

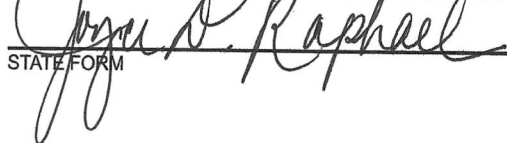
Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/17/2022
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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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(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) COMPLETE DATE
L 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>	L 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 and 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>	
L 201	<p>3231.12 Nursing Facilities</p> <p>Each medical record shall include the following information:</p> <p>(a)The resident's name,age, sex, date of birth, race, martial status home address, telephone number, and religion;</p> <p>(b)Full name, addresses and telephone numbers of the personal physician, dentist and interested family member or sponsor;</p> <p>(c)Medicaid, Medicare and health insurance numbers;</p> <p>(d)Social security and other entitlement numbers;</p>	L 201	<p>1. Corrective action for the resident affected: Resident #1 discharged from the facility on 12/21/2020.</p>	4/25/2022

Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE
Interim Administrator

(X6) DATE
04/11/2022

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L 201	<p>Continued From page 1</p> <p>(e)Date of admission, results of pre-admission screening, admitting diagnoses, and final diagnoses;</p> <p>(f)Date of discharge, and condition on discharge;</p> <p>(g)Hospital discharge summaries or a transfer form from the attending physician;</p> <p>(h)Medical history and allergies;</p> <p>(i)Descriptions of physical examination, diagnosis and prognosis;</p> <p>(j)Rehabilitation potential;</p> <p>(k)Vaccine history, if applicable, and other pertinent information about immune status in relation to vaccine preventable disease;</p> <p>(l)Current status of resident's condition;</p> <p>(m)Physician progress notes which shall be written at the time of observation to describe significant changes in the resident's condition, when medication or treatment orders are changed or renewed or when the resident's condition remains stable to indicate a status quo condition;</p> <p>(n)The resident's medical experience upon discharge, which shall be summarized by the attending physician and shall include final diagnoses, course of treatment in the facility, essential information of illness, medications on discharge and location to which the resident was discharged;</p>	L 201	<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>4/25/2022</p> <p>4/25/2022</p>

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L 201	<p>Continued From page 2</p> <p>(o)Nurse's notes which shall be kept in accordance with the resident's medical assessment and the policies of the nursing service;</p> <p>(p)A record of the resident's assessment and ongoing reports of physical therapy, occupational therapy, speech therapy, podiatry, dental, therapeutic recreation, dietary, and social services;</p> <p>(q)The plan of care;</p> <p>(r)Consent forms and advance directives; and</p> <p>(s)A current inventory of the resident's personal clothing, belongings and valuables.</p> <p>This Statute is not met as evidenced by: Based on record review and staff interview, for one (1) of two (2) sampled residents, in accordance with the policies of the nursing service, 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>	L 201	<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>5. Completion Date: April 25, 2022</p> <p>6. Title of the person responsible for implementing the acceptable POC:</p> <p>Administrator</p>	<p>4/25/22</p> <p>4/25/22</p>

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L 201	<p>Continued From page 3</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" 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 and pertinent 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 [08/312021]. 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). Education about accurate documentation is ongoing."</p>	L 201		