STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ ALR-0005 B. WING 10/09/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5131 CALL PLACE SE JOYE ASSISTED LIVING SERVICES WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) R 000 Initial Comments R 000 On October 9, 2013, the Department of Health/ Health Regulation and Licensing Administration (DOH/HRLA) conducted an investigation to determine compliance with the Assisted Living Law "DC Code 44-101.01". Background: On September 27, 2013, DOH/HRLA received an e-mail from the Department of Healthcare Finance (DCHF) regarding environmental concerns at the facility. Additionally, on October 8, 2013, DOH/HRLA received a phone call from DHCF voicing multiple complaints related to medication administration practices, physician orders being unavailable, and diet and fluid restrictions not being followed. Please Note: Listed below are abbreviations used in this report: As needed (PRN) Assistant Living Administrator (ALA) Assistant Living Residence (ALR) At bed time (QHS) By Mouth (PO) Emergency Room (ER) Every Day (QD) Every 6 hours (Q 6 hrs) Every 8 hours (Q 8 hrs) History & Physical (H&P) Individualized Service Plan (ISP) Medication Administration Record (MAR) Milligrams (mg) Three times a day (TID) Trained Medication Employee (TME) Twice a day (BID) Based on observations, medical and administrative record reviews, and staff Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROXIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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		interviews, four (4) of twelve (12) complaints were substantiated.				ñ.		
		prepared in accorda	ents' meals were not nce with prescribed diets.					
		the facility used seas and salt to prepare seasonings were ide	soning salt, steak seasoning all residents meals. These ntified to contain sodium.					
		Conclusion: This alle	egation was substantiated.					Ì
		Allegation #2:The factor residents and staff and self-administration	cility does not provide training fregarding specialized diets on of medications.					
		revealed monthly nur the resident could ide including the side effi	Resident #4's record rsing notes documenting that entify his/her medications, ects of these medications, administer his/her own		u	2		
		was provided to non-compliant reside restrictions of their pr	ALA revealed that training ints who do not follow the escribed no added salt diets; was not documented.				8	
		Conclusion: This alleq substantiated.	gation was partially	ń				
	i	Allegation #3:The ALI implementation of a reaccordance with a physical control of the secondance with a physical c	esident's fluid restriction in					
	l t	Finding: A review of F	Resident #3's record failed tation that the fluid					

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An interview with the ALA revealed that the facility's staff monitors the resident's fluid intake and ensures that the resident stays within the prescribed limitation of 1500 cc daily; however, the monitoring was not documented. Conclusion: This allegation was partially substantiated. Allegation #4: The facility did not have October 2013 MAR's. Finding: A record review revealed that the facility had October 2013 MAR's for six (6) of six (6) residents. Conclusion: This allegation could not be substantiated. Allegation #5: The facilities staff is administering medications from 30 day bubble packs incorrectly. Finding: An interview with the ALA revealed that the staff does not start the 30-day bubble packs according to the calendar date because the bubble packs are not always delivered from the obfarmacy on the first of the month. Conclusion: This allegation could not be	NT OF DEFICIENCIES OF CORRECTION (X1) PROVIDER UPPLIER: ALR-0005 ALR-0005 B. WING B. 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Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: __ COMPLETED B. WING ALR-0005 10/09/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5131 CALL PLACE SE JOYE ASSISTED LIVING SERVICES WASHINGTON, DC 20019 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) R 000 Continued From page 4 R 000 Conclusion: This allegation could not be substantiated. Allegation #10: Rat droppings were observed in the facility. Finding: All rooms were checked during an environmental walk-through and there were no rat droppings observed in the facility. Conclusion: The allegation could not be substantiated. Allegation #11: One of the smoke detectors in the facility needed a battery and another smoke detector was inoperable. Finding: During an environmental walk-through all smoke detectors were checked and observed to be operable. Conclusion: This allegation could not be substantiated. Allegation #12: The fire extinguishers in the facility had not been serviced. Finding: During an environmental walk-through it was observed that all of the fire extinguishers in the facility had been serviced. Review of the "Kitchen/Extinguisher job ticket" revealed that all of the fire extinguishers in the facility were serviced on October 8, 2013. Conclusion: This allegation could not be substantiated

