

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/22/2011
NAME OF PROVIDER OR SUPPLIER THE METHODIST HOME OF THE DISTRICT OF		STREET ADDRESS, CITY, STATE, ZIP CODE 4901 CONNECTICUT AVENUE NW WASHINGTON, DC 20008		
(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 from November 22, 2011 to determine compliance with Assisted Living Law " DC Code § 44-101.01 ". The facility was found to be substantial compliance at the time of this survey based on clinical and administrative record reviews, staff and patient interviews. The sample size were forty(4)resident records based on a census of forty(40) residents and three(3)employee records based on a census of nineteen (19) employees.	R 000	<i>Received 12/14/11</i> Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002 THIS PLAN OF CORRECTION IS SUBMITTED FOR PURPOSES OF REGULATORY COMPLIANCE ONLY AND A PART OF THE METHODIST HOME'S ONGOING EFFORTS TO CONTINUOUSLY MAINTAIN THE HIGH QUALITY OF CARE AND SERVICES PROVIDED. AS SUCH IT DOES NOT CONSTITUTE AN ADMISSION OF THE FACTS OR CONCLUSIONS FOR ANY PURPOSE WHATSOEVER.	
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. The findings include: During an environmental inspection of the facility on November 22, 2011, at approximately 11:00 a.m., the following observations were made: 1. In the stairwell, on the first floor there is water damage to the ceiling and there was a puddle of water on the floor near the rear exit door. At approximately 1:05 p.m. the above cited concerns were acknowledge by the facility Director of Residential Services who indicates a work order for repairs has been submitted for repairs.	R 981	Sec. 1004a General Building Interior 1. <u>Corrective Action for Residents Affected by Deficient Practice:</u> No resident(s) was(were) negatively impacted. Small puddle of water corner by door was dried immediately. No damage to the ceiling could be identified. Roofing company engaged to investigate small area of water damage to wall above window. Roofing repair completed. 2. <u>Method to Identify Other Residents At Risk for Deficient Practice:</u> Roofing Company checked entire roof of facility and no areas identified for repair. 3. <u>Measures or Systemic Changes to Ensure Deficient Practice does not recur:</u> Stairwells formally added to maintenance rounds. On a monthly basis, will be randomly checked by Director of Maintenance Services to ensure deficient practice does not recur. 4. <u>Performance Monitoring to Ensure Solutions Are Sustained:</u> Report findings in Quarterly QA meeting. Implementation Date: January 2012 and quarterly thereafter x 4 quarters.	11/22/2011 12/01/2011 12/01/2011 12/01/2011 01/2012

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

TITLE
CEO / ADMINISTRATOR

(X6) DATE
9 DEC 2011