PRINTED: 07/14/2020 FORM APPROVED Health Reaulation & Licensma Admi. ation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CUA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING:-B. WING. ALR-0040 07/01/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5100 GEORGIA AVENUE, NW PARADISE AT GEORGIA AVE, LLC OBA MAPLE WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) 1.Symptoms questionnaire has been implemented 7/21/20 R 000 Initial Comments R 000 2.Staff training and education was provided on screening process, paperwork symptoms On 06/23/2020 the DC Health's Epidemiology questionnaire must be fill out for all individuals Technical Assistance Team (ETA Team) visited coming into the facility. the facility to assess infection control practices. 3. The Executive Director or designee will monitor The results of their visit revealed multiple health daily for the first week then monthly. 4. The QA committee the executive director, nurse, and safety deficient practices. The deficient will meet monthly and thereafter. practices included: 7/21/20 1. The Tympanic Thermometer was switched out on 6/29/2020 to an -Symptoms questionnaire not implemented upon "Infrared Thermometer" during the DOH visit. arrival for the ETA Team. 2.Staff training and education was provided on the proper way to Sanitize the thermometer. 3. The Executive Director or designee will monitor -Temperatures were taken with a tympanic daily for the first week then monthly, thermometer with a probe. There was no 4. The OA committee the executive director, nurse. observation that the thermometer was will meet monthly and thereafter. disinfected. 1. Hand sanitizers are located at lobby check in, and Medication Carts. 5 Hand washing sinks with soap and paper towels are located on floor 1,2,3,4. -Hand sanitizers were not observed throughout 2. Staff training and education was provided the facility - only on the medication carts. on the proper way to use hand Sanitizer. 3. The Executive Director or designee will monitor -Symptoms questionnaire was outdated per CDC daily for first week then monthly. guidelines. 4. The QA committee the executive director, nurse, will meet monthly and thereafter, 1.symptoms questionnaire has been updated per CDC -16 residents were dining together. Social 7/21/20 distancing was not practiced. 2.Staff training and education was provided on screening process, paperwork symptoms Staff were wearing gloves when serving food; questionnaire they must fill out for all individuals however, there was no observation of frequent coming into the facility. glove change. 3. The Executive Director or designee will monitor daily for the first week then monthly. 4. The QA committee the executive director, nurse, -Staff was observed to come out of a resident's will meet monthly and thereafter. i room with gloves on and enter the kitchen. There was no observation of glove change.

Health Regulation & L1cens1ng Administration

disinfecting surfaces.

covers

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

-Residents were not wearing face masks/cloth

-The environmental services (EVS) personnel was not aware of the proper contact times for

Kenneth Njoku

Executive Director

(X6) DATE 7/17/20

Health Reaulation & Licensina Admir ation (X1) PROVIDER/SUPPLIER/CUA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING: ----R 07/01/2020 **B WING** ALR-0040 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5100 GEORGIA AVENUE, NW PARADISE AT GEORGIA AVE, LLC OBA MAPLE WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) 1D (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING NFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY 1. All residents have been trained on how to properly 7/21/20 R 000 R 000. Continued From page 1 wear a face mask, and issued a face mask. & Ongoing with the understanding if they are outside their -The EVS cart was unlocked and evidence of apartment / in common areas a face mask is to be worn cleaning supplies were observed. 2. Residents maintain social distancing (remaining at least 6 feet apart) between all residents and personnel -Staff implementing the symptoms guestionnaire, while still providing necessary services. but only documenting if the resident had signs 3. The Executive Director or designee will monitor and symptoms. Note, there is no documentation daily for the first week then monthly. because residents have not exhibited signs and 4. The QA committee the executive director, nurse, symptoms. will meet monthly and thereafter. 1.Staff training and education and policies were provided - No evidence of staff training on COVID-19 (hand on hand sanitation, PPE. sanitation, PPE, policy). 3. The Executive Director or designee will monitor daily for the first week then monthly. Based on the nature of the above deficient 4. The QA committee the executive director, nurse practices, DC Health's State Surveying Agency will meet monthly and thereafter conducted an onsite COVID-19 focus infection 7/21/20 1.All EVS staff was educated on the proper way to lock cart and storage control survey on 06/29/2020 to determine if the and handling of chemicals and for all cleaning and disinfection & Ongoing facility was in compliance with the Assisted Living (e.g., concentration, application method and contact time for Law (DC Official Code § 44-101.01 et seg) and disinfecting surfaces. 3. The Executive Director will monitor weekly for the ! Mayor's administrative order (Mayor's Order first month then monthly. 2020- 063). The survey substantiated systemic 4. The EVS supervisor will report to the QA infection control failures that posed a substantial committee, the QA committee the executive director risk to residents' health and safety. On nurse, staff member, will meet monthly and 0613012020, the facility was notified of these thereafter. failures and was issued a 90-day license, which 1. Staff implementing symptoms questionnaire has been updated per CDC guidelines 7/21/20 & Ongoing restricted new admissions effective on 2. Staff training and education was provided on the proper daily monitoring 07/01/2020. for each resident for signs and symptoms of COVID-19, 3. The nurse will monitor weekly for the first month then monthly Listed below are abbreviations used throughout 4... The nurse will report to the QA committee. the body of this report: the QA committee the executive director, nurse, staff member, will meet monthly and thereafter ALA - Assisted Living Administrator ALR - Assisted Living Residence CNA - Certified Nursing Aide COVID-19 - Coronavirus 2019 ETA - Epidemiology Technical Assistance

				FORM APP	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MULTIP	(X3) DAT		
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NAME OF PROVIDER OR SUPPLIER	5100 GEORG				
PARADISE AT GEORGIA AVE,	LLC OBA MAPLE WASHINGTO	•			
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P.000 Continued From no	2	R 000	p1.Staff training and education and policies were	provided on	
R 000 Continued From pa	ige 2	K 000	COVID-19, hand sanitation, PPE	7/21.	
EVS - Environmenta	al Services		first week then monthly	20	
			The QA committee the executive director, nurse meet monthly and thereafter	s, wiii	
PPE - Personal Pro	tective Equipment				
			R202	7/21/2020	
ETA - Epidemiology	Technical Assistance		A Social Distancing and Face Mask policy/procedul	& Ongoing	
			address/ensure all residents are screened for signs	and symptoms of	
EVS - Environmenta	al Services		COVID-19/infection daily. Twice daily, the ALA or di residents for signs/symptoms of COVID-19 per CD0	asignee will assess all C guidelines, complete a	
			temperature check and record findings in residents' chart.		
PPE - Personal Pro	tective Equipment		Assisted Living residents have been trained on social distancing (rema		
			6 feet apart) for infection control guidance, how to p mask, and issued a face mask with the understandi		
R 202 Sec. 501a Standard	Of Care	R <u>20</u> 2	outside of their apartment/in common areas a face	mask is to be worn	
		700	Memory Care residents have been trained on socia		
	re for its residents in a		feet apart) for infection control guidance, how to pro and issued a face mask with the understanding that	t if they are outside of	
	nvironment that promotes		their apartment/in common areas a face mask is to or designee repeats this training on an as needed/d		
	nhancement of the residents'		Care residents	,	
quality of life and in	•		Training regarding the Social Distancing and Face I		
	on and interview, the facility		has been reviewed by all ALR department manager	S.	
	all residents were screened		At the beginning and end of each shift, the ALR's de required to complete a building walkthrough to obse		
	oms of infection; and failed to				
	ts wore face masks or		Training regarding the Social Distancing and Face I has been introduced to regularly scheduled staff. Tr	raining will be introduced	
•	on areas during the COVID-19		to remaining employees during the August all staff r	neeting	
pandemic, for 16 of	to residents		The ALA or designee will be responsible for monitor Distancing and Face Mask policy/procedure daily for		
			weekly thereafter.	T (HE IIISI WEEK BIO	
Findings included:			The ALA or designee will monitor during their schedule	ed shift three times daily	
Thidings medace			for the first week.		
			The ALA or designee will monitor during their schedule	ed shift three times	
On 06/29/2020 at 11	1:46 AM, observation of the		weekly.		
	ea showed two residents		The ALR's QA committee, the ALA and Nurse will mee	et regarding the Social	
	ables.An interview was		Distancing and Face Mask policy/procedure monthly a collective observations, improvements, and continued		
conducted with each			and continued		
			The ALA met with Resident #1 and Resident #2 ind		
Resident #1 stated t	that the facility staff did not		updates regarding COVID-19, Social Distancing pol Mask policy/procedure and infection control. The Al		
	je face masks or face		providing updates regarding COVID-19 on a weekly		
	ne facility 's common areas.				
When asked if the fa	acility 's staff provided any				
	related to infection control,				
Resident#1 respond	ded "no."		_		