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ALR-0005 B. WING 10/09/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5131 CALL PLACE SE JOYE ASSISTED LIVING SERVICES WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) R 292 Continued From page 5 R 292 R 292 Sec. 504.1 Accommodation Of Needs. R 292 (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: [D.C. Official Code § 44-105.04] Based on interview and record review, the ALR falled to provide appropriate and adequate service for six of six residents' in the sample. (Residents #1, #2, #3,#4, #5 and #6) The findings include: ALL RESIDENTS AND R292 10/12/13 On October 9, 2013, starting at approximately 9:00 a.m., a review of Resident #2, #3, #5 and STAFF WERE IN-SERVICED AND #6's records revealed that the residents' were ON NO ADDED SALTDIET AND DAGDING prescribed no added salt diets. 3HT GUA #2. EFFECIS OF SODIUM TO THE CARDIAC SYSTEM. During an interview with the ALA on October 9. 2013, starting at approximately 12:30 p.m., it was revealed that the facility prepares all meals with ALL REGULAR SALT, salt, seasoning salt, steak seasoning and basil STEAK SEASONING HAVE seasoning. The ALA presented the seasoning containers, which were observed to contain BEEN REPLACED NITH A sodium. LOW SODIUM SALT. AND OTHER SALT FREE 2. On October 9, 2013, starting at approximately 9:00 a.m., a review of Resident #1, #2, #3, #4, #5 SEASONING. and #6 's records failed to document diet training PREJENT THIS DEFICIENT provided by the facility 's ALA. RACTICE FROM RECURRING TAFF WILL REIDSTRUCT During an interview with the ALA on October 9. 2013, starting at approximately 12:30 p.m., the RESIDENTS WHO ARE NON-COMPLIANT WITH ALA stated, "A few of the residents are non-compliant with the no added sait diet. I have THEIR DIET AND WILL one resident who will bring in salt packets from

the day program. Because the residents are

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AND PLAN OF CORRECTION ALR-0005 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2IP CODE STREET ADDRESS, CITY, STATE, 2IP CODE SUMMARY STATEMENT OF DEFICIENCES WASHINGTON, D.C. 20019 PROVIDER PROVIDER PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE RECOLLY TAKE CONTINUED From page 6 non-compliant, I have provided training on diets to all residents on multiple occasions but I did not document the training. 3. On October 9, 2013, at approximately 9.45 a.m., a review of Resident #2's record revealed a physician order sheet, dated September 2013, ordering 1500 oct fluid restriction QD. Further review revealed an ISP dated June 5, 2013, that documented staff to work on a specific schedule for fluid restriction due to patient 's diagnosis of psychogenic polyclypisa. Further review of the record revealed that there was no documented evidence of the scheduled fluid restriction. During an interview with the ALA on October 9, 2013, at approximately 11:30 a.m., it was revealed that the resident was admitted to this facility in 2009 from a hospital after being treated for psychogenic polyclydipsia. Further review of the resident was provided a on en one staff to monitor the resident's fluid restriction. The ALA further stated, "The staff din ont document the fluid restriction but I have now developed a schedule for the staff to follow for the 1500 cc fluid restriction." A further review of the relectoryle imbalance secondary to psychogenic polydipsia. The resident was provided a on to one staff to monitor the resident's man to been transferred to the ER or admitted to a hospital for electrolyle imbalance secondary to psychogenic polydipsia. The resident was provided a one to one staff to monitor the resident's fluid restriction. The ALA further stated, "The staff din oft document the fluid restriction but I have now developed a schedule for the staff to follow for the 1500 cc fluid restriction	Health F	Regulation & Licensir					COUNTY OF MARKET PARKETS
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FORM APPROVED Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING ALR-0005 10/09/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5131 CALL PLACE SE JOYE ASSISTED LIVING SERVICES WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) R 292 Continued From page 7 R 292 TME HAS RECEIVED AN 10/8/13 IN-SERVICE AND TRAINING 华州· October 1, 2013. MADE ON THEYRIGHTS OF ONGRAG MEDICATION ADMINISTRATION During an interview with the TME on October 9. RIGHT PERSON, DOSE, TIME AND ROUTE. TO PREVENTATIS DEFICIENT PRACTICE IROM RECURNA 2013, at approximately 1:30 p.m., the TME stated, "I only gave the medication one time a day. It was an error." PRACTICE FROM RECURRING ALA WILL REVIEW ALL LESIDENTS MAR WEEKLY R 293 Sec. 504.2 Accommodation Of Needs. R 293 FOR PROPER ADMINISTRATION (2) To have access to appropriate health and social services, including social work, home health, nursing, rehabilitative, hospice, medical, SEE ATTACHMENT #3 dental, dietary, counseling, and psychiatric services in order to attain or maintain the highest practicable physical, mental and psychosocial well-being: Based on record review, interview, and observation, it was determined that the facility failed to ensure that six (6) of six (6) residents in the sample had access to appropriate medical and health services. (Residents' #1, #2, #3, #4, #5 and #6) The findings include: ALL MARS WERE GREGED 10/9/13 TO INDICATE ANY ALLERGISS AND 2 1. On October 9, 2013, starting at approximately THE PHARMACY WAS MADE 8:00 a.m., a review of Resident #1, #2, #3, #4, #5 AWARE OF THE OMISSION and #6 's records revealed MAR's dated from

