

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 02/09/2021
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NAME OF PROVIDER OR SUPPLIER DEANWOOD REHABILITATION AND WELLNESS	STREET ADDRESS, CITY, STATE, ZIP CODE 5000 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>A COVID-19 Focused Infection Control Survey was conducted from January 29, 2021 through February 9, 2021. Survey activities consisted of a review of seven (7) sampled residents. The survey was conducted under Title 22B District of Columbia Municipal Regulations, Chapter 32 Nursing Facilities. The resident census during the survey was 245.</p> <p>The following is a directory of abbreviations and/or acronyms that may be utilized in the report:</p> <p>Abbreviations</p> <p>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) G-tube Gastrostomy tube HR- Hour HSC - Health Service Center HVAC - Heating ventilation/Air conditioning ID - Intellectual disability</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 wrongdoing.</p>	4/2/2021
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Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
LHNA

(X6) DATE
3/31/21

Health Regulation & Licensing Administration

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L 000	<p>Continued From page 1</p> <p>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 deciliter 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</p>	L 000		4/21/21
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L 091	<p>3217.6 Nursing Facilities</p> <p>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.</p>	L 091		
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L 091	<p>Continued From page 2</p> <p>This Statute is not met as evidenced by: Based on observation, record review and staff interview, facility staff failed to: have personal protective equipment (PPE) readily accessible, store used/soiled linens appropriately, follow the facility's policy and the Standards of Practice for proper wear of PPE and appropriate eye protection to minimize the potential spread of infections and follow the Standards of Practice for donning face shield on the COVID-19 Unit.</p> <p>Findings included ...</p> <p>I. Facility staff failed to have PPE readily accessible on two (2) units.</p> <p>During a tour of unit 4 north on 01/29/2021, at approximately 10:35 AM, it was observed that there was only one PPE cart for the entire unit of 32 residents, all who were under quarantine for COVID-19 exposure. It was also observed that each resident's room had signage on the door indicating transmission-based contact and droplet precautions were in place for COVID-19 exposure.</p>	L 091	<p>L091 CORRECTIVE ACTIONS FOR RESIDENTS AFFECTED Resident #6 and #7 were assessed on 1/29/21, residents suffered no negative outcome.</p> <p>In-service provided to employee #7, #5 and all clinical staff members on the importance of providing confidentiality on residents personal identifiable medical information always by 4/2/21.</p> <p>House wide audit conducted by the Director of Nursing or Designee to identify other residents that the facility staff did not ensure that the residents personal identifiable medical information was protected by 4/2/21.</p> <p>IDENTIFICATION OF OTHERS WITH THE POTENTIAL TO BE AFFECTED All the residents in the facility have the Potential to be affected.</p> <p>MEASURES TO PREVENT RECURRENCE The Director of Nursing or Designee will conduct house wide audits to ensure resident's personal identification materials are always provided confidentiality by 4/2/21.</p>	4/2/21
	<p>During a tour of unit 4 south on 01/29/2021, at approximately 10:50 AM, it was observed that there was only one PPE cart for the entire unit of 36 residents, all who were under quarantine for COVID-19 exposure. It was also observed that each resident's room had signage on the door indicating transmission-based contact and droplet precautions were in place for COVID-19 exposure.</p> <p>During a face-to-face interview conducted on 01/29/2021, at approximately 1:10 PM, Employee</p>		<p>Staff Development Coordinator will provide in-service to all clinical staff members on the importance to provide confidentiality of residents personal identifiable medical information by 4/2/21.</p>	

