

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/01/2013
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NAME OF PROVIDER OR SUPPLIER WASHINGTON HOUSE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 4800 8TH STREET NW WASHINGTON, DC 20011
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R 000	Initial Comments A licensure survey was conducted from June 25, 2013 through July 1, 2013. Six (6) of 6 residents of the assisted living residence were surveyed. The finding of the survey were based on observations in the home, interviews with home health aide, nursing and administrative staff, as well as a review of resident and administrative records.	R 000	<p style="text-align: center;">Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002</p>	
R 056	<p>Sec. 302e2e Initial ALR Licensure</p> <p>(E) Medication management system; [D.C. Official Code § 44- 103. 02 (e) (2) (e)] Based on record review and interviews, the Assisted Living Residence (ALR) failed to implement their established policy on medication administration to ensure the health and safety of 2 of 6 individuals residing in the facility.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. A record review on June 25, 2013, at approximately 11:00 a.m., of Resident #5's record revealed a physician order for Potassium 20 meq 1/2 tab daily, Brimonidine ophthalmic solution 0.1% bilateral eyes daily, Seroquel 25 mg po at bedtime. a. An observation on June 25, 2013, at approximately 11:10 a.m., revealed a medicine bottle of Potassium 20 meq. The pre printed pharmacy label read "1 1/2 tabs BID". Further review of the bottle revealed that someone had written "1 1/2 tab to 4 tabs daily" on the pre-printed label. <p>On June 25, 2013, starting at approximately 11:30 a.m., an interview with the assisted living</p>	R 056		<p>A NEW MAR WAS DEVELOPED FOR RESIDENT #5 BY THE RN. ALL MEDICATIONS ENTERED BY THE RN HAVE COPIES PRESCRIPTION ATTACHED BEHIND THE MAR. NO NEW MEDICATION WILL BE ENTERED WITHOUT A PRESCRIPTION. TIME RECEIVED INSTRUCTION NOT TO ENTER ANY NEW PRESCRIPTION IN THE MAR</p>

Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Mary L. H. Amin

TITLE

director/owner

(X6) DATE

9-30-13

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R 056	<p>Continued From page 1</p> <p>administrator/trained medication employee (ALA/TME) was held to discuss Resident #5's medications. The ALA/TME stated that the resident's niece handles all the resident's medication. She would provide the medication changes but would not provide the physician's orders/prescriptions. The ALA/TME admitted to administering the Potassium 4 tabs since May 2013 without an order or prescription.</p> <p>A review of the facilities Medication Management Policy on July 3, 2013, at approximately 10:00 a.m., revealed that each individual in the facility shall have a monthly medication administration record (MAR) and there must be a copy of an order for all medication changes in the facility.</p> <p>It should be noted that the most current MAR in the facility was dated 03/13/13 and there was no documented evidence of an order for the dosage change for the Potassium in the facility at the time of this interview.</p> <p>b. An observation on June 25, 2013, at approximately 11:00 a.m., revealed a bottle of Brimonidine ophthalmic solution 0.2%. A review of the resident's clinical records revealed an order for Brimonidine ophthalmic solution 0.1%.</p> <p>On June 25, 2013, starting at approximately 11:30 a.m., an interview with the ALA/TME revealed that the resident's niece gave the facility the Brimonidine ophthalmic solution 0.2% and instructed the ALA/TME to administer the new drops. The 0.2% solution was administered to the resident for the past 10 days.</p> <p>On June 25, 2013, at approximately 1:00 p.m., an interview with the niece was held to discuss the resident's medications. The niece stated that the</p>	R 056	<p>RESIDENT'S RECEIVED FAMILY MEMBER RECEIVED A LETTER INDICATING THAT THIS FACILITY REQUIRE A COPY OF ALL NEW PRESCRIPTION PRIOR TO ADD OR WHEN BRINGING ANY NEW MEDICATIONS TO THIS FACILITY</p> <p>SEE CORRECTION # 056A PAGES 1 AND 2.</p>	9/16/13 AND ONGOING
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R 056	<p>Continued From page 2</p> <p>eye drops were very expensive; and although the new prescription (0.1%) was filled on May 8, 2013, she instructed the facility to finish the old bottle (0.2%) before starting the new prescription (0.1%).</p> <p>c. An observation on June 25, 2013, at approximately 11:00 a.m., revealed a bottle Seroquel XR 50 mg.</p> <p>On June 25, 2013, starting at approximately 11:30 a.m., an interview with the ALA/TME was held to discuss the resident's medications. The ALA/TME revealed that the Seroquel XR 50 mg had been administered since June 4, 2013. According to the AKA/TME the resident's niece was responsible for the resident's medication and provided the Seroquel 50 mg to be administered. Interview with the niece on June 25, 2013 at approximately 1:10 p.m. revealed that on April 18, 2013 the Seroquel was increased from 25 mg to 50 mg.</p> <p>It should be noted there was evidence of an order for Seroquel XR 50 mg in the facility at the time of this interview.</p> <p>d. An observation on June 25, 2013, at approximately 11:00 a.m., revealed a small plastic bag with multiple white pills. The bag had a hand written label that read "Nitroglycerin" and the resident's initials. The handwritten label did not have an expiration date or instructions on how to administer the medication.</p> <p>During an interview with the ALA/TME on June 25, 2013, starting at approximately 11:30 a.m., the ALA/TME stated that she had not given the nitroglycerin medication and the bag of pills were given to facility by the niece.</p>	R 056	<p><i>R056 C SEE RESPONSE FOR 056A Pgs 1 and 2</i></p> <p><i>R056 D TME WAS INSTRUCTED NOT TO ACCEPT ANY MEDICATIONS THAT ARE NOT IN THE ORIGINAL CONTAINER. ALL MEDICATIONS IN THE FACILITY SHOULD HAVE THE RESIDENT'S NAME, NAME, STRENGTH, ROUTE, TIME USE OF THE MEDICATION ON THE BOTTLE.</i></p>	<p><i>09/16/13 AND DINGORIS</i></p> <p><i>09/11/13 AND DINGORIS</i></p>
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R 056	<p>Continued From page 4</p> <p>bubble pack labeled Carvedilol 3.125 mg one tab by mouth twice a day.</p> <p>During an interview with the ALA/TME on June 25, 2013, starting at approximately 2:00 p.m., the ALA/TME stated, "I wrote the order for Carvedilol 3.125 mg three tabs by mouth twice a day on the MAR, but I only gave one tab ...that's how pharmacy puts it in the bubble pack."</p> <p>Further record review revealed an order dated 05/14/13 for Miramax powder 17 gm by mouth daily and constulose 10 gm/15 ml 30 cc by mouth daily. There was no evidence of these medications were in the facility at the time of the survey.</p> <p>The ALA/TME stated during the interview, "I have never administered those medications to the resident."</p> <p>4. On June 25, 2013, starting at approximately 3:30 p.m., Resident #6's record was reviewed and revealed a physician order, dated June 17, 2013. The order prescribed Miralax powder, one scoop in food or liquid every morning, and Senna Plus 8.6-50 mg tab, two tabs by mouth at bedtime.</p> <p>There was no evidence that the aforementioned medications were available in the facility at the time of this record review. Interview with the ALA/TME on June 25, 2013, starting at approximately 4:30 p.m., was held to ascertain the whereabouts of the medications. The ALA/TME stated that the pharmacy had the order, and she needed to pick-up the medications from the pharmacy.</p>	R 056	<p>THE ROUTE, TIME, DOSAGE SEE ALSO R056 #2.</p> <p>MIRAMAX POWDER AND CONSTULOSE HAVE BEEN DELIVERED POST SURVEY OF 6/25/13.</p> <p>TIME RECEIVED INSTRUCTION THAT ALL NEW PRESCRIPTIONS HAVE TO BE DELIVERED TO THE FACILITY NO LATER THAN 48 HOURS AFTER RECEIPT OF THE NEW PRESCRIPTION. RN WILL FOLLOW UP WITH PHARMACY IN REGARDS TO DATE OF DELIVERY.</p> <p>MIRALAX POWDER AND SENNA TAB FOR RESIDENT #6 WERE PICKED UP FROM PHARMACY ON JUNE 26th 2013.</p> <p>TO PREVENT THIS CITATION FROM RECURRING, FACILITY RN WILL FOLLOW UP WITH PHARMACY FOR ALL PRESCRIPTIONS DROPPED OFF AND FOR DATE OF DELIVERY. TIME WILL BE NOTIFIED OF THE PICK UP DATE. RN WILL FOLLOW UP WITH THE FACILITY TO ENSURE THAT THE MEDICATIONS WERE PICKED UP / DELIVERED.</p>	<p>9/17/13 ADD DAG/GB</p>
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R 056	Continued From page 5	R 056		
R 425	<p>Sec. 602a4 Resident Agreements</p> <p>(4) A list of resident rights including grievance procedures; [D.C. Official Code §44-106.02(a) (4)]</p> <p>Based on record review and interview, it was determined the assistant living residence (ALR) failed to include grievance procedures in the resident agreements for six (6) of (6) residents in the sample. (Resident #1, #2, #3, #4, #5 and #6)</p> <p>The finding includes:</p>	R 425		

