



5901 MACARTHUR BOULEVARD NW
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June 29, 2011

Sharon Mebane,
Program Manager
Government of the District of Columbia
Department of Health
Health Regulation and Licensing Administration
899 North Capitol Street, NE
2nd floor
Washington, DC 20002

RE: Assisted Living Residence License (ALR-0006)

Dear Ms. Mebane:

Please find enclosed a copy of the our Plan of Correction for the Statement of Deficiencies as a result of the survey conducted at our community on May 23, 2011 through May 25, 2011.

AN ASSISTED
LIVING
RESIDENCE

As instructed, the plan of correction was developed to meet the 4 criteria listed on the cover letter that was sent with the statement of deficiencies. Should you feel that the plan of correction does not meet the criteria or is unacceptable, please contact me at 202-349-3402 and I will be happy to amend the plan so that it satisfies the department.



Thank you for your continued support of Grand Oaks, and I look forward to a favorable response of acceptance of our plan of correction.

Sincerely,

Carla Shipley,
Executive Director

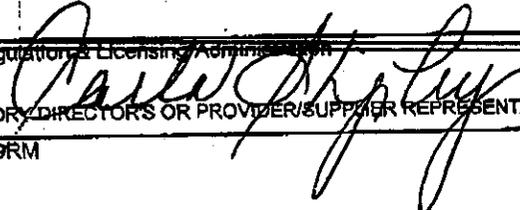
Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0006	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/25/2011
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NAME OF PROVIDER OR SUPPLIER GRAND OAKS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 5901 MACARTHUR BLVD NW WASHINGTON, DC 20016
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R 000	<p>Initial Comments</p> <p>An annual licensure survey was conducted May 23, 2011 through May 25, 2011 to determine compliance with Assisted Living Law " DC Code § 44-101.01" The sample sizes were sixteen (16) residents records based on a census of one hundred sixty-one(161) residents and seven (7) employee records based on a census of 70 employees. The deficiencies cited were based on observations, record reviews and interviews.</p> <p>In addition an investigation was also initiated at the facility on May 23, 2011 as the Department of Health/ Health Regulation and Licensing Administration (DOH/HRLA) had received a written complaint from resident #1. The findings of the investigation were based on interviews with the agency administrative staff (The Administrator, Health Care Coordinator, Director of Environmental Services and Director of Housekeeping) and review of administrative records. It should be noted there were several unsuccessful attempts to interview patient #1 during this investigation. The complaint containing the following allegations:</p> <p>Allegation #1: The staff at Grand Oaks damaged an antique table during his move.</p> <p>Conclusion: This allegation was unsubstantiated.</p> <p>Allegation #2: The staff at Grand Oaks do not wear identification badges.</p> <p>Conclusion: This allegation was unsubstantiated.</p> <p>Allegation #3: The Grand Oaks staff lost a family heirloom (time piece) during his move.</p>	R 000		
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Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Executive Dir. 6/29/11 (X6) DATE
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R 000	Continued From page 1 Conclusion: This allegation was unsubstantiated. Allegation #4: The rail in his closet collapsed and has been broke for three months and Grand Oaks staff did nothing to repair the closet. Conclusion: This allegation was unsubstantiated.	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. Based on record reviews and interview, the facility failed to ensure sixteen(16)of sixteen(16)resident's Individualized Services Plan (ISP)were reviewed by 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. (Resident #1 through #16) The findings include: 1. On May 23, 2011, a record review at approximately 11:00 a.m. of resident's #1's record revealed Individualized Service Plan's (ISP) dated 02/28/10, 11/01/10 and 05/12/11. There was no documented evidence the ISP were reviewed at least every six (6) months by a healthcare practitioner.	R 483	R483: Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of facts alleged or conclusion set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with federal and / or state law. 1. Staff involved in R483 have been counseled regarding having the individualized service plan (ISP) signed by the residents healthcare practitioner every six months. 2. An audit of all resident ISP's will be conducted by the Health Care Coordinator (HCC) and her designee. If any ISP's are identified as not having the healthoare practitioner's signature every 6 months will be sent to the practitioner for signature.

