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| F 000 | INITIAL COMMENTS<br><br>An unannounced Long Term Care Survey was conducted at Transitions Center from 2/9/2020 through 2/20/2020. Survey activities consisted of a review of 75 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 during the survey was 346.<br><br>The following is a directory of abbreviations and/or acronyms that may be utilized in the report:<br><br>Abbreviations<br>AMS - Altered Mental Status<br>ARD - Assessment Reference Date<br>AV- Arteriovenous<br>BID - Twice- a-day<br>B/P - Blood Pressure<br>cm - Centimeters<br>CFR- Code of Federal Regulations<br>CMS - Centers for Medicare and Medicaid Services<br>CNA- Certified Nurse Aide<br>CRF - Community Residential Facility<br>CRNP- Certified Registered Nurse Practitioner<br>D.C. - District of Columbia<br>DCMR- District of Columbia Municipal Regulations<br>D/C Discontinue | F 000 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

A D Nurse Supervisor | 22 Apr 20

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 | F 000 | | |

DI - deciliter
DMH - Department of Mental Health
EKG - 12 lead Electrocardiogram
EMS - Emergency Medical Services (911)
G-tube Gastrostomy tube
HR- Hour
HSC - Health Service Center
HVAC - Heating ventilation/Air conditioning
ID - Intellectual disability
IDT - interdisciplinary team
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)
mL - milliliters (metric system measure of volume)
mg/dl - milligrams per deciliter
mm/Hg - millimeters of mercury
MN midnight
Neuro - Neurological
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
QIS - Quality Indicator Survey
RD- Registered Dietitian
RN- Registered Nurse
ROM Range of Motion

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| F 000 | Continued From page 2<br>Rp, R/P - Responsible party<br>SCC Special Care Center<br>Sol- Solution<br>TAR - Treatment Administration Record | F 000 | | |
| F 550 SS=D | Resident Rights/Exercise of Rights<br>CFR(s): 483.10(a)(1)(2)(b)(1)(2)<br><br>§483.10(a) Resident Rights.<br>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.<br><br>§483.10(a)(1) A facility must treat each resident 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.<br><br>§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.<br><br>§483.10(b) Exercise of Rights.<br>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.<br><br>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal | F 550 | 1. Resident #169's soiled linen was changed immediately and is inspected daily by the Unit Manager/Supervisors to ensure that they were being changed consistently for thirty (30) days. Resident #197's facial hair was removed and her care card updated to perform this task on shower days. 2/18/20<br>2. All female residents presenting with facial hair were reviewed and care plans established for routine removal of their facial hair as appropriate. 2/18/20<br>3. Direct-care staff was in-serviced on the routine care and services that are to be provided to all residents with thoroughness, dignity, and respect. Unit Managers shall perform random audits during walking rounds to inspect the care of residents to include incontinence care as well as hygiene and linen change. This audit shall include 5 residents per week for 4 weeks, then monthly. 3/14/20<br>4. The results of these audits will be reported to the QAPI Committee monthly for further review and recommendations. | |

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| F 550 | Continued From page 3<br>from the facility.<br><br>§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.<br>This REQUIREMENT is not met as evidenced by:<br><br>Based on observation, record review, and interviews for two (2) of 75 sampled residents, the facilty's staff failed to treat residents with respect and dignity, as evidenced by: allowing one (1) resident to lay on soiled linen until the change of shift, and by not providing incontinent care and not removing facial hair for one (1) resident. Residents' # 169 and #197<br><br>Findings include...<br><br>1. The facilty staff failed to treat Resident #169 with dignity and respect by allowing her to lay in bed on soiled bed linen (a fitted sheet) until the change of shift.<br><br>Resident #169 was admitted to the facility on September 17, 2019 with diagnoses with included Hypertension, Diabetes Mellitus, Depression, and Anxiety Disorder.<br><br>According to the Quarterly Minimum Data Set completed on 12/18/2019, Resident #169 had a Brief Interview for Mental Status (BIMS) score of "15" which is an indication that the resident is cognitively intact and able to make decisions. Under Section G0110 Activities of Daily Living | F 550 | | |

