

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	<b>ALR-0010</b>	A. BUILDING 13 WING	<b>05/29/2012</b>

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS 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 May 29, 2012 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 three (3) resident records based on a census of thirty-two (32) residents and three ( 3 ) employees records , based on a census of twenty-two (22) employees.	R 000		
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. [ D.C. Official Code § 44-106.04 (d)  Based on record review and interview, the Assisted Living Residence (ALR) failed to ensure one (1) of three (3) resident's Individualized Services Plan's (ISP's) was reviewed by the resident's healthcare practitioner, at least every six (6) months. (Resident #1 )  The findings include:  On May 29, 2012, a review of Resident #1's record at approximately 11:30 a.m., revealed ISP's with review dated May 1, 2012 . There was no documented evidence the aforementioned ISP	R 483	<b>R483</b> The ISP of the one resident was reviewed and signed by the Health Care Practitioner the next day. All of the other ISP's were reviewed by the DON to ensure that the Health Care Practitioner had reviewed and signed the ISPs. The review showed that all the ISPs were in compliance with the regulations. The DON will review the regulation regarding ISP review and signature to the Health Care Practitioner. The Charge Nurse will call the Health Care Practitioner if the ISP is not reviewed and signed during the visit to the facility. To ensure that the process is properly monitored, all ISPs not signed five (5) days after due date will be faxed to the Health Care Practitioner's office for review and signature. Charge Nurse will call the Health Care Practitioner if the ISP faxed was not re-faxed back to the Unit within 72 hours for follow up through the process.	05/30/12  6/21/12  6/21/12

Health Regulation & Licensing Administration

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

TITLE

(X6) DATE

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  ALR-0010	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED  <b>05/29/2012</b>
--	--	--	---

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 483	Continued From page 1  was reviewed by the resident's healthcare practitioner.  During a face to face review with the Director of Nursing (DON) on May 29, 2012 at approximately 2:00 p.m., she indicated the resident's health care practitioner would be in on May 30, 2012 to review the May 1, 2012 1SP.	R 483		
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, 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 one (8) resident's in the sample. (Resident #2)  The finding include:  On May 29, 2012, at approximately 12:35 p.m. a review of Resident #2's record revealed an individual service plan (1SP) with initial date of date of January 25, 2012 and review dates of February 14, 2012 and March 15, 2012. All the aforementioned ISP's documented the resident self-medicates. The only self-medicate assessment in the record was dated February 14, 2012.  During a face to face interview with Director of Nursing (DON) on May 29, 2012, at approximately 2:30 p.m., she indicated the facility's policy was to review self-medicate assessments every six months and she was not aware they needed to be reviewed every 45 days as required by this regulation.	R 803	<b>R803</b> The cited resident's 45-day self medication assessment was completed immediately. Resident is still capable of self administering their own medications. All other self administering residents were reviewed and found to be capable of self administration. All will be reviewed every 45 days. To prevent this issue from occurring with any other resident, staff were in-serviced on the 45-day self medication assessment by the RN. A log sheet was created to keep records of 45-day self medication assessment for each resident. The facility policies and procedures were updated to the time frame of self medication administration every 45 days. To ensure that the process is properly monitored, all self medication residents charts will be reviewed every month by the DON to make sure they are being updated in a timely manner. The DON will monitor the records routinely to make sure all new admissions that are self medication are completed in a timely manner. The DON will continue to monitor the charts to identify and update any chart that is not in compliance.	05/29/12  06/01/12  06/21/12