain to the residents that the facility is under outbreak mode. 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. Residents will be notified during resident's council meeting of the covid status of the facility. 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> <p>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.</p>	1.18.23

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L 091	<p>Continued From page 9</p> <p>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 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</p>	L 091	<p>CORRECTIVE ACTION FOR AFFECTED RESIDENTS:</p> <p>Residents #1 and resident # 6 were affected by this deficient practice. Resident #1 and resident #6 did not suffer any negative outcome. 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.</p> <p>IDENTIFICATION OF OTHERS WITH THE POTENTIAL TO BE AFFECTED:</p> <p>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.</p> <p>MEASURES TO PREVENT RECURRENCE</p> <p>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.</p> <p>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.</p>	1.18.23
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L 091	<p>Continued From page 10</p> <p>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> <p>3. The facility's staff failed to implement their Infection Control procedures by not notifying residents, their representatives, and families by 5 PM the next calendar day following the occurrence of a single confirmed COVID-19 infection.</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 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.</p> <p>Review of the facility's administrative records</p>	L 091	<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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L 091	<p>Continued From page 11</p> <p>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 ..."</p> <p>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.</p> <p>During an 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 out to notify residents, resident representatives and families about the recent outbreak of COVID-19 in the facility.</p>	L 091		
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