

Health Regulation & Licensure Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0040	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/01/2020
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NAME OF PROVIDER OR SUPPLIER PARADISE AT GEORGIA AVE, LLC OBA MAPLE	STREET ADDRESS, CITY, STATE, ZIP CODE 5100 GEORGIA AVENUE, NW WASHINGTON, DC 20011
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<p>R 000 Initial Comments</p> <p>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. The deficient practices included:</p> <ul style="list-style-type: none"> -Symptoms questionnaire not implemented upon arrival for the ETA Team. -Temperatures were taken with a tympanic thermometer with a probe. There was no observation that the thermometer was disinfected. -Hand sanitizers were not observed throughout the facility - only on the medication carts. -Symptoms questionnaire was outdated per CDC guidelines. -16 residents were dining together. Social 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 of 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. 	<p>R 000</p>	<p>1.Symptoms questionnaire has been implemented</p> <p>2.Staff training and education was provided on screening process, paperwork symptoms questionnaire must be fill out for all individuals coming into the facility.</p> <p>3.The Executive Director or designee will monitor daily for the first week then monthly.</p> <p>4. The QA committee the executive director, nurse, will meet monthly and thereafter.</p> <p>1.The Tympanic Thermometer was switched out on 6/29/2020 to an "Infrared Thermometer" during the DOH visit.</p> <p>2.Staff training and education was provided on the proper way to Sanitize the thermometer.</p> <p>3. The Executive Director or designee will monitor daily for the first week then monthly.</p> <p>4. The QA committee the executive director, nurse, will meet monthly and thereafter.</p> <p>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.</p> <p>2. Staff training and education was provided on the proper way to use hand Sanitizer.</p> <p>3. The Executive Director or designee will monitor daily for first week then monthly.</p> <p>4. The QA committee the executive director, nurse, will meet monthly and thereafter.</p> <p>1.symptoms questionnaire has been updated per CDC guidelines</p> <p>2.Staff training and education was provided on screening process, paperwork symptoms questionnaire they must fill out for all individuals coming into the facility.</p> <p>3.The Executive Director or designee will monitor daily for the first week then monthly.</p> <p>4. The QA committee the executive director, nurse, will meet monthly and thereafter.</p>	<p>7/21/20</p> <p>7/21/20</p> <p>7/21/20</p>
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Health Regulation & Licensure Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Kenneth Njoku	TITLE Executive Director	(X6) DATE 7/17/20
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R 000 . Continued From page 1	<p>-The EVS cart was unlocked and evidence of cleaning supplies were observed.</p> <p>-Staff implementing the symptoms questionnaire, but only documenting if the resident had signs and symptoms. Note, there is no documentation because residents have not exhibited signs and symptoms.</p> <p>-No evidence of staff training on COVID-19 (hand sanitation, PPE, policy).</p> <p>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 to determine if the facility was in compliance with the 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.</p> <p>Listed below are abbreviations used throughout the body of this report:</p> <p>ALA - Assisted Living Administrator</p> <p>ALR - Assisted Living Residence</p> <p>CNA - Certified Nursing Aide</p> <p>COVID-19 - Coronavirus 2019</p> <p>ETA - Epidemiology Technical Assistance</p>	R 000	<p>1. All residents have been trained on how to properly wear a face mask, and issued a face mask, with the understanding if they are outside their apartment / in common areas a face mask is to be worn</p> <p>2. Residents maintain social distancing (remaining at least 6 feet apart) between all residents and personnel while still providing necessary services.</p> <p>3. The Executive Director or designee will monitor daily for the first week then monthly.</p> <p>4. The QA committee the executive director, nurse, will meet monthly and thereafter.</p> <p>1. Staff training and education and policies were provided on hand sanitation, PPE.</p> <p>3. The Executive Director or designee will monitor daily for the first week then monthly.</p> <p>4. The QA committee the executive director, nurse, will meet monthly and thereafter</p> <p>1. All EVS staff was educated on the proper way to lock cart and storage and handling of chemicals and for all cleaning and disinfection (e.g., concentration, application method and contact time for disinfecting surfaces.</p> <p>3. The Executive Director will monitor weekly for the first month then monthly.</p> <p>4. The EVS supervisor will report to the QA committee, the QA committee the executive director nurse, staff member, will meet monthly and thereafter.</p> <p>1. Staff implementing symptoms questionnaire has been updated per CDC guidelines</p> <p>2. Staff training and education was provided on the proper daily monitoring for each resident for signs and symptoms of COVID-19.</p> <p>3. The nurse will monitor weekly for the first month then monthly.</p> <p>4. The nurse will report to the QA committee, the QA committee the executive director, nurse, staff member, will meet monthly and thereafter.</p>	<p>7/21/20 & Ongoing</p> <p>7/21/20 & Ongoing</p> <p>7/21/20 & Ongoing</p>
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R 000	Continued From page 2 EVS - Environmental Services PPE - Personal Protective Equipment ETA - Epidemiology Technical Assistance EVS - Environmental Services PPE - Personal Protective Equipment	R 000	p1. Staff training and education and policies were provided on COVID-19, hand sanitation, PPE, 7/21/2020 3. The QA committee the executive director, nurse, will meet monthly and thereafter
R 202	Sec. 501a Standard Of Care (a) An ALR must care for its residents in a manner and in an environment that promotes maintenance and enhancement of the residents' quality of life and independence. Based on observation and interview, the facility failed to ensure that all residents were screened for signs and symptoms of infection; and failed to ensure that residents wore face masks or coverings in common areas during the COVID-19 pandemic, for 16 of 16 residents Findings included: On 06/29/2020 at 11:46 AM, observation of the first-floor dining area showed two residents seated at different tables. An interview was conducted with each resident. Resident #1 stated that the facility staff did not provide or encourage face masks or face coverings while in the facility 's common areas. When asked if the facility 's staff provided any training or guidance related to infection control, Resident #1 responded "no."	R 202	R202 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 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 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 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. 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.