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| F 550 | Continued From page 4<br>(Functional Status), the resident required extensive assistance with 2 person physical assistance with transfer and toilet use, and one person physical assistance with personal hygiene and bed mobility. Under Section H Bowel and Bladder the resident was coded as having occasional urinary incontinent and frequently incontinent of bowel.<br><br>During a face-to-face interview with Resident #169 on 2/19/2020 at approximately 10:30 AM. The resident stated that she called for assistance to use the bedpan. The CNA instructed her to use her incontinent brief. Continued interview revealed that the CNA eventually helped her use the bedpan, after arguing with her.<br><br>Further interview revealed that after the CNA Employee #32 helped her use the bedpan, the CNA Employee #32 made her aware that there was a brown stain on her fitted sheet. When queried about the brown stain, the resident said "It was stool because I had an upset stomach all that day". The resident then stated, "I asked the CNA to change the fitted sheet, but the CNA said, No, I'll change it before I leave in the morning."<br><br>According to Employee #2, DON, on 02/19/19 at 4:00 PM, the CNA Employee #32 was suspended because she allowed Resident #169 to lay on soiled linen until the change of shift.<br><br>Facility staff failed to provide Resident #169 with dignity when she was left to lay on soiled bed linen.<br><br>2A. The facility's staff failed to treat Resident | F 550 | | |

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| F 550 | Continued From page 5<br>#197 with dignity and respect by not providing incontinent care.<br><br>Observation on 02/09/20 at 7:10 AM showed Resident #197 sitting on a bare mattress naked and holding pajama in front of her body. Also noted was a fluid soaked fitted sheet lying on the bed.<br><br>This writer informed Employee #11 at 7:15 AM that the resident was naked, her bed was soiled and she needed to be changed. The employee stated, she was going to send someone to the room to take care of the resident.<br><br>According to Section H0300 (Urinary Continence) of the quarterly Minimum Data Set (MDS) dated December 31, 2019 the resident is coded for occasional incontinence.<br><br>During a face-to-face interview on February 09, 2020 at approximately 10:30AM. Employee #10 acknowledged the finding.<br><br>2B. The facility's staff failed to provide Resident #197 with dignity and respect by not removing facial hair.<br><br>On February 20, 2020 at approximately 11:00 AM Resident #197 was observed sitting on the seat of her rollator (walker) across from the Nurses' Station. While speaking to the resident this writer observed thick facial hair around the resident's mouth and chin. The resident was asked whether she wanted the hair around her mouth | F 550 | | |

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| F 550 | Continued From page 6<br>and on her chin and she responded, "No. I need somebody to take it off."<br><br>Employee #10 was asked to observe the resident's face immediately after the aforementioned observation. The employee observed the resident's face and asked the resident, "Do you want it (hair) off?" While pointing to the hair on the Resident#197's face. The resident said, "Yes." The employee then stated, "I will get someone to take it (hair) off right away."<br><br>During a face-to-face interview with Employee #10 on February 20, 2020 at approximately 11:30 AM, the employee acknowledged that the staff failed to respect Resident #197's dignity by not removing the resident facial hair. | F 550 | | |
| F 558 SS=D | Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3)<br><br>§483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents.<br>This REQUIREMENT is not met as evidenced by:<br><br>Based on observation, record review and interview for two (2) of 75 sampled residents the facility's staff failed to ensure that one (1) resident was provided with a Bariatric bed to promote safety with bed mobility, and to ensure one (1) resident was clothed, cleaned and dry. (Residents' #23 and #197). | F 558 | 1. Resident #23's bed was changed immediately. He was queried the following day to ask if the bed was comfortable and the resident was pleased with the change of the bed.<br>2. An audit of bariatric residents was performed to ensure that no other like-residents were affected. Any residents opting for a change will be accommodated and maintenance will ensure proper functioning of the bed. | 3/23/20<br>3/13/20 |

