

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>095019</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/18/2020</b>
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NAME OF PROVIDER OF SUPPLIER <b>DEANWOOD REHABILITATION AND WELLNESS CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP <b>5000 BURROUGHS AVE, NE WASHINGTON, DC 20019</b>
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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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
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<p>F 0641</p> <p><b>Level of harm - Minimal harm or potential for actual harm</b></p> <p><b>Residents Affected - Few</b></p>	<p><b>Ensure each resident receives an accurate assessment.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, for two (2) out of 10 sampled residents, the facility staff failed to accurately code the Minimum Data Set (MDS) for Residents' #16 and #18 for isolation/precautions Under Section O (Special Treatments, Procedures, and Programs). Findings include . 1.Facility failed to accurately code the MDS to reflect Resident #16's isolation status. Resident #16 was readmitted to the facility on [DATE] with [DIAGNOSES REDACTED]. During record review of the MDS signed 08/13/2020, the facility coded sub section M (isolation/quarantine), of Section O (Special Treatments, Procedures, and Programs) as no for isolation/quarantine. Review of the progress notes showed a note dated 08/5/2020 at 22:16 stating, Resident's admitting Dx (diagnosis) is Covid-19. During a phone interview with Employee #2 conducted on 08/24/2020, at approximately 3:35 PM, he/she acknowledged the finding. 2. Facility failed to accurately code the MDS to reflect Resident #18's isolation status. Resident #18 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. During record review of the MDS dated and signed 06/29/2020, the facility coded the MDS for Resident #18 in sub section M (isolation/quarantine), of Section O (Special Treatments, Procedures, and Programs) as no for isolation/quarantine. Review of the history and physical progress note dated 06/18/2020 at 20:28 noted, Chief Complaint: Covid-19 Positive Patient. During a phone interview with Employee #2 conducted on 08/24/2020, at approximately 3:35 PM, he/she acknowledged the finding.</p>
<p>F 0695</p> <p><b>Level of harm - Minimal harm or potential for actual harm</b></p> <p><b>Residents Affected - Some</b></p>	<p><b>Provide safe and appropriate respiratory care for a resident when needed.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record reviews, and staff interviews for five (5) out of 10 sampled residents, facility staff failed to maintain infection control measures care for handling, cleaning, storage and disposal of oxygen (O2) equipment for four (4) residents; and failed to post cautionary and safety signs indicating the use of oxygen for one (1) resident. Residents' #11, #12, #13, #14 and #15. Findings include . 1.The facility staff failed to uphold resident care policies related to oxygen services, including the safe handling, cleaning, storage, and disposal of oxygen equipment. Resident #11 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. At approximately 9:15 AM on 08/18/2020, the surveyor observed at Resident #11's bedside, a suction canister and tubing dated 07/27/2020. This observation was made in the presence of Employee #5. Review of the resident's current medical record shows orders dated 08/12/2020 that specified, Change O2 (oxygen) tubing and bottle weekly and PRN (as needed), Rinse O2 filter with H2O (water), pat dry and replace. Initial tubing and bottle at time of change. Place tubing in dated plastic bag when not in use . every night shift, every (Monday) .Change Suction tubing and canister daily &amp; PRN (as needed) . every day shift The August 2020 Treatment Administration Record (TAR) showed the following: The physician's orders [REDACTED]. Rinse O2 filter with H2O, pat dry and replace. Initial tubing and bottle at time of change .every night shift every Mon [MEDICAL CONDITION] was initiated on 8/3/20, 8/10/20, and 8/17/20 by facility staff as being done. The physician's orders [REDACTED]. During a face-to-face interview conducted on 08/18/2020, at approximately 9:20 AM Employee #5 stated, The respiratory therapist is responsible for tubing change. During face-to-face interview with Employee #18 at 12:30 PM she stated, I must have put the wrong date. I changed all the tubing and equipment last week. During a face-to-face interview conducted on 08/18/2020, at approximately 1:00 PM, Employee #2 acknowledged the finding. 2.The facility staff failed to indicate implementation of care and infection control practices regarding cleaning, and disposal of oxygen equipment. Resident #12 admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. At approximately 9: 27 AM on 08/18/2020, surveyor observed at resident's bedside, suction canister and tubing dated 07/27/2020. This observation was made in the presence of Employee #5. Review of the Resident #12's August 2020 TAR showed the following physician's orders [REDACTED]. On 08/01/2020 to 08/17/2020 was not initiated as being done by facility staff. During a face-to-face interview conducted on 08/18/2020, at approximately 1:00 PM, Employee #2 acknowledged the finding. 3.The facility's staff failed to indicate infection control measures for handling, cleaning, storage, and disposal of oxygen equipment. Resident #13 admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. At approximately 10:29 AM on 08/18/2020, surveyor observed oxygen tubing at bedside dated 07/23/2020. This observation was made in the presence of Employee #5. Review of the Resident #13's medical record dated 08/15/2020 showed orders that specified, Clean concentrator &amp; air compressor filters weekly &amp; PRN every night shift every Tue (Tuesday) AND as needed. Review of the Resident #12's August 2020 TAR showed the following physician's orders [REDACTED]. During a face-to-face interview conducted on 08/18/2020, at approximately 1:00 PM, Employee #2 acknowledged the finding. 4. The facility's staff failed to indicate infection control measures for handling, cleaning, storage, and disposal of oxygen equipment. Resident #14 admitted on [DATE] with [DIAGNOSES REDACTED]. At approximately 10:35 AM on 08/18/2020, the surveyor observed at Resident #14's bedside, oxygen tubing to have no date. This observation was made in the presence of Employee #5. Review of Resident #14's medical record showed physician's orders [REDACTED]. every night shift every Tue and as needed. Review the August 2020 TAR showed the following physician's orders [REDACTED]. During a face-to-face interview conducted on 08/18/2020, at approximately 1:00 PM, Employee #2 acknowledged the finding. 5.Facility failed to post cautionary and safety signs indicating the use of oxygen for Resident #15. Resident #15 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. At approximately 10:53 AM on 08/18/2020, the surveyor observed the resident in the room with oxygen on via nasal cannula but there was no signage posted at the door to indicate that oxygen was in use. This observation was made in the presence of Employee #5. During a face-to-face interview, Employee #5 stated, Patient was recently admitted , that's why there is no 'oxygen use' sign posted at this door. Review of the of Resident #15's medical record showed patient on continuous oxygen via nasal cannula since date of admission on 07/31/2020. Review of the facility's oxygen policy and procedure states, No Smoking/Oxygen use signs necessary. During a face-to-face interview conducted on 08/18/2020, at approximately 1:00 PM, Employee #2 acknowledged the finding.</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.