

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD02-0011</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/17/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SERENITY REHABILITATION AND HEALTH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1380 SOUTHERN AVE SE WASHINGTON, DC 20032</b>
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L 000	<p><b>Initial Comments</b></p> <p>A COVID-19 Focused Infection Control Survey was conducted from March 5, 2021 through March 17, 2021. Survey activities consisted of a review of 11 sampled residents. The survey was conducted under Title 22B District of Columbia Municipal Regulations, Chapter 32 Nursing Facilities. The resident census during the survey was 151.</p> <p>he following is a directory of abbreviations and/or acronyms that may be utilized in the report:</p> <p><b>Abbreviations</b>  AMS - Altered Mental Status  ARD - Assessment reference date  BID - Twice- a-day  B/P - Blood Pressure  cm - Centimeters  CMS - Centers for Medicare and Medicaid Services  CNA- Certified Nurse Aide  CPR- Cardiopulmonary Resuscitation  CRF - Community Residential Facility  D.C. - District of Columbia  DCMR- District of Columbia Municipal Regulations  D/C Discontinue  DI - Deciliter  DMH - Department of Mental Health  EKG - 12 lead Electrocardiogram  EMS - Emergency Medical Services (911)  G-tube Gastrostomy tube  HSC Health Service Center  HVAC - Heating ventilation/Air conditioning  ID - Intellectual disability  IDT - Interdisciplinary team  L - Liter  Lbs - Pounds (unit of mass)</p>	L 000	<p><b>SERENITY REHABILITATION AND HEALTH CENTER DISCLAIMER.</b></p> <p>Facility submits this plan of correction under procedures established by the Department of Health In order to comply with the Department's directive to change conditions which the Department alleges are deficient under state Regulations relating to long term care. This should not be construed as either a waiver of the Facility's right to appeal and to Challenge the accuracy or severity of the alleged Deficiencies or any admission of any wrong doing.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Hunmilayo Fashola-LNHA*

TITLE

*Administrator 4/30/21*

(X6) DATE

Health Regulation & Licensing Administration

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L 000	Continued From page 1  MAR - Medication Administration Record MD- Medical Doctor MDS - Minimum Data Set Mg - milligrams (metric system unit of mass) mL - milliliters (metric system measure of volume) mg/dl - milligrams per deciliter mm/Hg - millimeters of mercury MN - midnight Neuro - Neurological NP - Nurse Practitioner PASRR - Preadmission screen and Resident Review Peg tube - Percutaneous Endoscopic Gastrostomy PO- by mouth POS - physician ' s order sheet Prn - As needed Pt - Patient Q- Every QIS - Quality Indicator Survey Rp, R/P - Responsible party SCC - Special Care Center Sol- Solution TAR - Treatment Administration Record Trach- Tracheostomy	L 000		
L 051	3210.4 Nursing Facilities  A charge nurse shall be responsible for the following:  (a)Making daily resident visits to assess physical and emotional status and implementing any required nursing intervention;  (b)Reviewing medication records for completeness, accuracy in the transcription of physician orders, and adherences to stop-order	L 051	<b>L051</b> <b>Corrective Action for the Residents Affected:</b> The affected Resident #1 was assessed on 3/4/2021.Full vital signs including oxygen saturation was implemented according to the interventions specified in the comprehensive person centered care	<b>04/14/21</b>

