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Infection Control Survey was conducted on November 4 through	095019	A. BUILDING _____ B. WING _____	0, 2020. 11/10/2020

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DEANWOOD REHABILITATION AND WELLNESS CENTER	5000 BURROUGHS AVE. NE WASHINGTON, DC 20019

(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) COMPLETION DATE
F 000	INITIAL COMMENTS A COVID-19 Focused Infection Control Survey was conducted on November 4 through 10, 2020. Survey activities consisted of a review of 24 sampled residents. It was determined that the facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities. This includes the facility's non compliance with 42 CFR §483.80 infection control regulations. The resident census was 248. The following is a directory of abbreviations and/or acronyms that may be utilized in the report: Abbreviations AMS - Altered Mental Status ARD - Assessment Reference Date AV- Arteriovenous BID - Twice- a-day B/P - Blood Pressure cm - Centimeters 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 Dl - deciliter DMH - Department of Mental Health EKG - 12 lead Electrocardiogram EMS - Emergency Medical Services (911)	F 000	Deanwood Rehabilitation and wellness center disclaimer: Facility submits this plan of correction under Procedures established by the Department Of Health in order to comply with the Department's directive to change condition which the department alleges are deficient under state regulations relating to long term care. This should not be construed as either a waiver of the facility's right to appeal and to challenge the accuracy or severity of the alleged deficiencies or any admission of any wrong doing.	12/4/2020

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

LNHA | 12-1-20

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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F 000	Continued From page 1 G-tube Gastrostomy tube HR- Hour HSC - Health Service Center 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 - milligrams (metric system unit of mass) mL - milliliters (metric system measure of volume) mg/dl - milligrams per decliter mm/Hg - millimeters of mercury MN midnight Neuro - Neurological NP - Nurse Practitioner O2- Oxygen PASRR - Preadmission screen and Resident Review Peg tube - Percutaneous Endoscopic Gastrostomy PO- by mouth POS - physician ' s order sheet Prn - As needed Pt - Patient Q- Every QIS - Quality Indicator Survey ROM Range of Motion Rp, R/P - Responsible party SCC Special Care Center Sol- Solution TAR - Treatment Administration Record	F 000		12/4/20
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii)	F 657		

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F 657	Continued From page 2 §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to– (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview for 19 of 24 sampled residents, facility staff failed to update the residents' care plans with person-centered goals and approaches to address their potential to be exposed to COVID-19; to address resident who were exposed to the COVID-19 virus; and failed to revise one (1) residents care plan to include dialysis services. Residents' #1, #2, #3, #4, #5, #6, #8, #9 , #10, #11, #12, #13, #14, #15, #16,	F 657	CORRECTIVE ACTION FOR AFFECTED RESIDENT Resident # 1 was assessed on 11/27/20, resident suffered no negative outcome. Resident #2 was assessed on 11/27/20, resident suffered no negative outcome. Resident #3 was assessed on 11/27/20, resident suffered no negative outcome. Resident #4 was assessed on 11/27/20, resident suffered no negative outcome. Resident #5 was assessed on 11/27/20, resident suffered no negative outcome.	12/4/20

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F 657	Continued From page 3 #17, #18, #19 and #24. Findings included... 1.Facility staff failed to update the following residents' care plans with person-centered goals and approaches to address their potential exposure to COVID-19 virus: Resident #1 was admitted to the facility on August 20, 2018, with diagnoses that included Hypertension, Asthma, Human Immune Deficiency Virus, Schizoaffective Disorder, Dementia and Major Depressive Disorder. A review of the progress note dated October 30, 2020, at 4:51 PM showed "Report received that resident has been exposed to an individual who has tested COVID-19 positive ... RP and staff educated on infection prevention and the purpose of quarantine and maintaining the quarantine for 14 days ..." A review of the care plan last updated on August 5, 2020, showed that facility staff failed to update Resident # 1's care plan to show person-centered goals and approaches to address the resident's exposure to Covid-19 infection. Resident #2 was admitted to the facility on May 16, 2018, with diagnoses that included Hypertension, Hyperlipidemia, and Diabetes	F 657	Resident #6 was assessed on 11/27/20, resident suffered no negative outcome. Resident #8 was assessed on 11/27/20, resident suffered no negative outcome. Resident #9 was assessed on 11/27/20, resident suffered no negative outcome. Resident #9, #10, #11, #12, #13, #14, #15, #16 #17, #18,#19 and #24 were assessed on 11/27/20, they suffered no negative outcome. Care plan for resident #1 was updated 11/10/20 to reflect person centered goals and approaches to address his potential exposure to the Covid-19 virus.	12/4/20 12/4/20

