

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

PRINTED: 06/12/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095026	(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		
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F 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 42 CFR Part 483, Subpart B, and 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</p>	F 000	<p>This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Knollwood HSC does not admit that the deficiencies listed on the HRLA statement of deficiencies exist, nor does the Facility admit to any statements, findings, facts or conclusions that form the basis for the alleged deficiencies. The Facility reserves the right to challenge in legal proceedings all deficiencies, statements, findings, facts and conclusions that form the basis for the deficiency.</p>		

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

Norma Lopez (Revised)

TITLE

Administrator

(X6) DATE

6/26/23

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 CFR- Code of Federal Regulations CMS - Centers for Medicare and Medicaid Services CNA- Certified Nurse Aide CRF - Community Residential Facility CRNP- Certified Registered Nurse Practitioner D.C. - District of Columbia DCMR- District of Columbia Municipal Regulations D/C- Discontinue DI- Deciliter DMH - Department of Mental Health DOH- Department of Health EKG - 12 lead Electrocardiogram EMS - Emergency Medical Services (911) F - Fahrenheit FR.- French G-tube- Gastrostomy tube HR- Hour 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	F 000			

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F 000	Continued From page 2 Neuro - Neurological NFPA - National Fire Protection Association NP - Nurse Practitioner O2- Oxygen PASRR - Preadmission screen and Resident Review Peg tube - Percutaneous Endoscopic Gastrostomy PO- by mouth POA - Power of Attorney POS - physician's order sheet Prn - As needed Pt - Patient Q- Every 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	F 000			
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or	F 550	It is Knollwood's practice to treat our residents with dignity and respect by providing a privacy cover for their urine collection bag. 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.		

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F 550	<p>Continued From page 3</p> <p>her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT 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> <p>The findings included:</p>	F 550	<p>2-. <u>All residents with a Foley Catheter have the potential to be impacted.</u> 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> <p>3. Nursing staff will be educated by the ADON or Designee 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, <u>when the resident is in a wheel chair, or in an area outside of the room.</u> Staff will also be re-educated where to locate privacy bag covers.</p> <p>4. An audit of residents with an indwelling Foley Catheter will be conducted weekly X 4 then Monthly X 4 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, <u>when the resident is in a wheel chair, or in an area outside of the room.</u> The audit will be conducted by the ADON or Designee. If <u>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.</u></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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F 550	<p>Continued From page 4</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>Review of the resident's physician 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 Nurse/Charge Nurse) acknowledged the finding and stated, "I'm not sure if we have the covers."</p>	F 550			

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F 550	Continued From page 5	F 550			
F 607 SS=D	<p>Cross Reference 22B DCMR sec 3269.1 (d)</p> <p>Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(5)(ii)(iii)</p> <p>§483.12(b) The facility must develop and implement written policies and procedures that:</p> <p>§483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,</p> <p>§483.12(b)(2) Establish policies and procedures to investigate any such allegations, and</p> <p>§483.12(b)(3) Include training as required at paragraph §483.95,</p> <p>§483.12(b)(4) Establish coordination with the QAPI program required under §483.75.</p> <p>§483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements.</p> <p>§483.12(b)(5)(ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d) (3) of the Act.</p> <p>§483.12(b)(5)(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, for two (2) of 22 sampled residents, facility staff failed to implement its policies and procedures for</p>	F 607	<p>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.</p> <p><u>Abuse:</u></p> <p>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 <u>surveyor</u> during the survey.</p> <p>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.</p> <p>3. Licensed nurses will be re-educated by the DON or Designee 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>		

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F 607	<p>Continued From page 6 conducting investigations. (Residents' #17 and #196.)</p> <p>The findings included:</p> <p>Review of the policy "Abuse Neglect and Exploitation" with a revision date of 09/20/22, documented, "It is [Facility Name]'s policy that reports of abuse (...including injuries of unknown origin) are promptly and thoroughly investigated ...The investigation will include ...involved staff and witness statements of events ..."</p> <p>Review of the facility's policy titled "Abuse Prohibition" with a review date of 01/06/23, instructs staff to do the following: "...Investigation of "abuse" when an incident or suspected incident of abuse is reported the administrator or designee will investigate the incident with the assistance of appropriate personnel. The investigation will include Who was involved, resident's statements ...Involved staff and witness statements of events...The follow-up investigative notes will be submitted within five working days of the initial report ...The Administrator or Designee will be notified immediately. The Department of Health shall be notified as soon as possible but not to exceed 2 hours after forming a suspicion of abuse."</p> <p>1. Facility staff failed to report Resident #17's allegation of abuse to the State Agency within two-hours; and have documented evidence that a thorough investigation was conducted.</p> <p>Resident #17 was admitted to the facility on 05/03/18 with multiple diagnoses that included: Neurocognitive Disorder with Lewy Bodies, Hemiplegia and Hemiparesis Following Cerebral</p>	F 607	<p>4. The Director of Nursing or Designee will conduct an audit of incident reports and the subsequent investigations weekly X 4 then Monthly X 4 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. <u>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.</u></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	7/15/23

