

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/05/2022
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NAME OF PROVIDER OR SUPPLIER INSPIRE REHABILITATION AND HEALTH CENTER LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2131 O STREET NW WASHINGTON, DC 20037
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L 204	<p>Continued From page 47</p> <p>statements from all potential witnesses as determined by the scope of the investigation ...review materials and complete investigation ..."</p> <p>Review of the facility's policy titled, "Mobility and Falls/Fall With Injury Prevention" with a revision date of 05/2022, showed "...This policy will assure proper assessment and documentation of potential risks for fall, actual occurrence of falls; and interventions to prevent future occurrences...When actual fall occurs...Document accident/incident...as a new event in the Risk Management System... Investigation using the incident and accident form... Witnesses' statement if fall was witnessed..."</p> <p>1. The facility staff failed to investigate allegations of rape made by Resident #133.</p> <p>Resident #133 was admitted to the facility on 08/28/20 with multiple diagnoses including: Anxiety Disorder Unspecified, Muscle Weakness, Unspecified Abnormalities of Gait and Mobility, Unspecified Dementia with Behavioral Disturbance, Bipolar Disorder, and Other Psychotic Disorder Not Due to A Substance or Known Physiological Condition.</p> <p>Review of an intake for a Facility Reported Incident (FRI), DC#00010592, received by the State Agency on 02/25/22, revealed that the facility staff reported the following: "... On 2/25/2022, around 0200 (2:00 AM), resident called the police without informing the staff. Upon arrival, [Resident #133] told the police that everyone in the building is trying to hurt her especially the female employees.... Upon follow up by the Director of Nursing and the Administrator this morning, resident then stated</p>	L 204	<p>The Staff Educator/Designee will provide training an in-service to all staff on implementing the policy and procedures to prohibit and prevent abuse, neglect and exploitation of residents and misappropriation of resident property. This will be completed by 10/21/22.</p> <p>The Staff Educator/Designee will provide training to Administrator, DON, ADON, Social Services and Department heads on conducting a thorough investigation, including obtaining written statements from all potential witnesses who might have had knowledge of the occurrence will be conducted per facility policy and regulation and timeliness of reporting to the State Agency. This will be completed by 10/21/22.</p> <p>MONITORING CORRECTIVE ACTION: ADON/Designee will conduct a house wide audit on all future reports of alleged abuse and injury of unknown origin, to ensure that a thorough investigation, including obtaining written statements from all potential witnesses who might have had knowledge of the occurrence were conducted per facility policy and regulation and to ensure that they are reported within 24 hours of knowledge of the alleged incident and within 2 hours if serious bodily has occurred or there is an allegation of abuse. This will be conducted weekly times four (4), then monthly times three (3) for three (3) months.</p> <p>All findings will be reported to the weekly at Risk meeting and monthly to the QAPI meeting. Data will be presented to the Quality Assurance Improvement committee for review and recommendations for a period of 3 months.</p>	10/21/22

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L 204	<p>Continued From page 48</p> <p>that she was raped last night and declared that this was the reason that she called the police...."</p> <p>Review of Resident #133's medical record revealed:</p> <p>Review of a care plan revised on 11/24/21, with a focus area of "...[Resident #133] called 911 and said she was sexually abused, when police came to investigate she denied calling them." The continued review had the following intervention, "Investigate [Resident #133]'s concerns and addressed (sp) them in a timely manner."</p> <p>Review of the Quarterly Minimum Data Set (MDS) dated 12/29/21 showed that the facility staff coded the following: intact cognition; independent and needed no setup or physical help in all areas of activities of daily living (ADLs).</p> <p>SBAR (Situation Background Assessment Recommendation-Physician/NP(Nurse Practitioner)/PA(Physician Assistant) note dated 02/25/22, at 1:55 AM in the section titled "Situation" documented "Alleged sexual Assault (sp)". The section titled "Additional Comments" documents "...at 12:39 am, a call came from front desk that police officer (Officers Name) and a colleague are in the building responding to a call from [Resident #133], writer went met the officers at residents' room, the room was trashed by the Resident, she was abusing every body including the officers, and using N and F words intermittently..."</p> <p>Review of a physician order documented, 02/25/22 "Transfer resident to the nearest ER for rape testing..."</p> <p>A continued review of Resident #133's medical</p>	L 204	<p>L 204 CORRECTIVE ACTION FOR THE AFFECTED RESIDENT: Resident #51 suffered no negative outcomes from failure to report within the required time frame to the State Agency. Resident #51's incident report was reported on 4/11/22.</p> <p>Resident #51 suffered no negative outcomes from failure to report within the required time frame to the State Agency. Resident #51's incident report was reported on 4/11/22.</p> <p>Resident #51 was reassessed by licensed nurse from head to toe on 9/23/22. There were no negative outcomes.</p> <p>IDENTIFICATION OF OTHERS WITH THE POTENTIAL TO BE AFFECTED All residents have the potential to be affected by this deficient practice.</p> <p>MEASURES TO PREVENT REOCURRENCE: Facility Staff to be educated by Staff Educator/ Designee regarding the regulations that require any abuse or injuries of unknown origin reporting requirements in accordance with facility policy and DOH regulation. Completed by 10/21/22.</p> <p>MONITORING CORRECTIVE ACTION: ADON/Designee will conduct a house wide audit on all reports of alleged abuse and injury of unknown origin, to ensure that they are reported within 24 hours of knowledge of the alleged incident and within 2 hours if serious bodily has occurred or there is an allegation of abuse. This will be conducted weekly times four (4), then monthly times three (3) for three (3) months.</p>	10/21/22

