



GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF HEALTH HEALTH REGULATION & LICENSING ADMINISTRATION

Mailing Address 825 North Capital St., NE Wash., DC 20019 2nd Floor (2224) 202-442-5888

CRFMR Rev. 9/02

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Name of Facility:  Chevy Chase House	Street Address, City, State, ZIP Code:  5420 Conn., Ave NW Wash., DC	Survey Date: 03/16 & 17/2009 Follow-up Date(s):
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Regulation Citation	Statement of Deficiencies	Ref. No.	Plan of Correction	Completion Date
Assisted Living Residence Law 13-127 Act 13-297  604 (d)	An Annual licensure survey was conducted on March 16 <sup>th</sup> and 17 <sup>th</sup> 2009, to determine compliance with Assisted Living Residence Law 13-127 and Act 13-297. The following deficiencies were based on record reviews, observations and interviews. The sample sizes were ten resident records based on a census of one-hundred twenty-two residents and seven (7) employee records based on a census of seventy employees.  604 <u>Individualized Service Plans</u>  (d) The ISP (Individualized Service Plan) 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		Received 6/5/09  GOVERNMENT OF THE DISTRICT OF CO DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002  604(d) 1(A) - 1(C): Effective immediately the social worker will receive the POS from the nursing clerk on a weekly basis or more often to review, update ISP if necessary	6/12/09

*J. Waters*  
Name of Inspector

04/10/09  
Date Issued

✓  
Facility Director/Designee

Date



DEPARTMENT OF HEALTH HEALTH REGULATION & LICENSING ADMINISTRATION

CRFMR Rev. 9/02

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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, it was determined that the agency failed to update ISP's for three (3) of ten (10) ISP's reviewed.

The Findings include:

1. A record review on March 16, 2008 at approximately 12 pm revealed the following:

(A). Resident #1 had documented evidence in record that they self-medicate however this data was not reflective on ISP dated June 28, 2008.

Lasted ISP in resident record was dated June 28, 2008. There was no documented evidence that ISP had been updated in December of 2008.

(B). Resident # 2 There was documented evidence in record that resident was ordered dressing changes to left great toe starting March 12, 2009.

and then reflect any indicated changes in the ISP's. Current ISP's will be evaluated for updates.

6/12/09

1 (D) Social worker has created a new calendar in order to bring past due ISP's up to date (See Addendum A)

6/12/09

By 6/12/09 past due ISP's will be updated per calendar attached.

Checked Weekly



**DEPARTMENT OF HEALTH  
HEALTH REGULATION & LICENSING  
ADMINISTRATION**

CRFMR  
Rev. 9/02

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

There was no supporting documentation that facility updated resident's ISP.

(C) Resident # 3 There was documented evidence in record that resident started receiving physical therapy services on December 1, 2008 .The facility failed to update ISP dated December 11, 2008 of physical therapy services.

(D). Resident # 8 Lasted ISP in resident record was dated August 12, 2008. There was no documented evidence that ISP had been updated in February of 2009.

2. A face to face on March 16, 2009 at approximately 2 pm with Director of Health Services confirmed findings.

**702  
Staff Training**

702 (a)

*(a) All staff shall be properly trained and be able to demonstrate proficiency in the skills required to effectively meet the requirements to this act. Prior to the date of hire, an employee must meet or possess one of the following criteria:*



DEPARTMENT OF HEALTH HEALTH REGULATION & LICENSING ADMINISTRATION

CRFMR Rev. 9/02

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

702 (a) (1)

(1) Be certified as a nurse's aide;

702 (a) (2)

(2) Be certified as a home care aide as defined in the Medicare criteria in OBRA 1987;

702 (a) (3)

(3) Be properly trained by virtue of holding current licenses in a healthcare related field;

702 (a) (4)

(4) Be properly trained under a plan approved by the Mayor...

Based on records reviews and interview, it was determined that two (2) of five (5) employees failed to have any of the above listed criteria.

The Findings Include:

1. A record review on March 16, 2009 at approximately 1 pm revealed the following information:

(a) Employee #2 - did not have any of the above listed criteria. He/she had a title as a "care giver".

All CNA staff records were reviewed, to meet this staff training criteria prior to date of hire. All CNA staff records met the criteria.