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F 657	Continued From page 4 Mellitus. A review of the progress note dated October 30, 2020, at 6:34 PM showed, "Report received that resident has been exposed to an individual who has tested COVID-19 positive ...Staff educated on infection prevention and maintaining the quarantine for 14 days ..." A review of the care plan last updated on July 21, 2020, showed that facility staff failed to update Resident #2's care plan to show person-centered goals and approaches to address the resident's exposure to Covid-19 infection. Resident #3 was admitted to the facility on April 25, 2012, with diagnoses that included Hypertension, Hyperlipidemia, Diabetes Mellitus, Heart Failure, End-stage Renal Failure (ESRD), and Major Depressive Disorder. A review of the progress note dated October 30, 2020, at 6:26 PM showed, "Report received that resident has been exposed to an individual who has tested COVID-19 positive... RP and staff educated on infection prevention and maintaining the quarantine for 14 days ..." A review of the care plan last updated on June 19, 2020, showed that facility staff failed to update Resident #3's care plan to show person-centered goals and approaches to address the resident's exposure to Covid-19 infection.	F 657	Care plan for resident #2 was updated on 11/10/20 to reflect person centered goals and approaches to address his potential exposure to the Covid-19 virus. Care plan for resident #3 was updated on 11/10/20 to reflect person centered goals and approaches to address her potential exposure to the Covid-19 virus. Care plan for resident #4 was updated 11/10/20, to reflect person centered goals and approaches to address her potential exposure to the Covid-19 virus. Care plan for resident #5 was updated on 11/10/20 to reflect person centered goals and approaches to address her potential exposure to the Covid -19 virus.	12/4/20

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F 657	Continued From page 5 Resident #4 was admitted to the facility on October 12, 2016, with diagnoses that included Hypertension, Chronic Obstructive Pulmonary Disease (COPD), Congestive Heart Failure, Hyperlipidemia, Diabetes Mellitus, Asthma, and Dementia. A review of the progress note dated October 30, 2020, at 6:13 PM showed, "Report received that resident has been exposed to an individual who has tested COVID-19 positive ... RP and staff were educated by this writer on infection prevention and maintaining the quarantine for 14 days ..." A review of the care plan last updated on July 21, 2020, showed that facility staff failed to update Resident #4's care plan to show person-centered goals and approaches to address the resident's exposure to Covid-19 infection. Resident #5 was admitted to the facility on July 28, 2020, with diagnoses that included Hypertension, Asthma, Anemia, End-stage Renal Disease, Schizophrenia, Anxiety, Diabetes Mellitus, and Major Depressive Disorder. A review of the progress note dated October 30, 2020, at 6:10 PM showed, "Report received that resident has been exposed to an individual who has tested COVID-19 positive ...Resident RP and staff educated on infection prevention and maintaining the quarantine for 14 days ..." A review of the care plan last updated on August 1, 2020, showed that facility staff failed to update	F 657	Care plan for resident #6 was updated 11/10/20 to reflect person centered goals and approaches to address his potential exposure to the Covid-19 virus. Care plan for resident #7 was updated on 11/10/20 to reflect person centered goals and approaches to address his potential exposure to the Covid-19 virus. Care plan for resident #8 was updated 11/10/20 to reflect person centered goals and approaches to address his potential exposure to the Covid-19 virus. Care plan for resident #9 was updated on 11/10/20 to reflect person centered goals and approaches to address his potential exposure to the Covid-19 virus. Care plan for resident #10 was updated on 11/10/20 to reflect person centered goals and approaches to address potential exposure to the Covid-19 virus. Care plan for resident #11 was updated on 11/1020 to reflect person centered goals and approaches to address her potential exposure to the Covid-19 virus. Care plan for resident #12 was updated on 11/10/20 to reflect person centered goals and approaches to address her potential exposure to the Covid-19 virus.	12/4/20