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F 607	<p>Continued From page 7</p> <p>Infarction Affecting the Left Non-Dominant side, Insomnia, and Acquired Absence of Left Leg Above Knee.</p> <p>A review of the medical record revealed a Quarterly Minimum Data Set (MDS) assessment dated 10/14/22, showing that the facility staff coded the resident as having minimal difficulty with hearing and as using a hearing aid, having clear speech, able to make self-understood and understanding others. The assessment also showed a Brief Interview for Mental Status (BIMS) summary score of "15" which indicated intact cognition; extensive assistance and 2-person physical assistance for bed mobility, transfer and toilet use; impairment on one side in the upper extremities and having impairment on both sides in the lower extremities; and used a wheelchair for mobility.</p> <p>A nurse progress note dated 12/22/22 at 1:11 AM documented, "...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>A Nurse Progress Note dated 12/22/22 at 3:34 PM documented, "...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 [...]"</p>	F 607	<p><u>Falls</u></p> <p>1. Resident #196 is no longer in the facility.</p> <p>2. <u>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.</u></p> <p>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.</p> <p>4. An audit of incidents reporting falls with injury will be conducted by the Director of Nursing or Designee weekly X 4 then monthly X 4 then quarterly to ensure that falls with injuries are investigated and reported within the required time frames. <u>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.</u></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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F 607	<p>Continued From page 8</p> <p>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 and he says same nurse pushed his W/C 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>A Facility Reported Incident (FRI), DC00011401, submitted by the facility to the State Agency on 12/22/22 at 7:17 PM documented, "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 ..."</p> <p>The facility staff failed to show any documented evidence of following their policy to notify the State Agency 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 04/25/23 at approximately 12:00 PM, Employee #2 (Director of Nursing) stated that there was no follow-up investigation.</p> <p>2. Facility staff failed to follow its policy to investigate a fall with an injury that Resident #196 sustained while in the facility.</p>	F 607			

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PRINTED: 06/12/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095026	(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		
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F 607	<p>Continued From page 9</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 the medical record revealed the following:</p> <p>A Minimum Data Set admission assessment 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 ..."</p> <p>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 Care Plan initiated on 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> <p>[Progress Note] 11/18/21 at 4:23 AM: "On 11/18/2021 at around 03:15 am ...heard voice</p>	F 607		

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F 607	<p>Continued From page 10</p> <p>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 eyepad (sp.) [iPad] and fell. Voiced no pain at this time. Moving all extremities, able to stand with 2 (two) staff assists. [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 ...</p> <p>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 that documented: 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 (centimeters) x (times) 2 cm, saying he tried to reach for his iPad and consequently lost his balance and fell..."</p> <p>A review of a Facility Reported Incident (FRI) (DC00010404) dated 11/22/21 submitted by the facility to the State Agency 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).</p>	F 607			

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F 607	Continued From page 11 Resident ...said ...was trying to reach his eyepad (sp.) [iPad] and fell ...[POA] updated ...agreed not to transfer to er [Emergency Room] ..." A review of Resident #196's medical record and the facility's administrative records lacked documented evidence that the facility followed its policy and procedures for investigating Resident #196's fall with an injury. 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." 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 for Resident# 196's fall.	F 607			
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve	F 609	It is Knollwood's policy to notify the State Survey Agency within 2 hours of an allegation of abuse and to submit the results of the investigation within the required time frame. 1. <u>Any resident has the potential to be impacted.</u> Resident #17 allegation of abuse was reported, on 12/22/22 at 7:17 PM, but not within the 2-hour requirement. <u>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 the surveyor during the survey.</u>		

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F 609	<p>Continued From page 12</p> <p>abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interview for one (1) of 22 sampled residents, facility staff failed to conduct a thorough investigation of a resident's allegation of abuse by staff and report the findings to the administrator, and to the State Survey Agency within 2 hours of the allegation. Resident #17.</p> <p>The findings included:</p> <p>Review of the facility's policy titled "Abuse Prohibition" with a review date of 01/06/23, instructs staff to do the following: "...Investigation of "abuse" when an incident or suspected incident of abuse is reported the administrator or designee will investigate the incident with the assistance of appropriate personnel. The investigation will include Who was involved, resident's statements...Involved staff and witness statements of events...The follow-up investigative notes will be submitted within five working days of the initial report ...The Administrator or Designee</p>	F 609	<p>2. 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.</p> <p>3. Licensed nurses will be re-educated by the DON or designee on the requirement to submit reports of allegation of abuse to the State Survey Agency immediately but no later than 2 hours after the allegation is made and the elements of conducting an investigation 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 requirement of immediate notification of the Administrator or designee.</p> <p>4. The Director of Nursing or Designee will conduct audits of incident reports weekly X 4 then Monthly X 4 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. <u>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 allegations of abuse.</u></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. Completion Date:</p>	7/15/23	

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F 609	<p>Continued From page 13</p> <p>will be notified immediately. The Department of Health shall be notified as soon as possible but not to exceed 2 hours after forming a suspicion of abuse."</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 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>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 huis (his) (sp) head 12/21/22 and tried to crash his wheelchair into his bed." Resident told the 7am -3pm charge nurse that it</p>	F 609			

