

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

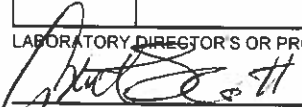
PRINTED: 06/18/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/10/2020
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NAME OF PROVIDER OR SUPPLIER FOREST HILLS OF DC	STREET ADDRESS, CITY, STATE, ZIP CODE 4901 CONNECTICUT AVENUE, NW WASHINGTON, DC 20008
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F 000	INITIAL COMMENTS A COVID-19 Focused Infection Control Survey was conducted on June 9, 2020 through June 10, 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 47.	F 000	Forest Hills of DC makes Its best effort to operate in substantial compliance with both Federal and State laws. Submission of this Plan of Correction {POC} does not constitute an admission or agreement by any party, Its officers, directors, employees or agents as the truth of the facts alleged or the validity of the conditions set forth on the statement of deficiencies.	
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	This Plan of Correction (POC) Is prepared and/or executed because it is required by state and federal laws. 1. CNA (3) on 1 st floor were in-serviced on the importance of hand hygiene Bottled Hand sanitizer stations were placed outside of resident rooms on tables on HCC1 and HCC2 2. For all other residents that have potential to be affected by the practice: Bottled hand sanitizers were placed outside of each room on HCC1 and HCC2 Staff were observed on various days and shifts in different departments performing hand hygiene	6.26.20 6.9.20 6.9.20 6.26.20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE ADMINISTRATOR	(X6) DATE 6-25-2020
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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 880	<p>Continued From page 1 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	<p>3. All staff were trained on hand hygiene and using hand sanitizer to gel in and out rooms</p> <p>The Nurse Supervisor was educated on a COVID-19 Rounding Tool Checklist to provide hand hygiene education to staff</p> <p>The facility ordered Hand Sanitizer Dispensers to be located in and out of resident's rooms on HCC1 and HCC2 to supplement existing bottled hand sanitizer stations.</p> <p>4. Hand Hygiene audits are conducted weekly for 3 months, then once per quarter x3. Results will be reported to the QAPI committee for any feedback.</p>	<p>6.26.20</p> <p>6.26.20</p> <p>6.23.20</p> <p>On- going</p>

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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 interviews, facility staff failed to wash their hands when going in and out of three (3) of three (3) resident rooms to pick up the breakfast meal trays. The residents' census was 47.</p> <p>Findings included:</p> <p>Infection Control Guidance for Skilled Nursing Facilities (can also be applied to Assisted Living Facilities:</p> <p>"10. Ensure that all HCP and patients are aware of proper hand hygiene practices. a. CRITICAL: Ensure that alcohol-based handrub (ABHR) dispensers are placed inside and outside the doorway of every patient room. ABHR needs to be 60%-95% alcohol to be effective against COVID-19. b. CRITICAL: If hands are not visibly soiled then HCP should always use ABHR 1) upon entering a patient's room, 2) upon exiting a patient's room, 3) immediately prior to putting on gloves, 4) immediately after removing gloves, 5) every time they leave an individual unit, 6) every time they enter a new unit and 7) all other scenarios stated in your facility hand hygiene policy. c. Ensure that ABHR dispensers are properly stocked and that sinks are properly supplied with soap and paper towels for hand washing."</p> <p>Reference https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/COVID-19_SNF_Infection_Control_Letter_2020.03.13.pdf</p>	F 880			

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F 880	<p>Continued From page 3</p> <p>During a tour of the first floor nursing unit, on June 9, 2020, at approximately 10: 15 AM, three (3) employees were observed going in and out of residents' rooms on first floor nursing unit. The employees were asked what they were doing, one certified nurse aide responded, "We are picking up the residents' trays." During this observation, the staff were not observed washing or sanitizing their hands as they entered the residents' room, picked up the soiled trays and exited the residents' rooms.</p> <p>There was no evidence that facility staff sanitized their hands before entering the residents' rooms, after exiting the residents' rooms and after picking up a soiled meal tray from the residents' rooms.</p> <p>During tour of the first floor nursing unit, it was noted that hand sanitizer dispensers were not placed inside or outside of the resident rooms. However, there were two (2) bottles of hand sanitizer onbserved on the counter at the first floor nurses' station.</p> <p>During a face-to-face interview, Employee #1 acknowledged the findings on June 9, 2020, at approximately 11:00 AM.</p>	F 880			