

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 10/13/2022
NAME OF PROVIDER OR SUPPLIER SERENITY REHABILITATION AND HEALTH CENTER LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1380 SOUTHERN AVE SE WASHINGTON, DC 20032		
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{L 000}	<p>Initial Comments</p> <p>A Revisit Survey was conducted at this facility on October 12-13, 2022 as a follow up to the recertification survey of June 14 - 29, 2022. Survey activities consisted of observations, record reviews, and resident and staff interviews. The facility's census during the survey was 152 and the survey sample included 24 residents.</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 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</p>	{L 000}	<p>Serenity Rehabilitation and Health Center Disclaimer:</p> <p>The facility submits this plan of correction under procedures established by the department of Health in order to comply with the departments directives to change conditions which the department alleges are deficient under state regulations related to Long term care. This should not be construed as either a waiver of the facility's right to appeal or to challenge the accuracy or severity of alleged deficiencies or any admission of any wrong doing.</p>	11/8/22

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

Funmilayo Fashola

TITLE

LNHA

(X6) DATE

11/2/22

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{L 000}	Continued From page 1 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 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	{L 000}		11/8/22

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{L 000}	Continued From page 2 RP R/P - Responsible party SBAR - Situation, Background, Assessment, Recommendation SCC Special Care Center Sol- Solution TAR - Treatment Administration Record Ug - Microgram	{L 000}		
{L 052}	3211.1 Nursing Facilities Sufficient nursing time shall be given to each resident to ensure that the resident receives the following: (a)Treatment, medications, diet and nutritional supplements and fluids as prescribed, and rehabilitative nursing care as needed; (b)Proper care to minimize pressure ulcers and contractures and to promote the healing of ulcers: (c)Assistants in daily personal grooming so that the resident is comfortable, clean, and neat as evidenced by freedom from body odor, cleaned and trimmed nails, and clean, neat and well-groomed hair; (d) Protection from accident, injury, and infection; (e)Encouragement, assistance, and training in self-care and group activities; (f)Encouragement and assistance to: (1)Get out of the bed and dress or be dressed in his or her own clothing; and shoes or slippers, which shall be clean and in good repair; (2)Use the dining room if he or she is able; and	{L 052}	L052 CORRECTIVE ACTION FOR THE AFFECTED RESIDENT: Resident #32 received a shower immediately on 10/13/22 after being notified and was documented accordingly. Resident was reassessed by the Licensed Nurse on 10/28/22. Resident suffered no negative outcome. The Resident will be assisted with Activity of Daily Living (ADL) including shower and bathing; and all the care provided will be documented in the resident medical record ongoing. IDENTIFICATION OF OTHERS WITH THE POTENTIAL TO BE AFFECTED: All residents residing in the facility have potential to be affected. All residents were reassessed head to toe on 10/28/22 by the Licensed Nurses. No resident suffered any negative outcome. The Unit Manager/Designee reviewed all residents' shower schedule and shower sheet from 10/13/22 to ensure that residents received shower or bed bath as scheduled and documented accordingly. Any issue found during the review will be addressed by 11/8/22.	11/8/22

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{L 052}	<p>Continued From page 3</p> <p>(3)Participate in meaningful social and recreational activities; with eating;</p> <p>(g)Prompt, unhurried assistance if he or she requires or request help with eating;</p> <p>(h)Prescribed adaptive self-help devices to assist him or her in eating independently;</p> <p>(i)Assistance, if needed, with daily hygiene, including oral care; and</p> <p>j)Prompt response to an activated call bell or call for help.</p> <p>This Statute is not met as evidenced by: Based on record review and staff interviews, for one (1) of 22 sampled residents, facility staff failed to provide documented evidence that they provided Resident #32 a bath or shower from 10/01/22 to 10/12/22.</p> <p>The findings included:</p> <p>Resident #32 was admitted to the facility on 03/27/20 with multiple diagnoses that included: Cerebral Infarction, Generalized Weakness, and Psychotic Disturbance. Medical record review revealed a care plan dated 05/21/21 documented: "[Resident #32 has an ADL self-care performance deficit/t (related to) dementia, physical limitations ...Goal: [Resident #32] will receive assistance necessary to meet ADL needs ...Interventions: Assist to bathe/shower as needed ..."</p> <p>The facility's response to the statement of deficiencies from the recertification survey that ended on 06/29/22, with an allegation of</p>	{L 052}	<p>MEASURE TO PREVENT RECURRENCE: The facility Staff Developer will re-educate/in-service the facility Licensed Nurses and Nursing Assistants on the importance of assisting and providing Activity of Daily Living (ADL) to the residents and ensuring that residents receive their shower or bath as scheduled on their shower days and as needed. Emphasis will be placed on the importance of documenting of care provided for the residents. This intervention will be completed by 11/8/22.</p> <p>MONITORING CORRECTIVE ACTION: The Unit Manager/Designee will conduct house wide review/audit of the residents' shower schedule and shower sheets to ensure that residents are given showers on their schedule dates, and also ensure that residents are provided appropriate assistant with Activity of Daily Living (ADL). This audit will be completed weekly times 4, then, monthly times 3 months.</p>	11/8/22