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F 609	<p>Continued From page 14</p> <p>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 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 on the face sheet that the resident had a responsible party.</p> <p>The Nurse Progress Note dated 12/22/22 at 1:11 AM documented, " ...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>A subsequent nursing progress note dated 12/22/22 at 3:34 PM revealed, " ...Sister went on to say that resident told her that [...] hit him on his</p>	F 609			

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F 609	<p>Continued From page 15</p> <p>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>	F 609			
F 610 SS=D	Investigate/Prevent/Correct Alleged Violation	F 610			

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F 610	<p>Continued From page 16 CFR(s): 483.12(c)(2)-(4)</p> <p>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated.</p> <p>§483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on record reviews and staff interviews, for two (2) of 22 sampled residents, facility staff failed to conduct a thorough investigations for one resident's allegation of abuse and one resident's unwitnessed fall. Residents' #17 and #196.</p> <p>The findings included:</p> <p>Review of the facility's policy titled "Abuse Prohibition" with a review date of 01/06/23, instructs staff to do the following: "...Investigation of "abuse" when an incident or suspected incident of abuse is reported the administrator or designee will investigate the incident with the assistance of appropriate personnel. The investigation will include Who was involved, resident's statements ...Involved staff and witness</p>	F 610	<p>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.</p> <p><u>Abuse:</u></p> <p>1. Resident #17 allegation of abuse was reported to the State Survey Agency, on 12/22/22 at 7:17 PM, <u>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 the surveyor during the survey:</u></p> <p>2. <u>Any resident has the potential to be impacted.</u> A review of our submitted incidents shows that there have not been any allegations of abuse reported in past 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.</p> <p>3. Licensed nurses will be re-educated by the DON or designee on the requirement to submit reports of allegation of abuse to the State Survey Agency immediately but no later than 2 hours after the allegation is made and on the elements of conducting an investigation 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 will conduct audits of incident reports and the subsequent investigations weekly X 4 then Monthly X 4 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.</p>		

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F 610	<p>Continued From page 17</p> <p>statements of events...The follow-up investigative notes will be submitted within five working days of the initial report ...The Administrator or Designee will be notified immediately. The Department of Health shall be notified as soon as possible but not to exceed 2 hours after forming a suspicion of abuse."</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</p>	F 610	<p><u>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 allegations of abuse.</u></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>Fall:</u></p> <p>1.Resident #196 is no longer in the facility.</p> <p>2.<u>Any resident has the potential to be impacted.</u> 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.</p> <p>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.</p> <p>4.Audits of incidents reporting falls with injury will be conducted by the Director of Nursing or Designee weekly X 4 then monthly X 4 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 appropriate notification the the State Agency, the Administrator with and explanation for the lateness of the report. The DON or ADON will re-educate Licensed Nurses involved on the requirements of timely reporting and on the completing the "Nursing Facility Falls Investigation Form" as appropriate.</p>	7/15/23	

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F 610	<p>Continued From page 18</p> <p>took something out of the hallway with me. I explained that it was PPE (personal protective equipment). Resident was not willing to continue 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 3:34 Pm " ...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</p>	F 610	5.The results of these audits will be presented to the Quality Assurance Performance Improvement Committee for review and further recommendations as warranted.		

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F 610	<p>Continued From page 19</p> <p>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>[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>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>	F 610			

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F 610	<p>Continued From page 20</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> <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 ..."</p> <p>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>	F 610			

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F 610	<p>Continued From page 21</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> <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>	F 610			

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F 610	Continued From page 22 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 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] ..." 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. 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." 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. Cross Reference 22B DCMR sec 3232.2	F 610			
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g)	F 641			

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F 641	<p>Continued From page 23</p> <p>§483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by:</p> <p>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) assessment. Resident #17.</p> <p>The findings included:</p> <p>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.</p> <p>Review of the medical record revealed the following:</p> <p>A Quarterly Minimum Data Set (MDS) assessment 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.</p> <p>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.</p> <p>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.</p>	F 641	<p>It is Knollwood's Practice to accurately code resident's condition in the Minimum Data Set assessment.</p> <p>1.The minimum data set for resident #17 regarding his mobility was corrected on 4/25/23 during the survey.</p> <p>2. <u>Residents with impaired mobility has the potential to be impacted.</u> A report of residents' mobility status, for locomotion and walking was generated 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.</p> <p>3.The Minimum Data Set nurse will be re-educated by the DON or Designee to verify the accuracy of resident's mobility during the completion of assessments and to ensure that it matches the resident's current condition.</p> <p>4.The Director of Nursing or Designee will audit 10% of the Minimum data set completed weekly X 4 then Monthly X 4 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.</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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F 641	Continued From page 24	F 641			
F 656 SS=D	<p>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."</p> <p>Cross Reference 22B DCMR sec 3231.11 Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3)</p> <p>§483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p>	F 656	<p>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.</p> <p>1. Resident #196 is no longer in the facility.</p> <p>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.</p> <p>3- Minimum data set nurses will be re-educated by the DON or designee to update the care plan and to add the care plan interventions that were put in to reduce the potential for falls.</p> <p>4. An audit of falls will be complete weekly X 8 then monthly X 4 to ensure that care plans are updated with the interventions in place to decrease the potential for falls. <u>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.</u></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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F 656	<p>Continued From page 25</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews, for one (1) of 22 sampled residents, facility staff failed to implement Resident #196's fall care plan approaches/interventions and 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) assessment dated 11/09/21 showed that the facility staff coded: severely impaired cognition; required extensive assistance for bed mobility</p>	F 656			

