

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCFD020031</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/13/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE HSC PEDIATRIC SKILLED NURSING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1731 BUNKER HILL ROAD NE WASHINGTON, DC 20017</b>
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L 000	<p>Initial Comments</p> <p>An unannounced Annual Survey was conducted at The Hospital for Sick Children, Skilled Nursing Facility from August 11, 2021, through August 12, 2021. Survey activities consisted of a review of eight (8) sampled residents. The following deficiencies are based on observation, record review and resident and staff interviews. The resident census during the survey was seven (7).</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)            F - Fahrenheit            FR.- French            G-tube- Gastrostomy tube            HR- Hour</p>	L 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Maria Allen*

TITLE  
Administrator

(X6) DATE  
10/21/21

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L 000	<p>Continued From page 1</p> <p>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                      RD- Registered Dietitian                      RN- Registered Nurse                      ROM - Range of Motion                      RP R/P - Responsible party                      SBAR - Situation, Background, Assessment,</p>	L 000		

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L 000	Continued From page 2  Recommendation SCC Special Care Center Sol- Solution TAR - Treatment Administration Record Ug - Microgram	L 000		
L 052	3211.1 Nursing Facilities  Sufficient nursing time shall be given to each resident to ensure that the resident receives the following:  (a) Treatment, medications, diet and nutritional supplements and fluids as prescribed, and rehabilitative nursing care as needed;  (b) Proper care to minimize pressure ulcers and contractures and to promote the healing of ulcers:  (c) Assistants in daily personal grooming so that the resident is comfortable, clean, and neat as evidenced by freedom from body odor, cleaned and trimmed nails, and clean, neat and well-groomed hair;  (d) Protection from accident, injury, and infection;  (e) Encouragement, assistance, and training in self-care and group activities;  (f) Encouragement and assistance to:  (1) Get out of the bed and dress or be dressed in his or her own clothing; and shoes or slippers, which shall be clean and in good repair;  (2) Use the dining room if he or she is able; and  (3) Participate in meaningful social and	L 052	<ol style="list-style-type: none"> <li>1. Nurse and respiratory therapist will be re-in-serviced in maintaining infection control and prevention practices while providing trach care; maintaining sterile and clean technique as required; maintaining the sterile field; proper use, removal and disposal of gloves; hand hygiene in between dressing. Training will be documented and it will be followed by competency checks.</li> <li>2. Infection Preventionist (IP) or designee will observe trach care to residents to ensure nursing and respiratory staff follow Proper infection control practices.</li> <li>3. Nursing and respiratory staff will be re-In-serviced and competency verified via Quizzes and observations as to how to follow proper infection control practices while providing trach care.</li> </ol>	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION disposal of gloves; hand hygiene in	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HCFD020031</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/13/2021</b>
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L 052	<p>Continued From page 3</p> <p>recreational activities; with eating;</p> <p>(g) Prompt, unhurried assistance if he or she requires or request help with eating;</p> <p>(h) Prescribed adaptive self-help devices to assist him or her in eating independently;</p> <p>(i) Assistance, if needed, with daily hygiene, including oral care; and</p> <p>j) Prompt response to an activated call bell or call for help.</p> <p>This Statute is not met as evidenced by:</p> <p>Based on observation, record review and staff interview, for one (1) of eight (8) sampled residents, facility staff failed to ensure sufficient nursing time was given to maintain infection control and prevention practices evidenced not maintaining clean technique and not performing hand hygiene while providing tracheostomy care. Resident #7.</p> <p>The findings included:</p> <p>"Clean technique involves strategies used in patient care to reduce the overall number of microorganisms or to prevent or reduce the risk of transmission of microorganisms from one person to another or from one place to another. Clean technique involves meticulous handwashing, maintaining a clean environment by preparing a clean field, using clean gloves... and preventing direct contamination of materials and supplies."</p> <p><a href="https://journals.lww.com/jwocnonline/fulltext/2012/">https://journals.lww.com/jwocnonline/fulltext/2012/</a></p>	L 052	<p>Written plan for infection surveillance will be reviewed/ revised by IP to ensure monitoring of nursing practices and correction of quality deficiencies. COVID-19 policy will be reviewed revised by Administrator as needed but at least monthly to ensure compliance with frequent guideline changes. Trach care policy/procedure will be revised by IP to reflect findings from root cause analysis.</p> <p>4. IP or designee will conduct trach observations on a monthly basis, document findings and report findings on a quarterly basis for a 12-month period for the QAPI Sub-Committee to review, recommend, and approve. IP or designee will present revised surveillance plan and trach policy to the QAPI Sub-Committee on a quarterly basis for a six month period for review, recommendations and approval.</p>	

