

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/26/2023
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NAME OF PROVIDER OR SUPPLIER KNOLLWOOD HSC	STREET ADDRESS, CITY, STATE, ZIP CODE 6200 OREGON AVE NW WASHINGTON, DC 20015
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L 000	<p>Initial Comments</p> <p>An unannounced Recertification Survey was conducted at this facility from April 19 - 26, 2023. Survey activities consisted of observations, record reviews, and resident and staff interviews. The facility's census for the survey was 44 and the survey sample included 22 residents.</p> <p>The following Facility Reported Incidents were investigated during this survey: DC00011032, DC00010404, DC00011037, DC00010458, DC00011401, DC00010388, DC00011045, DC00011046, DC00011047, DC00011048, DC00011049, DC00011050, DC00011051, DC00011052, DC00011053, and DC00011054.</p> <p>Federal and/or Local deficiencies were cited related to the investigation(s) of DC00011401, DC00011045, DC00011046, DC00011047, DC00011048, DC00011049, DC00011050, DC00011051, DC00011052, DC00011053, and DC00011054.</p> <p>After analysis of the findings, it was determined that the facility was not in compliance with the requirements of 22B District of Columbia Municipal Regulations (DCMR) Chapter 32 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</p>	L 000		

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

Donna J. Epps

TITLE

Administrator

(X6) DATE

8/3/23

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L 000	Continued From page 1 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 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	L 000		

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L 000	Continued From page 2 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 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	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	L 051	It is Knollwood's practice to implement a care plans to decrease the potential for falls on admission and update the care plan as needed. 1.Resident #196 is no longer in the facility. 2.Resident with a fall have the potential to be impacted. Residents who have sustained a fall in last 30 days were reviewed to ensure that the care plan is updated with the current interventions that were put in place following the fall. 3.Minimum data set nurses were re-educated on 6/13/23 by the ADON to update the care plan and to add the care plan interventions that were put in to reduce the potential for falls.	

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L 051	<p>Continued From page 3</p> <p>them as needed;</p> <p>(d)Delegating responsibility to the nursing staff for direct resident nursing care of specific residents;</p> <p>(e)Supervising and evaluating each nursing employee on the unit; and</p> <p>(f)Keeping the Director of Nursing Services or his or her designee informed about the status of residents.</p> <p>This Statute is not met as evidenced by: Based on record review and staff interviews, for one (1) of 22 sampled residents, facility staff failed to have documented evidence that they implemented Resident #196's care plan approaches/interventions. Subsequently, the resident had a fall with injury on 11/18/21.</p> <p>The findings included:</p> <p>Resident #196 was admitted to the facility on 11/09/21 with multiple diagnoses that included: Parkinson's Disease, Other Abnormalities of Gait and Mobility, Dizziness and Giddiness, Pneumonia, Disorientation and Dementia.</p> <p>Review of Resident #196's medical record revealed the following:</p> <p>An Admission Minimum Data Set (MDS) dated 11/09/21 showed that the facility staff coded: severely impaired cognition; required extensive assistance for bed mobility transfers, eating, toilet use, and personal hygiene.</p> <p>[Physician's Order] 11/09/21: "Falls precautions every shift. Call lights and personal needs within reach, frequent rounds, bed in low position while in bed, every shift ..."</p>	L 051	<p>4. Weekly falls audits X 8 weeks began on 6/27/23 and when concluded monthly audits will be done X 4 months to ensure that care plans are updated with the interventions in place to decrease the potential for falls. If non-compliance is found during the audit the care plan will be updated and the MDS Nurse will be re-educated by the DON or Designee on completion of the care plan as appropriate.</p> <p>5. The results of these audit will be presented to the Quality Assurance Performance Improvement Committee for review and further recommendations as warranted.</p>	7/15/23
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L 051	<p>Continued From page 4</p> <p>[Physician's Order] 11/09/21: "Floor mats to both sides of bed while in bed. Dx (diagnosis): Minimize injury every shift ..."</p> <p>A Falls Risk Assessment completed on 11/09/21 documented: "...Mental Status- Intermittent Confusion; ...Elimination Status - Regularly Incontinent ...Gait/Balance/Ambulation- ...Unable to Perform Function; Gait/Balance Normal - No; Balance Problem while Standing - Yes; Balance Problem while Walking - Yes ...Fall Risk Score: 16.0 Level: High Risk."</p> <p>A review of a Care Plan initiated on 11/10/21 documented the following: "Falls: Resident has potential for fall related to delusion/delirium, decreased orientation, unsteady gait/balance related to Parkinson ...new to the rehab environment ...Resident with actual fall on 11/18 ... Approach: Call light within reach, personal items within reach, make frequent rounds..."</p> <p>[Progress Note] dated 11/18/21 at 4:23 AM: "On 11/18/2021 at around 03:15 am ...heard voice calling for help. Resident ...in a sitting position with head facing down [on] the floor... Sustained laceration in [on] his forehead measuring 1.5 x 0.2 cm (centimeter) ...conversive at this time and said [pronoun] was trying to reach [iPad]. [iPad] and fell. Voiced no pain at this time. Moving all extremities, able to stand with 2 (two) staff assist. [Physician's Name] notified via telephone conversation with orders to monitor and [if] any behavior changes, to transfer to er [Emergency Room] for [e]valuation ...[POA] updated ... Questioned if we restraint resident. Made aware that this is not acceptable and only half side rails when in bed. Also mentioned what [Physician's Name] order[ed] and said [pronoun] agreed not to</p>	L 051		

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L 051	<p>Continued From page 5</p> <p>transfer to er [Emergency Room] but monitor and if any behavior changes then transfer. Neuro checks initiated..."</p> <p>Care Plan dated 11/22/21: "Problem: Forehead laceration s/p (status post) fall ...Approach: Apply treatment as ordered ...Evaluation Notes: 11/22/2021: "... Resident fell on 11/18, around 3:15 am alarm ...Resident sustained a forehead laceration 1.5 cm x 2 cm, saying he tried to reach for his iPad and consequently lost his balance and fell. ..."</p> <p>A Facility Reported Incident (FRI), (DC #00010404), dated 11/22/21 documented the following: "On 11/18/2021 at around 03:15 am alarm sounded heard voice calling for help. Resident observed somewhat in a sitting position with head facing down [on] the floor near the bathroom door in his room with small amount of blood in the floor. Sustained laceration in [on] his forehead measuring 1.5 x 0.2 cm (centimeter). Resident ...said ...was trying to reach his [iPad] and fell ...[POA] updated ...agreed not to transfer to er [Emergency Room] ..."</p> <p>Review of Resident #196's medical record and the facility's administrative records lacked documented evidence that the facility implemented the "Care Plan" approach to "[place] call light within reach, personal items within reach, and make frequent rounds..."</p> <p>The evidence showed that Resident #196's Ipad was not within reach subsequently when reaching for the Ipad the reseedent fell.</p> <p>During a face-to-face interview on 04/24/23 at 3:49 PM, when asked what frequent monitoring meant, Employee #8 (Registered Nurse/Charge</p>	L 051		

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L 051	Continued From page 6 Nurse) stated that frequent monitoring for Resident #196 meant, "One hour, I would go and check on the resident and the next hour the CNA would check on the resident to see if anything was needed. I wouldn't write anything down, but we (Nurse and CNA) would give each other a verbal report." During a face-to-face interview on 04/25/23 at 12:01 PM, Employee #2 (Director of Nursing) stated that there were no hourly monitoring sheets for Resident #196 in the Resident's medical record.	L 051		
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:	L 052	It is Knollwood's Practice to ensure that staff provide the care and services to residents that meet professional standards of quality to include checking Influenza vaccine expiration dates and documenting in each resident's MAR after each individual vaccine administration. It is Knollwood's Practice to ensure that Licensed staff administer pain medication for the purpose indicated by the physician. <u>Vaccine Administration:</u> 1. Residents #11, #14, #22, # 25, #27, #29, #31, #33, #35 and #44, did not have adverse reaction to receiving expired influenza vaccine. Residents #11, #14, #22, # 25, #27, #29, #31, #33, #35 and #44 were subsequently administered Influenza vaccines in October 2022 and they had no adverse reaction. the vaccine administered was Fluzon Hi Dose with expiration date of 6/30/23.	

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L 052	<p>Continued From page 7</p> <p>(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;</p> <p>(2)Use the dining room if he or she is able; and</p> <p>(3)Participate in meaningful social and 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: Based on record review and staff interview, facility staff failed to ensure sufficient nursing time was given to ensure residents received medications and care in accordance with the professional standards of practice as evidenced by one facility staff administering expired Influenza vaccines to ten residents and failing follow a physicians order to give a medication for pain (11) of 22 sampled residents. Residents' #11, #14, #22, #25, #27, #29, #31, #33, #35, #44 and #16.</p> <p>The findings included:</p> <p>Review of a document provided by the facility titled, "Medication Expiration and Beyond Use</p>	L 052	<p>2.Any resident has the potential to be impacted. No other resident received expired Influenza vaccine. An audit of the medication refrigerators was done and all expired Influenza vaccines were removed and discarded on 10/17/2022. No other expired medications were found.</p> <p>3(a) Employee #4 was re-educated on 10/18/22 by the DON to check the expiration dates of Influenza vaccines and to follow the standards of professional practice for medication administration to include documenting in each resident's MAR after each individual vaccine administration. The Pharmacy Consultant did a Medication Pass observation with Employee #4 on 5/4/23 which she passed.</p> <p>3(b) Licensed Nurses were re-educated on 6/23/23 by the ADON to check the expiration dates of Influenza vaccines and to follow the standards of professional practice for medication administration to include documenting in each resident's MAR after each individual vaccine administration.</p> <p>4.The ADON/Designee have been conducting random audits of medication administration by Licensed nurses since 6/29/23. These audits are being done monthly X3 months to ensure compliance. If non-compliance is found during the audit, any errors will be appropriately addressed and the Licensed Nurse involved will be re-educated by the ADON or designee.</p> <p>5.The results of these audits will be presented to the Quality Assurance Performance Improvement Committee for review and further recommendations as warranted.</p> <p><u>Pain:</u></p> <p>1. Resident #16 did not suffer any adverse reaction to Morphine that was documented as being administered for behavior instead of pain.</p> <p>2. The 24hour report was audited for 30 days for residents who were given pain medications. No resident was identified as having received pain medication for the purpose other than what was indicated by the physician.</p>	

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L 052	<p>Continued From page 8</p> <p>Dating" dated 04/06/17 documented, "Medications will be discarded according to ...expiration date or according to the manufacturer's expiration date ..."</p> <p>Review of the facility policy "Medication Administration - Guidelines for All Medications" with a revised date of 06/01/22 directed, "... Check expiration date on package/container ... read medication label three times before pouring ... after administration, return to cart and document administration in the MAR (medication administration record) ..."</p> <p>Sanofi, manufacturer of the Fluzone (influenza) vaccine, specifies, "...Do not use after the expiration date shown on the label ..."</p> <p>https://www.sanofiflu.com/fluzone-quadrivalent-influenza-vaccine/</p> <p>A Facility Reported Incident (FRI), DC00011037, received by the State Agency on 10/17/22 documented, "Resident[s] received expired Fluzone Vaccine 0.7 ML (milliliters) in error on 10/17/2022 ..."</p> <p>1. Resident #11 was admitted to the facility on 10/18/18 with multiple diagnoses that included: Alzheimer's Disease, Dementia and Hypertension.</p> <p>A FRI, DC00011052, received by the state agency on 10/19/22 documented, "On 10/17/2022, around 7:30 am: resident received Fluzone vaccine 0.7ml IM (intramuscular) with expiration date 6/30/22. V/S (vital signs) stable, remains afebrile before and after administration. Resident will be monitored for fever and any adverse effect. x 7 days per facility protocol."</p>	L 052	<p>3(a) Employee #8 was re-educated on 6/23/23 by the ADON to follow physician's order when administering pain medication to include administering Morphine for pain as prescribed by the physician and not for behaviors.</p> <p>3(b) An in-service was conducted with licensed nurses on 6/23/23 by the ADON to ensure that medications are administered for the purpose indicated on the physician's order to include medications prescribed for pain not being administered for behaviors.</p> <p>4. ADON/Designee began auditing the 24hour report on 6/29/23 weekly x4 weeks. Monthly audits are being done monthly x3 months for residents who were administered pain medications to ensure that medications were given for the purpose prescribed by the physician. If there is non-compliance found ,any error will be appropriately addressed and the licensed nurse(s) will be re-educated.</p> <p>5. The results of these audits will be presented to the Quality Assurance Performance Improvement Committee for review and further recommendations as warranted.</p>	7/15/23