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L 204	<p>Continued From page 49</p> <p>record revealed no documented evidence that facility staff investigated the resident's allegation of rape and other abuse that the resident made on 02/25/22.</p> <p>During a face-to-face interview conducted on 08/05/22, at approximately 2:00 PM with Employee #2 (Director of Nursing), when asked for the facility's investigation report for Resident #133's allegation of rape and abuse, the employee stated, "At this point, we can't put our hands on it."</p> <p>2. Facility staff failed to conduct a thorough investigation of Resident #212's injury of unknown source/origin.</p> <p>Resident #212 was admitted to the facility on 03/16/22 with diagnoses that included Osteoporosis/Osteoarthritis, Non-Hodgkin Lymphoma, Collapse Vertebrae, Prior L2/L3 and T11[spinal cord injuries], Compensation Fractures /Vertebroplasty and Sciatic Fall, Mildly Displaced Left 7-8 Rib Fracture.</p> <p>Review of a Facility Reported Incident (FRI), DC00010639, received by the State Agency on 03/24/22, documented, "...Right pain, We did X-ray and she was noted to have a fracture of the mid clavicle. There is no facial bone lesion. Alignment is Anatomic. There is no soft tissue swelling or foreign identified body. Mid to moderate DJD [Degenerative Joint Disease] is noted Post-surgical screws in the humeral head region are seen."</p> <p>Review of Resident #212's medical record revealed the following:</p> <p>Admission Minimum Data Set (MDS) dated</p>	L 204	<p>All findings will be reported to the weekly at Risk meeting and monthly to the QAPI meeting. Data will be presented to the Quality Assurance Improvement committee for review and recommendations for a period of 3 months.</p> <p>L 204 CORRECTIVE ACTION FOR AFFECTED RESIDENT: Resident #212, #313, #314, #363 no longer resides in the facility.</p> <p>Residents #87, #212, #313, #314, #133, and #363 suffered no negative outcomes from failure to obtain interviews or written statements from potential witnesses.</p> <p>Resident #51 suffered no negative outcomes from failure to report within the required timeframe to the State Agency. Resident #51's incident report was reported on 4/11/22.</p> <p>Resident #87 and #133 was reassessed by licensed nurse from head to toe on 9/23/22. There were no negative outcomes. Resident #133's went to the ER for alleged sexual abuse on 4/3/22. The results of her pelvic exam showed normal genitalia without obvious trauma.</p> <p>IDENTIFICATION OF OTHERS WITH THE POTENTIAL TO BE AFFECTED: All residents have the potential to be affected by this deficient practice.</p>	10/21/22

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L 204	Continued From page 50 03/22/22 showed that facility staff coded the following: cognitively intact; required extensive assistance with one person physical assistance for bed mobility, transfer, toilet use, and personal hygiene; no impairment in functional range of motion; used a walker and wheelchair for mobility; Fall prior to admission; no fall since admission to the facility, received occupational therapy (OT) that started on 03/17/2022 and physical therapy (PT) that began on 03/18/2022. 03/22/22 at 18:46 [6:46] PM "Situation Background Assessment Request (SBAR) ... Communication Tool... Situation painful swollen right clavicle ...Resident complains of pain, unable to determine when it started ... Primary diagnosis Compression fracture of spine ... on assessment patient observed with swollen right clavicle ... Patient c/o (complained of) pain in right clavicle. Physician contacted by phone on 03/22/2022 17:00 [5:00] PM, CRNP [Certified Registered Nurse Practitioner] notified and order given for X-Ray of the right clavicle to evaluate pain..." 03/23/22 at 9:00 AM [physician's order] "X-Ray of right clavicle..." 03/23/22 at 19:50 [8:50 PM] Radiology Results Report "...Procedure... RT [right] Clavicle ... history of Rt side neck pain. Findings: there is a displaced fracture of the mid clavicle noted. There is no focal bone lesion. Alignment is anatomical There is no soft tissue swelling or foreign body identified. Mild to moderate DJD [Degenerative Joint Disease] is noted. Postsurgical screws in the humerus head region is seen, Calcification of the supraspinatus tendon is seen, Impression There is a displaced fracture of the mid clavicle seen "	L 204	MEASURE TO PREVENT REOCCURRENCE: Unit managers/Designee will conduct a house wide review of the daily 24 hour report and conduct walking rounds on all residents to identify any residents with suspected abuse. Any findings will be corrected by 10/21/22. A thorough investigation will occur as needed, including obtaining written statements from all potential witnesses who might have had knowledge of the occurrence will be conducted per facility policy and regulation. Regarding all alleged violations, the Administrator, Director of Nursing or designee shall notify the Department of Health, via the event reporting electronically, or by phone in the event of the electronic system being unavailable within 24 hours of knowledge of the alleged incident and within 2 hours if serious bodily has occurred or there is an allegation of abuse. The Staff Educator/Designee will provide training an in-service to all staff on implementing the policy and procedures to prohibit and prevent abuse, neglect and exploitation of residents and misappropriation of resident property. This will be completed by 10/21/22. The Staff Educator/Designee will provide training to Administrator, DON, ADON, Social Services and Department heads on conducting a thorough investigation, including obtaining written statements from all potential witnesses who might have had knowledge of the occurrence will be conducted per facility policy and regulation and timeliness of reporting to the State Agency. This will be completed by 10/21/22	10/21/22