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F 656	<p>Continued From page 26</p> <p>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> <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</p>	F 656			

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F 656	<p>Continued From page 27</p> <p>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>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), (DC00010404), 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>	F 656			

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F 656	Continued From page 28 The evidence showed that Resident #196's Ipad was not within reach subsequently when reaching for the Ipad the reseedent fell. 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 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.	F 656			
F 658 SS=E	Cross-reference 22B DCMR Sec. 3210.4 Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, facility staff failed to provide care and services that met the professional standards of quality and practice as evidenced by one facility staff administering expired Influenza vaccines to ten	F 658	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. <u>The vaccine administered was Fluzone Hi Dose Quadrivalent with expiration date of 6/30/23.</u>		

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F 658	<p>Continued From page 29</p> <p>(10) of 22 sampled residents. Residents' #11, #14, #22, #25, #27, #29, #31, #33, #35, and #44.</p> <p>The findings included:</p> <p>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 ..."</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>	F 658	<p>2. <u>Any resident has the potential to be impacted.</u> 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 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.</p> <p>3(b) Licensed Nurses will be re-educated by the <u>ADON or Designee</u> 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. <u>The ADON/Designee will conduct random audits of medication administration by Licensed nurses monthly x 3 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.</u></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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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) COMPLETION DATE	
F 658	<p>Continued From page 30</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 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</p>	F 658			

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F 658	<p>Continued From page 31</p> <p>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. 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</p>	F 658			

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F 658	<p>Continued From page 32 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 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</p>	F 658			

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F 658	<p>Continued From page 33</p> <p>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 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</p>	F 658			

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F 658	<p>Continued From page 34</p> <p>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 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</p>	F 658			

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F 658	<p>Continued From page 35</p> <p>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>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] " ... 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</p>	F 658			

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F 658	<p>Continued From page 36</p> <p>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 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>	F 658			

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F 658	<p>Continued From page 37</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 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</p>	F 658			

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F 658	<p>Continued From page 38</p> <p>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 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>	F 658			

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F 658	<p>Continued From page 39</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> <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</p>	F 658			

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F 658	<p>Continued From page 40 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] " ...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</p>	F 658			

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F 658	<p>Continued From page 41 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 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</p>	F 658			

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F 658	<p>Continued From page 42</p> <p>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 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],</p>	F 658			

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F 658	<p>Continued From page 43 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 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 representative), subject: RE Flu vaccine supply ... Thank you for our supply of High Dose Flu Vaccines. Please help me</p>	F 658			

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F 658	<p>Continued From page 44</p> <p>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 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</p>	F 658			

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F 658	<p>Continued From page 45</p> <p>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> <p>The evidence showed that facility staff failed to provide care and services that met the professional standards of quality and practice and to follow the facility's policy 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)</p>	F 658			

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F 658	Continued From page 46 administered Influenza vaccines with an expiration date of 06/30/22 to ten residents.	F 658			
F 684 SS=E	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, facility staff failed to ensure residents received treatment and care in accordance with the professional standards of practice for eleven (11) of 22 sampled residents as evidenced by one facility staff administering expired Influenza vaccines to 10 residents and failing to administer one residents pain medications as indicated and prescribed by the provider. Residents' #11, #14, #22, #25, #27, #29, #31, #33, #35, #44, and #16. 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	F 684	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. Vaccine Administration: 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. <u>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.</u> <u>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.</u> 3. <u>3b(b) Licensed Nurses will be re-educated 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.</u>		

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F 684	<p>Continued From page 47</p> <p>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> <p>Review of Resident #11's medical record revealed the following:</p> <p>A physician's order dated 10/08/20 that directed,</p>	F 684	<p>4. The ADON/Designee will conduct random audits of medication administration by Licensed nurses monthly x3 to ensure compliance. <u>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.</u></p> <hr/> <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 the past 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> <p>3(a) Employee #8 was re-educated 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 will be conducted with Licensed nurses 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 will audit the 24hour report weekly x4, then monthly x3 for residents who were administered pain medications to ensure that medications were given for the purpose prescribed by the physician. <u>If there is non-compliance found, any error will be appropriately addressed and the Licensed Nurse(s) will be re-educated.</u></p>	

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F 684	<p>Continued From page 48</p> <p>"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. Staff will continue to monitor resident for adverse effects ... LOT # (number) UT7743BA & (and) EXP (expiration) date: 6/30/2023 ..."</p>	F 684	<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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F 684	<p>Continued From page 49</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 Fluzone vaccine 0.7 ML IM after monitoring period. Writer informed POA (power of attorney). Resident is not showing any adverse reaction at</p>	F 684			

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F 684	<p>Continued From page 50 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 if temp > (greater than) 100 [degrees Fahrenheit], hold vaccine"</p>	F 684			

