

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

PRINTED: 11/05/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095036	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/13/2020
NAME OF PROVIDER OR SUPPLIER UNIQUE REHABILITATION AND HEALTH CENTER LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 901 FIRST STREET NW WASHINGTON, DC 20001	
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F 000	<p>INITIAL COMMENTS</p> <p>An unannounced Long Term Care Recertification Survey was conducted at Unique Rehabilitation and Health Center from September 30, 2020 through October 13, 2020. Survey activities consisted of a review of 43 sampled residents. The following deficiencies are based on observation, record review and resident and staff interviews. After analysis of the findings, it was determined that the facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities. The resident census on the first day of survey was 203.</p> <p>The following is a directory of abbreviations and/or acronyms that may be utilized in the report:</p> <p>Abbreviations AMS - Altered Mental Status ARD - Assessment Reference Date AV- Arteriovenous BID - Twice- a-day B/P - Blood Pressure BPH- Benign Prostatic Hyperplasia cm - Centimeters 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</p>	F 000	<p>Unique Rehabilitation and Health Center make its best efforts to operate in substantial compliance with both Federal and State Laws. Submission of this Plan of Correction (POC) does not constitute an admission or agreement by any party, its officers, directors, employees or agents as to the truth of the facts alleged or the validity of the conditions set forth of the statement of deficiencies. This POC is prepared and/or executed solely because it is required by Federal and State Laws.</p>	

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

TITLE

(X6) DATE

LWHA

11/13/2020

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 DI- Deciliter DMH - Department of Mental Health DOH- Department of Health DON Director of Nursing DRR Drug Regimen Review EHR Electronic Health Record EKG - Electrocardiogram ER Emergency Room EMS - Emergency Medical Services (911) ESRD- End Stage Renal Disease 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 MRR- Medication Regimen Review N/C- Nasal canula Neuro - Neurological NFPA - National Fire Protection Association NP - Nurse Practitioner O2- Oxygen	F 000		

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F 000	Continued From page 2 PASRR - Preadmission screen and Resident Review Peg tube - Percutaneous Endoscopic Gastrostomy PO- by mouth POA - Power of Attorney POC- Plan of Correction PCC Point Click Care POS - physician's order sheet Prn - As needed Pt - Patient PTA- Physical Therapy Assistant Q- Every QIS - Quality Indicator Survey RD- Registered Dietitian RN- Registered Nurse ROM Range of Motion RUE Right Upper Extremities RP R/P - Responsible party SBAR - Situation, Background, Assessment, Recommendation SCC Special Care Center Sol- Solution TAR - Treatment Administration Record TSH- Thyroid Stimulating Hormone TV- Television 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	F 550			

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F 550	<p>Continued From page 3</p> <p>with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or 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:</p> <p>Based on observations, record review and staff interview, for one (1) of 43 sampled residents, facility staff failed to treat residents with dignity and respect during dining observations for one (1) resident. Resident #1</p>	F 550	<p>1. Corrective Action for the resident</p> <p>Affected:</p> <p>Resident #1 was re-assessed on 10/08/2020. Resident #1 suffered no negative outcome from the deficient practice. Employees #6, #13, & #21 were provided re- education on how to ensure dignity and respect for residents during meal time. Employees were in-serviced on the importance of sitting at a face level while assisting residents with feeding.</p> <p>2. Identification of Others with Potential to be Affected:</p> <p>All residents residing in the facility have potential to be affected. Nurse managers conducted facility wide audit to ensure that residents that require feeding assistance are treated with dignity and respect during meal time. Identified issues were immediately addressed.</p>	12/11/20	

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F 550	Continued From page 4 Findings included... Facility staff failed to treat Resident #1 with dignity and respect during two (2) dining observations. Resident #1 was admitted to the facility on 5/7/2004, with diagnoses that included Hypertension (HTN), Benign Prostatic Hyperplasia (BPH), Diabetes Mellitus (DM), Hyperlipidemia and Non-Alzheimer's Dementia. Review of the Minimum Data Set (MDS) dated 5/4/2020, Section G (Functional Status) indicated Resident #1 required one-person physical assist support while eating. During a tour of unit 2 South on 10/5/2020, at 1:32 PM, Resident #1 was observed seated in bed (a semi-sitting position of 45-60 degrees) being fed by Employee # 6 (unit manager) who was standing. At 1:45 PM, Employee #13 (certified nursing aide), who had taken over for Employee #6, was also observed standing while feeding Resident #1. During a second tour of unit 2 south on 10/8/2020, at approximately 1:30 PM, Employee #21 (certified nursing aide) was also observed standing up while feeding Resident #1. Facility staff failed to provide Resident #1 with dignity and respect during two (2) dining observations.	F 550	3. Measures to prevent recurrence: Staff Development Director will educate nursing staff on providing assistance to residents that require one person physical assist support while eating. Education will emphasize on the importance of sitting at face level with residents while providing feeding assistance to ensure residents are assisted with dignity and respect. Assistant Director of Nursing / Designee will conduct rounds during meal time to ensure residents that require physical assistance while eating receive feeding assistance with respect and dignity. 4. Monitoring Corrective Action: Director of Nursing/Designee will review reports and findings weekly during risk meeting and forwarded to the Quality Assurance Committee monthly x 3.	12/11/20	

