

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

PRINTED: 02/26/2021
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 01/28/2021
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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F 000	<p>INITIAL COMMENTS</p> <p>A COVID-19 Focused Infection Control Survey was conducted by the Centers for Medicare & Medicaid Services (CMS) on January 25, 2021- January 28, 2021. The facility was found to not be in compliance with 42 CFR §483.80 infection control regulations and has not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Total census 195.</p> <p>The following is a directory of abbreviations and/or acronyms that may be utilized in the report:</p> <p>Abbreviations AMS - Altered Mental Status ARD - Assessment Reference Date AV- Arteriovenous BID - Twice- a-day B/P - Blood Pressure BPH- Benign Prostatic Hyperplasia 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</p>	F 000	<p>Unique Rehabilitation and Health Center make 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 solely because it is required by Federal and State Laws.</p>	

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

TITLE

LNHA

(X6) DATE

03/05/2021

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 DON Director of Nursing DRR Drug Regimen Review EHR Electronic Health Record EKG - Electrocardiogram ER Emergency Room EMS - Emergency Medical Services (911) ESRD- End Stage Renal Disease F - Fahrenheit 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 MRR- Medication Regimen Review 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	F 000			

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F 000	Continued From page 2 Gastrostomy PO- by mouth POA - Power of Attorney POC- Plan of Correction PCC Point Click Care POS - physician's order sheet Prn - As needed Pt - Patient PTA- Physical Therapy Assistant Q- Every QIS - Quality Indicator Survey RD- Registered Dietitian RN- Registered Nurse ROM Range of Motion RUE Right Upper Extremities RP R/P - Responsible party SBAR - Situation, Background, Assessment, Recommendation SCC Special Care Center Sol- Solution TAR - Treatment Administration Record TSH- Thyroid Stimulating Hormone TV- Television Ug - Microgram	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial	F 580		

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F 580	<p>Continued From page 3</p> <p>status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, for two</p>	F 580	<p>1. Corrective action for the residents affected:</p> <p>Resident #1 was re-assessed on 02-02-2021. RP was notified of resident #1's positive Covid-19 status and has been documented in resident #1's medical record. Resident #1 suffered no negative outcome. Resident #4 no longer resides in the facility.</p> <p>Director of Nursing provided employee #5 with education on the importance of notifying the physician of any change in resident physical, mental, and psychosocial status.</p>	03/24/2021	

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F 580	<p>Continued From page 4</p> <p>(2) of nine (9) sampled residents, the facility's staff failed to inform a resident's responsible party of the resident's positive COVID-19 status for one (1) resident, and staff failed to inform a resident's physician of the resident's change in status for one (1) resident. Residents' #1 and #4.</p> <p>Findings included ...</p> <p>1. The facility's staff failed to inform Resident #1's responsible party of the resident's positive COVID-19 status.</p> <p>A review of Resident #1's medical record on 02/01/2021, revealed the resident was admitted to the facility on 10/15/2020, with multiple diagnoses including, Atrial Fibrillation, Hypertension, and Diabetes Mellitus.</p> <p>A physician's order dated 01/20/2021, at 17:14 (5:14 PM) that documented, "Resident is Covid-19 Positive." Also, review of a nursing progress note dated 01/20/2021, at 22:13 (10:13 PM) revealed, "S/P (status post) in-house transfer related to covid-19 [COVID-19] positive ..."</p> <p>The quarterly MDS (Minimum Data Set) dated 11/16/2020. In the Brief Interview for Mental Status (C0500) section of the MDS, the resident was scored as a "7," indicating that the resident has a "severe cognitive impact."</p> <p>There was no documented evidence that the resident's responsible party (daughter) was informed about his positive COVID-19 status.</p>	F 580	<p>2. Identification of others with potential to be affected:</p> <p>All residents have the potential to be affected.</p> <p>Nurse Managers conducted facility wide audit on 02/02/2021 to ensure that Covid-19 positive residents and residents with change in condition including physical, mental and psychosocial status have proper notifications to responsible party and physician with documentation in resident medical record.</p> <p>No other resident was identified.</p> <p>3. Measures to prevent recurrence:</p> <p>Staff Development provided education to nursing staff on the importance of physicians and responsible party notification regarding any change in condition of residents' status including physical, mental, psychosocial status and positive Covid-19 results.</p> <p>Director of Nursing/Designee will audit residents medical records during daily clinical round to ensure that resident with noted change in condition are documented with proper notification to responsible party and physician.</p>	03/24/2021	

