

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 842	<p>Continued From page 45</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interview of three (3) of 43 sampled residents, the facility staff failed to consistently document the removal of the protective dressing covering the residents access site post dialysis for two (2) resident's receiving dialysis, to consistently document one (1) resident's treatment on the Treatment Administration Record [TAR]. Residents' #61, #83, and #158.</p> <p>Findings included...</p> <p>1. Facility staff failed to consistently document the removal of Resident #61's protective dressing post dialysis.</p> <p>According to Fistulafirst, Renal Disease Council, Inc. ESRD (End stage Renal Disease) Network 18 Tool Kit..."After bleeding has stopped, dress the site with new gauze and tape or with a Band-Aid. Repeat Steps 3-10 for the second needle. Instruct the patient to remove the dressing 3-4 hours following treatment. Notify the charge nurse if the patient has prolonged bleeding or other abnormal symptoms." www.esrdnetwork18.org > pdfs > QI - FF Tools ></p>	F 842	<p>3. Measures to prevent recurrence:</p> <p>Staff Development Director will provide education to licensed nursing staff on consistent documentation in residents' Treatment Administration Record (T.A.R.), and AV graft/fistula dressing removal post dialysis.</p> <p>Director of Nursing/Designee will audit residents' medical record during daily clinical round to ensure Treatment Administration Record are being completed to reflect care provided, and documentation completed on AV graft/Fistula dressing removal post dialysis.</p> <p>4. Monitoring corrective action:</p> <p>Findings from the audit will be presented Weekly x 4 during risk management Meeting and forwarded to Quality Assurance Committee monthly x 3.</p>	12/11/20

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F 842	<p>Continued From page 46 FF ToolKit</p> <p>Resident #61 was admitted to the facility on July 22, 2016, with diagnoses to include End-stage Renal Disease, Dependence on Renal Dialysis, Type 2 Diabetes Mellitus, and Anemia</p> <p>A review of the Progress notes dated September 1, 2020, through October 9, 2020, [17 dialysis days] showed the protective dressing to the resident's access site was documented as removed for six (6) days out of the 17 dialysis days reviewed.</p> <p>The evidence showed that facility staff were not consistent in documenting that Resident #61's protective dressing to his/her access site was removed post dialysis for 11 of 17 days.</p> <p>During a face-to-face interview conducted on October 9, 2020, at approximately 1:15 PM with Employee #2. She acknowledged the findings.</p> <p>2. Facility staff failed to consistently document the treatments Resident #83's received on the Treatment administration record (TAR).</p> <p>Resident #83 was admitted to the facility on April 18, 2018, with diagnoses to include Diabetes Mellitus 2, Hypertension, Hyperlipidemia, hypothyroidism, impulse disorder, Alzheimer's disease, Peripheral vascular disease, and Osteoarthritis.</p> <p>A review of the Treatment Administration Record for August 2020, showed that on Sunday August 9, 2020, the space allotted to sign for Resident's</p>	F 842		

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F 842	<p>Continued From page 47</p> <p>#83 "splint removal, fall precautions, Perineal care, skin impairment, Turn and reposition, vital sign for Covid 19" were left blank, indicating that the documentation was incomplete.</p> <p>During a face-to-face interview conducted on October 9, 2020, at approximately 1:15 PM with Employee # 2. She acknowledged the findings.</p> <p>3. Facility staff failed to document the removal of Resident #158's protective dressing post dialysis.</p> <p>According to Fistulafirst, Renal Disease Council, Inc. ESRD (End stage Renal Disease) Network 18 Tool Kit..."After bleeding has stopped, dress the site with new gauze and tape or with a Band-Aid. Repeat Steps 3-10 for the second needle. Instruct the patient to remove the dressing 3-4 hours following treatment. Notify the charge nurse if the patient has prolonged bleeding or other abnormal symptoms." www.esrdnetwork18.org > pdfs > QI - FF Tools > FF ToolKit</p> <p>Resident #158 was admitted to the facility on November 21, 2014, with diagnoses to include Anemia, Hypertension End stage Renal Disease, Dependence on Renal Dialysis, and Diabetes Mellitus.</p> <p>A review of the Progress note dated September 1, 2020 through October 9, 2020 [16 days] showed the dressings to the resident's left AV [Arteriovenous] graft access site was intact on 2 dialysis days.</p> <p>However, there was no documented record in the</p>	F 842			

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F 842	Continued From page 48 progress note to show that the protective dressing covering Resident # 158's access site was removed post dialysis on any of the 16 days reviewed. A face-to-face interview conducted with Employee #2 on October 9, 2020, at approximately 1:15 PM. She acknowledged the findings.	F 842			
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 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	F 880	1. Corrective action for the resident Affected: Employee #17 acknowledged being educated on the facility's policy for PPE wear. Employee #17 was re-educated by the Infection Control and Preventionist Officer on facility's policy for "Screening & use of Personal Protective Equipment" with focus on item #12 on the policy that stated, "All employees are required to wear face mask at all times when in the facility. Universal eye protection is required when providing direct patient care or in-patient care areas." Employee was provided with re-clarification on the interpretation of patient care areas. Employee #17 verbalized and demonstrated understanding.	12/11/20	