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L 052	<p>Continued From page 9</p> <p>Review of Resident #11's medical record revealed the following:</p> <p>A physician's order dated 10/08/20 that directed, "Influenza vaccine annually between October and April. Check temperature (temp) prior to vaccine if temp > (greater than) 100 [degrees Fahrenheit], hold vaccine"</p> <p>A Quarterly Minimum Data Set (MDS) dated 08/13/22 showed facility staff coded: a Brief Interview for Mental Status (BIMS) Summary Score of 09, indicating moderately impaired cognition; and that the Influenza vaccine was last received on 10/04/21.</p> <p>10/17/22 at 2:35 PM [Nursing Progress Note] " ... T (temperature) -96.4 [degrees Fahrenheit] ...Resident received Fluzone vaccine 0.7 ML IM to L (left)/deltoid with expiration date 6/30/2022 in error. ADON (Assistant Director of Nursing) notified MD (medical doctor) and order given to monitor resident for fever > 99.5 x 1 week. If no fever administer current high-dose Fluzone vaccine 0.7 ML IM after monitoring period. Writer informed POA (power of attorney). Resident is not showing any adverse reaction at this time ..."</p> <p>Review of Resident #11's recorded temperatures and nursing progress notes from 10/17/22 to 10/24/22 showed no documented temperature greater than 99.5 degrees Fahrenheit and/or signs or symptoms of any adverse reaction after receiving the expired influenza vaccine.</p> <p>10/27/22 at 12:56 PM [Nursing Progress Note] " ...Upon assessment no flu like sx (symptoms) noted. Temp 97.6, followed with Fluzone high-dose 0.7 ML vaccine administer to L/deltoid.</p>	L 052		

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L 052	<p>Continued From page 10</p> <p>Staff will continue to monitor resident for adverse effects ... LOT # (number) UT7743BA & (and) EXP (expiration) date: 6/30/2023 ..."</p> <p>2. Resident #14 was admitted to the facility on 10/15/19 with multiple diagnoses that included: Psychotic Disorder with Delusion, Vascular Dementia with Behavioral Disturbance, Insomnia and Hypertension.</p> <p>A FRI, DC00011054, received by the state agency on 10/19/22 documented, "On 10/17/2022, around 7:30 am: resident received Fluzone vaccine 0.7ml IM with Expiration date 6/30/22. V/S stable, remains afebrile before and after administration. Resident will be monitored for fever and any adverse effect. x 7 days per facility protocol."</p> <p>Review of Resident #14's medical record revealed the following:</p> <p>A physician's order dated 10/08/20 that directed, "Influenza vaccine annually between October and April. Check temperature (temp) prior to vaccine if temp > (greater than) 100 [degrees Fahrenheit], hold vaccine"</p> <p>A Quarterly MDS dated 10/08/22 showed facility staff coded: moderately impaired cognitive skills for daily decision making; and that the Influenza vaccine was last received on 10/04/21.</p> <p>10/17/22 at 2:37 PM [Nursing Progress Note] " ...T-96.9 ... Resident received Fluzone vaccine 0.7 ML IM to L (left)/deltoid with expiration date 6/30/2022 in error. ADON (Assistant Director of Nursing) notified MD (medical doctor) and order given to monitor resident for fever > 99.5 x 1 week. If no fever administer current high-dose</p>	L 052		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/26/2023
NAME OF PROVIDER OR SUPPLIER KNOLLWOOD HSC		STREET ADDRESS, CITY, STATE, ZIP CODE 6200 OREGON AVE NW WASHINGTON, DC 20015		
(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 052	<p>Continued From page 11</p> <p>Fluzone vaccine 0.7 ML IM after monitoring period. Writer informed POA (power of attorney). Resident is not showing any adverse reaction at this time ..."</p> <p>Review of Resident #14's recorded temperatures and nursing progress notes from 10/17/22 to 10/24/22 showed no documented temperature greater than 99.5 degrees Fahrenheit and/or signs or symptoms of any adverse reaction after receiving the expired influenza vaccine.</p> <p>10/25/22 at 1:58 PM [Nursing Progress Note] " ...Obtained temperature 97.5 prior to administering Fluzone high-dose 0.7 ML IM to L/deltoid this shift. Staff to monitor resident for adverse effects ... LOT # (number) UT7743BA & EXP (expiration) date: 6/30/2023 ..."</p> <p>3. Resident #22 Resident #22 was admitted to the facility on 05/03/19 with diagnoses that included: Vascular Dementia with Behavioral Disturbance, Alzheimer's Disease and Spinal Stenosis.</p> <p>A FRI, DC00011048, received by the state agency on 10/19/22 documented, "On 10/17/2022, around 7:30 am: resident received Fluzone vaccine 0.7ml IM (intramuscular) with expiration date 6/30/22. V/S (vital signs) stable, remains afebrile before and after administration. Resident will be monitored for fever and any adverse effect. x 7 days per facility protocol."</p> <p>Review of Resident #22's medical record revealed the following:</p> <p>A physician's order dated 10/08/20 that directed, "Influenza vaccine annually between October and April. Check temperature (temp) prior to vaccine</p>	L 052		

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NAME OF PROVIDER OR SUPPLIER KNOLLWOOD HSC	STREET ADDRESS, CITY, STATE, ZIP CODE 6200 OREGON AVE NW WASHINGTON, DC 20015
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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 052	<p>Continued From page 12</p> <p>if temp > (greater than) 100 [degrees Fahrenheit], hold vaccine"</p> <p>A Quarterly MDS dated 09/26/22 showed facility staff coded: severely impaired cognitive skills for daily decision making; and that the Influenza vaccine was last received on 10/04/21.</p> <p>10/17/22 at 2:04 PM [Nursing Progress Note] " ...T-96.8 ... Resident received Fluzone vaccine 0.7 ML IM to L (left)/deltoid with expiration date 6/30/2022 in error. ADON (Assistant Director of Nursing) notified MD (medical doctor) and order given to monitor resident for fever > 99.5 for 1 week. If no fever administer current high-dose Fluzone vaccine 0.7 ML IM after monitoring period. Writer informed POA. Resident is not showing any adverse reaction at this time ..."</p> <p>Review of Resident #22's recorded temperatures and nursing progress notes from 10/17/22 to 10/24/22 showed no documented temperature greater than 99.5 degrees Fahrenheit and/or signs or symptoms of any adverse reaction after receiving the expired influenza vaccine.</p> <p>10/25/22 at 2:16 PM [Nursing Progress Note] " ...Staff obtained temperature 97.4 prior to administering Fluzone high-dose 0.7 ML IM to L/deltoid this shift. Staff to monitor resident for adverse effects ... LOT # (number) UT7743BA & EXP (expiration) date: 6/30/2023 ..."</p> <p>4. Resident #25 was admitted to the facility on 11/07/19 with multiple diagnoses that included: Neuromuscular Dysfunction of Bladder, Nonrheumatic Mitral (valve) Insufficiency, Heart Failure and Cerebral Infarction.</p> <p>A FRI, DC00011046, received by the State</p>	L 052		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/26/2023
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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 052	<p>Continued From page 13</p> <p>Agency on 10/19/22 documented, "On 10/17/2022, around 7:30 am: resident received Fluzone vaccine 0.7ml IM with Expiration date 6/30/22. V/S stable, remains afebrile before and after administration. Resident will be monitored for fever and any adverse effect. x 7 days per facility protocol."</p> <p>Review of Resident #25's medical record revealed the following:</p> <p>A physician's order dated 10/08/20 that directed, "Influenza vaccine annually between October and April. Check temperature (temp) prior to vaccine if temp > (greater than) 100 [degrees Fahrenheit], hold vaccine"</p> <p>A Quarterly MDS dated 09/19/22 showed facility staff coded: severely impaired cognitive skills for daily decision making; and that the Influenza vaccine was last received on 10/05/21.</p> <p>10/17/22 at 1:48 PM [Nursing Progress Note] " ...T-96.7 ... Resident received Fluzone vaccine 0.7 ML IM to L (left)/deltoid with expiration date 6/30/2022 in error. ADON (Assistant Director of Nursing) notified MD (medical doctor). MD indicated that resident could received current [influenza] vaccine Fluzone hiogh (sp) -dose 0.7 ML IM when available. Writer informed POA (power of attorney) ..."</p> <p>Review of Resident #25's recorded temperatures and nursing progress notes from 10/17/22 to 10/24/22 showed no documented temperature greater than 99.5 degrees Fahrenheit and/or signs or symptoms of any adverse reaction after receiving the expired influenza vaccine.</p> <p>10/27/22 at 12:38 PM [Nursing Progress Note]</p>	L 052		

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NAME OF PROVIDER OR SUPPLIER KNOLLWOOD HSC		STREET ADDRESS, CITY, STATE, ZIP CODE 6200 OREGON AVE NW WASHINGTON, DC 20015		
(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 052	<p>Continued From page 14</p> <p>" ... TEMP 97.8 ... Fluzone high-dose 0.7 ML vaccine administer IM to L/deltoid. Staff to monitor resident for adverse effects ... LOT # (number) UT7743BA & EXP (expiration) date: 6/30/2023 ..."</p> <p>5. Resident #27 was admitted to the facility on 11/30/19 with multiple diagnoses that included: Chronic Obstructive Pulmonary Disease and Dementia.</p> <p>A FRI, DC00011050, received by the State Agency on 10/19/22 documented, "On 10/17/2022, around 7:30 am: resident received Fluzone vaccine 0.7ml IM with Expiration date 6/30/22. V/S stable, remains afebrile before and after administration. Resident will be monitored for fever and any adverse effect. x 7 days per facility protocol."</p> <p>Review of Resident #27's medical record revealed the following:</p> <p>A physician's order dated 10/08/20 that directed, "Influenza vaccine annually between October and April. Check temperature (temp) prior to vaccine if temp > (greater than) 100 [degrees Fahrenheit], hold vaccine"</p> <p>A Quarterly MDS dated 08/15/22 showed facility staff coded: a Brief Interview for Mental Status (BIMS) Summary Score of 10, indicating moderately impaired cognition; and that the Influenza vaccine was last received on 10/04/21.</p> <p>10/17/22 at 2:07 PM [Nursing Progress Note] " ... T-96.4 ...Resident received Fluzone vaccine 0.7 ML IM to L (left)/deltoid with expiration date 6/30/2022 in error. ADON (Assistant Director of Nursing) notified MD (medical doctor) and order</p>	L 052		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/26/2023
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NAME OF PROVIDER OR SUPPLIER KNOLLWOOD HSC	STREET ADDRESS, CITY, STATE, ZIP CODE 6200 OREGON AVE NW WASHINGTON, DC 20015
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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 052	<p>Continued From page 15</p> <p>given to monitor resident for fever > 99.5 for 1 week. If no fever administer current high-dose Fluzone vaccine 0.7 ML IM after monitoring period. Writer informed POA. Resident is not showing any adverse reaction at this time ..."</p> <p>Review of Resident #27's recorded temperatures and nursing progress notes from 10/17/22 to 10/24/22 showed no documented temperature greater than 99.5 degrees Fahrenheit and/or signs or symptoms of any adverse reaction after receiving the expired influenza vaccine.</p> <p>10/27/22 at 12:45 PM [Nursing Progress Note] " ...Temp 97.6 followed with Fluzone high-dose 0.7 ML vaccine administer IM to L/deltoid. Staff will continue to monitor resident for adverse effects ... LOT # (number) UT7743BA & EXP (expiration) date: 6/30/2023 ..."</p> <p>6. Resident #29 was admitted to the facility on 12/23/19 with multiple diagnoses that included: Atrial Fibrillation, Essential (primary) Hypertension and Hyperlipidemia.</p> <p>A FRI, DC00011049, received by the state agency on 10/19/22 documented, "On 10/17/2022, around 7:30 am: resident received Fluzone vaccine 0.7ml IM with Expiration date 6/30/22. V/S stable, remains afebrile before and after administration. Resident will be monitored for fever and any adverse effect. x 7 days per facility protocol."</p> <p>Review of Resident #29's medical record revealed the following:</p> <p>A physician's order dated 10/08/20 that directed, "Influenza vaccine annually between October and April. Check temperature (temp) prior to vaccine</p>	L 052		

