

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _ _ _ _ _ B. WING: _ _ _ _ _	(X3) DATE SURVEY COMPLETED 02/04/2022
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NAME OF PROVIDER OR SUPPLIER SOUTHERN AVE SP LLC DBA LIVINGSTON AT	STREET ADDRESS, CITY, STATE, ZIP CODE 4656 LIVINGSTON ROAD, SE WASHINGTON, DC 20032
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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 000	Initial Comments 0000 Initial Comments An annual licensure survey was conducted on 02/01/2022, 02/02/2022, 02/03/2022 and 02/04/2022 to determine compliance with the Assisted Living Residence Regulations, Title 22-B DCMR (Public Health and Medicine) Chapter 101. The Assisted Living Residence (ALR) provided care for 49 residents and employed 51 personnel, to include professional and administrative staff. A random sample of 16 resident records and 17 employee records were selected for review. The findings of the survey were based on observation throughout the facility, clinical and administrative record reviews, and resident and staff interviews.	R 000		
R 146	10113.1 Individualized Service Plans (ISPs) 10113.1 An ISP shall be developed for each resident not more than thirty (30) days prior to admission. Based on interview and record review, the Assisted Living Residence (ALR) failed to ensure each resident had a pre-admission Individual Service Plan (ISP) completed within 30 days prior to admission, for sixteen of 16 residents in the sample (Residents #1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15 and #16). Findings Included : 1. On 02/02/2022 at 10:09 AM, review of Resident #1's medical record showed that the resident was admitted to the assisted living residence on 06/03/2021. Further medical record review failed to show documented evidence that a pre-admission individual service plan was conducted to determine the resident's service needs.	R 146	R 146 It is the intent of Livingston Place at Southern Ave to provide safe and appropriate care within the regulations set forth by the DOH. Livingston Place at Southern Ave (LP) will develop and IPS for each resident not more than 30 days prior to admission to the community. LP will use the new move in checklist (attached) as an audit tool to ensure that all ISP's are completed prior to the time of admission to the community. The Executive Director or designee will review all documentation and indicate on the audit tool that all necessary steps have been completed prior to the resident being admitted. This will be kept in the resident file. All new move in check lists will be reviewed by the Executive Director or Designee prior to move in to ensure that all necessary steps have been completed. The ED or Designee will review 100% of these files for the first 30 days. 50% of move ins will be audited by the ED or Designee for the next 30 days. 10% of new move in files will be audited quarterly by the ED or Designee on an ongoing basis after the first 60 days of audits. Implementation 3/7/2022 Completion of initial 100% audit 3/9/22	

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

Alope Robinson
Executive Director
TITLE

3/9/22

(X6) DATE

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R 146 Continued From page 1

R 146

2. At 11:59 AM, review of Resident #S's medical record showed that the resident was admitted to the assisted living residence on 07/08/2021. Further medical record review failed to show documented evidence that a pre-admission individual service plan was conducted to determine the resident's service needs.

3. At 1:20 PM, review of Resident #2's medical record showed that the resident was admitted to the assisted living residence on 09/17/2021. Further medical record review failed to show documented evidence that a pre-admission individual service plan was conducted to determine the resident's service needs.

4. At 2:39 PM, review of Resident #9's medical record showed that the resident was admitted to the assisted living residence on 08/26/2021. Further medical record review failed to show documented evidence that a pre-admission individual service plan was conducted to determine the resident's service needs.

5. At 3:02 PM, review of Resident #10's medical record showed that the resident was admitted to the assisted living residence on 09/18/2021. Further medical record review failed to show documented evidence that a pre-admission individual service plan was conducted to determine the resident's service needs.

6. At 3:51 PM, review of Resident #11's medical record showed that the resident was admitted to the assisted living residence on 08/25/2021. Further medical record review failed to show documented evidence that a pre-admission individual service plan was conducted to determine the resident's service needs.

