

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 095014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/26/2020
NAME OF PROVIDER OF SUPPLIER WASHINGTON CTR FOR AGING SVCS		STREET ADDRESS, CITY, STATE, ZIP 2601 18TH STREET NE WASHINGTON, DC 20018	
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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation and interview of one (1) of four (4) environmental service staff, Employee #1 failed to follow Infection Control Precautions while cleaning a resident's room. Findings included: On June 25, 2020 at approximately 11:30 AM, observation of Unit 1 Blue revealed Employee #1 (housekeeper) cleaning a resident's room. Continued observation revealed that Employee #1 failed to remove and discard her gloves and perform hand hygiene prior to leaving the resident's room. Instead, Employee #1 was observed leaving the resident's room and entering the hallway wearing the same gloves that she used to clean the resident's room. After entering the hallway, Employee #1 was observed cleaning two handrails in the hallway with the same gloves. During a face-to-face interview on June 25, 2020 at 11:40 AM, Employee #1 was asked, how often she changes her gloves. Employee #1 stated that she only changes her gloves when she enters another resident's room. At the time of the observation Employee #1 failed to maintain Infection Control Precautions. Employee #1 acknowledged the finding during the aforementioned interview.		

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.