Health Regulation & Licensing Administration

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L 051	<p>Continued From page 2</p> <p>policies;</p> <p>(c)Reviewing residents' plans of care for appropriate goals and approaches, and revising them as needed;</p> <p>(d)Delegating responsibility to the nursing staff for direct resident nursing care of specific residents;</p> <p>(e)Supervising and evaluating each nursing employee on the unit; and</p> <p>(f)Keeping the Director of Nursing Services or his or her designee informed about the status of residents. This Statute is not met as evidenced by:</p> <p>Based on record review, and staff interview, for one (1) of 11 sampled residents, the charge nurse failed to implement the interventions specified in the comprehensive person-centered care plan of a COVID-19 positive resident. Resident #1.</p> <p>Findings included ...</p> <p>Review of the facility's policy entitled, "Facility Responses to a Positive or Suspected COVID-19" stated under section 4, "... Monitor vital signs at a minimum every shift and as needed. Document vital signs in the medical record ..."</p> <p>Resident #1 was admitted to the facility on 11/07/2020, with diagnoses that included, Stroke, Hypertension, and Urinary Tract Infection.</p> <p>Review of Resident #1's medical record showed the following progress note:</p> <p>"2/20/2021 at 11:33 [AM] Nurse Practitioner</p>	L 051	<p>plan of a COVID-19 positive resident and to reflect facility standard of practice to document full vital signs with O2 (oxygen) saturation for Covid-19 residents every shift and as needed. Resident#1vital signs Temp 97.2, Pulse 70, Respiration 18, Oxygen 98% room air, and Blood Pressure 120/64</p> <p>Resident #1 did not suffer any negative outcome.</p> <p>The facility Staff Development/Designee will provide education to the facility Licensed nurses on the importance of implementing the interventions specified in comprehensive person-centered care plan of the resident including the full vital signs with O2 (oxygen) saturation.</p> <p><b>Identification of others with the Potential to be affected:</b></p> <p>All residents with confirmed diagnosis of Covid-19, on quarantine or on monitoring related to Covid-19 in the facility have the potential to be affected.</p> <p><b>a.</b> The Unit Manager/ Designee will complete an audit of all residents with active Covid -19 status, on quarantine or on monitoring related to Covid-19 to ensure implementation of the interventions specified in the comprehensive person-centered care plan of the residents including the full vital signs with O2 (oxygen) saturation.</p>	04/14/21

