

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 095039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2020
NAME OF PROVIDER OF SUPPLIER UNITED MEDICAL NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP 1310 SOUTHERN AVENUE, SE, SUITE 200 WASHINGTON, DC 20032	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG F 0880	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, review of facility policies, and staff interviews, it was determined that the facility failed to follow isolation precautions for COVID- guidelines for 6 of 13 Employee (E1, E2, E3, E4, E5, and the Staff Educator). The findings include: At 8:30 AM, an observation while exiting the elevator on the 6 floor revealed E1 was wearing a surgical mask but his nose was uncovered and his nostrils were exposed. At 9:00 AM, E2 was observed washing their hands but not for the required 20 seconds. At 9:20 AM, E3 was observed on the 7th floor with no PPE (Protective Personal Equipment). The Director of Nursing (DON) made her leave the designated COVID -19 area. At 10:20 AM, E4 was observed walking from the nurse's station to the clean utility room on the 7th floor with her mask down around her neck. She stated, I can't breathe all the time. At 10:40 AM, the Staff Educator was observed with no PPE on the 7th floor. At 10:55 AM, E5 stated, My temp (temperature) was not taken this morning. I came in and went to the floor to see where my assignment is today, usually my temperature is taken but it's scary now. When asked what she was taught, she stated, first thing the temperature is taken first, then to the time clock, given a mask. At the end of the shift, I need to wash hands before I can leave. I go home and take a shower. The DON and the Infection Preventionist revealed during an interview at 11:15 AM that the facility identified the 7th floor, starting with room [ROOM NUMBER] as the COVID-19 area and initiated a new protocol on April 1, 2020, which requires all staff to wear a facial mask when on the 6 and 7 floors, and a N-95 mask when taking care of a presumptive or positive COVID-19 resident. I just did hand washing education with all staff, they know that they need to wash for at least 20 seconds. In addition, review of the policy titled Active Screening for Fever, Policy 113, effective 3/23/2020, reads, United Medical Nursing Center is committed to taking critical steps such as actively screening for fever to ensure prevention of infectious diseases such as the Coronavirus or other transmittable disease. When there are cases in the facility the facility will implement a universal use of facemask for all healthcare providers while in the facility. When caring for a patient(s) with an active case, employees will be required to wear gowns, gloves, facemask or, if available eye protection. The facility request the temperature of any staff. The policy references the CDC (Centers for Disease Control), Coronavirus 2019 healthcare facilities hyperlink.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE	

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.