

DEPARTMENT OF HEALTH  
 HEALTH REGULATION & LICENSING  
 ADMINISTRATION

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Name of Facility:</b>  The Georgetown	<b>Street Address, City, State, ZIP Code:</b>  2512 Q Street NW Wash., DC 20007	<b>Survey Date:</b> 05/04/10 & 05/05/10 <b>Follow-up Dates(s):</b>		
<b>Regulation Citation</b>  Assisted Living Law "DC Code § 44-101.01"	<b>Statement of Deficiencies</b>  An annual licensure survey was conducted on May 4 <sup>th</sup> and 5 <sup>th</sup> 2010, to determine compliance with Assisted Living Law "DC Code § 44-101.01". The following deficiencies were based on record reviews, observations and interviews. The sample sizes were six (6) resident records based on a census of sixty-seven residents and six (6) employee records based on a census of sixty-three employees.  <p style="text-align: center;"><b>§ 44-106.04</b>  <u>Individualized Service Plans</u></p> <i>An ISP shall be developed for each resident prior to admission.</i>	<b>Ref. No.</b>	<b>Plan of Correction</b>  <p style="text-align: center;"><i>Received 6/7/10</i></p> GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002	<b>Completion Date</b>
§ 44-106.04 (a) (1)	The finding includes:  Based on a record review and interview, it was revealed that the facility failed to develop an Individual Service Plan (ISP) prior to admission for three (3) of six (6) residents included in the sample. (Resident #1, #3 and #4)			

*Christy Anderson*  
 Name of Inspector *Sharon Walker*      Date Issued *5/27/2010*

*[Signature]*  
 Facility Director/Designee      Date *6/17/10*



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On May 5, 2010, a record review from approximately 12:30 p.m. until 3:00 p.m., of the aforementioned resident's records revealed, there was no documented evidence of an ISP developed prior to admission.

During a face-to-face interview on May 5, 2010, at approximately 3:30 p.m., with the General Manager, the findings were acknowledged.

§ 44-106.04  
Individualized Service Plans

§ 44-106.04  
(a) (3)

*The ISP shall be written by a health practitioner using information from the assessment.*

Based on record review and interview, it was revealed that the facility failed to resident's ISP's written by a health practitioner for five (5) of the six (6) residents included in the sample. (Resident #1, #2, #3, #4 and #5)

The finding includes:

On May 5, 2010, a record review from approximately 12:30 p.m. until 3:00 p.m., revealed there was no documented evidence that aforementioned resident ISP's were written by a health practitioner.

During a face-to-face interview on May 5, 2010 at approximately 3:30 p.m. with the General Manager, the findings were acknowledged.

MAY 5, 2010

AS OF THE DATE OF THIS INSPECTION A PROCEDURE WAS IMPLEMENTED THAT WILL ENSURE THAT ALL NEW RESIDENTS WILL HAVE A PRE-ADMISSION ISP COMPLETED AND SIGNED BY THE HEALTH CARE PERSONNEL PRIOR TO ADMISSION. THE DIRECTOR OF HEALTH SERVICES WILL MONITOR ALL NEW RESIDENT ADMISSIONS TO ENSURE THE ISP IS DEVELOPED PRIOR TO ADMISSION.

JUNE 1, 2010

ISP'S FOR RESIDENTS 1, 2, 3, 4, 5 HAVE BEEN REVIEWED AND SIGNED BY THEIR HEALTH CARE PROVIDER AND THE RESIDENT OR THE RESIDENT SURROGATE. A REVIEW OF ALL RESIDENT RECORDS WAS CONDUCTED. ANY RECORDS THAT WERE FOUND NOT TO HAVE THE DOCTOR'S SIGNATURE WERE FORWARDED TO THE DOCTORS FOR REVIEW AND UPDATED WITH THEIR SIGNATURES.

THE ISP PROCESS WILL BE MONITORED BY THE DIRECTOR OF HEALTH SERVICES TO ENSURE THAT THE HEALTHCARE PERSONNEL IS INVOLVED IN THE ISP DEVELOPMENT FOR ALL RESIDENTS.



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§ 44-106.04  
Individualized Service Plans

§ 44-106.04  
(a) (5)

*The ISP shall be signed by the resident, or surrogate, and a representative of the ALR.*

Based on record review and interview, the facility failed to have two (2) of six (6) ISP's signed by the resident, or surrogate, and a representative of the ALR. (Resident #5 and #6)

The finding include:

On May 5, 2010, a record review at approximately 12:30 p.m. until 3:00 p.m., of resident's #5 ISP dated April 5, 2010, and resident's #6 ISP dated March 25, 2010, revealed that there was no documented evidence of the resident's signature.

During a face-to-face interview on May 5, 2010, at approximately 3:30 p.m., with the General Manager, the findings were acknowledged

§ 44-106.04  
Individualized Service Plans

June 1, 2010

ISPs for residents 5 & 6 have been reviewed and signed by the resident or resident surrogate. A review of all resident records was conducted. Any records that were found not to have the resident signature or the surrogate were reviewed with the resident or surrogate. After signatures were obtained, all ISPs were filed in the resident's records. The ID process will be monitored by the Director of Health Services to ensure that the resident or the resident surrogate anticipate in this process and sign their ISPs.