Health Regulation & Licensing Administration

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L 051	<p>Continued From page 3</p> <p>Progress Note ... Asked to see patient will be moved to Isolation tested positive for COVID results reported this morning."</p> <p>Review of the physician's orders showed the following order:</p> <p>"02/21/2021 at 11:26 AM Observation due to positive COVID (COVID-19) result every shift for observation for 14 Days"</p> <p>Review of Resident #1's care plan with the initiation date of 02/26/2021, outlined the following interventions to address the resident's symptomatic positive COVID-19 status:</p> <p>"Observe the resident Q (every) 4 hours for s/sx (signs and symptoms) and monitor full vital signs including O2 (oxygen) saturation."</p> <p>Review of Resident #1's vital signs record revealed that there was no documented oxygen saturation assessments on dates March 1, 2, and 3, 2021 for all three shifts.</p> <p>During a telephone interview conducted on 03/15/2021, at approximately 11:45 AM, Employee #2 (Director of Nursing) stated, "Vital signs are to be done every four (4) hours at a minimum and as needed for residents who are confirmed COVID-19 positive and under quarantine or observation."</p> <p>During a second interview conducted on 03/17/2021, at 10:45 AM Employee #2 stated, "Vital signs include blood pressure, temperature, oxygen saturation, respirations and heart rate." At the time of the interview, Employee #2 acknowledged the findings.</p>	L 051	<p><b>b. Any issue found during this audit addressed,</b> The compliance date for this intervention will be 4/12/21.</p> <p><b>Measures to Prevent Recurrence</b> The facility Staff Development/ Designee will provide an education/ in-service to all facility licensed nurses. The in-service or education will explain the importance of implementing the interventions specified in comprehensive Person-centered care plan of the resident including the full vital sign with O2 (oxygen) Saturation. The compliance date for this Intervention will be 4/12 /21.</p> <p><b>Monitoring Corrective Action:</b></p> <p><b>a.</b> The Unit Manager/ Designee will Conduct weekly audit for 3 months of all residents with confirmed Covid -19 diagnosis, on quarantine or on monitoring related to Covid-19 to ensure accurate implementation of the interventions specified in the comprehensive person-centered care plan of the residents including the full vital signs with O2 (Oxygen) saturation. The compliance date for this intervention will be 4/12/21.</p> <p><b>b.</b> The findings of these audits will be presented monthly for 3 months to Quality Assurance Performance Improvement (QAPI) committee.</p>	4/14/21
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L 051	Continued From page 4  The charge nurse failed to implement the interventions specified in Resident #1's comprehensive person-centered care plan.	L 051		
L 091	<p>3217.6 Nursing Facilities</p> <p>The Infection Control Committee shall ensure that infection control policies and procedures are implemented and shall ensure that environmental services, including housekeeping, pest control, laundry, and linen supply are in accordance with the requirements of this chapter. This Statute is not met as evidenced by:</p> <p>Based on observation and staff interview, the facility's staff failed to follow the Standard of Practice for donning a face shield (Personal Protective Equipment); and follow the facility's policy for disposing of used Personal Protective Equipment (PPE).</p> <p>Findings included...</p> <p>1. Employee #7 failed to follow Standards of Practice when donning a face shield.</p> <p>According to the Center for Disease Control and Prevention's website, proper donning of face shields includes the following steps:</p> <p>"Put on a full-face shield over the N95 respirator and surgical hood to provide additional protection to the front and sides of the face, including skin and eyes. Bending forward, hold on to the face shield with both hands, expand the elastic with your thumbs and place the elastic behind your head, so that the foam rests on your forehead. Once the shield is situated, check to make sure it</p>	L 091	<p><b>L091</b> <b>Corrective Action for the Residents Affected:</b></p> <p>1. Employee #7 has been educated on 3/4/202 on the Standard of Practice for donning a face shield and adhering to facility policies and procedures of infection prevention.</p> <p>No facility resident was affected.</p> <p>2. Employee #8 has been educated on 3/4/202 on following facility's Infection Control policy when doffing and disposing of a used gown and adhering to facility policies and procedures on infection prevention.</p> <p>No facility resident was affected</p> <p><b>Identification of others with the Potential to be affected.</b></p> <p>All residents in the facility have the potential to be affected.</p> <p>a. The Facility Infection Preventionist will Conduct an audit/evaluation of the facility Training on the use of Personal Protective Equipment (PPE) (Donning &amp; Doffing) and Proper disposal of used Personal Protective Equipment to evaluate if facility staff understood the training for the purpose of making future education revision this will increase compliance.</p>	04/14/21

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L 091	<p>Continued From page 5</p> <p>covers the front and sides of the face and no areas are left uncovered."</p> <p><a href="https://www.cdc.gov/vhf/ebola/hcp/ppetraining/n95respirator_gown/donning_13.html">https://www.cdc.gov/vhf/ebola/hcp/ppetraining/n95respirator_gown/donning_13.html</a></p> <p>During an observation of the 2nd floor on 03/04/21, at approximately 11:50 AM, Employee #7 (Certified Nursing Aide- CNA) was observed in the hallway with her face shield not appropriately worn per the standards of practice. The faceshield was noted in her hairline directly above her forehead, pointed in an upward position, slightly away from her face leaving her surgical mask uncovered.</p> <p>During a face-to-face interview on 03/04/2021, at approximately 12:00 PM, Employee #7 was asked, is there a reason why her face shield was not covering her (surgical) face mask? The employee stated that the face shield slides upward.</p> <p>It should be noted that 34 of the 52 residents on this unit were on "Precautionary Observation" due to possible COVID-19 exposure.</p> <p>During a face-to-face interview on 03/04/2021, at approximately 1:15 PM, Employee #2 (Director of Nursing) acknowledged the finding and stated that administrative staff conducts daily observations to ensure that staff are appropriately donning personal protective equipment.</p> <p>At the time of the survey, Employee #7 failed to follow the Standards of Practice while donning a face shield.</p> <p>2. Employee #8 failed to follow the facility's policy</p>	L 091	<p>The compliance date for this intervention will be 4/12/21</p> <p><b>b. Any issue found during this audit will be addressed.</b></p> <p><b>Measures to prevent recurrence:</b></p> <ol style="list-style-type: none"> <li>1. Staff Development/ Designee will provide in-services to all facility employees on Infection control practices to explain the use of Personal Protective Equipment (PPE) (Donning &amp; Doffing) and proper disposal of used Personal Protective Equipment (PPE)</li> <li>2. The unit managers/ designee will conduct shift huddles at the beginning of each shift to remind facility staff on following the facility Infection Control practices on Donning &amp; Doffing Personal Protective Equipment (PPE) and proper disposal of used Personal Protective Equipment (PPE) to prevent the spread of infection.</li> </ol> <p>The compliance date for this intervention will be 4/12/21</p> <p><b>Monitoring corrective Action:</b></p> <ol style="list-style-type: none"> <li>1. Assistant Director of Nursing/Designee will conduct random visual audit 3 times a week to ensure that the facility employees are wearing their face shield. appropriately in the resident care areas per the standard of practice to ensure they are .Finding of the random visual audit will</li> </ol>	04/14/21