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R 202	<p>Continued From page 3</p> <p>Resident #2 also stated that the facility ' s staff did not encourage the use of face masks or face coverings. The resident said that the facility did not provide guidance on infection control. Additionally, Resident #2 stated that the televised news was the primary method of receiving information related to reducing the spread of COVID-19.</p> <p>On 06/30/2020, at 10:15 AM, the ALA and Regional Director were interviewed and revealed that all residents were screened for signs and symptoms of COVID-19. The surveyors requested documentation of the screenings, however, no documentation was received.</p> <p>At the time of the survey, the facility ' s staff failed to screen residents for sign and symptoms of COVID-19, and failed to provide each residents with opportunities to social distance and stop the spread of infection by wearing a face mask or covering.</p>	R 202	<p>R 272 7/21/2020 & Ongoing</p> <p>An Infection Control policy/procedure has been developed to ensure all high-touch areas are sanitized consistently to reduce the spread of infection to protect residents and staff.</p> <p>The ALR's department managers have reviewed the infection Control policy/procedure.</p> <p>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.</p> <p>The ALR's EVS have been trained on the Infection Control policy/procedure.</p> <p>The ALA will be responsible for training all remaining staff during the August all staff meeting.</p> <p>The ALA or designee will monitor daily for the first week then weekly.</p> <p>The ALA or designee will monitor during their scheduled shift three times daily for the first week.</p> <p>The ALA or designee will monitor during their scheduled shift three times weekly.</p> <p>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.</p> <p>On 06/29/2020 during the DOH visit, the Tympanic Thermometer was switched to an infrared Thermometer. A Thermometer Sanitation policy/procedure has been developed to reduce the spread of infection. The assessment questionnaire has been updated to include a witness's signature to ensure the sanitation of the Infrared Thermometer with an alcohol based 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 building walkthrough to observe residents and staff. The ALR's Nurses have been trained on the Thermometer Sanitation policy/procedure.</p> <p>The ALA will be responsible for training all remaining staff during the August all staff meeting.</p> <p>The ALA or designee will monitor daily for the first week then weekly.</p> <p>The ALA or designee will monitor during their scheduled shift three times daily for the first week.</p> <p>The ALA or designee will monitor during their scheduled shift three times weekly.</p> <p>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.</p>	R 272
R 272	<p>Sec. 503.1 Dignity.</p> <p>(1) A safe, clean, comfortable, stimulating, and homelike environment allowing the resident to use personal belongings to the greatest extent possible;</p> <p>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).</p> <p>Findings include:</p> <p>1. On 06/29/2020 at 11:25 AM, the surveyors arrived to the facility and was greeted at the foyer</p>	R 272		