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R 425	Continued From page 6 On June 25, 2013, starting at approximately 10:00 a.m., a record review of the aforementioned resident agreements failed evidence grievance procedures. During a meeting with the assistant living administrator (ALA) on June 25, 2013, at approximately 6:00 p.m., the ALA indicated she would add the information needed.	R 425	<i>COMPLAINT AND GRIEVANCE PROCEDURES HAVE BEEN DEVELOPED AND INCORPORATED INTO THE RESIDENTS AGREEMENT AND HAVE BEEN FILED IN EACH RESIDENTS PERMANENT RECORD. ALL PROSPECTIVE NEW RESIDENT WILL RECEIVE THE COMPLAINT AND GRIEVANCE PROCEDURE.</i>	<i>09/18/13 AND ONGOING</i>
R 426	Sec. 602a5 Resident Agreements (5) Unit assignment and procedures if changes occur; [D.C. Official Code § 44-106. 02(a) (5)] Based on record review and interview, it was determined the assistant living residence (ALR) failed to include the residents' room assignment and the procedure if the resident's room assignment should changes for six (6) of (6) residents' in the sample. (Residents' #1, #2, #3, #4, #5 and #6) The finding includes: On June 25, 2013, starting at approximately 10:00 a.m., a record review of the aforementioned resident agreements failed to evidence the resident's room assignment and the procedure if the resident's room assignment should changes. During a meeting with the assistant living administrator (ALA) on June 25, 2013, at approximately 6:00 p.m., the ALA indicated she would add the information needed.	R 426	<i>A NEW DISCHARGE AND TRANSFER PROCEDURE POLICY HAS BEEN DEVELOPED FOR EACH ONE OF THE RESIDENTS AND HAVE BEEN PLACED IN THEIR PERMANENT RECORD</i>	<i>9/18/13 AND ONGOING</i>

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R 427 Continued From page 7
R 427 Sec. 602a6 Resident Agreements

(6) Admission and discharge policies which include clear and specific criteria for admission, transfer, and discharge;
[D.C. Official Code § 44-106. 02(a) (6)]

Based on record review and interview, it was determined the assistant living residence (ALR) failed to include its admission and discharge policies and transfer procedures in the resident agreements for six (6) of (6) residents' in the sample. (Resident #1, #2, #3, #4, #5 and #6)

The finding includes:

On June 25, 2013, starting at approximately 10:00 a.m., a record review of the aforementioned resident ' s agreements failed to evidence admission and discharge policies and transfer procedures.

During a meeting with the assistant living administrator (ALA) on June 25, 2013, at approximately 6:00 p.m., the ALA indicated she would add the information needed.

R 427
R 427

SEE CORRECTION FOR R 426 ON PAGE 7 OF 22
9/18/13
ADD ORIGINALS

R 428 Sec. 602a7 Resident Agreements

(7) A description of responsibility for provision or coordination of healthcare, if any;
[D.C. Official Code § 44-106. 02(a) (7)]

Based on record review and interview, it was determined the assistant living residence (ALR) failed to include a description of the responsibility for provision or coordination of healthcare services for six (6) of (6) residents in the sample.

