

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

PRINTED: 04/01/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095036	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/17/2022
NAME OF PROVIDER OR SUPPLIER UNIQUE REHABILITATION AND HEALTH CENTER LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 901 FIRST STREET NW WASHINGTON, DC 20001		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	<p>INITIAL COMMENTS</p> <p>An unannounced complaint survey was conducted at this facility on March 16-17, 2022. Survey activities consisted of observations, interviews, and review of medical records and the facility's policies. The facility's census during the survey was 225.</p> <p>The following complaints and facility reported incidences were investigated during this survey: DC00010023, DC00010129, and DC00010187</p> <p>The following deficiencies are a result of this survey.</p> <p>The following is a directory of abbreviations and/or acronyms that may be utilized in the report:</p> <p>ADL - Activities of Daily Living PCC - Point Click Care QA - Quality Assurance</p> <p>Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)</p> <p>§483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility</p>	F 000	<p>Unique Rehabilitation and Health Center makes its best efforts to operate in substantial compliance with both Federal and State Laws. Submission of this Plan of Correction (POC) does not constitute an admission or agreement by any party its officers, directors, employees or agents as to the truth of the facts alleged or the validity of the conditions set forth of the statement of deficiencies. This POC is prepared and/or executed as a requirement of Federal and State Laws.</p>		
F 842 SS=D		F 842	<p>1. Corrective action for the resident affected:</p> <p>Resident #1 discharged from the facility on 12/21/2020.</p>	04-25-2022	

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

TITLE

(X6) DATE

Joseph A. Raphael Interim Administrator 4/22/2022

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F 842	<p>Continued From page 1 must maintain medical records on each resident that are-</p> <p>(i) Complete;</p> <p>(ii) Accurately documented;(iii) Readily accessible; and</p> <p>(iv) Systematically organized</p> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p>	F 842	<p>2. Identification of others with potential to be affected:</p> <p>Facility residents have the potential to be affected.</p> <p>Nurse managers will complete a facility-wide review of discharges from the past 30 days to determine the presence of inaccurate documentation in the medical record.</p> <p>Any identified instance of inaccurate documentation will be resolved appropriately.</p> <p>3.Measures to prevent recurrence:</p> <p>Staff Development Director will provide education or refresher education to clinical staff on the importance of accurate documentation in the medical record.</p> <p>4. Monitoring to prevent recurrence:</p> <p>Director of Nursing/Designee will randomly review weekly x 12 the medical records during clinical rounds, concurrent review to identify instances of inaccurate documentation in the clinical record.</p> <p>Findings from the review will be presented and reviewed during the facility weekly risk management meeting x 12 and forwarded to the Quality Assurance Committee monthly x 3 for further recommendations, as necessary.</p>	<p>04-25-2022</p> <p>04-25-2022</p> <p>04-25-2022</p>

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F 842	<p>Continued From page 2</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments; (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. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interview, for one (1) of two (2) sampled residents, the facility's staff failed to accurately document in Resident #1's medical record.</p> <p>Findings included...</p> <p>Review of the facility policy titled, "Clinical Documentation/Record" revised 01/10/2022 showed, "...Clinical documentation is required to record pertinent facts, findings, and observations about residents health ..."</p> <p>Resident #1 was admitted to the facility on 10/03/2016 with multiple diagnoses that included: Hallucinations, Major Depressive Disorder, Type 2 Diabetes Mellitus and Asthma.</p> <p>Review of the Quarterly Minimum Data set dated 10/01/2020 showed that Resident #1 was coded to be moderately impaired cognitively and had rejection of care behaviors.</p> <p>Review of the progress notes for December 2020 revealed two (2) "Daily Behavior Documentation"</p>	F 842	<p>5. Completion Date: April 25, 2022</p> <p>6. Title of the person responsible for implementing the acceptable POC:</p> <p>Administrator</p>	

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F 842	<p>Continued From page 3 licensed nurse entries that had the same documentation of, "Resident exhibits the following ... Refuses ADL (activities of daily living) Care ... Resident left unit to the court yard at 6am and refused to come back to unit with writer ..." on dates: 12/07/2020 at 2:32 AM and 12/15/2020 at 3:36 AM.</p> <p>The evidence showed that the facility staff failed to document accurate facts, findings and observations about Resident #1.</p> <p>During a face-to-face interview conducted on 03/17/2022 at 1:17 PM, with Employee #2 (Director of Nursing), she acknowledged the finding and stated, "A quality assurance (QA) audit of residents on antipsychotic medications was done [08/31/2021]. During that audit, 'Daily Behavior Assessment' inaccuracies were noted. One of the recommendations from the audit was to prohibit the ability of licensed nurse's to copy previous assessment documentation. The facility turned off the copy and paste function as of September 2021 from PCC (Point Click Care- the facility's electronic health record system)..."</p>	F 842			