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F 880	<p>Continued From page 49</p> <p>possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(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</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:</p> <p>Based on observations and staff interview, in one</p>	F 880	<p>2. Identification of others with potential To be affected:</p> <p>Residents in the facility have potential to be affected. Rehabilitation Director reviewed facility policy on the use of Personal Protective Equipment with all therapists to ensure full intent and clear understanding of the policy with emphasis on the meaning and definition of "patient care area" to include every area in the facility and rehabilitation hall.</p> <p>No other resident was affected by the deficient practice.</p> <p>3. Measures to prevent recurrence:</p> <p>Staff Development Director will provide pre and post-test on the use of personal protective equipment to all therapists for evaluation of accurate understanding of the facility screening and use of personal protective equipment policy. Rehab Director will conduct daily round to ensure compliance and report findings weekly x 4 and then monthly x 3 to the Director of Nursing.</p>	12/11/20

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F 880	<p>Continued From page 50</p> <p>(1) of one (1) observation, facility staff failed to wear required personal protective equipment (PPE) while in a resident care area to help minimize the transmission of COVID-19 to residents and other staff in the facility.</p> <p>Findings included...</p> <p>Facility staff failed to wear required personal protective equipment while in a resident care area.</p> <p>During a tour of the third-floor rehabilitation unit on 10/5/2020, at 1:52 PM, Employee #17 (physical therapy assistant, PTA) was observed without a face shield and with facemask pulled down below her chin.</p> <p>A review of the policy entitled, "Screening & Use of Personal Protective Equipment (PPE) During An Epidemic" dated 9/1/2020, item #12 showed, "All employees are required to wear face mask at all times when in the facility. Universal eye protection is required when providing direct patient care or in-patient care areas such as all facility nursing units."</p> <p>During a face-to-face interview conducted on 10/5/2020, at 1:52 PM, Employee #17 (PTA) stated, " I took the face shield off because I was just sitting here documenting." Employee #17 acknowledged being educated on facility's policy for PPE wear.</p> <p>Facility staff failed to maintain infection control</p>	F 880	<p>4. Monitoring corrective action:</p> <p>Director of nursing/Designee will present findings during weekly risk management meeting for review. Report will be forwarded to Quality Assurance Committee monthly x 3.</p>	12/11/20	

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F 880	Continued From page 51 practices and protocols by not wearing required personal protective equipment while in a resident area to help minimize the transmission of COVID-19 to residents and other staff in the facility.	F 880		
F 908 SS=E	Essential Equipment, Safe Operating Condition CFR(s): 483.90(d)(2) §483.90(d)(2) Maintain all mechanical, electrical, and patient care equipment in safe operating condition. This REQUIREMENT is not met as evidenced by: Based on observations and staff interview, facility staff failed to maintain essential equipment in safe condition as evidenced by a loose door that failed to close as intended, a broken temperature gauge and a broken temperature adjustment knob from one (1) of two (2) food warmers, and two (2) of six (6) slats from one (1) of one (1) walk-in freezer that were torn. Findings included ... 1. The access door to one (1) of two (2) food warmers was loose and failed to close as intended. 2. The temperature gauge and the temperature adjustment knob from one (1) of two (2) food warmers were broken. 3. Two (2) of six (6) slats in the walk-in freezer were torn.	F 908	1. Corrective action for the resident Affected: Loose and failed food warmer access door was repaired to function as intended. Identified food warmer broken temperature gauge and temperature adjustment knob have been replaced and food warmer is functioning as intended. Torn slats of the walk-in freezer were removed and replaced with new set. Residents did not suffer any negative Outcome.	12/11/20

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F 908	Continued From page 52 During a face-to-face interview on October 9, 2020, at approximately 10:30 AM, Employee #11 acknowledged these findings.	F 908	<p>2. Identification of others with potential To be affected:</p> <p>Residents in the facility have the potential to Be affected. Assistant Maintenance Director/Designee conducted an inspection on essential kitchen equipment to identify broken, torn, loose, or equipment not functioning as intended to ensure repair, or replacement. No other equipment were identified.</p> <p>3. Measures to prevent recurrence:</p> <p>Facility's Maintenance Director/Designee will in-service maintenance and kitchen staff on importance of routine inspection of essential kitchen equipment to foster timely detection, repair, or replacement of defective equipment. Maintenance Assistant Director/Designee will conduct daily equipment check to ensure safe operating conditions of kitchen equipment. Findings will be reviewed with Director of Food Services and Maintenance Director weekly x 4 and monthly x 3.</p> <p>4. Monitoring corrective action:</p> <p>Report and findings will be presented weekly by Director of Food Services during risk management meeting and forwarded to Quality Assurance Committee monthly x 3.</p>	12/11/20	