

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>095038</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/10/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>FOREST HILLS OF DC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4901 CONNECTICUT AVENUE, NW WASHINGTON, DC 20008</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> - Some	<b>Provide and implement an infection prevention and control program.</b>  Based on observation and staff interviews, facility staff failed to wash their hands when going in and out of three (3) of three (3) resident rooms to pick up the breakfast meal trays. The residents' census was 47. Findings included: Infection Control Guidance for Skilled Nursing Facilities (can also be applied to Assisted Living Facilities: 10. Ensure that all HCP and patients are aware of proper hand hygiene practices. a. CRITICAL: Ensure that alcohol-based handrub (ABHR) dispensers are placed inside and outside the doorway of every patient room. ABHR needs to be 60%-95% alcohol to be effective against COVID-19. b. CRITICAL: If hands are not visibly soiled then HCP should always use ABHR 1) upon entering a patient's room, 2) upon exiting a patient's room, 3) immediately prior to putting on gloves, 4) immediately after removing gloves, 5) every time they leave an individual unit, 6) every time they enter a new unit and 7) all other scenarios stated in your facility hand hygiene policy. c. Ensure that ABHR dispensers are properly stocked and that sinks are properly supplied with soap and paper towels for hand washing. Reference <a href="https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/COVID-19_SNF_Infection_Control_Letter_2020.03.13.pdf">https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/COVID-19_SNF_Infection_Control_Letter_2020.03.13.pdf</a> During a tour of the first floor nursing unit, on June 9, 2020, at approximately 10:15 AM, three (3) employees were observed going in and out of residents' rooms on first floor nursing unit. The employees were asked what they were doing, one certified nurse aide responded, We are picking up the residents' trays. During this observation, the staff were not observed washing or sanitizing their hands as they entered the residents' room, picked up the soiled trays and exited the residents' rooms. There was no evidence that facility staff sanitized their hands before entering the residents' rooms, after exiting the residents' rooms and after picking up a soiled meal tray from the residents' rooms. During tour of the first floor nursing unit, it was noted that hand sanitizer dispensers were not placed inside or outside of the resident rooms. However, there were two (2) bottles of hand sanitizer on observed on the counter at the first floor nurses' station. During a face-to-face interview, Employee #1 acknowledged the findings on June 9, 2020, at approximately 11:00 AM.		

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.