Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0010	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/07/2011
NAME OF PROVIDER OR SUPPLIER INGLESIDE AT ROCK CREEK	STREET ADDRESS, CITY, STATE, ZIP CODE 3050 MILITARY ROAD NW WASHINGTON, DC 20015		

(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 June 14, 2011 through June 15, 2011 , to determine compliance with Assisted Living Law " DC Code § 44-101.01" The sample sizes were four(4) residents records based on a census of thirty-five(35) residents and four(4) employee records based on a census of thirty-one (31) employees. The deficiencies cited were based on observations, record reviews and interviews.	R 000	Recieved 8/2/11 Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002	
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. Based on record review and interview , it was determined the facility failed to document on the Individualized Service Plan (ISP) for one (1) of (4) resident's when and how often services will be provided. (Resident #2) The findings include: On July 7, 2011, a face to face interview at approximately 11:00 a.m. with the Director of Nursing (DON)revealed resident #2 receives companion services seven (7)days a week from 2:00 p.m. till 10:00 p.m. which started on May 4, 2011. On July 7, 2011, a record review of resident #2's record revealed ISP's dated May 4, 2011 and June 4, 2011 which failed to document companion services being provided. During a face to face interview on July 7, 2011 at approximately 12:45 p.m., she indicated the aforementioned ISP's did not document	R 481	**R481** Resident # 2's ISP was immediately updated with the private duty companion information. The resident's ISP will be updated whenever there is a change private duty companion services for resident # 2. To prevent this issue from occurring with any other resident we will inform residents and their responsible parties by letter that they need to let us know when they hire or dismiss a private duty companion. All information will be included in the resident's ISP. Resident ISPs are reviewed when there is a change in status or at least every six months. Private duty companion services will be discussed whenever the ISP is reviewed and information will be documented in the ISP. To ensure that the process is properly monitored, all private duty companions are required to sign in and out at the nurses' station whenever they are here to work. Once a month the Director of Nursing will review the sign in sheets to compare the information to the documentation in the residents' ISPs. Any changes will be updated with the resident/responsible party and changed in the ISP.	07/07/11

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Executive Director — (X6) DATE: 8/1/11

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R 481	Continued From page 1 companion services.	R 481		
R 483	Sec. 604d Individualized Service Plans (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. Based on record reviews and interview, the facility failed to ensure one(1)of four(4)resident's Individualized Services Plan (ISP)were reviewed by a healthcare practitioner 30 days after admission, at least every six (6) months thereafter and updated more frequently if there was a significant change in the resident's condition. (Resident #2) The findings include: On July 7, 2011, a record review at approximately 10:00 a.m. of resident's #2's record revealed ISP's dated May 4, 2011 and June 4, 2011 . Further review of the ISP's revealed there was no documented evidence the ISP's were reviewed by the resident's healthcare practitioner. During a face to face interview with the Director of Nursing (DON)on July 7, 2011 at approximately 12:45 p.m., she admitted that the ISP's had not been reviewed by the resident's healthcare practitioner.	R 483	**R483** Resident # 2's ISP was given to the health care practitioner the same day of the survey for review and signature. Future changes in the ISP will be given to the health care practitioner for review and signature. All of the other resident ISPs were reviewed by the Director of Nursing to ensure that the health care practitioners had reviewed and signed them. The review showed that all of the ISPs were found to be in compliance with this regulation. Health care practitioners will be notified by a licensed nurse when they need to come to Ingleside to review, comment and sign their residents' ISPs. If they can not get to the community in a timely fashion, the ISPs will be mailed or faxed to the health care practitioners by the nursing staff. A copy of the ISP will remain on the chart until the signed one is received at Ingleside. A log of mailed/faxed ISPs will be reviewed weekly by the Director of Nursing to make certain that they have been reviewed, signed and returned to Ingleside. If an ISP is still missing, a call will be placed to the health care practitioner by a licensed nurse for follow through with the process. Once a month the Director of Nursing will review all ISPs to ensure that the health care practitioners have reviewed and signed them. Any found to be lacking this documentation will be immediately forwarded to the health care practitioner. The aforementioned process for review and signature will then be followed.	07/0711

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R 981	Continued From page 2	R 981		
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 facility failed to ensure the facilities common areas were maintain in a satisfactory condition. The finding includes: During an environmental inspection on July 7, 2011, at approximately 10:30 a.m., the following deficiencies were observed: 1. The carpets in the lobby entrance was stained, the carpet outside the dining room was soiled, the dinning room carpet had large stains in several places. 2. In the third floor hallway, the ceiling had water damage and the upper walls had evidence of chipping paint. 3. The dinning room ceiling vent had visible dust. 4. There were dead bugs on the light lens covers throughout the facility. 5. In the janitors closet, there were exposed wires from the electrical box. At approximately 2:15 p.m. the above cited concerns were discussed with the facility maintenance supervisor who explained he had placed an order with the facility director to abate the above cited deficiencies.	R 981	**R981** **1. The soiled carpets in the lobby entrance, the entryway to the dining room and the dining room carpet have all been cleaned.** **Carpets throughout the community have been put on a cleaning schedule by the Housekeeping Department to ensure routine maintenance of the carpets. In addition, the Housekeeping Supervisor or the Director of Plant Operations will check all public carpeting once a month to make certain that they are not heavily soiled. If found to be heavily soiled, the carpet will be cleaned within three business days. A log of routine cleanings will be maintained by Housekeeping as well as findings on the monthly inspections. The Director of Plant Operations will check the logs and the carpets to ensure that the work has been done.** **2. The third floor ceiling that had water damage and the upper walls that had paint chipping from them have been repaired. The Maintenance Department has created a schedule to check for ceiling and wall issues such as water leaks, chipped paint and any other issues. This plan will be carried out by a Maintenance employee who will log any findings into a binder and have work tickets created to complete the repairs. Once a Month the Maintenance Supervisor or the Director of Plant Operations will check all public area ceilings and walls to ensure that they are in good repair. If issues are found they will be attended to within three business days. The Maintenance Supervisor or the Director of Plant Operations will check back to see that the work has been done.**	07/12/11 08/15/11

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