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{L 052}	Continued From page 4 compliance date of 09/23/22 stipulated: "... Staff Development/Designee will provide education/in-service to the facility licensed nurses and nursing assistants on the importance of assisting and providing Activity of Daily Living (ADL) and the importance of documentation of care provided for the residents. This will be completed by 09/23/22." "The Unit Manager/ Designee will conduct house wide review/audit of residents' and ensure that Director of Admission/Designee will conduct house wide audit to ensure that Activity of Daily Living (ADL) care provided are documented in the resident('s) medical records accurately ..." Further review of Resident #32's medical record showed the following: A Quarterly Minimum Data Set (MDS) dated 08/02/22 showed facility staff coded a Brief Interview for Mental Status (BIMS) summary score of "08", indicating that the resident had moderately impaired cognition. In addition, facility staff coded the resident as requiring extensive personal hygiene assistance and was totally dependent on facility staff for bathing. A review of Unit 1 North's shower book on 10/13/22 at approximately 10:00 AM, showed Resident #32's shower days were Wednesdays and Saturdays. A review of the shower sheets for Resident #32 from 10/01/22 to 10/13/22 revealed: no shower sheet for 10/05/22 (Wednesday), 10/08/22 (Saturday), and 10/12/22 (Wednesday). A review of the CNA Documentation Sheets, which showed the ADL care that CNAs provide to residents, revealed that from 10/01/22 to	{L 052}	The Unit Manager/Designee will conduct house wide review/audit of residents' Activity of Daily Living (ADL) to ensure that Activity of Daily Living (ADL) care provided is accurately documented in the residents' medical records. This audit will be conducted weekly times 4, then, monthly times 3 months. The findings of these audits will be presented monthly for 3 months to Quality Assurance Performance Improvement (QAPI) committee.	11/8/22

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{L 052}	Continued From page 5 10/12/22, there was no documentation of bathing Resident #32. A review of Resident #32's medical record lacked documented evidence from 09/24/22 to 10/12/22 that staff bathed the resident from 10/1/22 to 10/12/22 or showered the resident on his assigned shower days in October. During a face-to-face interview with Resident #32 on 10/13/22 at approximately 10:10 AM, the resident stated, "I have not been given a shower or a bath for days." During a face-to-face interview conducted on 10/13/22 at 10:15 AM, Employee #3 (First Floor Unit Manager) acknowledged that Resident #32's medical record lacked documented evidence that facility staff provided showers to the resident on his assigned shower days or bathed the resident from 10/01/22 to 10/12/22.	{L 052}		11/8/22
{L 534}	3270.1 Nursing Facilities A transfer or discharge of a resident from a nursing facility shall be done in accordance with the Nursing Home and Community Residence Facility Residents' Protection Act of 1985, effective April 18, 1986 (D.C. Law 6-108; D.C. Official Code §§ 44-1003.01, et seq. (2005 Repl. & 2011 Supp.)). This Statute is not met as evidenced by: Based on record review and staff interviews, for one (1) of 24 sampled residents, facility staff failed to provide Resident #41's representative notice of the bed hold policy within 24 hours after transfer to the hospital.	{L 534}	L534 CORRECTIVE ACTION FOR THE AFFECTED RESIDENT: Resident #41 was transferred to the hospital on 10/14/2022. The notice of bed-hold policy and bed-hold days was provided in writing to the resident during this hospital transfer. The resident representative was notified. A copy of notice of bed-hold policy and bed-hold days is mailed to the resident representative. Compliance date for this intervention is 11/8/22.	

