STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	ALR-0008		04/13/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLIAMS ASSISTED LIVING RESIDENTIAL F/	1437 POTOMAC AVENUE SE WASHINGTON, DC 20003

(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 April 13, 2011 to determine compliance with Assisted Living Law " DC Code § 44-101.01 " The sample sizes were five(5) residents records based on a census of five(5) residents and six(6) employee records based on a census of six(6) employee. The deficiencies cited were based on record reviews and staff interviews.	R 000		
R 481	Sec. 604b Individualized Service Plans (b) The ISP shall include the services to be provided, when and how often the services will be provided, and how and by whom all services will be provided and accessed. Based on record review and interview , it was determined the facility failed to document on the Individualized Service Plan (ISP) for two (2) of five (5) resident's when and how often services will be provided. (Resident #4 and #5) The findings include: 1. On April 13, 2011, a review of resident #4's record at approximately at 2:30 p.m. revealed an ISP dated January 10, 2011. Further review of the record revealed a Plan of Treatment from a home care agency with a start of care date of September 17, 2009 indicating that the resident receives personal care aide services eight (8) hours a day five (5) days a week. There was no indication when and how often personal care aide services were to be provided on the ISP. During a face to face interview with the General Manager on April 13, 2011 at approximately 1:00 p.m., he indicated that he was not aware that the	R 481	Sec. 604b Individualized Service Plans. Documentation on the individualized service plan for 2 of the 5 residents when and how often services will be provided for residents #4 and #5. The ISP for Resident #4 is being revised to indicate when and how often the personal care aide services were provided and will be provided in the future on the ISP Revised Version Start time and end time will be indicated, and how many hours.	5/30/11

Vera L Williams — LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Director — TITLE

5/13/11 — (X6) DATE

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R 481	Continued From page 1 personal care aides services were to be included on the ISP. 2. On April 13, 2011, a review of resident #5's record at approximately 1:15 p.m. revealed an ISP dated December 30, 2010, however, there was no indication of when and how often personal care aide services were to be provided on the ISP. During a face to face interview with the General Manager, on April 13, 2011 at approximately 1:15 p.m., he indicated that resident #5 has been receiving personal care aides services from a home care agency for a couple a years. He also indicated that he was not aware that the personal care aides services were to be included on the ISP's.	R 481	Continued from page 1 The ISP for Resident #5 is being brought up to date concerning the services received from the personal care aide dates and times are included on the ISP for future services from Home Care Aides.	5/30/11
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 review and interview, it was determined that the facility failed to review the Individualized Service Plan (ISP) for two (2) of five(5) resident's in the sample. (Resident #1, #2, #3) The findings include:	R 483		

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R 483	Continued From page 2 1. On April 13, 2011 at approximately 10:00 a.m., a record review of Resident #1's record revealed an ISP dated June 30, 2010. Further review of the record revealed that the ISP had not been updated at the required six month intervals. During a face to face interview with the General Manager on April 13, 2011 at approximately 10:30 a.m., he indicated that he was aware that the December 2010 (six month update)ISP had not been done. 2. On April 13, 2011, a review of resident #2's record at approximately 11:00 a.m. revealed the resident was admitted on December 1, 2010. The record contained an updated pre-admission ISP. There was no evidence the ISP had been reviewed thirty (30) days after admission of the resident. 3. On April 13, 2011, a record review of resident #3's record at approximately 11:30 a.m. revealed an ISP dated June 23, 2010. Further review of the record revealed that the ISP had not been updated at the required six month intervals. During a face to face interview with the General Manager, on April 13, 2011 at approximately 12:00 p.m., he indicated that he was aware that the December 2010 (six month update)ISP had not been done.	R 483	R 483. Sec. 604d Individualized Servic Plans at this time and in the future the ISP's for each resident will comply with the requirements of R 483 - Sec. 604d for each resident. Updating Residents ISP as required by the rule for each Period. ① Preadmission ISP ② 30day ISP ③ 6 month ISP ④ Significant Change ISP	5/30/11
R 593	Sec. 701d6 Staffing Standards. (6) Assure that there is at least one staff member within the ALR at all times who is certified in first-aid and CPR; Based on staff interview and record review, the	R 593		