IP will present revised surveillance plan

IP will present revised surveillance plan to the

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A period of six months for review,

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L 052	<p>Continued From page 4</p> <p>03001/clean_vs__sterile_dressing_techniques_for.7.aspx</p> <p>Resident #7 was admitted to the facility on 06/15/2021, with multiple diagnoses that included: Encounter for Tracheostomy, Dysphagia, Spasticity, and Disorder of Autonomic Nervous System.</p> <p>Review of the Minimum Data Set dated 06/25/2021 revealed in Section O (Special treatments, procedures, and programs), "Suctioning, Tracheostomy care ..."</p> <p>During an observation on 08/12/2021, from 9:50 AM to 10:15 AM, the following was observed:</p> <p>Employee #3 (Respiratory Therapist) was performing a respiratory treatment and tracheostomy tie change on Resident #7. Employee #3 provided privacy, turned off the fan, placed the ambu bag (a hand-held device used to provide positive pressure ventilation to patients) on the bed, applied gloves, placed the "Tri-Flo Cath-N-Glove Kit 10 Fr (French)" directly on top of the resident ' s bed linens. Next, the employee removed one glove from the kit and applied it on top of the already gloved right hand. Employee #3 then picked up the tubing with her right hand and began to adjust the equipment/tubing with her left hand while still holding the tubing in her right hand, at times bending over to adjust the suction tubing with her left hand. Employee # 3 then began to suction Resident #7. After suctioning the resident, Employee #3 discarded the Cath-N-Glove kit contents into the trash receptacle located in the resident ' s room. Employee #3 then placed two piles of dry gauze</p>	L 052	<p>Administrator will present revised COVID-19 Policy changes to the QAPI Sub-Committee on a quarterly basis for at least six months for review, recommendations and approval.</p>	10/21/21
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L 052	<p>Continued From page 5</p> <p>on Resident #7 ' s bed linen (knee area of the resident) and sprayed Micro Klensz (wound cleanser) on one pile of gauze. At this point, Employee #4 entered the room to assist with removing and replacing the tracheostomy collar. Employee #4 picked up the wet gauze off the bed linen with gloved hands and proceeded to clean the tracheostomy site, the employee then placed the gauze with visible soiled contents back on the resident ' s bed linens in a different area of the bed. Employee #4 then picked up a dry gauze off the bed linens and used it to pat dry the trach area of the resident and placed the used gauze in the same pile with the other wet, soiled pieces of gauze. Employee #3 then picked up a wet gauze off the bed, cleaned the resident ' s neck area, then discarded the gauze on the bed with the other pile of soiled gauze.</p> <p>During the observation, Employee #3 and Employee #4 failed to maintain clean technique and failed to perform hand hygiene in between removing the old dressings, cleaning and applying the new clean dressing to the tracheostomy site.</p> <p>During a face-to-face interview conducted at the time of the observation, Employee #3 and Employee #4 acknowledged the findings.</p>	L 052		
L 087	<p>3217.2 Nursing Facilities</p> <p>The Chairperson of the Infection Control Committee shall be knowledgeable about or have experience in infection control. This Statute is not met as evidenced by:</p>	L 087	1. Interim DON completed certification on 9/12/2021.	10/21/21

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L 087	<p>Continued From page 6</p> <p>Based on staff interview, facility staff failed to have a designated Infection Preventionist who completed specialized training in infection prevention and control.</p> <p>The findings included:</p> <p>During a face-to-face interview conducted on 08/12/2021, at 2:46 PM, it was revealed that Employee #2 (Director of Nursing), who is the designated staff responsible for the facility's Infection Prevention and Control Program (IPCP), has not completed the specialized training in infection prevention and control as required by the Center for Medicaid and Medicare Services (CMS).</p> <p>At the time of the interview, Employee #2 acknowledged the finding and stated, "The previous Director of Nursing was certified in infection prevention and control. I am working on getting certified but I am just the Interim Director of Nursing."</p>	L 087	<p>2. Future DON will be required to be Certified.</p> <p>3. DON will be required to be certified along With at least another nurse.</p> <p>4. Administrator will document and report to the QAPI Sub-Committee as to the status of certification for at least six months for review, recommendations and approval.</p>	
L 099	<p>3219.1 Nursing Facilities</p> <p>Food and drink shall be clean, wholesome, free from spoilage, safe for human consumption, and served in accordance with the requirements set forth in Title 23, Subtitle B, D. C. Municipal Regulations (DCMR), Chapter 24 through 40. This Statute is not met as evidenced by:</p> <p>Based on observation and staff interview, facility staff failed to store and prepare foods in accordance with professional standards of practice for food services safety as evidenced by expired food items such as: four (4) of nine (9)</p>	L 099		