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F 550	Continued From page 5 During a face-to-face interview conducted on 10/8/2020, at 1:38 PM, Employee #6 stated, "Staff are educated on how to provide dignity when feeding. If anyone is not doing it properly then they must be new." During the interview, Employee #6 acknowledged the findings.	F 550		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any,	F 580		

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F 580	<p>Continued From page 6</p> <p>when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interview for one (1) of 43 sampled residents, facility staff failed to notify the responsible party of Resident #149's refusal to have his weight obtained by staff.</p> <p>Findings included...</p> <p>Resident #149 was admitted to the facility on February 8, 2018, with diagnoses that included Cirrhosis, End Stage Renal Disease (ESRD), Dementia, Seizure Disorder, Asthma and Respiratory Failure.</p> <p>Review of the Quarterly Minimum Data Set (MDS) dated August 17, 2020, showed in Section C (Cognitive Pattern), Resident #149's Brief</p>	F 580	<p>1. Corrective Action for the residents Affected:</p> <p>Resident #149 was re-assessed on 10/07/2020 and re-encouraged to be weighed but refused. Resident #149 care plan has been updated on 10/07/2020 with refusal to be weighed. Employees #4 and #11 were counseled regarding failure to notify the responsible party of resident #149's refusal to have his weight obtained by staff. Resident #149 did not suffer any negative Outcome.</p> <p>2. Identification of others with potential to be affected:</p> <p>Residents residing in the facility have the potential to be affected.</p> <p>Nurse managers conducted medical record audit to identify residents that have refused care and responsible party/family member needed to be notified.</p> <p>No other residents were identified as being affected.</p>	12/11/20

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F 580	<p>Continued From page 7</p> <p>Interview of Mental Status (BIMS) score was "7", indicating severe cognitive impairment and has a responsible party. The resident's weight was left blank under section K0200 (Height and Weight) on the MDS dated 5/17/20 and 8/17/20.</p> <p>Review of the Resident's weight record on October 2, 2020, revealed the following:</p> <table border="0"> <tr> <td>2/7/2020</td> <td>178.4 Lbs [pounds]</td> </tr> <tr> <td>1/15/2020</td> <td>176.1 Lbs</td> </tr> <tr> <td>12/9/2019</td> <td>175.7 Lbs</td> </tr> <tr> <td>11/5/2019</td> <td>173.2 Lbs</td> </tr> <tr> <td>10/11/2019</td> <td>176.4 Lbs</td> </tr> <tr> <td>9/13/2019</td> <td>174.2 Lbs</td> </tr> </table> <p>The aforementioned weight record shows that the resident's last weight was obtained on 2/7/2020.</p> <p>Review of the progress notes showed the following:</p> <p>"8/18/2020 at 16:48 [4:48 PM] ...Quarterly Review- Resident's last weight recorded 2/7/2020- 178.4 [pounds]. He has not allowed the staff or this writer to weigh him. Therefore, weight status is undetermined for 30, 90 and 180 days. Resident was again approached today for consent to be weighed, but stated 'that's a stupid question'. He receives regular, regular Texture diet and consumes 50 - 100% of meals per nursing. No pressure wounds cited at this time."</p> <p>Review of the care plan last updated on August 8, 2020, showed:</p> <p>"6/1/2020-Resident declines weight monitoring since March 2020." "8/18/2020- Resident continues to decline weight monitoring despite education."</p>	2/7/2020	178.4 Lbs [pounds]	1/15/2020	176.1 Lbs	12/9/2019	175.7 Lbs	11/5/2019	173.2 Lbs	10/11/2019	176.4 Lbs	9/13/2019	174.2 Lbs	F 580	<p>3. Measures to Prevent Reoccurrence:</p> <p>Staff Development Director will provide in-service training to inter-disciplinary team members (IDT) regarding facility's policy on notifying responsible party when there is refusal of care related issues or any change in resident condition with emphasis on residents' refusal to be weighed by staff.</p> <p>Assistant Director of Nursing/Designee will conduct weekly audit x 4 and monthly x 3 to ensure that residents' responsible parties are notified of care related issues including refusals.</p> <p>Report will be forwarded to the Director of Nursing.</p> <p>4. Monitoring Corrective Action:</p> <p>Director of Nursing will review report and present during weekly risk meeting. Report will be forwarded Quality Assurance Committee monthly x 3.</p>	12/11/20
2/7/2020	178.4 Lbs [pounds]															
1/15/2020	176.1 Lbs															
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F 580	Continued From page 8	F 580			
F 584 SS=E	<p>There was no evidence in the clinical record to show that facility staff notified the resident's responsible party of his refusal to have his weight taken since February 2020.</p> <p>During a face-to-face interview conducted on October 7, 2020, at 11:56 AM with Employee #4 and Employee #11, both acknowledged the findings.</p> <p>Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7)</p> <p>§483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p>	F 584	<p>1. Corrective action for the resident Affected:</p> <p>Torn chair in room 415A was immediately disposed and replaced. Resident in room 415A did not suffer any negative outcome. 4-South television room chair identified was removed immediately and replaced with new furniture set on 10/24/2020. Identified bulk trash was removed 10/09/2020. All residents residing in the facility did not suffer any negative outcome.</p>	12/11/20	