R 428

A DESCRIPTION OF COORDINATION OF HEALTH CARE HAS BEEN INCORPORATED INTO THE NEW AGREEMENT DOCUMENTATION AND A NEW ISP HAS BEEN DEVELOPED TO INDICATE THE CARE RECEIVED BY EACH RESIDENT AND THE RESPONSIBLE PARTY TO PROVIDE THE CARE

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R 428	<p>Continued From page 8 (Residents #1, #2, #3, #4, #5 and #6).</p> <p>The finding includes:</p> <p>On June 25, 2013 a review of the resident agreements for Residents #1, #2, #3, #4, #5 and #6, failed to include a description on the responsibility for the provision and coordination of health care services.</p> <p>On June 25, 2013, interview with the ALA and observation throughout the survey revealed that two residents (Resident # 1 and Resident # 4) received personal care services from a home care agency, Resident #1 receives physical therapy services, and four residents' (Resident #1, #3, #4 and #6) received in home nurse practitioner services. Review of the resident ' s agreements failed to disclose a description of the services and how these services were to be coordinated.</p> <p>During a meeting with the assistant living administrator (ALA) on June 25, 2013, at approximately 6:00 p.m., the ALA indicated she would add the information needed.</p>	R 428	<p>AGREEMENTS AND ISP, FOR RESIDENTS #1, 2, 3, 4 & 5 HAS BEEN UPDATED TO REFLECT STAFF, AGENCY STAFFS PROVIDING CARE TO THE HEALTH INDIVIDUALS IN THE FACILITY. ISP WILL BE UPDATED EVERY 6 MONTHS TO INCLUDE MD, RN, RESIDENTS AND OR FAMILY MEMBERS.</p>	09/18/13 AND Ongoing
R 429	<p>Sec. 602a8 Resident Agreements</p> <p>(8) An arrangement for notification in case of the resident's death; and [D.C. Official Code § 44-106. 02(a) (8)]</p> <p>Based on record review and interview, it was determined the assistant living residence (ALR) failed to include the arrangement for notification in case of the residents death for six (6) of (6) residents in the sample. (Residents #1, #2, #3,</p>	R 429	<p>ALL RESIDENTS CHARTS NOW HAVE BURIAL AGREEMENT TO INCLUDE THE NAME OF THE RESPONSIBLE PARTY TO BE NOTIFIED AND ANY INSTRUCTIONS PERTAINING TO THE BURIAL OF THE RESIDENT</p>	09/19/13 AND Ongoing

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R 429	<p>Continued From page 9 #4, #5 and #6)</p> <p>The finding includes:</p> <p>On June 25, 2013, starting at approximately 10:00 a.m., a record review of the resident agreements for Residents #1, #2, #3, #4, #5 and #6 failed to evidence the arrangements for notification in the case of resident's death.</p> <p>During a meeting with the assistant living administrator (ALA) on June 25, 2013, at approximately 6:00 p.m., the ALA indicated she would add the information needed.</p>	R 429		
R 430	<p>Sec. 602a9 Resident Agreements</p> <p>(9) A disposition of the resident's property upon discharge, transfer, or death of the resident. [D.C. Official Code § 44-106. 02(a) (9)]</p> <p>Based on record review and interview, it was determined the assistant living residence (ALR) failed to include the disposition of the residents property upon discharge, transfer, or death in the residents agreements for six (6) of (6) residents. (Residents #1, #2, #3, #4, #5 and #6)</p> <p>The finding includes:</p> <p>On June 25, 2013, starting at approximately 10:00 a.m., a record review of the Residents #1, #2, #3, #4, #5 and #6 agreements failed to evidence the disposition of the residents property upon discharge, transfer, or death of the resident.</p> <p>During a meeting with the assistant living administrator (ALA) on June 25, 2013, at approximately 6:00 p.m., the ALA indicated she</p>	R 430	<p>A DISCHARGE, TRANSFER POLICY HAS BEEN DEVELOPED AND GIVEN TO ALL RESIDENTS FAMILY MEMBERS FOR REVIEW AND SIGNATURE THE DISCHARGE TRANSFER POLICY ALSO INDICATE THE DISPOSAL OF PERSONAL BELONGINGS FOR ITEMS LEFT IN THE FACILITY. SEE ATTACHMENT ON DISCHARGE / TRANSFER POLICY.</p>	<p>9/18/13 AND DNG/mh</p>

