

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD02-0010</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/28/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>UNIQUE REHABILITATION AND HEALTH</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>901 FIRST STREET NW WASHINGTON, DC 20001</b>		
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L 000	<p>Initial Comments</p> <p>A COVID-19 Focused Infection Control Survey was conducted at Unique Rehabilitation and Health Center from January 25, 2021 - January 28, 2021. Survey activities consisted of a review of eight (8) 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 195.</p> <p>The following is a directory of abbreviations and/or acronyms that may be utilized in the report:</p> <p>Abbreviations</p> <p>AMS - Altered Mental Status ARD - Assessment Reference Date AV- Arteriovenous BID - Twice- a-day B/P - Blood Pressure cm - Centimeters CMS - Centers for Medicare and Medicaid Services CNA- Certified Nurse Aide 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 HR- Hour HSC - Health Service Center HVAC - Heating ventilation/Air conditioning</p>	L 000	<p>Unique Rehabilitation and Health Center make its best efforts to operate in substantial compliance with both Federal and State Laws.</p> <p>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.</p> <p>This POC is prepared and/or executed solely because it is required by Federal and State Laws.</p>	

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

TITLE

(X6) DATE

STATE FORM

6899

KUE511

If continuation sheet 1 of 7

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L 000	Continued From page 1  ID - Intellectual disability IDT - interdisciplinary team 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 POS - physician 's order sheet Prn - As needed Pt - Patient Q- Every QIS - Quality Indicator Survey ROM - Range of Motion Rp, R/P - Responsible party SCC - Special Care Center Sol- Solution TAR - Treatment Administration Record	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	L 051		

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L 051	<p>Continued From page 2</p> <p>required nursing intervention;</p> <p>(b)Reviewing medication records for completeness, accuracy in the transcription of physician orders, and adherences to stop-order 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 interview, the Charge Nurse 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</p>	L 051	<p><b>1. Corrective action for the residents affected:</b></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 change in the resident's physical, mental and psycho-social status.</p> <p><b>2. Identification of others with potential to be affected:</b></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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L 051	<p>Continued From page 3</p> <p>keep oxygen saturation &gt; 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 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 ..."</p> <p>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.</p> <p>During a telephone interview on 02/03/2021, at approximately 12:30 PM, Employee #2 (Director</p>	L 051	<p><b>3. Measures to prevent recurrence:</b></p> <p>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 to reflect physicians' specific order.</p> <p>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.</p> <p><b>4. Monitoring to prevent recurrence:</b></p> <p>Findings from the clinical records review will be reported during weekly risk meeting x4 and forwarded to Quality Assurance Committee monthly x3.</p>	03/24/2021

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L 051	Continued From page 4 of Nursing) acknowledged the finding.	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.</p> <p>This Statute 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 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>	L 091	<p><b>1. Corrective action for the residents affected:</b></p> <p>Employee #6 was provided education on</p> <p>01/26/2021 by housekeeping supervisor on the importance of using 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.</p> <p>Facility residents did not suffer any negative outcome.</p>	03/24/2021

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L 091	<p>Continued From page 5</p> <p><a href="https://www.spartanchemical.com/products/product/444004/#packaging-variations">https://www.spartanchemical.com/products/product/444004/#packaging-variations</a></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 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</p>	L 091	<p><b>2. Identification of others with potential to be affected:</b></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

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L 091	<p>Continued From page 6</p> <p>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>	L 091	<p><b>3. Measures to prevent recurrence:</b></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> <p><b>4. Monitoring to prevent recurrence:</b></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	