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F 657	Continued From page 6 Resident #5's care plan to show person-centered goals and approaches to address the resident's exposure to Covid-19 infection. Resident #6 was admitted to the facility on February 2, 2015, with diagnoses that included Multiple Sclerosis, Hyperlipidemia, and Anxiety. A review of the progress note dated October 30, 2020, at 5:59 PM showed, "Report received that resident has been exposed to an individual who has tested COVID-19 positive ...RP and staff educated on infection prevention and maintaining the quarantine for 14 days ..." A review of the care plan last updated on August 6, 2020, showed that facility staff failed to update Resident #6's care plan to show person-centered goals and approaches to address the resident's exposure to Covid-19 infection. During a telephone interview conducted on November 9, 2020, at approximately 1:15 PM with Employee #7 [Unit Manager]. He acknowledged the findings. Resident #8 was admitted to the facility on June 28, 2020, with diagnoses that included Hyperlipidemia, Hypertension, Diabetes Mellitus, Cerebrovascular Disease, and Major Depressive Disorder.	F 657	Care plan for resident #13 was updated 11/10/20 to reflect person centered goals and approaches to address his potential exposure to the Covid-19 virus. Care plan for resident #14 was updated on 11/10/20 to reflect person centered goals and approaches to address his potential exposure to the Covid-19 virus. Care plan for resident #15 was updated 11/10/20 to reflect person centered goals and approaches to address his potential exposure to the Covid-19 virus. Care plan for resident # 16 was updated 11/10/20 to reflect person centered goals and approaches to address her potential exposure to the Covid-19 virus. Care plan for resident #17 was updated 11/10/20 to reflect person centered goals and approaches to address her potential exposure to the Covid-19 virus.	12/4/20

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F 657	Continued From page 7 A review of the progress note dated October 30, 2020, at 6:58 PM showed, "Report received that resident has been exposed to an individual who has tested COVID-19 positive... Resident, RP and staff educated on infection prevention and maintaining the quarantine for 14 days ..." A review of the care plan last updated on July 27, 2020, showed that facility staff failed to update Resident #8's care plan to show person-centered goals and approaches to address the resident's exposure to COVID-19 infection. Resident #9 was admitted to the facility on July 28, 2008, with diagnoses that included Hypertension, Congestive Heart Failure, Hyperlipidemia, Diabetes Mellitus, and Major Depressive Disorder. A review of the progress note dated October 22, 2020, at 4:48 PM showed, "Call received that one of the residents staying in the same room as [Resident's name] has tested positive for COVID-19 ...They were further notified that [Resident's name] will be quarantined in his room for the following 14 days per facility policy ..." A review of the care plan last updated on July 22, 2020, showed that facility staff failed to update Resident #9's care plan to show person-centered goals and approaches to address the resident's exposure to COVID-19 infection.	F 657	Care plan for resident #18 was updated on 11/10/20 to reflect person centered goals approaches to address his potential exposure to the Covid-19 virus. Care plan for resident #19 was updated on 11/10/20 to reflect person centered goals approaches to address his potential exposure to the Covid-19 virus. Care plan for resident #24 was updated 11/12/20 to reflect person centered goals approaches to address his diagnosis of End Stage Renal Disease.	12/4/20