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R 430	Continued From page 10 would add the information needed.	R 430		
R 453	<p>Sec. 603a1a Financial Agreements</p> <p>(A) The handling of the finances of the resident; [D.C. Official Code § 44-106. 03(a)]</p> <p>Based on record review and interview, the Assistant Living Residence (ALR) failed to have a financial agreement for six (6) of (6) residents'. (Residents #1, #2, #3, #4, #5 and #6)</p> <p>The finding includes:</p> <p>On June 25, 2013, starting at approximately 10:00 a.m., a record review of Residents' #1, #2, #3, #4, #5 and #6 records failed to evidence financial agreements which indicates the persons responsible for the following:</p> <ul style="list-style-type: none"> - purchasing or renting of essential or desired equipment and supplies; - coordinating and contracting for services not covered by the resident agreement; -purchasing of medications and durable medical equipment; -payment arrangement and fees,if known, for third-party services not covered by the resident agreement, but arranged for by either the resident, the resident's surrogate, or the ALR; -payment of all fees and charges and a clear indication of whether the person's responsibility is or is not limited to the extent of the resident's funds; and - the procedure the ALR will follow in the event the resident or resident surrogate can no longer pay for services provided for in the resident agreement or for additional services or care needed by the resident. 	R 453	<p>SEE ATTACHMENT ON FINANCIAL AGREEMENT AND ATTACHMENT ON DISCHARGE TRANSFER</p> <p>ALL RESIDENTS NOT ABLE TO MEET THE FINANCIAL OBLIGATION FOR CONTINUOUSLY RESIDING IN THIS FACILITY WILL GO THROUGH THE DISCHARGE PROCEDURE STEPS WITH A RIGHT TO APPEAL.</p>	09/18/13 ADD ORIGINALS

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R 453

Continued From page 11

During a meeting with the assistant living administrator (ALA) on June 25, 2013, at approximately 6:00 p.m., the ALA indicated she would develop a financial agreement for all six resident and include all the required information.

R 453

R 471

Sec. 604a1 Individualized Service Plans

(a)(1) An ISP shall be developed for each resident prior to admission.
[D.C. Official Code § 44-604(a) (1)]

Based on record review and interview, the Assistant Living Residence (ALR) failed to develop an Individualized Service Plan (ISP) for three (3) of (3) newly admitted resident's. (Residents' #3, #4 and #5)

The finding Includes:

1. On June 25, 2013, at approximately 1:10 p.m., a review of Resident #3's record revealed an admission date of April 10, 2013. Further review of the record revealed no evidence of a pre-admission ISP.

During an interview with the assistant living administrator (ALA) at approximately 1:50 p.m., the ALA indicated, she was not aware that a pre-admission admitted needed to be developed.

2. On June 25, 2013, at approximately 2:10 p.m., a review of Resident #4's record revealed an admission date of May 13, 2013. Further review of the record revealed no evidence of a pre-admission ISP.

During an interview with the assistant living

R 471

R471 #1

R471 #2

ALA HAS BEEN INSTRUCTED ON THE ALR RULES AND REGULATIONS CONCERNING DEVELOPMENT OF PRE-ADMISSION ADMISSION, CHANGES IN HEALTH AND EVERY 6 MONTHS UPDATE OF ISP.
TO PREVENT THIS TAG CITATION FROM RECURRING, FACILITY RN WILL ENSURE THAT ALL ISPs ARE UPDATED

9/21/13 AND ON GOING SEE RESPONSE TO R471 #1

Health Regulation & Licensing Administration

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R 471	Continued From page 12 administrator (ALA) at approximately 2:50 p.m., the ALA indicated, she was not aware that a pre-admission admitted needed to be developed. 3. On June 25, 2013, at approximately 3:10 p.m., a review of Resident #5's record revealed an admission date of March 1, 2013. Further review of the record revealed no evidence of a pre-admission ISP. During an interview with the assistant living administrator (ALA) at approximately 3:50 p.m., the ALA indicated, she was not aware that a pre-admission admitted needed to be developed.	R 471 # 3	SEE RESPONSE TO R471 # 1. ON PAGE 12 OF 22.	9/21/13 AND ON GOING
R 481	Sec. 604b Individualized Service Plans (b) The ISP shall include the services to be provided, when and how often the services will be provided, and how and by whom all services will be provided and accessed. [D.C. Official Code § 44-106.04 (b)] Based on record review and interview, the Assistant Living Residence (ALR) failed to include on the individual service plan (ISP) by whom, when and how often services will be provided for two (2) of six (6) residents . (Residents' #1 and #4). The finding includes: 1. On June 25, 2013, at approximately 12:00 p.m., a review of resident #1's record revealed that the resident was receiving home health aide services. The resident's ISP, dated May 12, 2013, failed to reflect when and how often home health aide services were to be provided.	R 481 # 1	THE ISP FOR RESIDENT # 1 HAS BEEN CORRECTED TO REFLECT THE NAME OF HOME HEALTH COMPANY AMOUNT OF HOURS PROVIDED AND THE NUMBER OF DAYS SERVICES WILL BE PROVIDED	09/19/13 AND ON GOING