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R 146	Continued From page 2 7. On 02/03/2022 at 10:00 AM, review of Resident #14's medical record showed that the resident was admitted to the assisted living residence on 11/04/2021. Further medical record review failed to show documented evidence that a pre-admission individual service plan was conducted to determine the resident's service needs. 8. At 11:03 AM, review of Resident #6's medical record showed that the resident was admitted to the assisted living residence on 07/08/2021. Further medical record review failed to show documented evidence that a pre-admission individual service plan was conducted to determine the resident's service needs. 9. At 11:04 AM, review of Resident #13's medical record showed that the resident was admitted to the assisted living residence on 11/15/2021. Further medical record review failed to show documented evidence that a pre-admission individual service plan was conducted to determine the resident's service needs. 10. At 11:19 AM, review of Resident #15's medical record showed that the resident was admitted to the assisted living residence on 12/30/2021. Further medical record review failed to show documented evidence that a pre-admission individual service plan was conducted to determine the resident's service needs. 11. At 11:35 AM, review of Resident #3's medical record showed that the resident was admitted to the assisted living residence on 10/16/2021. Further medical record review failed to show documented evidence that a pre-admission	R 146		
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R 146	Continued From page 3	R 146		
	individual service plan was conducted to determine the resident's service needs.			
	12. At 11:53 AM, review of Resident #4's medical record showed that the resident was admitted to the assisted living residence on 09/30/2021. Further medical record review failed to show documented evidence that a pre-admission individual service plan was conducted to determine the resident's service needs.			
	13. At 12:10 PM, review of Resident #7's medical record showed that the resident was admitted to the assisted living residence on 10/09/2021. Further medical record review failed to show documented evidence that a pre-admission individual service plan was conducted to determine the resident's service needs.			
	14. At 12:58 PM, review of Resident #B's medical record showed that the resident was admitted to the assisted living residence on 10/09/2021. Further medical record review failed to show documented evidence that a pre-admission individual service plan was conducted to determine the resident's service needs.			
	15. On 02/04/2022 at 1:37 PM, review of Resident #12's medical record showed that the resident was admitted to the assisted living residence on 09/03/2021. Further medical record review failed to show documented evidence that a pre-admission individual service plan was conducted to determine the resident's service needs.			
	16. At 2:00 PM, review of Resident #16's medical record showed that the resident was admitted to the assisted living residence on 02/02/2022. Further medical record review failed to show			

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R 146 Continued From page 4

documented evidence that a pre-admission individual service plan was conducted to determine the resident's service needs.

On 02/04/2022 at 3:08 PM, the Assisted Living Administrator acknowledged the assisted living residence did not complete a pre-admission individual service plan prior to the admissions.

At the time of the survey, the assisted living residence failed to ensure that pre-admission individual service plans were conducted for all residents.

R 146

R161 It is the intent of Livingston Place at Southern Ave to provide safe and appropriate care within the regulations set forth by the DOH.

Livingston Place at Southern Avenue will at or around the time of an ISP review conducted pursuant to § 604(d) of the Act (D.C. Official Code § 44-106.04(d)), the ALR shall: (a) Obtain from the resident (or surrogate) a signed statement confirming that the resident (or surrogate): (1) Was invited to participate in the review of the ISP; and (2) Did or did not participate in the review of the ISP; or, (b) If the resident has refused to give signed confirmation regarding the same ISP review on two (2) separate occasions, document in the resident's record the date, time, and method of each attempt to obtain the resident's signed confirmations and the name of the ALR personnel who made each attempt.

At the time of move in the resident or surrogate will be provided with a written notice of ISP review that includes the date and time that the ISP review will be performed. This review will be performed at a minimum of 7 days after issuance. The resident or surrogate will be asked to sign the notice and will be provided with a copy of their signed notice. The issuance of this notice will be documented on the move in checklist.