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NAME OF PROVIDER OR SUPPLIER KNOLLWOOD HSC	STREET ADDRESS, CITY, STATE, ZIP CODE 6200 OREGON AVE NW WASHINGTON, DC 20015
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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 052	<p>Continued From page 16</p> <p>if temp > (greater than) 100 [degrees Fahrenheit], hold vaccine"</p> <p>A Quarterly MDS dated 09/05/22 showed facility staff coded: a Brief Interview for Mental Status (BIMS) Summary Score of 09, indicating moderately impaired cognition; and that the Influenza vaccine was last received on 10/04/21.</p> <p>10/17/22 at 2:09 PM [Nursing Progress Note] " ...T-96.4 ...Resident received Fluzone vaccine 0.7 ML IM to L (left)/deltoid with expiration date 6/30/2022 in error. ADON (Assistant Director of Nursing) notified MD (medical doctor) and order given to monitor resident for fever > 99.5 for x 1 week. If no fever administer current high-dose Fluzone vaccine 0.7 ML IM after monitoring period. Writer informed POA. Resident is not showing any adverse reaction at this time ..."</p> <p>Review of Resident #29's recorded temperatures and nursing progress notes from 10/17/22 to 10/24/22 showed no documented temperature greater than 99.5 degrees Fahrenheit and/or signs or symptoms of any adverse reaction after receiving the expired influenza vaccine.</p> <p>10/27/22 at 12:48 PM [Nursing Progress Note] " ...Temp 98.4 ...followed with Fluzone high-dose 0.7 ML vaccine administer IM to L/deltoid. Staff will continue to monitor resident for adverse effects ... LOT # (number) UT7743BA & EXP (expiration) date: 6/30/2023 ..."</p> <p>7. Resident #31 was admitted to the facility on 01/21/20 with multiple diagnoses that included: Type 2 Diabetes Mellitus, Peripheral Vascular Disease and Unspecified Dementia.</p> <p>A FRI, DC00011051, received by the state agency</p>	L 052		

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NAME OF PROVIDER OR SUPPLIER KNOLLWOOD HSC		STREET ADDRESS, CITY, STATE, ZIP CODE 6200 OREGON AVE NW WASHINGTON, DC 20015		
(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 052	<p>Continued From page 17</p> <p>on 10/19/22 documented, "On 10/17/2022, around 7:30 am: resident received Fluzone vaccine 0.7ml IM with Expiration date 6/30/22. V/S stable, remains afebrile before and after administration. Resident will be monitored for fever and any adverse effect. x 7 days per facility protocol."</p> <p>Review of Resident #31's medical record revealed the following:</p> <p>A physician's order dated 10/08/20 that directed, "Influenza vaccine annually between October and April. Check temperature (temp) prior to vaccine if temp > (greater than) 100 [degrees Fahrenheit], hold vaccine"</p> <p>A Quarterly MDS dated 07/26/22 showed facility staff coded: a Brief Interview for Mental Status (BIMS) Summary Score of 14, indicating cognitively intact; and that the Influenza vaccine was last received on 10/05/21.</p> <p>10/17/22 at 2:26 PM [Nursing Progress Note] " ...T-96.4 ...Resident received Fluzone vaccine 0.7 ML IM to L (left)/deltoid with expiration date 6/30/2022 in error. ADON (Assistant Director of Nursing) notified MD (medical doctor) and order given to monitor resident for fever > 99.5 for x 1 week. If no fever administer current high-dose Fluzone vaccine 0.7 ML IM after monitoring period. Writer informed POA. Resident is not showing any adverse reaction at this time ..."</p> <p>Review of Resident #31's recorded temperatures and nursing progress notes from 10/17/22 to 10/24/22 showed no documented temperature greater than 99.5 degrees Fahrenheit and/or signs or symptoms of any adverse reaction after receiving the expired influenza vaccine.</p>	L 052		

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NAME OF PROVIDER OR SUPPLIER KNOLLWOOD HSC		STREET ADDRESS, CITY, STATE, ZIP CODE 6200 OREGON AVE NW WASHINGTON, DC 20015		
(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 052	<p>Continued From page 18</p> <p>10/27/22 at 12:52 PM [Nursing Progress Note] "Temp 97.4 ... followed with Fluzone high-dose 0.7 ML vaccine administer IM to L/deltoid. Staff will continue to monitor resident for adverse effects ... LOT # (number) UT7743BA & EXP (expiration) date: 6/30/2023 ..."</p> <p>8. Resident #33 was admitted to the facility on 12/10/20 with multiple diagnoses that included: Unspecified Dementia, Moderate, Behavioral Disturbance; Major Depressive Disorder, Psychotic Disorder with Delusions; Anxiety Disorder and Personality Disorder.</p> <p>A FRI, DC00011047, received by the State Agency on 10/19/22 documented, "On 10/17/2022, around 7:30 am: resident received Fluzone vaccine 0.7ml IM with Expiration date 6/30/22. V/S stable, remains afebrile before and after administration. Resident will be monitored for fever and any adverse effect. x 7 days per facility protocol."</p> <p>Review of Resident #33's medical record revealed the following:</p> <p>A physician's order dated 12/10/20 that directed, "Influenza vaccine annually between October and April. Check temperature (temp) prior to vaccine if temp > (greater than) 100 [degrees Fahrenheit], hold vaccine"</p> <p>A Quarterly MDS dated 10/16/22 showed facility staff coded: a Brief Interview for Mental Status (BIMS) Summary Score of 05, indicating severe cognitive impairment; and that the Influenza vaccine was last received on 10/04/21.</p> <p>10/17/22 at 1:53 PM [Nursing Progress Note] "</p>	L 052		

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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 052	<p>Continued From page 19</p> <p>...T-96.4 ...Resident received Fluzone vaccine 0.7 ML IM to L (left)/deltoid with expiration date 6/30/2022 in error. ADON (Assistant Director of Nursing) notified MD (medical doctor) and order given to monitor resident for fever > 99.5 for x 1 week. If no fever administer current high-dose Fluzone vaccine 0.7 ML IM after monitoring period. Writer informed POA. Resident is not showing any adverse reaction at this time ..."</p> <p>Review of Resident #33's recorded temperatures and nursing progress notes from 10/17/22 to 10/24/22 showed no documented temperature greater than 99.5 degrees Fahrenheit and/or signs or symptoms of any adverse reaction after receiving the expired influenza vaccine.</p> <p>10/27/22 at 12:42 PM [Nursing Progress Note] "...Temp 97.3 ...followed with Fluzone high-dose 0.7 ML vaccine administer IM to R (right)/deltoid. Staff will continue to monitor resident for adverse effects ... LOT # (number) UT7743BA & EXP (expiration) date: 6/30/2023 ..."</p> <p>9. Resident #35 was admitted to the facility on 12/29/20 with multiple diagnoses that included: Unspecified Dementia, Severe, with Psychotic Disturbance; Bipolar Disorder, Hypertension, Restlessness and Agitation.</p> <p>A FRI, DC00011053, received by the State Agency on 10/19/22 documented, "On 10/17/2022, around 7:30 am: resident received Fluzone vaccine 0.7ml IM with Expiration date 6/30/22. V/S stable, remains afebrile before and after administration. Resident will be monitored for fever and any adverse effect. x 7 days per facility protocol."</p> <p>Review of Resident #35's medical record</p>	L 052		

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NAME OF PROVIDER OR SUPPLIER KNOLLWOOD HSC		STREET ADDRESS, CITY, STATE, ZIP CODE 6200 OREGON AVE NW WASHINGTON, DC 20015		
(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 052	<p>Continued From page 20</p> <p>revealed the following:</p> <p>A physician's order dated 11/04/21 that directed, "Influenza vaccine annually between October and April. Check temperature (temp) prior to vaccine if temp > (greater than) 100 [degrees Fahrenheit], hold vaccine"</p> <p>A Quarterly MDS dated 08/10/22 showed facility staff coded: severely impaired cognitive skills for daily decision making; and that the Influenza vaccine was last received on 10/04/21.</p> <p>10/17/22 at 2:32 PM [Nursing Progress Note] " ...T-97.1 ...Resident received Fluzone vaccine 0.7 ML IM to L (left)/deltoid with expiration date 6/30/2022 in error. ADON (Assistant Director of Nursing) notified MD (medical doctor) and order given to monitor resident for fever > 99.5 for x 1 week. If no fever administer current high-dose Fluzone vaccine 0.7 ML IM after monitoring period. Writer informed POA. Resident is not showing any adverse reaction at this time ..."</p> <p>Review of Resident #35's recorded temperatures and nursing progress notes from 10/17/22 to 10/24/22 showed no documented temperature greater than 99.5 degrees Fahrenheit and/or signs or symptoms of any adverse reaction after receiving the expired influenza vaccine.</p> <p>10/25/22 at 2:13 PM [Nursing Progress Note] " ...Obtained temperature 97.5 prior to administering Fluzone high-dose 0.7 ML IM L/deltoid this shift. Staff to monitor resident for adverse effects ... LOT # (number) UT7743BA & EXP (expiration) date: 6/30/2023 ..."</p> <p>10. Resident #44 was admitted to the facility on 11/15/19 with diagnoses that included: Cerebral</p>	L 052		

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L 052	<p>Continued From page 21</p> <p>Infarction, heart Failure, Hemiplegia and Hemiparesis.</p> <p>A FRI, DC00011045, received by the State Agency on 10/19/22 documented, "On 10/17/2022, around 7:30 am: resident received Fluzone vaccine 0.7ml IM with Expiration date 6/30/22. V/S stable, remains afebrile before and after administration. Resident will be monitored for fever and any adverse effect. x 7 days per facility protocol."</p> <p>Review of Resident #44's medical record revealed the following:</p> <p>A physician's order dated 10/08/20 that directed, "Influenza vaccine annually between October and April. Check temperature (temp) prior to vaccine if temp > (greater than) 100 [degrees Fahrenheit], hold vaccine"</p> <p>A Quarterly MDS dated 08/29/22 showed facility staff coded: a Brief Interview for Mental Status (BIMS) Summary Score of 04, indicating severe cognitive impairment; and that the Influenza vaccine was last received on 10/08/21.</p> <p>10/17/22 at 1:39 PM [Nursing Progress Note] " ...T-97.0 ...Resident received Fluzone vaccine 0.7 ML IM to L (left)/deltoid with expiration date 6/30/2022 in error. ADON (Assistant Director of Nursing) notified MD (medical doctor). MD indicated that resident could received current flu vaccine Fluzone high-dose 0.7 ML IM when available. Writer informed POA ..."</p> <p>Review of Resident #44's recorded temperatures and nursing progress notes from 10/17/22 to 10/24/22 showed no documented temperature greater than 99.5 degrees Fahrenheit and/or</p>	L 052		

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L 052	<p>Continued From page 22</p> <p>signs or symptoms of any adverse reaction after receiving the expired influenza vaccine.</p> <p>10/27/22 at 12:35 PM [Nursing Progress Note] " ...Temp 97.7 ... Fluzone high-dose 0.7 ML administer IM to R (right)/deltoid. Staff will continue to monitor resident for adverse effects ... LOT # (number) UT7743BA & EXP (expiration) date: 6/30/2023 ..."</p> <p>Review of email correspondences provided to this surveyor on 04/21/23 documented the following:</p> <p>"From: [Employee #3 (Infection Preventionist)], sent: Wednesday, October 5, 2022 [at] 12:18 PM, to: (Name of pharmacy presentative), subject: RE Flu vaccine supply ... Thank you for our supply of High Dose Flu Vaccines. Please help me understand the dates on these vaccines as I am a bit confused. On each box there is the number uj765AB and date 30 June 22 ... Are these vaccines safe to use ... Pleas clarify ..."</p> <p>"From: (Name of pharmacy presentative), sent: Wednesday, October 5, 2022 [at] 12:54 PM, to: [Employee #3, subject: RE Flu vaccine supply ... Those would not be this years and should not be used ...Can you please have nursing send the ones you have back with the driver ... I've informed our inventory team and they are going to submit an incident report to our wholesaler ..."</p> <p>"From: Employee #3, sent: Wednesday, October 5, 2022 [at] 2:15 PM, to: (Name of pharmacy presentative), subject: RE Flu vaccine supply ... this is very concerning. I prepared the vaccines for pick-up tonight. Please ensure that your driver takes them. We are under survey window and could be sited for so many expired medications on the premises ..."</p>	L 052		

