

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>095022</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/30/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>TRANSITIONS HEALTHCARE CAPITOL CITY</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2425 25TH STREET SE WASHINGTON, DC 20020</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide and implement an infection prevention and control program.</b>  Based on observation and staff interviews, the facility staff failed to follow acceptable standards as to prevent the spread of infection, relative to demonstrating improper hand hygiene in one (1) of one (1) observation. Findings Included: According to Centers for Disease Control and Prevention (CDC), hand hygiene guidelines are recommended to 1. Wet your hands with clean running water (warm or cold) and apply soap. 2. Lather your hands by rubbing them together with the soap. 3. Scrub all surfaces of your hands, including the palms, backs, fingers, between your fingers, and under your nails. Keep scrubbing for at least 20 seconds. Need a timer? Hum the Happy Birthday song twice. 4. Rinse your hands under clean, running water. 5. Dry your hands using a clean towel or air dry them. Reference <a href="https://www.cdc.gov/handwashing/pdf/handwashing-poster.pdf">https://www.cdc.gov/handwashing/pdf/handwashing-poster.pdf</a> During a tour of Unit 3 North on 06/29/2020 at 11:26 AM, the surveyor observed the following: Employee #5 (License Practical Nurse) entered Resident #TF's room with a cup of yellow colored liquid. The employee then donned one glove to his/her right hand and proceeded to offer the resident the cup of liquid. Continued observation showed Employee #5 holding the straw with the gloved hand while the resident sipped from the straw. In addition, the employee was noted removing (doffing) the glove from his/her right hand then washing his/her hands for less than 20 seconds while in the resident's room. A second observation on 06/29/20 at approximately 11:30 AM revealed Employee #5 pouring garbage from the trashcan into a clear liner/trash bag from the resident's room. The employee then exited the resident's room holding the trash bag with ungloved hands. Continued observation showed that the employee walked down the hall, passed one hand sanitizer station, entered the soiled utility room, discarded the trash bag, walked to the nourishment room and washed his/her hands for less than 20 seconds. During a face-to-face interview on 06/26/20 at approximately 11:40 AM, Employee #5 (License Practical Nurse) acknowledged the findings in the presences of Employee #4 (Unit Manager). Employee #5 failed to follow acceptable standards of practice for hand hygiene at the time of this survey.		

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.