All new move in check lists will be reviewed by the Executive Director or Designee prior to move in to ensure that all necessary steps have

R 161 10113.7a1 Individualized Service Plans (ISPs)

(1) Was invited to participate in the review of the ISP; and
Based on record review and interview, the Assisted Living Residence (ALR) failed to ensure that a signed statement confirming that the resident or surrogate was invited to participate in the review of the Individual Service Plan (ISP), as required, for fifteen of 15 residents in the core sample (Residents #1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14 and 15).

Findings included:

On 02/02/2022 beginning at 10:09 AM, review of the Individual Service Plan for Residents #1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14 and 15 showed no documented evidence that the residents and surrogates were invited to participate in the review of their individual service plan .

On 02/04/2022, at 2:00 PM, the Assisted Living Administrator and the Assistant Director of Nursing confirmed that there was no documented

R 161

been completed. The ED or Designee will review 100% of these files for the first 30 days. 50% of move ins will be audited by the ED or Designee for the next 30 days. 10% of new move in files will be audited quarterly by the ED or Designee on an ongoing basis after the first 60 days of audits.

**Implementation 3/7/2022
Completion of initial 100% audit 3/9/22**

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R 161 Continued From page 5 R 161

evidence that showed the residents or the surrogates were invited to participate in their individual service plans.

At the time of the survey, the assisted living residence failed to ensure that a signed statement confirming that the resident or surrogate was invited to participate in the review of the individual service plan.

R 279 10116.15d Staffing Standards R 279

10116.15d A completed criminal background check, performed as required by the District laws and regulations applicable to each individual; Based on interview and record review, the Assisted Living Residence (ALR) failed to ensure a background check was documented for each employee at the time of initial employment for four of the 14 staff in the core sample (Staff #2, 8, 10, and 11).

Findings included:

On 02/02/2022, at 11:18 AM, the surveyors requested documentation of criminal background checks for all employees in the sample. The Assisted Living Administrator said that the records were maintained electronically and will be accessible for review by the surveyor team.

On 02/03/2022 at 2:35 PM, review of the Assisted Living Residence's employee handbook showed that a screen for potential employees should be done prior to hire by conducting reference checks and fingerprinting.

On 02/03/2022, at 3:37 PM, the ALA however revealed that the corporate office representative

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R 279 ' Continued From page 6

said the requested records (background checks) should be on file at the Assisted Living Residence. The Assisted Living Administrator said that the search for the criminal background check showed that they were still not available for Staff #2, 8, 10, and 11.

At the time of the survey, there was no documented evidence the Assisted Living Residence maintained a background check for each employee.

R 279

R279 It is the intent of Livingston Place at Southern Ave to provide safe and appropriate policies within the regulations set forth by the DOH.

Livingston Place at Southern Ave will obtain a completed criminal background check, performed as required by the District laws and regulations applicable to each individual and place the report in the employee file at the time of initial employment.

R 281 10116.15f Staffing Standards

10116.15f A healthcare practitioner's written statement as to whether the employee bears any communicable diseases, including communicable tuberculosis.

Based on interview and record review, the Assisted Living Residence (ALR) failed to show evidence that each employee had a written statement from a healthcare practitioner stating that they were free from communicable diseases, for 16 of the 17 staff in the sample (Staff# 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 14), Assistant Director of Nursing (ADON), Assisted Living Administrator (ALA), and the Maintenance Director).

Findings included:

On 02/02/2022, at 11:18 AM, the surveyors requested documentation to verify certification of employees' health status by a physician, including free from communicable disease. The Assisted Living Administrator said that the records were maintained electronically and would be accessible for review by the surveyors team.

On 02/03/2022, at 3:37 PM, the Assisted Living

R 281

All employee files will be reviewed by the Executive Director or Designee by 3/10/22 to ensure that all necessary steps have been completed. The ED or Designee will review 100% of these files for the first 30 days. 50% employee files will be audited by the ED or Designee for the next 30 days. 10% of employee files will be audited quarterly by the ED or Designee on an ongoing basis after the first 60 days of audits.