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L 052	<p>Continued From page 23</p> <p>"From: (Name of pharmacy representative), sent: Thursday, October 6, 2022 [at] 11:54 AM, to: Employee #3, subject: RE Flu vaccine supply ... Just confirming that we did deliver the 2033-2023 flu vaccine and picked up the previously delivered ..."</p> <p>"From: Employee #3, sent: Thursday, October 6, 2022 [at] 2:58 PM, to: (Name of pharmacy representative), subject: RE Flu vaccine supply ... Roger that. Vaccines were picked up and delivered. Thanks."</p> <p>A face-to-face interview was conducted on 04/21/23 at 1:31 PM with Employee #2 (Director of Nursing/DON) and Employee #4 (Licensed Practical Nurse/LPN who administered the expired vaccines). Employee #4 stated, "The vaccines are individual doses of 0.7 ml and come in a box of ten. That day (10/17/22), I went and got the vaccines from the HSC (health services center) refrigerator. I work on the SCC (special care center) side. I saw the vaccines in a plastic bag and took out a box of ten. I should have double checked the dates then but I didn't. I was not aware that any expired vaccines had been delivered. After checking the resident's temperatures, I went to each resident's room and administered them the vaccine and then came to the computer to document. When asked why she did not document in each resident's chart after administering the vaccine, Employee #4 stated, "I know I am supposed to sign it (the MAR) on or right after administration. I didn't do it. That's my fault." Employee #4 continued to say, "When I went to document, I clicked on 'administer', a box comes up that prompts you to input the lot number, site and expiration date. That's when I realized that the vaccines I just administered (10</p>	L 052		

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L 052	<p>Continued From page 24</p> <p>in total) had expired. I immediately made my DON aware." When asked if she followed the standards of professional practice for medication administration, Employee #4 stated, "No."</p> <p>The evidence showed that facility staff failed to ensure residents received treatment and care in accordance with the professional standards of practice for medication administration by:</p> <ol style="list-style-type: none"> 1. Not checking vaccine expiration dates prior to administration 2. Not documenting in each resident's MAR after each individual vaccine administration. <p>Subsequently, on 10/17/22, Employee #4 (LPN) administered Influenza vaccines with an expiration date of 06/30/22 to ten residents.</p> <p>11. Facility staff failed to follow a physician's order to administer Resident #16's medication Morphine (Opiate Narcotic Analgesic) for pain as evidenced by the nurse documenting that the morphine was administered for behavior.</p> <p>Resident #16 was admitted to the facility on 06/15/22 with multiple diagnoses that included the following: Cerebral Infarction, Hemiplegia, affecting Left Dominant Side, Dysphagia, Dementia with Behavioral Disturbances, Anxiety, and Depression.</p> <p>A review of the medical record revealed the following:</p> <p>A review of Resident #16's "Face Sheet" noted that the Resident was in hospice.</p> <p>An Admission Minimum Data Set (MDS) dated 02/16/23 showed that the facility staff coded the resident as having severely impaired cognition,</p>	L 052		

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L 052	<p>Continued From page 25</p> <p>having visual and hearing impairment, being on a scheduled pain medication regimen, and having a life expectancy of less than six months.</p> <p>[Physician's Order] 11/19/22: "Trazodone (Antidepressant) tablet; 50 mg; amt" ½ tab = 25 mg; oral Special Instructions: Take 1/2 tab= 25 mg po bis (twice a day) for Anxiety Twice a day; 0 9:00 AM, 09: PM"</p> <p>[Physician's Order] 06/15/22: "Bupropion (Antidepressant) HCL tablet; 75 mg; amt (amount): 1 tablet; oral Special Instructions Dx: Mood Once a morning; 06:00 AM"</p> <p>A Care Plan initiated on 06/17/22 documented the following: "[Resident #16] is risk for pain related to generalized arthritis, new stroke with left side hemiplegia, decreased functional mobility, and peripheral neuropathy. Goal: [Resident #16] c/o (complaint of) pain will be alleviated within 30-45 minutes after intervention has been provided as evidenced by no expression of pain or discomfort through next review. Approach: Administer pain medications as ordered and monitor for side effect and effectiveness. ...Assist and encourage resident to position for comfort, use distraction strategies such as watching TV, listening to music, reading and 1:1 visit ...Complete pain assessment every shift and as needed per facility protocol."</p> <p>[Physician's Order] 08/04/22: "Morphine concentrate (Opiate Narcotic, Analgesics.) schedule II solution; 100mg/5 ml (20 mg/ml) amt ; 0.25 ml (5 mg); oral. Special instructions: Give 0.25 ml (5 mg) po (by mouth) q 6 hrs (hours) prn (as needed) for pain /dyspnea (difficulty breathing)/RR(respiratory rate) greater than 20 br (breaths)/min (minute). Every 6 hours - prn ..."</p>	L 052		

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L 052	<p>Continued From page 26</p> <p>[Physician's Order] 08/24/22: "Ativan (Lorazepam) - Schedule IV tablet; 0.5 mg; amt: 1 tab oral. Special Instructions: Give 1 tab po q 4 hrs prn for restlessness/anxiety, Every 4 hours ..."</p> <p>[Progress Note] 04/20/23 at 3:46 AM:" Calling out loud Help, Help for no apparent (sp) (apparent) reason ...Breathing non-labored. Morphine given sublingual as ordered at this time . Will monitor for effectiveness."</p> <p>A Medication Administration Record (MAR) from 04/01/23 to 04/21/23 documented that facility staff administered Morphine to Resident #16 in the following manner:</p> <p>"04/01/23 at 8:59 PM, for pain."</p> <p>"04/02/23 at 6:59 PM for pain."</p> <p>"04/05 at 1:39 PM for pain and at 10:05 PM for pain."</p> <p>"04/06/23 at 4:33 PM for pain."</p> <p>"04/07/23 at 2:55 AM for a behavior issue."</p> <p>"04/10/23 at 7:08 PM for pain."</p> <p>"04/15/23 at 1:18 AM for a behavior issue."</p> <p>"04/16/ at 11:03 AM for pain."</p> <p>"04/18/23 at 2:27 AM for "other reason."</p> <p>"04/19/23 at 10:56 AM for pain."</p> <p>"04/20/23 at 3:46 AM for behavior issue."</p>	L 052		

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L 052	<p>Continued From page 27</p> <p>"04/20/23 at 10:52 PM for pain, effective."</p> <p>A review of Resident #16's MAR revealed that for 3 out of 20 days Employee #8 (Registered Nurse Charge Nurse) administered Morphine to the Resident for a behavior issue and for 1 out of 20 days another facility staff administered Morphine for "other reason."</p> <p>During a face-to-face interview conducted on 04/25/23 at 2:03 PM, Employee #8 stated, "The morphine order is for pain. When the Resident kept calling out loudly in the middle of the night, or when the daughter was present and would ask if we could give pain medication to the Resident, we gave morphine. The Resident has dementia and has no way to describe pain. The Resident could not give me that answer. I documented that the medication was given for a behavior because the resident was crying out loud in the middle of the night, 'Help, Help, my leg, my leg.' To me that was a behavior." The surveyor asked if the Resident had other medication that could be administered for behaviors. The Employee acknowledged that the Resident had Ativan for anxiety and made no further comment.</p>	L 052		
L 091	<p>3217.6 Nursing Facilities</p> <p>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 the requirements of this chapter.</p> <p>This Statute is not met as evidenced by: Based on observation and staff interviews, for two (2) of 22 sampled residents, facility staff failed to maintain Standards of Infection Control Practices</p>	L 091	<p>It is Knollwood's Practice to maintain Standards of Infection Control practices to include good hand hygiene by staff when assisting the residents with their meals.</p> <p>1. Employee #6, who did not perform hand hygiene after assisting Resident #21 with meal, was stopped by surveyor so Resident #17 was not affected.</p>	

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L 091	<p>Continued From page 28</p> <p>when assisting the residents with their meals in the common dining area. Residents' #17 and #21.</p> <p>The findings included:</p> <p>Resident #17 was admitted to the facility on 05/03/18 with multiple diagnoses that included the following: Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting the Left Non-Dominant Side and Acquired Absence of Left Leg Above Knee.</p> <p>A review of Resident #17's Significant Change Minimum Data Set (MDS) dated 01/26/23, showed that the resident required supervision and set up help when eating.</p> <p>Resident #21 was admitted to the facility on 06/04/19 with multiple diagnoses that included the following: Unspecified Dementia, Heart Failure and Dysphagia.</p> <p>A review of Resident #21's Quarterly Minimum Data Set (MDS) dated 11/24/22, showed that the resident required extensive assistance with a one person physical assist for eating.</p> <p>During an observation on 04/19/23 at 12:43 PM, the Surveyor observed Employee #6 (Certified Nurse Aide) assisting Resident #21 to eat. Employee #6 was observed sitting beside Resident #21 and feeding the resident food from the resident's tray. Once Employee #6 was finished feeding the resident, she removed the resident's tray and then walked over to the table where Resident #17 was seated. Employee #6 lifted the lid off the meal tray and was about to proceed with assisting Resident #17 but was stopped by the surveyor.</p>	L 091	<p>2. Employee #6 was re-educated by ADON 6/16/23 to practice good infection control techniques to include performance of hand hygiene in between providing feeding assistance to two or more residents.</p> <p>3. Staff were re-educated on 6/23/23 by the ADON on good infection control techniques to include performance of hand hygiene in between providing feeding assistance to two or more residents.</p> <p>4. The ADON/Designee began random observations on 6/28/23 weekly x4 weeks. Audits will continue monthly x3 months then quarterly x3 quarters of staff providing assistance during meals to ensure compliance.</p> <p>5. The results of these audits will be presented to the Quality Assurance Performance Improvement Committee for review and further recommendations as warranted. If non-compliance is found immediate corrective action will be taken. Re-education of the staff will be done by the ADON or Designee.</p>	7/15/23

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L 091	Continued From page 29 During a face-to-face interview at the time of observation, when asked why she did not perform hand hygiene between providing feeding assistance to the two residents, Employee #6 stated, "I will go and wash my hands now."	L 091		
L 099	3219.1 Nursing Facilities 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: Based on observation and staff interview, facility staff failed to store food in accordance with professional standards for food service safety. The findings included: During an initial tour of the facility's main refrigerator on 04/19/23 at 9:40 AM with Employee #5 (General Manager Dining Services), the following was observed: 1. Four (4) bags of chicken set out to thaw with no dated label; 2. One (1) package of diced ham with a label that showed, "use by 4-18-23"; 3. One (1) clear package of hot dogs with no dated label. At the time of the observation, Employee #5 acknowledged the findings, removed the packages of diced ham and hot dogs and stated, "The chicken was taken out on Sunday (04/16/23) to thaw. The label sticker must've have fallen off."	L 099	It is Knollwood's practice to store food in a safe manner. 1.All meat items without a correct label and date were immediately discarded. 2.All residents have the potential to be affected by the cited practice. All food items in refrigerators & freezers were assessed for the proper received date, use-by date, and/or expiration date, and any items discovered were discarded if not properly labeled/dated. 3. Staff was in-serviced on 5/2/23 on proper labeling and dating of meat products, including pull dates and use-by dates by the Director of Food Services. Follow-up in-services will be provided monthly to staff for 3 months on the following: Storing Perishable Foods, Product Labeling, and Dating, including pull and use-by dates. 4.A freezer "pull log" was implemented to ensure all meats pulled from the freezer have a pulled date and a use-by date. Audits were conducted twice weekly X4 weeks starting 6/25/23. Weekly audits X4 weeks are in process for all meat products to ensure that pull dates and use-by dates are labeled and secure on the product. 5.The General Manager of Food and Nutrition Services will report at the monthly QA meeting on the results of the perishable storage audits for review and further recommendations as warranted.	7/15/23

