

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/25/2012
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NAME OF PROVIDER OR SUPPLIER CHEVY CHASE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 5420 CONNECTICUT AVENUE, NW WASHINGTON, DC 20015
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R 000 Initial Comments

R 000

An annual licensure survey was conducted from January 24, 2012 and January 25, 2012 to determine compliance with Assisted Living Law " DC Code § 44-101.01." The survey was based on clinical and administrative record reviews, staff and patient interviews. The sample size were ten (10) resident records based on a census of one hundred eighteen(118) residents and eighty-one (81) employee records based on a census of eight(8) employees.

Received 2/22/12
Department of Health
Health Regulation & Licensing Administration
Intermediate Care Facilities Division
899 North Capitol St., N.E.
Washington, D.C. 20002

R 473 Sec. 604a3 Individualized Service Plans

R 473

(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 Individualized Service Plan's (ISP's) written by a healthcare practitioner for two(2)of ten(10) resident's in the sample. (Resident #6, #8)

ISP's for residents will be written using information from the assessment of the healthcare practitioner & so documented. Ongoing 2/14/12
End of month ISP audits will be conducted by CCH Social Worker to ensure healthcare practitioner participation in ISP is fully documented. Ongoing 2/14/12

The findings include:

1. On January 24, 2012, a review of resident #6's record at approximately 1:10 p.m. revealed the resident was admitted on January 16, 2012. Further review of the record revealed an ISP dated January 16, 2012. There was no documented evidence the ISP was developed by a healthcare practitioner.

#6 Signed by physician 1/26/12

During a face to face interview with the Director of Nursing on January 24, 2012 at approximately 2:00 p.m., she indicated there was no documented evidence the January 2012 ISP was developed by a healthcare practitioner.

Health Regulation & Licensing Administration
Santa Saughlin, LICSW
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Assisted Living Administrator
[Signature]
DATE: *2/15/12*

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R 473	Continued From page 1 2. On January 24, 2012, a review of resident #8's record at approximately 2:15 p.m. revealed the resident was admitted on October 20, 2011. Further review of the record revealed an ISP dated October 20, 2011. There was no documented evidence the ISP was developed by a healthcare practitioner. During a face to face interview with the Director of Nursing on January 24, 2012 at approximately 2:30 p.m., she indicated there was no documented evidence the aforementioned ISP was developed by a healthcare practitioner.	R 473	#8 Signed by physician 1/26/12
R 483	Sec. 604d Individualized Service Plans (d) The ISP shall be reviewed 30 days after admission and at least every 6 months thereafter. The ISP shall be updated more frequently if there is a significant change in the resident's condition. The resident and, if necessary, the surrogate shall be invited to participate in each reassessment. The review shall be conducted by an interdisciplinary team that includes the resident's healthcare practitioner, the resident, the resident's surrogate, if necessary, and the ALR. Based on record reviews and interview, the facility failed to ensure seven(7)of ten(10)resident's Individualized Services Plan (ISP)were reviewed by the interdisciplinary team that includes the resident's healthcare practitioner 30 days after admission, at least every six (6) months thereafter and updated more frequently if there was a significant change in the resident's condition.(Residents #2, #3, #4, #5, #7, #8 and #9) The findings include:	R 483	Significant changes in resident condition will be documented on the ISP from: 1. Incident reports indicating resident change in condition that alters current services 2. Information on 24 hour report indicating resident change in condition that alters current services. 3. Healthcare practitioner changes in orders upon resident discharge from LTC facility or acute care setting Ongoing 2/14/12 Monthly Audit of

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R 483	<p>Continued From page 2</p> <p>1. On January 24, 2012 at approximately 11:30 a.m., a review of Resident #2's record revealed an ISP that was reviewed on July 6, 2011. There was no documented evidence the ISP was reviewed by the resident's healthcare practitioner.</p> <p>During a face to face interview with the Director of Nursing on January 24, 2012, at approximately 11:45 a.m., she indicated the aforementioned ISP was not reviewed by the resident's healthcare practitioner.</p> <p>2. On January 24, 2012, at approximately 11:50 a.m., a review of Resident #3's record revealed the resident was admitted May 9, 2011. There was no documented evidence the ISP had been reviewed in six months as require. (December 2011).</p> <p>During a face to face interview with the Director of Nursing on January 24, 2012, at approximately 12:00 p.m., she indicated there was no documented evidence the ISP had been reviewed in six months (December 2011) at the time of this survey.</p> <p>3. On January 24, 2012 at approximately 12:15 p.m., a review of the resident #4's record revealed resident was admitted on May 18, 2011. There was no documented evidence the ISP had been reviewed in six months as required (November 2011).</p> <p>During a face to face interview with the Director of Nursing on January 24, 2012, at approximately 12:30 p.m., she indicated there was no</p>	R 483	<p>significant changes will utilize PCP orders as expressed on Medication Administration Record. 2/29/12</p> <p># 2 Signed by physician 1/26/12</p> <p># 3 Signed by physician 1/25/12</p> <p># 4 Signed by physician 2/9/12</p>

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R 483 Continued From page 3 R 483

documented evidence the ISP had been reviewed in six months (November 2011) at the time of this survey.

4. On January 24, 2012 at approximately 12:45 p.m., a review of Resident #5's record revealed the resident fell on January 15, 2012 and sustained a right scalp wound. Further review of the record revealed the resident's physician ordered wound care to right scalp two (2) times a days. There was no documented evidence the ISP was updated with the significant change in the resident's condition (wound care).