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STREET ADDRESS, CITY, STATE, ZIP CODE
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L 091	<p>Continued From page 3</p> <p>#4 (Director of Nursing) acknowledged the findings and stated, "We are working on putting PPE stations outside of each resident ' s room but have not gotten to the 4th floor yet."</p> <p>Facility staff failed to have PPE readily accessible on two (2) units.</p> <p>II. Facility staff failed to store used/soiled linens appropriately.</p> <p>According to Centers for Disease Control ' s (CDC) Guidelines for Environmental Infection Control in Health-Care Facilities, "Contaminated textiles and fabrics are placed into bags or other appropriate containment ... these bags are then securely tied or otherwise closed to prevent leakage ..."</p> <p>https://www.cdc.gov/infectioncontrol/guidelines/enviromental/background/laundry.html</p> <p>During a tour of unit 4 south on 01/29/2021, at approximately 10:50 AM, an uncovered container/hamper without a lid and stored soiled linens was observed in the hallway next to the container/receptacle labeled "trash".</p> <p>During a face-to-face interview conducted on 01/29/2021, at approximately 10:50 AM, Employee #5 (Charge Nurse) when asked about the uncovered container stated, "That ' s the dirty linen hamper. I reported and made maintenance aware that a new dirty linen container was needed the week prior." Employee #5 acknowledged the findings and stated that she would follow up on the issue.</p> <p>Facility staff failed to store used/soiled linens</p>	L 091	<p>L091 MONITORING CORRECTIVE ACTION</p> <p>IDT team members will validate daily during grand rounds to ensure that no resident's personal identifiable medical information is left unprotected by 4/2/21.</p> <p>Unit managers will make constant rounds to ensure all resident's personal identification materials are protected daily until 4/2/21.</p> <p>Incoming and outgoing nurse will make rounds to ensure all residents personal identifiable medical information is secured.</p> <p>Findings will be reported to the Director of Quality Assurance weekly x 4, then monthly x 3 until 4/2/21.</p>	4/2/21