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L 099	Continued From page 30 When asked if she could provide documented evidence that the chicken was in fact taken out to thaw on Sunday, 04/16/23, Employee #5 was unable to and stated, "I know that's when it was taken out."	L 099		
L 161	3227.12 Nursing Facilities Each expired medication shall be removed from usage. This Statute is not met as evidenced by: Based on record review and staff interview, for ten (10) of 22 sampled residents, facility staff stored expired Influenza vaccines for use. Subsequently, on 10/17/22, these expired vaccines were administered to ten residents. (Residents' #11, #14, #22, #25, #27, #29, #31, #33, #35, and #44.) The findings included: Review of a document provided by the facility titled, "Medication Expiration and Beyond Use Dating" dated 04/06/17 documented, "Medications will be discarded according to ...expiration date or according to the manufacturer's expiration date ..." Review of the facility policy "Medication Administration - Guidelines for All Medications" with a revised date of 06/01/22 directed, " ... Check expiration date on package/container ... read medication label three times before pouring ... after administration, return to cart and document administration in the MAR (medication administration record) ..." Sanofi, manufacturer of the Fluzone (influenza) vaccine, specifies, " ...Do not use after the	L 161	It is Knollwood's Practice to ensure that staff provide the care and services to residents that meet professional standards of quality to include checking Influenza vaccine expiration dates and documenting in each resident's MAR after each individual vaccine administration. 1. Residents #11, #14, #22, # 25, #27, #29, #31, #33, #35 and #44, did not have adverse reaction to receiving expired influenza vaccines. Residents #11, #14, #22, # 25, #27, #29, #31, #33, #35 and #44 were subsequently administered Influenza vaccines in October 2022 and they had no adverse reaction. The vaccine administered was Fluzone Hi Dose Quadrivalent with expiration date of 6/30/23. 2. Any resident has the potential to be impacted. No other resident received expired Influenza vaccine. An audit of the medication refrigerators was done and all expired Influenza vaccines were removed and discarded on 10/17/2022. No other expired medications were found. 3(a) Employee #4 was re-educated on 10/18/22 by the ADON to check the expiration dates of Influenza vaccines and to follow the standards of professional practice for medication administration to include documenting in each resident's MAR after each individual vaccine administration. On 5/4/23 the Pharmacy Consultant conducted a Med Pass observation on Employee #5 which she passed.	

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L 161	<p>Continued From page 31</p> <p>expiration date shown on the label ..." https://www.sanofiflu.com/fluzone-quadrivalent-influenza-vaccine/</p> <p>A Facility Reported Incident (FRI), DC00011037, received by the State Agency on 10/17/22 documented, "Resident[s] received expired Fluzone Vaccine 0.7 ML (milliliters) in error on 10/17/2022 ..."</p> <p>A. Resident #11 was admitted to the facility on 10/18/18 with multiple diagnoses that included: Alzheimer's Disease, Dementia and Hypertension.</p> <p>Review of Resident #11's medical record revealed a physician's order dated 10/08/20 that directed, "Influenza vaccine annually between October and April. Check temperature (temp) prior to vaccine if temp > (greater than) 100 [degrees Fahrenheit], hold vaccine"</p> <p>A Quarterly Minimum Data Set (MDS) dated 08/13/22 showed facility staff coded: a Brief Interview for Mental Status (BIMS) Summary Score of 09, indicating moderately impaired cognition; and that the Influenza vaccine was last received on 10/04/21.</p> <p>A Nursing Progress Note dated 10/17/22 at 2:35 PM documented, " ... T (temperature) -96.4 [degrees Fahrenheit] ...Resident received Fluzone vaccine 0.7 ML IM to L (left)/deltoid with expiration date 6/30/2022 in error. ADON (Assistant Director of Nursing) notified MD (medical doctor) and order given to monitor resident for fever > 99.5 x 1 week. If no fever administer current high-dose Fluzone vaccine 0.7 ML IM after monitoring period. Writer informed POA (power of attorney). Resident is not showing</p>	L 161	<p>3(b) Licensed nurses were re-educated by the ADON on 6/23/23 to check the expiration dates of Influenza vaccines and to follow the standards of professional practice for medication administration to include documenting in each resident's MAR after each individual vaccine administration.</p> <p>4. The ADON or Designee began conducting monthly random audits on 6/29/23 of medication administration by licensed nurses. Audits will continue until 3 monthly audits are completed to ensure compliance. If non-compliance is found during the audit, any errors will be appropriately addressed and the licensed nurse involved will be re-educated by the ADON or Designee.</p> <p>5. The results of these audits will be presented to the Quality Assurance Performance Improvement Committee for review and further recommendations as warranted.</p>	7/15/23

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L 161	<p>Continued From page 32</p> <p>any adverse reaction at this time ..."</p> <p>A FRI, DC00011052, received by the state agency on 10/19/22 documented, "On 10/17/2022, around 7:30 am: resident received Fluzone vaccine 0.7ml IM (intramuscular) with expiration date 6/30/22. V/S (vital signs) stable, remains afebrile before and after administration. Resident will be monitored for fever and any adverse effect. x 7 days per facility protocol."</p> <p>Review of Resident #11's recorded temperatures and nursing progress notes from 10/17/22 to 10/24/22 showed no documented temperature greater than 99.5 degrees Fahrenheit and/or signs or symptoms of any adverse reaction after receiving the expired influenza vaccine.</p> <p>A 10/27/22 at 12:56 PM [Nursing Progress Note] revealed, "...Upon assessment no flu like sx (symptoms) noted. Temp 97.6, followed with Fluzone high-dose 0.7 ML vaccine administer to L/deltoid. Staff will continue to monitor resident for adverse effects ... LOT # (number) UT7743BA & (and) EXP (expiration) date: 6/30/2023 ..."</p> <p>B. Resident #14 was admitted to the facility on 10/15/19 with multiple diagnoses that included: Psychotic Disorder with Delusion, Vascular Dementia with Behavioral Disturbance, Insomnia and Hypertension.</p> <p>Review of Resident #14's medical record revealed the following:</p> <p>A physician's order dated 10/08/20 that directed, "Influenza vaccine annually between October and April. Check temperature (temp) prior to vaccine if temp > (greater than) 100 [degrees Fahrenheit], hold vaccine."</p>	L 161		

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NAME OF PROVIDER OR SUPPLIER KNOLLWOOD HSC	STREET ADDRESS, CITY, STATE, ZIP CODE 6200 OREGON AVE NW WASHINGTON, DC 20015
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L 161	<p>Continued From page 33</p> <p>A Quarterly minimum data set (MDS) assessment dated 10/08/22 showed facility staff coded: moderately impaired cognitive skills for daily decision making; and that the Influenza vaccine was last received on 10/04/21.</p> <p>A 10/17/22 at 2:37 PM [Nursing Progress Note] documented, " ...T-96.9 ... Resident received Fluzone vaccine 0.7 ML IM to L (left)/deltoid with expiration date 6/30/2022 in error. ADON (Assistant Director of Nursing) notified MD (medical doctor) and order given to monitor resident for fever > 99.5 x 1 week. If no fever administer current high-dose Fluzone vaccine 0.7 ML IM after monitoring period. Writer informed POA (power of attorney). Resident is not showing any adverse reaction at this time ..."</p> <p>A FRI, DC00011054, received by the state agency on 10/19/22 documented, "On 10/17/2022, around 7:30 am: resident received Fluzone vaccine 0.7ml IM with Expiration date 6/30/22. V/S stable, remains afebrile before and after administration. Resident will be monitored for fever and any adverse effect. x 7 days per facility protocol."</p> <p>Review of Resident #14's recorded temperatures and nursing progress notes from 10/17/22 to 10/24/22 showed no documented temperature greater than 99.5 degrees Fahrenheit and/or signs or symptoms of any adverse reaction after receiving the expired influenza vaccine.</p> <p>A 10/25/22 at 1:58 PM [Nursing Progress Note] revealed, " ...Obtained temperature 97.5 prior to administering Fluzone high-dose 0.7 ML IM to L/deltoid this shift. Staff to monitor resident for adverse effects ... LOT # (number) UT7743BA &</p>	L 161		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/26/2023
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L 161	<p>Continued From page 34</p> <p>EXP (expiration) date: 6/30/2023 ..."</p> <p>C. Resident #22 was admitted to the facility on 05/03/19 with diagnoses that included: Vascular Dementia with Behavioral Disturbance, Alzheimer's Disease and Spinal Stenosis.</p> <p>Review of Resident #22's medical record revealed the following:</p> <p>A physician's order dated 10/08/20 that directed, "Influenza vaccine annually between October and April. Check temperature (temp) prior to vaccine if temp > (greater than) 100 [degrees Fahrenheit], hold vaccine"</p> <p>A Quarterly MDS dated 09/26/22 showed facility staff coded: severely impaired cognitive skills for daily decision making; and that the Influenza vaccine was last received on 10/04/21.</p> <p>A 10/17/22 at 2:04 PM [Nursing Progress Note] documented, "...T-96.8 ... Resident received Fluzone vaccine 0.7 ML IM to L (left)/deltoid with expiration date 6/30/2022 in error. ADON (Assistant Director of Nursing) notified MD (medical doctor) and order given to monitor resident for fever > 99.5 for 1 week. If no fever administer current high-dose Fluzone vaccine 0.7 ML IM after monitoring period. Writer informed POA. Resident is not showing any adverse reaction at this time ..."</p> <p>Review of Resident #22's recorded temperatures and nursing progress notes from 10/17/22 to 10/24/22 showed no documented temperature greater than 99.5 degrees Fahrenheit and/or signs or symptoms of any adverse reaction after receiving the expired influenza vaccine.</p>	L 161		

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NAME OF PROVIDER OR SUPPLIER KNOLLWOOD HSC		STREET ADDRESS, CITY, STATE, ZIP CODE 6200 OREGON AVE NW WASHINGTON, DC 20015		
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L 161	<p>Continued From page 35</p> <p>A FRI, DC00011048, received by the state agency on 10/19/22 documented, "On 10/17/2022, around 7:30 am: resident received Fluzone vaccine 0.7ml IM (intramuscular) with expiration date 6/30/22. V/S (vital signs) stable, remains afebrile before and after administration. Resident will be monitored for fever and any adverse effect. x 7 days per facility protocol."</p> <p>Review of a 10/25/22 at 2:16 PM [Nursing Progress Note] revealed, " ...Staff obtained temperature 97.4 prior to administering Fluzone high-dose 0.7 ML IM to L/deltoid this shift. Staff to monitor resident for adverse effects ... LOT # (number) UT7743BA & EXP (expiration) date: 6/30/2023 ..."</p> <p>D. Resident #25 was admitted to the facility on 11/07/19 with multiple diagnoses that included: Neuromuscular Dysfunction of Bladder, Nonrheumatic Mitral (valve) Insufficiency, Heart Failure and Cerebral Infarction.</p> <p>Review of Resident #25's medical record revealed the following:</p> <p>A physician's order dated 10/08/20 that directed, "Influenza vaccine annually between October and April. Check temperature (temp) prior to vaccine if temp > (greater than) 100 [degrees Fahrenheit], hold vaccine."</p> <p>A Quarterly MDS dated 09/19/22 showed facility staff coded: severely impaired cognitive skills for daily decision making; and that the Influenza vaccine was last received on 10/05/21.</p> <p>A 10/17/22 at 1:48 PM [Nursing Progress Note] documented, " ...T-96.7 ... Resident received Fluzone vaccine 0.7 ML IM to L (left)/deltoid with</p>	L 161		