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R 272	<p>Continued From page 4</p> <p>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.</p> <p>At 11:30 AM during the entrance interview, the 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.</p> <p>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</p>	R272	<p>R 272 Continued from page 4</p> <p>A COVID-19 Essential Personnel Building Entry policy/procedure has been developed to reduce the spread of infection.</p> <p>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.</p> <p>The ALR's department managers have reviewed the Essential Personnel Building Entry policy/procedure.</p> <p>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.</p> <p>The ALR's Nurses have been trained on the Essential Personnel Building Entry policy/procedure.</p> <p>The ALA will be responsible for training all remaining staff during the August all staff meeting.</p> <p>The ALA or designee will monitor daily for the first week then weekly.</p> <p>The ALA or designee will monitor during their scheduled shift three times daily for the first week.</p> <p>The ALA or designee will monitor during their scheduled shift three times weekly.</p> <p>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.</p> <p>The ALA met with CNA #1 and CNA #2 individually to counsel and review infection control prevention, hand washing, hand sanitizing, and wearing gloves.</p> <p>The ALR's department managers have reviewed hand washing, hand sanitizing, wearing gloves and infection control prevention.</p> <p>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.</p> <p>The ALR's designees have been trained on hand washing, hand sanitizing, wearing gloves and infection control prevention.</p> <p>The ALA will be responsible for training all remaining staff during the August all staff meeting.</p> <p>The ALA or designee will monitor daily for the first week then weekly.</p> <p>The ALA or designee will monitor during their scheduled shift three times daily for the first week.</p> <p>The ALA or designee will monitor during their scheduled shift three times weekly.</p> <p>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.</p>	7/21/2020 & Ongoing
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R 272	<p>Continued From page 5</p> <p>bottle of ketchup from inside a refrigerator, and gave the ketchup bottle to CNA #1. CNA #1 proceeded to squeeze the ketchup on the resident's roasted potatoes and then put the ketchup on the counter. CNA #1 then unwrapped several cakes and served the cakes to the residents. During this observation, CNA #1 and 2 were not observed to don gloves, sanitize or wash their hands.</p> <p>At 12:26 PM, interview with CNA #1 revealed that she had been employed with the facility approximately one year and had received training on COVID-19 to include infection control prevention. When asked to describe her infection control training, CNA #1 stated that she was trained to wash her hands each time while transitioning from resident to resident, wearing and changing gloves, and sanitizing hands frequently when touching more than one surface. When the surveyor shared lunch observations, CNA #1 admitted that she did not wash her hands, use hand sanitizer or wear gloves while serving multiple residents and/or touching multiple surfaces.</p> <p>At 12:33 PM, interview with CNA #2 revealed that she had received training on COVID-19 to include infection control prevention (i.e. handwashing, sanitizing and wearing gloves). The surveyor shared with CNA #2 the lack of infection control prevention observed during lunch. CNA #2 stated that she should have worn gloves while serving residents lunch and touching different surfaces with her bare hands.</p> <p>At 1:20 PM the ALA presented an in-service training sign-in sheet for the surveyor's review. The document indicated that staff were trained on hand washing techniques. The sign-in sheet,</p>	R 272		
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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 272

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 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 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 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.

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.

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.

R 292

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R 292	Continued From page 7 <ul style="list-style-type: none"> -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. <p>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 in the facility had available dining and activity rooms.</p>	R 292		
R 606	Sec. 701g3 Staffing Standards	R606	(3) Possess sufficient skills, education, training, and experience to meet the needs of the residents;	

