

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/12/2014
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NAME OF PROVIDER OR SUPPLIER THE GEORGETOWN	STREET ADDRESS, CITY, STATE, ZIP CODE 2512 Q STREET NW WASHINGTON, DC 20008
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(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	<p>Initial Comments</p> <p>On August 6, 2014 the Department of Health, Health Regulation and Licensing Administration received a complaint from the DC Long Term Care Ombudsman Program office, on behalf of a resident 's family member, regarding the care and treatment of a resident.</p> <p>Due to the nature of the complaint, an investigation was initiated on August 12, 2014. The findings of the investigation were based on observations, interviews, and record reviews.</p> <p>Please Note: Listed below are abbreviations used in this report.</p> <p>Assisted Living Residence - ALR Business Office Manager - BOM Director of Nursing - DON Director of Operation - DO Health Regulation and Licensing Administration - HRLA Individual Service Plan - ISP Interdisciplinary Team - IDT Social Worker - SW</p> <p>Allegation #1: A bed rail purchased by the family of Resident # 1 was not used, and, subsequently, the resident fell out of bed on July 27, 2014, suffering a fractured pelvis.</p> <p>Findings: On August 12, 2014 at approximately 11:40 a.m., an interview with the family member of Resident #1 and the current Clinical Director of the ALR confirmed that a bed rail was purchased for the patient's use. On August 12, 2014 at approximately 12:00 p.m., a review of the clinical record revealed no documented evidence of a physician's order indicating the need for a bed</p>	R 000	<p>Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002 RECEIVED SEP 29 2014</p>	

Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Chantia Green</i>	TITLE <i>Executive Director</i>	(X6) DATE <i>9-29-14</i>
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R 000	<p>Continued From page 1 rail.</p> <p>Conclusion: This allegation was unsubstantiated.</p> <p>Allegation #2: There is a \$27,000.00 billing discrepancy in Resident #1's account and the facility refuses to discuss the details and a resolution.</p> <p>Findings: August 12, 2014 at approximately 2:30 p.m., an interview with the Director of Operations and the Business Office Manager revealed that there may have been an error in the billing and an audit would be conducted by the facility to resolve the issue. August 12, 2014 at approximately 3:00 p.m., during an interview with the family member, he/she agreed to the audit.</p> <p>Conclusion: This allegation is partially substantiated.</p> <p>Allegation #3: A facility staff member indicated to the family member that the corporate office instructed the on-site staff to withhold contact for their corporate offices.</p> <p>Findings: August 12, 2014 at approximately 2:30 p.m., an interview with the Director of Operations and the Business Office Manager revealed that the staff member mentioned in the allegation was the Business Office Manager. He/she acknowledged facility policy to attempt to resolve any issues at the facility level before communicating with the corporate office.</p> <p>Conclusion: This allegation was unsubstantiated.</p> <p>Allegation #4: Neither the resident nor the family participated in an Individualized Service Plan (ISP) meeting since the resident's admission to</p>	R 000	<ol style="list-style-type: none"> 1. An audit was conducted on Resident #1 account by the Executive Director and Daughter of the resident on September 26, 2014 which concluded that there were no errors in the billing. 2. All other residents with the potential to be affected by the same deficient practice bills have been audited and there were no findings of incorrect billing. 3. The Business Office Manger will review all residents charges for accuracy before generating bills to ensure charges are accurate. 4. Findings will be reported in Quarterly Assurance Committee Meeting. 	9-29-14

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R 000	<p>Continued From page 2</p> <p>the facility.</p> <p>Findings: On August 12, 2014 at approximately 12:00 p.m., a review of the resident's clinical record revealed an admission date of June 20, 2012. Further review of the record revealed two ISPs, dated January 9, 2013 and July 11, 2013, which were signed by both the resident and the family member as evidence that both individuals were present for the ISP meetings.</p> <p>Conclusion: This allegation was unsubstantiated.</p> <p>Allegation #5: There is often no on-site administrator or social worker.</p> <p>Findings: On August 12, 2014 at approximately 11:00 a.m., an interview with the Director of Operations and the Clinical Director revealed that their offices are located within the facility and they are on duty Monday to Friday and on some weekends. Additionally, the Director of Operations stated that when he/she is out of the facility attending to other responsibilities, staff members are knowledgeable of how to contact him/her.</p> <p>Conclusion: This allegation was unsubstantiated.</p>	R 000		
R 483	<p>Sec. 604d Individualized Service Plans</p> <p>(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</p>	R 483		

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R 483	<p>Continued From page 3</p> <p>an interdisciplinary team that includes the resident's healthcare practitioner, the resident, the resident's surrogate, if necessary, and the ALR.</p> <p>Based on record review and interview, it was determined that the ALR failed to ensure ISP's were reviewed by the interdisciplinary team, the healthcare practitioner, the resident, or the residents surrogate at least every six (6) months or more frequently with significant changes in the residents condition for one (1) of one (1) resident in the sample (Resident #1)</p> <p>The finding includes:</p> <p>On August 12, 2014, at approximately 1:41 p.m., review of Resident #1's clinical record revealed an ISP dated July 11, 2013. There was no evidence that after the July 11, 2013 ISP meeting, the healthcare practitioner reviewed the ISP every six (6) months as required. Additionally, the ISP failed to evidence it had been updated to include significant changes in the Resident's condition. The Resident fell on October 7, 2013, and again on July 26, 2014, resulting in a fractured hip.</p> <p>On August 12, 2014 at approximately 3:00 p.m., the DO acknowledged that the ED, DON and SW were all recently hired at the facility and ISP's were not updated as a result of the administrative changes.</p> <p>Interview with the DON on August 12, 2014 at approximately 3:15 p.m., revealed that Resident #1 was wearing a lifeline necklace which was activated when the resident was on the floor alerting the staff that the resident fell. The DON also stated that the night staff will conduct rounds every two (2) hours to Resident #1 and a rounding log will be created for the staff to</p>	R 483	<ol style="list-style-type: none"> 1. An ISP was conducted on on August 18, 2014 for resident #1 and reviewed by the Interdisciplinary team. 2. All other residents with the potential to be affected by the same deficient practice charts have been audited by the Director of Social Services to ensure 3. Compliance. A tickler system has been developed to ensure timely completion of ISP's and reviews are conducted by interdisciplinary team, the healthcare practitioner, the resident, or the residents surrogate. 4. The Director of Social Services will review tickler monthly to ensure sustained compliance. Findings will be reported In the quarterly Quality Assurance Committee Meeting. 	9-29-14

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R 483	<p>Continued From page 4</p> <p>document when they visit the Resident.</p> <p>On August 13, 2014 at 6:21 p.m., a faxed copy of the "rounding log" was received by this agency indicating that the Resident was visited every two (2) hours by the night staff beginning at 12:00 Midnight on August 12, 2014. The faxed document also included additional information that an ISP update for this Resident was scheduled for August 18, 2014, at 2:00 p.m.</p>	R 483		