GOVERNMENT OF THE DISTRICT OF COLUMBIA

CRFMR
Rev. 9/02

# DEPARTMENT OF HEALTH
## HEALTH REGULATION & LICENSING ADMINISTRATION

Mailing Address
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## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

| Name of Facility: | Street Address, City, State, ZIP Code: | Survey Date: |
|---|---|---|
| The Washington House | 4800 8th ST., NW<br>Wash., DC | July 30, 2010<br>Follow-up Dates(s): |

| Regulation Citation | Statement of Deficiencies | Ref. No. | Plan of Correction | Completion Date |
|---|---|---|---|---|
| Assisted Living Law "DC Code § 44-101.01" | An annual licensure survey was conducted on June July 30, 2010 to determine compliance with Assisted Living Law "DC Code § 44-101.01" The following deficiencies were based on record reviews, observations and interviews. The sample sizes were four (4) resident records based on a census of four (4) residents and two (2) personnel records based on a census of two (2) employees. | | GOVERNMENT OF THE DISTRICT OF COLUMBIA<br>DEPARTMENT OF HEALTH<br>HEALTH REGULATION ADMINISTRATION<br>825 NORTH CAPITOL ST., N.E., 2ND FLOOR<br>WASHINGTON, D.C. 20002<br>9.10.10 | |

Name of Inspector: [signature] Date Issued: 9/23/10

Facility Director/Designee: [signature] Date: 7-31-10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| | **§ 44-106.02**<br>**Resident Agreements** | | Residents #1 and #3 agreements are attached | 8-1-10 |
| **§ 44-106.02 (a)** | ***A written contract must be provided to the resident prior to admission and signed by the resident or surrogate, if necessary, and a representative of the ALR.***<br><br>Based on a record review and interview, it was revealed that the ALR failed to have a resident agreement signed by the resident or resident's surrogate for two (2) of four (4) residents'. (Resident's #1 and 3)<br><br>The finding include:<br><br>On July 30, 2010, from approximately 12:00 p.m. until approximately 12:15 p.m.., a record review of resident #1 and 3's records revealed there was no documented evidence of a Resident Agreement in the resident's records. | | | |

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| | During a face to face interview with employee#1 on July 30, 2010 at approximately 12:10 p.m., the finding was acknowledged.<br><br>**§ 44-105.04**<br>**ACCOMATION OF NEEDS**<br><br>***A resident shall have the right to the following:***<br><br>***To be free of physical restraints at all times.*** | 3/Washington House 4800 Staff will only have up one side rail for turning and repositing at all times. the Administrator will monitor side rails positioning frequently | 7-31-10 |
| **§ 44-105.04 (6)** | Based on observation and interview, it was revealed that the facility failed to ensure that two (2) of four (4) resident's were free from physical restraints. (Resident #1 and #4)<br><br>The findings include:<br><br>1. On July 30, 2010, an observation at approximately 11:50 a.m. revealed resident #1 wearing hand restraints (mittens) on both hands.<br><br>During a face to face interview on July 30, 2010 at approximately 11:55 a.m. with employee #1, the finding was acknowledged. Although Employee #1 indicated that the restraints were ordered by the physician about a year ago to prevent the resident | | |

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from "eating her hand". There was no documented evidence of a order for hand restraints in the resident's file.

2. On July 30, 2010, an observation at approximately 12:45 p.m. revealed resident #4 in bed with both side rails in the up position.

## § 44-105.08
## NOTICE OF RESIDENT'S RIGHTS

§ 44-105.08 ***An ALR shall place a copy of a document delineating the resident's rights, as set forth in this chapter, in a conspicuous location, plainly visible and easily read by residents, staff, and visitors and provide a copy to each resident and resident's surrogate upon admission and at the time of any changes to the resident's status, level of care, or services available to the resident.***

Based on a record review and interview, it was revealed that the facility failed to provide a copy of the resident's rights to each resident and resident's surrogate upon admission for three (3) of four (4) resident's in the sample. (Resident #1, #2, and #4)

The findings include:

the deficiency was reviewed although has 7-31-10
order hand restrints Washington House will inform the physician of this regulations & Washington House will provide gloves for the client and monotor the client hourly while awake and every 2 hours while sleeping to insure client is not eating hands if prolems presist shall refore client to a higher level of care family was made aware

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| | On July 30, 2010, a record review from 12:00 p.m. until approximately 12:45 p.m. of the aforementioned resident's revealed there was no documented evidence that a copy of Resident's Rights had been provided to the resident or the resident's surrogate.<br><br>During a face to face interview on July 30, 2010 at approximately 12:50 p.m. with employee #1, the finding was acknowledged. | Residents #2 & #4 Rights are attach |
| | **§ 44-106.04**<br>**INDIVIDUALIZED SERVICE PLANS** | |
| **§ 44-106.04 (a) (1)** | ***An Individualized Service Plan (ISP) shall be developed for each resident prior to admission.*** | |
| | Based on a record review and interview, it was revealed the ALR staff failed to develop an ISP prior to admission for two (2) of (2) newly admitted resident's. (Resident #2 and #4)<br><br>The finding includes:<br><br>On July 30, 2010, a record review of resident's # 2 | |

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and # 4 records from approximately 12:15 p.m. until 12:30 p.m. revealed there was no documented evidence of an ISP prior to admission in the resident's records.

During a face to face interview with an employee#1 on July 30 at approximately 12:30 p.m., the finding was acknowledged.

I have finally found a R.N. to do the ISPS

Starting on Sept 11, 10

## § 44-106.04
## INDIVIDUALIZED SERVICE PLANS

§ 44-106.04 (a) (3)

***The ISP shall be written by a healthcare practitioner using information from the assessment.***

Based on a record review and interview, it was revealed that the facility failed to have the ISP's for one (1) of one (1) resident.