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L 161	<p>Continued From page 36</p> <p>expiration date 6/30/2022 in error. ADON (Assistant Director of Nursing) notified MD (medical doctor). MD indicated that resident could received current [influenza] vaccine Fluzone hioh (sp) -dose 0.7 ML IM when available. Writer informed POA (power of attorney) ..."</p> <p>A FRI, DC00011046, received by the State Agency on 10/19/22 documented, "On 10/17/2022, around 7:30 am: resident received Fluzone vaccine 0.7ml IM with Expiration date 6/30/22. V/S stable, remains afebrile before and after administration. Resident will be monitored for fever and any adverse effect. x 7 days per facility protocol."</p> <p>Review of Resident #25's recorded temperatures and nursing progress notes from 10/17/22 to 10/24/22 showed no documented temperature greater than 99.5 degrees Fahrenheit and/or signs or symptoms of any adverse reaction after receiving the expired influenza vaccine.</p> <p>Review of a 10/27/22 at 12:38 PM [Nursing Progress Note] revealed, " ... TEMP 97.8 ... Fluzone high-dose 0.7 ML vaccine administer IM to L/deltoid. Staff to monitor resident for adverse effects ... LOT # (number) UT7743BA & EXP (expiration) date: 6/30/2023 ..."</p> <p>E. Resident #27 was admitted to the facility on 11/30/19 with multiple diagnoses that included: Chronic Obstructive Pulmonary Disease and Dementia.</p> <p>Review of Resident #27's medical record revealed the following:</p> <p>A physician's order dated 10/08/20 that directed, "Influenza vaccine annually between October and</p>	L 161		

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L 161	<p>Continued From page 37</p> <p>April. Check temperature (temp) prior to vaccine if temp > (greater than) 100 [degrees Fahrenheit], hold vaccine"</p> <p>A Quarterly MDS dated 08/15/22 showed facility staff coded: a Brief Interview for Mental Status (BIMS) Summary Score of 10, indicating moderately impaired cognition; and that the Influenza vaccine was last received on 10/04/21.</p> <p>A 10/17/22 at 2:07 PM [Nursing Progress Note] documented, " ... T-96.4 ... Resident received Fluzone vaccine 0.7 ML IM to L (left)/deltoid with expiration date 6/30/2022 in error. ADON (Assistant Director of Nursing) notified MD (medical doctor) and order given to monitor resident for fever > 99.5 for 1 week. If no fever administer current high-dose Fluzone vaccine 0.7 ML IM after monitoring period. Writer informed POA. Resident is not showing any adverse reaction at this time ..."</p> <p>A FRI, DC00011050, received by the State Agency on 10/19/22 documented, "On 10/17/2022, around 7:30 am: resident received Fluzone vaccine 0.7ml IM with Expiration date 6/30/22. V/S stable, remains afebrile before and after administration. Resident will be monitored for fever and any adverse effect. x 7 days per facility protocol."</p> <p>Review of Resident #27's recorded temperatures and nursing progress notes from 10/17/22 to 10/24/22 showed no documented temperature greater than 99.5 degrees Fahrenheit and/or signs or symptoms of any adverse reaction after receiving the expired influenza vaccine.</p> <p>Review of a 10/27/22 at 12:45 PM [Nursing Progress Note] revealed, " ... Temp 97.6 followed</p>	L 161		

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L 161	<p>Continued From page 38</p> <p>with Fluzone high-dose 0.7 ML vaccine administer IM to L/deltoid. Staff will continue to monitor resident for adverse effects ... LOT # (number) UT7743BA & EXP (expiration) date: 6/30/2023 ..."</p> <p>F. Resident #29 was admitted to the facility on 12/23/19 with multiple diagnoses that included: Atrial Fibrillation, Essential (primary) Hypertension and Hyperlipidemia.</p> <p>Review of Resident #29's medical record revealed the following:</p> <p>A physician's order dated 10/08/20 that directed, "Influenza vaccine annually between October and April. Check temperature (temp) prior to vaccine if temp > (greater than) 100 [degrees Fahrenheit], hold vaccine"</p> <p>A Quarterly MDS dated 09/05/22 showed facility staff coded: a Brief Interview for Mental Status (BIMS) Summary Score of 09, indicating moderately impaired cognition; and that the Influenza vaccine was last received on 10/04/21.</p> <p>A 10/17/22 at 2:09 PM [Nursing Progress Note] documented, " ...T-96.4 ...Resident received Fluzone vaccine 0.7 ML IM to L (left)/deltoid with expiration date 6/30/2022 in error. ADON (Assistant Director of Nursing) notified MD (medical doctor) and order given to monitor resident for fever > 99.5 for x 1 week. If no fever administer current high-dose Fluzone vaccine 0.7 ML IM after monitoring period. Writer informed POA. Resident is not showing any adverse reaction at this time ..."</p> <p>A FRI, DC00011049, received by the state agency on 10/19/22 documented, "On 10/17/2022,</p>	L 161		

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L 161	<p>Continued From page 39</p> <p>around 7:30 am: resident received Fluzone vaccine 0.7ml IM with Expiration date 6/30/22. V/S stable, remains afebrile before and after administration. Resident will be monitored for fever and any adverse effect. x 7 days per facility protocol."</p> <p>Review of Resident #29's recorded temperatures and nursing progress notes from 10/17/22 to 10/24/22 showed no documented temperature greater than 99.5 degrees Fahrenheit and/or signs or symptoms of any adverse reaction after receiving the expired influenza vaccine.</p> <p>Review of a 10/27/22 at 12:48 PM [Nursing Progress Note] revealed, " ... Temp 98.4 ...followed with Fluzone high-dose 0.7 ML vaccine administer IM to L/deltoid. Staff will continue to monitor resident for adverse effects ... LOT # (number) UT7743BA & EXP (expiration) date: 6/30/2023 ..."</p> <p>G. Resident #31 was admitted to the facility on 01/21/20 with multiple diagnoses that included: Type 2 Diabetes Mellitus, Peripheral Vascular Disease and Unspecified Dementia.</p> <p>Review of Resident #31's medical record revealed the following:</p> <p>A physician's order dated 10/08/20 that directed, "Influenza vaccine annually between October and April. Check temperature (temp) prior to vaccine if temp > (greater than) 100 [degrees Fahrenheit], hold vaccine"</p> <p>A Quarterly MDS dated 07/26/22 showed facility staff coded: a Brief Interview for Mental Status (BIMS) Summary Score of 14, indicating cognitively intact; and that the Influenza vaccine</p>	L 161		

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L 161	<p>Continued From page 40</p> <p>was last received on 10/05/21.</p> <p>A 10/17/22 at 2:26 PM [Nursing Progress Note] documented, "...T-96.4 ...Resident received Fluzone vaccine 0.7 ML IM to L (left)/deltoid with expiration date 6/30/2022 in error. ADON (Assistant Director of Nursing) notified MD (medical doctor) and order given to monitor resident for fever > 99.5 for x 1 week. If no fever administer current high-dose Fluzone vaccine 0.7 ML IM after monitoring period. Writer informed POA. Resident is not showing any adverse reaction at this time ..."</p> <p>A FRI, DC00011051, received by the state agency on 10/19/22 documented, "On 10/17/2022, around 7:30 am: resident received Fluzone vaccine 0.7ml IM with Expiration date 6/30/22. V/S stable, remains afebrile before and after administration. Resident will be monitored for fever and any adverse effect. x 7 days per facility protocol."</p> <p>Review of Resident #31's recorded temperatures and nursing progress notes from 10/17/22 to 10/24/22 showed no documented temperature greater than 99.5 degrees Fahrenheit and/or signs or symptoms of any adverse reaction after receiving the expired influenza vaccine.</p> <p>Review of a 10/27/22 at 12:52 PM [Nursing Progress Note] documented, "Temp 97.4 ... followed with Fluzone high-dose 0.7 ML vaccine administer IM to L/deltoid. Staff will continue to monitor resident for adverse effects ... LOT # (number) UT7743BA & EXP (expiration) date: 6/30/2023 ..."</p> <p>H. Resident #33 was admitted to the facility on 12/10/20 with multiple diagnoses that included:</p>	L 161		

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L 161	<p>Continued From page 41</p> <p>Unspecified Dementia, Moderate, Behavioral Disturbance; Major Depressive Disorder, Psychotic Disorder with Delusions; Anxiety Disorder and Personality Disorder.</p> <p>Review of Resident #33's medical record revealed the following:</p> <p>A physician's order dated 12/10/20 that directed, "Influenza vaccine annually between October and April. Check temperature (temp) prior to vaccine if temp > (greater than) 100 [degrees Fahrenheit], hold vaccine"</p> <p>A Quarterly MDS dated 10/16/22 showed facility staff coded: a Brief Interview for Mental Status (BIMS) Summary Score of 05, indicating severe cognitive impairment; and that the Influenza vaccine was last received on 10/04/21.</p> <p>A 10/17/22 at 1:53 PM [Nursing Progress Note] documented, "...T-96.4 ...Resident received Fluzone vaccine 0.7 ML IM to L (left)/deltoid with expiration date 6/30/2022 in error. ADON (Assistant Director of Nursing) notified MD (medical doctor) and order given to monitor resident for fever > 99.5 for x 1 week. If no fever administer current high-dose Fluzone vaccine 0.7 ML IM after monitoring period. Writer informed POA. Resident is not showing any adverse reaction at this time ..."</p> <p>A FRI, DC00011047, received by the State Agency on 10/19/22 documented, "On 10/17/2022, around 7:30 am: resident received Fluzone vaccine 0.7ml IM with Expiration date 6/30/22. V/S stable, remains afebrile before and after administration. Resident will be monitored for fever and any adverse effect. x 7 days per facility protocol."</p>	L 161		

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L 161	<p>Continued From page 42</p> <p>Review of Resident #33's recorded temperatures and nursing progress notes from 10/17/22 to 10/24/22 showed no documented temperature greater than 99.5 degrees Fahrenheit and/or signs or symptoms of any adverse reaction after receiving the expired influenza vaccine.</p> <p>Review of a 10/27/22 at 12:42 PM [Nursing Progress Note] revealed, " ...Temp 97.3 ...followed with Fluzone high-dose 0.7 ML vaccine administer IM to R (right)/deltoid. Staff will continue to monitor resident for adverse effects ... LOT # (number) UT7743BA & EXP (expiration) date: 6/30/2023 ..."</p> <p>I. Resident #35 was admitted to the facility on 12/29/20 with multiple diagnoses that included: Unspecified Dementia, Severe, with Psychotic Disturbance; Bipolar Disorder, Hypertension, Restlessness and Agitation.</p> <p>Review of Resident #35's medical record revealed the following:</p> <p>A physician's order dated 11/04/21 that directed, "Influenza vaccine annually between October and April. Check temperature (temp) prior to vaccine if temp > (greater than) 100 [degrees Fahrenheit], hold vaccine"</p> <p>A Quarterly MDS dated 08/10/22 showed facility staff coded: severely impaired cognitive skills for daily decision making; and that the Influenza vaccine was last received on 10/04/21.</p> <p>A 10/17/22 at 2:32 PM [Nursing Progress Note] documented, " ...T-97.1 ...Resident received Fluzone vaccine 0.7 ML IM to L (left)/deltoid with expiration date 6/30/2022 in error. ADON</p>	L 161		

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L 161	<p>Continued From page 43</p> <p>(Assistant Director of Nursing) notified MD (medical doctor) and order given to monitor resident for fever > 99.5 for x 1 week. If no fever administer current high-dose Fluzone vaccine 0.7 ML IM after monitoring period. Writer informed POA. Resident is not showing any adverse reaction at this time ..."</p> <p>A FRI, DC00011053, received by the State Agency on 10/19/22 documented, "On 10/17/2022, around 7:30 am: resident received Fluzone vaccine 0.7ml IM with Expiration date 6/30/22. V/S stable, remains afebrile before and after administration. Resident will be monitored for fever and any adverse effect. x 7 days per facility protocol."</p> <p>Review of Resident #35's recorded temperatures and nursing progress notes from 10/17/22 to 10/24/22 showed no documented temperature greater than 99.5 degrees Fahrenheit and/or signs or symptoms of any adverse reaction after receiving the expired influenza vaccine.</p> <p>Review of a 10/25/22 at 2:13 PM [Nursing Progress Note] revealed, " ...Obtained temperature 97.5 prior to administering Fluzone high-dose 0.7 ML IM L/deltoid this shift. Staff to monitor resident for adverse effects ... LOT # (number) UT7743BA & EXP (expiration) date: 6/30/2023 ..."</p> <p>J. Resident #44 was admitted to the facility on 11/15/19 with diagnoses that included: Cerebral Infarction, heart Failure, Hemiplegia and Hemiparesis.</p> <p>Review of Resident #44's medical record revealed the following:</p>	L 161		

