

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 01/06/2021
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NAME OF PROVIDER OR SUPPLIER
INSPIRE REHABILITATION AND HEALTH

STREET ADDRESS, CITY, STATE, ZIP CODE
**2131 O STREET NW
WASHINGTON, DC 20037**

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L 000	<p>Initial Comments</p> <p>A COVID-19 Focused Infection Control Survey was conducted at Inspire Rehabilitation and Health Center from December 30, 2020 through January 6, 2021. Survey activities consisted of a review of eight (8) sampled residents. The survey was conducted under Title 22B District of Columbia Municipal Regulations, Chapter 32 Nursing Facilities. The resident census during the survey was 161.</p> <p>The following is a directory of abbreviations and/or acronyms that may be utilized in the report:</p> <p>Abbreviations AMS - Altered Mental Status ARD - Assessment Reference Date AV- Arteriovenous BID - Twice- a-day B/P - Blood Pressure cm - Centimeters CMS - Centers for Medicare and Medicaid Services CNA- Certified Nurse Aide CRF - Community Residential Facility D.C. - District of Columbia DCMR- District of Columbia Municipal Regulations D/C Discontinue DI - deciliter DMH - Department of Mental Health EKG - 12 lead Electrocardiogram EMS - Emergency Medical Services (911) G-tube Gastrostomy tube HR- Hour HSC - Health Service Center HVAC - Heating ventilation/Air conditioning</p>	L 000	<p>Facility submits this plan of correction under the procedure established by the Department of Health in order to comply with the Department's directive to change conditions which the Department alleges are deficient under state regulations relating to long term care. This should not be construed as either an admission of any wrong doing or as a waiver of the facility's right to appeal and challenge the accuracy or severity of the alleged deficiencies.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

MOLATI LAKANSE LNHA *JM Kaniz*

TITLE

ADMINISTRATOR

(X6) DATE

2/8/21

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L 000	Continued From page 1 ID - Intellectual disability IDT - interdisciplinary team 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) mL - milliliters (metric system measure of volume) mg/dl - milligrams per deciliter mm/Hg - millimeters of mercury MN - midnight Neuro - Neurological NP - Nurse Practitioner O2- Oxygen PASRR - Preadmission screen and Resident Review Peg tube - Percutaneous Endoscopic Gastrostomy PO- by mouth POS - physician ' s order sheet Prn - As needed Pt - Patient Q- Every QIS - Quality Indicator Survey ROM - Range of Motion Rp, R/P - Responsible party SCC - Special Care Center Sol- Solution TAR - Treatment Administration Record	L 000		
L 091	3217.6 Nursing Facilities The Infection Control Committee shall ensure that infection control policies and procedures are implemented and shall ensure that environmental services, including housekeeping, pest control, laundry, and linen supply are in accordance with	L 091	Corrective action for residents affected: a. Resident's rooms 406-421 were provided with adequate trash receptacles to discard used Personal Protective Equipment (PPE) prior to close of business on 2/2/21.	

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L 091	<p>Continued From page 2</p> <p>the requirements of this chapter. This Statute is not met as evidenced by: Based on observations, record review and staff interview, facility staff failed to have adequate trash receptacles to dispose of used personal protective equipment (PPE) in residents' rooms on the COVID-19 Unit, failed to ensure an employee stored cleaning supplies in a sanitary manner on the COVID-19 Unit, failed to wear required PPE while in a resident care area and failed to comply with the COVID-19 screening process. Employees' #5, #6 and #8.</p> <p>Findings included ...</p> <p>1. The facility staff failed to have adequate trash receptacles to dispose of used PPE in residents' rooms on the COVID-19 Unit.</p> <p>During a unit tour of the COVID-19 Unit (4th floor) on 12/30/2020, at approximately 11:00 AM, rooms 406 to 421 (15 rooms in total) were observed having small trash cans without lids that were filled with discarded used PPEs.</p> <p>During a face-to-face interview conducted on 12/30/2020, at approximately 1:00 PM, Employee #2 acknowledged the finding and stated that the facility staff would place foot operated trash cans with lids in residents' rooms 406 to 421.</p> <p>At the time of the survey, facility failed to have adequate trash receptacles to discard used PPEs on the COVID-19 Unit (4th floor) of residents' room 406 to 421 (15 rooms).</p> <p>2. Employee #11 (housekeeper) failed to store</p>	L 091	<p>b. No resident was affected by this deficient practice. Employee #11 was provided a final written warning on 12/31/20 and has now been suspended pending corporate approval for termination.</p> <p>c. No resident was affected by this deficient practice. Contractor/Employee # 5 & Contractor/Employee #6 were re-in Serviced on 02/03/21 on the facility's policy on Transmission Based Precaution, PPE Usage, Donning & Doffing of PPE and following signs posted on residents doors for those on Transmission Based Precaution.</p> <p>d. On 2/3/21, Employee #8 was educated/ in-serviced on the importance of honestly disclosing asked symptoms on the facility's COVID-19 screening questionnaire form prior to entering the facility.</p> <p>Identification of others with the potential to be affected:</p> <p>a. All residents' rooms in the COVID-19 designated wing have the potential to be affected by this deficient practice. The Director of House Keeping/ Designee will audit all rooms in the COVID-19 designed wing to ensure they have adequate trash receptacles with lids to dispose used PPE.</p>	