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L 204	<p>Continued From page 51</p> <p>03/23/22 at 22:29 [10:29 PM] [Nurses Note] "...On 03/23/2022, she (Resident #212) complained of pain in the right clavicle, assessed and medicated as per order and Xray done. Result of Xray received this evening-There is a displaced fracture of the mid clavicle seen ... NP (Nurse Practitioner)..., gave order to transfer resident to nearest ED (emergency department) for further evaluation and possible treatment..."</p> <p>03/23/22 at 22:52 [10:52 PM] [Physician's Telephone Order] "Transfer resident to the nearest ED for evaluation and treatment secondary to displaced fracture of the mid clavicle."</p> <p>Review of the facility's documents revealed that facility staff failed to interview or obtain written statements from all potential witnesses who might have had knowledge of the occurrence.</p> <p>During a face-to-face interview on 08/02/22 at 1:50 PM, Employees #2 [Director of Nursing] and #3 [Assistant Director of Nursing] stated, "The resident was discharged so we did not do a thorough investigation. The investigation information received did not include interviews from the staff who worked with the resident..."</p> <p>3. Facility staff failed to investigate an unwitnessed fall with injury for Resident #363.</p> <p>Resident #363 was admitted to the facility on 09/22/21 with multiple diagnoses that included the following: Chronic Obstructive Pulmonary Disease Unspecified, Cerebral Aneurysm Nonruptured, Aphasia, Unspecified Lack of Coordination, and Epilepsy, Unspecified, Not Intractable, With Status Epilepticus.</p>	L 204	<p>MONITORING THE CORRECTIVE ACTION: ADON/Designee will conduct a house wide audit on all reports of alleged abuse and injury of unknown origin, to ensure that a thorough investigation, including obtaining written statements from all potential witnesses who might have had knowledge of the occurrence were conducted per facility policy and regulation and to ensure that they are reported within 24 hours of knowledge of the alleged incident and within 2 hours if serious bodily has occurred or there is an allegation of abuse.</p> <p>This will be conducted weekly times four (4), then monthly times three (3) for three (3) months.</p> <p>All findings will be reported to the weekly at Risk meeting and monthly to the QAPI meeting. Data will be presented to the Quality Assurance Improvement committee for review and recommendations for a period of 3 months.</p>	10/21/22

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L 204	Continued From page 52 Review of an intake for a Facility Reported Incident (FRI), DC#00010285, received by the State Agency, on 09/27/21 revealed the following: "...She is alert and oriented X1 with some confusion. At 4:20AM in response to call light resident was noted lying on the floor on her left side besides the bed. She stated she slide out of the bed. Resident assisted to the bed. On assessment there is no neurological changes from her baseline. Left eye swelling noted but denies pain. No bleeding noted. Range of motion exercises done with no issues..." Review of the medical record revealed the following: Review of the Admission Minimum Data Set (MDS) dated 09/23/21 revealed that the facility staff coded the following: Section C (Cognitive Patterns) intact cognition; Section G (Functional Status): Bed mobility, Dressing, and Personal hygiene were coded as "extensive assistance" and required one-person physical assistance from staff; toilet use required one-person physical assistance and upper and lower extremity impairment. 09/26/21 at 7:25 AM [Nursing Progress Note], "...She is alert and oriented X1(alert to person only) with some confusion. At 4:20 AM in response to room mates call light resident was noted lying on the floor on her left side besides the bed. She stated she slide out of the bed. Resident assisted to the bed. On assessment there is no neurological changes from her baseline. Left eye swelling noted but denies pain. ..." Review of the medical record lacked documented	L 204		10/21/22

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L 204	<p>Continued From page 53</p> <p>evidence that facility staff conducted an investigation of Resident #363's fall with an injury that occurred on 09/26/21.</p> <p>During a face-to-face interview conducted on 08/05/22 at 2:13 PM, when asked for documented evidence that the facility conducted a fall investigation for Resident #363, Employee #2 (Director of Nursing), stated: "We can't put our hands on it."</p> <p>4. Facility staff failed to conduct a thorough investigation of Resident #313's injury of unknown source/origin that occurred on 04/06/22.</p> <p>Resident #313 was admitted to the facility on 02/09/22 with multiple diagnoses that included: Lack of Coordination, Unspecified Abnormalities of Gait and Balance and Altered Mental Status.</p> <p>Review of a Complaint, DC00010664, received by the State Agency on 04/07/22 documented, "...Tonight was the absolute final straw for our family, as we learned that my mother has a fractured leg that seemingly occurred without anyone's knowledge or a report by employees..."</p> <p>Review of a Facility Reported Incident (FRI), DC00010667, received by the State Agency on 04/08/22 documented, "...Upon assessment, no bruises, no swelling nor any sign of trauma noted. Resident medicated as per PRN (as needed) order. Resident re-assessed later and no complains nor signs of pain noted. Resident was visited by son 04/06/22 who made staff aware that resident is in pain, area assessed, no bruises, no swelling and no sign of trauma noted. NP made aware. Order given to do XRay,</p>	L 204		10/21/22