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R 483	<p>Continued From page 2</p> <p>During a face to face interview on May 23, 2011 at approximately 12:00 p.m., with the Health Care Coordinator, she indicated that the ISP had not been reviewed at least every six (6) months in 2010 and the ISP's had not been reviewed by by a healthcare practitioner.</p> <p>2. On May 24, 2011, at approximately 11:00 a.m. a record review of resident #2's record revealed an ISP dated 02/01/11. There was no documented evidence the ISP was updated 30 days after admission. Further review of the record revealed the resident was receiving PT services however there was no documented evidence of the ISP was updated with the significant change information. There was also no documented evidence that the ISP was reviewed by a healthcare practitioner.</p> <p>During a face to face interview with the Health Care Coordinator on May 25, 2011 at approximately 1 :45 p.m. , she indicated she was aware there was no documented evidence that the ISP was reviewed by a healthcare practitioner.</p> <p>3. On May 24, 2011, at approximately 11:30 a.m. a record review of resident #3's record revealed ISP's dated 02/28/10, 08/12/10 and 12/03/11. There was no documented evidence that the ISP's were reviewed by a healthcare practitioner.</p> <p>During a face to face interview with the Health Care Coordinator on May 25, 2011 at approximately 1 :45 p.m. , she indicated she was aware there was no documented evidence the resident's health care practitioner reviewed the ISP's.</p>	R 483	<p>3. Staff was educated on 6/28/11 by the HCC regarding the need to obtain signature of the healthcare practitioner on the resident ISP. A tickler system will be set up to track when signatures are needed, when they were sent and when they were returned. This tickler system will be managed by the Nursing Administrative Assistant. On a weekly basis, the HCC will review the tickler system for compliance. If deficient practice is identified, corrective action will occur and disciplinary action will be taken up to and including termination.</p> <p>4. Periodic audits will be conducted by the HCC, or her designee to monitor if ISP's are being signed by the healthcare practitioner every 6 months. If noncompliance is observed, corrective action will occur and disciplinary action will be taken up to and including termination. Over the next six months, the results of the audits will be reviewed at the Quality Assurance Meetings.</p>	
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R 483	<p>Continued From page 3</p> <p>4. On May 24, 2011, at approximately 11:45 a.m. a record review of resident #4's record revealed ISP's dated 11/04/10, 12/11/10 and 05/11/11. There was no documented evidence that the ISP's were reviewed by a healthcare practitioner.</p> <p>During a face to face interview with the Health Care Coordinator on May 25, 2011 at approximately 1 :45 p.m. , she indicated she was aware there was no documented evidence the resident's health care practitioner reviewed the aforementioned ISP's.</p> <p>5. On May 24, 2011, at approximately 12:00 p.m. a record review of resident #5's record revealed ISP's dated 11/27/11 and 05/11/11. There was no documented evidence that the ISP's were reviewed by a healthcare practitioner.</p> <p>During a face to face interview with the Health Care Coordinator on May 25, 2011 at approximately 1 :45 p.m. , she indicated she was aware there was no documented evidence the resident's health care practitioner reviewed the ISP's.</p> <p>6. On May 24, 2011, at approximately 12:20 p.m. a record review of resident #6's record revealed ISP's dated 11/01/11 and 05/19/11. There was no documented evidence that the ISP's were reviewed by a healthcare practitioner.</p> <p>During a face to face interview with the Health Care Coordinator on May 25, 2011 at approximately 1 :45 p.m. , she indicated she was aware there was no documented evidence the resident's health care practitioner reviewed the ISP's.</p> <p>7. On May 24, 2011, at approximately 12:45</p>	R 483	<p>If noncompliance trending is noted, further corrective action plans will be developed to address the deficient practice.</p> <p>5. All areas cited in R483 will be corrected by 7/31/11.</p> <p style="text-align: right; font-size: 2em;">7/31/11</p>

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R 483	<p>Continued From page 4</p> <p>p.m. a record review of resident #7's record revealed ISP's dated 10/03/10 and 02/27/11. There was no documented evidence that the ISP's were reviewed by a healthcare practitioner.</p> <p>During a face to face interview with the Health Care Coordinator on May 25, 2011 at approximately 1 :45 p.m. , she indicated she was aware there was no documented evidence that the ISP's were reviewed by a healthcare practitioner.</p> <p>8. On May 24, 2011, a record review at approximately 1:00 p.m. a record review of resident #8's record revealed ISP's dated 11/15/10 ,12/14/10 and 05/12/11. There was no documented evidence that the ISP's were reviewed by a healthcare practitioner.</p> <p>During a face to face interview with the Health Care Coordinator on May 25, 2011 at approximately 1 :45 p.m. , she indicated she was aware there was no documented evidence the resident's health care practitioner reviewed the ISP's.</p> <p>9. On May 24, 2011, at approximately 1:20 p.m. a record review of resident #9's record revealed ISP's dated 02/16/11 and 03/16/11. There was no documented evidence that the ISP's were reviewed by a healthcare practitioner.</p> <p>During a face to face interview with the Health Care Coordinator on May 25, 2011 at approximately 1 :45 p.m. , she indicated she was aware there was no documented evidence the resident's health care practitioner reviewed the ISP's.</p> <p>10. On May 24, 2011, at approximately 1:45</p>	R 483		
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R 483	Continued From page 5 p.m. a record review of resident #10's record revealed ISP's dated 04/07/11 and 05/07/11. There was no documented evidence that the ISP's were reviewed by a healthcare practitioner. During a face to face interview with the Health Care Coordinator on May 25, 2011 at approximately 1 :45 p.m. , she indicated she was aware there was no documented evidence the resident's health care practitioner reviewed the ISP's. 11. On May 24, 2011, a record review at approximately 1:15 p.m. a record review of resident #11's record revealed ISP's dated 01/03/11 and 02/03/11. There was no documented evidence that the ISP's were reviewed by a healthcare practitioner. During a face to face interview with the Health Care Coordinator on May 25, 2011 at approximately 1 :45 p.m. , she indicated she was aware there was no documented evidence the resident's health care practitioner reviewed the ISP's. 12. On May 24, 2011, a record review at approximately 1:13 p.m. a record review of resident #12's record revealed ISP's dated 12/14/10 and 01/14/11. There was no documented evidence that the ISP's were reviewed by a healthcare practitioner. During a face to face interview with the Health Care Coordinator on May 25, 2011 at approximately 1 :45 p.m. , she indicated she was aware there was no documented evidence the resident's health care practitioner reviewed the ISP's.	R 483		