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F 580	<p>Continued From page 5</p> <p>During a telephone interview on 02/01/2021, at approximately 6:00 PM, the Director of Nursing (DON) acknowledged the finding.</p> <p>At the time of the survey, the facility's staff failed to provide documented evidence that Resident #1's responsible party (daughter) was informed of his positive COVID-19 status.</p> <p>2. The facility's staff failed to inform Resident #4's physician of the his or her change in status.</p> <p>A review of Resident #4's closed medical record on 02/02/2021, showed that the resident was admitted to the facility on 12/28/2020 with multiple diagnoses including, Basal Cell Carcinoma of Skin of other part of Trunk, Acute Respiratory Failure with Hypoxia, Hypertension, and Diabetes Mellitus and expired on 01/23/2021. Also, the record revealed the resident had a recent diagnosis of COVID-19 (positive) on 01/19/2021.</p> <p>Continued review of the resident's medical record revealed a nursing progress note dated 01/22/2021, at 22:06 (10:06 PM): "Resident is alert and verbally responsive. Resident was taken over with oxygen via n/c (nasal cannula) at 2lpm (liters per minute) ...Spo2 (saturation of peripheral oxygen) maintained at 97%...Breathing even and non-labored with no shortness of breath noted ..."</p> <p>A physician's order dated 01/16/2021, 21:16 (9:16 PM): "Oxygen 2-4 liters/minute via nasal cannula to keep oxygen saturation > 92%".</p>	F 580	<p>4. Monitoring to prevent recurrence:</p> <p>Findings from the audit will be reported during weekly risk meeting x4 and submitted to Quality Assurance Committee monthly x3.</p>	03/24/2021	

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F 580	Continued From page 6 During a telephone interview on 02/02/2021, at 7:00 PM, Employee #5 (Registered Nurse-RN) was asked why did she administer oxygen to the resident? The employee stated that resident seemed different than he normally appears. She continued to say that the resident was usually very talkative and joking, but he was different on that day. Employee #5 stated "Although his vital signs were normal and his oxygen [saturation] level was 97% on room air, I started oxygen at 2 liters [per nasal cannula] to make him comfortable. Employee #5, was then asked, because of the resident's history on hypoxia and recent diagnosis of COVID-19, did you make the physician aware of her concerns with resident's change in status? She stated, "No, I just administered the oxygen because he (Resident #4) had a prn (as needed) order for it." During a telephone interview on 02/03/2021, at approximately 12:30 PM, the Employee #2 acknowledged the finding. At the time of the survey, Employee #5, failed to inform the physician of Resident 4's change in status.	F 580			
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered	F 684			

