

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0000	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/02/2012
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NAME OF PROVIDER OR SUPPLIER THE GEORGETOWN	STREET ADDRESS, CITY, STATE, ZIP CODE 2512 Q STREET NW WASHINGTON, DC 20008
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(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
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R 000 Initial Comments

An annual licensure survey was conducted on February 2, 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 eight (8) resident records based on a census of seventy-six(76) residents and ten(10) employee records based on a census of sixty-nine(69) employees.

R 000

R 292 - Sec. 504.1:

Accommodation of Needs

Complete Date: 2/22/12

The ISPs for Resident #1 and #5 were reviewed and updated on February 17, 2012.

Following a meeting with the family of Resident #1, it was determined that the resident will receive increased care and monitoring during the hours of 7pm to 11pm on a daily basis by private duty aides. This will provide extra monitoring during the hours when falls were most prevalent. The resident continues to participate in the Care Share Program and receives individualized care, which includes monitoring rounds every 2 hours, during the hours from 7am - 7pm.

Following a meeting with Resident #5 and her family, it was determined that this resident would be moved to a first floor apartment to facilitate easy access to the smoking area outside the building. The resident will be moved to the 1st floor apartment on February 22, 2012. The resident signed the Unsafe Smoking Policy which mandates that smoking is not allowed inside her apartment, and all cigarettes and lighters are maintained in a locked area of the community. Under the supervision of staff, the resident will be allowed to smoke in a designated area outside

R 292 Sec. 504.1 Accommodation Of Needs.

(1) To receive adequate and appropriate services and treatment with reasonable accommodation of individual needs and preferences consistent with their health and physical and mental capabilities and the health or safety of other residents; Based on record review, interview and observation, the ALR failed to provide adequate and appropriate services and treatment with reasonable accommodation of individual needs and preferences consistent with their health and physical and mental capabilities and the health or safety of other residents for two (2) of eight (8) residents. (Resident #1 and #5)

R 292

The findings include:

1. On February 2, 2012, at approximately 11:30 a.m. a review of resident #1's record revealed the resident had a history of limited vision and of right hip fracture repair prior to admission to the ALR on September 2, 2011. The record revealed the resident fell on 09/08/11 and 10/01/11. The ALR started physical therapy and occupational therapy services on 12/05/11 however further review of the record revealed the resident fell approximately seven additional times from

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Sharon L. Sellers
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
General Manager (X5) DATE
2/17/12

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R 292 Continued From page 2

and is allowed to smoke cigarettes and drink alcohol in her room. The Director of Health Services stated " yes we will do something with the resident because we don't want her to burn the place down."
The Director also indicated the resident self medicates.

A review of resident #5's record at approximately 12:35 p.m. revealed an ISP with a review date of June 17, 2011, which documented in the "additional progress note" use of alcohol and smoking continues. Further review of the document did not revealed any indication that there were restrictions placed on the resident related to drinking alcohol or smoking cigarettes, or that this situation was being monitored for safety with respect to resident or others residing in the facility.

R 421 Sec. 602a Resident Agreements

(a) A written contract must be provided to the resident prior to admission and signed by the resident or surrogate, if necessary, and a representative of the ALR. The nonfinancial portions of the contract shall include the following: Based on report review and interview, the ALR failed to provide a Resident Agreement for one (1) of eight (8) resident's. (Resident's #5)

The findings include:

On February 2, 2012, at approximately 12:35 p.m., a review of the aforementioned residents' administrative files revealed that there was no documented evidence of a resident agreements.

During a face to face interview with the Business Manager on February 2, 2012, at approximately

R 292

R 292 - Sec. 504.1:
Accommodation of Needs (continued)
Complete Date: 2/22/12

recommendations will be made regarding additional steps needed to prevent resident falls and unsafe smoking practices. The General Manager will develop new policies as required.

The ISP Team has been instructed on proper documentation of ISPs. The Director of Health Services will monitor all ISPs for proper documentation and implementation of appropriate follow-up.

R 421

R 421 - Sec. 602a:
Resident Agreements
Complete Date: 2/16/12

The written contract for Resident #5 was signed by a family member on February 16, 2012.