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R 483	<p>Continued From page 6</p> <p>13. On May 25, 2011, a record review at approximately 10:00 a.m. a record review of resident #13's record revealed ISP's dated 12/20/10 and 01/20/11. There was no documented evidence that the ISP's were reviewed by a healthcare practitioner.</p> <p>During a face to face interview with the Health Care Coordinator on May 25, 2011 at approximately 1 :45 p.m. , she indicated she was aware there was no documented evidence the resident's health care practitioner reviewed the ISP's.</p> <p>14. On May 25, 2011, at approximately 10:30 a.m. a record review of resident #14's record revealed resident was admitted 03/05/10. Further review of the record revealed ISP's dated 03/05/10, 04/05/10, 11/08/10 and 05/12/11. There was no documented evidence the ISP was updated six month after admission: Also, there was no documented evidence that the ISP's were reviewed by a healthcare practitioner.</p> <p>During a face to face interview with the Health Care Coordinator on May 25, 2011 at approximately 1 :45 p.m. , she indicated she was aware there was no documented evidence the resident's health care practitioner reviewed the ISP's.</p> <p>15. On May 25, 2011, a record review at approximately 10:30 a.m. a record review of resident #15's record revealed ISP's dated 10/23/10 and 02/27/11. There was no documented evidence the ISP's were reviewed by a healthcare practitioner.</p> <p>During a face to face interview with the Health Care Coordinator on</p>	R 483		
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R 483	Continued From page 7 May 25, 2011 at approximately 1 :45 p.m. , she indicated she was aware there was no documented evidence the resident's health care practitioner reviewed the aforementioned ISP's. 16. On May 25, 2011, a record review at approximately 11:00 a.m. a record review of resident #16's record revealed ISP's dated 07/27/10 , 08/27/11 and 02/27/11. There was no documented evidence that the ISP's were reviewed by a healthcare practitioner. During a face to face interview with the Health Care Coordinator on May 25, 2011 at approximately 1 :45 p.m. , she indicated she was aware there was no documented evidence the resident's health care practitioner reviewed the ISP's.	R 483	R596: Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of facts alleged or conclusion set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with federal and / or state law. 1. Employee #2 and #5; and Private Duty Aide # 6 hired by the family have had written statements obtained from a healthcare practitioner that states that they are free from communicable diseases. 2. All employee records and Private Duty Aide (PDA) hired by the families, files will be audited to determine if any further employees or PDA's need to have written statements obtained stating that they are free from communicable diseases. If files are found to be missing the health practitioner's statement which indicates that the employee or the PDA hired by the families is free from communicable	
R 596	Sec. 701d9 Staffing Standards. (9) Assure that members of the staff appear to be free from apparent signs and symptoms of communicable disease, as documented by a written statement from a healthcare practitioner; Based on interview and record review, the Assisted Living Residence (ALR) failed to ensure staff were free from signs and symptoms of communicable disease as documented by a written statement from a healthcare practitioner for three (3) of seven (7) employee's personnel records reviewed. (Employee #2, #5 and #6). The finding includes: On May 24, 2011 beginning at approximately 10:00 a.m., a review of employee's #2 ,#5 and #6 personnel records revealed that the records did not contain written statements from a healthcare practitioner indicating that they were free from	R 596		

