

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/23/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>095026</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/12/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>KNOLLWOOD HSC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6200 OREGON AVE NW</b> <b>WASHINGTON, DC 20015</b>	
(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) COMPLETION DATE
F 000	INITIAL COMMENTS  An unannounced Facility Reported Incident was conducted at your facility from April 9, 2024, through April 12, 2024. Survey activities consisted of a review of three (3) sampled residents.  The following deficiencies are based on observation, record review, and staff interviews. After analysis of the findings, it was determined that the facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities. The resident census during the survey was 21.  The following Facility Reported Incidents were investigated during this survey: DC ~12594  The following is a directory of abbreviations and/or acronyms that may be utilized in the report:  AMS - Altered Mental Status ARD - Assessment Reference Date AV- Arteriovenous BID - Twice- a-day BIMS - Brief Interview for Mental Status B/P - Blood Pressure cm - Centimeters CPR - Cardiopulmonary resuscitation CMS - Centers for Medicare and Medicaid Services CNA- Certified Nurse Aide CRF - Community Residential Facility DVT - Deep Vein Thrombosis D.C. - District of Columbia DCMR- District of Columbia Municipal	F 000	Please accept our plan of Correction for the unannounced Facility Reported Incident that was conducted from 4/9//2024, through April 12, 2024  Requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities. Facility incident DC ~12594  Our Plan of Corrective Action will be effective on May 15, 2024.  It is Knollwood's practice to accurately transcribe medications ordered to be used on an as needed basis resulting in medication being administered. accurately as ordered.  1- The medication error on resident # 1 was corrected on 3/29/24 to reflect that the medication was ordered to be administered as needed for anxiety and restlessness  2- An audit of residents who have orders for as needed controlled substance medications was conducted and the other orders were found to have been correctly transcribe as needing to be administered as needed.	

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

*[Signature]* LNHA

TITLE

Administrator

DATE

5/2/24

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 000 Continued From page 1

Regulations  
D/C Discontinue  
DI - deciliter  
DMH - Department of Mental Health  
EHR - Electronic Health Record  
EKG - 12 lead Electrocardiogram  
EMS - Emergency Medical Services (911)  
ESRD - End Stage Renal Disease  
G-tube Gastrostomy tube  
HR- Hour  
HSC - Health Service Center  
HVAC - Heating ventilation/Air conditioning  
ID - Intellectual disability  
IDT - interdisciplinary team  
L - Liter  
Lbs - Pounds (unit of mass)  
MAR - Medication Administration Record  
MD- Medical Doctor  
MDS - Minimum Data Set  
Mg - milligrams (metric system unit of mass)  
mL - milliliters (metric system measure of volume)  
mg/dl - milligrams per deciliter  
mm/Hg - millimeters of mercury  
MN - midnight  
Neuro - Neurological  
NP - Nurse Practitioner  
O2- Oxygen  
PASRR - Preadmission screen and Resident Review  
Peg tube - Percutaneous Endoscopic Gastrostomy  
PPE - Personal Protective Equipment  
PO- by mouth  
POS - physician's order sheet  
Pm - As needed  
Pt - Patient  
Q- Every  
QIS - Quality Indicator Survey

F 000

3- An in-service was conducted with the Medication and Charge nurses to ensure that the Licensed Nurses remember to click the PRN option in the Electronic Medical Record when transcribing as needed orders, verify that the as needed orders are transcribed in the Medication administration Record as such. Licensed nurses were also instructed to read the as needed order and ensure that the instructions match the way it should be administered. Read the special instructions as needed. Nurses were also in service to complete 24-chart check as per protocols nightly to ensure up to date accuracy of order transcription.

4- An audit of as needed orders for controlled substance medications for 20% of the census will be conducted weekly X 4 then monthly X 3 then quarterly to ensure that the as needed orders are transcribed correctly. Should the audit reveal a non-compliance with the transcription of the orders. The concerned staff will go through a retraining of the process once then disciplinary action will follow up to termination.

5- The result of this audit will be shared with the Quality Assurance Performance Improvement Committee for analysis and further recommendations.

6- We will be compliant by May 15, 2024

05/15/2024

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FORM CMS-2567(02-99) Previous Versions Obsolete	Event ID: NPE811	Facility ID: KNOLLWOOD	If continuation sheet Page 3 of 6

