

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>095024</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/19/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BRIDGEPOINT SUBACUTE AND REHAB NATIONAL HARBOR</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4601 MARTIN LUTHER KING JR AVENUE SW WASHINGTON, DC 20032</b>	
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)		
F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<b>Provide and implement an infection prevention and control program.</b>  Based on observation, review of facility surveillance logs and staff interview, facility staff failed to handle linens so as to prevent the spread of infection in two (2) of two (2) observations; and facility staff failed to wear facemask appropriately in three (3) of three (3) observations. In addition, the facility administration failed to designate an individual(s) as the infection preventionist. Findings included: Uncovered Linen The surveyor conducted a tour of Unit 3 East on 06/17/2020 at approximately 11:50 AM, in the presence of Employee #6. The Surveyor observed two (2) of two (2) carts storing clean linen, partially covered across in the hallway outside of resident rooms #306 and #316. In response to the surveyor's query regarding the uncovered linen carts. Employee #6 stated that linen carts are currently being used by employees but should be covered. Employee #6 made an attempt to cover the first cart with a sheet; however, the sheet was not long enough to cover the entire cart. Employee #6 then covered the second linen cart Employee #6. The practice lacked evidence that the facility staff handled clean linens in a manner to prevent the risk of contamination and spread of infection. Employees #1 confirmed the findings at the time of the observations. Facemask Facility staff failed to follow acceptable standards so as to prevent the spread of infection, relative to the inappropriate use of facemasks in two (2) of two (2) observations. According to DC Department of Health: All health care workers (HCWs) who are not providing aerosol generating procedures to suspected or confirmed COVID-19 should wear a medical, surgical or procedure mask at all times. Reference: <a href="https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/DC_Health_COVID-19_LTCF_Coverings_and_Masks_2020.04.14.pdf">https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/DC_Health_COVID-19_LTCF_Coverings_and_Masks_2020.04.14.pdf</a> . A tour of Unit 3 West was conducted on 06/17/2020 at approximately 10:15 AM and 10:45 AM, the surveyor observed the following: * Employee #7 without wearing a facemask. Employee #7 put the facemask on when questioned by the surveyor regarding facilities policies for wearing mask. *On Unit 3 West on Employee #8, observed not wearing his/her facemask correctly. The facemask did not cover his/her nose. When questioned why the facemask was not worn appropriately Employee #8 stated, I could not breathe with mask completely on. *On Unit 3 West on Employee #9, (environmental service staff) observed not wearing his/her facemask correctly. The facemask did not cover his/her nose. When questioned why the facemask was not worn appropriately Employee #9 stated, I could not breathe with mask completely on. The facility staff failed to follow health care workers standard of practice for the appropriate use of personal protective equipment (facemask). Employees' #7, #8, and #9 acknowledged the concern at the time of the observation. Employee #4 also confirmed the findings during a face-to-face interview on 6/17/2020, at approximately 12:20 PM. Infection Preventionist Facility staff failed to designate an individual as the infection preventionist who is responsible for the facility's Infection Prevention and Control Program (IPCP). A review of the facility's Infection Control Surveillance Logs for April, May and June 2020, was conducted on 6/17/2020 at approximately 1:30 PM. Employee #3 was present at the time or review and stated there are currently eight (8) residents in the facility on isolation precautions. The logs April, May and June 2020 lacked evidence that the facility staff performed a surveillance inclusive of the following: *A systematic collection, analysis, interpretation, *Dissemination of surveillance data to identify infections acquired within the facility and from the community before they can spread to other persons in the facility; *There was no corrective action(s) taken to address the residents in the facility that are on isolation; *Data for current residents on isolation was not included in the surveillance logs provided In addition, the facility administration failed to designate an individual(s) as the infection preventionist(s) who are responsible for the facility's IPCP who completed the specialized training in infection prevention and control. During a face-to-face interview on 6/17/2020 at approximately 1:40 PM, Employees' #1, #3 and #5 acknowledged the findings.		

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.