

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/31/2018
--	---	--	---

Received 3/9/18

NAME OF PROVIDER OR SUPPLIER
THE METHODIST HOME OF DC- FOREST HILL

STREET ADDRESS, CITY, STATE, ZIP CODE
**4901 CONNECTICUT AVENUE NW
WASHINGTON, DC 20008**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>An annual survey was conducted on January 31, 2018 to determine compliance with the Assisted Living Law "DC Code § 44-101.01." The Assisted Living Residence (ALR) provides care for thirty-two (32) residents and employs nineteen (19) employees to include professional and administrative staff. Three (3) resident records and three (3) employee records were reviewed. The findings of the survey were based on observations, record reviews, and interviews with residents and employees.</p> <p>Note: Listed below are abbreviations used throughout the body of the report.</p> <p>ALR -- Assisted Living Residence ISP -- Individualized Service Plan</p>	R 000	<p>The practice at Forest Hills of DC is to include all members of the interdisciplinary team in ISP meetings.</p> <p>R 483 Failure to ensure physical therapy review of ISP.</p>	
R 483	<p>Sec. 604d Individualized Service Plans</p> <p>(d) The ISP shall be reviewed 30 days after admission and at least every 6 months thereafter. The ISP shall be updated more frequently if there is a significant change in the resident's condition. The resident and, if necessary, the surrogate shall be invited to participate in each reassessment. The review shall be conducted by an interdisciplinary team that includes the resident's healthcare practitioner, the resident, the resident's surrogate, if necessary, and the ALR.</p> <p>Based on record review and interview, the ALR failed to ensure the physical therapist reviewed the ISP for one (1) of one (1) resident's in the sample, who was receiving physical therapy services (Resident #2).</p> <p>Findings included:</p>	R 483	<p>1. Corrective action for affected resident.</p> <p>Resident #2's record reviewed and updated by Rehab Director 02/01/18. Rehab Director or designee will attend care plans for resident as indicated.</p> <p>2. Identification of others potentially affected by the same practice.</p> <p>Record of all residents currently receiving rehab services reviewed. Rehab informed of date and time of ISP for all residents who were scheduled for ISP review.</p>	

Health Regulation & Licensing Administration

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

Mary Barry

TITLE

Executive Director

(X6) DATE

3/9/2018

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/31/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE METHODIST HOME OF DC- FOREST HILL	STREET ADDRESS, CITY, STATE, ZIP CODE 4901 CONNECTICUT AVENUE NW WASHINGTON, DC 20008
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 483	<p>Continued From page 1</p> <p>Review of Resident #2's medical record on 01/31/18 at 12:00 PM showed that the resident had thirteen falls from March 2, 2017 through November 11, 2017. The resident sustained minor injuries including an abrasion, a bruise, and two skin tears from four of the thirteen falls. Continued review of the record showed that the resident received physical therapy services after each fall. However, the ISP dated 08/23/17 showed that the Physical Therapist did not review it.</p> <p>During an interview with the Physical Therapist on 01/31/18 at 2:00 PM, she stated that she did not review the resident's ISP.</p> <p>At the time of the survey, the ALR failed to ensure all members of the interdisciplinary team (physical therapist) reviewed Resident #2's ISP.</p>	R 483	<p>3. Systemic change to ensure deficient practice does not recur.</p> <p>Rehab Director will be included on monthly emails for residents who are scheduled for ISP review and also inform of date and time of meetings when scheduled.</p> <p>4. Performance monitoring to make the solution is sustained.</p> <p>Assisted Living Nurse Manager will monitor ISP meeting attendance to verify therapy representation at meetings for resident currently on rehab services.</p>	