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R 593	Continued From page 3 ALA failed to ensure that a CPR certified staff was available within the ALR at all times. (Employee #3 (General Manager) The finding includes: On April 13, 2011, beginning at approximately 11:00 a.m., a review of six personnel records revealed that employee #3, who was the only staff on duty at the time of the survey, did not have current CPR certification on file. The General Manager (GM) acknowleged the finding by indicating he was in the process of renewing his CPR certification.	R 593	R593 - Sec. 701d6 Staffing Standards Insure that at least one staff member is certified in CPR, First Aid at all times. The staff on duty april 13, 2011 has been certified in first aid and CPR. He misplaced his card that was issued to him. we are in the process of retrieving proof. We will comply to the rule stated in Section 701d6	5/30/11
R 595	Sec. 701d8 Staffing Standards. (8) Assure that each employee has a background check pursuant to federal and District law executed at the time of initial employment; Based on staff interview and record review, the Assisting Living Residence (ALR) failed to ensure all staff had comprehensive background checks for one of six staff. (Employee #6) The finding includes: On April 13, 2011, beginning at approximately 1:00 p.m., a review of personnel records revealed Employee #6, did not have a criminal background check on file for review.	R 595	R 595 - Sec 701d8 Staffing Standards The Employee #6 personal Records has been updated to reveal his criminal background check and is on file at this time.	
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	R 600		

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R 600	Continued From page 4 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 Facility failed to provide documentation that four of six staff members had not received the required annual 12 hour training. (Staff #1, #2, #4 and #6) The finding includes: On April 13, 2011, at approximately 12:30 p.m., a record review of the Assistant Living Residence (ALR) personal records revealed that four of six staff had not received the annually required 12 hours of training, Staff #1, #2 #4 and #6.	R 600	R 600. Sec. 701d 13 Staffing Standards The Staff did receive training in dementia Care, such as Alzheimer's Disease and Related Disorders Association, on managing residents who are living with cognitive impairments. The documentation has been placed in (ALR) personal records. #1, #2, #3, #4, #5 and #6. The ALR is complying with the rule.	5/30/11
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 ALR failed to ensure the interior of the facility was maintained in a safe, clean, orderly, attractive and sanitary manner for five of five residents in the facility. The finding includes: During an environmental inspection of the facility on April 13, 2011, at approximately 10:00 a.m., the following observations were made: 1. The carpeting in common areas, located on the first and second floor, had soiled spots.	R 981	R 981 Sec. 1004a. General Building Interior ① The ALR is comply with the Rule, Carpet is being cleaned and spotted areas cleaned.	5/30/11

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R 981	Continued From page 5 2. In the second floor bathroom, the porta potty seat cover had rust on the frame around the top. The toilet seat was worn and the wall to the left of the toilet at the bottom, evidenced chipping and peeling paint. 3. The linen closet floor has a spill of an unknown substance. Also, the linens were faded and in need of replacement. The House Manager indicated he has new linens but has yet to put it on the residents beds. 4. In the middle of bedroom #3 occupied by resident #1 and #4, the carpet had stains and resident #4 does not have a lamp. 5. In the kitchen, the window fan had evidence of accumulated dust on it. The refrigerator contained unlabeled food and was not in its original packaging. The light bulb in the refrigerator was also out. At. approximately 2:15 p.m. the above cited concerns were acknowledge by the facility General Manager who indicated the deficiencies will be abated once they receive the (SOD) statement of deficiencies.	R 981	Continued from Page 5 (2) The second floor bathroom The Porta Potty Toilet seat has been replaced in the second floor bathroom. The wall to the Left of the toilet at the bottom is being replaced Rule 1004a is being Complied with. (3) The linen Closet. The spill on the floor has been removed. The faded Linen has been replaced with new linen (4) The middle bedroom The Carpet stains have been removed. Resident #4 has a ~~Light~~ Lamp on her night stand (5) In the Kitchen The window fan has been Cleaned of accumulated dust. The unlabeled food in the refrigerator freezer has been removed or Labeled with dates. Light bulb has been replaced in the refrigerator. All the rules are being Complied with at this time.	5/30/11 5/30/11 5/30/11