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L 204	<p>Continued From page 54</p> <p>[Resident's representative] was on the unit when the result came and was informed of the findings."</p> <p>Review of Resident #313's medical record revealed the following:</p> <p>Admission Minimum Data Set (MDS) dated 02/15/22 showed that facility staff coded the following: the resident was unable to complete the Brief Interview for Mental Status; required extensive assistance with one person physical assist for bed mobility; two persons physical assist for transfers; total dependence with one person physical assist for toilet use and personal hygiene; no impairment in functional range of motion; used a walker and wheelchair for mobility; no fall since admission, received occupational therapy (OT) and physical therapy (PT) that started on 02/10/22.</p> <p>04/06/22 at 3:40 PM "Situation Background Assessment Request (SBAR) ... Communication Tool... Situation pain to left hip ...Resident complain pain in left hip, on assessment patient observed with pain on touch and movement to left hip ... Patient c/o (complained of) pain in left hip, on assessment patient observed with pain on touch and movement to left hip. CRNP (Certified Registered Nurse Practitioner) notified and new order given for X-Ray of left hip..."</p> <p>04/06/22 [Physician's Order] "X-Ray of left hip..."</p> <p>04/06/22 Radiology Results Report "...Procedure... LT (left) hip unilateral... Findings: there is an acute intertrochanteric fracture seen..."</p> <p>04/06/22 at 8:54 PM [Nurses Note] "...On</p>	L 204		10/21/22

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L 204	<p>Continued From page 55</p> <p>04/05/22, she (Resident #313) complained of pain in the left hip, assessed and medicated as per order and Xray done. Result of Xray received this evening-There is an acute intertrochanteric fracture seen ... NP (Nurse Practitioner)... gave order to transfer resident to nearest ED for further evaluation and possible treatment..."</p> <p>04/06/22 [Physician's Order] "Transfer resident to the nearest ED (emergency department) for evaluation and treatment secondary to acute intertrochanteric fracture"</p> <p>Review of the facility's investigation packet lacked documented evidence that they interviewed or obtained written statements from all potential witnesses who might have had knowledge of the occurrence.</p> <p>During a face-to-face interview on 08/02/22 at 1:50 PM, Employee #5 (1st Floor Unit Manager) stated, "After the resident left, we did our investigation. The investigation included staff interviews and review of the medications and diagnoses."</p> <p>5. Facility staff failed to conduct an investigation of Resident #314's injury of unknown source/origin that occurred on 12/30/21.</p> <p>Resident #314 was admitted to the facility on 12/01/21 with multiple diagnoses that included: Lack of Coordination, Muscle Weakness, Reduced Mobility and Central Cord Syndrome.</p> <p>Review of the Facility Reported Incident (FRI), DC00010687, received by the State Agency on 01/02/22 documented, "... [Resident #314] complained during morning rounds of pain on left</p>	L 204		10/21/22

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L 204	<p>Continued From page 56</p> <p>arm. The resident stated, "I hurt myself yesterday evening during exercise by myself in my room". On assessment, the charge nurse observed that there was swelling around the left wrist with no discoloration, and no warmth. The resident rated his pain as 5/10 ... an order to X-ray Left wrist ... was given ... X-ray was done and result showed "acute hairline fracture of the distal radius and ulna". X-ray results was read to [Physician's Name], who gave an order to transfer resident to nearest ER (emergency room) for fracture..."</p> <p>Review of Resident #314's medical record showed the following:</p> <p>Admission 5-day Minimum Data Set (MDS) dated 12/07/21 revealed that facility staff coded the following: intact cognitive response, no delusions, hallucinations or rejection of care, extensive assistance with one person physical assist for bed mobility, transfers and walking in the corridor; supervision to walk in room; unsteady balance during transitions and walking, no impairment in functional range of motion; used a cane and wheelchair for mobility and had no fall in the last month prior to admission.</p> <p>12/30/21 at 9:18 AM [Physician's Progress Note] "Pt (patient) had fall yesterday injuring left wrist. LUE (left upper extremity) is paralyzed, Right wrist is swollen and tender with mild edema left hand. Will get xray and give pt Percocet (narcotic pain reliever) as needed."</p> <p>12/30/21 [Physician's Order] Percocet (narcotic pain reliever) Tablet 5-325 MG (milligram)... Give 1 tablet by mouth every 6 hours as needed for pain..."</p> <p>12/30/21 [Physician's Order] "X-ray Left wrist Dx</p>	L 204		10/21/22