A file audit was conducted to ensure that each resident had a signed Resident Agreement in their file.

The community has developed a policy that states that all ISPs and contracts must be signed by the General Manager and on file at

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R 421 Continued From page 3
1:00 p.m., he indicated the residents' family had the copy of the residents' agreement and he would contact the family to bring a copy into the ALR.

R 421

R 421 – Sec. 602a:
Resident Agreements (continued)
Complete Date: 2/16/12

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 Individualized Service Plan's (ISP's) written by a healthcare practitioner for two(2)of eight(8) resident's in the sample. (Resident #1 and #8)

R 473

the time the resident is admitted. Monthly file reviews of a sample of resident files will be conducted by the General Manager, or her designee to ensure the completeness and accuracy.

R 473 Sec. 604a3:
Individualized Service Plans
Complete Date: 2/15/12

The findings include:

1. On February 2, 2012 at approximately 11:30 a.m., a record review of resident #1's record revealed an ISP dated September 2, 2011. There was no documented evidence the ISP was written by a healthcare practitioner.

During a face to face interview with the Director of Health Services on February 2, 2012 at approximately 12:00 p.m., she could provide no evidence to verify a healthcare practitioner had written the September 2, 2011, ISP at the time of this survey.

2. On February 2, 2012 at approximately 1:30 p.m., a review of resident #8's record revealed an ISP dated September 27, 2011. There was no documented evidence the ISP was written by a healthcare practitioner.

During a face to face interview with the Director of Health Services on

The ISPs for #1 and #8 were re-submitted to their physicians for review and were signed on February 15, 2012.

A review of all resident records was conducted and any records that were not in compliance were forwarded to the resident health care practitioner for review and signature.

The community has instituted a policy that an ISP will be developed with the interdisciplinary treatment team along with the resident or resident's representative. All ISPs will be faxed to the resident's physician for review and signature. After two unsuccessful attempts at reaching the physician via fax, the ISP will be hand-delivered to the physician's office by a member of the staff and picked up 3 days later. All ISPs will be reviewed by the resident's physician within 15 business days.

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R 473 Continued From page 4
February 2, 2012 at approximately 2:00 p.m., she could provide no evidence to verify a healthcare practitioner had written the September 27, 2011 ISP at the time of this survey.

R 473

R 481 Sec. 604b Individualized Service Plans

(b) The ISP shall include the services to be provided, when and how often the services will be provided, and how and by whom all services will be provided and accessed.
Based on record review and interview, it was determined the facility failed to document on the Individualized Service Plan (ISP) for one (1) of eight(8) resident's when, how often and by whom services will be provided. (Resident #2)

R 481

R 481 - Sec. 604b:
Individualized Service Plans
Complete Date: 2/16/12

Resident #1's ISP indicated under 'Mobility' that he was receiving PT services from Amedisys. Documentation indicating OT (beginning 12/6/11) and SLP (beginning 1/6/12) services have been added.

The findings include:

On February 2, 2012, at approximately 11:30 a.m. a review of resident #1 record revealed the resident was receiving physical therapy, occupational therapy, speech therapy as well as wound care services to right hip and right heel. The record revealed an initial ISP dated September 2, 2011 with a review date of December 5, 2011. There was no documented evidence that physical therapy, occupational therapy, speech therapy or wound care services were being provided in the ISP.

The ISP Team has been instructed on proper documentation of ISPs. The Director of Health Services will monitor all ISPs for proper documentation and implementation of appropriate follow-up.

During a face to face interview with the Director of Health Services on February 2, 2012 at approximately 12:00 p.m., she indicated the resident started receiving the services twice weekly on December 5, 2011. She stated wound care was provided on admission but the wound is currently healed. She also indicated the ISP did not include any of the services provided to the resident.

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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 four(4) of eight (8) resident's individualized Services Plan (ISP) were reviewed by the interdisciplinary team that includes the resident's healthcare practitioner thirty days after admission and at least every six (6) months there after. (Resident #1, #3, #4 and #8)

The finding includes:

1. On February 2, 2012, at approximately 11:30 a.m. a review of Resident # 1's record revealed an ISP review date of December 5, 2012. There was no documented evidence the ISP had been reviewed by the resident's healthcare practitioner.