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| F 558 | Continued From page 7<br><br>Findings include ...<br><br>1. The facility's staff failed to ensure that Resident#23 was provided a Bariatric bed to promote safety with bed mobility.<br><br>Observation of Resident #23's room on 02/10/20 at 10:00 AM showed the resident lying in bed. When asked if he had any concerns, the resident pointed to his bed and stated, "Yes, I weigh 337 pounds, and this bed is too small for me. I'm scared to move over in the bed".<br><br>Continued observation revealed that Resident #23 attempted to pull himself to the left side of the bed. However, he was unsuccessful because the bed did not have room for him to change position in the bed safely.<br><br>Review of the resident's current medical record on 02/10/20 starting at 2:00 PM showed that the resident was admitted on 08/19/19 with multiple diagnoses including Morbid Obesity.<br><br>Continued review of the medical record lacked documented evidence Resident #23 had been assessed for the use of a bariatric bed for safety and bed mobility.<br><br>During a face to face interview on 02/10/20 at 3:00 PM, Employee #2(DON) and Employee #7 (Unit Manager) acknowledged the finding.<br><br>The facility's staff failed to assess Resident #23 for the need of a Bariatric bed to ensure safety with bed mobility. | F 558 | 3. Any new or returning bariatric resident will have their beds assessed by maintenance within five (5) working days to ensure proper fit and functioning.<br>4. An audit of bariatric beds will be performed by Maintenance Staff weekly x 4 weeks, then monthly. All reports and findings will be submitted to the QAPI Committee for further review and recommendations.<br>1. Resident #197 was showered, facial hair removed, and changed with clean clothing immediately. 2/18/20<br>2. The facility recognizes that all residents have the potential to be affected by this finding.<br>3. Direct-care staff was in-serviced on the routine care and services that are to be provided to all residents with thoroughness, dignity, and respect. Unit Managers shall perform random audits during walking rounds to inspect the care of residents to include incontinence care as well as hygiene and linen change. This audit shall include 5 residents per week for 4 weeks, then monthly. 3/14/20<br>4. The results of these audits will be reported to the QAPI Committee monthly for further review and recommendations. | |

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| F 558 | Continued From page 8<br><br>2. The facility staff failed to ensure Resident#197 was clothed, cleaned and dry.<br><br>Observation on 02/09/20 at 7:10 AM showed Resident #197 sitting on a bare mattress naked and holding pajama in front of her body. Also noted was a fluid soaked fitted sheet lying on the bed.<br><br>This writer informed Employee #11 at 7:15 AM that the resident was naked, her bed was soiled and she needed to be changed. The employee stated, she was going to send someone to the room to take care of the resident. However, at 7:30 AM the resident was still unchanged.<br><br>According to Section H0300 (Urinary Continence) of the quarterly Minimum Data Set (MDS) dated December 31, 2019 the resident is coded for occasional incontinence.<br><br>During a face-to-face interview on February 09, 2020 at approximately 10:30 AM. Employee #10 acknowledged the finding. | F 558 | | |
| F 568 SS=E | Accounting and Records of Personal Funds CFR(s): 483.10(f)(10)(iii)<br><br>§483.10(f)(10)(iii) Accounting and Records.<br>(A) The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf.<br>(B) The system must preclude any commingling | F 568 | 1. Resident #187 was refunded the $100.00<br>2. The facility audited deposited checks and money orders from February 2020 through October 2019 and determined that no other residents were affected by the findings in this deficiency. | 2/19/20 |

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| F 568 | Continued From page 9<br>of resident funds with facility funds or with the funds of any person other than another resident.<br>(C)The individual financial record must be available to the resident through quarterly statements and upon request.<br>This REQUIREMENT is not met as evidenced by:<br><br>Based on observation, record review, and interview for five (5) of 11 sampled residents, whose personal funds are managed by the facility, the facility's staff failed to follow generally accepted accounting principles when depositing a money order made out to one (1) resident and to ensure five (5) residents who have Resident Fund Management System (RFMS) accounts gave the facility staff authorization to manage their funds. Residents' #187, #112, #116, #181 and #238<br><br>Findings include ...<br><br>1. Review of the medical record for Resident #187 showed that she was admitted to the facility on 9/16/19 with diagnoses that included Hypertension and End-Stage Renal Disease.<br><br>A review of the Admission Minimum Data Set [MDS] dated 9/23/2019, showed Section C [Cognition Patterns] C1000 Cognitive skills for daily decision making were recorded as "15" which indicated that the resident was cognitively intact.<br><br>During a face-to-face interview with Resident #187, on February 10, 2020, at 2:58 PM, she stated that the facility cashed a money order that was sent to her as a Christmas gift. The resident also said, "the money order was addressed to | F 568 | 3. A new policy and procedure was written to ensure that checks or money orders that are not made payable to the facility are deposited in the facilities operating account. The business office was in-serviced on this policy on 3/18/2020. 3/18/20<br>4. The Business office manager or designee will audit the deposits daily to ensure that the facility is the payee before deposits are completed. A monthly summary with the findings of those audits will be reported to the facilities QAPI committee for review.<br>1. Resident #112 account was closed due to inactivity and the account had a zero balance. Resident #116 had a new Authorization and Agreement form generated. Resident #116 signed and dated the form on 3/30/20. Resident #181 has the facility as the representative payee. A new Authorization & Agreement from was generated. A member of the Business Office staff signed the form on behalf of the facility and the form was dated. Resident #238 has the facility as the representative payee. A new Authorization & Agreement form was generated. A member of the Business Office staff signed the form on behalf of the facility. 3/30/20 | |