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R 481	<p>Continued From page 13</p> <p>During an interview with the assistant living administrator (ALA) on June 25, 2013, at approximately 12:30 p.m., the ALA, stated, the resident received home health aide services seven (7) days a week from 9:00 a.m. until 1:00 p.m. The ALA also indicated she would have the facilities nurse to add the information to the ISP.</p> <p>2. On June 25, 2013, at approximately 1:35 p.m., a review of Resident #4's record revealed the resident was receiving home health aide services. The resident's ISP, dated May 13, 2013 failed to reflect when and how often home health aide services were to be provided.</p> <p>During an interview with the ALA on June 25, 2013, at approximately 2:00 p.m., the ALA stated, the resident received home health aide services seven (7) days a week from 8:00 a.m. until 4:00 p.m. since admission on May 1, 2013. The ALA also indicated she would have the facilities nurse to add the information.</p>	R 481	SEE RESPONSE TO R481 #1	
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 an interdisciplinary team that includes the resident's healthcare practitioner, the resident, the resident's surrogate, if necessary, and the ALR.</p> <p>[D.C. Official Code § 44-106.04 (d)]</p>	R 483		

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R 483	<p>Continued From page 14</p> <p>Based on record review and interview, the Assisted Living Residence (ALR) failed to ensure six (6) of six (6) residents' Individualized Services Plans (ISP's) were reviewed by the residents' healthcare practitioner and updated for significant changes. (Residents' #1, #2, #3, #4, #5 and #6)</p> <p>The findings include:</p> <p>1. On June 25, 2013, at approximately 12:10 p.m., review of Resident #1's record revealed an ISP dated May 12, 2013. The ISP failed to provide evidence that it had been reviewed by the resident's healthcare practitioner and it had been updated with physical therapy services. (It should be noted the resident had received physical therapy services for two weeks)</p> <p>An interview on June 25, 2013, at approximately 1:25 p.m., with the ALA, revealed that the resident's healthcare practitioner had not reviewed the ISP and confirmed that the resident was receiving physical therapy services, two times a week.</p> <p>2. On June 25, 2013, starting at approximately 2:00 p.m., a review of Resident #2's record revealed an ISP dated November 30, 2012. The ISP failed to evidence it had been reviewed by the resident's healthcare practitioner. Additionally, the ISP failed to evidence it had been updated at least every six months (May 30, 2013).</p> <p>An interview on June 25, 2013, at approximately 2:25 p.m., with the ALA revealed that the resident's physician would not sign the ISP although there were several attempts by the ALA.</p> <p>3. On June 25, 2013, at approximately 3:15 p.m.,</p>	<p>R 483</p> <p>R483 #1</p> <p>R483 #2</p>	<p>RESIDENT #1 ISP has been updated and has been signed by a healthcare practitioner</p> <p>RESIDENT #1 ISP was updated to reflect physical therapy services</p> <p>ALA has been instructed on rules and regulations governing ISP. ISP for Resident #2 has been updated and signed by a health care practitioner. Facility RN will update ISP every 6 months / PRN</p>	<p>9/21/13 AND BORGINS</p> <p>9/21/13 AND BORGINS</p>