During a face to face interview with the Director of Health Services on February 2, 2012 at approximately 12:00 p.m., she could provide no evidence to verify the ISP had been reviewed by the resident's healthcare practitioner at the time of this survey.

2 a. On February 2, 2012, at approximately 12:15 p.m. a review of Resident # 3's record revealed an ISP review date of March 30, 2011.

R 483

R 483- Sec. 604d:

Individualized Service Plans

Complete Date: 2/16/12

The ISP for resident #1 was re-submitted for physician review and was signed by the resident's physician on February 16, 2012. Residents #3 and #4 now have current ISPs that have been reviewed and signed by each resident's physician.

The ISP process will be monitored by the Social Worker to ensure that the physician reviews and signs ISP timely. As a plan of correction, a schedule of service plan due dates will be maintained by the Social Worker to ensure that ISPs are reviewed at the required frequency. In addition, the Social Worker will maintain a spreadsheet of all ISPs requiring physician review and will ensure that each plan is reviewed and signed by the physician within 15 business days.

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R 483 Continued From page 6

There was no documented evidence the ISP had been reviewed at least every six months (September 2011).

During a face to face interview with the Director of Health Services on February 2, 2012 at approximately 12:30 p.m., she could provide no evidence to verify the ISP had been reviewed in September 2011 as required.

2 b. On February 2, 2012, at approximately 12:15 p.m., a review of Resident # 3's record revealed an ISP with a review date of November 3, 2011. There was no documented evidence the ISP had been reviewed by the resident's healthcare practitioner.

During a face to face interview with the Director of Health Services on February 2, 2012 at approximately 12:30 p.m., she could provide no evidence to verify the ISP had been reviewed the resident's healthcare practitioner.

3 a. On February 2, 2012, at approximately 12:20 p.m., a review of Resident # 4's record revealed an ISP with a review date of January 20, 2011. There was no documented evidence the resident's healthcare practitioner reviewed the ISP.

During a face to face interview with the Director of Health Services on February 2, 2012 at approximately 12:30 p.m., she could provide no evidence to verify the ISP had been reviewed the resident's healthcare practitioner.

3 b. On February 2, 2012, at approximately 12:20 p.m., a review of Resident # 4's record revealed an initial ISP dated December 20, 2010. There was no

R 483

R 483- Sec. 604d:
Individualized Service Plans (continued)
Complete Date: 2/16/12

The ISP for Resident # 8 was reviewed by the interdisciplinary team on February 17, 2012. The Social Worker will maintain a spreadsheet of the dates that all initial ISPs need to be reviewed. The Social Worker will be responsible for scheduling ISP meetings and/or conference calls and notifying each member of the interdisciplinary team.

A review was conducted of all recent admissions to ensure that the initial ISP had been reviewed by the interdisciplinary team. The Director of Health Services initiated corrective actions when necessary.

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R 483 Continued From page 7

documented evidence the ISP had been reviewed by the interdisciplinary team in June 2011 (at least every six months).

During a face to face interview with the Director of Health Services on February 2, 2012 at approximately 12:30 p.m., she could provide no evidence to verify the ISP had been reviewed in June 2011 at the time of this survey

4. On February 2, 2012, at approximately 1:30 p.m., a review of Resident # 8's record revealed an initial ISP dated September 27, 2011. There was no documented evidence the ISP had been reviewed by the interdisciplinary team in October 2011 (thirty days).

During a face to face interview with the Director of Health Services on February 2, 2012 at approximately 2:00 p.m., she could provide no evidence to verify the ISP had been reviewed in October 2011 at the time of this survey

R 483

R 669 Sec. 702b Staff Training.

(b) Within 7 days of employment, an ALR shall train a new member of its staff as to the following: Based on record review and interview, it was determined that the facility failed to ensure that within 7 days of employment, each new employee received the required staff training for one (1) of ten (10) new staff. (Employee #10)

The finding includes:

Review of Employee #10's personnel record on February 2, 2012, at approximately 1:30 p.m. revealed there was no documented evidence the employee received the required training.