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F 657	Continued From page 8 Resident #10 was admitted to the facility on December 6, 2019, with diagnoses that included Hyperlipidemia, Anemia, Hypertension, Kidney Disease Stage 3 and Vascular Dementia. A review of the progress note dated October 22, 2020, at 4:57 PM showed, "Call received that one of the residents staying in the same room as [Resident's name] has tested positive for CD-19. They were further notified that [Resident's name] will be quarantined in his room for the following 14 days per facility policy ..." A review of the care plan last updated on September 28, 2020, showed that facility staff failed to update Resident #10's care plan to show person-centered goals and approaches to address the resident's exposure to COVID-19 infection. During a telephone interview conducted on November 9, 2020, at approximately 1:15 PM with Employee #7 (third and fourth floor clinical coordinator), he acknowledged the findings. 2.Facility staff failed to update Residents' #11, #12, #13, #14, #15, #16, #17, #18 and #19 care plans with person-centered goals and approaches after they were exposed to the COVID-19 virus: The following physician's orders were written for	F 657	In service was provided by nurse educators to all unit managers on the importance to update residents care plan to reflect person centered goals and approaches to address the resident's exposure to the Covid-19 virus by 12/4/20 IDENTIFICATION OF OTHERS WITH THE POTENTIAL TO BE AFFECTED: -All residents in the facility have the potential to be affected. -DON/ Designee will conduct house-wide audit on all residents to identify those residents that the facility did not ensure their care plans were updated to reflect their potential exposure to the Covid-19 virus by 12/4/20.	12/4/20

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	Continued From page 9 Residents' #11, #12, #13, #14, #15, #16, #17, #18 and #19 to direct the monitoring and precautions for staff to take when caring for the residents who were exposed to the COVID-19 virus: "Quarantine resident every shift x 14 days every shift for COVID-19 exposure for 14 Days 10/30/2020 23:00 (11:00 PM) [start date] 11/13/2020 [end date]" "Maintain isolation precautions (mask, gown, gloves) every shift every shift for COVID-19 exposure for 14 Days 10/30/2020 23:00 (11:00 PM) 11/13/2020" "Monitor/assess resident and document in [computer system] for signs and symptoms of COVID-19 x14 days every shift for COVID-19 exposure for 14 Days [start date] 10/30/2020 23:00 (11:00 PM) [end date] 11/13/2020" A review of clinical records for Residents' #11, #12, #13, #14, #15, #16, #17, #18 and #19 showed the following: Resident #11 was admitted to the facility on 7/19/2011, with diagnoses that included Anxiety, Chronic Kidney Disease, Paranoid Schizophrenia and Essential Hypertension. Review of the care plan dated 9/10/2020, showed no evidence that facility staff updated Resident #11's care plan with the specific interventions directed in the physician's order for COVID-19 exposure that occurred on 10/30/2020.	F 657	MEASURES TO PREVENT RECURRENCE: All unit managers will complete house-wide audit to identify potential residents that their care plan was not updated to reflect their current health status by 12/4/20.	12/4/20

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F 657	Continued From page 10 Resident #12 was admitted to the facility on 9/5/2014, with diagnoses that included Hyperlipidemia, Schizophrenia, Type 2 Diabetes Mellitus and Obesity. Review of the care plan dated 7/10/2020, showed no evidence that facility staff updated Resident #12's care plan with the specific interventions directed in the physician's order for COVID-19 exposure that occurred on 10/30/2020. Resident #13 was admitted to the facility on 8/4/2014, with diagnoses that included Major Depressive Disorder, Anemia, Heart Failure and Peripheral Vascular Disease. Review of the care plan dated 6/16/2020, showed no evidence that facility staff updated Resident #13's care plan with the specific interventions directed in the physician's order for COVID-19 exposure that occurred on 10/30/2020. Resident #14 was admitted to the facility on 9/14/2017, with diagnoses that included Dysphagia, Type 2 Diabetes Mellitus, Heart Failure, Anemia, Colostomy Status and Asthma. Review of the care plan dated 7/15/2020, showed no evidence that facility staff updated Resident #14's care plan with the specific interventions directed in the physician's order for COVID-19 exposure that occurred on 10/30/2020.	F 657	MONITORING CORRECTIVE ACTIONS: -DON/Designee will audit all charts in the facility to ensure that care plans are updated to reflect the resident's current health status weekly x4 then monthly x3 until 12/4/20. -IDT team will review residents' chart to ensure their care plans are updated to reflect resident's present condition from all disciplines weekly x4 then monthly x3 by 12/4/20. Any findings will be reported to QAIP Director monthly until 12/4/20.	12/4/20

