

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCFD020031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/13/2023
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NAME OF PROVIDER OR SUPPLIER THE HSC PEDIATRIC SKILLED NURSING FACI	STREET ADDRESS, CITY, STATE, ZIP CODE 1731 BUNKER HILL ROAD NE WASHINGTON, DC 20017
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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 000	Initial Comments An unannounced survey was conducted at this facility from December 11, 2023 to December 13, 2023. Survey activities consisted of observations, record review, and resident and staff interviews. The facility's census 13 during the survey was and the sample included 3 residents. The following Facility Reported Incident DC~12475 was investigated during this survey. After analysis of the findings, it was determined that the facility was not in compliance with the requirements of District of Columbia Municipal Regulations Chapter 32 of Title 22B Nursing Facilities.	L 000		
L 051	3210.4 Nursing Facilities A charge nurse shall be responsible for the following: (a) Making daily resident visits to assess physical and emotional status and implementing any required nursing intervention; (b) Reviewing medication records for completeness, accuracy in the transcription of physician orders, and adherences to stop-order policies; (c) Reviewing residents' plans of care for appropriate goals and approaches, and revising them as needed; (d) Delegating responsibility to the nursing staff for direct resident nursing care of specific residents; (e) Supervising and evaluating each nursing employee on the unit; and	L 051	1. Resident #1 is no longer in the facility; therefore, no corrective action could be initiated. 2. The DON conducted a chart audit to identify residents on monitors, including those with orders for use of a pulse-is monitor. Care plans were updated by the MDS Coordinator as appropriate. There were no current care plans related to monitoring for 12 residents. Care plans were updated by the MDS Coordinator that include appropriate goals and approaches. 3. The DON and MDS Coordinator reviewed the facility policies and regulatory requirements on care plan development. The MDS Coordinator and/or DON will educate licensed nurses on reviewing care plans for accuracy and to coordinate any updates with the DON or MDS Coordinator. The MDS Coordinator and DON will be responsible for ensuring that comprehensive care plans for residents on monitors, including those for continuous monitoring, are developed and kept up to date for each resident and include appropriate goals and approaches.	

Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Donna L. Egan</i>	TITLE <i>Administrator</i>	(X6) DATE <i>1-11-24</i>
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* Resubmission

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L 051	<p>Continued From page 1</p> <p>(f) Keeping the Director of Nursing Services or his or her designee informed about the status of residents. This Statute is not met as evidenced by: Based on record review and staff interview, the charge nurse failed to ensure a resident's care plan included goals and approaches for a resident's use of a pulse-ox monitor for three (3) of 3 sampled residents. (Resident #1)</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on 07/06/23 with multiple diagnoses including Lesch-Nyhan Syndrome, Nephrocalcinosis, Self-Injurious Behavior, and Developmental Delays.</p> <p>A physician order dated 11/01/23 instructed, "Monitor Pulse Oximetry Continuous per parameters HR (heart Rate) 60-120 (beats per minute). POX (pulse-ox) 90-100 (saturation rate)".</p> <p>A review of the resident's care plan with a review date of 11/21/23 lacked documented evidence that the facility's staff developed a care plan with goals and interventions for his use of a continuous pulse-oximeter monitoring.</p> <p>During our telephone interview on 12/13/23 at 11:00 AM, Employee #5 (MDS Coordinator) said that the facility was improving their process of developing and reviewing care plans.</p>	L 051	<p>4. The DON and/or MDS Coordinator will audit 4 care plans per week for 6 weeks for residents with monitors, including those with orders for pulse-ox monitors for accuracy and including appropriate goals and approaches. If non-compliance is found the care plans will be updated and the policy and regulatory requirements will be reviewed by the DON/MDS Coordinator/licensed nurses as appropriate.</p> <p>Results of the audits will be reported to the Quality Assurance and Performance Improvement Committee for review.</p>	2/16/24