

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0006	800 North Capitol St., N.E. Washington, D.C. 20002 (X2) SURVEY LOCATION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/16/2012
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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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(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
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R 000	Initial Comments An annual licensure survey was conducted on February 15, 2012 and 16, 2012 to determine compliance with Assisted Living Law " DC Code § 44-101.01." The survey was based on clinical and administrative record reviews, staff and patient interviews. The sample size were sixteen(16) resident records based on a census of one hundred-sixty(160) residents and seventeen(17) employee records based on a census of one hundred seventy-two(172) employees.	R 000		
R1040	Subheading Laundry. Sec. 1010. Laundry. An ALR shall provide an on-site laundry facility for use of staff for residents personal laundry. All laundry shall be processed and handled in a manner to prevent the spread of infection by: Based on observation and staff interview, the facility failed to ensure one of the on-site laundry facilities was maintained in a satisfactory condition for the use of staff for residents personal laundry. The finding includes: On February 15, 2012, at approximately 10:30 a.m., an environmental inspection of the second floor laundry facility revealed water was leaking from the washing machine onto the floor, posing a potential fall hazard for staff and residents. The Director of Housekeeping was informed of this observation on February 15, 2012, at approximately 10:45 a.m., and stated "the second floor laundry facility would be closed to staff and residents until the washing machine was repaired".	R1040	R1040: 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. <ol style="list-style-type: none"> Staff involved in R1040 have been counseled regarding reporting leaking equipment to their supervisor. On 2/18/12 the washer was repaired and was put back into service on 2/18/12. All washers were inspected for leaks by the Director of Housekeeping on 2/16/12, and no other washers were found to be leaking. All Laundry staff were inserviced on reporting leaking equipment to the Dir. of Housekeeping on 2/16/12. On a weekly basis, all washers will be inspected by the Director of Housekeeping for leaks. If a washer is found to be leaking, it will be taken out of service 	

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

TITLE: *Paula Spivey, Exec. Dir.* (X5) DATE: *3/2/12*

STATE FORM

DZI711

If continuation sheet 1 of 2

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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 02/16/2012
NAME OF PROVIDER OR SUPPLIER GRAND OAKS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 5901 MACARTHUR BLVD NW WASHINGTON, DC 20016	
(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) <p>and a repair order will be completed so that the washer can be repaired as soon as possible.</p> <p>4. Over the next six months, the results of the 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.</p> <p>5. All areas cited in R1040 will be corrected by 3/31/12.</p> <p style="text-align: right;">3/31/12</p>

**DEPARTMENT OF HEALTH
HEALTH REGULATION & LICENSING
ADMINISTRATION**

Mailing Address
 825 North Capitol St., NE
 Washington DC 20002
 2nd Floor (2224)
 202-442-5888

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Name of Facility: Grand Oaks		Street Address, City, State, ZIP Code: 5901 Mac Arthur Blvd. NW Wash., DC 200016		Survey Date: February 15 th and 16 th 2012 Follow-up Dates(s):		
Regulation Citation DC Code § 44-101.01	Statement of Deficiencies An annual licensure survey was conducted on February 15, 2012 and 16, 2012 to determine compliance with Assisted Living Law " DC Code § 44-101.01." The survey was based on clinical and administrative record reviews, staff and patient interviews. The sample size were sixteen(16) resident records based on a census of one hundred-sixty(160) residents and seventeen (17) employee records based on a census of one hundred seventy-two (172) employees.			Ref. No.	Plan of Correction	Completion Date
				44-106.07 (a) (1): 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. The Tylenol bottle was removed from the resident's apartment on 2/15/12. In addition, the HCC spoke to the family and requested		


 Name of Inspector
 2/24/12
 Date Issued


 Facility Director/Designee
 3/2/12
 Date

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§ 44-106.07
SERVICES TO BE PROVIDED

§ 44-106.07
(a)
An ALR shall provide or ensure the provision of the following:

§ 44-106.07
(1)
Twenty-four hour supervision and oversight to ensure the well-being and safety of its residents;

Based on an observation and interview, it was revealed the Assistant Living Residence failed to provide oversight to ensure the well-being and safety of a resident. (Resident #2)

The findings include:

An observation of Resident #2's apartment on February 15, 2012 at approximately 11:30 a.m. revealed, one small empty bottle of Tylenol and a large empty bottle of Tylenol PM. Also, observed

In addition, the HCC spoke to the family and requested that they not bring any medications, including over the counter medications in to the resident. A letter stating the same and explaining the regulations was sent to the family on 2/16/12. In addition, the family was asked to remove bagged items from the resident's room. The bagged items were removed.

2. By 3/9/12, all resident participating in the medication program had their rooms inspected to ensure that there were no medications being stored in their rooms and for too many items being stored. On a monthly basis, all residents participating in the medication program will have their rooms inspected by the LPN, Lead Care Manager or their designee to determine if they have medications in their possession. At that same



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multiple plastic bags filled with clothes in the bedroom. The resident ambulates in a wheelchair.

During a face to face interview with Resident #2 at approximately 11:33 a.m. revealed, she was taking the medication for headache and sleep. It should be noted during this interview the resident became upset and started yelling and cursing. She then demanded that the surveyors and facilities staff to leave her apartment immediately.

During a face to face interview with the Director of Nursing (DON) on February 15, 2012 at approximately 11:36 a.m., it was revealed the facility's staff was unaware the resident had Tylenol in her room. The DON also stated "the resident is on a medication program and facility's nursing staff is responsible for administering all of the resident's medication."

During a second face to face interview with the DON on February 15, 2012 at approximately 1:30 p.m., she stated "I have spoken with the resident's daughter and she was the one who gave the resident the Tylenol. I informed the daughter the facility nursing staff is responsible for administering all medications." "I will speak with the daughter at

time, staff will inspect the room for too many bagged items. In addition, on 3/8/12, all residents will receive a letter explaining the medication program and regulations regarding safe medication storage. This letter has also been added to the admissions paperwork so that all new admissions understand Grand Oak's policy and the regulations.

3. Periodic audits by the Health Care Coordinator and / or her designee, will be conducted to inspect the resident rooms of those residents enrolled in the medication program to ensure that there are no medications being stored in their apartments and to inspect for too many items stored in bags. If noncompliance is observed corrective action will occur and the responsible party will be notified of the non compliance. Over the next six

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a later time about getting rid of the multiple bags of clothes in the resident's bedroom."

- months, the results of the above mentioned inspections 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.
4. All areas cited in 44-106.07 (a) (1) will be corrected by 3/31/12.

3/31/12