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| F 568 | Continued From page 10<br>me, but the facility staff cashed it and applied the money to my balance without my consent. The Resident further stated that she requested a refund from the business office but was unsuccessful.<br><br>A face-to-face interview was conducted with the Business Office staff (Employees # 1, #25 and #26) on 2/13/2020 at approximately 4:00 PM. The group shared that the Resident#187 money order came in an envelope addressed to the facility via U.S. Mail from the Resident's niece. The envelope was opened and the money order for $100.00 was then scanned and applied to the resident's balance owed to the facility in error. Employee #1 then stated, "It was an honest mistake and the facility will refund the resident her money".<br><br>The writer was provided a copy of the scanned money order. The money order was addressed to Resident #187 and lack documented evidence that the resident signed it over to the facility.<br><br>A face-to-face interview was conducted with Employee #27 on 2/14/2020 at approximately 11:45 AM. The employee provided the writer with a copy of a receipt showing that the facility had refunded the resident her money with interest ($100.03).<br><br>The facility staff failed to follow generally accepted accounting principles by depositings a money order made out to Resident#187.<br><br>2. Facility staff failed to ensure four (4) residents who have Resident Fund Management System (RFMS) accounts gave the facility staff authorization to manage their funds. Residents' | F 568 | 2. The facility audited the Resident Trust Fund Authorization and Agreement forms to ensure that the forms were signed and dated by the resident or appropriate responsible party. Resident accounts that were affected by this deficiency were resigned and dated by the resident, the facility (if the facility was representative payee)or mailed to the responsible party for a new signature and date. 2/19/20<br>3. The Business Office Staff was in-serviced on the proper way to fill out a Resident Trust Fund Authorization & Agreement form. 3/18/20<br>4. An audit will be done monthly on new accounts to ensure, that any accounts opened after the initial audit, have the proper authorization needed to manage the accounts. | |

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| F 568 | Continued From page 11<br>#112, #116, #181 and #238<br><br>Review of the facilities trial balance as of January 31, 2020, and February 16, 2020, showed the previously mentioned residents had asterisk (*) next to their names indicating that the residents had transferring accounts (automatic transfer of care cost payments due to the facility) that were missing signatures on the application and authorization form (s). Review of the residents business office file showed the following:<br><br>Resident #112 -"RFMS Authorization and Agreement to Handle Resident Funds form" was signed by the resident, however, there was no date to convey when the form was signed and there were no witness signatures.<br>Resident #116 -"RFMS Authorization and Agreement to Handle Resident Funds form" was signed by the resident, however, there was no date to convey when the form was signed and there were no witness signatures.<br>Resident #181-"RFMS Authorization and Agreement to Handle Resident Funds form" was signed by the resident, however, there was no date to convey when the form was signed and there were no witness signatures.<br>Resident #238- "RFMS Authorization and Agreement to Handle Resident Funds form" was not signed by the resident, there was no date or witness signatures.<br><br>There was no evidence that facility staff ensured that four (4) of the 11 sampled resident accounts had signed authorization and agreement forms properly completed giving the facility permission | F 568 | | |

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| F 568 | Continued From page 12<br>to manage their funds.<br><br>During a face-to-face interview with Employee # 27 on 2/16/2020 at approximately 10:30 AM, he acknowledged the findings. | F 568 | | |
| F 578 SS=D | Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v)<br><br>§483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.<br><br>§483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate.<br><br>§483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives).<br>(i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive.<br>(ii) This includes a written description of the facility's policies to implement advance directives and applicable State law.<br>(iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met.<br>(iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she | F 578 | 1. Resident #222's Advanced Directive was corrected with appropriate signature immediately.<br>2. A full-house audit was performed to ensure that no other residents had unsigned advanced directives on their medical records. Any findings were corrected and completed documentation placed in their respected charts.<br>3. The Social Services Director in-serviced the department to ensure advanced directive information is completed. Social Services will inspect resident advanced directives at every quarterly care plan meeting and ensure that documentation is completed with appropriate signatures.<br>4. The social work director will audit new admissions for signed advanced. | 2/11/20<br>3/23/20 |