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L 161	<p>Continued From page 44</p> <p>A physician's order dated 10/08/20 that directed, "Influenza vaccine annually between October and April. Check temperature (temp) prior to vaccine if temp > (greater than) 100 [degrees Fahrenheit], hold vaccine"</p> <p>A Quarterly MDS dated 08/29/22 showed facility staff coded: a Brief Interview for Mental Status (BIMS) Summary Score of 04, indicating severe cognitive impairment; and that the Influenza vaccine was last received on 10/08/21.</p> <p>A 10/17/22 at 1:39 PM [Nursing Progress Note] documented, " ...T-97.0 ...Resident received Fluzone vaccine 0.7 ML IM to L (left)/deltoid with expiration date 6/30/2022 in error. ADON (Assistant Director of Nursing) notified MD (medical doctor). MD indicated that resident could received current flu vaccine Fluzone high-dose 0.7 ML IM when available. Writer informed POA ..."</p> <p>A FRI, DC00011045, received by the State Agency on 10/19/22 documented, "On 10/17/2022, around 7:30 am: resident received Fluzone vaccine 0.7ml IM with Expiration date 6/30/22. V/S stable, remains afebrile before and after administration. Resident will be monitored for fever and any adverse effect. x 7 days per facility protocol."</p> <p>Review of Resident #44's recorded temperatures and nursing progress notes from 10/17/22 to 10/24/22 showed no documented temperature greater than 99.5 degrees Fahrenheit and/or signs or symptoms of any adverse reaction after receiving the expired influenza vaccine.</p> <p>Review of a 10/27/22 at 12:35 PM [Nursing Progress Note] revealed, " ...Temp 97.7 ..."</p>	L 161		

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L 161	<p>Continued From page 45</p> <p>Fluzone high-dose 0.7 ML administer IM to R (right)/deltoid. Staff will continue to monitor resident for adverse effects ... LOT # (number) UT7743BA & EXP (expiration) date: 6/30/2023 ..."</p> <p>Review of email correspondences provided to this surveyor on 04/21/23 documented the following:</p> <p>"From: [Employee #3 (Infection Preventionist)], sent: Wednesday, October 5, 2022 [at] 12:18 PM, to: (Name of pharmacy representative), subject: RE Flu vaccine supply ... Thank you for our supply of High Dose Flu Vaccines. Please help me understand the dates on these vaccines as I am a bit confused. On each box there is the number uj765AB and date 30 June 22 ... Are these vaccines safe to use ... Pleas clarify ..."</p> <p>"From: (Name of pharmacy representative), sent: Wednesday, October 5, 2022 [at] 12:54 PM, to: [Employee #3, subject: RE Flu vaccine supply ... Those would not be this years and should not be used ...Can you please have nursing send the ones you have back with the driver ... I've informed our inventory team and they are going to submit an incident report to our wholesaler ..."</p> <p>"From: Employee #3, sent: Wednesday, October 5, 2022 [at] 2:15 PM, to: (Name of pharmacy representative), subject: RE Flu vaccine supply ... this is very concerning. I prepared the vaccines for pick-up tonight. Please ensure that your driver takes them. We are under survey window and could be sited for so many expired medications on the premises ..."</p> <p>"From: (Name of pharmacy representative), sent: Thursday, October 6, 2022 [at] 11:54 AM, to: Employee #3, subject: RE Flu vaccine supply ... Just confirming that we did deliver the 2033-2023</p>	L 161		
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L 161	<p>Continued From page 46</p> <p>flu vaccine and picked up the previously delivered ..."</p> <p>"From: Employee #3, sent: Thursday, October 6, 2022 [at] 2:58 PM, to: (Name of pharmacy representative), subject: RE Flu vaccine supply ... Roger that. Vaccines were picked up and delivered. Thanks."</p> <p>A face-to-face interview was conducted on 04/21/23 at 1:31 PM with Employee #2 (Director of Nursing/DON) and Employee #4 (Licensed Practical Nurse/LPN who administered the expired vaccines). Employee #4 stated, "The vaccines are individual doses of 0.7 ml and come in a box of ten. That day (10/17/22), I went and got the vaccines from the HSC (health services center) refrigerator. I work on the SCC (special care center) side. I saw the vaccines in a plastic bag and took out a box of ten. I should have double checked the dates then but I didn't. I was not aware that any expired vaccines had been delivered. After checking the resident's temperatures, I went to each resident's room and administered them the vaccine and then came to the computer to document." When asked why she did not document in each resident's chart after administering the vaccine, Employee #4 stated, "I know I am supposed to sign it (the MAR) on or right after administration. I didn't do it. That's my fault." Employee #4 continued to say, "When I went to document, I clicked on 'administer', a box comes up that prompts you to input the lot number, site and expiration date. That's when I realized that the vaccines I just administered (10 in total) had expired. I immediately made my DON aware." When asked if she followed the standards of professional practice for medication administration, Employee #4 stated, "No."</p>	L 161		

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L 161	<p>Continued From page 47</p> <p>Employee #2 (DON) was asked how did the facility ensure that all the expired Fluzone vaccines had been picked up on 10/05/22, she stated, "I don't believe the refrigerator was checked again after that to make sure that the [expired] vaccines had in fact been picked up. The IP (Infection Preventionist) prepared the expired vaccines and put them in the HSC refrigerator for pick up. It was communicated to the HSC night nurse to ensure that the expired vaccines were picked up when the driver came to deliver the new vaccines. That nurse was responsible for making sure the driver got the expired vaccines." Employee #2 added that all the vaccines that are delivered to the facility are initially checked by the night nurse, stored in the HSC refrigerator, checked again by the IP or herself and then disseminated to the rest of the facility. When asked if she, the IP or any other licensed nurse checked the refrigerator from 10/06/22 to 10/17/22 for expired medications, Employee #3 stated, "I didn't check it. I can't say definitively if anyone else did or didn't."</p> <p>During a telephone interview conducted on 04/21/23 at 3:16 PM, Employee #3 (Infection Preventionist/IP) stated, "I check the vaccines after they get delivered from the pharmacy. That is how I was able to see that the ones delivered were expired. When I realized this, I reached out to them (pharmacy) and let them know. I prepared the vaccines and put them into two (2) bags for pick up in the HSC refrigerator. I instructed the evening charge nurse and left a note." When asked how she ensured that all the expired vaccines were picked up and that the new vaccines were delivered as per her email correspondence on 10/06/22 to the pharmacy, Employee #3 stated, "I didn't check the fridge. I</p>	L 161		

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L 161	Continued From page 48 took the nurses word for it. When the medication error occurred (on 10/17/22), that's when we realized that there was still one bag of the expired vaccines stored in the refrigerator. I am not sure what happened but both of the bags should've been picked up by the driver." When asked if she, the DON or any other licensed nurse checked the refrigerator from 10/06/22 to 10/17/22 for expired medications, Employee #3 stated, "I did not and am unsure if anyone else did."	L 161		
L 200	3231.11 Nursing Facilities Each entry into a medical record shall be legible, current, in black ink, dated and signed with full signature and discipline identification. This Statute is not met as evidenced by: Based on record review and staff interviews, for one (1) of 22 sampled residents, facility staff failed to accurately code the resident's Minimum Data Set (MDS). Resident #17. The findings included: Resident #17 was admitted to the facility on 05/03/18 with multiple diagnoses that included: Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting the Left Non-Dominant Side and Acquired Absence of Left Leg Above Knee. During an observation on 04/19/23 at approximately 12:30 PM in the dining area, Resident #17 was seen sitting in a wheelchair and had a left above-the-knee amputation. Review of the medical record revealed the following:	L 200	It is Knollwood's Practice to accurately code resident's condition in the Minimum Data Set assessment. 1.The minimum data set for resident #17 regarding his mobility was corrected on 4/25/23 during the survey. 2.Residents with impaired mobility have the potential to be impacted. A report of residents' mobility status, for locomotion and walking was generated on 6/14/23 and reviewed by the MDS coordinator who verified that the information documented in the MDS matched the resident's current status. There no further findings. 3.The Minimum Data Set nurse was re-educated by the ADON on 6/19/23 to verify the accuracy of resident's mobility during the completion of assessments and to ensure that it matches the resident's current condition.	

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L 200	Continued From page 49 A Quarterly Minimum Data Set (MDS) dated 10/14/22 showed that the facility staff coded that the resident required supervision with one-person physical assistance to walk in the room. During a face-to-face interview conducted on 04/24/23 at 3:17 PM, Employee #9 (Registered Nurse/Charge Nurse) stated that the resident has an above-the-knee amputation of the left leg and the resident does not use any artificial limb but does use a wheelchair to ambulate. During a face-to-face interview conducted on 04/25/23 at 1:15 PM, Employee #7 (MDS Coordinator) stated "That is a mistake, I accept that."	L 200	4. The Director of Nursing or Designee began weekly auditing 10% of the Minimum data set completed on 6/27/23. Audit are being continued monthly X 4 months then quarterly to ensure that the coding for mobility is accurate. If non-compliance is found during the audit, any required correction will be made immediately and the MDS Nurse will be re-educated by the DON or Designee. 5. The results of these audit will be presented to the Quality Assurance Performance Improvement Committee for review and further recommendations as warranted.	7/15/25
L 204	3232.2 Nursing Facilities A summary and analysis of each incident shall be completed immediately and reviewed within forty-eight (48) hours of the incident by the Medical Director or the Director of Nursing and shall include the following: (a) The date, time, and description of the incident; (b) The name of the witnesses; (c) The statement of the victim; (d) A statement indicating whether there is a pattern of occurrence; and (e) A description of the corrective action taken. This Statute is not met as evidenced by: Based on record review and staff interviews for two (2) of 22 sampled residents, facility staff	L 204	It is Knollwood's practice to follow its policies and protocols for conducting investigations of alleged abuse and incidents, including falls with injury, and reporting the results of the initial and follow-up investigation within the required time frames. <u>Abuse:</u> 1. Resident #17 allegation of abuse was reported on 12/22/22 at 7:17 PM, but not within the 2-hour requirement. The final investigation report was concluded on 12/30/23 and resulted in the allegation not being substantiated. The result of the investigation was given to a surveyor during the survey. 2. Any resident has the potential to be impacted. A review of the incident reports showed that there had not been any allegations of abuse reported in previous 90 days. Any allegation of abuse will be reported immediately, but no later than 2 hours after the allegation is made and the result of that investigation will be submitted to the State Survey Agency within 5 working days. The Administrator or designee will be immediately notified of any allegation of abuse.	

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L 204	<p>Continued From page 50</p> <p>failed to conduct a thorough investigations. (Resident #17, and #196)</p> <p>The findings included:</p> <p>1. Facility staff failed to show documented evidence that a thorough investigation was conducted into Resident #17's allegation of abuse by staff.</p> <p>Resident #17 was admitted to the facility on 05/03/2018 with multiple diagnoses that included the following: Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting the Left Non-Dominant side, Neurocognitive Disorder with Lewy Bodies, Insomnia, and Acquired Absence of Left Leg Above Knee.</p> <p>A review of a Facility Reported Incident (FRI) (DC00011401) submitted by the facility to the State Agency on 12/22/22 at 7:17 PM revealed the following: "Resident reported to his sister that "[Employee #12] hit him on his head with fist on the right side of his (his) (sp) head 12/21/22 and tried to crash his wheelchair into his bed." Resident told the 7am -3pm charge nurse that it was around 8pm. He said that the nurse name was [Nurse Aide Name] but [Another Nurse Aide Name] worked that morning. When asked where he was hit he pointed to the right lateral side of his head. An assessment of his head was completed, no redness was noted to the site where he pointed, no sign of injury, skin pink and resident denied pain and discomfort on palpation. When asked how the staff pushed his chair in the bed, he just started to get upset and saying that I took something out of the hallway with me. I explained that it was PPE (personal protective equipment). Resident was not willing to continue</p>	L 204	<p>3. Licensed nurses were re-educated on 6/23/23 by the ADON on the requirement to submit reports of allegation of abuse to the Department of Health immediately but no later than 2 hours after the allegation is made and on the elements of conducting investigations to include who was involved, resident, staff & eye witness statements ensure that the final results are submitted to State Survey Agency within 5 working days. The education will also include the immediate notification of the Administrator or Designee.</p> <p>4. The Director of Nursing or Designee began conducting audits of incident reports and the subsequent investigations on 6/27/23 weekly X 4 weeks. Monthly audits are being conducted X 4 months then quarterly to ensure that allegations of abuse are reported immediately but no later than 2 hours after the allegation was made, that the final results are submitted to the State Survey Agency within 5 working days, and that the Administrator or designee was immediately notified. If non-compliance is found during the audit, corrective action will be taken to include as appropriate, notification to the state agency, the Administrator with an explanation for the lateness of the report. The DON or ADON will re-educate the Licensed Nurses involved on the requirements of timely reporting allegations of abuse.</p> <p>5. The results of these audits will be presented to the Quality Assurance Performance Improvement Committee for review and further recommendation as warranted.</p>	7/15/23

