

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALR-0010</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/19/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>INGLESIDE AT ROCK CREEK</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3050 MILITARY ROAD NW WASHINGTON, DC 20015</b>		
(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 at your facility on June 19, 2013, to determine compliance with Assisted Living Law " DC Code § 44-101.01 ". The findings were based on clinical and administrative record reviews, staff and resident interviews and observations. The sample sizes were three (3) resident records (census of 31) residents and three (3) employee records (census of 91) employees.	R 000	<b>R981 #1</b> The area above the bedroom window in apartment 204 was repaired immediately. All other residents' apartments were checked for water damage in their rooms and bathrooms. Assisted Living staff and housekeeping staff will do monthly rounds to identify any apartments that require repair. To prevent this issue from reoccurring, Nursing staff and housekeeping staff were in-serviced on apartment checks for damage. A log sheet was created to keep records of apartment checks monthly. To ensure that the process is properly monitored, the DON and housekeeping Director will continue to monitor the log sheet weekly and ensure that repair was done.	06/19/13
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. [ D.C. Official Code § 44-1004 (a) ]  Based on observations and interviews, the Assisted Living Residence (ALR) failed to ensure the interior was in good repair.  The finding includes:  During a tour of the ALR on June 19, 2013, starting at approximately 11:00 a.m., the following deficiencies were observed:  1. Apartment #204 - above the bed room window appeared to be water damage and the bathroom wall had an area of discoloration.  2. Apartment #328- smelled of urine.  3. Apartment #341- toilet seat loose and a crack in living room wall.  4. Apartment #242- bathroom door discolored at	R 981	<b>R981 #2</b> Apartment 328 was cleaned immediately. All other residents' rooms were checked for smell of urine. Resident's apartments will be checked daily for smell of urine by nursing staff. If noted, housekeeping staff will be notified to do deep cleaning of the apartment immediately. To prevent this from reoccurring, staff were in-serviced on proper bagging of soiled linen and also washing of soiled linen and residents belongings. To ensure that the process is properly monitored, all residents with urinary issues will be monitored daily for 30 days then weekly for urine smell. Assisted Living staff will notify housekeeping to come and clean the room immediately. The DON and the housekeeping staff will weekly check those rooms identified.	06/19/13

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

*Regina Kim*

TITLE *Administrator* DATE *7/1/13*