3/18/09

Plans for employee record review to comply with 702(a) 1,2,3,4 are as follows: Create spread sheet for licensed staff

5/18/09

- > Identify renewal dates
- > Inform staff by notice of need for renewal

✓ REVIEW every 6 months 702(a) 1-4

1(a) Employee # 2 - was transferred to the Housekeeping Dept effective 3-18-09. Employee was offered training at facility expense but declined.

3/17/09



DEPARTMENT OF HEALTH  
HEALTH REGULATION & LICENSING  
ADMINISTRATION

CRFMR  
Rev. 9/02

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(b) Employee # 4 –possessed are current certified nursing assistance license in the state of Maryland however there was no documented evidence of employee possessing a license in the District of Columbia.

2. A face to face interview with Director of Health Services on March 17, 2009 at approximately 10 am confirmed findings.

802

Medical, Rehabilitation, and Psychosocial  
Assessment

802 (b)

(b) The ALR shall maintain resident information obtained from a standardized physician's statement approved by the Mayor.

Based on record reviews and interview, it was determined that the facility failed to above listed assessments on standardized forms approved by the Mayor for five (5) of ten (10) residents.

702 (a) 1-4

1(b) Employee # 4 3-18-09  
ceased working as a nursing assistant on 3-18-09. Employee was reassigned to Activities, placed on vacation and resigned effective 4/29/09. Employee was offered training at facility expense but declined

802 (b) Plans for 2/25/09  
maintaining residents information from the standard physicians statement are the following: # 6/18/09  
> Create a spread sheet to track (a) date of last physical exam (PE) and TB standing # (free from communicable disease)



DEPARTMENT OF HEALTH HEALTH REGULATION & LICENSING ADMINISTRATION

CRFMR Rev. 9/02

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

1st of the month

The Findings Include:

1. A record review on March 16, 2009 at approximately 1 pm revealed the following information:

(a) Resident # 2 - last physical in record was dated September 10, 2007 which was documented on a Community Residential Facility Form.

(b) Resident # 5 - last physical in record was dated September 19, 2007 which was documented on a Community Residential Form.

(c) Resident # 6 - last physical in record was dated September 19, 2007 which was documented on a Community Residential Form.

(d) Resident # 9 - last physical in record was dated May 24, 2006 which was documented on a Community Residential Form.

(e) Resident #10- last physical in record was dated February 4, 2008 which was documented on a Community Residential Form.

- > Review 1st monthly for (PE) and (TB)
- > Notify residents or family or appointed POA or primary care physician
- > Assist above mentioned as needed in making appointments.
- > Notify by phone, letter or personal visit
- > Report non-compliance to facility administrator.
- > Perform TB testing on site for residents not tested by PCP

- a. Resident notified to make physical appointment w/ PCP. 5/27/09
- b. Resident's physical completed on approved form 3/27/09
- c. Resident in hospital Jan 20, 09 - Apr 30/09. Family made aware of need for current physical 5/13/09
- d. Resident physical completed on approved form 3/31/09
- e. Resident's physical completed on approved form 3/23/09



DEPARTMENT OF HEALTH HEALTH REGULATION & LICENSING ADMINISTRATION

CRFMR Rev. 9/02

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

2. A face to face interview with Director of Health Services on March 17, 2009 at approximately 1 pm confirmed findings.

802 Medical, Rehabilitation, and Psychosocial Assessment

802 (4)

(4) Confirmation that the applicant is free from communicable TB and from other active, infectious, and reportable communicable diseases;

Based on record review and interview, it was determined the facility failed confirm that four (4) of ten (10) were free of communicable TB.

The findings include:

1. A record review on March 17, 2009 at approximately 2 pm revealed the following information:

802 (4) Spread sheet created to track TB standings (free of communicable disease)

2/5/09 6/18/09

Checked monthly



DEPARTMENT OF HEALTH HEALTH REGULATION & LICENSING ADMINISTRATION

CRFMR Rev. 9/02

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(a) Resident # 3 Tuberculin Test section on physical dated November 24, 2008 lack content.

(b) Resident # 4 - Tuberculin Test section on physical dated June 19, 2008 lack content.

(c) Resident # 5 - PPD section on physical dated September 19, 2007 lack content.

(d) Resident # 7 - Tuberculin Test section on physical dated May 29, 2008 lack content.