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| F 578 | Continued From page 13<br>has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State Law.<br>(v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time.<br>This REQUIREMENT is not met as evidenced by:<br><br>Based on observation, record review and staff interview for one (1) of 75 sampled residents, the facility staff failed to complete an Advance Directive for Resident #222.<br><br>Findings Include . . .<br><br>Review of the resident's clinical record showed that the resident was admitted to the facility on November 29, 2016. The record lacked documented evidence of a completed Advance Directive on the resident's record.<br><br>Review of Section I (Active Diagnoses) of the annual Minimum Data Set (MDS) dated October 08, 2019 showed diagnoses which include Hypertension, Renal Insufficiency, Diabetes Mellitus Hyperlipidemia, Parkinson's Disease and Schizophrenia. | F 578 | | |

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| F 578 | Continued From page 14<br>Review of Section C (Cognitive Patterns) showed a Summary Score of 10 for C0500 Brief Interview of Mental Status (BIMS). A summary Score of 10 is an indication that the resident's cognition is moderately impaired and therefore he may be unable to make some decisions.<br><br>A face-to-face interview was conducted with Employee #12 on February 11, 2020 at 12:30 PM. The employee was queried regarding the resident's Advance Directive. The employee responded "He [the resident] may not have one because of his BIMS." The employee was then asked if the resident did not have a Responsible Party (RP). She responded, "No" and said that she would look through the computer to see if there was any documentation.<br><br>At 12:50 PM (same day) Employee #12 stated, "I spoke with the RP who was out of town but he will follow up to make sure that the form [Advance Directive] is signed." and she acknowledged the finding. | F 578 | | |
| F 584 SS=E | Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7)<br><br>§483.10(i) Safe Environment.<br>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.<br><br>The facility must provide-<br>§483.10(i)(1) A safe, clean, comfortable, and | F 584 | 1. Exhaust vents in room #209, #251, #305, #349, #355, and #329 were checked and cleaned immediately during annual survey. | 2/18/19 |

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| F 584 | Continued From page 15<br>homelike environment, allowing the resident to use his or her personal belongings to the extent possible.<br>(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.<br>(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.<br><br>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;<br><br>§483.10(i)(3) Clean bed and bath linens that are in good condition;<br><br>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);<br><br>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;<br><br>§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<br><br>§483.10(i)(7) For the maintenance of comfortable sound levels.<br>This REQUIREMENT is not met as evidenced by:<br><br>Based on observations and interview, facility staff failed to provide housekeeping services necessary to maintain a safe, clean, comfortable environment as evidenced by stained ceiling tiles in nine (9) of 60 resident's rooms, soiled exhaust vents in six (6) of 60 resident's rooms, broken | F 584 | | |

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| F 584 | Continued From page 16<br>door closures in three (3) of 180 resident's rooms and a bed bumper board observed on the floor in one (1) of 60 resident rooms.<br><br>Findings included ...<br><br>During an environmental walkthrough of the facility on February 10, 2020, between 10:35 AM and 3:30 PM the following were observed:<br><br>1. Ceiling tiles were stained in nine (9) of 60 resident's rooms including rooms #104, #120, #136, #202, #205, #208, #210, #235, #243.<br><br>2. Exhaust vents were soiled with dust in resident room ##209, #251, #305, #349, #355, #359, six (6) of 60 resident's rooms.<br><br>3. Door closures to the entrance door in resident rooms #104, #204 and #249 failed to function as intended and a trash bag was used to keep the door in place, three (3) of 180 resident's rooms.<br><br>4. One (1) bed bumper board was observed loose, detached from the wall, on the floor behind the head bed in room #201.<br><br>Facility staff acknowledged the finding at the time of the observation on February 19, 2020, at approximately 2:00 PM.<br><br>These findings were acknowledged by Employee #14 on February 10, 2020, at approximately 3:30 | F 584 | 2. Environmental Staff will monitor and clean vents during daily room cleaning.<br>3. Environmental Services Director will conduct weekly audits during room inspections.<br>4. Director of Environmental will report results of findings to QAPI committee and will determine compliance.<br><br>1. Stained ceiling tiles in room #104, #120, #136, #202, #205, #208, #210, #235, and #234 were removed and replaced immediately during annual survey.<br>2. Maintenance staff was in-serviced on the importance of assessing and changing ceiling tiles. The maintenance staff will continue to monitor ceiling tiles during daily rounds.<br>3. Director of Maintenance will complete weekly audits on facility audit checklist tool and make corrections to any identified stained ceiling tiles.<br>4. Director of maintenance will report results of findings to QAPI committee will determine compliance. | 2/24/20 |

