

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

PRINTED: 01/13/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>095040</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/06/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE HSC PEDIATRIC SKILLED NURSING FACILITY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1731 BUNKER HILL ROAD NE</b> <b>WASHINGTON, DC 20017</b>		
(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	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced complaint/facility reported incidents survey was conducted at this facility on January 06, 2023. Survey activities consisted of staff interview. The facility's census during the survey was 12. During this survey, complaint DC-11501 was investigated.</p> <p>After analysis of the findings, it was determined that the facility was not in compliance with the requirements of 42 CFR Part 483, Subpart B, and 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 EKG - 12 lead Electrocardiogram EMS - Emergency Medical Services (911)</p>	F 000			

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

*Debbie Holson*

TITLE

Chief Operating Officer

(X6) DATE

1.24.2023

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 F - Fahrenheit FR.- French G-tube- Gastrostomy tube HR- Hour HSC - Health Service Center HVAC - Heating ventilation/Air conditioning ID - Intellectual disability IDT - Interdisciplinary team IPCP- Infection Prevention and Control Program LPN- Licensed Practical Nurse 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) M- minute mL - milliliters (metric system measure of volume) mg/dl - milligrams per deciliter mm/Hg - millimeters of mercury MN midnight N/C- nasal canula Neuro - Neurological NFPA - National Fire Protection Association NP - Nurse Practitioner O2- Oxygen PASRR - Preadmission screen and Resident Review Peg tube - Percutaneous Endoscopic Gastrostomy PO- by mouth POA - Power of Attorney POS - physician ' s order sheet Prn - As needed Pt - Patient Q- Every QIS - Quality Indicator Survey	F 000			

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F 000	Continued From page 2 RD- Registered Dietitian RN- Registered Nurse ROM Range of Motion RP R/P - Responsible party SBAR - Situation, Background, Assessment, Recommendation SCC Special Care Center Sol- Solution TAR - Treatment Administration Record Ug - Microgram	F 000		
F 837 SS=F	Governing Body CFR(s): 483.70(d)(1)(2)  §483.70(d) Governing body. §483.70(d)(1) The facility must have a governing body, or designated persons functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the facility; and  §483.70(d)(2) The governing body appoints the administrator who is- (i) Licensed by the State, where licensing is required; (ii) Responsible for management of the facility; and (iii) Reports to and is accountable to the governing body. This REQUIREMENT is not met as evidenced by: Based staff interview, the Governing body failed to appoint an administrator who is licensed by the District of Columbia to be responsible for the management of the facility. The census on the day of survey was 12 residents and the facility capacity is 16 residents.  The findings include:	F 837	How Corrective Action will be accomplished: This deficiency has been corrected as an interim SNF administrator has been hired by The HSC Pediatric Center Skilled Nursing Facility with a start date of January 23, 2023.  Other residents affected: There was no negative impact to the facility nor were any of the 12 residents negatively affected during this time. The interim director is responsible for all 16 licensed SNF beds and the position has been filled.  Measures to ensure the deficient practice will not recur: Education will be provided by leadership (COO) to the oncoming/current interim administrator that this position must be filled at all times and the expectation is that ample notice of any intended departure must be given in order to find and onboard a replacement administrator so as to avoid a vacancy in this position. The intent is that the interim director will stay in place until a permanent Administrator has been identified, hired and the responsibilities have been transitioned.  Monitoring performance to ensure the solution is sustained: The interim administrator will be monitored by the Director of Patient Care Services for the first three months to ensure appropriate oversight and productivity is occurring. Ongoing evaluations will then occur per facility policy.	

			<p>Date Corrective Action will be completed: January 23, 2023</p> <p>Title of person(s) responsible for implementing the acceptable PoC The HSC Pediatric Center Chief Operating Officer</p>
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F 837	Continued From page 3  On January 06, 2023, at approximately 9:50 AM, an onsite visit of the facility was conducted. Upon entrance to the facility, a request was made to speak with the Administrator of the facility. At approximately, 9:48 AM, Employee # 1 entered the lobby and shared that there was no administrator in place. That they (the facility administration) are currently in the process of bringing someone in (to serve as the administrator).  Employee #1 further stated that [Former Administrator's Name] last day was December 28, 2022, and that an interim administrator will be in place soon.  There was no evidence that for the past nine days, the governing body appointed an administrator licensed by the District of Columbia to be responsible for the management of the facility.	F 837		
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