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F 657	Continued From page 11 Resident #15 was admitted to the facility on 11/14/2015, with diagnoses that included Insomnia, Type 2 Diabetes Mellitus, and Hemiplegia. Review of the care plan dated 9/1/2020, showed no evidence that facility staff updated Resident #15's care plan with the specific interventions directed in the physician's order for COVID-19 exposure that occurred on 10/30/2020. Resident #16 was admitted to the facility on 7/26/2016, with diagnoses that included Pressure Ulcer, Insomnia, Encephalopathy, Hemiplegia and Hemiparesis and Gastro Esophageal Reflux Disease (GERD). Review of the care plan dated 8/13/2020, showed no evidence that facility staff updated Resident #16's care plan with the specific interventions directed in the physician's order for COVID-19 exposure that occurred on 10/30/2020. Resident #17 was admitted to the facility on 4/27/2016, with diagnoses that included Dysphagia, Chronic Respiratory Failure, Seizures and Hyperlipidemia. Review of the care plan dated 7/8/2020, showed no evidence that facility staff updated Resident #17's care plan with the specific interventions directed in the physician's order for COVID-19 exposure that occurred on 10/30/2020.			12/4/20

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F 657	Continued From page 12			12/4/20

Resident #18 was admitted to the facility on 9/26/2012, with diagnoses that included Muscle Weakness, Dysphagia, Hyperlipidemia, Gout and Disorganized Schizophrenia.

Review of the care plan on 10/9/2020, showed no evidence that facility staff updated Resident #18's care plan with the specific interventions directed in the physician's order for COVID-19 exposure that occurred on 10/30/2020.

Resident #19 was admitted to the facility on 8/18/2020, with diagnoses that included Muscle Weakness, Heart Failure, End Stage Renal Disease (ERSD) and Type 2 Diabetes Mellitus.

Review of the care plan dated 9/14/2020, showed no evidence that facility staff updated Resident #19's care plan with the specific interventions as directed in the physician's order for COVID-19 exposure that occurred on 10/30/2020.

During a telephone interview conducted on 11/5/2020, at approximately 12:30 PM, Employee #7 (third and fourth floor clinical coordinator) he stated, "Typically, it is myself or the unit manager who makes changes to the care plan. Care plans are updated anytime there are any significant changes in health, for example a fall or sickness." Employee #7 acknowledged the findings.

3.The facility's interdisciplinary team/staff failed to

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F 657	Continued From page 13 revise Resident #24's care plan to include dialysis services. Review of Resident #24's current clinical record on 11/07/20, at 2:00 PM showed that the resident was admitted to the facility on 07/30/20, with diagnoses that included End-Stage Renal Disease (ESRD). Further review of the record revealed nursing notes dated from 10/13/20, to 11/04/20, that documented the resident received hemo-dialysis services on Tuesdays, Thursdays and Saturdays. Resident #24's current clinical record showed a care plan initiated on 10/23/20, which lacked documented evidence of goals and approaches to address Resident #24's diagnosis of End-Stage Renal Disease. During a telephone interview conducted on 11/10/20, at 11:56 AM, Employee #13 (Assistant Director of Nursing) acknowledged the findings and stated that goals and approaches to address the resident's diagnosis of End-Stage Renal Disease were accidentally deleted. At the time of the survey, it was noted that the facility's interdisciplinary team/staff failed to revise Resident #24's care plan to include goals and approaches to address the resident's diagnosis of End-Stage Renal Disease.			12/4/20
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to			