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0040	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/01/2020
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NAME OF PROVIDER OR SUPPLIER PARADISE AT GEORGIA AVE, LLC OBA MAPLE	STREET ADDRESS, CITY, STATE, ZIP CODE 5100 GEORGIA AVENUE, NW WASHINGTON, DC 20011
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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R 606	<p>Continued From page 8</p> <p>Based on observation, interview and record review, the facility failed to ensure that each staff was trained to (i) don PPE correctly; and (ii) perform proper infection control practices.</p> <p>Findings included:</p> <p>A. The facility failed to ensure that staff were trained to properly use PPE, as evidenced by:</p> <p>On 06/29/2020 at 12:00 PM, observation of the facility showed CNA #1 in the dining area wearing a face mask that covered her mouth, but failed to cover her nose. The CNA was observed to readjust the face mask several times, however, the mask continued to fall below her nose. When observed closer, it appeared that CNA #1's mask was being worn improperly (upside down).</p> <p>At 12:33 PM, during an interview, CNA #1 confirmed that her mask repeatedly fell below her nose. The surveyor informed CNA #1 that the mask was being worn incorrectly. When asked if she had training on PPE, the CNA responded that she was trained previously by the facility, but was uncertain of the date.</p> <p>At 1:23 PM, the ALA and the Care Coordinator were informed that staff were not wearing PPE properly. The ALA stated that all staff were trained to don and doff PPE. However, no documented evidence was provided to show PPE training for the staff.</p> <p>B. The facility failed to ensure that the staff and residents performed proper infection control practices to prevent the spread of infection.</p> <p>On 06/29/2020 beginning at 12:02 PM, observations showed CNA #1 and 2 serving</p>	R 606	<p>R606</p> <p>7/21/2020 & Ongoing</p> <p>Training regarding how to properly don and doff PPE and performing proper infection control practices has been introduced to regularly scheduled staff.</p> <p>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.</p> <p>The ALA will be responsible for training all remaining staff during the August all staff meeting.</p> <p>The ALA or designee will monitor daily for the first week then weekly.</p> <p>The ALA or designee will monitor during their scheduled shift three times daily for the first week.</p> <p>The ALA or designee will monitor during their scheduled shift three times weekly.</p> <p>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 continued training.</p> <p>The ALA met with CNA #1 individually to counsel and review proper use of PPE.</p> <p>The ALA met with CNA #1 and CNA #2 individually to counsel and review infection control prevention, hand washing, hand sanitizing, and wearing gloves.</p> <p>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.</p> <p>The ALR's designees have been trained on hand washing, hand sanitizing, wearing gloves and infection control prevention.</p> <p>The ALA will be responsible for training all remaining staff during the August all staff meeting.</p> <p>The ALA or designee will monitor daily for the first week then weekly.</p> <p>The ALA or designee will monitor during their scheduled shift three times daily for the first week.</p> <p>The ALA or designee will monitor during their scheduled shift three times weekly.</p> <p>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.</p>	7/21/2020 & Ongoing
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0040	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B WING: _____	(X3) DATE SURVEY COMPLETED R 07/01/2020
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NAME OF PROVIDER OR SUPPLIER PARADISE AT GEORGIA AVE, LLC OBA MAPLE	STREET ADDRESS, CITY, STATE, ZIP CODE 5100 GEORGIA AVENUE, NW WASHINGTON, DC 20011
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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R 606	<p>Continued From page 9</p> <p>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 bottle of ketchup from inside a refrigerator, and gave the ketchup bottle to CNA #1. CNA #1 proceeded to squeeze the ketchup on the resident's roasted potatoes and then put the ketchup on the counter. CNA #1 then unwrapped several cakes and served the cakes to the residents. During this observation, CNA #1 and 2 were not observed to don gloves, sanitize or wash their hands.</p> <p>At 12:26 PM, interview with CNA #1 revealed that she had been employed with the facility approximately one year and had received training on COVID-19 to include infection control prevention. When asked to describe her infection control training, CNA #1 stated that she was trained to wash her hands each time before transitioning from resident to resident, and before wearing and changing gloves. She also reported training on sanitizing hands frequently when touching more than one surface. When the surveyor shared lunch observations, CNA #1 admitted that she did not wash her hands, use hand sanitizer or wear gloves while serving multiple residents and/or touching multiple surfaces.</p> <p>At 12:33 PM, an interview with CNA #2 revealed that she received training on COVID-19 to include</p>	R 606		
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Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0040	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/01/2020
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NAME OF PROVIDER OR SUPPLIER PARADISE AT GEORGIA AVE, LLC OBA MAPLE	STREET ADDRESS, CITY, STATE, ZIP CODE 5100 GEORGIA AVENUE, NW WASHINGTON, DC 20011
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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R 606	<p>Continued From page 10</p> <ul style="list-style-type: none"> infection control prevention (i.e. handwashing, sanitizing and wearing gloves). The surveyor shared with CNA #2 the lack of infection control prevention during lunch. CNA #2 stated that she should have worn gloves while serving residents lunch and touching different surfaces with her bare hands. At 1:20 PM the ALA presented an in-service training sign-in sheet for the surveyor's review. The document indicated that staff training on hand-washing technique occurred on 06/10/2020. The sign-in sheet, however, failed to provide 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 training documents; however, no other documents were provided prior to exiting the facility. At the time the survey, the facility failed to ensure that CNAs #1 and 2 were trained on the correct use of PPE and infection control. 	R 606		
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Mailing Address
 899 North Capitol St., NE
 Washington DC 20002
 2nd Floor (2224)
 202-442-5888

