

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 06/24/2020
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 observation and staff interview, the facility's environmental service staff failed to follow Infection Control Precautions for two (2) of six (6) employees (Employees' #1 and #2). Findings included: On June 23, 2020 at 10:30 AM, observation of Unit 3 North 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 noted entering the hallway wearing the same gloves that she used to clean the resident's room. After entering the hallway, Employee #1 was observed touching several items including a wet floor sign, several bottles of cleaning solution, and the lid on top of the dirty linen cart. During a face-to-face interview on June 23, 2020 at 10:40 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. On June 23, 2020 at 12:30 PM, observation of the COVID-19 Unit (1 North) revealed Employee #2 (housekeeper) failed to remove and discard her gloves and perform hand hygiene prior to leaving the resident's room. Instead, Employee #2 was noted entering the hallway wearing gloves that she used to clean the resident's room. After entering the hallway, Employee #2 was observed touching several cleaning bottles on her cart. During a face-to-face interview on June 23, 2020 at 12:45 PM, Employee #2 was asked, how often she changes her gloves. Employee #2 stated that she only changes her gloves when she enters another resident's room. At the time of the time of the observation Employee #1 and Employee #2 failed to maintain Infection Control Precautions. Both employees 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.