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AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER			STATE, ZIP CODE	
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	WASHING	TON, DC	20011	
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R 202 Continued From pag	e 3	R 202		11/2020 ngoing
did not encourage the coverings. The reside not provide guidance Additionally, Residen news was the primar information related to COVID-19.  On 06/30/2020, at 10 Regional Director we that all residents were symptoms of COVID-	t #2 stated that the televised y method of receiving reducing the spread of 0:15 AM, the ALA and re interviewed and revealed e screened for signs and		An Infection Control policy/procedure has been devito ensure all high-touch areas are sanitized consistereduce the spread of infection to protect residents a staff.  The ALR's department managers have reviewed the infection Control policy/procedure.  At the beginning and end of each shift, the ALR's department managers are required to complete a bewalkthrough to observe residents and staff.  The ALR's EVS have been trained on the infection of policy/procedure.  The ALA will be responsible for training all remaining the August all staff meeting.  The ALA or designee will monitor daily for the first withen weekly.	antly to and bilding Contro! g staff
to screen residents for COVID-19, and failed with opportunities to a	received.  Vey, the facility 's staff failed or sign and symptoms of to provide each residents social distance and stop the wearing a face mask or	R 272	The ALA or designee will monitor during their sched shift three times daily for the first week.  The ALA or designee will monitor during their sched shift three times weekly.  The ALR's QA committee, the ALA and Nurse will megarding the Infection Control policy/procedure morand thereafter to discuss collective observations, improvements, and continued training.  On 06/29/2020 during the DOH visit, the Tympanic Thermometer was switched to an Infrared Thermom A Thermometer Sanitation policy/procedure has bed developed to reduce the spread of infection. The assessment questionnaire has been updated to include a witness's signature to ensure the sanitation the Infrared Thermometer with an alcohol based disinfectation upon the care the procedure and the sanitation that the before and effect each time.	uled neel nihly seter.
homelike environmen use personal belongii possible;	mfortable, stimulating, and tallowing the resident to age to the greatest extent interview and record		disinfectant wipe before and after each use. The ALR's department managers have reviewed the Thermometer Sanitation policy/procedure. At the beginning and end of each shift, the ALR's department managers are required to complete a but walkthrough to observe residents and staff, The ALR's Nurses have been trained on the Thermo Sanitation policy/procedure. The ALA will be responsible for training all remaining.	vikling ometer

Based on observation, interview and record review, the facility failed to ensure that the high-touch areas were cleaned consistently to reduce the spread of infection, for 16 of 16 residents in the survey (Residents #1-16).

Findings include:

. 1. On 06/29/2020 at 11:25 AM, the surveyors arrived to the facility and was greeted at the foyer

during the August all staff meeting.

The ALA or designee will monitor daily for the first week then weekly.

The ALA or designee will monitor during their scheduled shift three times daily for the first week.

The ALA or designee will monitor during their scheduled shift three times weekly.

The ALR's QA committee, the ALA and Nurse will meet regarding the Thermometer Sanitation policy/procedure monthly and thereafter to discuss collective observations, improvements, and continued training.

61103

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

### PARADISE AT GEORGIA AVE, LLC OBA MAPLE

5100 GEORGIA AVENUE, NW WASHINGTON, DC 20011

(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

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### R 272 Continued From page 4

by the ALA. Observed in the foyer was a table that held a tympanic thermometer and 2 bottles of hand sanitizer. The ALA asked the surveyors several COVID-19 screening questions and then picked up a tympanic thermometer from the table to assess the surveyors' temperature. The surveyors declined to have their temperature checked using the tympanic thermometer as there was no evidence that it had been sanitized. The surveyors used their government-issued infrared thermometer to verify that their temperatures were within normal range. The ALA was observed to place the tympanic thermometer in its holster without sanitizing the thermometer or his hands. The ALA invited the surveyor into the main facility without asking them to wash or sanitize their hands.

At 11:30 AM during the entrance interview, the I ALA stated that the tympanic thermometer used at the facility's entrance was only sanitized one time per shift. It should be noted that the thermometer was used to measure the temperature of each employee and visitor before entering the facility.

2. On 06/29/2020 beginning at 12:02 PM, observations showed CNA #1 and 2 serving residents' plates of food from the kitchenette countertop without wearing gloves or sanitizing their hands. The CNAs' thumbs were observed inside the edge of each plate while carrying the residents' plates to the table. Between 12:05 PM and 12:08 PM, CNA #1 and 2 were observed with both bare arms leaning on the kitchenette countertop where the residents' lunches were placed. At 12:11 PM, CNA #1 and 2 were observed disposing discarded food into a gray garbage bin. After which, CNA #2 retrieved a

R272

272 Continued from page 4

7/21/2020 & Ongoing

A COVID-19 Essential Personnel Building Entry policy/procedure has been developed to reduce the spread of infection.

Upon arrival staff and essential personnel must complete the check-in process with a Nurse or designee, sanitize hands following proper hand rub protocol prior to entering the main facility and wash hands at one of the hand washing stations labeled throughout the facility.

The ALR's department managers have reviewed the Essential Personnel Building Entry policy/procedure.

At the beginning and end of each shift, the ALR's department managers are required to complete a building walkthrough to observe residents and staff.

The ALR's Nurses have been trained on the Essential Personnel Building Entry policy/procedure.

The ALA will be responsible for training all remaining staff during the August all staff meeting.

The ALA or designee will monitor daily for the first week then weekly.

The ALA or designee will monitor during their scheduled shift three times daily for the first week.

The ALA or designee will monitor during their scheduled shift three times weekly The ALR's QA committee, the ALA and Nurse will meet regarding the Essential Personnel Building Entry policy/procedure monthly and thereafter to discuss collective observations, improvements, and continued training.

The ALA met with CNA #1 and CNA #2 individually to counsel and review infection control prevention, hand washing, hand sanilizing, and wearing gloves.

The ALR's department managers have reviewed hand washing, hand sanitizing, wearing gloves and infection control prevention.

At the beginning and end of each shift, the ALR's department managers are required to complete a building walkthrough to observe residents and staff.

The ALR's designees have been trained on hand washing, hand sanitizing, wearing gloves and infection control prevention.

The ALA will be responsible for training all remaining staff during the August all staff

The ALA or designee will monitor daily for the first week then weekly.

The ALA or designee will monitor during their scheduled shift three times daily for the first week.

The ALA or designee will monitor during their scheduled shift three times weekly.

The ALR's QA committee, the ALA and Nurse will meet regarding hand washing, hand sanitizing, wearing gloves, and infection control prevention monthly and thereafter to discuss collective observations, improvements, and continued training.

Health Regulation & Licensing Administratron

Health Reaulation	& Licensin	a Admi ration			FORM APPROVE		
STATEMENT OF DEFICIE AND PLAN OF CORRECT	NCIES	(X1) PROVIDER/SUPPLIER/CUA		(X2) MULTIPLE CONSTRUCTION			
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R 272 Continued	From pa	ge 5	R 272				
bottle of k gave the k proceeded resident's ketchup of several caresidents. were not of wash their  At 12:26 F she had b approxima on COVID prevention control traitrained to transitioning and chang frequently When the CNA #1 ac hands, us serving m multiple suits she had residents with her bill training signal trainin	etchup from the course of the	om inside a refrigerator, and obtile to CNA #1. CNA #1 ize the ketchup on the obtatoes and then put the obtatoes and then put the obtatoes and then put the obtatoes and then unwrapped served the cakes to the observation, CNA #1 and 2 to don gloves, sanitize or observation of the calculation of the					

Heath Reaulation & Ucensma Adm ration (X1) PROVIDER/SUPPLIER/CUA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: BUILDING:-R **BWING** 07/01/2020 ALR-0040 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5100 GEORGIA AVENUE, NW PARADISE AT GEORGIA AVE, LLC OBA MAPLE WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY)

R 272

R 292

R 272 Continued From page 6

, however, failed to provide documented evidence 😘 that CNAs #1 and 2 attended the training. When asked if there was any other evidence of training, the ALA replied that he would search for the documentation. No other documents were provided prior to exiting the facility.

At the time of the survey, the ALR failed to ensure that the environment was safe and clean to stop the spread of infection.

R 292 Sec. 504.1 Accommodation Of Needs.