The findings include:

On July 31, 2010, a record review of resident's #1 record at approximately 12:00 p.m., revealed an ISP dated December 30, 2009 which had no documented evidence that it was written by a

health care practitioner.

Further review of the record revealed a second ISP date February 5, 2010 which also had no documented evidence that it was written by a healthcare practitioner.

On July 31, 2010, during a face to face interview with employee #1 at approximately 12:30 p.m., the finding was acknowledged.

## § 44-107.01
## STAFFING STANDARDS

**§ 44-107.01 (f)**

***An Assistant Living Residence (ALR) shall require employees on an annual basis to document freedom from tuberculosis in a communicable form.***

Based on record review and interview, it was determined that the agency failed to ensure one (1) of one (1) employee had freedom from tuberculosis in a communicable form.

The finding includes:

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| | At the time of the survey, (July 30, 2010) the personnel records were not available. The Assistant Living Administrator (ALA) brought the personnel records to the State Agency (SA) on August 2, 2010 at approximately 3:15 p.m. Review of the employee's record on August 2, 2010, revealed their PPD had expired on May 9, 2009. The facility failed to ensure one (1) of one (1) employee's had evidence of freedom from tuberculosis in a communicable form.<br><br>During a face to face interview on August 2, 2 2010 at approximately 3:25 p.m. with the administrator, she acknowledged the finding. | Mrs [redacted] has her PPD updated on "attached" copy | 8-10-10 |
| | **§ 44-107.02**<br>**STAFF TRAINING** | | |
| **§ 44-107.02 (a)** | ***All staff shall be properly trained and be able to demonstrate proficiency in the skills required to effectively meet the requirements of this chapter. Prior to the date of hire, an employee must meet or possess one of the following criteria:*** | | |

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| § 44-107.02 (1)<br>§ 44-107.02 (2) | ***Be certified as a nurse's aide.***<br><br>***Be certified as a home care aide as defined in the Medicare criteria in OBRA 1987.***<br><br>Based on an interview, it was determined that the facility failed ensure the one (1) of one (1) employee was certified as a nurses aide or home care aide prior to hire.<br><br>The findings include:<br><br>During a face to face interview with employee #1 on July 30, 2010 at approximately 12:15 p.m., she indicated that was a certified dental assistant. She also indicated that she would be taken classes soon to become certified as either a nurse's aide or home care aide. She admitted to working for the facility for a few years.<br><br>**§ 44-109.04**<br>**MEDICATION STORAGE** | Director<br>[redacted] has Completed CNA Certification I shall be able to have the certificate in hand by Sept 14, 2010<br><br>Mrs [redacted] will start her home health aid in the later part of Sept. DDC is moving to another address by the last of Sept. | Sept 14, 10<br><br>Sept 30, 10 |

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| § 44-109.04 (b) | ***The storage area shall be kept locked when not in use.***<br>Based on observation and interview, it was revealed that the facility failed to keep the storage area locked when not in use.<br><br>The findings include:<br><br>An observation on July 30, 2010 at approximately 11:58 a.m. revealed an unlocked medication storage area in the kitchen.<br><br>During a face to face interview with employee #1 on July 30, 2010 at approximately 12:59 p.m., the finding was acknowledged. | | the Storage Cabinet was Checked to be locked at all times | 8-1-10 |
| | **§ 44-110.04**<br>**GENERAL BUILDING INTERIOR** | | | |

### STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| § 44-110.04 (a) | ***An Assistant Living Residence (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.***<br><br>Based on an observation, it was determined that the agency failed to ensure a fixture was maintained structurally sound.<br><br>The finding includes:<br><br>During an observation of the environment on July 30, 2010, beginning at approximately 11:22 a.m. revealed the light switch on the wall at the entrance of the agency's laundry area was missing from the wall.<br><br>The above finding was acknowledged by the staff on July 30, 2010 at approximately 12:00 p.m.<br><br>**§ 44-110.04**<br>**GENERAL BUILDING INTERIOR** | The chip on the fixture has been replace. | 8-15-10 |

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| § 44-110.04 (b) | ***An ALR shall ensure that floors and stairways provide a clean, slip-resistant, and safe surface, free of tripping hazards.***<br><br>Based on an observation, it was determined that the agency failed to ensure that the bedroom floors carpeting was clean.<br><br>The findings Include:<br><br>During an observation of the environment on July 30, 2010, beginning at approximately 11:22 a.m. bedrooms #2, #3, and #4's carpeting was soiled.<br><br>The above finding was acknowledged by the staff on July 30, 2010 at approximately 12:00 p.m. | The stairs in the Carpet has been removed. | 8-5-10 |
| | **§ 44-110.07**<br>**HEALTH, LIGHT, AND VENTILATION** | | |
| § 44-110.07 (b) | ***An ALR shall ensure each room with either a functioning ceiling light fixture or another source of artificial light.***<br><br>Based on an observation, it was determined that the agency failed to ensure a functioning ceiling light fixture or another source of artificial light was provided for one of the bedrooms in the facility. | the light bulds have been replace | 8-1-10 |

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| The finding includes:<br><br>During an observation of the environment on July 30, 2010, beginning at approximately 11:22 a.m., Bedroom #3 was observed to be without bulbs in the ceiling fixture or any other source of artificial lighting.<br><br>The above finding was acknowledged by the staff on July 30, 2010 at approximately 12:00 p.m. | the fixture was going to be replace bulbs are in place | 8-1-10 |