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L 099	<p>Continued From page 7</p> <p>five-pound containers of strawberry yogurt, four (4) of six (6) five-pound container of vanilla yogurt, and one (1) of one (1) container of bacon, food items such as a bag of shrimp, one (1) of one (1) open bag of gelatin that were not labeled, and one of one (1) ten-pound bag of vacuum-packed portions of salmon that were improperly being thawed.</p> <p>The findings included:</p> <p>During an environmental walkthrough of the facility 's kitchen on 08/11/2021, at approximately 10:00 AM, food items in one (1) of two (2) walk-in refrigerators were inadequately stored as follows:</p> <ol style="list-style-type: none"> <li>1. Four (4) of nine (9) five-pound containers of strawberry yogurt were expired as of 08/09/2021.</li> <li>2. Four (4) of six (6) five-pound container of vanilla yogurt was expired as of 08/04/2021.</li> <li>3. One (1) of one (1) container of bacon had a use-by-date of 08/02/2021.</li> <li>4. Shrimp pieces, stored in a plastic storage bag, were not clearly marked to indicate the date the original container was opened, and/or the date to be discarded.</li> <li>5. One (1) of one (1) open bag of gelatin was not labeled to indicate the date it was opened, and/or the date to be discarded.</li> <li>6. One (1) of one (1) ten-pound bag of vacuum-packed portions of salmon, labeled by the manufacturer to "keep frozen," was thawing in the walk-in refrigerator.</li> </ol> <p>During a face-to-face interview conducted at the</p>	L 099	<p>1.Five-pound containers of expired Strawberry yogurt with expired dates were disposed of. Five pound container of expired vanilla yogurt were disposed of. Bacon with expired use-by-date was disposed of. Shrimp pieces in plastic bag without clear opened date was disposed of. Gelatin lacking date as to when it was opened was disposed of. one ten-pound bag of vacuum-packed portions of salmon was disposed of. HSC submitted a comprehensive plan To DOH in regards to the project to fix The pipeline coming off the grease trap.</p> <p>2.Nutrition Manager will walk through refrigerated coolers and freezers to assess dating and labeling process adherence and dispose of any expired product. Engineering Manager and Administrator will review equipment and systems to ensure there is not malfunction affecting SNF</p>	



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L 099	<p>Continued From page 8</p> <p>time of the observation, Employee #6 acknowledged the findings.</p> <p>7. Employee #7 (Director of Environmental Services) arrived to facility 's kitchen on 08/11/2021 at 10:44 AM and stated, "There is a crack in the pipeline coming off the grease trap, which causes a leak and floods the kitchen. The dish washing machine has been down since February [2021]. I ' m not sure if it was reported to the Department of Health." He added that the machine is used "periodically, and when not in use, the staff has been washing dishes by hand."</p> <p>When asked if he could show the training records for staff on how and when to use the dishwasher, Employee #7 indicated that there was no formal training of staff. He also acknowledged that the Department of Health should have been informed of the issue with the dishwasher.</p>	L 099	<p>and needing reporting to DOH.</p> <p>3. Nutrition services manager will conduct documented education to review policy and procedures for dating and labeling and monitoring of product expiration.</p> <p>nutrition services manager will conduct rounds of refrigerated coolers and freezers to ensure adherence with dating and labeling of product expiration. Manager will document findings.</p> <p>Administrator and Engineering Manager will review systems and equipment at least monthly to ensure proper functioning and timely reporting.</p> <p>4. Nutrition manager will report findings to the QAPI Sub-Committee on a quarterly basis for a period of six months for review, recommendations, and approval. Administrator will report on a quarterly basis as to any reporting to DOH or malfunctioning equipment/system for review, recommendations, and approval</p>	10/21/21