(1) To receive adequate and appropriate services and treatment with reasonable accommodation of individual needs and preferences consistent with their health and physical and mental capabilities and the health or safety of other residents; Based on observation, interview and record review, the facility failed to ensure that all residents practiced social distancing and wore face masks or coverings in common areas during the COVID-19 pandemic.

### Findings included:

The facility failed to provide or encourage the use of face mask or coverings and social distancing to prevent the spread of COVID-19, as evidenced below:

At 12:02 PM, observation of the second floor dining area showed ten residents seated at four tables which did not allow for spacing residents six-feet apart for social distancing.

- -Three tables measured four by four feet.
- -One table measured eight by four feet.

R292

7/21/2020 & Ongoing

A Social Distancing and Face Mask policy/procedure has been developed to address/ensure all residents are screened for signs and symptoms of COVID-19/infection daily. Twice daily, the ALA or designee will assess all residents for signs/symptoms of COVID-19 per CDC guidelines, complete a emperature check and record findings in residents' chart.

Assisted Living residents have been trained on social distancing (remaining 6 feet apart) for infection control guidance, how to properly wear a face mask, and issued a face mask with the understanding that if they are outside of their apartment/in common areas a face mask is to be worn

Memory Care residents have been trained on social distancing (remaining 6 feet apart) for infection control guidance, how to properly wear a face nask, and issued a face mask with the understanding that if they are putside of their apartment/in common areas a face mask is to be worn. The ALR's ALA or designee repeats this training on an as needed/daily basis for Memory Care residents,

Training regarding the Social Distancing and Face Mask policy/procedure has been reviewed by all ALR department managers. At the beginning and end of each shift, the ALR's department managers are required to complete a building walkthrough to observe residents and staff.

Training regarding the Social Distancing and Face Mask policy/procedure has been introduced to regularly scheduled staff. Training will be introduced to remaining employees during the August all staff meeting.

The At A or designee will be responsible for monitoring the Social Distancing and Face Mask policy/procedure daily for the first week and weekly thereafter.

The ALA or designee will monitor during their scheduled shift three times The ALA or designee will monitor during their scheduled shift three times

The ALR's QA committee, the ALA and Nurse will meet regarding the Social Distancing and Face Mask policy/procedure monthly and thereafter to discuss collective observations, improvements, and continued training.

Dining room tables have been placed six feet apart to allow social distancing. Tables are sanitized before and after each use. Only one resident may sit at each lable to allow social distancing. Before and after each meal residents are encouraged to wash hands and wear a face mask while in common areas.

Training regarding the Social Distancing and Face Mask policy/procedure has been reviewed by all ALR department managers.

At the beginning and end of each shift, the ALR's department managers are required to complete a building walkthrough to observe residents and staff.

Training regarding the Social Distancing and Face Mask policy/procedure has been introduced to regularly scheduled staff. Training will be introduced to remaining employees during the August all staff meeting. The ALA or designee will be responsible for monitoring the Social Distancing and Face Mask policy/procedure daily for the first week and veekly thereafter

The ALA or designee will monitor during their scheduled shift three times

The ALA or designee will monitor during their scheduled shift three times

The ALR's QA committee, the ALA and Nurse will meet regarding the Social Distancing and Face Mask policy/procedure monthly and thereafter to discuss collective observations, improvements, and continued training.

PRINTED: 07/14/2020 FORM APPROVED Health Reaulation & Licensina Adn. ration (X1) PROVIDER/SUPPLIER/CUA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING:-R B. WING ALR-0040 07/01/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5100 GEORGIA AVENUE, NW PARADISE AT GEORGIA AVE, LLC OBA MAPLE WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X4) ID (XS) (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) R 292 Continued From page 7 R 292 -There were two residents seated at each four by four foot tables. -There were four residents seated shoulder-to-shoulder at the eight by four foot table. The residents were not observed to be social distancing. Additionally, after finishing their meals, the residents were not encouraged to wash their hands or put on a face mask or covering while in common areas together. It should be noted that the residents living on the second floor had memory or cognitive deficits. Between 12:30 PM and 1:00 PM, the Care Coordinator and ALA both were interviewed concerning the lack of social distancing of residents during mealtime. The Care Coordinator revealed that residents from the 2nd and 3rd floor Memory Care Units enjoyed socializing during activities and mealtimes. The Care Coordinator stated that residents from the 2nd and 3rd floor were required to dine together on the 2nd floor; therefore, social distancing, face masks and coverings were not encourage because residents were on the dementia unit. Additionally, the Care Coordinator did not indicate that any resident had other conditions that precluded them from wearing masks. It should be noted that each floor

R 606' Sec. 701g3 Staffing Standards.

R606

(3) Possess sufficient skills, education, training, and experience to meet the needs of the residents;

in the facility had available dining and activity

Health Regulation & L1cens1ng Administration

rooms.

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	) · ·	LE CONSTRUCTION  DING:	(X3) DATE SURVEY COMPLETED	
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	R 606 Continued From pa	age 8	R 606	R606	7/21/2020 & Ongoing	
		on, interview and record alled to ensure that each staff		Training regarding how to properly don and doff PPE and control practices has been introduced to regularly schedules.	performing proper infection	
	was trained to (i) do	on PPE correctly; and (ii)		Training regarding how to properly don and doff PPE and control practices has been reviewed by department managat the beginning and end of each shift, the ALR's department complete a building walkthrough to observe residents and	gers, ent managers are required to	
	Findings included			The ALA will be responsible for training all remaining staff meeting	during the August all staff	
	A The facility faile	d to ensure that staff were		The ALA or designee will monitor daily for the first week the	en weekly.	
	-	use PPE, as evidenced by:		The ALA or designee will monitor during their scheduled s week.	hift three times daily for the first	
	On 0612012020 at	12:00 PM observation of the		The ALA or designee will monitor during their scheduled s	hift three times weekly.	
On 0612912020 at 12:00 PM, observation of the facility showed CNA #1 in the dining area wearing				The ALR's OA committee, the ALA and Nurse will meet regarding how to properly don and doff PPE and performing proper infection control practices monthly and thereafter to		
		overed her mouth, but failed to		doff PPE and performing proper infection control practices discuss collective observations, improvements, and contin		
	i cover her nose. The	e CNA was observed to				
		ask several times, however,		The ALA met with CNA #1 individually to counsel and revi	ew proper use of PPE	
		to fall below her nose. When appeared that CNA #1s mask		The ALA mel with CNA #1 and CNA #2 individually to counsel and review infection control prevention, hand washing, hand sanitizing, and wearing gloves.		
	was being worn imp	properly (upside down).		The ALR's department managers have reviewed hand was gloves and infection control prevention.		
	At 12:33 PM, during	g an interview, CNA #1	et.	At the beginning and end of each shift, the ALR's departm complete a building walkthrough to observe residents and		
		mask repeatedly fell below her informed CNA #1 that the	,	The ALR's designees have been trained on hand washing and infection control prevention.	, hand sanitizing, wearing gloves	
		rn incorrectly. When asked if PPE, the CNA responded that		The ALA will be responsible for training all remaining staff meeting.	during the August all staff	
	_	eviously by the facility, but was		The ALA or designee will monitor daily for the first week th	en weekly.	
	uncertain of the dat	e <sub>x:</sub>		The ALA or designee will monitor during their scheduled s week.	hift three times daily for the first	
	At 1:23 PM, the ALA	and the Care Coordinator		The ALA or designee will monitor during their scheduled s	hift three times weekly	
	properly. The ALA s to don and doff PPE	staff were not wearing PPE tated that all staff were trained E. However, no documented ded to show PPE training for		The ALR's QA committee, the ALA and Nurse will meet re sanitizing, wearing gloves, and infection control preventior discuss collective observations, improvements, and contin	monthly and thereafter to	
	residents performed	d to ensure that the staff and proper infection control the spread of infection.				