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L 091	<p>Continued From page 3</p> <p>cleaning supplies in a sanitary manner on the COVID-19 Unit.</p> <p>During a unit tour of the COVID-19 Unit (4th floor) on 12/30/2020, at approximately 11:30 AM, observation revealed a large, clear trash bag with multiple cleaning supplies including wipes and gloves on the hallway floor in front of room 401.</p> <p>During a face-to face interview on 12/30/2020, at 11:35 AM, Employee #11 acknowledged the findings and stated, "I don't have anywhere to store my cleaning supplies today, so I put them in the bag. I usually store them in an office, but the office is locked today." Employee #11, then dragged the bag on the floor, moving it into the doorway of room 401.</p> <p>At the time of the survey, Employee #11 failed to store cleaning supplies in a sanitary manner on the COVID-19 Unit (4th floor).</p> <p>3. Facility staff failed to wear the required PPE while in a resident care area.</p> <p>A review of the facility's policy entitled, "Personal Protective Equipment (PPE)" dated 9/30/20, showed, "[Facility name] requires all employees (to include contractors) to follow infection control policies and procedures to prevent the spread of infection."</p> <p>During a tour of the 3rd floor on 12/30/2020, at approximately 11:00 AM, Employee #5 (contractor) and Employee #6 (contractor) failed to don gloves and gowns before entering a resident's room who was on transmission-based contact and droplet precaution.</p>	L 091	<p>b. All Environmental Services (EVS) employees have the potential to be affected by this deficient practice. The Director of EVS/Designee will complete an audit to ensure all house keepers have a storage area to keep cleaning supplies in a sanitary manner.</p> <p>c. All contractors working in residents rooms have the potential to be affected by this deficient practice. The Director of QAPI will meet with current contractors working in resident care areas to evaluate and audit if they understood previous in-service on PPE, Social Distancing & Handwashing. The Director of QAPI will also evaluate if the contractors understood the training for the purpose of making future education changes in order to promote compliance.</p> <p>d. The Director of Human Resources/ Designee will complete an audit/look back of all employees screening questionnaires for the past 14 days (14 days is the required quarantine timeline established by the Centers for Disease Control & Prevention-CDC for symptoms monitoring). The audit Will reconcile answers given by employees on the screening questionnaire with symptomatic/asymptomatic section of COVID-19 positive employee's line listing to ensure consistency. Any issues found will be immediately addressed.</p>	
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L 091	<p>Continued From page 4</p> <p>Review of the training document entitled, "Construction Orientation" dated 12/17/2020, showed that both Employee #5 and #6 signed in, indicating that they received the in-service training on "Infection Control (PPE usage, social distancing and hand washing)". The document also revealed Employee #7 (Director of Human Resources) provided English and Spanish language translation at the time of orientation.</p> <p>Facility staff failed to wear the required PPE while in a resident care area.</p> <p>During a face-to-face interview conducted on 12/30/2020, at approximately 12:30 PM, Employee #4 (Quality Assurance/ Staff Development) stated that the contractors are educated and trained before they can work in the facility. Employee #4 also stated, "[Employee name] (Employee #7) provided Spanish translation at the time of the [aforementioned] training to ensure they (contractors) understood the material being taught."</p> <p>Employee #4 acknowledged the findings at the time of the interview.</p> <p>4. A staff member failed to disclose his/her symptoms when answering the questions on the facility's COVID-19 screening form prior to entering the facility.</p> <p>Facility Policy: "Return to Work Policy" dated 5/15/20, stipulates, "Employees who don't have access to immediate testing will be allowed to set up an immediate appointment at the facility to get tested in the designated testing area (Small Conference</p>	L 091	<p>Measures to prevent reoccurrence of deficient practice:</p> <p>a. The Facility's Administrator will in-service the Purchasing Coordinator on the importance of only ordering trash receptacles with lids in residents room and not to order trash cans without lids in order to mitigate against the spread of infection.</p> <p>The Director of EVS will educate all EVS employees about the importance of ensuring that only adequate trash receptacles with lids are in resident's rooms regardless of the room's current transmission based precaution status.</p> <p>b. The Director of EVS/Designee will provide education to all EVS employees about the importance of storing cleaning supplies in a sanitary manner. All cleaning supplies are supposed to be stored in the EVS movable cleaning cart located on each floor. Cleaning supplies are not to be stored in trash bags or dragged on the floor. Each floor has a cleaning cart that must be utilized in order to prevent the spread of infection in the facility. Any EVS employee who for any reason cannot access the cleaning cart must immediately notify the Director of EVS/Designee, the Director of QAPI or the facility Administrator.</p>	