Health Regulation & Licensing Administration

2013, at approximately

January 2012 through October 2013 that failed to

document allergies for any of the residents.

During an interview with the ALA on October 9.

1:30 p.m., the ALA stated, "The pharmacy who

2. On October 9, 2013, starting at approximately

pre-prints the MAR's normally documents the

residents' allergies. I will document all the residents' allergies on the October 2013 MAR's." OF ALLERGIES ON THE

TO PREVENT THIS DEFICIENT PRACTICE FROM AFFECTING

WILL REVIEW MONTHLY MARS FOR COMPLETION.

ALL RESIDENTS ALAIRN

KLLERGY SECTION.

641111

Health Regulation & Licensing Administration					
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	200	ALR-0005	B. WING		10/09/2013
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY	, STATE, ZIP CODE	10/00/2010
JOYE AS	SSISTED LIVING SERV	711 :FS	LL PLACE S		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
R 293	8:30 a.m., a review revealed an Octobe Lipitor 10 mg po every PM twice a week. Further revealed an H&P, sign physician and dated ordered V-C Forte of On October 9, 2013, 10:00 a.m., an obsemedications reveale at the time of this suno documented evid V-C Forte one tab popuring an interview of the suno documented of the popuring an interview of the suno documented evid V-C Forte one tab popuring an interview of the suno documented evid V-C Forte one tab popuring an interview of the suno documented evid v-C Forte one tab popuring an interview of the suno documented evid v-C Forte one tab popuring an interview of the suno documented evid v-C Forte one tab popuring an interview of the suno documented evid v-C Forte one tab popuring an interview of the suno documented evid v-C Forte one tab popuring an interview of the suno documented evid v-C Forte one tab popuring an interview of the suno documented evid v-C Forte one tab popuring an interview of tables and tables tables the suno documented evid v-C Forte one tab popuring an interview of tables ta	of Resident #1's record r 2013 MAR that reflected and V-C Forte one cap poer review of the record and by the resident 's December 31, 2012, that ne tab po QD. starting at approximately reation of Resident #1's d that Lipitor was unavailable rivey. Additionally, there was ence of an order for twice a week.	R 293	RESIDENT # 1 DEDER FOR VC-FORTE IT. BY MOUTH TWICE WEE HAS BEEN OBTAINED THE PRIMARY PHYS AND HAS BEEN PLI IN THE RESIDENTIS RECORD. PHARMACH HAS BE INSTRUCTED TO DE ALL REFILLS 3 DAY BEFORE THE MEDIC RUN OUT AND IF I	AB EKLY ONGONNG FLOM ACED PERMANENT EN 10/13/13 HVER YS ONGONG CATIONS UNABLE
	the evening of Octobe TME stated, that the pick-up medication for the pick-	itor was last administered on the R, 2013. Additionally, the ALA was aware and would from pharmacy today. 13, at approximately 9:45 sident #2's October 2013 nin D 1000 unit tablets pot the same day, at a.m., an observation of the ealed Vitamin D 1000 units ble at the time of this survey. With the TME on October 9, by the ealed that the Vitamin D deministered at 8:00 a.m. on itionally, the TME stated, and will pick up medications	R293 #3	MANNER TO NOTIFIED PRACTICE FROM AFT ALL RESIDENTS JALL MEDICATION THAT TO NOTIFY ALL OF ALL MEDICATIONS ATTENDED ATTEND	ALA KUP FECTURG S STAFF A US MYS 10 R TO 10 R ELY
	entre entre en entre entre en 1868 en 1865 en 1866 en	-	8		

