

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

PRINTED: 06/11/2020
FORM APPROVED
OMB NO. 0938-0391

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 06/09/2020
NAME OF PROVIDER OR SUPPLIER DEANWOOD REHABILITATION AND WELLNESS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 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 June 1, 2020 through June 6, 2020. The facility was found not to in compliance with 42 CFR §483.80 infection control regulations and has implemented the Centers for Medicare and Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) recommend practices to prepare for COVID-19. The resident census was 232.	F 000			
F 880 SS=E	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,	F 880	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 6/17/20 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.		

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

TITLE

(X6) DATE

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.

AA

Administrator

6/18/2020

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F 880	<p>Continued From page 1</p> <p>but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(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</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and staff interview, facility staff failed to ensure that four (4) of 13 hand sanitizer dispensers operated as intended.</p> <p>Findings included:</p> <p>Manufactures Guidance: "Use PURELL Hand sanitizer products properly and according to the instructions on the label: wet hands thoroughly with product, and briskly rub hands together until dry. Purell ...formulated to exceed FDA healthcare personnel hand wash requirements with just 1.1 milliliters of product ...Hand Sanitizer products." Reference https://www.gojo.com/en/Industries/PURELL-Consumer/FAQ</p> <p>Upon entrance to the facility on June 1, 2020 at approximately 9:15 AM one (1) of one (1) the hand sanitizer dispenser located in the outer lobby/vestibule of the facility failed to dispense enough solution to sanitize the hands of the writer. The finding was acknowledged by Employee #5 who was present at the time of the observation.</p> <p>During a tour of 2 North Unit on June 1, 2020 at approximately 10:30 AM two (2) of six (6) hand sanitizer dispensers failed to dispense enough solution to sanitize the hands of the writer.</p> <p>A face-to-face interview was conducted with Employee #3, who was present at the time of the observation, acknowledged the findings on 6/1/2020 at approximately 10:30 AM.</p>	F 880	<p>Corrective action for the residents affected:</p> <p>The identified hand sanitizer dispenser located in the outer lobby/vestibule of the facility was repaired on 6/1/2020.</p> <p>The two hand sanitizer dispensers located on 2 North and the hand sanitizer dispenser located on 2 South were immediately repaired on 6/1/2020.</p> <p>The facility staff conducted an inspection throughout the facility on 6/1/2020 and 6/6/2020 to ensure hand sanitizer dispensers operated as intended. Any issues found during the inspection was corrected immediately.</p> <p>No residents were identified as affected.</p> <p>Identification of others with the potential to be affected.</p> <p>All residents residing in the facility have the potential to be affected. An inspection of all hand sanitizer dispensers throughout the facility was conducted to ensure all hand sanitizer dispensers dispense enough solution to sanitize the hands of all clients.</p> <p>Measure to Prevent Recurrence:</p> <p>Facility staff will be in-serviced on the importance of ensuring hand sanitizer dispensers are operating as intended.</p>	6/17/2020	

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F 880	Continued From page 3 During a tour of 2 South Unit on June 1, 2020 at approximately 10:15 AM one (1) of six (6) hand sanitizer dispensers failed to dispense enough solution to sanitize the hands of the writer. A face-to-face interview was conducted with Employee #3, who was present at the time of the observation, acknowledged the dispenser did not release enough solution on 6/1/2020 at approximately 10:15 AM.	F 880	Monitoring Corrective Action: Random audits will be conducted by the Director of housekeeping or designee To ensure hand sanitizer dispensers are operating as intended. Findings will be reported to the Quality Assurance Performance Improvement Committee Monthly for the next 3 months.	6/17/20	