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L 091	<p>Continued From page 4 appropriately.</p> <p>III. Facility staff failed to wear PPE properly to minimize the potential spread of infections.</p> <p>According to the facility ' s policy entitled, "Staff Drinking and Eating" dated 01/2021, "... due to donning of PPEs (such as face mask and face shield, a staff may have a quick snack and a drink to hydrate him/herself. A staff may do so if he/she is alone or 6 feet apart from everyone, in the hallway or at a workstation..."</p> <p>During a tour of unit 4 south on 01/29/2021, at 11:02 AM, Employee #6 (Painter) was observed walking on the unit, with other residents and staff around, less than six (6) feet apart, with his face mask down on his chin, not covering his mouth or nose and with his face shield tilted up on top of his head, also not covering his mouth or nose, while drinking a can of soda.</p> <p>During a face-to-face interview on 01/29/2021, at 11:02 AM, Employee # 6 acknowledged the findings and stated, "I forgot" when asked why he was not following the facility ' s policy for wearing PPE.</p>	L 091		4/2/21
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	<p>Review of the in-service training documents entitled, "COVID-19 Infection", "Infection Control" and "Use of PPE" dated 01/14/2021-01/19/2021, showed Employee #6 ' s signature, indicating him receiving training on the previously mentioned education topics.</p> <p>Facility staff failed to wear PPE appropriately to minimize the potential spread of infections.</p> <p>IV. Facility staff failed to follow the Standards of Practice for donning a face shield.</p>			
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L 091	<p>Continued From page 5</p> <p>The Center for Disease Control and Prevention ' s guidance on the use of Personal Protective Equipment, documented the following:</p> <p>"Put on a full-face shield over the N95 respirator and surgical hood to provide additional protection to the front and sides of the face, including skin and eyes. Bending forward, hold on to the face shield with both hands, expand the elastic with your thumbs and place the elastic behind your head, so that the foam rests on your forehead. Once the shield is situated, check to make sure it covers the front and sides of the face and no areas are left uncovered."</p> <p>https://www.cdc.gov/vhf/ebola/hcp/ppe-training/n95r-espriator_gown/donning_13.html</p> <p>During an observation of 2 North (COVID -19 unit) on 01/29/2021, starting at approximately 11:30 AM, Employee #8 (Registered Nurse) was observed in the hallway not donning a face shield per the Standards of Practice.</p> <p>Continued observation showed the foam of the employee ' s face shield was noted in her hairline directly above her forehead. Employee #8's face shield was also pointed in an upward position, slightly away from her face leaving her N95 respirator uncovered.</p> <p>During a face-to-face interview on 01/29/2021, at approximately 11:35 AM, Employee #8 was asked, is there a reason why her face shield was not covering her face mask (N95 respirator)? Employee #8 acknowledged the finding and stated "No", then repositioned her face shield to cover her face mask.</p>	L 091		4/2/21
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L 091	<p>Continued From page 6</p> <p>Observation of 2 North (COVID-19 Unit) on the same day at approximately 11:45 AM, revealed Employee #9 (Licensed Practical Nurse), was observed walking out of a resident ' s room, into the hallway not donning her face shield per the Standards of Practice.</p> <p>Continued observation showed the foam of the employee ' s face shield was noted in her hairline directly above her forehead. Employee #9 ' s face shield was also pointed in an upward position, slightly away from her face leaving her N95 respirator uncovered.</p> <p>During a face-to-face interview on 01/29/2021, at approximately 11:45 AM, Employee #9 was asked, is there a reason why her face shield was not covering her face mask (N95 respirator)? Employee #9 acknowledged the finding and stated that it was hard for her to keep her face shield down to cover her face mask.</p> <p>At the time of the survey, Employees #8 and #9 failed to don their face shields per Standards of Practice.</p> <p>V. Facility staff failed to wear proper eye protection in the facility per the Standards of Practice and the facility ' s policy.</p> <p>According to the Center for Disease Control and Prevention ' s, Eye Safety guidance,</p> <p>"Safety glasses provide impact protection but do not provide the same level of splash or droplet protection as goggles and generally should not be used for infection control purposes."</p> <p>https://www.cdc.gov/niosh/topics/eye/eye-infectious.html</p>	L 091	<p>L091 CORRECTIVE ACTIONS FOR RESIDENTS AFFECTED:</p> <p>No resident was affected by this practice.</p> <p>1)PPE stations have been mounted on the walls on every unit where the facility failed to provide readily accessible PPE materials</p> <p>2) Soiled linen bins with proper lids were immediately placed on the 4th floor Where the facility failed to store used/soiled Linens appropriately on 1/29/21.</p> <p>Education provided to employee #5 on the importance of making sure that maintenance team replaces broken hampers immediately.</p> <p>Employee was also educated to inform the Unit Manager of broken hampers so She can follow up with the maintenance team for replacement.</p> <p>Education provided by staff development team on 1/29/21 and ongoing until 4/2/21.</p>	4/2/21
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L 091	<p>Continued From page 7</p> <p>Review of the facility ' s, "Eye Protection or Face Shield Infection Control and Prevention" policy dated 12/2020, documented that " ...employees may use their own eye protection / face shield so long as it meets the requirements for Infection Control for COVID-19 ..."</p> <p>During an observation of the first floor on 01/29/2021 at approximately 11:20 AM, Employee #10 (Maintenance worker) was observed in the hallway, around other residents and staff, wearing a N95 mask with black glasses with clear shields on either side.</p> <p>During a face-to-face interview with Employee #10 at approximately 11:20 AM, he acknowledged the findings and stated, "I was told that we can wear these types of glasses but must wear an N95 mask" when asked why he was not wearing a face shield.</p> <p>During an observation of 2 North (COVID -19 unit) on 01/29/2021, starting at approximately 11:50 AM, Employee #3 (Staff Development/Educator) was standing very close to a resident (less than 6 feet) in front of Room #204. The employee was encouraging the resident to go back into his room. During this time Employee #3 was wearing black glasses with clear shields on each side of the glasses (Kleenguard Maverick glasses) .</p> <p>During a face-to-face interview on 01/29/2021, at approximately 12:00 PM, Employee #3 was asked why she was not wearing a face shield while working on the COVID-19 Unit. The employee pointed to her glasses and stated, "I ' m wearing goggles."</p>	L 091	<p>L091</p> <p>3) Employee #6 was provided in service on the importance to wear PPE properly to minimize the potential spread of infection and to eat at designated areas only on 1/29/21.</p> <p>Employee verbalized understanding. Staff development team will provide in-service to all the employees in the facility on the importance of wearing PPE correctly at all times in the facility and on the necessity to eat / drink at designated areas.</p> <p>4) In service was provided to employee #8 on 1/29/21 on the importance to follow the standards of practice for donning a face shield. Employee verbalized understanding.</p>	4/2/21
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L 091	<p>Continued From page 8</p> <p>Research of the Kleenguard Maverick glasses revealed that they were advertised as "safety glasses" and not goggles, as Employee#3 stated during the face-to-face interview.</p> <p>https://www.amazon.com/Kleenguard-Maverick-Glasses-Intergrated-Anti-Fog/dp/B07QMXQLLT/ref=sr_1_7?crid=3G6WQY39UKIUL&dchild=1&keywords=kg+maverick+safety+glasses&qid=1614084583&sprifix=KG%2Caps%2C174&sr=8-7</p> <p>During a telephone interview on 02/09/2021, at approximately 1:00 PM, Employee #3 acknowledged the finding and stated that she was told that the glasses were goggles and not safety glasses.</p> <p>At the time of the survey, Employee #10 and #3 failed to follow the Standards of Practice and the facility 's policy by not wearing the proper eye protection on the COVID-19 Unit.</p>	L 091	<p>L091</p> <p>5) In service was provided to employee #3 and #10 by the Director of Nursing, on the importance to wear the proper eye protection in the facility per the standards of practice and facility's policy while in the facility on 1/29/21. Both employees verbalized understanding.</p> <p>All department heads, IDT team members and Unit Managers did rounds on 1/29/21, to ensure no other employees were wearing their PPE's incorrectly or are wearing the wrong eye protection glasses.</p> <p>IDENTIFICATION OF OTHERS WITH THE POTENTIAL TO BE AFFECTED</p>	4/2/21
1 521	<p>2260.1d Nursing Facilities</p> <p>(d) To be treated with respect and dignity and assured privacy during treatment and when receiving personal care;</p> <p>This Statute is not met as evidenced by: Based on observation, record review and staff interview, for two (2) of seven (7) sampled residents, facility staff failed to provide confidentiality of their personal identifiable medical information. Residents' #6 and #7.</p> <p>Findings included...</p> <p>1. Resident #6 was admitted to the facility on</p>		<p>All employees in the facility have the potential to be affected.</p> <p>MEASURES TO PREVENT RECCURANCE</p> <p>1)In- service will be provided house wide by Staff development team on the importance to wear PPE's per the standard of practice and facility's policy by 4/2/21.</p> <p>2) IDT team will ensure all employees are wearing their PPE's correctly during rounds daily until 4/2/21.</p> <p>3)Maintenance team will conduct house wide audit to ensure all soiled linen bins have proper lids by 4/2/21.</p>	4/2/21