Health Regulation & Licensin	na Adm. ation		)	TOMM AFT NOVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BOI	LDING;—	R
_	ALR-0040	B WING		07/01/2020
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, 8	STATE, ZIP CODE	
PARADISE AT GEORGIA AVE,	LLC OBA MAPLE	ORGIAAVEN STON, DC 2		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
R 606 : Continued From pa	ge 9	R 606		
residents' plates of countertop without witheir hands. The Cinside the edge of eresidents' plates to and 12:08 PM, CNA both bare arms lear countertop where the placed. At 12:11 Placed. At 12:11 Placed. At 12:11 Placed of ketchup from garbage bin. After without of ketchup from gave the ketchup being proceeded to squeer resident's roasted placed residents. During the were not observed wash their hands.  At 12:26 PM, intervisible had been employed approximately one won COVID-19 to incompressed to wash her transitioning from residents wash that the distance of wash and reported training on when touching more surveyor shared luradmitted that she dishand sanitizer or well as the state of the place	food from the kitchenette wearing gloves or sanitizing NAs' thumbs were observed each plate while carrying the the table. Between 12:05 PM A #1 and 2 were observed with hing on the kitchenette he residents' lunches were M, CNA #1 and 2 were discarded food into a gray which, CNA #2 retrieved a comminside a refrigerator, and cottle to CNA #1. CNA #1 exe the ketchup on the potatoes and then put the enter. CNA #1 then unwrapped served the cakes to the his observation, CNA #1 and 2 to don gloves, sanitize or diew with CNA #1 revealed that by each of the control eac	1 000		

At 12:33 PM, an interview with CNA #2 revealed that she received training on COVID-19 to include

Health F	Reau ation & Licens	sina Adm. ration			PRINTED: 07/14/202 FORM APPROVED		
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A BUILDING:—			
- 14		ALR-0040	B WING		R 07/01/2020		
	ROVIDER OR SUPPLIER	5100 GE	DDRESS, CITY, S				
PARADIS	E AT GEORGIA AVE,	, LLC OBA MAPLE WASHIN	GTON, DC 20	0011			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE COMPLET HE APPROPRIATE DATE		
R 606	Continued From p	age 10	R 606				
	sanitizing and weathered with CNA# prevention during should have worn lunch and touching bare hands.  At 1:20 PM the ALA training sign-in sheather the document indiction hand-washing tech The sign-in sheet, evidence that CNA training. When ask evidence of training would search for trother documents with facility.  At the time the survey	revention (i.e. handwashing, uring gloves). The surveyor to the lack of infection control funch. CNA #2 stated that she gloves while serving residents a different surfaces with her.  A presented an in-service set for the surveyor 's review cated that staff training on nique occurred on 06/10/2020 however, failed to provide s #1 and 2 attended the led if there was any other log, the ALA replied that he laining documents; however, nowere provided prior to exiting livey, the facility failed to ensure 2 were trained on the correct fection control.	)				



CREMIR Rev. 9.02 GOVERNMENT OF THE DISTRICT OF COLUMBIA

### HEALTH REGULATION & LICENSING DEPARTMENT OF HEALTH ADMINISTRATION

Mailing Add ress 899 North Capitol St.,NF. Washington DC 20002 2°d Floor (2224) 202-442-5888

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

0					
Gl\tct.Ofw	0000	Regulation Citation		Paradise at Cie	Name of Facility:
-  -	On 06/23/2020 the DC Health's Epidemiology Technical Assistance Team (ETA Team) visited the facility to assess infection control practices. The results of their visit revealed multiple health and safety deficient practices related to COVID-19. The deficient practices included:  Symptom questionnaire not implemented upon arrival for the ETA Team.  Temperatures were taken with a tympanic thermometer with a probe. There was no observation of disinfecting the thermometer.  Iland sanitizers were not observed throughout the facility - only on the medication cart.  Symptoms questionnaire was outdated per CDC guidelines.  16 residents were dining together. Social	Statement of Deficiencies		Paradise at Georgia Avenue d/b/a Maple Heights ALR =0040	
	lemiology am) visited the results and safety -19. The deficient mplemented upon ha tympanic here was no e thermometer. erved throughout ication cart. soutdated per CDC there. Social	icies Ref. No.		5100 Ga Washing	Street Address, City, State, ZIP Code:
	A COVID-19 Essential Personnel Building Entry policy/procedure has been developed to reduce the spread of infection.  Upon arrival staff and essential personnel must complete the check-in process with a Nurse or designee, sanitze hands following proper hand rub protocol prior to entering the main facility and wash hands at one of the hand washing stations labeled throughout the facility. The ALR's department managers have reviewed the Essential Personnel Building Entry policy/procedure. At the beginning and end of each shift, the ALR's department managers are required to complete a building walkthrough to observe residents and staff.  The ALR's turses have been trained on the Essential Personnel Building Entry policy/procedure.  The ALA or designee will monitor during their scheduled shift three times weekly.  The ALR's QA committee, the ALA and Nurse will meet eagarding the Essential Personnel Building Entry policy/procedure monthly and thereafter to discuss collective observations, unprovements, and continued training.  On 65/29/2020 during the DOH visit, the Tympanic Thermometer was switched to an Infrared Thermometer.  A Thermometer.  A Thermometer Sanitation policy/procedure has been developed to reduce the spread of infection.  The ALR's department managers have reviewed the Thermometer Sanitation policy/procedure has been developed to reduce the spread of infection.  The ALR's department managers have reviewed the Thermometer Sanitation policy/procedure.  A the beginning and end of each shift, the ALR's department managers are required to complete a building walkthrough to observe residents and staff.  The ALR's Nurses have been trained on the Thermometer Sanitation policy/procedure.  The ALA or designee will monitor during all remaining staff during the August all staff meeting. The ALA or designee will monitor during their scheduled shift three times daily for the first week then weekly.  The ALA's designee will monitor during their scheduled shift three times daily for the first week then weekly.			5100 Georgia Ave, NW Washington, D.C. 20011	e, ZIP Code:
- 7/3	recedure has been developed to reduce the check-in process with a Nurse or occi prior to entering the main facility, beled throughout the facility, sential Personnel Building Entry I. the ALR's department managers are residents and staff. Personnel Building Entry aff during the August all staff meeting, then weekly, a shift three times weekly, a shift three times weekly, a shift three times weekly. It regarding the Essential Personnel to discuss collective observations, rmometer was switched to an Infrared eveloped to reduce the spread of the Infrared Thermometer with an se. In the Infrared Thermometer with an section of staff. Thermometer Sanitation and staff three times weekly.	on	Was a state of the	0612912020 - 07/01/2020 Follow-up Dates(s):	Survey Date:
23	7/21/2020 & Ongoing	Completion Date		1/2020	

Facility Director/Designee

doa.u

Date

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GOVERNMENT OF THE DISTRICT OF COLUMBIA

## **DEPARTMENT OF HEALTH**HEALTH REGULATION & LICENSING ADMINISTRATION

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

distancing was not practiced.

Staff were wearing gloves when serving food; however, there was no observation of frequent glove change.

Staff was observed to come out of a resident's room with gloves on and enter the kitchen. There was no observation glove change.

Residents were not wearing face masks/cloth covers.

• The environmental services (EVS) personnel was not aware of the proper contact times for disinfecting surfaces.

 The EVS eart was unlocked and evidence of cleaning supplies were observed.

 Staff were implementing the symptoms questionnaire, but only documenting if the resident has signs and symptoms. Note, there is no documentation because residents have not exhibited signs and symptoms.

No evidence of staff training on COVID-19 (hand sanitation, PPE, policy).

Based on the nature of the above deficient practices, DC Health's State Surveying Agency conducted an onsite COVID-19 focus infection control survey on 06/29/2020

0000

A Social Distancing and Face Mask policylprocedure has been developed to address/ensure all residents are screened for signs and symptoms of COVID-19/infection daily. Twice daily, the ALA or designee will assess all residents for signs/symptoms of COVID-19 per CDC guidelines, complete a temperature check and record findings in residents' chart.

Assisted Living residents have been trained on social distancing (remaining 6 feet apart) for infection control guidance, how to properly wear a face mask, and issued a face mask with the understanding that if they are outside of their apartment/in common areas a face mask is to be worn.

Memory Care residents have been trained on social distancing (remaining 6 feet).

Memory Care residents have been trained on social distancing (remaining 6 feet apart) for infection control guidance, how to properly wear a face mask, and issued a face mask with the understanding that if they are outside of their apartment/in common areas a face mask is to be worn. The ALR's ALA or designee repeats this training on an as needed/daily basis for Memory Care residents.

Training regarding the Social Distancing and Face Mask policy/procedure has been reviewed by all ALR department managers. At the beginning and end of each shift, the ALR's department managers are required to complete a building walkthrough to observe residents and staff.

Training regarding the Social Distancing and Face Mask policy/procedure has been introduced to regularly scheduled staff. Training will be introduced to remaining employees during the August all staff meeting.

The ALA or designee will be responsible for monitoring the Social Distancing and Face Mask policy/procedure daily for the first week and weekly thereafter. The ALA or designee will monitor during their scheduled shift three times daily for the first week.