2. In face to face interview with Director of Health Services on March 17, 2009, she stated "I'm sure the test was done by the facility because we do the PPD test form some of our resident's". There was no documented evidence that test had been performed.

a. Resident's PPD was planted 5/12/09

5/14/09

b. Resident had a normal chest x-ray "R/O TB for nursing home"

5/17/08

c. Resident's PPD was planted 5/12/09

5/14/09

d. Resident. s/p history and physical done at Sibley Hospital CXR - No active disease

2/14/09



DEPARTMENT OF HEALTH HEALTH REGULATION & LICENSING ADMINISTRATION

CRFMR Rev. 9/82

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

901

Responsibilities of the ALR personnel in medication management.

An ALA (Assisted Living Administrator) shall ensure that an initial assessment identifies whether a resident:

901 (1)

(1) Is capable of self-administering his or her own medication;

Based on record reviews and interview, it was determined that the facility failed to assess two (2) of two (2) residents for self-medicating.

The Findings Include:

- 1. A record review on March 17, 2009 at approximately 2 pm revealed that resident's #2 and #8 self-medicate. The facility failed to provide documented evidence of assessment to determine resident's capability to self-medicate.
2. A face to face interview with Director of Health Services on March 17, 2000 at approximately 3 pm confirmed findings.

901 The DOHS along with the owner of Allied Pharmacy formulated an Admission Order Sheet to capture the residents ability to self-medicate. This form would also be used every 45 days to reassess the residents ability to self-medicate.
> Meet with Allied Pharm 3/19/09 to formulate self-medication assessment form
> Identify residents who self-medicate 3/24/09
> Create spread sheet for self medicating residents 6/18/09
> Using self-medication assessment form - Determine resident's capability to self-medicate every 45 days.



DEPARTMENT OF HEALTH HEALTH REGULATION & LICENSING ADMINISTRATION

CRFMR Rev. 9/02

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

1003

General Building Exterior

1003 (a)

(a) An ALR shall ensure that the exterior of its facility including walkways, yards, porches, chimneys, downspouts, paintable surfaces, and accessory buildings are maintained structurally sound, sanitary and in good repair.

Based on observation and interview, it was determined that the facility failed to maintain building exterior in good repair.

The Findings Include:

- 1. An observation on March 16, 2009 at approximately 12 pm revealed that there was chipping and peeling paint on the window ledges of floors one, three, four and five.
2. The building Maintenance Supervisor acknowledged findings during observation on March 16, 2009 at approximately 12 pm.

1003(a)

1. Window sills are painted annually in the summer through fall. Routine inspection is done in the spring. If peeling paint is evident, routine maintenance will be performed (ie. scraping, sanding and repainting.)

Property manager has consulted with paint supplier and is using a different product to reduce peeling.

6/30/09



DEPARTMENT OF HEALTH HEALTH REGULATION & LICENSING ADMINISTRATION

CRFMR Rev. 9/02

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<p>1004 (a)</p>	<p style="text-align: center;"><b>1004</b> <b><u>General Building Interior</u></b></p> <p>(a) An ALR shall ensure that the interior of its facility including walls, ceilings, door, windows, equipment, and fixtures are maintained structurally sound, sanitary, and in good repair.</p> <p>Based on observations and interview, it was determined that the facility failed to maintain building interior in good repair.</p> <p>The Findings Include:</p> <p>An observation on March 16, 2009 at approximately 1 pm revealed the following information:</p> <p>(1). Water stained ceiling tiles on several floor through out building.</p> <p>(2). The trash room door on fifth fool unable to close properly.</p> <p>(3). Stained carpet on fourth floor.</p>	<p>1004(a)</p> <p>1. Ceiling tiles throughout building will be inspected on a bi-weekly basis. This task will be part of the evening maintenance worker's job duties.</p> <p>2. Door hinges are adjusted and maintained by maintenance staff. This includes tightening and oiling upon inspection.</p> <p>3. Carpets throughout the building (apartments &amp; common areas) have been professionally cleaned by outsider resource, Able Arms Carpet Cleaning Service. Maintenance team will increase surveillance</p>	<p>5/01/09</p> <p>5/01/09</p> <p>5/01/09</p>
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DEPARTMENT OF HEALTH HEALTH REGULATION & LICENSING ADMINISTRATION

CRFMR Rev. 9/02

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(4) Laundry room door of fourth floor unable to close properly.

2. The building Maintenance Supervisor acknowledged findings during observation on March 16, 2009 at approximately 1pm.

4) Door hinges have been adjusted & doors now close. Maintenance will increase surveillance.

5/01/09