R 669

R 669 – Sec. 702b:
Staff Training
Complete Date: 2/16/12

Employee #10 received the required training on February 16, 2012.

A review of all staff has been conducted. The Georgetown has added new software on February 1, 2012 in order to keep track of employee training which is designed provide the best quality of care for our residents. The new program is called Class Registrar (by Bothworlds Software Incorporated). The software allows the General Manager or her designee to easily enroll students into classes and track the attendance of each employee. The program also allows us to grade each student on their performance in the class, as well as print out certifications for employees that pass each course. The program also allows us to print an individual's history of completed training. The software will help The Georgetown keep track all of the training that an employee participates in.

The General Manager will monitor the staff training program to ensure that all new staff receives required training within 7 days of employment.

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R 669 Continued From page 8

During a face to face interview with the Director of Health Services on February 2, 2012, at approximately 2:20 p.m., she acknowledged Employee #10 did not have the required training and indicated the required training would be provided to Employee #10.

R 669

R 803. Sec. 903.3 On-Site Review.

(3) Assess the resident's ability to continue to self-administer his or her medications. Based on record review and interview, it was revealed the facility's registered nurse failed to assess the resident's ability to continue to self-administer her medications at least every 45 days for one (1) of eight (8) residents in the sample. (Resident #4)

The finding include:

On February 2, 2012, at approximately 12:35 p.m. a review of resident #5's record revealed an ISP with review dates of June 17, 2011 and January 13, 2012 which documented resident #5 self-medicates. The last dated self-medicate assessment in the record was dated April 2011.

During a face to face interview with Director of Health Services on February 2, 2011 at approximately 2:30 p.m., she indicated all recent self-medicate assessment where in the resident's record.

R 803

R 803 Sec. 903:
On-Site Review

Complete Date: 2/14/12

An assessment of the ability of Resident #5 to self-administer her medication was completed on February 14, 2012.

A review was completed of the records of all residents that self-administer their medications to ensure that an assessment had been done every 45 days.

The Director of Health Services has developed a spreadsheet of the review dates for assessments of residents that self administer their medications. The Director of Health Services will monitor the timely completion of all assessments.

R 982 Sec. 1004b General Building Interior

(b) An ALR shall ensure that floors and stairways provide a clean, slip-resistant, and safe surface, free of tripping hazards.

R 982

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R 982 . Continued From page 9

Based on observation during the environmental inspection, the facility failed to ensure the carpeting on the floor was clean in the apartment for one (1) of the eight (8) residents in the sample. (Resident #5)

The finding includes:

During the environmental inspection of Resident #5's apartment on February 2, 2012, at approximately 10:45 a.m., an ashtray full of cigarette butts and ashes along with several open pack of cigarettes and several cigarette lighters was sitting on a sofa cushion which contained several cigarette burns. The carpet directly in front of the sofa also had multiple cigarette burns in the fabric. These practices indicate Resident #5 is not safely managing the proper disposal of her cigarettes and ashes causing a potential fire hazard for herself and others in the facility.

At the time of the environmental inspection of Resident #5's apartment on February 2, 2012, at approximately 10:47 a.m., the aforementioned unsafe smoking practices were pointed out to the Director of Health Services who stated "yes we will do something with the resident because we don't want her to burn the place down."

R 982

R 982 Sec. 1004b:

General Building Interior

Completed 2/22/12

Following a meeting with Resident #5 and her family, it was determined that this resident would be moved to a first floor apartment to facilitate easy access to the smoking area outside the building. The resident will be moved to the 1st floor apartment on February 22, 2012. The resident signed the Unsafe Smoking Policy which mandates that smoking is not allowed inside her apartment, and all cigarettes and lighters are maintained in a locked area of the community. Under the supervision of staff, the resident will be allowed to smoke in a designated area outside the community.

Housekeeping staff will make daily rounds of all resident apartments to ensure that the environment remains smoke free and there is no evidence of cigarettes, lighters and ash trays.

The carpet in this apartment will be replaced when the resident moves to the 1st floor apartment.

The General Manager has re-instituted the policy that no residents will be allowed to smoke inside their apartments. This will eliminate unsafe smoking practices inside the building.

Sharon L. Sellers

2/17/12