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F 684	<p>Continued From page 7</p> <p>care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility's staff failed to follow the physician's order for administering oxygen to Resident #4 in one (1) of nine (9) sampled residents.</p> <p>Findings included ...</p> <p>A review of Resident #4's medical record on 02/02/2021, showed that the resident was admitted to the facility on 12/28/2020 with multiple diagnoses including, Basal Cell Carcinoma of Skin of other part of Trunk, Acute Respiratory Failure with Hypoxia, Hypertension, and Diabetes Mellitus. Also, the record revealed the resident had a recent diagnosis of COVID-19 (positive) on 01/19/2021.</p> <p>The physician's order dated 01/16/2021, 21:16 (9:16 PM): "Oxygen 2-4 liters via nasal cannula to keep oxygen saturation > 92%".</p> <p>Review of the care plan dated 01/20/2021 showed, a focus area that documented, "[Resident's name] has a confirmed diagnosis of COVID-19 and is Asymptomatic". A review of the interventions in the previously mentioned focus area showed that staff was instructed to: "Administer supplemental Oxygen per physician order".</p> <p>A review of the nursing progress notes revealed</p>	F 684	<p>1. Corrective action for the residents affected:</p> <p>Resident #4 was re-assessed 02/04/2021.</p> <p>Resident #4 supplemental oxygen order has been clarified with the physician as 2lpm (litters per minute) via nasal cannula as needed for shortness of breath.</p> <p>Resident #4 did not suffer any negative Outcome.</p> <p>Employee #5 was re-educated by the Director of Nursing on the importance of following physician order and the essence of notifying the physician about any observed in the resident's physical, mental and psycho-social status.</p> <p>2. Identification of others with potential to be affected:</p> <p>Facility residents have potential to be affected.</p> <p>Clinical managers conducted audit of residents' clinical records to ensure that nursing staff are following physician's order while administering supplemental oxygen to residents.</p> <p>No other resident was identified.</p>	03/24/2021	

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F 684	Continued From page 8 the following dated 01/22/2021, 22:06 (10:06 PM): "Resident is alert and verbally responsive. Resident was taken over with oxygen via n/c (nasal cannula) at 2lpm (liters per minute) ...Spo2 (saturation of peripheral oxygen) maintained at 97%...Breathing even and non-labored with no shortness of breath noted ..." During a telephone interview on 02/02/2021 at 7:00 PM, Employee #5 (RN) was asked, what was the resident's oxygen saturation rate on room air prior to her administering oxygen on 01/22/21, 22:06 (10:06 PM)? The employee stated, "It was 97%". Employee #5 acknowledged the finding and stated that the resident's oxygen saturation rate was above 92% on room air and was not in any distress. However, she administered oxygen to provide some comfort to the resident because Resident #4 was "not acting like himself. Resident #4 was regularly more talkative and playful. During a telephone interview on 02/03/2021, at approximately 12:30 PM, Employee #2 (Director of Nursing) acknowledged the finding.	F 684	3. Measures to prevent recurrence: Staff Development Director provided Education to nursing staff on the Importance of following physician orders while administering medication and treatment with focus on administration of supplemental oxygen. Director of Nursing/Designee will conduct clinical record review 3x weekly during clinical round on residents with physician's order for the use of supplemental oxygen to ensure that nursing staff follow specific physician's order to administer supplemental oxygen to residents. 4. Monitoring to prevent recurrence: Findings from the clinical records review will be reported during weekly risk meeting x4 and forwarded to Quality Assurance Committee monthly x3.	03/24/2021	
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control	F 880			

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F 880	Continued From page 9 program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct	F 880	1. Corrective action for the residents affected: Employee #6 was provided education on 01/26/2021 by housekeeping supervisor on the importance of disinfectant to clean high touch surface area and use of disinfectant disposable wipes to clean residents' rooms especially on the Covid-19 unit to prevent spread of infection in line with the facility infection control practices. Facility residents did not suffer any negative outcome.	03/24/2021	

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F 880	<p>Continued From page 10</p> <p>contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility's staff failed to: (I) use disinfectant to clean a high touch surface on one (1) of one (1) unit (COVID-19 unit); and (II) follow the facility's Infection Control practices and protocols when cleaning residents' room on one (1) of one (1) unit (COVID-19 Unit).</p> <p>Findings included ...</p> <p>I. Employee #6, (Housekeeper, failed to use disinfectant to clean high touch surface area (door handles) on the COVID Unit (2 South).</p> <p>According to the Spartan Chemical's, website:</p> <p>"Spraybuff is a water-based floor maintenance product that cleans and shines in one step. Formulated by using a floor finish and a polymer</p>	F 880	<p>2. Identification of others with potential to be affected:</p> <p>Residents residing in the facility have potential to be affected.</p> <p>Housekeeping Supervisor conducted audit of facility housekeeping carts to ensure that cleaning carts contain disposable disinfectant wipes to use on cleaning high touch surface area and resident rooms on all units including the Covid-19 unit.</p> <p>Facility housekeeping carts were provided with disposable disinfectant wipes and re-usable rags were removed from identified housekeeping carts.</p>	03/24/2021	