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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 204	Continued From page 57 (diagnosis) pain." 12/30/21 at 9:30 AM "Situation Background Assessment Request (SBAR) ... Communication Tool... Situation... left hand pain and swelling around wrist... During morning round the writer observed the resident complaining pain at left arm. The resident said "I hurt myself yesterday evening during exercise by myself in my room". The swelling around the left wrist observed upon assessment and the resident said the pain is 5/10. Dr (doctor) ...order X-ray of Left wrist and Percocet Tablet 5-325 MG po every 6 hours as needed for pain. Pain medication given as order and it is effective. Dynamic mobile Imaging called the order is in placed, and waiting for technician..." 12/31/21 [Dynamic Mobile Imaging Patient Report] "... Findings: There is a hairline fracture of the distal radius and ulna..." 12/31/21 [Physician's Order] "Transfer resident to the nearest ER ...for acute hairline fracture of the distal radius and ulna... and for further evaluation" Review of Resident #314's medical record and the facility's administrative records lacked documented evidence that facility staff conducted an investigation of the resident's unwitnessed fall with injury on 12/31/21. During a face-to-face interview conducted on 07/28/22 at 2:14 PM, Employee #2 (Director of Nursing) stated, "This is not how we do things [investigations]." 6. Facility staff failed to obtain interviews or written statements from potential witnesses to	L 204		10/21/22

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L 204	<p>Continued From page 58</p> <p>Resident #87's fall.</p> <p>Resident #87 was admitted to the facility on 07/18/14 with diagnoses including Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting the Left Non-Dominant Side, Type 2 Diabetes Mellitus Without Complications, Unspecified Lack of Coordination, and Abnormalities of Gait and Mobility.</p> <p>A Facility Reported Incident (FRI), DC00010448, received by the State Agency on 12/13/21 documented: "...</p> <p>Writer was informed by CNA that resident stated she fell yesterday, she told writer, '[I] went to [the] lock door [at]10:45 pm, using my walker to ambulate, on my way back to bed, [I] missed my steps and fell on my right side, [I] managed to sit up, then knelt down, held on to the rail of the bed and sat on my w/c (wheelchair) close by. I didn't tell any body cause it is[was] time [for]the staff to go home, [I] hit the right side of [my] face against [the] table.' On assessment the R (right) cheek...wrist, arm, slightly swollen stated pain is 6/10...MD aware ordered, X-ray of rt (right) wrist and face T/O (to rule out) fracture."</p> <p>A review of Resident #87's medical record revealed:</p> <p>A Quarterly Minimum Data Set (MDS) dated 10/15/21 showed that facility staff coded Resident #87 in the following manner: Under Section C (Cognitive Patterns), Brief Interview for Mental Status (BIMS) Summary Score, Resident #87 was "10" indicating mild cognitive impairment. Under Section G (Functional Mobility) required extensive assistance from at least one staff person for toileting and personal hygiene and used a walker or wheelchair for mobility.</p>	L 204		10/21/22

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L 204	<p>Continued From page 59</p> <p>12/10/21 at 7:00 AM [Physician's Order] directed, "X-ray of facial bones right side forearm and rt (right) wrist one-time s/p (status-post) allegedly fall ..."</p> <p>12/10/21 at 7:00 AM [Physician's Order] directed, "Ensure cluster (sp.) [clutter] free environment every shift."</p> <p>12/10/21 at 7:00 AM [Physician's Order] directed, "Place the bed in lowest position all the times for the safety precaution every shift."</p> <p>12/10/21 at 9:59 AM [Situation, Background, Assessment, and Request (SBAR)]: "...Situation: ...Resident alleges she fell around 10:45 PM yesterday but did not tell anybody; Date problem or symptom started: 12/09/2021 ...resident was ambulating with her walker and stated 'I was walking too fast,'... Background: ...Recent fall ... Request: ..X-ray of the rt (right) arm and skull to r/o FX (fracture) s/p (status-post) fall.</p> <p>12/11/21 at 9:52 AM, [Change in Condition Note]: "... Resident had a fall on 12/10/21 "MD aware ordered X-ray of forearm, wrist, and face to rule out (a) fracture. Result of x-ray reveals an acute mildly displaced fracture of distal shaft of ulna. MD called made aware to send the resident to nearest ED (Emergency Department)."</p> <p>The facility's investigation packet lacked documented evidence of interviews or written statements from facility staff who were assigned to Resident #87 or any staff on the unit on the date of the alleged fall (12/09/21).</p> <p>During a face-to-face interview on 08/04/22 at approximately 1:00 PM, Employee #3 (Assistant</p>	L 204		10/21/22