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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) COMPLETION DATE	
F 684	<p>Continued From page 51</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 Agency on 10/19/22 documented, "On</p>	F 684			

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F 684	<p>Continued From page 52</p> <p>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>	F 684			

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F 684	<p>Continued From page 53</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</p>	F 684			

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F 684	<p>Continued From page 54</p> <p>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 #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,</p>	F 684			

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F 684	<p>Continued From page 55</p> <p>"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>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</p>	F 684			

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F 684	<p>Continued From page 56</p> <p>Disease and Unspecified Dementia.</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 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</p>	F 684			

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F 684	<p>Continued From page 57</p> <p>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 12:52 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</p>	F 684			

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F 684	<p>Continued From page 58</p> <p>(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] " ...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</p>	F 684			

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F 684	<p>Continued From page 59</p> <p>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 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</p>	F 684		

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F 684	<p>Continued From page 60</p> <p>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 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</p>	F 684			

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F 684	<p>Continued From page 61</p> <p>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 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 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>	F 684			

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F 684	Continued From page 62 "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 ..." "From: (Name of pharmacy presentative), 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 ..." "From: Employee #3, sent: Thursday, October 6, 2022 [at] 2:58 PM, to: (Name of pharmacy presentative), subject: RE Flu vaccine supply ... Roger that. Vaccines were picked up and delivered. Thanks." 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	F 684			

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F 684	<p>Continued From page 63</p> <p>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> <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>Cross Reference: 22B DCMR sec 3211.1</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</p>	F 684			

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F 684	<p>Continued From page 64</p> <p>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, 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; ant" 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</p>	F 684			

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F 684	<p>Continued From page 65</p> <p>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> <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>	F 684			

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F 684	<p>Continued From page 66</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> <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</p>	F 684			

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F 684	Continued From page 67 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.	F 684			
F 695 SS=D	Cross Reference 3211.1 (a) Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observations, record reviews, and staff interviews, for one (1) of 22 sampled residents, facility staff failed to ensure that respiratory treatment was provided to Resident #4 in accordance with the physician's order. The findings included: Resident #4 was admitted to the facility on 09/03/22 with multiple diagnoses that included: Acute and Chronic Respiratory Failure with Hypoxia, Dependence on Supplemental Oxygen, Congestive Heart Failure, and Morbid Obesity. Care plan dated 09/05/22 documented: "Respiratory ... requires use of oxygen therapy continuously due to chronic respiratory failure. Approach ... staff will check vital signs, administer	F 695	It is Knollwood's Practice that a resident who needs respiratory care, is provided treatment in accordance with the physician's order. 1. Resident #4 did not have adverse reaction to receiving oxygen via nasal cannula at 4 liter per minute. Resident #4 oxygen flow was immediately adjusted 4/20/23 to 5 liter per minute in keeping with the physician's order. 2. <u>Any resident with an order for oxygen has the potential to be impacted.</u> An audit of residents receiving oxygen therapy was done on 4/20/23 and all were all in compliance with the physician's order. 3(a) Licensed Nurses will check oxygen concentration every shift to ensure each resident who needs oxygen, is getting the correct amount of oxygen as prescribed by the physician. 3(b) Licensed Nurses will be re-educated by the <u>ADON or Designee</u> on how to monitor and ensure that residents receive oxygen therapy in accordance to the physician's order. 4. ADON/Designee will conduct audits weekly x4, monthly x3 then quarterly x3 to ensure compliance. <u>If non-compliance is found, the issue will be immediately corrected and the Licensed Nurse(s) will be re-educateted as appropriate by the ADON or Designee.</u> 5. The results of these audits will be presented to the Quality Assurance Performance Improvement Committee for review and further recommendations as warranted.	7/15/23	

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F 695	<p>Continued From page 68</p> <p>oxygen and breathing treatment as ordered and report to physician."</p> <p>[Physician's Order] 12/01/22: "Oxygen at 5 L (liters)/min (minutes) via nasal cannula continuously every shift. Diagnosis: SOB (shortness of breath) every shift ..."</p> <p>A Quarterly Minimum Data Set (MDS) assessment dated 03/10/23 showed that the facility staff coded the resident as having intact cognition and requiring oxygen therapy.</p> <p>During a unit tour on 04/20/23 at 11:34 AM, Resident #4 was observed asleep in bed, receiving supplemental oxygen via nasal cannula, with the oxygen concentrator set at 6 liters per minute.</p> <p>During a second observation and face-to-face interview on 04/20/23 at 4:05 PM, Resident #4 was observed sitting in a wheelchair next to the bed. The resident was receiving oxygen via nasal cannula that was connected to a portable oxygen tank, hanging on the back of the resident's wheelchair. The oxygen level set at 4 liters per minute. The resident stated that they had just returned to the room and was waiting to be assisted back in bed. At that time, Employee #9 (Registered Nurse/RN) entered the room. The surveyor asked Employee #9 how many liters of oxygen Resident #4 is ordered to be on, the employee stated, "The physician's order for the resident's oxygen is 5 liters per minute." Employee #9 was shown that the resident was currently on 4 liters and the concentrator at the bedside, was still observed to be at 6 liters. Employee #9 acknowledged the findings and adjusted the oxygen concentrator and oxygen</p>	F 695			