**Implemented 2/28/22
Completion of initial 100% audit 3/9/22**

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R 281 Continued From page 7

Administrator however revealed that the corporate office representative said the requested records should be on file at the Assisted Living Residence.

On 02/04/2022 at 11:40 AM, the Assisted Living Administrator confirmed that the health certifications requested for Staff# 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 14, the Assistant Director of Nursing, the ALA, and the Maintenance Director were not available.

At the time of the survey, there was no evidence the Assisted Living Residence maintained an accessible record of each employee's health status and a healthcare practitioner certification that each staff was free from communicable disease.

R 281

R281 It is the intent of Livingston Place at Southern Ave to provide safe and appropriate policies within the regulations set forth by the DOH.

LP will ensure that a healthcare practitioner's written statement as to whether the employee bears any communicable diseases, including communicable tuberculosis is obtained and is placed in the employee file at the time of initial employment.

All employee files will be reviewed by the Executive Director or Designee by 3/10/22 to ensure that all necessary steps have been completed. The ED or Designee will review 100% of these files for the first 30 days. 50% employee files will be audited by the ED or Designee for the next 30 days. 10% of employee files will be audited quarterly by the ED or Designee on an ongoing basis after the first 60 days of audits.

R 283 10116.17 Staffing Standards

10116.17 All employees, including the ALA, shall be required on an annual basis to document freedom from tuberculosis in a communicable form. Documentation shall be provided by the employee's licensed healthcare practitioner. Based on interview and record review, the Assisted Living Residence (ALR) failed to document each employee was free from tuberculosis for eleven of seventeen staff in the sample (Staff #1, 5, 6, 8, 9, 10, 11, #12, the Assistant Director of Nursing (ADON), the Assisted Living Administrator (ALA), and the Maintenance Director).

Findings included:

On 02/02/2022, at 11:18 AM, the surveyors requested tuberculin screening for all staff in the

R 283

**Implemented - 2/28/22
Completion of initial 100% audit 3/9/22**

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R 283	Continued From page 8 sample. The administrator stated that the records were maintained electronically, however would be accessible for the surveyors' review. On 02/02/2022, at 1:50 PM, tuberculin screening results were provided for Staff #2, 3, 4 and 7. The ALA said screening for tuberculosis was required from all employees at the time of hire. On 02/04/2022 at 3:22 PM, the ALA confirmed that documentation of tuberculin screenings for Staff #1, 5, 6, 8, 9, 10, 11, #12, the ADON, the ALA, and the Maintenance Director were not available. At the time of the survey, the ALR failed to maintain documentation that each employee was free from communicable tuberculosis.	R 283	R283 It is the intent of Livingston Place at Southern Ave to provide safe and appropriate policies within the regulations set forth by the DOH. LP will ensure all employees, including the ALA, on an annual basis document freedom from tuberculosis on a communicable form. Documentation shall be provided by the employee's licensed healthcare practitioner on or before their anniversary date each year. All employee files will be reviewed by the Executive Director or Designee by 3/10/22 to ensure that all necessary steps have been completed. The ED or Designee will review 100% of these files for the first 30 days. 50% employee files will be audited by the ED or Designee for the next 30 days. 10% of employee files will be audited quarterly by the ED or Designee on an ongoing basis after the first 60 days of audits. Implemented- 2/28/22 Completion of initial 100% audit 3/9/22
R 330	10122 .1 On Site Medication Review 10122.1 The on-site medication review by a registered nurse that is arranged to occur every forty-five (45) days, pursuant to § 903 of the Act (D.C. Official Code § 44-109.03), shall include documentation of any changes to the resident's medication profile, including changes in dosing and any medications that have been added or discontinued. Based on interview and record review, the Assisted Living Residence (ALR) failed to ensure that the Registered Nurse (RN) assessed each resident's response to their medication at least every 45 days, for 15 of the 15 residents' in the core sample (Residents #1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14 and 15). Findings included:	R 330	