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F 684	Continued From page 14 facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview for two (2) of 24 sample residents, facility staff failed to ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices as evidenced by: failure to monitor the vital signs every four hours as ordered by the physician for two (2) residents. Residents' #20 and #21. Findings included ... The facility's staff failed to monitor vital signs every four hours, as ordered by the physician for Residents' #20 and #21. A.Review of Resident #20's current clinical record on 11/06/20, at 10:00 AM showed that the resident was admitted to the facility on 3/25/20, with diagnoses that included Chronic Respiratory Failure, Hypertension and Obesity. Record revealed that the resident had a confirmed diagnosis of COVID-19 on 10/22/20. Review of the physician's order dated 10/22/20, that directed staff to monitor the resident's "vital signs Q (every) 4 hours every shift x 14 days	F 684	Corrective Action for Affected Residents: Resident #20 was assessed on 11/27/20; resident suffered no negative outcome. Resident #21 was assessed on 11/27/20; resident suffered no negative outcome. - In-services were provided by the nurse educators on 11/27/20 to all nursing staff on the importance to monitor residents' vital signs per doctor's order/care plan by 12/4/20. IDENTIFICATION OF OTHERS WITH THE POTENTIAL TO BE AFFECTED: -All residents in the facility have the potential to be affected.	12/4/20 12/4/20

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F 684	Continued From page 15 (from 10/22/20 to 11/05/20)". Continued review of the record revealed Treatment Administration Records (TARs) and nursing notes dated from 10/22/20 to 11/05/20, that lacked documented evidence the facility's staff monitored Resident #20's vital signs every four (4) hours as directed by the physician. B. Review of Resident #21's current clinical record on 11/06/20, at 11:00 AM showed that the resident was admitted to the facility on 8/1/2017, with diagnoses that included Kidney Disease, Hypertension and Pneumonia. Review of the record revealed that the resident had a confirmed diagnosis of COVID-19 on 10/22/20. Review of the physician's order dated 10/15/20 that directed staff to monitor the resident's "vital signs Q (every) 4 hours every shift x 14 days (from 10/15/20, to 10/29/20)". Review of the record revealed Treatment Administration Records (TARs) and nursing notes dated from 10/15/20 to 10/29/20 that lacked documented evidence the facility's staff monitored Resident #21's vital signs every four (4) hours as ordered by the physician. During a telephone interview conducted on 11/09/20, at approximately 2:30 PM, Employee #7 (third and fourth floor clinical coordinator),		DON/Designee will complete house- wide audit on all residents' chart to identify potential residents that the facility staff did not ensure that the residents' vital signs were taken according to the doctor's order by 12/4/20.	12/4/20
		F 842	MEASURES TO PREVENT RECURRENCE: -Staff development team will provide education to the clinical team on the importance to ensure that the residents vital signs are taken per the doctor's order by 12/4/20 - IDT team will validate that the residents vital signs are taken and recorded accordingly during grand rounds until 12/4/20. -Unit managers will validate that the nurses are taking the residents vital signs correctly per MD'S order daily	12/4/20

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F 684	Continued From page 16 acknowledged the findings and stated that the staff did not monitor Resident #20's and 21's vital signs every four (4) hours as ordered by the physician. There was no evidence that facility's staff monitored Residents #20 and #21 vital signs every four hours as ordered by their physicians.	F 684	MONITORING CORRECTIVE ACTION: DON/ Designee will complete house-wide audit by on all residents to ensure vital signs are taken per doctor's order weekly x4 then monthly x3. Findings will be reported to QAIP Director monthly by 12/4/20.	12/4/20
F 842 SS=D	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 §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;			

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F 842	Continued From page 17 (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 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:	F 842	CORRECTIVE ACTION FOR AFFECTED RESIDENT: - Resident # 8 was assessed on 11/27/20; resident suffered no negative outcome. -Staff educators provided in-services on 11/27/20 to the clinical and social Services team members on the importance of proper documentation on residents who are Covid-19 positive or are exposed to the Covid-19 virus. Residents and are to be relocated to another unit by 12/4/20.	12/4/20