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L 091	<p>Continued From page 5</p> <p>Room). Immediate testing of symptomatic employee is necessary for timely contact tracing, testing and quarantining of expose residents ... Every HCP (health care professional) will be screened for signs/symptoms... before entering the healthcare facility by answering the questionnaire ..."</p> <p>During a telephone interview conducted on 1/5/2021, at approximately 1:00 PM, Employee #2 (Director of Nursing) stated that on 12/28/2020, Employee #8 (certified nursing aide) reported "chills and fatigue" and called in sick for her scheduled 3-11 PM shift.</p> <p>Review of the document entitled, "Screening Questionnaire" dated 12/28/2020, showed at 2:01 PM, Employee #8 came into the facility and answered "no" to the screening question that asked, "Do you have any signs or symptoms of respiratory infection ... chills ...?"</p> <p>Review of the facility's document entitled, "COVID-19 Line Listing" showed Employee #8 reported having COVID-19 symptoms, "chills and fatigue" on 12/28/2020 and the result of her COVID-19 test administered on 12/28/2020, was positive.</p> <p>During the interview conducted on 1/5/2021, with Employee #2, he also stated that Employee #8 came to the facility for COVID-19 testing and left immediately after the testing was completed. Employee #2 acknowledged the finding and further detailed that all employees are instructed to answer the screening questions truthfully.</p>	L 091	<p>c. The Director of QAPI and Director of Human Resources who speaks Spanish will provide current facility contractors working in resident care areas with a second in-service about the importance of following facility's policy on Transmission Based Precaution, PPE Usage, Donning & Doffing of PPE and following signs posted on residents doors for those on Transmission Based Precaution. This in-service will be provided in English and Spanish. Spanish speaking contractors will be provided written materials translated into Spanish for better understanding and compliance.</p> <p>d. The Administrator, Department Heads, Nursing Supervisors/Designee will educate all facility staff on the importance of honestly disclosing answers to the asked questions/symptoms on the facility's COVID-19 screening questionnaire form prior to entering the facility. Truthful disclosures are necessary for contact tracing, isolation, quarantining, infection control spread mitigation, line listing and for accurate record keeping.</p> <p>Monitoring of corrective actions to prevent reoccurrence of deficient practice:</p> <p>a. The Facility's Director of EVS will conduct weekly visual audits of all residents' rooms for three months to ensure all resident's rooms have adequate trash receptacles which have lids. Findings of this audit will be presented monthly for three months to the Quality Assurance Improvement Committee (QAPI).</p>	2-8-21

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L 091	<p>Continued From page 6</p> <p>There was no evidence that Employee #8 disclosed his/her symptoms when answering the questions on the facility's COVID-19 screening system/form prior to entering the facility.</p>	L 091	<p>b. The Facility's Director of EVS will conduct weekly visual audits of all floors and the lobby level to ensure all EVS employees are storing cleaning supplies in a sanitary manner and that each assigned EVS staff on the resident's floors and lobby area have an adequate cart to store cleaning supplies. Findings of this audit will be presented monthly for three months to the Quality Assurance Improvement Committee (QAPI).</p> <p>c. The Facility's Director of Maintenance will conduct weekly visual audits of all contractors working in resident care areas to ensure they are in compliance with facility's PPE policy while in resident care areas. Findings of this audit will be presented monthly for three months to the Quality Assurance Improvement Committee (QAPI).</p> <p>d. The Facility's Director of Human Resources will conduct a weekly reconciliation audit of screening questionnaire against the employee COVID-19 line listing to ensure disclosure of symptoms are done when answering the facility's screening form prior to entering the facility. Findings of this audit will be presented monthly for three months to the Quality Assurance Improvement Committee (QAPI).</p>	