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L 204	Continued From page 60 Director of Nursing) stated that she documented what the CNA told her about Resident #87's fall in the progress notes. She acknowledged that she did not get a separate statement from the CNA or any other employees or residents because it was an unwitnessed fall.	L 204		10/21/22
L 442	3258.13 Nursing Facilities The facility shall maintain all essential mechanical, electrical, and patient care equipment in safe operating condition. This Statute is not met as evidenced by: Based on observations and staff interview, facility staff failed to maintain essential equipment in safe condition as evidenced two (2) of four (4) gas burners that failed to light up when tested, one (1) of two (2) broken grease fryer, one (1) of two (2) food warmers with a missing temperature indicator, and damaged strip curtains at the loading dock entrance/exit door. The findings include: During a walkthrough of the facility's kitchen on July 26, 2022, at approximately 9:30 AM: 1. Two (2) of four (4) burners from the gas stove did not illuminate when tested. 2. One (1) of two (2) grease fryers was inoperative. 3. One (1) of two (2) food warmers (top one) was missing a temperature set knob. 4. Strip curtains mounted to the back door (loading dock) to limit the movement of pests and contaminants	L 442	L 442 CORRECTIVE ACTION FOR AFFECTED AREA: Gas burners, broken grease fryer, broken food warmers were repaired on 9/23/2022 Damaged strip curtains at the loading dock was repaired on 9/23/2022 IDENTIFICATION OF OTHER EQUIPMENT WITH THE POTENTIAL TO BE AFFECTED: All equipment has the potential to be affected by this deficient practice. MEASURES TO PREVENT REOCURRENCE OF DEFICIENT PRACTICE: Facility Administrator will educate the Maintenance Director on the importance of rounding and communicating with other departments on a daily basis to ensure equipment are in workable condition. Maintenance Director will complete an audit on rounding and identifying malfunctioning tools. MONITORING CORRECTIVE ACTION: Finding will be presented to the QA committee meeting for review and recommendations x 3 months.	

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L 442	Continued From page 61 were torn throughout. Employee #12 and/or Employee #13 confirmed the findings at the time of observation.	L 442		10/21/22
L 534	3270.1 Nursing Facilities A transfer or discharge of a resident from a nursing facility shall be done in accordance with the Nursing Home and Community Residence Facility Residents' Protection Act of 1985, effective April 18, 1986 (D.C. Law 6-108; D.C. Official Code §§ 44-1003.01, et seq. (2005 Repl. & 2011 Supp.)). This Statute is not met as evidenced by: Based on record review and staff interview, for five (5) of 50 sampled residents, facility staff failed to provide written information related to the facility's bed hold policy for the resident and/or resident's representative. Residents' #71 #47, #415, #313, and #314. The findings included: Review of the facility policy, "18-Day Bed Hold for Medicaid Residents with Long Term Care Medicaid," revised on 09/27/19, revealed, "We are required to provide you with our facility policy for requesting a bed to be held due to hospital transfer..." 1. Resident #71 was admitted to the facility on 03/25/11 with multiple diagnoses that included: Muscle Weakness, Heart Failure, and Unspecified Dementia Without Behavioral Disturbance. Review of Resident #71's medical record	L 534	L 534 CORRECTIVE ACTION FOR THE AFFECTED RESIDENTS: The facility cannot retroactively correct this deficiency. RESIDENT #47 and #415 did not suffer any negative outcomes as a result of failure notify the resident or their representative of the residents transfer to the hospital in writing and failure to send a copy of the notice of transfer to the Office of the State Long Term Care Ombudsman. Resident #47 and #415 were reassessed from head to toe on 9/23/22, with no negative findings. IDENTIFICATION OF OTHERS WITH THE POTENTIAL TO BE AFFECTED: Residents in the facility have the potential to be affected by this deficient practice. MEASURE TO PREVENT REOCURRENCE: The staff educator/designee will educate the Social Service Director/designee on the facility policy of resident transfer/discharge to ensure that residents and their representatives are given notice in writing, and a copy of the notice of transfer to the Office of the State Long Term Care Ombudsman is provided. This will be completed by 10/21/22.	

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L 534	<p>Continued From page 62</p> <p>revealed the following:</p> <p>A copy of Resident # 71's face sheet documented that the resident had a guardian.</p> <p>Review of the Quarterly Minimum Data Set (MDS) dated 06/01/22 revealed that the facility staff coded a Brief Interview for Mental Status (BIMS) summary score "08", indicating moderately impaired cognition.</p> <p>06/12/22 at 7:11 AM [Physician's Note] documented: "...Received a call from charge nurse to report to residents' room due to a fall. Resident was found lying on the floor mat with her head touching the bedside table. Head-to-toe assessment done. There is a laceration on the left side of her head...[physician's name] made aware and given to send residents to nearest ER (Emergency room) for evaluation and possible treatment..."</p> <p>There is no documented evidence in the medical record that the facility staff provided the resident or their representative with notice of its bed hold policy when the resident transferred to the hospital emergency room.</p> <p>During a face-to-face interview conducted on 08/04/22 at 2:02 PM, Employee #2 (Director of Nursing) stated, "We do not have the notice of bed hold policy for June 12, 2022."</p> <p>2. Resident #47 was admitted to the facility on 09/18/19 with multiple diagnoses that included: Cerebrovascular Accident (CVA), Hemiplegia or Hemiparesis, Muscle Weakness, and Chronic Kidney Disease (Stage 3).</p> <p>Review of the medical record revealed:</p>	L 534	<p>MONITORING CORRECTIVE ACTION:</p> <p>The Director of Social Services/designee will complete a house wide audit of resident transfers to ensure that proper notification is completed and provided to the resident and a copy is given to the Office of the State Long Term Care Ombudsman. This will be conducted weekly audit times four (4), then monthly times three (3) months. All negative finding will be corrected by 10/21/22.</p> <p>Results from the audit will be discussed in the QA meeting for 3 months to ensure compliance. QA Committee will determine the need for further audits and action. All negative finding will be corrected. By 10/21/22.</p> <p>L 534</p> <p>CORRECTIVE ACTION FOR THE AFFECTED RESIDENTS</p> <p>The facility cannot retroactively correct this citation.</p> <p>Resident #47, #71, #415, #313 and #314 did not have negative outcomes as a result of failure to provide a bed hold policy to the resident or resident representative.</p> <p>Resident #47, #71 were reassessed on 9/23/22. There were no negative findings.</p> <p>Resident #415, #313 and #314 are no longer in the facility.</p> <p>IDENTIFICATION OF OTHERS WITH THE POTENTIAL TO BE AFFECTED:</p> <p>All residents transferred out of the facility have the potential to be affected.</p>	10/21/22

