FORM APPROVED

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	ALR-0010		08/11/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INGLESIDE AT ROCK CREEK	3050 MILITARY ROAD NW WASHINGTON, DC 20015

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	Initial Comments An annual licensure survey was conducted on August 11, 2010, to determine compliance with Assisted Living Law " DC Code § 44-101.01 " The following deficiencies were based on an observation, record reviews, and interviews. The sample sizes were three (3)resident records based on a census of thirty-six(36) residents and eleven(11) employee records based on a census of one hundred thirty-six (136) employees.	R 000	DOH-HRLA-ICFU Received 9/1/10	
R 297	Sec. 504.6 Accommodation Of Needs. (6) To be free of physical restraints at all times; and Based on an observation and interview, it was revealed the facility failed to ensure that one (1) of thirty-six (36) resident's were free from physical restraints. (Resident #1) The findings include: On August 11. 2010 at approximately 10:30 a.m., an observation of resident's apartment revealed resident #1 lying in the a hospital bed with both side rails in up position. During a face to face interview with the Assisted Living Coordinator on August 11, 2010, at approximately 10:35 a.m., the finding was acknowledged. However, she indicated that was not a normal practice to use the side rails and she would speak to the resident's family in reference to the use of the side rails.	R 297	R 297 One bed rail was removed from the resident at the time of the survey (8/11/2010). Resident, family and private duty aides were informed that one rail may be kept in place to allow for turning and positioning but the other rail must be kept down or removed (8/11/2010). A shared risk agreement was completed with the responsible party for keeping one side rail for mobility purposes. A telephone conversation was held with the responsible party on 8/11/2010 and the signed shared risk agreement was placed in the resident chart on 8/12/2010. The corrective action taken was to remove one side rail and keep one in place for mobility. Explanations about side rail use were given to the resident, the responsible party and to the private duty aides (8/12/2010) All residents will be checked daily by the CNAs to ensure that only one mobility side rail is in place for any resident to use. (8/12/2010) If any resident is found to be using more than one side rail (for mobility purposes) it will be immediately reported to a nursing supervisor for removal. The supervisor will remove the rail and inform the resident, the responsible party and any private duty aides as to why it must be removed. A monthly check for side rails will be done by a licensed nurse for all residents and will be recorded in a log book. Reports of bed rails found will immediately be given to a nursing supervisor for correction as stated above.	8/11/2010 8/11/2010 8/12/2010 8/12/2010 8/12/2010
R 464	Sec. 603a6 Financial Agreements (6) A provision which provides at least 45 days notice of any rate increase except if necessitated by a change in the resident's medical condition;	R 464		

Health Regulation Administration

Ann R. Schiff, Administrator — TITLE — 9/1/10 (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH REGULATION ADMINISTRATION
825 NORTH CAPITOL ST., N.E., 2ND FLOOR
WASHINGTON, D.C. 20002

Health Regulation Administration

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	ALR-0010		08/11/2010

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R 464	Continued From page 1 Based on a record review and interview, it was revealed that the facility failed to add a provision in it policy which provides at least 45 days notice of any increase except if necessitated by a change in the resident's medical condition. The findings include: On August 11, 2010, at approximately 1:30 p.m., a record review of administration records revealed a document entitled "Article V Financial Obligation Of Residents" in which section 503 (a) increases documented "Ingleside may adjust the Monthly Fee from time to time, in its discretion, upon not less than 30 days' prior written notice to Resident...." During a face to face interview with the Administrator on August 11, 2010 at approximately 2:30 p.m, the finding was acknowledged.	R 464	R464 During the survey it was found that although facility practice has been to give residents forty-five days notice of a rate increase, the contracts state that at least thirty days notice must be given. The administrator agreed that a notice would go out clarifying that there will be forty-five days notice of any rate increase. (8/11/10) A letter (see attachment) went out on to residents and responsible parties informing them of a formal change in length of notification of a rate increase (8/30/10). The letter will be attached to all new contracts so that new residents and responsible parties will be aware of the forty-five days notice. When each resident has their initial and then their twice a year service plan meeting, the letter will be reviewed with them and/or their responsible party. (8/30/10 and ongoing)	8/11/2010 8/30/2010 8/30/2010
R 473	Sec. 604a3 Individualized Service Plans (3) The ISP shall be written by a healthcare practitioner using information from the assessment. Based on record reviews and interview, it was revealed that the facility failed to have one (1) of three (3) ISP's reviewed written by a healthcare practitioner. (Resident #1) The findings include: On August 11, 2010, a record review of Resident #1's record at approximately 11:00 a.m. revealed an ISP dated August 2, 2010 which had no documented evidence that it had been written by a healthcare practitioner.	R 473	R473 The surveyors found one ISP that had not been written and signed by a health care practitioner. The physician was notified about the signature oversight and he came in to correct that. (8/13/10) The one resident record that was out of compliance was corrected on 8/13/10 and the physician was reminded that he must sign the ISP whenever one is done or updated. All current ISPs were audited for compliance (8/13/2010). If a signature is missing, the Health Care Practitioner will be requested to come sign the plan within forty-eight hours of being notified of the oversight.	8/13/2010 8/13/2010

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	ALR-0010	A. BUILDING B. WING	08/11/2010

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R 473	Continued From page 2 During a face to face interview with the Assistant Living Coordinator on August 11, 2010, at approximately 12:15 p.m., the finding was acknowledged.	R 473	All new and updated ISPs will be audited to ensure that the Health Care Practitioner has signed the plan. This will be done during the physician's ninety day reviews of the resident's ISP. (8/13/10 and ongoing)	8/13/2010
R 654	Sec. 702a3 Staff Training. (3) Be properly trained by virtue of holding current licenses in a healthcare related field; Based on record review and interview, the facility failed to ensure private duty staff was licensed in a healthcare related field for one (1) of the four private duty personnel records reviewed. (Licensed Practical Nurse (LPN), Staff #6). The finding includes: Interview with the facility's Human Resources personnel on August 11, 2010, at approximately 10:30 a.m., revealed one of their resident's used private duty personnel. Review of the facility's personnel records on August 11, 2010, beginning at 10:54 a.m. revealed Staff #6, was a Licensed Practical Nurse, (LPN). Continued review of the aforementioned private duty personnel record revealed the private duty nurse's license had expired. The facility failed to ensure one (1) of four (4) private duty staff had evidence of a current license. During a face to face interview on August 11, 2010, at approximately 2:35 p.m., the administrator and the RN, acknowledged the findings.	R 654	All six month ISP reviews will include an audit for the current ISP being appropriately signed by the Health Care Practitioner. (8/13/10 and ongoing) R654 During the survey it was discovered that a private duty Licensed Practical Nurse's license was expired. A copy of her new license was obtained (8/12/2010) All private duty personnel are required to produce a copy of their current license upon hire by a resident. In addition, they must give a copy of their approved license renewal on an annual basis to the Human Resources Department. A reminder of this practice has been sent to residents, their responsible parties and to the current private duty personnel. (9/1/2010). A copy of the reminder is attached. In addition, all private duty licenses were audited for compliance (8/13/10) The private duty license policy will be discussed at the Voices of the Suites (resident council) Meeting on an annual basis (Sept/2010 and annually). As an additional precaution, when ISPs are reviewed with residents and/or responsible parties twice a year they will be asked to show proof that their private duty personnel have current licenses. (9/2010 and ongoing). All residents and/or responsible parties will be informed of this policy in case they decide to add private duty personnel at any time (9/2010 and ongoing).	8/13/2010 8/12/2010 9/1/2010 8/13/2010 9/2/2010 9/2/2010