PRINTED: 11/08/2013 FORM APPROVED

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING ALR-0005 10/09/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5131 CALL PLACE SE JOYE ASSISTED LIVING SERVICES WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ÍD (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) Continued From page 9 AN ORDER FOR HCTZ R 293 R 293 10/11/13 # 4 12.5mg LISINOPHIL 10mg On October 9, 2013, at approximately 10: 30 a.m., an observation of Resident #3's room HAS BEEN OBTAINED FROM RESIDENTIS PH #3 PRIMARY PHYSICIAN AND HAS BEEN revealed a bottle of HCTZ 12.5 mg/Lisinopril 10 mg and a bottle of multivitamins. Further observation revealed, multiple amounts of filled. FILED IN THE RESIDENTIS non-expired current medication bottles. PERMANENT RECORD. On the same day, at approximately 10:45 a.m., a ALL EXCESS MEDICATIONS review of Resident #3's record revealed the following: an October 2013 MAR that reflected HAVE BEEN STORED IN Lisinopril 10 mg po QD and an H&P dated THE MEZICATION LOCKED January 14, 2012 that ordered Lisinopril 2.5 mg CABINET. po QD. The record failed to evidence an order for HCTZ 12.5 mg/Lisinopril 10 mg. TO PREVENT THIS DEFICIENT PRACTICE FROM RECURLING During an interview with the ALA on October 9. ALL REFILLS WILL BE 2013, at approximately 11:00 a.m., it was revealed that the resident receives all STORED IN THEMEDICATION medications from the Veterans Administration CABINET. Hospital and they dispense a three-month supply SEE ATTACHMENT # 4 of medications at one time. The ALA then stated,"I will get a copy of the order for HCTZ. 12.5 mg/ Lisinopril 10 mg from the resident's physician and I will store the excess medications." A PHYSICIAN ORDER TO 5. On October 9, 2013, at approximately 11:45 R293 10/12/13 a.m., a review of Resident #4's record revealed a DISCONTINUE CHERMINSSIN October 2013 MAR that reflected ASA EC 81 mg SYRUP AND TYLENOL SOONS po QD, Tylenol 500 mg Q 6 hrs pm for pain, and was received from Resides Cheratussin syrup two teaspoon Q 8 hrs prn for ASA 81 mg WAS PICKED cough. The record failed to evidence a physician order for Tylenol 500 mg Q 6 hrs pm for pain or Cheratussin syrup two teaspoon Q 8 hrs pm for PON OCTOBER 9TH. TIME cough. On October 9, 2013, at approximately 12:00 p.m., ARE NOT RECEIVED BY THE an observation of Resident #4's medication revealed that ASA EC 81 mg, Tylenol 500 mg FACILITY THREE DAYS PRIOR and Cheratussin syrup were unavailable at the Health Regulation & Licensing Administration

FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: __ B. WING ALR-0005 10/09/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5131 CALL PLACE SE JOYE ASSISTED LIVING SERVICES WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION ID PREFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE TAG DEFICIENCY FROM PG GOUT INUSP 10 0512 R 293 Continued From page 10 RESIDENT TO PREJENT time of this survey. THIS DEFICIENT PRACTICE FROM RECURKING ALA WILL During an interview with the TME on October 9, PICK UP ALL MEDICATIONS 2013, at approximately PHARMACY THREE Rom 12:15 p.m., the TME stated, "I gave the resident BEFORE MEDICATIONS ASA EC this morning 8:00 a.m. and the resident ISCONTINUE ORDER FOR has not been given or needed Tylenol 500 mg and Cheratussin syrup in a while." L MEDICATIONS WITHOUT During an interview with the ALA on October 9, 2013, at approximately 12:30 p.m., the ALA stated, "I will pick up the ASA EC today from pharmacy and I will also call the resident's physician to get the orders for Tylenol 500 mg and Cheratussin syrup." Sec. 904e8 Medication Storage R 821 R 821 (8) Residents who self-administer may keep and use prescription and nonprescription medications in their units as long as they keep them secured from other residents. Based on observation and interview, the ALR failed to ensure one (1) of one (1) resident's included in the sample secured their medications from other residents. (Resident #3) The finding Includes: ALL EXCESSAMEDICATIONS 10/9/13 R 851 On October 9, 2013, an observation of Resident BELONGING TO RESIDENT# #3's room at approximately 11:30 a.m., revealed multiple filled pill bottles in a black book bag. It HAS BEEN STORED IN should be noted that the resident's room was not LOCK MEDICATION locked and easily accessible to all other residents DRAWEL. SINCE in the facility. NON-COMPLIANT WITH ESING HIS MEDICATIONS A LOCKED BOX. THE During an interview with the ALA, on October 9.

2013, at approximately 1:40 p.m., the ALA stated.

ECENIES

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Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING ALR-0005 10/09/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5131 CALL PLACE SE JOYE ASSISTED LIVING SERVICES WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) CONTINUED FROM PAGE 110F12 R 821 Continued From page 11 R 821 KEEP ALL DEW REFILLS "I brought the resident a lock box to secure LOCKED IN THE MEDICATION medications but I don't where the resident put it . I BO CABINET. will buy another one so [the resident] TO PREJENT THIS DEFICIENT medications can be locked -up." PRACTICE FROM RECURRING ALL JALS RESIDENTS MEDICATIONS WILL BE STORED IN THE R 981 Sec. 1004a General Building Interior R 981 LOCKED (a) An ALR shall ensure that the interior of its MEDICATION CHBINET facility including walls, ceilings, doors, windows, equipment, and fixtures are maintained structurally sound, sanitary, and in good repair. Based on observation and interview, the ALR failed to ensure that all of the windows in the facility were maintained in good repair. 1010113 R981 THE CLACKED WINDOW WAS LEPLACED ON DOOBER 4WD The finding includes: ONGO MA 18 TH PER THE WORK OPER During an environmental walk-through on RECENSES. October 9, 2013, at approximately 11:35 a.m., a cracked window was observed in the living room. TO PREVENT THIS DEFICIENT PRACTICE FROM RECURLING During a face to face interview with the facility's director on October 9, 2013, at approximately THE DESIGNATED HANDY MAN WILL INSPECT BOTH DUTER AND INDER ASPECT OF THE 1:10 p.m., it was stated that the living room window was scheduled to be repaired on Octber 10, 2013. FACILITY ONCE EVERY TWO WEEKS AND WILL SUBMIT ALL ABNORMAL FINDINGS TO ALA FOR FIGURG . SEE ATTACHMENT #6