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| F 584 | Continued From page 17<br>PM. | F 584 | | |
| F 600 SS=G | Free from Abuse and Neglect<br>CFR(s): 483.12(a)(1)<br><br>§483.12 Freedom from Abuse, Neglect, and Exploitation<br>The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.<br><br>§483.12(a) The facility must-<br><br>§483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;<br>This REQUIREMENT is not met as evidenced by:<br><br>Based on record review, resident and staff interview for one (1) of 75 sampled residents, facility staff failed to consistently monitor Resident #274 with sexually aggressive behavior from inappropriately touching female residents.<br><br>Findings included ...<br><br>Resident #274 was admitted to the facility on 8/27/2010 with diagnoses that included, unspecified Dementia without behavioral disturbance, Alcohol Abuse, Mood Affective Disorder, Major Neurocognitive Disorder Unspecified, without behavioral disturbance.<br><br>The Annual Minimum Data Set dated July 18, | F 600 | 1. Resident #233 was interviewed post incident and expressed that she felt safe within the facility. No other incident has occurred from this wandering resident (#274). Resident #274 remains on one-on-one monitoring. His previous one-to-one monitoring was discontinued without the input of the Behavioral Psychologist who chairs the facility's Behavior Management Committee. All one-on-one assignments, due to behavioral issues, will be reviewed by the Behavior Management Committee before discontinuing any one-on-one assignments to ensure that an appropriate monitoring plan is in place.<br>2. The facility acknowledges that all residents have the potential to be affected by this finding. An audit of one-on-one was performed to ensure that no other residents were affected.<br>3. Staff was educated on a new protocol for "one-on-one" assignments to reflect the purpose of the monitoring and to ensure that staff understood "their" role. The Interdisciplinary Team will be in-serviced to ensure that this process is followed. | 3/15/20 |

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| F 600 | Continued From page 18<br>2019, showed Resident #274 had a Brief Interview for Mental Status (BIMS) score of "13" which is an indication that the resident is cognitively intact and able to make decisions. Under Section G0110 Activities of Daily Living (Functional Status), the resident had no impairment of his upper extremities and used a wheelchair for mobility.<br><br>Review of Resident #274's record showed a Social Worker note dated, 9/25/2019 at 15:00, "Social worker was made aware by nursing that a CNA observed [Resident #274] in a female resident's room with his hand on the female resident private area. At 9:26 AM SW [social worker and Assist Director of Nursing] met with resident to interview him regarding the report from the CNA. During the interview, resident stated, 'I went to the room, nothing happened, I saw she had no draws, I looked but I did't touch her. I know it was wrong going in there and I came out of the room by myself.' Nursing called the police..."<br><br>A review of a care plan initiated 9/26/19 showed Resident #274 was placed on 1:1 monitoring s/p [status post] inappropriately touching a female resident. The 1:1 monitoring was discontinued on 10/1/19.<br><br>A review of PsychoGeriatric Services, LLC Late entry note for 10/1/19 generated on 10/2/19 showed "Chief complaint: Patient seen to evaluate mental status and adjust medications for behavioral disturbance. Chief Complaint: C/O [Complaint of ) of sexual abuse ... he was evaluated d/t (due to) report of inappropriate sexual conduct with another female resident. Patient initially denied entering into the patient's | F 600 | 4. A listing of all one-on-one assignments will be submitted and reviewed by the QAPI Committee monthly for further analysis and recommendation(s). | |