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§ 44-106.04  
(d)

*The ISP shall be reviewed 30 days after admission and at least 6 months thereafter. The ISP shall be updated more frequently if there is a significant change in the resident's condition.*

Based on a record review and interview, it was revealed the facility failed to update one (1) of six (6) ISP's with a significant change. (Resident #4)

The finding includes:

On May 5, 2010, a record review at approximately 2:00 p.m. of resident #4 record, revealed physical therapy (PT) notes and occupational therapy (OT) notes from Professional Healthcare Management which indicated that resident #4 started receiving PT and OT services on March 10, 2010 however this significant change was not documented on the last dated (February 23, 2010) ISP in record.

During a face-to-face interview on May 5, 2010, at approximately 3:30 p.m. with the General Manager, the findings were acknowledged.

§ 44-107.01  
Staffing Standards

*After the first year of employment, and at least annually thereafter, a staff member shall complete a minimum total of 12 hours of in-service training in the following:*

§ 44-107.01  
Emergency procedures and disaster drills;

THE ISP FOR RESIDENT #4 HAS BEEN UPDATED WITH THE PT/OT ORDERS OF MARCH 10, 2010.

MAY 10, 2010

ALL ISP'S HAVE BEEN REVIEWED AND UPDATES WITH ANY MISSING DATA AND/OR CHANGES OF STATUS.

THE 1ST TEAM HAS BEEN INSTRUCTED ON PROPER DOCUMENTATION AND IMPLEMENTATION OF ISP'S.

THE DIRECTOR OF HEALTH SERVICES WILL MONITOR THE ISP'S FOR PROPER DOCUMENTATION AND IMPLEMENTATION OF APPROPRIATE FOLLOW UP.



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(c) (1)  
§ 44-107.01  
(c) (2)  
§ 44-107.01  
(c) (3)

*Rights of residents:*

*Four hours covering cognitive impairments in an in-service training approved by a nationally recognized and creditable expert such as the Alzheimer's Disease and Related Disorder Association.*

Based on interview and record review, the facility failed to assure that six (6) of seven (7) employee's had a total of 12 hours of in-service training within a one year period. (Employees #2, #3, #4, #5, #6, and #7)

The finding includes:

A record review on May 5, 2010, at approximately 1:10 p.m., revealed that the facility failed to assure that six (6) of seven (7) employee has had a total of 12 hours of in-service training within a one year period. (Employees #2, #3, #4, #5, #6, and #7)

The General Manager and the Regional Director acknowledged the finding on May 5, 2010 at approximately 3:45 p.m.

§ 44-109.07  
Medication Control

IN-SERVICES FOR STAFF 2-7 ARE PLANNED THAT WILL COMPLETE THE REQUIRED TRAINING BY AUG 1, 2010 .

8/1/10

A REVIEW OF ALL STAFF FILES WAS CONDUCTED. WE HAVE DEVELOPED A PROGRAM OF IN-SERVICE TRAINING FOR ALL STAFF. THIS IN-SERVICE PROGRAM WILL ENSURE THAT ALL STAFF WILL COMPLETE THE REQUIRED 12 HOURS OF TRAINING ANNUALLY.

THE GENERAL MANAGER WILL NOTIFY THE IN-SERVICE TRAINING PROGRAM TO ENSURE THAT ALL STAFF COMPLETE THIS TRAINING AND THAT IT IS DOCUMENTED IN THE EMPLOYEE RECORD.



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§ 44-109.07  
(c) *Staff shall report drug errors and adverse drug reaction immediately to the Assisted Living Administrator....*

Based on an observation and interview, it was revealed the facility staff failed to report a drug error immediately to the Assisted Living Administrator. (LPN#1)

The finding includes:

Observation conducted on May 4, 2010, at approximately 1:15 p.m., revealed a medication error with Licensed Practical Nurse (LPN) #1.

Further observation revealed LPN #1 was preparing to give a resident acetaminophen (Tylenol). The order read as "Tylenol 2 tabs 325 mg= 650 mg by mouth three times a day." LPN #1 prepared to give two packages of Tylenol, which contained four (4) tablets. The packages read "acetaminophen too 325 mg tablets". The surveyor asked the LPN #1 how much Tylenol was she going to administer and she indicated the two packages she had in her hand. At that time, the surveyor had LPN#1 to stop the medication administration and to call the Director of Health Services. The Director Of Health Services was made aware the surveyor stopped the medication administration because LPN#1 had prepared to administer a double dose of acetaminophen to the resident.

During a face-to-face interview with the Director Of Health Services on May 4, 2010 at approximately 1:30 p.m., the finding was acknowledged.

LPN #1 was given a medication administration review and in-service which stresses the six rights of medication administration including "the right dose". The in-service and review was followed by a medication pass observation by the Director of Health Services and concluded with a medication pass evaluation of LPN#1. She successfully completed it.

MAY 4, 2010

An in-service of safe medication administration will be done annually for the LPNs to reduce or eliminate medication errors and ensure resident safety. Medication pass observation and evaluations will be done by the Director of Health Services for each LPN on a quarterly basis.



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THIS WILL ENSURE THAT  
MEDICATIONS ARE BEING  
ADMINISTERED SAFELY TO  
ALL RESIDENTS, 7  
THE DIRECTOR OF HEALTH  
SERVICES WILL PERIODICALLY  
MONITOR MEDICATION ADMINISTRATION  
ON A REGULAR CONTINUOUS BASIS.