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R 330 Continued From page 9

1. On 02/02/2022 at 10:09 AM, review of Resident #1's medical record failed to show documented evidence that the assisted living residence's registered nurse assessed the resident's response to her medications every 45 days.
2. At 11:59 AM, review of Resident #5's medical record failed to show documented evidence that the assisted living residence's registered nurse assessed the resident's response to his medications every 45 days.
3. At 1:20 PM, review of Resident #2's medical record failed to show documented evidence that the assisted living residence's registered nurse assessed the resident's response to his medications every 45 days.
4. At 2:39 PM, Review of Resident #9's medical record failed to show documented evidence that the assisted living residence's registered nurse assessed the resident's response to his medications every 45 days.
5. At 3:02 PM, review of Resident #10's medical record failed to show documented evidence that the assisted living residence's registered nurse assessed the resident's response to her medications every 45 days.
6. At 3:51 PM, review of Resident #11's medical record failed to show documented evidence that the assisted living residence's registered nurse assessed the resident's response to her medications every 45 days.
7. On 02/03/2022 at 10:00 AM, review of Resident #14's medical record failed to show documented evidence that the assisted living

R 330

R 330 It is the intent of Livingston Place at Southern Ave to provide safe and appropriate care within the regulations set forth by the DOH.

Livingston Place is contracted with PCA Pharmacy to provide the on-site medication review by a registered nurse that is arranged to occur every forty-five (45) days, pursuant to § 903 of the Act (D.C. Official Code § 44-109.03). This shall include documentation of any changes to the resident's medication profile, including changes in dosing and any medications that have been added or discontinued.

The Executive Director contracted PCA pharmacy to implement the pharmacy review on 2/28/22. Regular reviews of the resident medications by the contracted RN began on 03/03/22

All resident MARs will be reviewed by the Director of Nursing or Designee by 3/4/22 to ensure that all medication administration orders are correct. The Director of Nursing will receive copies of all MAR reviews performed by the RN contracted by the pharmacy at a minimum of every 45 days.

**Initiated 3/04/22
Completion of initial 100% audit 3/9/22**

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R 330	<p>Continued From page 10</p> <p>residence's registered nurse assessed the resident's response to her medications every 45 days.</p> <p>8. At 11:03 AM, review of Resident #S's medical record failed to show documented evidence that the assisted living residence's registered nurse assessed the resident's response to her medications every 45 days.</p> <p>9. At 11:04 AM, review of Resident #13's medical record failed to show documented evidence that the assisted living residence's registered nurse assessed the resident's response to her medications every 45 days.</p> <p>10. At 11:19 AM, review of Resident #15's medical record failed to show documented evidence that the assisted living residence's registered nurse assessed the resident's response to his medications every 45 days.</p> <p>11. At 11:35 AM, review of Resident #3's medical record failed to show documented evidence that the assisted living residence's registered nurse assessed the resident's response to his medications every 45 days.</p> <p>12. At 11:53 AM, review of Resident #4's medical record failed to show documented evidence that the assisted living residence's registered nurse assessed the resident's response to his medications every 45 days.</p> <p>13. At 12:10 PM, review of Resident #7's medical record failed to show documented evidence that the assisted living residence's registered nurse assessed the resident's response to his medications every 45 days.</p>	R 330		
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Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0041	(X2) MULTIPLE CONSTRUCTION A BUILDING: _____ B WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
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NAME OF PROVIDER OR SUPPLIER SOUTHERN AVE SP LLC DBA LIVINGSTON AT	STREET ADDRESS, CITY, STATE, ZIP CODE 4656 LIVINGSTON ROAD, SE WASHINGTON, DC 20032
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R 330 Continued From page 11 R 330

14. At 12:58 PM, review of Resident #B's medical record failed to show documented evidence that the assisted living residence's registered nurse assessed the resident's response to her medications every 45 days.