The ALA or designee will monitor during their scheduled shift three times

The ALR's QA committee, the ALA and Nurse will meet regarding the Social Distancing and Face Mask policy/procedure monthly and thereafter to discuss collective observations, improvements, and continued training. Dining room tables have been placed six feet apart to allow social distancing.

Dining room tables have been placed six feet apart to allow social distancing. Tables are sanitized before and after each use. Only one resident may sit at each table to allow social distancing. Before and after each meal residents are encouraged to wash hands and wear a face mask while in common areas, Training regarding the Social Distancing and Face Mask policy/procedure has been reviewed by all ALR department managers. At the beginning and end of each shift, the ALR's department managers are required to complete a building walkthrough to observe residents and staff.

Training regarding the Social Distancing and Face Mask policy/procedure has been introduced to regularly scheduled staff. Training will be introduced to remaining employees during the August all staff meeting.

The ALA or designee will be responsible for monitoring the Social Distancing and Face Mask policy/procedure daily for the first week and weekly thereafter. The ALA or designee will monitor during their scheduled shift three times daily for the first week.

The ALA or designee will monitor during their scheduled shift three times weekly.

The ALR's QA committee, the ALA and Nurse will meet regarding the Social Distancing and Face Mask policy/procedure monthly and thereafter to discuss collective observations, improvements, and continued training

collective observations, improvements, and continued training Training regarding how to properly don and doff PPE and performing proper infection control practices has been introduced to regularly scheduled staff. Training regarding how to properly don and doff PPE and performing proper infection control practices has been reviewed by department managers. At the beginning and end of each shift, the ALR's department managers are required to complete a building walkthrough to observe residents and staff.

The ALA will be responsible for training all remaining staff during the August all staff meeting.
The ALA or designee will monitor daily for the first week then weekly.

The ALA or designee will monitor during their scheduled shift three times daily for the first week.

The ALA or designee will monitor during their scheduled shift three times

weekly.

The ALR's QA committee, the ALA and Nurse will meet regarding how to properly don and doff PPE and performing proper infection control practices monthly and thereafter to discuss collective observations, improvements, and

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# DEPARTMENT OF HEALTH HEALTH REGULATION & LICENSING ADMINISTRATION

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Assisted Living Law (DC Official Code § 44-101.01 et seq) and Mayor's administrative order (Mayor's Order 2020-063). The survey substantiated systemic infection control failures that posed a substantial risk to residents' health and safety. On 06/30/2020, the facility was notified of these failures and was issued a 90-day license which restricted new admissions effective on 07/01/2020.

Listed below are abbreviations used throughout the body of this report:

ALA -Assisted Living Administrator

ALR -Assisted Living Residence

CNA - Certified Nursing Aide

COVID-19 -Coronavirus 2019

ETA - Epidemiology Technical Assistance

EVS - Environmental Services

PPE -Personal Protective Equipment

The ALR was notified on 03/06/2020 of their responsibility to monitor the coronavirus.dc.gov website

## Continued from page 2

Continued from page 2

An Infection Control policy/procedure including proper EVS cart protocol and daily/weekly cleaning schedule has been developed to ensure all high-touch areas are sanitized consistently to reduce the spread of infection to protect

residents and staff.

EVS staff will be responsible for completing daily cleaning checklists

The ALR's department managers have reviewed the infection Control policy/procedure. At the beginning and end of each shift, the ALR's department managers are required to complete a building walkthrough to observe residents and staff.

The ALR's EVS have been trained on the Infection Control policy/procedure

The ALA will be responsible for training all remaining staff during the August all staff meeting.

The ALA or designee will monitor daily for the first week then weekly

The ALA or designee will monitor during their scheduled shift three times daily for the first week.

The ALA or designee will monitor during their scheduled shift three times weekly.

The ALR's QA committee, the ALA and Nurse will meet regarding the Infection Control policy/procedure monthly and thereafter to discuss collective observations, improvements, and continued training.

Hand Sanitizer is in all appropriate areas throughout the facility. Five hand

washing stations are listed and labeled throughout the facility.

The ALA or designee will be responsible for ensuring sanitizer is replenished as needed in all appropriate areas throughout the facility. Daily, the ALA or designee will monitor replenishment of hand sanitizer three times during their scheduled shift to ensure resident, staff and visitor safety.

The ALR's department managers have reviewed hand washing, hand sanitizing, wearing gloves and infection control prevention. At the beginning and end of each shift, the ALR's department managers are required to complete a building walkthrough to observe residents and staff.

The ALR's designees have been trained on hand washing, hand sanitizing, wearing gloves and infection control prevention,

The ALA will be responsible for training all remaining staff during the August all staff meeting.

The ALA or designee will monitor daily for the first week then weekly

The ALA or designee will monitor during their scheduled shift three times daily for the first week.

The ALA or designee will monitor during their scheduled shift three times weekly.

The ALR's QA committee, the ALA and Nurse will meet regarding hand washing, hand santizing, wearing gloves, and infection control prevention monthly and thereafter to discuss collective observations, improvements, and continued training.

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GOVERNMENT OF THE DISTRICT OF COLUMBIA

## DEPARTMENT OF HEALTH

# HEAL THREGULATION & LICENSING ADMINISTRATION

11					V(1)(c)					
Protocols Required at All Residences and Pacilities Covered by this order is as follows:  Mayor's Order 2020-063 V(1)(c)  Require each person entering the facility or residence to wash their hands with soap and water for at least twenty (20) seconds or disinfect their hands with an		SUBJECT: Extensions of Public Emergency and Public Health and Measures to Protect Vulnerable Populations During the COVID-19 Public Health Emergency		Mayor's Order 2020-063		for guidance and preventing the spread of infection related to COVID-19. On 03/13/2020, the website included guidance on DC Health Infection Control Recommendations for Preparedness and Management of Coronavirus 2019 in Skilled Nursing Facilities and Assisted Living Residencies. On 05/14/2020, the facility was forwarded specific guidance on Universal Masking and Healthcare Personnel Monitoring Restriction and Return to Work.				
									V (1) (e)	
	The ALR's QA committee, the ALA and Nurse will meet regarding the Essential Personnel Building Entry policy/procedure monthly and thereafter to discuss collective observations, improvements, and continued training.	The ALA or designee will monitor during their schoduled shift three times weekly.	The ALA or designee will monitor during their scheduled shift three times daily for the first week.	The ALA or designee will monitor daily for the first week then weekly	The ALA will be responsible for training all remaining staff during the August all staff meeting.	The ALR's Nurses have been trained on the Essential Personnel Building Entry policy/procedure.	The ALR's department managers have reviewed the Essential Personnel Building Entry policy/procedure, At the beginning and end of each shift, the ALR's department managers are required to complete a building walkthrough to observe residents and staff.	Upon arrival staff and essential personnel must complete the check-in process with a Nurse or designee, santize hands following proper hand rub protocol prior to entering the main facility and wash hands at one of the hand washing stations labeled throughout the facility.	A COVID-19 Essential Personnel Building Entry policy/procedure has been developed to reduce the spread of infection.	
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# DEPARTMENT OF HEALTH HEALTH REGULATION & LICENSING ADMINISTRATION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

The order is not met as evidenced by:

approved hand sanitizer.

Based on observation and interview, the ALR failed to ensure each person that entered the facility washed their hands or used approved sanitizer to prevent the spread of COVID-19.

Findings included:

1. On 06129/2020 at 11:23 AM, observations of the facility's front entrance door showed a protocol for entering the facility. The protocol revealed that each "employee" must stop in the lobby door entrance and wait for the nurse to be called. Before proceeding into the building, employees must complete the assessment process (temperature check, sign the logbook and sanitize). The protocol, however, did not address what protocols the visitors should follow when entering the facility.

2. ()n 0612912020 at 11:25 AM, the surveyors arrived to the facility and was greeted at the foyer by the ALA. Observed in the foyer was a table that held 2 bottles of hand sanitizer. The ALA invited the surveyor into the main facility without asking them to wash or sanitize their hands.