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R 483	Continued From page 15 review of Resident #3's record revealed an ISP dated May 12, 2013. The ISP failed to provide evidence that it had been reviewed by the resident's healthcare practitioner. An interview on June 25, 2013, at approximately 3:45 p.m. with the ALA, revealed that the resident's healthcare practitioner had not reviewed the the ISP.	R 483 R483 #3	SEE Response on R483 # 2 on Pg 15 of 22	9/21/13 AND ORIGINAL
	4. On June 25 , 2013, at approximately 4:15 p.m., review of Resident #4's record revealed an ISP dated May 13, 2013. The ISP failed to provide evidence that it had been reviewed by the resident's healthcare practitioner to ensure accuracy and to determine any additional habilitation and health care needs. An interview on June 25, 2013, at approximately 4:45 p.m. with the ALA, revealed that, the resident's healthcare practitioner had not reviewed the the ISP.	R483 #4	Resident #4's ISP has been updated and signed by a healthcare professional. All ISPs will be reviewed/updated EVERY 6 months and PRN	9/21/13 AND ORIGINAL
	5. On June 25 , 2013, at approximately 4:45 p.m., review of Resident #5's record revealed an ISP's dated May 13, 2013 and April 13, 2013. The ISP's failed to provide evidence that it had been reviewed by the resident's healthcare practitioner to ensure accuracy and to determine any additional habilitation and health care needs.	R483 #5	SEE Response to R483 # 4	
	6. On June 25 , 2013, at approximately 5:00 p.m., review of Resident #6's record revealed an ISP's dated November 5, 2012. The ISP failed to provide evidence that it had been reviewed by the resident's healthcare practitioner to ensure	R483	SEE RESPONSE TO R483 # 4.	

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R 483	Continued From page 16 accuracy and to determine any additional habilitation and health care needs. (It should be noted the resident had been receiving wound care services provided by skilled nursing for 10 days) An interview on June 25, 2013, starting at approximately 5:50 p.m. with the ALA, revealed that the aforementioned resident's healthcare practitioner had not reviewed the aforementioned ISP's.	R 483		
R 602	Sec. 701f Staffing Standards. (f) Employees shall be required on an annual basis to document freedom from tuberculosis in a communicable form. [D.C. Official Code § 44-107.01 (f)] Based on record review and interview, it was determined that the Assistant Living Administrator (ALA) failed to ensure that employees were free from tuberculosis in a communicable form for one (1) of four (4) employees in the sample. (Employee #2 (HHA#2)) The finding includes: On June 25, 2013, starting at approximately 5:45 p.m., a review of HHA #2's record revealed a PPD dated June 11, 2012. At the time of this survey there was no evidence that the HHA was free from tuberculosis in a communicable form. The record failed to evidence that a PPD test had been conducted in 2013. During the exit interview on June 25, 2013, starting at approximately 6:00 p.m., the ALA was	R 602	<p>R 602 updated PPD test has been obtained and placed in employee #2 PERMANENT RECORD POST SURVEY. ALA WILL RENEW ALL EMPLOYEE RECORDS MONTHLY FOR UPDATE OF ANY EXPIRED DOCUMENTS TO PREVENT THIS CITATION FROM RECURRING</p>	9/16/13 AND ONGOING

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R 602	Continued From page 17 made aware of the finding.	R 602		
R 653	<p>Sec. 702a2 Staff Training.</p> <p>(2) Be certified as a home care aide as defined in the Medicare criteria in OBRA 1987; [D.C. Official Code § 44-107.02 (a) (2)]</p> <p>Based on record review and interview, it was determined the Assist Living Residence (ALR) failed to ensure one (1) of four (4) employees' providing hand on care to residents was certified as a home care aide (HHA). (Employee # 3)</p> <p>The finding includes:</p> <p>During a record review of Employee #3's record on June 25, 2013, at approximately 5:30 p.m., failed to evidence a home health aide certification.</p> <p>An interview with the assistant living administrator on June 25, 2013, at approximately 5:45 p.m., revealed Employee #3 came from a licensed home care agency but was employed with the ALR.</p>	R 653 # 2	<p>EMPLOYEE # 3 HHA CERTIFICATE HAS BEEN PLACED IN THE PERMANENT RECORD. ALA WILL ENSURE THAT ALL NEW EMPLOYEES DOCUMENTS ARE CORRECT AND UPDATED PRIOR TO WORKING IN THIS FACILITY</p>	9/16/13 AND ONGOING
R 669	<p>Sec. 702b Staff Training.</p> <p>(b) Within 7 days of employment, an ALR shall train a new member of its staff as to the following: { D.C. Official Code § 44-107.02 (b) }</p> <p>Based on record review and interview, it was determined that the facility failed to ensure that one (1) of (1) newly hired employee's received the required orientation within 7 days of employment. (Employee #1 (HHA#1)</p>	R 669	<p>ALL ALR EMPLOYEES received training/ orientation PER RULES AND REGULATIONS. ALR RN WILL ORIENT ALL NEW EMPLOYEES ON DUTIES, HOUSE RULES, ALR RULES AND REGULATIONS, ALR TO PREVENT THIS DEFICIENT PRACTICE FROM RECURRING</p>	9/16/13 AND ONGOING

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R 669

Continued From page 18

The finding includes:

On June 25, 2013, at approximately 5:30 p.m., a review of HHA#1's record revealed HHA#1 date of hire was May 1, 2013. Further review failed to evidence HHA#1 had received the required orientation classes.