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F 842	Continued From page 18 Based on observation, record review and staff interview for one (1) of 24 sampled residents, facility staff failed to document in one (1) residents' medical record that he was transferred from 2 North unit [COVID -19 Positive unit]. Resident #8. Findings included... Resident #8 was admitted to the facility 6/28/2020, with diagnoses that included Hyperlipidemia, Hypertension, Diabetes Mellitus, Cerebrovascular Disease, and Major Depressive Disorder. During a tour of unit 4South on November 4, 2020, at 11:00 AM, Resident #8 was observed in room 427 bed A. A review of the Progress note dated October 1, 2020, showed the following: 10/1/2020 15:01 PM [3:01 PM] "Relocation note - [Resident's name] was relocated from 4 south to 2N[north] for testing positive for COVID-19, activity staff will proceed with the plan of care for the next 90 days." 10/1/2020 19:40 PM [7:40 PM] Physician progress note: "Patient transferred to 2N for TOPP [temporal observation program] and observation following testing positive for COVID 19. He is otherwise asymptomatic with no fevers, cough or SOB [short of breath] Vitals are stable BP[blood pressure] 151/73 - will monitor ..." There was no documented information in	F 842	IDENTIFICATION OF OTHERS WITH THE POTENTIAL TO BE AFFECTED: - All residents residing in the facility have the potential to be affected. - DON/ Designee will conduct house-wide audits to identify potential residents that the facility staff did not ensure proper documentation was in place for relocation by 12/4/20. MEASURES TO PREVENT RECURRENCE: - Social service team will make sure proper documentation is in place once they receive a 6-108 for relocation of a resident by 12/4/20. - In-service will be provided by educators to clinical staff on the importance to ensure that there is proper documentation in place before a resident is relocated to another unit by 12/4/20.	12/4/20

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F 842	Continued From page 19 Resident #8's medical record to show when he was transferred from unit 2 North [COVID -19 unit] to 4 south. During a telephone interview conducted on November 9, 2020, at approximately 1:15 PM with Employee #7 (third and fourth floor clinical coordinator), he acknowledged the findings.	F 842	- IDT team will validate that proper documentation is in place for any resident who was relocated to another unit for observation by 12/4/20. -Unit managers will ensure that there is proper documentation for resident who are relocated from their units by 12/4/20. MONITORING CORRECTIVE ACTION: -DON/ Designee will audit charts of residents who were relocated to ensure there is proper documentation weekly x4 then monthly x3 by 12/4/20.	12/4/20
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify			

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F 880	Continued From page 20 possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff	F 880	CORRECTIVE ACTION FOR AFFECTED RESIDENTS: -No resident was affected -Targeted in- service was provided by nurse educators to employee #8 on the importance to wear face shield at all times on 11/27/20. -In service was also provided to employee #12 on the importance of wearing PPE's correctly at all times on 11/27/20 by staff educators. -Employees #10 and #11 were also re-educated on the importance of social distancing to prevent the spread of the Covid-19 virus on 11/27/20. -Staff educators also provided house- wide In-service on the proper use of PPE's and the importance of social of social distancing by 12/4/20. IDENTIFICATION OF OTHERS WITH THE POTENTIAL TO BE AFFECTED: - All employees in the facility have the potential to be affected. - IDT team will conduct house-wide assessment to ensure all employees are wearing their PPE's correctly at all times by 12/4/20.	12/4/20 12/4/20

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F 880	Continued From page 21 interview, in three (3) of three (3) observations, facility staff failed to; (I) wear required personal protective equipment (PPE) while in a resident care area and (II) maintain social distancing to help minimize the transmission of COVID-19 to residents and other staff in the facility. Findings included ... I.Facility staff failed to wear required personal protective equipment (PPE) while in the resident smoking area. A review of the policy entitled, "Protocol: COVID-19/CORONAVIRUS" showed, "Every employee will wear a mask and a face shield while at the residents' care area". During a tour of the smoking area on 11/4/2020, at approximately 11:30 AM, Employee #8 (certified nurse's aide) was observed with no face shield on while assisting a resident to light their cigarette. During a face-to-face interview conducted on 11/4/2020, at approximately 11:30 AM, Employee #8 stated, "I always wear my face shield. I just took it off for a second." Employee #8 acknowledged the findings. Review of the in-service sign-in sheet dated 10/20/2020, showed Employee #8 signed-in, indicating attendance and receiving the training titled, "COVID-19 Virus".	F 880	MEASURES TO PREVENT RECURRENCE: -Activities director will ensure employees working at the smoking patio are wearing their PPE's correctly and at all times and a log for validation is kept. -All departmental head will ensure their staff are wearing PPE's correctly and at all times by 12/4/20. -Maintenance team will reinforce tapes on the floors to ensure 6 feet apart is maintained. -Social distancing will be maintained especially at the Kiosk area by 12/4/20. -House wide in-service will be provided to all employees on the importance of wearing and keep PPE'S at all times and the importance of social distancing by 12/4/20.	12/4/20