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F 584	<p>Continued From page 9</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and interview, it was determined that facility staff failed to provide housekeeping services necessary to maintain a safe, clean and comfortable environment, as evidenced by torn chairs in one (1) of 33 resident's rooms and in one (1) of two (2) television (TV) rooms on the fourth floor, and bulk trash that was piled up in an area located next to the parking lot.</p> <p>Findings included ...</p> <p>During an environmental walkthrough of the facility on October 2, 2020, between 9:51 AM and 1:00 PM the following were observed:</p> <ol style="list-style-type: none"> One (1) of one (1) chair in resident room's #415A and one (1) of four (4) chairs in the TV room on 4 South were torn throughout. Bulk trash such as mattresses, broken medication cart, chairs, sofas, small trash cans, 	F 584	<p>2. Identification of others with potential to be affected:</p> <p>All residents residing in the facility have the potential to be affected. Housekeeping Supervisors conducted facility wide round to ensure torn chairs or defective furniture were removed from resident care area and that the environment is free of trash or environmental hazard. No other issue of torn or defective furniture and environmental hazard were identified.</p> <p>3. Measures to prevent recurrence:</p> <p>Facility Operations Director will in-service house-keeping and maintenance staff on the importance of keeping the environment safe, clean, comfortable, homelike and free of hazard. Assistant Maintenance Director will conduct daily round to ensure there are no torn or defective furniture in resident care area, trash are being picked up weekly or as needed to prevent trash accumulation, and defective or broken furniture / equipment pilling in the parking lot to prevent environmental hazard. Findings will be reported during daily Directors/Department heads' meeting.</p>	12/11/20

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F 584	Continued From page 10 and different types of defective equipment were stacked on the outside of the building, next to the parking lot and presented an environmental hazard to the community and a harborage site for pests. These findings were acknowledged by Employee #18 on October 2, 2020, at approximately 3:30 PM and/or Employee #1 on October 7, 2020, at approximately 2:15 PM.	F 584	4. Monitoring corrective action: Facility Operations Director will submit report of findings monthly x 3 to Quality Assurance Committee.	12/11/20
F 622 SS=D	Transfer and Discharge Requirements CFR(s): 483.15(c)(1)(i)(ii)(2)(i)-(iii) §483.15(c) Transfer and discharge- §483.15(c)(1) Facility requirements- (i) The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless- (A) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility; (B) The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility; (C) The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident; (D) The health of individuals in the facility would otherwise be endangered; (E) The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the	F 622		

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NAME OF PROVIDER OR SUPPLIER UNIQUE REHABILITATION AND HEALTH CENTER LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 901 FIRST STREET NW WASHINGTON, DC 20001		
(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 622	<p>Continued From page 11</p> <p>resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or (F) The facility ceases to operate.</p> <p>(ii) The facility may not transfer or discharge the resident while the appeal is pending, pursuant to § 431.230 of this chapter, when a resident exercises his or her right to appeal a transfer or discharge notice from the facility pursuant to § 431.220(a)(3) of this chapter, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility. The facility must document the danger that failure to transfer or discharge would pose.</p> <p>§483.15(c)(2) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider.</p> <p>(i) Documentation in the resident's medical record must include:</p> <p>(A) The basis for the transfer per paragraph (c)(1)(i) of this section.</p> <p>(B) In the case of paragraph (c)(1)(i)(A) of this section, the specific resident need(s) that cannot be met, facility attempts to meet the resident needs, and the service available at the receiving facility to meet the need(s).</p> <p>(ii) The documentation required by paragraph (c)(2)(i) of this section must be made by-</p> <p>(A) The resident's physician when transfer or</p>	F 622	<p>1. Corrective action for the resident Affected:</p> <p>Resident #196 no longer resides in the facility. Resident #196 was discharged to the community on 8/01/2020.</p> <p>2. Identification of others with potential To be affected:</p> <p>All residents residing in the facility have potential to be affected. Director of Social Service completed audit of residents' medical record discharged with look back period of 60 days. No other residents were affected.</p>	12/11/20	

