

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/10/2020
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NAME OF PROVIDER OR SUPPLIER GRAND OAKS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 5901 MACARTHUR BLVD NW WASHINGTON, DC 20016
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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	<p>Initial Comments</p> <p>An annual licensure survey was conducted on 09/03/2020, 09/04/2020, 09/08/2020, 09/09/2020 and 09/10/2020 to determine compliance with the Assisted Living Law (DC Official Code § 44-101.01 et seq). The Assisted Living Residence (ALR) provided care for 125 residents and employed 168 personnel, to include professional and administrative staff. A random sample of 20 resident records and 20 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, family and staff interviews.</p> <p>There were no deficiencies cited.</p>	R 000		
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Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____


DEPARTMENT OF HEALTH
 HEALTH REGULATION & LICENSING
 ADMINISTRATION

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: Grand Oaks Assisted Living Residence		Street Address, City, State, ZIP Code: 5901 MacArthur Blvd, NW Washington, DC 20016		Survey Date: 09/03/20 - 09/10/2020	
Regulation Citation 0000		Statement of Deficiencies A licensure survey was conducted on 09/03/2020, 09/04/2020, 09/08/2020, 09/09/2020 and 09/10/2020 to determine compliance with the Assisted Living Law (DC Official Code § 44-101.01 et seq). The Assisted Living Residence (ALR) provided care for 125 residents and employed 168 personnel to include professional and administrative staff. A random sample of 20 resident records and 20 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.		Ref. No.	
Listed below are abbreviations used throughout the body of this report: ALR – Assisted Living Residence COVID-19 – Coronavirus 2019		Plan of Correction <i>Grand Oaks is filing this response for the sole purpose of confirming compliance with request of Department of Health in receipt of the survey report related to the survey conducted on September 3 – 10, 2020. 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.</i>		Completion Date	

Name of Inspector: Carmen Strimfeld
 Date Issued: 9/16/2020

Facility Director/Designee: 
 Date: 09/24/20

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SSA – State Surveying Agency

The ALR was notified on 03/06/2020 of their responsibility to monitor the coronavirus.d.c.gov website 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 Residencies*. 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

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:

guidance from the Department of Health, requiring affected employees and individuals of self-quarantine and for the sanitation of affected areas of the facility.

I. Corrective Action

In response to the residents mentioned, all residents were immediately quarantined after discussion as stated in this report.

On 8/31/20 at 10:52am, the DON emailed the DC Health Epidemiologist regarding clarification on the difference between "exposed" and "potential exposure." The Epidemiologist stated she would discuss this with her health officer.

On 9/1/20 at 3:42pm, the DON answered follow up questions from the DC Health's Epidemiologist on subjects to include: break room structure and set up, confirmation of amount of residents on staff member's caseload, and employee's role and title.

On 9/2/20 at 10:46am, the DON provided the DC Health's Epidemiologist with the Grand Oaks COVID 19 Identification and Management Policy.

V(2)(f)(iv)



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Mayor's Order 2020-063 V(2)(D)(iv)

When notified that an individual has tested positive for COVID-19 with written verification of the positive test result, implement a protocol, in accordance with the guidance from the Department of Health, requiring affected employees and individuals to self-quarantine and for sanitation of affected areas of the facility;

The order is not met as evidenced by:

Based on interview and record review, the ALR failed to ensure residents were quarantined after exposure to a staff member who tested positive for COVID-19.

Findings included:

On 09/03/2020 at 5:00 PM, the SSA was notified that an employee at the facility tested positive for COVID-19 and may have exposed at least three residents to the virus.

At 5:27 PM, an interview with the facility's DON was conducted. The DON stated that the employee was confirmed COVID-19 positive on 08/30/2020, and had not worked in the facility since 08/28/2020. The DON also stated that the affected residents were not notified

On 9/3/20 at 10:44am, the DON received questions about the status of the residents with potential exposure. The DON again inquired about the difference from "exposed" and "potential exposure" and the consistency of guidance.

On 9/3/20 at 6:00pm, the DON received a call from DC Health regarding the status of the residents with potential exposure. The DC Health team conferenced in the DC Health's Epidemiologist Physician to discuss the situation and provide guidance. Previous situations were discussed and clarification on the current residents in questions were reviewed. Once guidance was received, the DON immediately placed residents on quarantine and completed appropriate standard protocol.

II. How to Identify Other

The Executive Director (ED), or designee will continue to communicate with DC Health when positive COVID-19 cases are reported and submit appropriate exposure assessment document.

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or quarantined due to previous guidance received from the Epidemiology Technical Assistance Team. It should be noted that at the conclusion of the interview, the DON agreed to have the affected residents quarantined for the remainder of the 14 days from the time of exposure.

On 09/08/2020 starting at 10:05 AM, review of the ISPs for the affected residents were reviewed. The ISP's reflected that the residents may have been exposed to COVID-19 and that notifications were made to their families and physicians.

At the time of survey, the facility failed to ensure that residents who were exposed to COVID-19 were quarantined.

III. Systemic Changes

The ED, or designee, will immediately quarantine individuals as per the mayor's order. In the event that additional dialogue is warranted, the ED, or designee, will contact DC Health for discussion.

IV. Monitoring Process

The Director of Nursing (DON) or designee, will audit completion of the exposure assessments for the next 30 days to ensure appropriate quarantine is initiated.

V. Date of Completion

September 3, 2020 and ongoing

09/03/20
and
ongoing