

Health Regulation & Licensing Administration

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FORM APPROVED

Received 4/12/17

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 03/21/2017
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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
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R 000	Initial Comments An annual survey was conducted on March 21, 2017, to determine compliance with the Assisted Living Law "DC Code § 44-101.01." The ALR provides care for twenty five (25) residents and thirty-five (35) employees that include professional and administrative staff. A sample size of three (3) resident records and three (3) employee records were selected for review. The findings of the survey were based on observations, record reviews, and interviews. The following abbreviation is used throughout the body of this report: ALR - Assisted Living Residence	R 000	CORRECTIVE ACTION FOR IDENTIFIED PRACTICE: Lack of documented evidence that employees received four (4) hours annual training covering cognitive impairment for the year 2016. 1. An EXCEL Spreadsheet was developed to record employee participation in training sessions on cognitive impairment. 3/30/17 2. Employee sign-in sheets for training sessions on cognitive impairment were reviewed and compared to documentation in employee files. 3/30/17 3. Information from employee sign-in sheets was entered into EXCEL Spreadsheet to document evidence of employee participation in training sessions. 3/30/17 4. Spreadsheets were then reviewed to identify any employee who had not received training on cognitive impairment in 2016. 3/30/17 5. A training plan was developed by which training will be scheduled for any staff who did not have four (4) hours of cognitive impairment training in 2016. 4/5/17 SYSTEMIC CHANGES TO ENSURE DEFICIENT PRACTICE DOES NOT RECUR. 1. All required education (including cognitive impairment) will be listed on a master EXCEL Spreadsheet. Each employee's name will also be included on the Spreadsheet (vertical axis). 4/7/17 2. The Master Spreadsheet will be updated by the Nurse Educator as training sessions are presented. initiate 4/7/17 3. Education policy will be updated to include 1 and 2 above. 4/15/17	
R 682	Sec. 702c3 Staff Training. (3) Four hours covering cognitive impairments in an in-service training approved by a nationally recognized and creditable expert such as the Alzheimer's Disease and Related Disorder Association; and Based on staff interview and record review, the ALR failed to ensure all staff had four (4) hours of annual training covering cognitive impairments approved by a nationally recognized and creditable expert such as the Alzheimer's Disease and Related Disorder Association for two (2) of the three (3) personnel records reviewed. (LPN #1 and #2) The findings include: On March 21, 2017, at approximately 1:31 p.m., review of Employee #1's personnel record revealed he was hired May 15, 2006. Further review of the employee's record revealed no documented evidence of 4 hours of annual	R 682		

Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Mary Saroy Executive Director TITLE
4/5/2017 (X6) DATE
STATE FORM 8699 8IPW11 If continuation sheet 1 of 2

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R 682	<p>Continued From page 1</p> <p>training covering cognitive impairment for Employee #1.</p> <p>Interview with the ALR's educator on March 21, 2017, at 3:43 p.m., revealed that she was responsible for conducting all of agency's training. The agency's educator proceeded to provide evidence of two in-service trainings that she conducted on March 2, 2017 and March 20, 2017. The trainings were entitled Dementia and Nutrition and Psycho-Social Aspects of Aging, respectively. Further interview with the educator revealed each of the aforementioned trainings were one hour long. Continued discussion with the educator revealed that she knew Employees #1 and #2 probably had more hours, but she was not able to provide the evidence of four (4) hours of annual training covering cognitive impairment approved by a nationally recognized and credible expert for 2016.</p> <p>On March 21, 2017, at approximately at 1:45 p.m., review of Employee #2's personnel record revealed she was hired on November 9, 2005. There was no documented evidence of 4 hours of annual training covering cognitive impairment for Employee #2. At 3:15 p.m., the ALR's educator provided sign-in sheets for the aforementioned training (Dementia and Nutrition) conducted on March 2, 2017 and Psycho-Social Aspects of Aging) March 20, 2017. It should be noted that there was no documented evidence that Employee #2 attended those trainings or any evidence of four (4) hours of annual training covering cognitive impairment for the year 2016.</p>	R 682	<p>QA PROGRAM TO BE IMPLEMENTED TO MONITOR DEFICIENT PRACTICE</p> <p>1. Spreadsheet entries will be reviewed monthly by QA Manager.</p> <p>2. QA findings will be presented quarterly to QA Committee for compliance with policy.</p>	<p>initiate 4/7/17 4/27/17</p>
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