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| F 600 | Continued From page 19<br>room or touched her vaginal, Though after cues was able to answer the question admitting the claim and did not volunteer any further information. It appears that this patient has engaged in this type of behavior in the past. Noted that he was doing well while on Paxil and Risperdal but both were discontinued apprentice and not sure why... Chart reviewed, no report of agitation or aggression. Patient was counseled and he verbalized understanding. Currently on 1:1... for safety per facility protocol. Diagnosis: F10.10 [Alcohol Abuse], F39 [Mood Affective Disorder], F06.Major Neurocognitive DisorderUnspecified, without behavioral disturbance - F03.90. Treatment plan/recommendations Plan: Supportive therapy provided. Reviewed SE [side effects] and Risk/ Benefits analysis, Psychiatric team will monitor mood and behavior, Patient encouraged to participate in activities on the unit. Will d/c [discontinue] 1:1... Start Paxil 10mg qd [every day] for mood disorder. Nursing staff to maintain close monitoring of patient every shift, and redirect promptly if necessary."<br><br>SW [Social Worker] note dated 12/19/2019 at 10:02 AM showed, "SW met with met with resident at 8:39 AM today s/p alleged inappropriate touching of female resident on 12/18/2019. Upon interview resident stated, "I stuck my hand in her pants. I made a mistake, the police told me I will go to jail for doing that." SW counseled resident re the behavior and he expressed understanding. Resident is currently on 1:1 montioring...<br><br>A review of another care plan initiated 12/18/19 showed Resident #274 was placed on 1:1 | F 600 | | |

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| F 600 | Continued From page 20<br>monitoring s/p [status post] inappropriately touching a female resident.<br><br>A face-to-face interview was conducted with Resident #274 on 2/12/20 at approximately 3:00 PM concerning him inappropriately touching female residents' vaginal area. The Resident responded, "Yes" I want to touch the P____y ..." The resident was asked where were staff when this happened? The resident responded, "I don't know."<br><br>Transition Healthcare Hourly Resident Monitoring Log showed the following:<br>9/26/19 to 9/30/19 - showed continuous monitoring of Resident's behavior was checked at the allotted space.<br>10/1/19 - showed 1:1 started at midnight and discontinued at 8:00 AM.<br>12/18/19 to 2/14/20 - showed 1:1 started at 12/18/19 4:00 PM and was continuous through this time period.<br><br>A face-to-face interview was conducted on 2/13/20 at approximately 4:14 PM with Employee #8 concerning the Psych Recommendation on 10/2/20 for "Nursing staff to maintain close monitoring of patient every shift, and redirect promptly if necessary." Employee #8 stated, "The resident was on 1:1 for a month and that was discontinued on 10/2/19. Prior to the incident on 12/18/19, the resident was being watched by staff and redirected when necessary. There was no monitoring log presented for the Resident's close monitoring from 10/2/19 to 12/17/19.<br><br>There was no documented evidence to show that | F 600 | | |

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| F 600 | Continued From page 21<br>facility staff proteceted Resident #233 from being touched in a sexual manner by Resident #274. Resident #274 was not monitored every shift from 10/2/19 to 12/18/19 to prevent him from further inappropriately touching of female resident's vaginal area.<br><br>On February 13, 2020, approximately at 4:14 PM, Employee #8 acknowledged the findings. | F 600 | | |
| F 607 SS=D | Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(3)<br><br>§483.12(b) The facility must develop and implement written policies and procedures that:<br><br>§483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,<br><br>§483.12(b)(2) Establish policies and procedures to investigate any such allegations, and<br><br>§483.12(b)(3) Include training as required at paragraph §483.95,<br>This REQUIREMENT is not met as evidenced by:<br><br>Based on review of the facility's Abuse policy and staff interviews, the facility failed to instruct staff to report allegations of abuse immediately but not later than two hours in their abuse policy. The census on the first day of survey was 346.<br><br>Findings include ...<br><br>Policy Title: OPS-346 "Abuse, Neglect, Mistreatment, Exploitation, and Misappropriation | F 607 | 1. The language in the facility policy (OPS-346 "Abuse, Neglect, Mistreatment, Exploitation, and Misappropriation of Resident Property" Revised 12/10/18) was immediately corrected by the company's Operations Officer of Clinical Services. This was submitted to the surveyors during the survey and now serves as the revised version dated 2/10/20.<br>2. No residents was affected by this citation, however, the facility recognizes that all residents have the potential to be affected. An audit of incidents were performed to ensure that all reports were reported timely.<br><br>3. Department Heads and the Nurse Management Team were immediately in-serviced on this update on the same day (2/10/20). | 2/10/20<br><br>2/10/20 |