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### HEALTH REGULATION & LICENSING DEPARTMENT OF HEALTH **ADMINISTRATION**

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

stated that visitors should follow the same protocol as door. When On 07/01/2020 at 11:26 AM, interview with the Care visitors. The Care Coordinator was also informed that protocol for employees to follow before entering the she would provide in-service training to all staff entering the facility. The Care Coordinator stated that surveyors were not asked to wash their hands before the protocol only addressed the employees and not the follow when entering the facility, the Care Coordinator Coordinator via telephone revealed that she created a Living Law DC Official Code § 44-107.01) regarding the importance of washing and sanitizing the employees. The Care Coordinator was informed that facility and posted the protocol on the facility's front hands before entering the facility. (Also see Assisted asked about what protocol visitors should

entering the facility. all persons washed or used hand sanitizer prior to At the time of the survey, the ALR staff failed to ensure V(I)(g)

Mayor's Order 2020-063 V(1)(g)

in another unnecessary physical contact distancing, including not shaking hands or engaging Encourage employees and residents to practice social

> A Social Distancing and Face Mask policy/procedure has been developed to address/ensure all residents are screened for signs and symptoms of COVID-19/infection daily. Twice daily, the ALA or designee will assess all residents for signs/symptoms of COVID-19 per CDC guidelines, complete a temperature check and record findings in residents' chart

outside of their apartment/in common areas a face mask is to be worn mask, and issued a face mask with the understanding that if they are six feet apart) for infection control guidance, how to properly wear a face Assisted Living residents have been trained on social distancing (remaining

Training regarding the Social Distancing and Face Mask policy/procedure has been reviewed by all ALR department managers. At the beginning and end of Memory Care residents have been trained on social distancing (remaining 6 feet apart) for infection control guidance, how to properly wear a face mask, and issued a face mask with the understanding that if they are outside of their apartment/in common areas a face mask is to be worn. The ALR's ALA or designee repeats this training on an as needed/daily basis for Memory Care residents

each shift, the ALR's department managers are required to complete a building walkthrough to observe residents and staff

V (1) (B)

Training regarding the Social Distancing and Face Mask policy/procedure has been introduced to regularly scheduled staff. Training will be introduced to remaining employees during the August all staff meeting.

Distancing and Face Mask policy/procedure daily for the first week and The ALA or designee will be responsible for monitoring the Social

The ALA or designee will monitor during their scheduled shift three times daily for the first week.

The ALA or designee will monitor during their scheduled shift three times

The ALR's QA committee, the ALA and Nurse will meet regarding the Social

Distancing and Face Mask policy/procedure monthly and thereafter to discuss collective observations, improvements, and continued training. The ALA met with Resident #1 and Resident #2 individually to provide updates regarding COVID-19. Social Distancing policy/procedure, Face Mask policy/procedure and infection control. The ALA will be responsible for providing updates regarding COVID-19 on a weekly basis.

> & Ongoing 7/21/2020

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### THE DISTRICT OF COVERNMENT OF

### HEAL TH REGULATION & LICENSING DEPARTMENT OF HEALTH ADMINISTRATION

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

The order is not met as evidenced by:

distancing during the COVID-19 pandemic ALR failed to implement, promote and enforce social Based of observation, interview and record review, the

### Find ings included:

six-feet apart for social distancing at fourtables which did not allow for spacing residents the second floor dining area showed ten residents scated On 06/29/2020 beginning at 12:02 PM, observation of

- Three tables measured four by four feet
- One table measured eight by four feet
- There were two residents seated at each four by four foot tables.
- shoulder at the eight by four foot table. There were four residents seated shoulder-to-

cognitive deficits. or to wear a face mask/covering. apart in common area together. Staff were not observed were observed standing and sitting less than four feet to encourage the residents to practice social distancing After finishing their meals at 12:20 PM, the residents the residents living on the second floor had memory or It should be noted that

(g) (1)

Continued from page 6

Dining room tables have been placed six feet apart to allow social distancing. Tables are sanitized before and after each use. Only one resident may sit at each table to allow social distancing. Before and after each meal residents are encouraged to wash hands and wear a face mask while in common

building walkthrough to observe residents and staff Training regarding the Social Distancing and Face Mask policy/procedure has been reviewed by all ALR department managers. At the beginning and end of each shift, the ALR's department managers are required to complete a

Training regarding the Social Distancing and Face Mask policy/procedure has been introduced to regularly scheduled staff. Training will be introduced to remaining employees during the August all staff meeting.

The ALA or designee will be responsible for monitoring the Social Distancing and Face Mask policy/procedure daily for the first week and weekly thereafter

The ALA or designee will monitor during their scheduled shift three times daily

The ALA or designee will monitor during their scheduled shift three times

Distancing and Face Mask policy/procedure monthly and thereafter to discuss collective observations, improvements, and continued training. The ALR's QA committee, the ALA and Nurse will meet regarding the Social

> & Ongoing 7/21/2020

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### V(l)(h)

during meals and activities; therefore, social distancing and coverings were not encouraged because residents was not encouraged. They also stated that face masks interviewed and stated that residents enjoyed socializing were on the dementia unit. At 12:30 PM, the Care Coordinator and ALA were

practice social distancing throughout the facility. document how the residents would be encouraged to On 06/30/2020 at 8:50 AM, review of the facility's COVID-19 policies and procedures (not dated), failed to

residents practice social distancing at all times while At the time of the survey, the ALR staff failed to ensure inside the facility

Mayor's Order 2020-063 V(l)(h)

sanitizers or disinfecting wipes, at all entry and exit ways and throughout the residence or facility. Provide adequate sanitizing products, including hand

the order is not met as evidenced by

ensure hand sanitizers and/or disinfect wipes were Based of observation and interview, the ALR failed 5

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

A Social Distancing and Face Mask policy/procedure has been developed to address/ensure all residents are screened for signs and symptoms of COVID-19/infection daily. Twice daily, the ALA or designee will assess all residents for signs/symptoms of COVID-19 per CDC guidelines, complete a temperature

check and record findings in residents' chart

Assisted Living residents have been trained on social distancing (remaining 6 feet apart) for infection control guidance, how to properly wear a face mask, and issued a face mask with the understanding that if they are outside of their

Y(1)

Memory Care residents have been trained on social distancing (remaining 6 feet apart) for infection control guidance, how to properly wear a face mask, and issued a face mask with the understanding that if they are outside of their apartment/in common areas a face mask is to be worn. The ALR's ALA or designee repeats this training on an as needed/daily basis for Memory Care apartment/in common areas a face mask is to be worn

residents

building walkthrough to observe residents and staff each shift, the ALR's department managers are required to complete a Training regarding the Social Distancing and Face Mask policy/procedure has been reviewed by all ALR department managers. At the beginning and end of

remaining employees during the August all staff meeting Training regarding the Social Distancing and Face Mask policy/procedure has been introduced to regularly scheduled staff. Training will be introduced to

The ALA or designee will be responsible for monitoring the Social Distancing and Face Mask policy/procedure daily for the first week and weekly thereafter

The ALA or designee will monitor during their scheduled shift three times daily

The ALA or designee will monitor during their scheduled shift three times

Distancing and Face Mask policy/procedure monthly and thereafter to discuss collective observations, improvements, and continued training. The ALR's QA committee, the ALA and Nurse will meet regarding the Social

each table to allow social distancing. Before and after each meal residents are encouraged to wash hands and wear a face mask while in common areas. Dining room tables have been placed six feet apart to allow social distancing. Tables are sanitized before and after each use. Only one resident may sit at

Training regarding the Social Distancing and Face Mask policy/procedure has been introduced to regularly scheduled staff. Training will be introduced to remaining employees during the August all staff meeting. Training regarding the Social Distancing and Face Mask policy/procedure has been reviewed by all ALR department managers. At the beginning and end of each shift, the ALR's department managers are required to complete a building walkthrough to observe residents and staff

The ALA or designee will be responsible for monitoring the Social Distancing and Face Mask policy/procedure daily for the first week and weekly thereafter.

The ALA or designee will monitor during their scheduled shift three times The ALA or designee will monitor during their scheduled shift three times daily

The ALR's QA committee, the ALA and Nurse will meet regarding the Social Distancing and Face Mask policy/procedure monthly and thereafter to discuss collective observations, improvements, and continued training.

& Ongoing

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

placed throughout the facility to prevent the spread of COVID-19.

Findings included:

On 06/29/2020 beginning at 11:25 AM, observations showed two bottles of hand sanitizer located on a small table at the facility's entrance. Continued observations of the facility revealed there were no additional hand sanitizers or disinfectant wipes available for staff, residents and/or visitors to utilize on the first, second or third floor hallways or entrance/exit doors.

At 11:45 AM, interview with the ALA confirmed that there were no additional hand sanitizers or disinfectant wipes placed on the first, second or third floors of the facility. Additionally, the ALA stated that the staff and residents had access to the hallway bathrooms located on each floor and the residents could utilize the bathrooms inside their rooms.