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L 534	<p>Continued From page 63</p> <p>A copy of Resident # 47's face sheet documented that the resident had a legal guardian/conservator.</p> <p>A Quarterly Minimum Data Set (MDS) dated 02/24/22 showed that facility staff coded the following: a Brief Interview for Mental Status summary score of "99," indicating the resident could not complete the interview.</p> <p>04/28/22 at 1:05 PM [E-interact Note/Nursing Home to Hospital Transfer Form]: "...Reason for transfer: Abdominal pain ...Contact Person [Name and telephone number of Resident #47's Legal Guardian] Notified of transfer: Yes, Aware of clinical condition: Yes..."</p> <p>04/28/22 at 2:17 PM [Change in Resident Condition Note]: "(Resident #47)...complaining of abdominal pain ...expressed pain, grimacing, and pushing (the) writer's hand away...No nausea, no vomiting...Abdomen tender to touch...nodded pain scale as a 5/10. Per MD...send to ED (Emergency Department) for evaluation and needed treatment. Resident transferred to [Local Hospital]; included in the transfer package are care plan goals, bed hold policy, code status, and all relevant clinical papers."</p> <p>The facility's transfer documents and Resident #47's medical record lacked documented evidence that facility staff provided the resident or their legal guardian written information that specified the facility's bed hold policy.</p> <p>During a face-to-face interview on 08/04/22 at 11:15 AM, Employee #2 (Director of Nursing/DON) stated she had no documentation to show that facility staff provided the resident or</p>	L 534	<p>MEASURE TO PREVENT REOCURRENCE: Staff Educator/designee will provide an in-service to the Social Services and licensed nurses on providing residents and/or resident representatives with a written Bed Hold Policy within a timely manner.</p> <p>MONITORING CORRECTIVE ACTION: ADON/Designee will conduct a house wide audit to ensure that resident and responsible parties are notified and provided with a copy of the bed hold policy when a resident is out of the facility and update them in writing of the number of bed hold days remaining. This audit will be completed weekly times four (4) and monthly times three (3). Findings to be reported to the monthly QAPI x 3 months.</p> <p>L 534 CORRECTIVE ACTION FOR AFFECTED RESIDENTS: Resident #312 expired on 5/25/2022 and the facility cannot retroactively correct this deficiency.</p> <p>IDENTIFICATION OF OTHERS WITH THE POTENTIAL TO BE AFFECTED: All residents residing in the facility have the potential to be affected by this deficient practice.</p> <p>The unit managers/designee will complete audit of all residents with fall related injuries in the last 30 days to ensure care plan is timely and accurate interventions are implemented accordingly. Any findings will be corrected by 10/14/22.</p>	10/21/22

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L 534	<p>Continued From page 64</p> <p>the resident's representative information that specified the facility's bed hold policy.</p> <p>3) Resident #415 was admitted to the facility on 08/26/21 with diagnoses including Cerebrovascular Accident (CVA), Other Abnormalities of Gait and Mobility, Unspecified Lack of Coordination, and Alcohol Use Unspecified With Unspecified Alcohol-Induced Disorder.</p> <p>A review of Resident #415's medical record revealed:</p> <p>A copy of Resident #415's face sheet documented that the resident had a legal guardian/conservator.</p> <p>A Quarterly Minimum Data Set (MDS) dated 09/01/21 showed that facility staff coded a Brief Interview for Mental Status (BIMS) summary of "04" indicating severe cognitive impairment.</p> <p>09/30/21 at 2:32 AM [Change in Resident Condition Note]: "... (The) writer was called to [the] resident's room at 2:30 AM...(resident) was observed lying on the posterior position on the floor beside the bed...wanted to use the bathroom and fell, hitting...forehead on the wall. Head-to-toe assessment done with laceration of 1 cm noted...on [the] forehead...[Physician's Name] notified and ordered to send the resident to nearest ER (Emergency Room) for further evaluation...911 called, arrived at 2:45 AM, and the resident was taken to [Name of Local Hospital]...all transfer papers including care plan goals, e-interact, advanced directives...Message left for RP (representative) [Name of Resident #415's representative]."</p> <p>09/30/21 [Physician's Order]: "Transfer resident to</p>	L 534	<p>MEASURE TO PREVENT REOCCURRENCE: The Staff Educator/designee will provide education/in-service to members of the interdisciplinary team and licensed nurses. The education/in-service will explain the importance of timely updating the comprehensive care plan with new interventions for residents with new fall related injuries.</p> <p>MONITORING CORRECTIVE ACTION: The QA Director/Designee will complete a house wide audit, weekly x 4 then monthly x 3 to ensure that fall with or without injuries interventions are implemented timely and accurately in accordance with the facility policy.</p> <p>Data will be presented to Quality Assurance Performance Improvement Committee for review and recommendations for a period of 3 months.</p> <p>Any concerns will be addressed at the time of discovery.</p>	10/21/22