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F 695 F 697 SS=D	Continued From page 69 tank levels to 5 liters of oxygen per minute. Pain Management CFR(s): 483.25(k) §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on record reviews and staff interviews, for one (1) of 22 sampled residents, facility staff failed to ensure that Resident #16 received pain management that was consistent with the standards practice. The findings included: Resident #16 was admitted to the facility on 06/15/22 with multiple diagnoses that included: Cerebral Infarction, Hemiplegia, affecting Left Dominant Side, Dysphagia, Dementia with Behavioral Disturbances, Anxiety, and Depression. Review of Resident #16's medical record revealed the following: an Quarterly Minimum Data Set (MDS) assessment dated 02/16/23 showed that the facility staff coded: severely impaired cognition; visual and hearing impairment; on a scheduled pain medication regimen; and having a life expectancy of less than six months. A Care plan initiated 06/17/22 documented, "[Resident #16] is risk for pain related to	F 695 F 697	It is Knollwood's Practice to ensure that pain management is provided to residents consistent with professional standards of practice 1. Resident #16 did not suffer any adverse reaction to Morphine that was documented as being administered for behavior instead of pain. 2. Any resident with an order for pain medication has <u>the potential to be impacted</u> . A process using our Matrix electronic system was put in place to ensure that pain assessment is documented by Licensed staff before and after administration of PRN pain medication and the effectiveness recorded. When a Licensed nurse clicks on a PRN pain medication, a pain assessment tool is generated and this tool requires completion before the MAR could be signed off. 3. Licensed <u>Nurses</u> will be trained by the DON/ADON on how to use the Matrix system so that pain assessment is done before and after the administration of PRN pain medication and the effectiveness recorded. 4. ADON/Designee will conduct weekly audits x4, then monthly x3 then quarterly x3 to ensure pain assessment is being done before and after the administration of PRN and the effectiveness recorded. <u>If non-compliance is found, the issue will be immediately corrected and the Licensed Nurse(s) will be re-educated by the ADON or designee as appropriate.</u> 5. The result of these audits will be presented to the Quality Assurance Performance Improvement Committee for review and further recommendations as warranted.	7/15/23	

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F 697	<p>Continued From page 70</p> <p>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... Approach: Administer pain medications as ordered and monitor for side effect and effectiveness ...Assist and encourage resident to position for comfort, use distraction strategies...Complete pain assessment every shift and as needed per facility protocol."</p> <p>A Physician's Order dated 08/04/22 documented, "Morphine (narcotic pain reliever) concentrate - 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> <p>[Progress Note] 04/20/23 at 3:46 AM: "Calling out loud help, help for no apparent (sp) reason ... Breathing non-labored. Morphine given sublingual as ordered at this time. Will monitor for effectiveness."</p> <p>A review of the Medication Administration Record (MAR) dated 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, effective" "04/02/23 at 6:59 PM for pain, effective" "04/05 at 1:39 PM for pain and at 10:05 PM for pain, effective" "04/06/23 at 4:33 PM for pain, effective"</p>	F 697			

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F 697	Continued From page 71 "04/07/23 at 2:55 AM for a behavior issue, effective" "04/10/23 at 7:08 PM for pain, effective" "04/15/23 at 1:18 AM for a behavior issue, effective" "04/16/ at 11:03 AM for pain, effective" "04/18/23 at 2:27 AM for other reason, effective" "04/19/23 at 10:56 AM for pain, effective" "04/20/23 at 3:46 AM for behavior issue, effective" "04/20/23 at 10:52 PM for pain, effective." Resident #16's MAR revealed that facility staff documented that for 9 out of 20 days when they administered Morphine to the resident for pain, it was effective. However, there was no documented evidence that facility staff completed a pain assessment before or after administration in order to determine if the medication was effective. The MAR also revealed that facility staff administered Morphine to the resident for "behavior issue" not pain as indicated. During a face-to-face interview on 04/25/23 at 10:41 AM Employee #2 (Director of Nursing) stated for the prn (as needed) medications there is no option for a pain scale. There is no place to write a number for a pain rating. She then acknowledged that there was no way to determine if the medication was effective or not without a pain rating.	F 697			
F 760 SS=E	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) 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	F 760	It is Knollwood's Practice to ensure that residents are free of any significant medication errors. 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. Fluzon Hi Dose Quadrivalent was administered with expiration date of 6/30/23.		

