

Received 1/24/11
SHM

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0015	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/23/2010
NAME OF PROVIDER OR SUPPLIER TWINS PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 4917 FOOTE STREET NE WASHINGTON, DC 20018		
(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 000	Initial Comments An annual licensure survey was conducted on December 20, 2010 to determine compliance with Assisted Living Law " DC Code § 44-101.01 " The following deficiencies were based on record reviews and interviews. The sample sizes were four(4)resident records based on a census of six(6) residents and three(3) employee records based on a census of six(6) employees.	R 000		
R 297	Sec. 504.6 Accommodation Of Needs. (6) To be free of physical restraints at all times; and Based on an observation and interview, it was revealed the facility failed to ensure that one (1) of six (6) resident's were free from physical restraints. (Resident #1) The findings include: On December 20, 2010 at approximately 10:30 a.m., an observation of resident's #1's room revealed that resident #1had a physical restraint. Patient #1 was lying in a hospital bed with a sheet across her chest tied to both sides of the hospital bed. During a face to face interview with the employee #1on December 20, 2010, at approximately 10:35 a.m., the finding was acknowledged. Employee #1 stated " I did not put that sheet on the resident that was from the night shift."	R 297	Any employee that administers physical restraints will face immediate termination. The employee involved has been terminated. A monthly Inservice Staff meeting will be held to review and remind staff that these practices will not be tolerated. Directors will continue to monitor all shifts. An Inservice Staff meeting has been held for January. *see attached document	12/23/10 1/14/11
R 464	Sec. 603a6 Financial Agreements (6) A provision which provides at least 45 days notice of any rate increase except if necessitated by a change in the resident's medical condition;	R 464		

Health Regulation Administration

TITLE

(X6) DATE

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

STATE FORM

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If continuation sheet 1 of 6

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R 464	Continued From page 1 Based on a record review and interview, the facility failed to include in their Financial Agreement that residents are to be given at least 45 days notice for any rate increases except if necessitated by change in the resident's medical condition for four (4) of four (4) resident's in the sample. (Resident's #1 through #4) The findings include: On December 20, 2010, a record review of the aforementioned residents from approximately 10:45 a.m. until 11:30 a.m revealed there was no documented evidence of the required 45 day notice for any rate increases except if necessitated by change in the resident's medical condition in their financial agreements. During a face to face interview with the Assistant Living Administrator on December 20, 2010, at approximately 11:45a.m., the finding was acknowledged.	R 464	A document has been revised to include a 45 day advanced notice for rate increases. 1/10/11 Notices have been mailed to all POA's and Conservators for their signatures. Upon receipt the document will be placed in each consumer's notebook. A 45 day advance notice of rate increase document will 1/10/11 be included in the new consumer intake process. All consumer notebooks will have a new tab with a signed 45 day advance notice document.	
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 four (4) resident's in the sample (Resident #1 and #2) The findings include: 1. On December 20, 2010, at approximately 10:45 a.m., a record review of the resident #1's	R 473	Resident #1- ISP has been delivered to Kaiser for another signature. Kaiser 1/30/11 was informed to review code 44-106.04. The POA will pickup the ISP when completed.	

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R 473	Continued From page 2 record revealed ISP's dated September 20, 2010 and November 25, 2010. Futher review of the ISP's revealed there was no documented evidence that the aforementioned ISP's had been written by a healthcare practitioner. During a face to face interview the Assistant Living Adminrator on December 20, 2010 at approxiamtely 11:45 a.m., the finding was acknowledged. 2. On December 20, 2010, at approximately 11:15 a.m., a record review of the resident #2's record revealed an ISP's dated February 15, 2010. Futher review of the ISP revealed there was no documented evidence that the aforementioned ISP had been written by a healthcare practitioner. During a face to face interview the Assistant Living Adminrator on December 20, 2010 at approxiamtely 11:45 a.m., the finding was acknowledged.	R 473	Resident #2- The ISP has been presented to the physician. We will make the physicians are aware they must complete the ISP's.	1/30/11
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 review Individualized Services	R 483	Resident #2- The ISP will be closely monitored by the Director along with monthly observations of all charts.	1/30/11

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R 483	Continued From page 3 Plan (ISP)at least every six (6) months for one (1)of four (4)resident's in the sample.(Resident #2) The findings include: On December 20, 2010, at approximately 11:15 a.m., a record review of the resident #2's record revealed an ISP dated February 15, 2010. Futher review of record revealed there was no documented evidence the ISP had been reviewed in sixmonths which would have been in August 2010. During a face to face interview the Assistant Living Adminstrator on December 20, 2010 at approxiamtely 11:45 a.m., the finding was acknowledged.	R 483		
R 600	Sec. 701d13 Staffing Standards. (13) Complete the training required by section 702 and 12 additional hours of training, annually, conducted by a nationally recognized organization that possesses experience in training staff in dementia care, such as the Alzheimer's Disease and Related Disorders Association, on managing residents who are living with cognitive impairments. Based on record review and interview, it was revealed that the Assistant Living Adminstrator failed to take the annually required 12 hour training conducted by a nationally recognized organization that possesses experience in training staff in dementia care, such Alzheimer's Disease and Related Disorders Association, on managing residents who are living with cognitive impairment. The finding includes:	R 600	The ALA has the document for the annual training.	1/17/11

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R 600	Continued From page 4 On December 20, 2010 at approximately 11:30 a.m., a record review of the Assistant Living Adminrator's (ALA) personel record revealed the ALA had recieved annual training provided by the facility, however there was no documented evidence of the annually required 12 hour training conducted by a nationally recognized organization that possesses experience in training staff in dementia care, such Alzheimer's Disease and Related Disorders Association, on managing residents who are living with cognitive impairment. During a face to face interview the Assistant Living Adminrator on December 20, 2010 at approxiamtely 11:45 a.m., the finding was acknowledged.	R 600		
R 602	Sec. 701f Staffing Standards. (f) Employees shall be required on an annual basis to document freedom from tuberculosis in a communicable form. Based on record review and interview, it was determined that the Assistant Living Adminrator (ALA) failed to ensure that employees shall be required on annual basis, to document freedom from tuberculosis in a communicable form for one (1)of three (3)of employees in the sample. (employee #3) The findings include: On December 20, 2010 at approximately 11:30 a.m., a record review of the employee #3's personel record revealed there was no documented evidence of an annual (2010)freedom from tuberculosis in a communicable form in employee's record at the	R 602	The ALA has the documentation for employee #3's TB test. This document will be included with new employee packets. Directors will monitor files monthly.	1/17/11

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R 602	Continued From page 5 time of this survey. During a face to face interview the ALA on December 20, 2010 at approxiamtely 11:45 a.m., the finding was acknowledged. However, during this interview the Adminstrator indicated the a TB test had been done for 2010 but a copy was not in the file.	R 602		
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 employee received required new staff training for one (1) of two (2) new staff. (employee #2) The finding includes: On December 20, 2010, a record review of employee #2's record at approximately 11:30 a.m. revealed employee #2 was hired September 2010. Further review of the record revealed there was no documented evidence of the required new employee training in the record at the time of this survey. During a face to face interview the Assistant Living Adminstrator on December 20, 2010 at approxiamtely 11:45 a.m., the finding was acknowledged.	R 669	Employee #2 has signed the new hire orientation form. All new hire documentation will be completed on the date of hire.	