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L 534	<p>Continued From page 65</p> <p>ER evaluation of forehead laceration S/P (status post) fall. One time only for 1 Day."</p> <p>The facility's transfer packet and Resident #415's medical record lacked documented evidence that facility staff provided the resident or the resident's representative with written information that specified the facility's bed-hold policy.</p> <p>During a face-to-face interview on 08/04/22 at 11:15 AM, Employee #2 (DON) stated that Resident #415 went to the hospital and returned to the facility on the same day.</p> <p>4. Facility staff failed to make Resident #313's representative aware of the facility's bed-hold and reserve bed payment policy within 24 hours of transfer to the emergency room (ER).</p> <p>Resident #313 was admitted to the facility on 02/09/22 with multiple diagnoses that included: Lack of Coordination, Unspecified Abnormalities of Gait and Balance, and Altered Mental Status.</p> <p>Review of a Complaint, DC00010664, received by the State Agency on 04/07/22 documented, "...Tonight was the absolute final straw for our family, as we learned that my mother has a fractured leg that seemingly occurred without anyone's knowledge or a report by employees ..."</p> <p>Review of a Facility Reported Incident (FRI), DC00010667, received by the State Agency on 04/08/22, documented, "...Upon assessment, no bruises, no swelling nor any sign of trauma noted. Resident medicated as per PRN (as needed) order. Resident re-assessed later and no complains nor signs of pain noted. Resident was visited by son 04/06/22 who made staff aware</p>	L 534		10/21/22

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L 534	<p>Continued From page 66</p> <p>that resident is in pain, area assessed, no bruises, no swelling and no sign of trauma noted. NP made aware. Order given to do XRay, [Resident's representative] was on the unit when the result came and was informed of the findings."</p> <p>Review of Resident #313's medical record showed the following:</p> <p>A copy of Resident #313's face sheet documented that the resident had a responsible party.</p> <p>An Admission Minimum Data Set (MDS) dated 02/15/22 showed that facility staff coded that the resident could not complete the Brief Interview for Mental Status.</p> <p>04/06/22 at 8:54 PM [Nurses Note] "... On 04/05/22, she (Resident #313) complained of pain in the left hip, assessed and medicated as per order and Xray done. Result of Xray received this evening-There is an acute intertrochanteric fracture seen... NP (Nurse Practitioner)...gave [an] order to transfer resident to nearest ED for further evaluation and possible treatment. Included in the transfer package are all relevant clinical papers...bed hold policy ..."</p> <p>04/07/22 at 11:49 AM [Social Work Progress Note] "Resident hospitalized..."</p> <p>The evidence showed the resident was transferred to the hospital on 04/06/22. However, review of the bed hold policy revealed that facility staff made Resident #313's responsible party aware on 04/08/22 (two days later).</p>	L 534		10/21/22

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L 534	<p>Continued From page 67</p> <p>During a face-to-face interview conducted on 08/01/22 at 2:46 PM, Employee #4 (Social Worker) acknowledged the finding and made no further comment.</p> <p>5. Facility staff failed to provide Resident #314 written notice of the bed-hold policy when he transferred to the hospital on 12/31/21.</p> <p>Resident #314 was admitted to the facility on 12/01/21 with multiple diagnoses that included: Lack of Coordination, Muscle Weakness, Reduced Mobility and Central Cord Syndrome</p> <p>Review of the Facility Reported Incident (FRI), DC00010687, received by the State Agency on 01/02/22 documented, "...He (Resident #314) complained during morning rounds of pain on left arm... an order to X-ray Left wrist ... was given ... X-ray was done and result showed "acute hairline fracture of the distal radius and ulna". X-ray results was read to [Physician's Name], who gave an order to transfer resident to nearest ER (emergency room) for fracture..."</p> <p>Review of Resident #314's medical record showed the following:</p> <p>An Admission 5-day MDS dated 12/07/21 revealed that facility staff coded the resident a having intact cognitive response.</p> <p>12/31/21 [Physician's Order] "Transfer resident to the nearest ER ...for acute hairline fracture of the distal radius and ulna...and for further evaluation."</p> <p>Review of Resident #314's medical record revealed that the facility failed to provide the resident a written notice of the facility's bed hold policy upon transfer to the ER.</p>	L 534		10/21/22

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/05/2022
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NAME OF PROVIDER OR SUPPLIER INSPIRE REHABILITATION AND HEALTH CENTER LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2131 O STREET NW WASHINGTON, DC 20037
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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 534	Continued From page 68 During a face-to-face interview conducted on 08/01/22 at 2:46 PM, Employee #4 (Social Worker) acknowledged the finding and made no further comment	L 534		10/21/22