15. On 02/04/2022 at 1:37 PM, review of Resident #12's medical record failed to show documented evidence that the assisted living residence's registered nurse assessed the resident's response to his medications every 45 days.

On 02/04/2022 beginning at 3:18 PM, the Assisted Living Administrator stated that the resident's responses to their medications were not assessed every 45 days.

At the time of the survey, the assisted living residence's registered nurse failed to consistently assess the residents' response to their medications every 45 days.

R 3831 10125.4a Reporting Complaints To The Director R 383

10125.4a An ALR shall notify the Director of any unusual incident that substantially affects a resident. Notifications of unusual incidents shall be made by contacting the Department of Health by phone promptly, and shall be followed up by written notification to the same within twenty-four (24) hours or the next business day; and Based on interview and record reviews, the Assisted Living Residence (ALR) failed to promptly notify the Director by phone and follow up by written notification within twenty-four (24) hours or the next business day for one of two residents who sustained a fall (Residents #12).

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R 383 Continued From page 12

R 383

Findings included:

On 02/01/2022 at 10:35 AM, the Assistant Director of Nursing (ADON) revealed that on 01/30/2022, staff found Resident #12 lying on the floor of his apartment in the morning and again in the evening of the same day. The resident denied falling, however was transferred to the emergency room for evaluation. The Assistant Director of Nursing said that the resident was hospitalized for evaluation and to receive fluids for dehydration.

During further interview on 02/03/2022, at 3:37 PM, the ADON said that Resident #12 remained hospitalized also for a re-evaluation of functional status. The ADON said that the resident's occupational and physical therapy frequency were increased from one to two times a week in the hospital.

On 02/03/2022 at 3:55 PM, the Assisted Living Administrator confirmed that Resident #12's falls/hospitalization was not reported to the Department of Health/Health Regulation and Licensing Administration.

At the time of the survey, there was no evidence the ALR reported an unusual incident to the Department as required.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2022
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R 000 Initial Comments

An annual licensure survey was conducted on 02/01/2022, 02/02/2022, 02/03/2022 and 02/04/2022 to determine compliance with the Assisted Living Residence Regulations, Title 22-B DCMR (Public Health and Medicine) Chapter 101. The Assisted Living Residence (ALR) provided care for 49 residents and employed 51 personnel, to include professional and administrative staff. A random sample of 16 resident records and 17 employee records were selected for review. The findings of the survey were based on observation throughout the facility, clinical and administrative record review, and resident and staff interviews.

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 staff wore face masks in common areas during the COVID-19 pandemic, for 51 of 51 residents.

Findings included:

On 02/02/2022 at 9:20 AM, observation revealed Staff #14 was sitting at the front desk. Residents were also seated near the receptionist desk. During this time, the receptionist mask was observed under her chin. At approximately 9:30 AM, the maintenance director walked to the front desk with his mask under his chin. At 1:20 PM, Certified Nurse Assistant (CNA) #3 was observed in the activity room with residents and staff. During this time, CNA #3 was observed without her mask.

R383 It is the intent of Livingston Place at Southern Ave to provide safe and appropriate care within the regulations set forth by the DOH.

LP will notify the Director at the DOH of any unusual incident that substantially affects a resident. Notifications of unusual incidents will be made by contacting the Department of Health by phone promptly, and shall be followed up by written notification to the same within twenty-four (24) hours or the next business day.

All incident reports will be reviewed by the Executive Director or Designee by 3/10/22 to ensure that all necessary steps have been completed. The ED or Designee will review 100% of the incident reports for the first 30 days. 50% will be audited by the ED or Designee for the next 30 days. 10% of will be audited quarterly by the ED or Designee on an ongoing basis after the first 60 days of audits.

Completion 3/9/22

R 202 It is the intent of Livingston Place at Southern Ave to provide safe and appropriate care within the regulations set forth by the DOH.