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F 760	<p>Continued From page 72</p> <p>by: Based on record review and staff interview, facility staff failed to ensure residents were free of medication errors as evidenced by the administration of expired Influenza vaccines to ten (10) of 22 sampled residents. Residents' #11, #14, #22, #25, #27, #29, #31, #33, #35, and #44.</p> <p>The findings included:</p> <p>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 ..."</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>	F 760	<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 by the ADON on 10/18/22 to follow the standards of professional practice for medication administration to include checking Influenza vaccine expiration dates prior to administration, not to use vaccines after expiration date, and documenting in each resident's MAR after each individual vaccine administration. <u>The Pharmacy Consultant conducted a Med Pass with Employee #4 on 5/4/23 which she passed.</u></p> <p>3(b) Licensed Nurses will be re-educated by <u>the ADON or Designee</u> to follow the standards of professional practice for medication administration to include checking Influenza vaccine expiration dates prior to administration, not to use vaccines after expiration date, and documenting in each resident's MAR after each individual vaccine administration.</p> <p>4. The ADON/Designee will conduct random audits of medication administration by Licensed nurses <u>monthly x3 months</u> to ensure compliance. <u>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.</u></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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F 760	<p>Continued From page 73</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> <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</p>	F 760			

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F 760	<p>Continued From page 74</p> <p>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. 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</p>	F 760			

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F 760	<p>Continued From page 75</p> <p>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 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>	F 760			

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F 760	<p>Continued From page 76</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 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</p>	F 760			

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F 760	<p>Continued From page 77</p> <p>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 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>	F 760			

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F 760	<p>Continued From page 78</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] " ... 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</p>	F 760			

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F 760	<p>Continued From page 79 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 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>	F 760			

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F 760	<p>Continued From page 80</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 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>	F 760			

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F 760	<p>Continued From page 81</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 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</p>	F 760			

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F 760	<p>Continued From page 82</p> <p>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> <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</p>	F 760			

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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) COMPLETION DATE	
F 760	<p>Continued From page 83</p> <p>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] " ...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>	F 760			

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F 760	Continued From page 84 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 ..." 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. 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." Review of Resident #35's medical record revealed the following: 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" 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. 10/17/22 at 2:32 PM [Nursing Progress Note] " ...T-97.1 ...Resident received Fluzone vaccine 0.7	F 760			

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F 760	<p>Continued From page 85</p> <p>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 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>	F 760			

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F 760	<p>Continued From page 86</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 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>	F 760			

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F 760	<p>Continued From page 87</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 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</p>	F 760			

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F 760	<p>Continued From page 88 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> <p>The evidence showed that facility staff failed to ensure residents were free of medication errors by:</p> <p>1. Not administering the Influenza vaccine in accordance to the manufacture's specifications, "</p>	F 760			

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F 760	Continued From page 89 ... Do not use after the expiration date shown on the label ..." 2. Not checking vaccine expiration dates prior to administration 3. Not documenting in each resident's MAR after each individual vaccine administration. Subsequently, on 10/17/22, Employee #4 (LPN) administered Influenza vaccines with an expiration date of 06/30/22 to ten residents.	F 760			
F 761 SS=E	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the	F 761	It is Knollwood's Practice not to store medications beyond their expiration dates. 1. Expired Influenza vaccines stored in the HSC refrigerator were removed and destroyed on 10/17/22. 2.An audit of stored medications was conducted on 10/17/22 and no other medication was stored beyond its expiration date. 3(a) Licensed nurses will audit the medication refrigerators weekly and sign a log to verify there are no stored expired medications. 3(b) Licensed Nurses will be re-educated by ADON/ Designee on the removal of expired medications from medication refrigerators and to sign the log to verify it was done. 4.ADON/Designee will conduct weekly audits x4, then monthly x3 then quarterly x3 to ensure expired medications are removed from refrigerators. 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 if found immediate action will be taken and the ADON or Designee will re-educate the Licensed Nurse involved.	7/15/23	

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F 761	<p>Continued From page 90</p> <p>quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>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.)</p> <p>The findings included:</p> <p>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 ..."</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 ..." 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</p>	F 761		

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F 761	<p>Continued From page 91</p> <p>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 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</p>	F 761			

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F 761	<p>Continued From page 92</p> <p>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> <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</p>	F 761			

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F 761	<p>Continued From page 93 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 & 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</p>	F 761			

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F 761	<p>Continued From page 94</p> <p>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> <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</p>	F 761			

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F 761	<p>Continued From page 95</p> <p>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 expiration date 6/30/2022 in error. ADON (Assistant Director of Nursing) notified MD</p>	F 761			

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F 761	<p>Continued From page 96 (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 April. Check temperature (temp) prior to vaccine</p>	F 761			

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F 761	<p>Continued From page 97 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>	F 761			

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F 761	<p>Continued From page 98 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</p>	F 761			

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F 761	<p>Continued From page 99</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 #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</p>	F 761			

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F 761	<p>Continued From page 100</p> <p>(BIMS) Summary Score of 14, indicating cognitively intact; and that the Influenza vaccine 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>	F 761			

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F 761	<p>Continued From page 101</p> <p>H. 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>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</p>	F 761			

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F 761	<p>Continued From page 102</p> <p>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 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>	F 761			

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F 761	<p>Continued From page 103</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 (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</p>	F 761			

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F 761	<p>Continued From page 104</p> <p>Infarction, heart Failure, Hemiplegia and Hemiparesis.</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>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 receive 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</p>	F 761			

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F 761	<p>Continued From page 105</p> <p>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 ... 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</p>	F 761			

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F 761	<p>Continued From page 106</p> <p>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 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,</p>	F 761			

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F 761	<p>Continued From page 107</p> <p>"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> <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</p>	F 761			

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F 761	Continued From page 108 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 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."	F 761			
F 812 SS=E	Cross Reference: 22B DCMR sec 3227.12 Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.	F 812	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 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.		