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

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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 01/28/2021
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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F 880	<p>Continued From page 11</p> <p>blended with a high-quality detergent, Spraybuff removes scuffs, black heel marks, and scratches without disturbing the finish on the floor. Routine use of Spraybuff minimizes floor care maintenance expenditures by reducing the cost of stripping, sealing, and refinishing."</p> <p>https://www.spartanchemical.com/products/product/444004/#packaging-variations</p> <p>On 01/25/2021, starting at approximately 11:30 AM, an observation of unit 2 South (COVID-19) Unit showed Employee #6, standing in the hallway beside her cart. The cart contained multiple cleaning supplies, to include a plastic spray bottle labeled "Spraybuff" Water Based Shine Maintainer, Spartan Chemical Company, Inc. (Incorporated).</p> <p>During a face-to-face interview on 01/25/2021, at approximately 11:40 AM, Employee #6 stated that she used the "Spraybuff" to disinfect high touch surface area (door handles) on the COVID-19 unit.</p> <p>During a face-to-face interview on that same day at 12:15 PM, Employee #7 (Environmental Services Supervisor) acknowledged the finding and stated that "Spraybuff" is not a disinfectant. Employee #7 also stated that the "Spraybuff" bottle was mislabeled and contained a disinfectant named "GS Neutral Disinfectant Cleaner".</p> <p>At the time of the survey, Employee #6 failed to clean high touch surface areas (door handles) on the COVID-19 unit with disinfectant.</p> <p>II. Employee #6 (Housekeeper) failed to follow</p>	F 880	<p>3. Measures to prevent recurrence:</p> <p>Environmental Services Director/ Designee will provide education to housekeeping staff on facility infection control practices with focus on cleaning high touch surface area and residents' rooms including Covid-19 units.</p> <p>Training will be specific on the use of disposable disinfectant wipes to clean high touch surface area and residents' rooms.</p> <p>Pre and Post test will be included in the training to evaluate employees' understanding.</p> <p>Environmental Services Director/ Designee will conduct audit of housekeeping carts 3x weekly to ensure housekeeping staff have access to disposable disinfectant wipes and cleaning carts are provided with disposable disinfectant wipes to clean high touch surface area and residents' rooms.</p>	03/24/2021

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F 880	<p>Continued From page 12</p> <p>the facility's practice and protocol when cleaning residents' rooms on the COVID-19 unit (2 South).</p> <p>On 01/25/2021, starting at approximately 11:30 AM, an observation of 2 South (COVID-19) Unit showed Employee #6, standing in the hallway beside her cart. The cart contained several cleaning supplies to include two (2) buckets with clear liquid (Bucket #1 had a red cloth rag and Bucket #2 had a green cloth rag). Also, Employee #6 showed the Writer a container of Oxivir wipes on her cart.</p> <p>During a face-to-face interview on 01/25/2021, at approximately 11:50 AM, Employee #6 stated that she uses the red rag to clean all the residents' bathrooms. The employee also stated that she uses the green rag to clean the tables in residents' rooms. The employee was asked, if she had access to disposable cloths to clean residents' bathrooms and tables to minimize the potential spread of COVID-19 in residents' room, she stated, "No".</p> <p>During a face-to-face interview on 01/25/2021, at approximately 12:30 PM, Employee #7 (Environmental Services Supervisor) acknowledged the finding and stated that the facility's protocol is that housekeeping staff should use disposable "Oxivir" wipes to clean residents' rooms on the COVID-19 unit.</p> <p>At the time of the survey, Employee #6 failed follow the facility's practice and protocol when cleaning residents' rooms on the COVID-19 unit.</p>	F 880	<p>4. Monitoring to prevent recurrence:</p> <p>Findings from the audit will be reported during weekly risk management meetings x4 and forwarded to Quality Assurance Committee monthly x3.</p>	03/24/2021	