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L 204	<p>Continued From page 51</p> <p>the conversation ..."</p> <p>A review of the incident report submitted to the State Agency documents that the allegation occurred on 12/21/22 at 8:00 PM and was submitted to the State Agency on 12/22/22 at 7:17 Pm 23 hours after the allegation was made by the resident.</p> <p>A review of the medical record revealed the following:</p> <p>A review of the Quarterly Minimum Data Set (MDS) dated 10/14/22, showed that the facility staff coded the following for Resident #17: having minimal difficulty with hearing and as using a hearing aid, having clear speech, able to make self-understood and understanding others. The facility staff coded the resident as having a Brief Interview for Mental Status (BIMS) summary score of "15" which indicates intact cognition. The facility staff coded the resident as requiring extensive assistance and 2-person physical assistance for bed mobility, transfer and toilet use. The facility staff coded the resident as having an impairment on one side in the upper extremities and having impairment on both sides in the lower extremities. The facility staff coded the resident using a wheelchair for mobility.</p> <p>[Nurse Progress Note] 12/22/22 at 1:11 AM " ...Around 10PM resident was put into bed by 2 staff. MED (sp) Medication nurse stated that he was called by resident that one staff hit him in the head. When the nurse about to see if there is a bruise or any changes seen. Resident got upset and asked the nurse what she was looking for. Resident had behavior issue yesterday evening."</p> <p>[Nurse Progress Note] 12/22/22 at 3:34 Pm "</p>	L 204	<p><u>Falls:</u></p> <ol style="list-style-type: none"> 1.Resident #196 is no longer in the facility. 2.Any resident has the potential to be impacted. The 24-Hour Report and clinical records were reviewed to identify any residents that had a recent fall with injury. There were no previous falls with injury identified through the initial review. There was 1 fall with injury after the initial review was done and it was reported. 3.The facility has revised its fall investigation protocol to include the "Nursing Facility Falls Investigation Form" that will allow for consistency in documentation when investigating falls. Licensed nurses will be in-serviced by the Director of Nursing or Designee on the completion of the form. 4. Audits of incidents reporting falls with injury began on 6/22/23 by the Director of Nursing or Designee weekly X 4 weeks. Monthly audits are being done X 4 months, then quarterly to ensure that falls with injuries are investigated and reported within the required time frames. If non-compliance is found during the audit, immediate corrective action will be taken to include as appropriate, notification to the state agency, the Administrator with an explanation for the lateness of the report. The DON or ADON will re-educate the licensed nurses involved on the requirements of timely reporting and on completing the "Nursing Facility Falls Investigation Form" as appropriate. 5.The results of these audits will be presented to the Quality Assurance Performance Improvement Committee for review and further recommen-dations as warranted. 	7/15/23

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L 204	<p>Continued From page 52</p> <p>...Sister went on to say that resident told her that [...] hit him on his head with fist on right side yesterday and tried to crash his W/C (wheelchair) into his bed 3 times. Reviewed notes from yesterday and sister informed that resident had a similar complaint ...Based on info (sp) (Information) gathered resident stated that around 8 PM he was put to bed by a nurse [...] and later said her last name was [...] He proceeded to say that a nurse name [...] tapped him on nose when he was in bed and said don't ring the bell again. Resident said he said "if I do then what?" Resident went on to say that prior to being in bed (on evening shift), He was in his W/C (wheelchair) and he says same nurse pushed his W/C (wheelchair) in the bed 3 times and hit him in the head (pointing to the right lateral side) Resident commented he had a headache afterward but denies current pain with exception he said his eyes were feeling discomfort ..."</p> <p>The facility staff failed to show any documented evidence that the State Agency was notified within 2 hours of Resident #17's allegation of abuse and there is no evidence that the results of their investigation was submitted to the State Agency.</p> <p>During a face-to-face interview conducted on 04/24/23 at 5:10 PM, Employee #9 (Registered Nurse Charge Nurse) acknowledged the findings and stated "I am not sure why that was not done and sometimes he reports things that don't happen.</p> <p>During a face-to-face interview conducted on 04/25/23 at approximately 12:00 PM, Employee #2 (Director of Nursing) stated that there was no follow-up investigation.</p>	L 204		

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L 204	<p>Continued From page 53</p> <p>2. Facility staff failed to conduct a thorough investigation of a fall that Resident #196 sustained while in the facility.</p> <p>Resident #196 was admitted to the facility on 11/09/21 with multiple diagnoses that included the following: Parkinson's Disease, Pneumonia, Disorientation, Dementia, Dizziness and Giddiness, and Other Abnormalities of Gait and Mobility.</p> <p>A review of Resident #196's medical record revealed the following:</p> <p>An Admission Minimum Data Set (MDS) dated 11/09/21 showed that the facility staff coded the resident as having severely impaired cognition, requiring extensive assistance for bed mobility transfers, eating, toilet use, and personal hygiene.</p> <p>[Physician's Order] 11/09/21: "Falls precautions every shift. Call lights and personal needs within reach, frequent rounds, bed in low position while in bed, every shift ..." DL - Transfer, as needed PRN."</p> <p>[Physician's Order] 11/09/21: "Floor mats to both sides of bed while in bed. Dx (diagnosis): Minimize injury every shift"</p> <p>A review care plan initiated 11/10/21 documented: "Falls: Resident has potential for fall-related to delusion/delirium, decreased orientation, unsteady gait/balance related to Parkinson ...new to the rehab environment ...Resident with actual fall on 11/18 ... Approach: Call light within reach, personal items within reach, make frequent rounds ..."</p>	L 204		

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NAME OF PROVIDER OR SUPPLIER KNOLLWOOD HSC	STREET ADDRESS, CITY, STATE, ZIP CODE 6200 OREGON AVE NW WASHINGTON, DC 20015
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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	<p>Continued From page 54</p> <p>[Progress Note] 11/18/21 at 4:23 AM:" On 11/18/2021 at around 03:15 am ...heard voice calling for help. Resident ...in a sitting position with head facing down [on] the floor... Sustained laceration in [on] his forehead measuring 1.5 x 0.2 cm (centimeter) ...conversive at this time and said [pronoun] was trying to reach eye pad (sp.) [iPad] and fell. Voiced no pain at this time. Moving all extremities, able to stand with 2 (two) staff assist. [Physician's Name] notified via telephone conversation with orders to monitor and [if] any behavior changes, to transfer to er [Emergency Room] for [e]valuation[POA] updated ... Questioned if we restraint resident. Made aware that this is not acceptable and only half side rails when in bed. Also mentioned what [Physician's Name] order[ed] and said [pronoun] agreed not to transfer to er [Emergency Room] but monitor and if any behavior changes then transfer. Neuro checks initiated"</p> <p>A care plan dated 11/22/21 documented the following:"Problem: Forehead laceration s/p (status post) fall ...Approach: Apply treatment as ordered ...Evaluation Notes: 11/22/2021:".. Resident fell on 11/18, around 3:15 am alarm ...Resident sustained a forehead laceration 1.5 cm x 2 cm, saying he tried to reach for his iPad and consequently lost his balance and fell."</p> <p>A Facility Reported Incident (FRI)(DC #00010404) dated 11/22/21, was submitted to the State Agency by the facility and it documented the following: "On 11/18/2021 at around 03:15 am alarm sounded heard voice calling for help. Resident observed somewhat in a sitting position with head facing down[on] the floor near the bathroom door in his room with small amount of blood in the floor. Sustained laceration in [on] his</p>	L 204		

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L 204	<p>Continued From page 55</p> <p>forehead measuring 1.5 x 0.2 cm (centimeter). Resident ...said ...was trying to reach his eyepad (sp.) [iPad] and fell ...[POA] updated ...agreed not to transfer to er [Emergency Room] ..."</p> <p>Resident #196's medical record and the facility's administrative records lacked documented evidence that the facility followed its policy and procedures to investigate Resident #196's fall with an injury.</p> <p>During a face-to-face interview on 04/24/23 at 3:49 PM, when asked about Resident #196's fall Employee #8 (Registered Nurse/Charge Nurse assigned to Resident #196 on 11/18/21) stated, " I cannot remember the incident. If I wrote a statement on the incident then that would include what I know about the incident."</p> <p>During a face-to-face interview on 04/25/23 at 10:15 AM, Employee #2 (Director of Nursing) stated that there was no investigation into Resident# 196's fall.</p>	L 204		
L 521	<p>3269.1d Nursing Facilities</p> <p>(d) To be treated with respect and dignity and assured privacy during treatment and when receiving personal care;</p> <p>This Statute is not met as evidenced by: Based on observation, record review, and staff interview, for one (1) of 22 sampled residents, facility staff failed to ensure that Resident #21 was treated with respect and dignity as evidenced by failure to provide a privacy cover for the resident's urine collection bag, which was visible from a commonly accessed hallway in the facility.</p>	L 521	<p>It is Knollwood's practice to treat our residents with dignity and respect by providing a privacy cover for their urine collection bag.</p> <p>1.The urine collection bag for resident #21 was removed from the room and discarded on 4/25/23. The replacement bag was placed on the side of the bed facing the wall.</p> <p>2. All residents with a Foley Catheter have the potential to be impacted. Five residents who have an Indwelling Foley catheter were identified. Residents with an indwelling Foley catheter currently have a Foley privacy cover for the urine collection bag.</p>	

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L 521	<p>Continued From page 56</p> <p>The findings included:</p> <p>Resident #21 was admitted to the facility on 06/04/19 with multiple diagnoses' which included: Urinary Tract Infection, Chronic Kidney Disease Stage 3 Moderate and Unspecified Dementia.</p> <p>A review of the physician's orders revealed the following:</p> <p>01/13/20 "Catheter Care: routine catheter care every shift..."</p> <p>01/13/20 "Flush Foley catheter with 30 ml (milliliters) of normal saline solution every shift ..."</p> <p>07/01/21 "Catheter Foley keep free of kinks and below bladder..."</p> <p>02/13/23 "Catheter Foley 18 FR (French) 5 CC (cubic centimeters) balloon, change as needed ..."</p> <p>A review of Resident #21's medical record revealed an Annual Minimum Data Set (MDS) assessment dated 02/24/23, where facility staff coded the resident as having severe cognitive impairment and the presence of an indwelling urinary catheter.</p> <p>During an observation on 04/25/23 at approximately 10:20 AM, while walking past Resident #21's room, the surveyor observed Resident #21's indwelling catheter urine collection bag laying on the floor, uncovered and with the catheter tubing also laying on the floor and under the urine collection bag.</p> <p>During a face-to-face interview conducted on 04/25/23 at 11:45 AM, Employee #9 (Registered</p>	L 521	<p>3.Nursing staff were educated by the ADON on 6/23/23 to keep the urine collection bag in the privacy cover when the bag is hanging at the side of the bed and that it is not visible from the hallway, when the resident is in a wheel chair, or in an area outside of the room. Staff will also be re-educated where to locate privacy bag covers.</p> <p>4.Audits of residents with an indwelling Foley Catheter started on 6/29/23 weekly X 4 weeks. Monthly audits are ongoing monthly X 4 months, then quarterly to ensure that residents' urine collection bags are kept in a privacy cover and that the urine collection bag itself is not visible from the hallway,when the resident is in a wheel chair, or in an area outside of the room. The audit will be conducted by the ADON or Designee. If non-compliance is found during the audit, the privacy cover will be properly placed immediately and the staff involved will be re-educated by the ADON or Designee at the time of the finding or as soon as possible thereafter.</p> <p>5.The results of these audits will be presented to the Quality Assurance Performance Improvement Committee for review and further recommendations as warranted.</p>	7/15/23

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L 521	Continued From page 57 Nurse/Charge Nurse) acknowledged the finding and stated, "I'm not sure if we have the covers."	L 521		