<p>F 000 Continued From page 2</p> <p>RN - Registered Nurse ROM Range of Motion Rp, R/P - Responsible party SCC Special Care Center Sol- Solution TAR - Treatment Administration Record TSH- Thyroid Stimulating Hormone TV- Television Ug - Microgram</p>	F 000	
<p>F 760 Residents are Free of Significant Med Errors SS=D CFR(s): 483.45(f)(2)</p> <p>The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on record reviews and staff interviews for one (1) of three (3) sampled residents, facility staff failed to accurately transcribe a physician's order for Lorazepam (a benzodiazepine approved to treat anxiety, insomnia) medication. Subsequently, Resident #1 was administered the medication incorrectly five (5) times on 03/29/24.</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on 03/28/2024 with multiple diagnoses that included: Cerebral Infarction due to embolism of left middle cerebral artery, Hemiplegia and Hemiparesis following cerebral infarction and Aphasia.</p> <p>According to an American Nurses Association Issue Brief dated 4/2021 documented in part, "The administration of medications involves complex thinking and application of scientific knowledge. What began with five rights has now</p>	F 760	<p>Our Plan of Corrective Action will be effective on May 15, 2024.</p> <p>It is Knollwood's practice to accurately transcribe medications ordered to be used on an as needed basis resulting in medication being administered, accurately as ordered.</p> <p>1- The medication error on resident# 1 was corrected on 3/29/24 to reflect that the medication was ordered to be administered as needed for anxiety and restlessness</p> <p>2- An audit of residents who have orders for as needed controlled substance medications was conducted and the other orders were found to have been correctly transcribed.as needing to be administered as needed.</p>

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F 760	<p>Continued From page 3</p> <p>been extended to the eight rights of medication administration, the: Right Patient, Right Medication, Right Dose, Right Route, Right Time, Right Documentation, Right Reason, and Right Response." <a href="https://www.nursingworld.org">https://www.nursingworld.org</a>. An Admission Order dated 03/28/24 documented in part, "Admit to [Name of Hospice] ... Lorazepam concentrate 2mg/ml (milligram/milliliter) give 0.5mg (0.25ml) Q (every) 4 hrs (hours) PRN (as needed) PO (by mouth)- Dx: (diagnoses) anxiety/restlessness."</p> <p>It should be noted that the previous orders were reviewed by Employee #10 (Registered Nurse/RN) and Employee #4 (RN) on 03/28/24 for accuracy of transcription.</p> <p>A review of a Physician's Order Report dated 03/09/24 - 04/09/24 documented in part, "Lorazepam 2mg/ml give 0.5mg (0.25ml) Q (every) 4 hrs (hours) PRN (as needed) PO (by mouth) for anxiety/restlessness with a start date of 03/28/24."</p> <p>A review of Resident #1's March 2024 electronic Medication Administration History [Record] documented in part the following order: "Lorazepam 2mg/ml; Amount to administer 0.5mg (0.25ml); oral; Frequency- Every 4 hours; Special Instructions: ...Give 0.5mg (0.25ml); ... by mouth every 4 hours PRN for agitation/restlessness; start date of 03/28/24 ... On 03/29/24 at 4:00 AM, 8:00 AM, 12:00 PM, 4:00 PM and 8:00 PM Lorazepam 2mg/ml was administered to Resident #1 lacking documented evidence that the resident exhibited signs of agitation or restlessness prior to the administration of Lorazepam.</p>	F 760	<p>3- An in-service was conducted with the Medication and Charge nurses to ensure that the Licensed Nurses remember to click the PRN option in the Electronic Medical Record when transcribing as needed orders, verify that the as needed orders are transcribed in the Medication - ~ administration Record as such. Licensed nurses were also instructed to read the as needed order and ensure that the instructions match the way it should be administered. Read the special instructions as needed. Nurses were also in service to complete 24-chart check as per protocols nightly to ensure up to date accuracy of order transcription.</p> <p>4- An audit of as needed orders for controlled substance medications for 20% of the census will be conducted weekly X 4 then monthly X 3 then quarterly to ensure that the as needed orders are transcribed correctly. Should the audit reveal a non-compliance? with the transcription of the orders. The concerned staff will go through a retraining of the process once then disciplinary action will follow up to termination.</p> <p>5- The result of this audit will be shared with the Quality Assurance Performance Improvement Committee for analysis and further recommendations</p> <p>6- We will be compliant by May 15, 2024</p>	05/15/2024

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F 760	<p>Continued From page 4</p> <p>A Facility Reported Incident (FRI) received by the State Agency on 04/05/24 documented, "On 3/28/24, an order was obtained for Ativan (Lorazepam) 0.25 ml po q 4 hrs PRN. Nurse who entered the order did not check the PRN (as needed) box, and order appear[ed] as routine. Resident received 6 doses on 3/29/24 before an error was noticed and medication re-entered as PRN. Resident remains on Hospice services for comfort care."</p> <p>During a face-to-face interview conducted on 04/10/24 at 9:05AM, Employee #2 (Director or Nursing/DON) stated that, Employee #10 (RN) did not transcribe the Lorazepam order correctly in the resident's electronic Medication Administration Record. Employee #2 then said that Employee #10 should have indicated that the medication was prescribed as a PRN order. Instead, he indicated that the medication was to be administered routinely and that's why staff administered Lorazepam five (5) times on 03/29/24.</p> <p>During a telephone interview conducted on 04/10/24 at 4:30 PM, Employee #10 stated, "In the special instructions I wrote it exactly as it is, q4h but I just didn't check the PRN box. I totally accept responsibility for this mistake."</p>	F 760		
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