

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

PRINTED: 02/02/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095025	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/30/2022
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NAME OF PROVIDER OR SUPPLIER LISNER LOUISE DICKSON HURTHOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5425 WESTERN AVE NW WASHINGTON, DC 20015
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	<p>INITIAL COMMENTS</p> <p>A COVID-19 Focused Infection Control Survey was conducted between August 29, 2022 and August 30, 2022. The survey activities included observations, interviews with residents and a resident representative, records reviews for seven (7) sampled residents, a review of three (3) staff files, and a review of administrative records. After analysis of the findings, it was determined that the facility was not in compliance with the requirements of 22B District of Columbia Municipal Regulations Chapter 32 and the Centers for Disease Control and Prevention (CDC) recommend practices for COVID-19. The resident census was 46.</p>	F 000		
F 880	<p>The following is an abbreviation and/or acronym used in the body of this report.</p> <p>PPE - Personal Protective Equipment</p> <p>Infection Prevention & Control</p> <p>CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§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 diseases and infections.</p> <p>§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:</p> <p>§483.80(a)(1) A system for preventing, identifying,</p>	F 880		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 11/02/2022
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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 880	<p>Continued From page 1</p> <p>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;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (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 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 (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact. <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the</p>	F 880		

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F 880	<p>Continued From page 2 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 observations and interviews, the facility's staff failed to follow Standard of Practices for Infection Control to prevent or contain the spread of COVID-19 by touching the front of his used N95 facemask after providing care for residents in the COVID-19 unit.</p> <p>The findings included: According to San Francisco Department of Health, "Avoid touching the front of the mask. The front of the mask is contaminated. Only touch the ear loops/ties/band." https://www.sfdcdp.org/communicable-disease/healthy-habits/how-to-put-on-and-remove-a-face-mask/ During an observation the facility's COVID-19 unit on 09/30/22 at approximately 11:00 AM, Employee #4 was observed walking out of a room with two (2) residents. The employee was wearing his face shield and a N95 mask. After walking into the hallway, the employee walked to the opposite side of the hallway, touched the front of his N95 mask with his bare hands to readjust the nose piece, touched his face shield, touched</p>	F 880			

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F 880	<p>Continued From page 3</p> <p>the top of Personal Protective Equipment (PPE) storage cart, put on a gown and gloves, knocked on the door of another resident, and announced his self to enter the room. Employee #4 was stopped by the surveyor before he entered the other resident's room.</p> <p>During a face-to-face interview on 09/30/22 at approximately 11:15 AM, Employee #4 was asked if it was the facility's practice or protocol for him to enter a resident's room wearing a face shield and N95 mask that he wore while providing care to COVID positive residents? He said he was supposed to discard the used N95 mask and face shield and replace them with brand-new ones before entering another resident's room. Employee #4 then said that he forgot to discard the used PPEs (the face shield and N95 mask). Lastly, the employee proceeded to remove all PPE.</p> <p>During a face-to-face interview 9/30/22 at approximately 11:30 AM, Employee #3 (Infection Preventionist) stated that it was the facility's protocol and practices for employees to discard face shields and N95 masks when leaving a room after providing care to residents with COVID-19. The employee then said that she would ensure that the PPE equipment storage cart was removed from the floor and decontaminated. Additionally, Employee #3 stated that she would re-educate all employees regarding the facility's practice and protocol for disposing of personal protective equipment.</p>	F 880			