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R 596	Continued From page 8 signs and symptoms of communicable disease. This was acknowledged at approximately, 12:30 p.m. by the facility Human Resources Director (HRD), in a face to face interview.	R 596	diseases, then a statement will be obtained.	
R 605	Sec. 701g2 Staffing Standards. (2) Possess current and appropriate licensure and certifications as required by law; Based on record review on May 24, 2011, the facility failed to ensure that one of seven staff possess current and appropriate licensure and certifications as required by law. The finding includes: During a record review of personnel files on May 24, 2011, at approximately 12:30 p.m. it was determined that staff #6 did not have a current license on file. The above discrepancy was acknowledged by the Human Resources Director (HRD) at approximately 1:45 p.m. who provided the surveyor with documentation that the appropriate application had been filed for the license.	R 605	3. On 6/27/11, the Human Resources Director and the Business Office Coordinator were educated by the Executive Director on the need to obtain healthcare practitioner written statements for all employees and PDA's hired by the families, that indicates they are free from communicable diseases. A letter will be developed and sent to all families who hire PDA's indicating the need for their PDA to provide a statement from a healthcare practitioner. A tickler system will be developed to track when the annual statement is needed, when it was requested and when it was obtained. This will be reviewed weekly by the Human Resources Director and the Business Office Coordinator to determine what action is needed. On a monthly basis, the Executive Director will review the tickler for compliance. If deficient practice is identified, corrective	
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's interior, including client apartments were maintain in a satisfactory condition.	R 981		

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R 981	<p>Continued From page 9</p> <p>The findings include:</p> <p>During an environmental inspection on May 23, 2011, at approximately 10:30 a.m., the following deficiencies were observed:</p> <ol style="list-style-type: none"> 1. In apartment #118, the carpet was soiled and wet (inside as well as outside the apartment), there were excessive milk crates stored in the middle of the living room. The front of the kitchen cabinet under the sink was damaged and has water stains on it. 2. In the lobby area there were several ceiling lights out. 3. In the Renaissance Unit, the patios had mildew on the bricks. 4. The carpet in front of door across from Apartment #110 was soiled. <p>During the exit conference the above deficiencies were discussed with the director of environmental services.</p>	R 981	<p>action will occur and disciplinary action will be taken up to and including termination.</p> <ol style="list-style-type: none"> 4. Periodic audits by the Human Resources Director and / or her designee, will be conducted to maintain the employee and PDA's hired by the families files are in accordance with the regulation. If noncompliance is observed corrective action will occur and disciplinary action will be taken up to and including termination. Over the next six months, the results of the above mentioned audits will be reported at the Quality Assurance Meetings. If noncompliance trending is noted, further corrective action plans will be developed to address the deficient practice. 5. All areas cited in R596 will be corrected by 7/31/11. <p>R605: Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of facts alleged or conclusion set forth in the Statement of</p>	7/31/11
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Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with federal and/ or state law.

1. At the time of the survey, the Private Duty Aide (PDA) hired by the family applied for reciprocity with the District of Columbia Licensing Board.
 2. All PDA's hired by the family, who perform direct care, will be audited to determine if they are licensed in the District of Columbia (DC). If any PDA hired by the families are identified as needing a DC license will be contacted to obtain a license.
 3. The Business Office Coordinator was educated on 6/27/11 by the Executive Director. A letter will be developed and sent to all families who hire PDA's stating that it is required by the DC Health Department that all PDA's providing hands on care will be required to be licensed by the DC licensing board. A tickler system will be developed to track when the annual licensure is due for all
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action will be taken up to and including termination. Over the next six months, the results of the above mentioned audits will be reviewed at the Quality Assurance Meetings. If noncompliance trending is noted, further corrective action plans will be developed to address the deficient practice.

5. All areas cited in R605 will be corrected by 7/31/11.

R981:

Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of facts alleged or conclusion set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with federal and/ or state law.

1. At the time of the survey, the carpet in room #118 was cleaned, the milk crates were removed, the cabinetry was repaired, light bulbs were replaced in the lobby, and the patio was power washed to remove any mildew build up between the bricks.

7/31/11

2. All resident rooms will be inspected for carpet cleaning needs, excessive milk crates, cabinetry repairs. In addition, common areas will be inspected for light bulb replacement. Outside areas will be inspected to determine if power washing is necessary. If any areas are identified as needing repair, cleaning or replacement; it will be completed by the housekeeping or engineering departments as needed.

3. The Director of Engineering and Housekeeping were educated at the time of the survey on the need to maintain the community in proper order by the Executive Director. On a weekly basis the Director of Engineering, Director of Housekeeping and the Executive Director will make rounds of the community to identify cleaning, replacement and repair needs. The issues identified will be noted and fixed as soon as possible. On a monthly basis, the Executive Director will

review the issues noted and determine if areas have been addressed. If deficient practice is identified, corrective action will occur and disciplinary action will be taken up to and including termination.

4. Periodic rounds will be conducted by the Director of Engineering and the Housekeeping Director or their designee to monitor for environmental compliance. If noncompliance is identified, corrective action will occur and disciplinary action will be taken up to and including termination. Over the next six months, the results of the above mentioned rounds will be reviewed at the Quality Assurance Meetings. If noncompliance trending is noted, further corrective action plans will be developed to address the deficient practice.
5. All areas cited in R981 will be corrected by 7/31/11.

7/31/11