During the exit interview on June 25, 2013, at approximately 5:50 p.m., the Assistant Living Administrator (ALA), indicated she would have the facilities nurse to provide the required orientation classes.

R 669

R 705

Sec. 802b Medical, Rehabilitation, Psychosocial Assess.

(b) The ALR shall maintain resident information obtained from a standardized physician's statement approved by the Mayor. The information shall include a description of the applicant's current physical condition and medical status relevant to defining care needs, and the applicant's psychological and cognitive status, if so indicated during the medical assessment. [D.C. Official Code § 44-108.02 (b)]

Based on record review and interview, the facility failed to ensure resident's medical, rehabilitation and psychosocial assessments were on a standardized form for Assistant Living facilities approved by the Mayor for one (1) of six (6) resident's in the sample. (Resident #5)

The finding includes:

On June 25, 2012, at approximately 5:30 p.m., a review of Resident #5's record revealed no documented evidence of the residents medical,

R 705

R705

RESIDENT # 5's medical form has been completed by the health care practitioner to include the medical rehabilitation and psychosocial assessment. FACILITY RN WILL ENSURE THAT ALL RESIDENTS RECEIVE THEIR ANNUAL PHYSICAL AND THAT THE FORMS ARE FILLED IN ITS ENTIRETY AND IN THE RIGHT FORMS.

9/18/13
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R 784	<p>Continued From page 20</p> <p>The ISP indicated the resident required medication administration from a TME. There was no evidence of an initial medication assessment in the record at the time of this survey.</p> <p>3. During a record review of Resident #4's record at approximately 4:00 p.m., revealed the resident was admitted on March 1, 2013. Further review of the record revealed ISPs' dated March 31, 2013 and April 13, 2013. The ISPs' indicated the resident required medication administration from a TME. There was no evidence of an initial medication assessment in the record at the time of this survey.</p> <p>During an interview with a assistant living administrator (ALA) on June 25, 2013, starting at approximately 5:00 p.m., the ALA indicated she would make the nurse aware that the self-medicate assessments needed to be done on the aforementioned residents.</p>	R 784	SEE RESPONSE TO R784 #1 ON PG 20 OF 22	
R 814	<p>Sec. 904e1 Medication Storage</p> <p>(e)(1) All medications shall be kept in their original packaging and shall be properly labeled and identified. [D.C. Official Code § 44- 109. 04 (e)(1)]</p> <p>Based on observation, record review and interview, it was determined the Assistant Living Residence (ALR) failed to store a medication in it's original container for one (1) of six (6) residents'. (Resident #5)</p> <p>The finding includes:</p> <p>An observation on June 25, 2013, at</p>	R 814		

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R 814	<p>Continued From page 21</p> <p>approximately 1:00 p.m., revealed a clear plastic bag labeled with a hand written label that read the residents initials and "nitroglycerine medicine". The label failed to identify an expiration date, strength of the drug, date issued, instruction on how to administer medication and the route of administration.</p> <p>During an interview with the assistant living administer (ALA), on June 25, 2013, at approximately 1:15 p.m., she indicated all the resident's medicines were received from the resident's family.</p> <p>During an interview with he resident's niece on June 25, 2013, at approximately 1:30, the niece stated, " I put the medicine in the clear bag."</p> <p>The niece brought in the container of nitroglycerine to the facility on June 25, 2013. The nitroglycerine expired on August 15, 2012. The facility was provided on June 16, 2013 with a new bottle of Nitroglycerine that had an expiration date of June 25, 2014.</p>	R 814	<p>Time has been instructed 9/18/13 on the proper storage AND of all medications. RN will review/inspect all medications to ensure that all medications are kept in the original storage area. Resident #5 niece received a letter notifying her that all medications being brought to the facility have to be in their original container and have to have a copy of the prescription from the MD.</p>	<p>AND DNG/and</p>
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