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L 521	<p>Continued From page 9</p> <p>09/27/2019, with diagnoses that included Pressure Ulcer of Sacral Region and Disruption of Extrema Operation (Surgical) Wound.</p> <p>During a tour of unit 4 north on 01/29/2021, at approximately 10:35 AM, Resident #6's COVID-19 testing slip that included full name, date of birth, and that the resident was "in dialysis" was observed on the counter of the nurses station, visible to anyone who walked by.</p> <p>During a face-to-face interview conducted on 01/29/2021, at approximately 10:35 AM with Employee #7 (Licensed Practical Nurse), she acknowledged the finding and stated, "We are waiting for the resident to come back from dialysis to do his test. The testing slip should've been put inside the medication cart for safe keeping."</p> <p>2. Resident #7 was admitted to the facility on 07/20/2020, with diagnoses that included Heart failure, Anemia, and Coronary Artery Disease.</p> <p>During a tour of unit 4 south on 01/29/2021, at approximately 10:50 AM, Resident #7's medication cream was observed on a treatment cart in the hallway, with their full name, date of birth, and name of the medication fully visible to anyone who walked by the treatment cart.</p> <p>During a face-to-face interview conducted on 01/29/2021, at approximately 10:50 AM with Employee #5 (Charge Nurse), she acknowledged the findings and stated, "The medication is given at night and that shift must have forgot to put the medication away."</p> <p>Facility staff failed to provide confidentiality of</p>	L091	<p>L091</p> <p>4) Unit Managers will conduct frequent rounds on their units to ensure all employees are complying with the proper use of PPE's daily until 4/2/21.</p> <p>5) Departmental heads will ensure all employee wear the proper eye protection in the facility per the standards of practice and facility's policy daily until 4/2/21.</p> <p>MONITORING CORRECTIVE ACTION</p> <p>1)The Director of Nursing / Designee will ensure the IDT team / Unit Managers complete their rounds in a timely manner daily until 4/2/21. Any employee not in compliance, will be provided further education by staff development team.</p> <p>2)The Maintenance Director will conduct rounds to validate that all soiled linen bins have proper lids that are not broken daily until 4/2/21.</p> <p>Findings Will be presented to the Quality Assurance Director weekly x 4, then monthly X3 by 4/2/21.</p>	4/2/21
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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 02/09/2021
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NAME OF PROVIDER OR SUPPLIER DEANWOOD REHABILITATION AND WELLNESS	STREET ADDRESS, CITY, STATE, ZIP CODE 5000 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
L 521	Continued From page 10 residents' personal identifiable medical information.	L 521		4/2/21