

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 095036	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2020
NAME OF PROVIDER OF SUPPLIER UNIQUE REHABILITATION AND HEALTH CENTER LLC		STREET ADDRESS, CITY, STATE, ZIP 901 FIRST STREET NW WASHINGTON, DC 20001	
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 observations, review of facility policy, and staff interviews, it was determined that the facility failed to follow Isolation Precautions for 2 of 3 Residents(R), who were roommates of COVID-19 positive residents (R1 and R2). The facility failed to ensure Employees followed facility policy for use of Personal Protective Equipment (PPE) for 4 of 20 Employees (E1, E2, E3, and E4). The findings include: During the tour of 1 North (the facility's designated hallway for COVID-19 residents) with the Administrator on 4/14/20 at 12:35 PM, Employee (E)1 was observed exiting R1 and R2's room with PPE (Personal Protective Equipment) which consisted of a yellow disposable gown, gloves, and mask. She stated that she needed to go get more supplies. She was told by the Administrator, she would have to remove the PPE and before entering the room again apply new PPE. During the tour of the 4 South Hall with the Administrator on 4/14/20 at 1:10 PM, E2 was observed with their mask down around the front of the neck, saying I have to pee so bad. An interview with the Administrator and the Infection Control Specialist on 4/14/20 at 3:00 PM revealed that 2 weeks ago (March 17), the facility instituted a new policy that all staff were to use surgical or N-95 masks. The use of a gown for a direct care employees and staff that is in close contact with residents. Any resident on Contact and Droplet Isolation Precautions should be placed on the 1 North wing. Another observation at 3:10 PM on the 1 North unit, E3 brought paperwork to the Administrator without any PPE in place. E4 was also sitting looking at the computer screen with their surgical mask down around the neck. E4 stated, It's hard to breathe.		

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.