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L 091	<p>Continued From page 6 for disposing PPEs.</p> <p>Review of the facility's document titled, "Infection Control (Personal Protective [Protective] Equipment-PPE)/ Donning &amp; Doffing PPE" policy dated 01/2021, instructed staff to "remove gown ...dispose in [room] trash receptacle."</p> <p>During two observations on the 2nd floor on 03/04/2021, starting at approximately 12:10 PM, the following was observed:</p> <p>Observation #1 Employee #8 (CNA) was observed coming out of Room #243 with a blue disposable gown in her ungloved hands.</p> <p>-The employee walked up the hallway past the nursing station and touched the door of Room #207 to get a red trash bag that was stored on the door in a hanging storage unit.</p> <p>-Employee #8 put the blue gown in the trash bag.</p> <p>- After putting the blue gown in the trash bag, the employee walked to the dirty utility room and touched the keypad to open the door.</p> <p>-When the door opened, Employee #8 disposed of the blue gown in the trash receptacle.</p> <p>-After disposing of the blue gown, the employee then walked to the nurse's station and washed her hands.</p> <p>During a face-to-face interview conducted on 03/04/2021, at approximately 12:15 PM, Employee #8 stated that she used the gown while caring for Resident #6 (who was on precautionary observation for possible exposure to COVID-19) in room #243. The employee then stated that the</p>	L 091	<p>be presented monthly for three months to Quality Assurance and Performance (QAPI) committee.</p> <p>2. Assistant Director of Nursing/Designee will conduct random visual audit 3 times a week to ensure that the facility employees are following facility policy on the disposal of Personal Protective Equipment (PPE) .Findings of this visual random audits will be presented monthly for three months to Quality Assurance and Performance (QAPI) committee. The compliance date for this intervention will be 4/12/21.</p>	4/14/21
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L 091	<p>Continued From page 7</p> <p>room did not have a red trash bag, so she walked out of the room to dispose of the gown.</p> <p>An observation of Room #243 was conducted on 03/04/2021, at approximately 12:20 PM revealed which that the room had a foot-operated trash can that contained a red-trash bag that was not full.</p> <p>During a second interview on 03/04/2021, at approximately 12:20 PM, Employee #8 stated, "I didn't realize it was red trash bag in the trash can."</p> <p>During a face-to-face interview conducted on 03/04/2021, at approximately 1:15 PM, Employee #1 (Administrator) acknowledged the findings and stated they would continue to provide education to the staff about infection control practices.</p> <p>At the time of the survey, Employee #8 failed to follow the facility's Infection Control policy when doffing and disposing of a used gown.</p>	L 091		