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Name of Facility:	Street Address, City, State, ZIP Code:	Survey Date:	Completion Date
Paradise at Georgia Avenue d/b/a Maple Heights ALR - 0040	5100 Georgia Ave, NW Washington, D.C. 20011	06/29/2020 - 07/01/2020 Follow-up Dates(s):	
Regulation Citation	Statement of Deficiencies	Ref No.	Plan of Correction
0000	On 06/23/2020 the IDC 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: <ul style="list-style-type: none"> 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. Hand 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 	0000	<p>A COVID-19 Essential Personnel Building Entry policy/procedure has been developed to reduce the spread of infection.</p> <p>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.</p> <p>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.</p> <p>The ALR's Nurses have been trained on the Essential Personnel Building Entry policy/procedure.</p> <p>The ALA will be responsible for training all remaining staff during the August all staff meeting.</p> <p>The ALA or designee will monitor during their scheduled shift three times daily for the first week.</p> <p>The ALA or designee will monitor during their scheduled shift three times weekly.</p> <p>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.</p> <p>On 06/29/2020 during the DOH visit, the Tympanic Thermometer was switched to an Infrared Thermometer.</p> <p>A Thermometer Sanitation policy/procedure has been developed to reduce the spread of infection.</p> <p>The assessment questionnaire has been updated to include updated CDC guidelines and include a witness's signature to ensure the sanitation of the Infrared Thermometer with an alcohol based disinfectant wipe before and after each use.</p> <p>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 building walkthrough to observe residents and staff.</p> <p>The ALR's Nurses have been trained on the Thermometer Sanitation policy/procedure.</p> <p>The ALA will be responsible for training all remaining staff during the August all staff meeting.</p> <p>The ALA or designee will monitor daily for the first week then weekly.</p> <p>The ALA or designee will monitor during their scheduled shift three times daily for the first week.</p> <p>The ALA or designee will monitor during their scheduled shift three times weekly.</p> <p>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.</p>

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Facility Director/Designee

Date

7/13/2020



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- 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 cart 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).

Continued from page 1

A Social Distancing and Face Mask policy/procedure has been developed to address/reduce 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 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 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.

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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7/21/2020 & Ongoing

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



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to determine if the facility was in compliance with the 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
- EPA - Epidemiology Technical Assistance
- EVS - Environmental Services
- PPF - 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

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 sanitizing, wearing gloves, and infection control prevention monthly and thereafter to discuss collective observations, improvements, and continued training.

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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 Residences*. On 05/14/2020, the facility was forwarded specific guidance on *Universal Masking and Healthcare Personnel Monitoring Restriction and Return to Work*.

Mayor's Order 2020-063

V(D)(c)

SUBJECT: Extensions of Public Emergency and Public Health and Measures to Protect Vulnerable Populations During the COVID-19 Public Health Emergency
V. Protocols Required at All Residences and Facilities Covered by this order is as follows:
Mayor's Order 2020-063 V(D)(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

V (1) (e)	<p>A COVID-19 Essential Personnel Building Entry policy/procedure has been developed to reduce the spread of infection.</p> <p>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.</p> <p>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.</p> <p>The ALR's Nurses have been trained on the Essential Personnel Building Entry policy/procedure.</p> <p>The ALA will be responsible for training all remaining staff during the August all staff meeting.</p> <p>The ALA or designee will monitor daily for the first week then weekly.</p> <p>The ALA or designee will monitor during their scheduled shift three times daily for the first week.</p> <p>The ALA or designee will monitor during their scheduled shift three times weekly.</p> <p>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.</p>
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approved hand sanitizer.

The order is not met as evidenced by:

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 0612912020 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. On 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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On 07/01/2020 at 11:26 AM, interview with the Care Coordinator via telephone revealed that she created a protocol for employees to follow before entering the facility and posted the protocol on the facility's front door. When asked about what protocol visitors should follow when entering the facility, the Care Coordinator stated that visitors should follow the same protocol as the employees. The Care Coordinator was informed that the protocol only addressed the employees and not the visitors. The Care Coordinator was also informed that surveyors were not asked to wash their hands before entering the facility. The Care Coordinator stated that she would provide in-service training to all staff regarding the importance of washing and sanitizing hands before entering the facility. (Also see Assisted Living Law DC Official Code § 44-107.01)

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

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

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

V(1)
(g)

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 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 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.

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.