V(I)G)

At the time of the survey, the ALR failed to ensure disinfectant wipes and/or hand sanitizers were placed throughout the facility for staff and residents to use.

Mayor's Order 2020-063 V(I)G)

Encourage and facilitate the use of electronic communication platforms for video conference or

(g) (1) (F) (1) Hand Sanitizer is in all appropriate areas throughout the facility. Five hand washing stations are labeled and listed throughout the facility.

The ALA or designee will be responsible for ensuring sanitizer is replenished as The ALR contacted families via phone and email on 3/12/2020 to provide updates regarding COVID-19, Infection Control Policies, Essential Personnel Policies, and visitation policies. The ALR contacted families via phone and email on 3/11/2020 to provide frequently as requested by residents to connect with family and friends purchased. The Activities Department cell phone and iPad may be used as ensure residents continue to thrive in our community, an iPad has been consistent with normal visitation policies and consistent with public safety. To has been developed to address/ensure resident quality of life remains An Activities Department COVID-19 Policy including daily communication logs continued training. washing, hand sanitizing, wearing gloves, and infection control prevention monthly and thereafter to discuss collective observations, improvements, and The ALR's QA committee, the ALA and Nurse will meet regarding hand The ALA or designee will monitor during their scheduled shift three times for the first week The ALA or designee will monitor daily for the first week then weekly.

The ALA or designee will monitor during their scheduled shift three times daily staff meeting The ALA will be responsible for training all remaining staff during the August all wearing gloves and infection control prevention The ALR's designees have been trained on hand washing, hand sanitizing complete a building walkthrough to observe residents and staff and end of each shift, the ALR's department managers are required to sanitizing, wearing gloves and infection control prevention. At the beginning The ALR's department managers have reviewed hand washing, hand scheduled shift to ensure resident, staff and visitor safety designee will monitor replenishment of hand sanitizer three times during their needed in all appropriate areas throughout the facility. Daily, the ALA or updates regarding COVID-19 and Infection Control Policies Continued from page 8 & Ongoing 7/21/2020 & Ongoing 7/21/2020

The ALR contacted families via phone and email on 3/31/2020 to provide updates regarding COVID-19 and the extension of visitation policies.

On 3/31/2020 the ALR received documentation regarding the Ombudsman This documentation has been posted since 3/31/2020.

The ALR's department managers have reviewed the Activities Department COVID-19 Policy. At the beginning and end of each shift, the ALR's department managers are required to complete a building walkthrough to observe residents and staff.

The ALR's designees have been trained on the Activities Department COVID-19 Policy.

The ALA will be responsible for training all remaining staff during the August all staff meeting.

The ALA or designee will monitor daily for the first week then weekly.

The ALA or designee will monitor during their scheduled shift three times daily for the first week.

The ALA or designee will monitor during their scheduled shift three times weekly.

The ALR's QA committee, the ALA and Nurse will meet regarding the Activities Department COVID-19 Policy monthly and thereafter to discuss collective observations, improvements, and continued training.



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GOVERNMENT OF THE DISTRICT OF COLUMBIA

# DEPARTMENT OF HEALTH HEALTH REGULATION & LICENSING ADMINISTRATION

STATEMENT OF DEFICIENCIES A ND PL AN OF CORRECTION with residents consistent with

telephone visits with residents, consistent with normal visitation policies and consistent with public safety.

This order is not met as evidenced by:

Based on interview and record review, the ALR failed to establish written policies and procedures for residents to initiate videoconference or telephone visits during the COVID-19 pandemic, for 16 of 16 residents residing in the facility (Residents #1-16).

Findings included

On 06/29/2020 at 11:30 AM, the ALA was requested to provide all correspondences from the ALR to the residents and their families regarding the COVID-19 pandemic.

At 1:20 PM, the ALA provided the surveyors with three documents that were allegedly distributed to residents, and their family and friends. The first document was undated, and alerted that the facility's visitor restrictions effective 03/13/2020. The second document, dated 03/31/2020, alerted that the restrictions were extended until April. The third document was the facility's undated COVID-19 policies and procedures. Each of the three documents failed to outline the facility's plan to encourage and facilitate visits via videoconference or

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# DEPARTMENT OF HEALTH HEALTH REGULATION & LICENSING ADMINISTRATION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

### V(I)(k)

telephone. When asked if there were any additional evidence of communication, the ALA said "yes", however, no other documentation was provided.

On 06/30/20/20 at 10:15 AM, during a videoconference, the Regional Director said that the facility had arranged for the residents to receive and make video and telephone calls. She also stated that there have been multiple correspondences with the residents and their families. However, that information was not available at the time of the survey.

At the time of the survey, the ALR failed to create a policy to ensure that each resident was provided the opportunity to have videoconference or telephone visits during visitor restriction at the facility.

Mayor's Order 2020-063 V(1)(k)

Implement regular disinfection procedures for cleaning high-touch surfaces and any shared equipment.

The order is not met as evidenced by

Based on observation, interview and record review, th ALR failed to ensure policies and procedures were developed for cleaning and disinfecting frequently

An Infection Control policy/procedure has been developed to ensure all hightouch areas are sanitized consistently to reduce the spread of infection to protect residents and staff.

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The ALR's department managers have reviewed the infection Control policy/procedure. At the beginning and end of each shift, the ALR's department managers are required to complete a building walkthrough to observe residents and staff.

The ALR's EVS have been trained on the Infection Control policy/procedure

The ALA will be responsible for training all remaining staff during the August all staff meeting.

The ALA of decisions will provide death for the first world the models.

The ALA or designee will monitor daily for the first week then weekly. The ALA or designee will monitor during their scheduled shift three times daily for the first week.

The ALA or designee will monitor during their scheduled shift three times weekly.

The ALR's QA committee, the ALA and Nurse will meet regarding the infection Control policy/procedure monthly and thereafter to discuss collective observations, improvements, and continued training.

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### **HEALTH REGULATION & LICENSING** DEPARTMENT OF HEALTH **ADMINISTRATION**

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

of COVID-19. touched surfaces and shared PPE to prevent the spread

### Findings included:

Observed in the foyer was a table that held a tympanic tympanic thermometer from the table to assess the the facility and was greeted at the foyer by the ALA. were within normal range. The ALA was observed to infrared thermometer to verify that their temperatures sanitized. The surveyors used their government-issued thermometer as there was no evidence that it has been their temperature checked using the tympanic surveyors' temperature. The surveyors declined to have COVID-19 screening questions and then picked up a thermometer. The ALA asked the surveyors several sanitizing the thermometer or his hands. place the tympanic thermometer in its holster without 1. On 06/29/2020 at 11:25 AM, the surveyors arrived to

disinfected, the ALA said, "No". responded by saying, once per shift (7AM - 3 PM, 3PM thermometer was disinfected after use, the ALA how and when shared PPE (i.e. thermometer) should be there were written policies and procedures in place on - 11 PM and 11 PM -7  $\Lambda$ M). The surveyor asked if At 11:40 AM, when asked how often the tympanic

2. At 1:03 PM, the ALA was queried about how high-

On 06/29/2020 during the DOH visit, the Tympanic Thermometer was switched to an Infrared Thermometer.

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A Thermometer Sanitation policy/procedure has been developed to reduce the spread of infection.

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The assessment questionnaire has been updated to include a witness's signature to ensure the sanitation of the Infrared Thermometer with an

The ALR's department managers have reviewed the Thermometer Sanitation policy/procedure. At the beginning and end of each shift, the alcohol based disinfectant wipe before and after each use.

The ALR's Nurses have been trained on the Thermometer Sanitation ALR's department managers are required to complete a building

The ALA will be responsible for training all remaining staff during the August

The ALA or designee will monitor daily for the first week then weekly.

The ALA or designee will monitor during their scheduled shift three times daily for the first week.

The ALA or designee will monitor during their scheduled shift three times

The ALR's QA committee, the ALA and Nurse will meet regarding the Themometer Sanitation policy/procedure monthly and thereafter to discuss collective observations, improvements, and continued training.

A COVID-19 Essential Personnel Building Entry policy/procedure has been developed to reduce the spread of infection.

Upon arrival staff and essential personnel must complete the check-in process with a Nurse or designee, sanitize hands following proper hand rub protocol prior to entering the main facility and wash hands at one of the hand washing stations labeled throughout the facility.

