

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALR-0006</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>05/26/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GRAND OAKS ASSISTED LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5901 MACARTHUR BLVD NW WASHINGTON, DC 20016</b>
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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

R 000

An annual licensure survey was conducted on 05/19/2021, 05/20/2021, 05/21/2021, 05/24/2021 05/25/2021, and 05/26/2021, to determine compliance with the Assisted Living Law (DC Official Code § 44-101.01 et seq) and Assisted Living Residence Regulations, Title 22-B DCMR (Public Health and Medicine) Chapter 101. The Assisted Living Residence (ALR) provided care for 128 residents and employed 148 personnel, to include professional and administrative staff. A random sample of 23 resident records, 19 employee records and four Private Duty Aides (PDAs) records were selected for review.

The findings of the survey were based on observations throughout the facility, clinical and administrative record review, and resident, family, and staff interviews.

R 704 Sec. 802a Medical, Rehabilitation, Psychosocial Assess.

R 704

(a) A medical, rehabilitation, and psychosocial assessment of the resident shall be completed within 30 days prior to admission. Based on interview and record review, the Assisted Living Residence (ALR) failed to ensure that all sections of the Intermediate Care Facilities Division Admission/Annual Medical Certification forms were completed, for four of 20 residents in the sample (Residents 10, 11, 15 and 20).

Findings included:

1. On 05/21/2021 at 1:00 PM, a review of Resident #10's medical certification form dated 03/16/2021, showed the section entitled, "Reason for Evaluation" that was not addressed by the

*Grand Oaks is filing this response for the sole purpose of confirming compliance with requests of Department of Health in receipt of the survey report related to the survey conducted May 19-May 26, 2021. This response is not an admission of liability or statement of agreement with respect to issues identified in discussions with the agency but is submitted to demonstrate regulatory compliance.*

**704, 802a Medical Rehabilitation, Psychosocial assessment**

A medical, rehabilitation, and psychosocial assessment of the resident shall be completed within 30 days prior to admission.

I. Corrective Action

In response to the missing documentation on Residents #10, 11, 15 and 20, resident numbers 15 and 20 have been discharged from the community. Resident #10, the preadmission reason has been updated by the medical director. Resident #11, negative

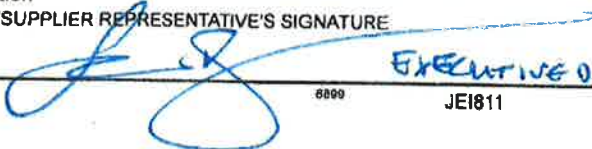
Health Regulation & Licensing Administration

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

TITLE

(X6) DATE

STATE FORM

  
EXECUTIVE DIRECTOR

06/25/2021

8899

JE1811

If continuation sheet 1 of 3

Health Regulation & Licensing Administration

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R 704	<p>Continued From page 1</p> <p>physician.</p> <p>2. On 05/21/2021 at 3:15 PM, a review of Resident #11's medical certification form dated 12/29/2020, showed the physician did not indicate if the resident was exhibiting signs or symptoms suggestive of a communicable disease. In addition, the physician did not list the resident's medications on the form.</p> <p>3. On 05/21/2021 at 5:00 PM, a review of Resident #15's medical certification form dated 03/12/2021, showed that the physician did not list the resident's medications on the form.</p> <p>4. On 05/24/2021 at 5:40 PM, a review of Resident #20's medical certification form dated 05/12/2021, showed that the physician did not indicate if the resident had or needed a mammogram, a PSA, a Pap test, or a colonoscopy. The physician did not list the resident's medications on the form nor did the physician list the resident's medication on the form.</p> <p>On 05/26/2021 beginning at 9:30 AM, the concerns regarding the incomplete forms were reviewed and discussed with the ALR's Director of Nursing and the Assisted Living Administrator. They both acknowledged that the physician did not complete all sections on the Immediate Care Facilities Division Admission/Annual Medical Certification forms. The Nurse Manager stated that going forward; the ALR would ensure that the physician addressed all sections on the form.</p> <p>At the time of the survey, the ALR failed to ensure the physician completed all sections of the Immediate Care Facilities Division Admission/Annual Medical Certification forms.</p>	R 704	<p>TB chest x-ray was completed appropriately prior to move in (filed inappropriately in medical chart). Resident #11 signed medication list also available, filed in separate section of the chart.</p> <p>II. <u>How to Identify Other</u></p> <p>The Director of Nursing, DON, or designee, will conduct an audit of move ins for the last 6 months to ensure compliance with complete documentation on the medical certification form.</p> <p>III. <u>Systemic Changes</u></p> <p>The Director of Nursing, Director of Resident Services, or designee will review all medical certification forms prior to resident move in to ensure full completion by the physician.</p> <p>IV. <u>Monitoring Process</u></p> <p>The Executive Director, or designee, will conduct monthly random audits of medical</p>	
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			<p>certification forms for the next 90 days to ensure completion.</p> <p>V. <u>Date of Completion</u></p> <p>June 30, 2021 and ongoing</p>	<p>06/30/2021 &amp; ongoing</p>
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