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F 622	<p>Continued From page 12</p> <p>discharge is necessary under paragraph (c) (1) (A) or (B) of this section; and</p> <p>(B) A physician when transfer or discharge is necessary under paragraph (c)(1)(i)(C) or (D) of this section.</p> <p>(iii) Information provided to the receiving provider must include a minimum of the following:</p> <p>(A) Contact information of the practitioner responsible for the care of the resident.</p> <p>(B) Resident representative information including contact information</p> <p>(C) Advance Directive information</p> <p>(D) All special instructions or precautions for ongoing care, as appropriate.</p> <p>(E) Comprehensive care plan goals;</p> <p>(F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interview, facility staff failed to document pertinent discharge information on the "Interdisciplinary Discharge Summary" form for one (1) of 43 sampled residents, Resident #196.</p> <p>Findings included...</p> <p>"Interdisciplinary Discharge Summary form" - This document provides information to include a post-discharge plan of care that indicates any arrangements made for follow-up care, any post-discharge medical and non-medical services the resident may require once he/she has</p>	F 622	<p>3. Measures to prevent recurrence:</p> <p>Staff Development Director will provide education to social service on the importance of documenting residents discharge on the interdisciplinary discharge summary form to ensure that the facility provides transition support for residents to the community. Social Service Director will audit weekly x 4 and monthly x 3 records of resident to be discharged to ensure documentation on IDT discharge summary and validate transition support of residents to the community. Findings will be reported to the Director Of Nursing.</p> <p>4. Monitoring corrective Action:</p> <p>Director of Nursing/Designee will present Report of findings weekly during risk Management meeting for review and Forward to Quality Assurance Committee monthly x 3.</p>	12/11/20	

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

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F 622	<p>Continued From page 13 transferred to a new setting.</p> <p>Resident #196 was admitted to the facility on June 22, 2020, with diagnoses that included: Pulmonary Hypertension, Cardiomegaly, Hyperlipidemia, Anemia and Vitamin D Deficiency.</p> <p>Review of the Minimum Data Set (MDS) dated June 29, 2020, Section C (Cognitive Pattern) showed Resident #196 had a BIMS score of "15", indicating intact cognitive response.</p> <p>Review of the medical record showed the following:</p> <p>The Care plan section of the electronic health record initiated on June 23, 2020, and closed on August 7, 2020, was not revised to address person centered discharge goals and interventions.</p> <p>Nurses Note dated August 1, 2020, at 15:08 [3:08 PM], showed, "Resident was discharged to the community from the unit/facility today 8/1/2020, at 8:00 AM... Resident left the unit/facility with all his personal belongings including all pertinent discharge information and paperwork ..."</p> <p>Document entitled, "Interdisciplinary Discharge Summary" dated August 1, 2020, showed, "... Ready to discharge home ... reached his maximal potential goals."</p> <p>During a face-to-face interview conducted on October 9, 2020, at 10:15 AM, Employee #20</p>	F 622			

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F 622	Continued From page 14 (social worker), stated, "He just needed home health services. I referred him to [name of home health agency]." There is no evidence that facility staff documented that Resident #196 was referred to a home health agency post discharge from the facility to support his transition to the community in the clinical record or on the "Interdisciplinary Discharge Summary" form. During a face-to-face interview on October 9, 2020, at 3:36 PM, Employee #20, acknowledged the findings.	F 622			
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview for one (1) of 43 sampled residents, the facility staff failed to code the Minimum Data Set (MDS) to reflect one (1) resident's diagnosis of Malignant Neoplasm of the Prostate, Resident #191. Findings included... Resident #191 was admitted to the facility on August 5, 2019, with diagnoses that included Malignant Neoplasm of the Prostate, Diabetes Mellitus 2, Hypertension, Cerebral Infarction, Gastroesophageal Reflux Disease, Major Depressive Disorder and Anxiety Disorder.	F 641	1. Corrective action for the resident Affected: Resident #191 was re-assessed and Medical record review completed 10/10/20. Correction was made to resident #191 MDS to reflect diagnosis of malignant neoplasm of the prostate. Resident #191 did not suffer any negative Outcome.	12/11/20	