During a face to face interview with the Director of Nursing on January 24, 2012, at approximately 1:00 p.m., she indicated there was no documented evidence the residents ISP had been updated with the significant change regarding wound care.

5. On January 24, 2012, at approximately 1:50 p.m., a review of Resident #7's record revealed a physician order dated December 18, 2011 in which the physician ordered "cleanse skin tear to lower left leg with normal saline, apply bacitracin and cover with dry dressing until healed".

Further review of the record revealed an ISP dated September 28, 2011. There was no documented evidence the ISP was updated with the significant change in the resident's condition regarding wound care.

During a face to face interview with the Director of Nursing on January 24, 2012 at approximately 2:30 p.m., she indicated the aforementioned ISP had not been updated with the significant change to include wound care information.

5 Isp updated 1/26/12 & 2/13/12

7 ISP updated 1/25/12 & 2/13/12

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R 483	<p>Continued From page 4</p> <p>6. On January 24, 2012, at approximately 2:20 p.m., a review of Resident #8's record revealed an ISP dated November 22, 2011. There was no documented evidence the ISP was reviewed by the resident's healthcare practitioner.</p> <p>During a face to face interview with the Director of Nursing on January 24, 2012 at approximately 2:30 p.m., she indicated there was no documented evidence the aforementioned ISP had been reviewed by the resident's healthcare practitioner.</p> <p>7. On January 24, 2012, at approximately 2:35 p.m., a review of resident #9's record revealed an ISP dated October 28, 2011. There was no documented evidence in the record that the ISP had been reviewed in thirty days as required.</p> <p>During a face to face interview with the Director of Nursing on January 24, 2012 at approximately 2:45 p.m., she indicated there was no documented evidence the aforementioned ISP had been reviewed in thirty days.</p>	R 483	<p>#8 ISP signed by physician 1/26/12</p> <p>#9 ISP signed by physician 1/27/12</p>
R 803	<p>Sec. 903.3 On-Site Review.</p> <p>(3) Assess the resident's ability to continue to self-administer his or her medications. Based on record review and interview, the facility failed to assess the resident's ability to continue to self-administer medication for one of ten residents. (Resident #7)</p> <p>The finding include:</p> <p>On January 24, 2012, a record review at approximately 1:30 p.m. of Resident #7's record revealed an ISP dated September 28, 2011 which documented the resident self-medicates,</p>	R 803	<p>Assessment & documentation of self-medicating resident every 45 days. ALR will continue to maintain records of identified methods of self-medication. RN so assigned will report & coordinate (shared file) with Dir. of Health Services status & outcome of review. Dir. of H.S. will post dates of last & next RN medication review in Medication administration record to create on-line pharmacy report of compliance. Assessment completed 1/26/12</p>

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R 803	Continued From page 5 however there was no documented evidence the facilities nurse assessed the resident's ability to self-administer her medication. During a face to face interview with RN#1 on January 24, 2012 at approximately 1:00 p.m., she indicated the resident refused to have a self-medicate assessment conducted.	R 803	
R 981	Sec. 1004a General Building Interior (a) An ALR shall ensure that the interior of its facility including walls, ceilings, doors, windows, equipment, and fixtures are maintained structurally sound, sanitary, and in good repair. Based on observation and staff interview, the facility failed to ensure the facility interior was maintain in a structurally sound, sanitary, and in good repair. The findings include: During an environmental inspection on January 26, 2012, at approximately 12:50 p.m., the following deficiencies were observed: 1. In apartment's #L01 and # L02, the carpet evidenced a tear approximately 4 inches in length and brown stains were observed on the carpet. 2. In apartment #215 brown stains were observed on the carpet and the paint on the walls was chipping and peeling. 3. In apartment #218, brown stains were observed on the carpet and the paint on interior walls was chipping and peeling. 4. In apartment #312 brown stains were observed on the carpet, the paint on the walls was chipping	R 981	ALR shall institute regular reviews of contractor schedules of repairs to ensure facility interior is maintained in good repair. 2/15/12 L01 - completed 1/31/12 L02 completed, Carpet professionally cleaned & replaced 1/31/12 *218 completed 1/31/12 Carpet replaced

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R 981	<p>Continued From page 6</p> <p>and peeling.</p> <p>5. In apartment #318, the paint on the walls was chipping and peeling and brown stains were observed on the carpet.</p> <p>6. In apartments #413 and #414 the paint on the walls was chipping and peeling and in both units. Brown stains were observed on the carpet.</p> <p>7. The hardwood floors in #505, the paint on the walls was dirty. brown stains were observed on the carpet and the exterior window ledges had chipping and peeling paint.</p> <p>8. In the middle stairwell on the fifth floor the plaster on the walls and ceiling was wet and also had chipping and peeling paint.</p> <p>9. In the fourth floor hallway near the laundry room there is a noticeable hole at the bottom of the wall.</p> <p>At approximately 1:35 p.m., the above cited concerns were discussed with the facility maintenance supervisor who explained they are in the process of abating the above deficiencies.</p>	R 981	<p>#318 completed - new carpet installed 1/31/12</p> <p>#413/414 VACANT & currently under contractor services to be completed 3/09/12</p> <p>completed by contractor 1/30/12</p> <p>Roof repaired 9/2011</p> <p>Work proposed for custom window replacement by ACTION GLASS CO. 7/06/12</p> <p>Repaired by in-house staff 2/01/12</p>