Building Entry policy/procedure, At the beginning and end of each shift, the ALR's department managers are required to complete a building walkthrough to observe residents and staff. The ALR's department managers have reviewed the Essential Personnel

The ALR's Nurses have been trained on the Essential Personnel Building

all staff meeting The ALA will be responsible for training all remaining staff during the August

The ALA or designee will monitor daily for the first week then weekly.

The ALA or designee will monitor during their scheduled shift three times daily for the first week.

The ALA or designee will monitor during their scheduled shift three times.

The ALR's QA committee, the ALA and Nurse will meet regarding the Essential Personnel Building Entry policy/procedure monthly and thereafter

to discuss collective observations, improvements, and continued training

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## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

touched surfaces (i.e. front entry door handles, elevator staff was in charge with cleaning and disinfecting door handles, etc.) were cleaned and disinfected buttons, hallway bathroom door handles, kitchenette throughout the day. The ALA stated that housekeeper frequently touched surfaces daily.

disinfected, he responded by saying, three times a day. the Housekeeper stated that he had not been trained on written policies and procedures on cleaning and touched surfaces should be disinfected. The developed written policies on how often frequently The Housekeeper was then asked if the facility had door handles, elevator buttons, hallway bathroom door how often the frequently touched areas (i.e. front entry touched surfaces were disinfected daily. When asked that it was his responsibility for ensuring frequently infection control procedures, when asked disinfecting frequently touched surfaces. Additionally, handles, kitchenette door handles, etc.) were cleaned and Housekeeper replied by saying, he was not aware of any At 1:05 PM, interview with the Housekeeper confirmed

clean and disinfected ensure how often highly-touched surfaces were to be policies, and procedures had not been developed to confirmed the ALA and the Housekeeper interviews that policies and procedures for Coronavirus Disease 2019 On 06/30/2020 at 8:52 AM, review of the facility's

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Assisted Living residents have been trained on social distancing (remaining 6 feet apart) for infection control guidance, how to properly wear a face mask. apartment/in common areas a face mask is to be worn. and issued a face mask with the understanding that if they are outside of their

feet apart) for infection control guidance, how to properly wear a face mask, and issued a face mask with the understanding that if they are outside of their designee repeats this training on an as needed/daily basis for Memory Care apartment/in common areas a face mask is to be worn. The ALR's ALA or Memory Care residents have been trained on social distancing (remaining 6

Training regarding the Social Distancing and Face Mask policy/procedure has been reviewed by all ALR department managers. At the beginning and end of each shift, the ALR's department managers are required to complete a building walkthrough to observe residents and staff.

remaining employees during the August all staff meeting. Training regarding the Social Distancing and Face Mask policy/procedure has been introduced to regularly scheduled staff. Training will be introduced to

for the first week.

The ALA or designee will monitor during their scheduled shift three times and Face Mask policy/procedure daily for the first week and weekly thereafter. The ALA or designee will monitor during their scheduled shift three times daily The ALA or designee will be responsible for monitoring the Social Distancing

weekly.

collective observations, improvements, and continued training The ALR's QA committee, the ALA and Nurse will meet regarding the Social Distancing and Face Mask policy/procedure monthly and thereafter to discuss

encouraged to wash hands and wear a face mask while in common areas. Tables are sanitized before and after each use. Only one resident may sit at each table to allow social distancing. Before and after each meal residents are Dining room tables have been placed six feet apart to allow social distancing.

walkthrough to observe residents and staff. each shift, the ALR's department managers are required to complete a building Training regarding the Social Distancing and Face Mask policy/procedure has been reviewed by all ALR department managers. At the beginning and end of

remaining employees during the August all staff meeting. Training regarding the Social Distancing and Face Mask policy/procedure has been introduced to regularly scheduled staff. Training will be introduced to

for the first week and Face Mask policy/procedure daily for the first week and weekly thereafter. The ALA or designee will monitor during their scheduled shift three times daily The ALA or designee will be responsible for monitoring the Social Distancing

The ALA or designee will monitor during their scheduled shift three times

Distancing and Face Mask policy/procedure monthly and thereafter to discuss collective observations, improvements, and continued training. The ALR's QA committee, the ALA and Nurse will meet regarding the Social

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GOVERNMENT OF THE DISTRICT OF COLUMBIA

# DEPARTMENT OF HEALTH HEALTHREGULATION & LICENSING ADMINISTRATION

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

At the time of the survey, the ALR failed to ensure procedures were developed to ensure frequently touched surfaces were disinfected to prevent to spread of COVID-19.

Coronavirus 2019 (COVID-19) Reopening Guidance (Phase 1& Phase 2) for Skilled Nursing Facilities & Assisted Living Residences

## COMMUNAL DINING

Restrict all scating in communal dining areas such as staggering meal times or spacing individuals at least six (6) feet apart.

The order is not met as evidenced by:

Based on observation and interview, the ALR failed to stagger mealtimes or space residents at least six (6) feet apart to decrease the risk of COVID-19 during mealtime.

### Findings included

On 0612912020 beginning at 12:02 PM, observation of the second floor dining area showed ten residents seated at four tables which did not allow for spacing residents

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# DEPARTMENT OF HEALTH HEALTH REGULATION & LICENSING ADMINISTRATION

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STATEMENT OF DEFICIENCIES A ND I six-feet apart for social distancing.

One table measured eight by four feet.

Three tables measured four by four feet

- There were two residents seated at each four by four foot tables.
- There were four residents scated should er-to-shoulder at the eight by four foot table.

At 1:02 PM, the Care Coordinator was interviewed to ascertain why the residents were not seated at least six feet apart or had their meals staggered during lunch. The Care Coordinator stated that residents enjoyed having social time during meals and activities; therefore, social distancing was not encouraged. When asked if the facility tried to stagger the residents' mealtimes or use other available dining space during mealtimes for the residents, the Care Coordinator said, "No".

At the time of the survey, the ALR failed to ensure social distancing was implemented during all mealtimes time to prevent the spread of COVID-19.

## A ND PL AN OF CORRECTION

A Social Distancing and Face Mask policy/procedure has been developed to address/ensure all residents are screened for signs and symptoms of COVID-19/infection daily. Twice daily, the ALA or designee will assess all residents for signs/symptoms of COVID-19 per CDC guidelines, complete a temperature check and record findings in residents' chart.

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Assisted Living residents have been trained on social distancing (remaining 6 feet apart) for infection control guidance, how to properly wear a face mask, and issued a face mask with the understanding that if they are outside of their apartment/in common areas a face mask is to be worn.

Memory Care residents have been trained on social distancing (remaining 6 feet apart) for infection control guidance, how to properly wear a face mask, and issued a face mask with the understanding that if they are outside of their apartment/in common areas a face mask is to be worn. The ALR's ALA or designee repeats this training on an as needed/daily basis for Memory Care residents.

Training regarding the Social Distancing and Face Mask policy/procedure has been reviewed by all ALR department managers, at the beginning and end of each snlit, the ALR's department managers are required to complete a building walkthrough to observe residents and staff.

Training regarding the Social Distancing and Face Mask policy/procedure has been introduced to regularly scheduled saff. Training will be introduced to remaining employees during the August all staff meeting.

The ALA or designee will be responsible for monitoring the Social Distancing and Face Mask policy/procedure daily for the first week and weekly thereafter.

The ALA or designee will monitor during their scheduled shift three times daily for the first week.

The ALA or designee will monitor during their scheduled shift three times week!v

The ALR's QA committee, the ALA and Nurse will meet regarding the Social Distancing and Face Mask policy/procedure monthly and thereafter to discuss collective observations, improvements, and continued training.

Diring room tables have been placed six feet apart to allow social distancing. Tables are santitized before and after each see. Only one resident may sit at each table to allow social distancing. Before and after each meal residents are encouraged to wash hands and wear a face mask while in common areas.

Training regarding the Social Distancing and Face Mask policy/procedure has been reviewed by all ALR department managers, At the beginning and end of each shift, the ALR's department managers are required to complete a building walkthrough to observe residents and staff.

Training regarding the Social Distancing and Face Mask policy/procedure has been introduced to regularly scheduled staff. Training will be introduced to remaining employees during the August all staff meeting.

The ALA or designee will be responsible for monitoring the Social Distancing and Face Mask policy/procedure daily for the first week and weekly thereafter.

The ALA or designee will monitor during their scheduled shift three times daily for the first week.

The ALA or designee will monitor during their scheduled shift three times

The ALR's QA committee, the ALA and Nurse will meet regarding the Social Distancing and Face Mask policy/procedure monthly and thereafter to discuss collective observations, improvements, and continued training.

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7/21/2020