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{L 534}	<p>Continued From page 6</p> <p>The findings included:</p> <p>Resident #41 was admitted to the facility on 03/22/19 with multiple diagnoses that included: Cognitive Communication Deficit, Dysphagia and Schizophrenia.</p> <p>The facility's response to the statement of deficiencies from the recertification survey that ended on 06/29/22, with a Plan of Correction date of 09/23/22 stipulated:</p> <p>"... Staff Development/Designee will provide education/in-service to the facility Admission Director/Designee on the importance of providing the bed hold policy to the resident and/or responsible party within the stipulated time by CMS requirement and regulation..."</p> <p>"Director of Admission/Designee will conduct house wide audit to ensure that responsible parties are notified or provided with a copy of the bed policy when a resident is out of the facility and update them in writing of the bed hold days... Any issues found will be corrected by 9/23/22..."</p> <p>Review of Resident #41's medical record showed the following:</p> <p>A Quarterly Minimum Data Set (MDS) dated 09/21/22 showed facility staff coded a Brief Interview for Mental Status (BIMS) summary score of "06", indicating severe cognitive impairment.</p> <p>09/23/22 at 12:49 AM "Nurses Note Late Entry ...Resident was assessed and observed with respiratory distress and restlessness ... [Medical Doctor] was notified immediately and an order to transfer resident to ER (emergency room) via 911</p>	{L 534}	<p>IDENTIFICATION OF OTHERS WITH POTENTIAL TO BE AFFECTED:</p> <p>All resident residing in the facility have potential to be affected. All residents were reassessed head to toe on 10/28/22 by the Licensed Nurses. No resident suffered any negative outcome.</p> <p>The Director of Social Services/ Designee conducted house-wide audit from 10/13/22 to ensure that resident and resident representatives were notified and provided in writing notice of bed-hold policy and bed-hold days within 24 hours of transfer or leave of absence from the facility; and ensure documentation of notice of bed-hold policy and bed-hold days in the resident record. Any issue found during the review will be addressed by 11/8/22.</p> <p>MEASURES TO PREVENT RECURRENCE:</p> <p>The facility Staff Development/ Designee will provide in-service/education to all licensed nurses, Social Workers, and Admission Coordinator on the importance of ensuring that the notice of bed-hold policy and bed-hold days are provided in writing to the resident and resident representative within 24 hours of transfer or leave of absence from the facility. Also, the education will place emphasizes on accurately completing of bed-hold form, and documenting of the notice of bed-hold policy and bed-hold days in the resident medical record.</p> <p>This intervention will be completed by 11/8/22.</p>	11/8/22

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{L 534}	Continued From page 7 ..." 09/23/22 [physician's order] "Transfer resident to ER for respiratory distress" 09/23/22 at 7:14 AM "Nurses Note Late Entry ...order was given to transfer resident to ER for further evaluation ...paramedics arrived at resident bedside at 12:12 am, assessed resident and left the unit at 12:45 am with resident on stretcher ...Resident left the facility with the following document: E-interact transfer, Face sheet, advance directive, list of meds, most recent labs, care plan goal, bed hold policy for 8 days ... Message left on voice mail for Emergency contact ... at 12.48 am. Follow up call placed ... resident has been admitted for sepsis and hypernatremia ..." Resident #41's "[Facility Name] Bed Hold Days" form showed, "... transfer date 9/23/22"; "number of bed hold days" showed a zero with a line crossed through it, indicating none; responsible party notified of bed hold days, "yes"; "9/26/22 This writer informed resident's emergency contact of resident's bed hold status as well as the bed hold policy." This form was signed and dated "9/26/22" by Employee #4, the Admissions Director. The evidence showed that facility staff failed to provide Resident #41's responsible party the bed hold policy and number of bed holds within 24 hours of his transfer to the hospital. During a face-to-face interview conducted on 10/12/22 at 4:36 PM, Employee #4 (Admissions Director) stated, "Monday through Friday, the notices are done immediately or the next day. When a transfer happens on the weekends, the	{L 534}	MONITORING CORRECTIVE ACTION: The Director of Social Services/ Designee will conduct house-wide audit to ensure that resident and resident representatives are notified and provided in writing notice of bed-hold policy and bed-hold days within 24 hours of transfer or leave of absence from the facility; and ensure documentation of notice of bed-hold policy and bed-hold days in the resident record. This audit will be completed weekly times 4, then monthly times 3 months. The findings of these audits will be presented monthly for 3 months to Quality Assurance Performance Improvement (QAPI) committee.	11/8/22

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{L 534}	Continued From page 8 bed hold policy and bed hold days' notice is done on the next business day because I am not here on the weekends." The employee was then asked why Resident #41's was not done since 09/23/22 was a Friday, Employee #4 stated that she was unsure what happened. It should be noted that Employee #4 signed on 09/15/22 to receiving the facility's in-service on "...Notice of Bed Hold Policy Before/Upon Transfer".	{L 534}	The findings of these audits will be presented monthly for 3 months to Quality Assurance Performance Improvement (QAPI) committee.	11/8/22