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F 880	Continued From page 22 During a telephone interview conducted on 11/09/2020, at 11:43 AM, Employee #5 (staff development) stated, "The COVID-19 trainings include things such as hand hygiene, how to wear PPE, how the infection spreads and what precautions to take. We encourage all the employees to the follow the PPE policy and take actions when they don't." During a second tour of the smoking area on 11/4/2020, at approximately 4:15 PM, Employee #12 (CNA) was observed with no face shield on and face mask pulled down below her nose. Review of the in-service sign-in sheet dated 10/20/2020, for the training titled, "COVID-19 VIRUS", showed Employee #12 signed in, indicating attendance and receiving the aforementioned training. Facility staff failed to wear the required personal protective equipment (PPE) while in the resident smoking area. During a telephone interview conducted on 11/09/2020, at 11:43 AM, Employee #5 (staff development) stated, "The COVID-19 trainings include things such as hand hygiene, PPE, how the infection spreads and what precautions to take. We encourage all the employees to the follow the PPE policy and take actions when they don't." Employee #5 acknowledged the findings. II.Facility staff failed to maintain social distancing guidelines to help minimize the transmission of			12/4/20

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F 880	Continued From page 23 COVID-19 to residents and other staff in the facility. According to the Centers for Disease Control (CDC), "To practice social or physical distancing, stay at least 6 (six) feet (about 2 arms' length) from other people who are not from your household in both indoor and outdoor spaces." https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html#:~:text=Social%20distancing%2C%20also%20called%20%E2%80%9Cphysical,both%20indoor%20and%20outdoor%20spaces During a tour of unit 3 south on 11/4/2020, at 3:10 PM, Employee #10 (CNA) and Employee #11 (CNA) were observed standing shoulder to shoulder [less than one (1) foot apart] while documenting. Review of the in-service sign-in sheet dated 10/15/2020, for the training entitled, "COVID-19 Virus/Infection", it showed Employee #11 signed in, indicating attending and receiving the aforementioned training. Review of the new hire orientation sign-in sheet dated 10/26/2020 that included the training titled, "Infection Control: COVID-19 (Hand Hygiene, PPE, Social Distancing)", showed Employee #10 signed-in, indicating attending and receiving the aforementioned training. Facility staff failed to maintain social distancing guidelines to help minimize the transmission of COVID-19 to residents and other staff in the	F 880	MONITORING CORRECTIVE ACTION: -IDT team will continue with daily rounds to ensure employees are complying with the proper use of PPE's by 12/4/20. - IDT team members will ensure that all tapes on the floor demarcated for social distancing are legible by 12/4/20. -Unit managers will monitor CNA's during documentation to ensure that they are practicing social distancing by 12/4/20.	12/4/20

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEANWOOD REHABILITATION AND WELLNESS CENTER	5000 BURROUGHS AVE. NE WASHINGTON, DC 20019

(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) COMPLETION DATE
F 880	Continued From page 24 facility. During a face-to-face interview conducted on 11/4/2020, at 3:10 PM, both Employee #10 and Employee #11 acknowledged the findings. During a telephone interview conducted on 11/09/2020, at 11:43 AM, Employee #5 (staff development) stated, "The COVID-19 trainings include things such as hand hygiene, PPE, how the infection spreads and what precautions to take. We encourage all the employees to the follow the PPE policy and take actions when they don't." Employee #5 acknowledged the findings.	F 880	-Employees will be encouraged to monitor each other to comply with proper use of PPE's by 12/4/20. - Activities director will monitor employees at the smoking patio daily to ensure they are wearing their PPE'S correctly and at all times by 12/4/20. -More signs will be placed at the smoking patio to remind staff the importance to wear PPE"s at all times by 12/4/20. All findings will be reported to the QAPI Director monthly until 12/4/20.	12/4/20