Livingston Place will provide care for its residents in a manner and in an environment that promotes maintenance and enhancement of the residents' quality of life and independence in accordance with Sec. 501a Standard Of Care R 202 (a).

An inservice for all staff was held on 3/9/22 to provide additional instruction on proper usage of PPE as related to CDC Covid-19 precautions. Livingston Place employees and residents will adhere to the most restrictive guidelines set forth by the District and/or

Health Regulation & Licensure Administration

CDC.

Completed 3/9/22

Health Regulation & Licensure Administration

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

TITLE

(X6) DATE

Health Regulation & Licensing Administration

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R 202 Continued From page 1

R 202

On 02/02/2022 at 1:22 PM, interview with CNA #3 revealed that she was not wearing a mask because she was drinking her coffee. On 02/03/2020 at 2:30 PM, interview with the Maintenance Director revealed that a mask should have been worn and that staff had been trained accordingly.

On 02/03/2022 at 3:57 PM, review of the Assisted Living Residence protective personal equipment (PPE) protocol revealed masks were to be worn in the facility.

At the time of the survey, the facility's staff failed to wear face mask in all common areas.

R 677 Sec. 702b8 Staff Training.

R 677

(8) Choking precautions and airway obstruction, including the Heimlich Maneuver; and Based on interview and record reviews, the Assisted Living Residence failed to document compliance with "DC Code, Subchapter VII, Staffing and Training, [§ 44-107.02]: (b) Within 7 days of employment, an Assisted Living Residence shall train a new member of its staff as to the following: (8) choking precautions and airway obstruction, including the Heimlich Maneuver for nine of fourteen staff (Staff# 2, 4, 5, 6, 7, 8, 10, 11, and 12).

Findings included:

On 02/02/2022, the Assisted Living Administrator was requested to provide training record for the staff identified in the sample.

During an interview on 02/04/2022 at 3:27 PM,

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R 677	<p>Continued From page 2</p> <p>the Assisted Living Administrator revealed most records were maintained electronically and that additional training may be in the system. The training records (training logs and training certificates) reviewed, did not include choking and airway obstruction, including Heimlich Maneuver.</p> <p>Review of the DC Code [44-1-7.02 (b)] at 4:09 PM, "Within 7 days of employment an assisted living residence shall train a new member of its staff as to the following: (8) Choking precautions and airway obstruction, including the Heimlich Maneuver." There was no record provided to show Staff# 2, 4, 5, 6, 7, 8, 10,11, and 12 received the training.</p> <p>At the time of the survey, there was no documented evidence that each employee met or possessed training on choking and airway obstruction, including Heimlich Maneuver or received the training within seven days of being hired.</p>	R 677	<p>R 677 It is the intent of Livingston Place at Southern Ave to provide safe and appropriate care within the regulations set forth by the DOH.</p> <p>Livingston Place at Southern Ave will ensure compliance with Sec. 702b8 Staff Training. R 677 (8) Choking precautions and airway obstruction, including the Heimlich Maneuver; DC Code, Subchapter VII, Staffing and Training,[§ 44-107.02]: (b) Within 7 days of employment, an Assisted Living Residence shall train a new member of its staff as to the following: (8) choking precautions and airway obstruction, including the Heimlich Maneuver by including the required training in the new hire orientation performed with in the first 7 days of employment. Documentation of this training will be placed in the employee file.</p> <p>Instruction on proper techniques to be used when someone is choking, or has an airway obstruction, including Heimlich Maneuver, was provided on 3/9/22 to all staff. Please see attached documentation.</p> <p>All employee files will be reviewed by the Executive Director or Designee by 3/10/22 to ensure that all necessary steps have been completed. The ED or Designee will review 100% of these files for the first 30 days. 50% employee files will be audited by the ED or Designee for the next 30 days. 10% of employee files will be audited quarterly by the ED or Designee on an ongoing basis after the first 60 days of audits.</p>
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