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| F 607 | Continued From page 22<br>of Resident Property" Revised 12/10/18 stipulates:<br><br>"VII. Reporting/Response<br><br>A. All alleged incidents involving abuse, neglect, exploitation or mistreatment, including injures of unknown origin and misappropriation of resident's property will be reported immediately to the facility administrator ...Appropriate state survey agencies and other officials in accordance with state law will be notified within 5 working days of the incident by the facility administrator or his/her designee ..."<br><br>Facility staff failed to develop and implement an abuse policy that includes reporting immediately, but not later than 2 hours after forming the suspicion if the events that cause the suspicion result in serious bodily injury, or not later than 24 hours if the events that cause the suspicion do not result in serious bodily injury.<br><br>During a face-to-face interview on 2/10/2020 at 12:29 PM, Employees #2 and #28 acknowledged the findings. | F 607 | 4. To ensure appropriate and updated content in the future, the QAPI Committee will review this policy quarterly for needed revisions and ensure that facility staff and residents are educated whenever a change is made. | |
| F 610 SS=D | Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4)<br><br>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:<br><br>§483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated.<br><br>§483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the | F 610 | 1. Resident #99 was seen by local police as well as assessed by the forensic nurse of the District of Columbia to rule out sexual abuse with DNA analysis. No evidence was found and the case was closed out. Resident #99 was queried if she felt safe within the facility and she replied that she does. The resident's roommate during this incident has since been discharged from the facility. | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 095022 | A. BUILDING _____ B. WING _____ | 02/20/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TRANSITIONS HEALTHCARE CAPITOL CITY | 2425 25TH STREET SE WASHINGTON, DC 20020 |

| (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 610 | Continued From page 23<br>investigation is in progress.<br><br>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.<br>This REQUIREMENT is not met as evidenced by:<br><br>Based on review of the facility's incident report and staff interviews, one (1) of 75 sampled resident, the facility staff failed to thoroughly investigate an allegation of sexual abuse to one (1) female resident. Resident # 99.<br><br>Findings include...<br><br>An incident report dated May 14, 2019 at 19:15. "Titled, Alleged Abuse ...report to the charge nurse... incident description "[Resident #99] sister reported to charge nurse that she thinks her sister had been sexually abuse. She said that Resident who is nonverbal had been demonstrating with her hands and head that she has been abused sexually by putting her fingers in her mouth pointing towards her vagina and the door...<br>Immediate Action: police department is notified ... [Officer] arrived ... [Physician] notified ... statements are being collected from staff that worked on that floor from Sunday night 5/12//19 to this evening (5/14/2019), investigation is ongoing."<br><br>Review of the facility's investigation failed to show that the resident roommate was included in the investigative process to get her account or | F 610 | 2. The facility recognizes that all residents have the potential to be affected by this finding. Audits of all incidents and investigations are performed daily by the Clinical Team.<br>3. The Director of Nursing, Administrator, Department Heads, and Nursing Management were in-serviced by the Regional Clinical Nurse Consultant on the Abuse Policy, performing thorough investigations, analyzing the facts of investigations to follow them to their ultimate conclusion, and making sound determinations on whether abuse occurred and what type (verbal, sexual,etc.).<br>4. All incident investigations will be reviewed for thoroughness and sound conclusions, at a minimum, by the Administrator, Director of Nursing, Regional Clinical Nurse Consultant, and Medical Director. A summary of completed incidents will be submitted to the QAPI Committee for review to identify any opportunity to improve the investigative process and its conclusions as well as to ensure compliance. | 5/11/20 |

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| F 610 | Continued From page 24<br>information related to the allegation. Facility staff closed the investigation as unsubstantiated.<br><br>There was not enough evidence (such as, a documented interview with the resident's roommate) to show that the incident was thoroughly investigated.<br><br>On 2/20/2020, approximately at 11:15 AM, Employee #2 acknowledged the findings. | F 610 | | |
| F 656 SS=D | Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)<br><br>§483.21(b) Comprehensive Care Plans<br>§483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -<br>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and<br>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).<br>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its | F 656 | 1. Resident #106's care plan was updated to reflect the appropriate setting(s) for her continuous oxygen. Resident #220 care plan was updated to reflect her incontinence care and periodic refusals. Resident #235 was referred to behavioral health services for appropriate care-planning of his Adjustment Disorder with Anxiety and Depressed Mood.<br>2. The facility recognizes that all residents can be affected by this deficiency, but no negative outcomes have resulted. Care Plans for new issues are audited and reviewed daily by the Interdisciplinary Team.<br>3. The Interdisciplinary Team Members were in-serviced by Regional Nurse Consultant on the appropriate | 4/8/20 |