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F 812	<p>Continued From page 109</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT 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.</p> <p>The findings included:</p> <p>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:</p> <ol style="list-style-type: none"> Four (4) bags of chicken set out to thaw with no dated label; One (1) package of diced ham with a label that showed, "use by 4-18-23"; One (1) clear package of hot dogs with no dated label. <p>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." 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."</p>	F 812	<ol style="list-style-type: none"> A freezer "pull log" will be implemented to ensure all meats pulled from the freezer have a pulled date and a use-by date. <u>Audits</u> will be conducted twice weekly X4 weeks and weekly X4 weeks on all meat products to ensure that pull dates and use-by dates are labeled and secure on the product. 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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F 812	Continued From page 110	F 812		
F 868	Cross Reference: 22B DCMR sec 3219.1	F 868		
SS=F	QAA Committee CFR(s): 483.75(g)(1)(i)-(iii)(2)(i); 483.80(c) §483.75(g) Quality assessment and assurance. §483.75(g) Quality assessment and assurance. §483.75(g)(1) A facility must maintain a quality assessment and assurance committee consisting at a minimum of: (i) The director of nursing services; (ii) The Medical Director or his/her designee; (iii) At least three other members of the facility's staff, at least one of who must be the administrator, owner, a board member or other individual in a leadership role; and (iv) The infection preventionist. §483.75(g)(2) The quality assessment and assurance committee reports to the facility's governing body, or designated person(s) functioning as a governing body regarding its activities, including implementation of the QAPI program required under paragraphs (a) through (e) of this section. The committee must: (i) Meet at least quarterly and as needed to coordinate and evaluate activities under the QAPI program, such as identifying issues with respect to which quality assessment and assurance activities, including performance improvement projects required under the QAPI program, are necessary. §483.80(c) Infection preventionist participation on quality assessment and assurance committee. The individual designated as the IP, or at least one of the individuals if there is more than one IP, must be a member of the facility's quality assessment and assurance committee and report	It is Knollwood's policy to have Quality Assurance and Performance Improvement Committee that meets quarterly to review and make recommendations on quality enhancements and initiatives. 1 & 2. There were no residents directly impacted. While the committee did not meet quarterly, essential data/information and reports were reviewed on an informal basis within each quarter (pharmacy, infection control, incidents. In addition, the DON conducts ad-hoc IDT meetings on a weekly basis to address any immediate issues, exchange ideas on providing optimal care and services and provide ongoing education. 3. The Administrator will be responsible for scheduling meetings the month following the end of the quarter. Meetings for the remainder 2023 have been scheduled and communicated to the QAPI Committee members. 4. The Administrator and DON will ensure that meetings are held as scheduled and select an alternate meeting date if the meeting has to be canceled for an unforeseen circumstance. the meeting dates for the remainder of 2023 are: Quarter 2 - July 20, 2023 Quarter 3 - October 19, 2023 Quarter 4 - January 18, 2023 The first quarter 2023 was scheduled to be held the week of the survey. It was held on May, 25 2023. 5. The frequency of the Quality Assurance meetings will be monitored by the Quality Assurance Performance Improvement Committee for review and further recommendations as warranted.	7/15/23	

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F 868	Continued From page 111 to the committee on the IPCP on a regular basis. This REQUIREMENT is not met as evidenced by: Based on record reviews and staff interviews, facility staff failed to show documented evidence that the facility conducted quarterly QAPI (Quality Assurance & Performance Improvement) meetings to identify and evaluate quality activities for the year 2022. The resident census during the survey was 44. The findings included: A review of an email correspondence provided to the surveyor dated 06/09/22, showed in the subject line "QAPI-1st Quarter 2022 Microsoft Teams Meeting". The facility staff was unable to show documented evidence that the QAPI committee met more than once in the year 2022. During a face-to-face interview conducted on 04/26/23 at 1:21 PM, Employee #1 (Administrator) stated that the facility had 2 meetings for the year 2022 (06/09/22) but that one of those meetings occurred in 2023 to discuss everything from June 2022 - December 2022.	F 868			
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable	F 880	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. 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.		

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F 880	Continued From page 112 diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility	F 880	2.Employee #6 was re-educated <u>by ADON 6/16/23</u> to practice good infection control techniques to include performance of hand hygiene in between providing feeding assistance to two or more residents. 3.Staff will be re-educated <u>ADON or Designee</u> on good infection control techniques to include performance of hand hygiene in between providing feeding assistance to two or more residents. 4.The ADON/Designee will conduct random observations weekly x4, monthly x3 then quarterly x3 of staff providing assistance during meals to ensure compliance. 5.The results of these audits will be presented to the Quality Assurance Performance Improvement Committee for review and further recommendations as warranted. <u>If non-compliance is found immediate corrective action will be taken re-education of the staff will be done by the ADON or Designee.</u>	7/15/23	

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F 880	<p>Continued From page 113</p> <p>must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT 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 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,</p>	F 880			

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F 880	<p>Continued From page 114</p> <p>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> <p>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."</p> <p>Cross Reference 22B DCMR sec 3217.6</p>	F 880			