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V (1) (g)	<p>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 areas.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>The ALA or designee will monitor during their scheduled shift three times daily for the first week.</p> <p>The ALA or designee will monitor during their scheduled shift three times weekly.</p> <p>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.</p>	7/21/2020 & Ongoing
<p>The order is not met as evidenced by:</p> <p>Based on observation, interview and record review, the ALR failed to implement, promote and enforce social distancing during the COVID-19 pandemic.</p> <p>Findings included:</p> <p>On 06/29/2020 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 six-feet apart for social distancing.</p> <ul style="list-style-type: none"> • 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. • There were four residents seated shoulder-to-shoulder at the eight by four foot table. <p>After finishing their meals at 12:20 PM, the residents were observed standing and sitting less than four feet apart in common area together. Staff were not observed to encourage the residents to practice social distancing or to wear a face mask/covering. It should be noted that the residents living on the second floor had memory or cognitive deficits.</p>		



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

V(1)
(h)

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

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

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

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

The order is not met as evidenced by:

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

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 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 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.

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.

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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.

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(D)G

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

V (1) (h)	<p>Continued from page 8</p> <p>Hand Sanitizer is in all appropriate areas throughout the facility. Five hand washing stations are labeled and listed throughout the facility.</p> <p>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.</p> <p>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.</p> <p>The ALR's designees have been trained on hand washing, hand sanitizing, wearing gloves and infection control prevention.</p> <p>The ALA will be responsible for training all remaining staff during the August all staff meeting.</p> <p>The ALA or designee will monitor daily for the first week then weekly.</p> <p>The ALA or designee will monitor during their scheduled shift three times daily for the first week.</p> <p>The ALA or designee will monitor during their scheduled shift three times weekly.</p> <p>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.</p>	7/21/2020 & Ongoing
V (1) (g)	<p>An Activities Department COVID-19 Policy including daily communication logs has been developed to address/ensure resident quality of life remains consistent with normal visitation policies and consistent with public safety. To ensure residents continue to thrive in our community, an iPad has been purchased. The Activities Department cell phone and iPad may be used as frequently as requested by residents to connect with family and friends.</p> <p>The ALR contacted families via phone and email on 3/11/2020 to provide updates regarding COVID-19 and Infection Control Policies.</p> <p>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.</p> <p>The ALR contacted families via phone and email on 3/31/2020 to provide updates regarding COVID-19 and the expansion of visitation policies.</p> <p>On 3/31/2020 the ALR received documentation regarding the Ombudsman. This documentation has been posted since 3/31/2020.</p> <p>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.</p> <p>The ALR's designees have been trained on the Activities Department COVID-19 Policy.</p> <p>The ALA will be responsible for training all remaining staff during the August all staff meeting.</p> <p>The ALA or designee will monitor daily for the first week then weekly.</p> <p>The ALA or designee will monitor during their scheduled shift three times daily for the first week.</p> <p>The ALA or designee will monitor during their scheduled shift three times weekly.</p> <p>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.</p>	7/21/2020 & Ongoing



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

On 06/30/2020 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, the ALR failed to ensure policies and procedures were developed for cleaning and disinfecting frequently

V(1)(k)

V (1)
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An Infection Control policy/procedure has been developed to ensure all high-touch areas are sanitized consistently to reduce the spread of infection to protect residents and 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 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.

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

Findings included:

1. On 06/29/2020 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 a tympanic thermometer. 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 has 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.

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

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

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

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

The assessment questionnaire has been updated to include a witness's signature to ensure the sanitation of the Infrared Thermometer with an alcohol based 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 building walkthrough to observe residents and staff.

The ALR's Nurses have been trained on the Thermometer Sanitation 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 Thermometer 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.

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.

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

At 1:05 PM, interview with the Housekeeper confirmed that it was his responsibility for ensuring frequently touched surfaces were disinfected daily. When asked how often the frequently touched areas (i.e. front entry door handles, elevator buttons, hallway bathroom door handles, kitchenette door handles, etc.) were cleaned and disinfected, he responded by saying, three times a day. The Housekeeper was then asked if the facility had developed written policies on how often frequently touched surfaces should be disinfected. The

Housekeeper replied by saying, he was not aware of any written policies and procedures on cleaning and disinfecting frequently touched surfaces. Additionally, the Housekeeper stated that he had not been trained on infection control procedures, when asked.

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

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	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>The ALA or designee will monitor during their scheduled shift three times weekly.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>The ALA or designee will monitor during their scheduled shift three times weekly.</p> <p>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.</p>	



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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 seating 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 06/29/2020 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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six-feet apart for social distancing.

- 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.
- There were four residents seated shoulder-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.

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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 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 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.

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.

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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.