ND PLAN OF	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING;	E CONSTRUCTION	(X3) DATE SUR COMPLET	
		ALD coop			C	EU
AME OF PROV	IDER OR SUPPLIER	ALR-0006	B. WING		02/07/2	019
		OTALETA	DDRESS, CITY, S			
	S ASSISTED LIV	WASHIN	CARTHUR BL GTON, DC 20			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE GO HE APPROPRIATE	(X5) OMPLI DATE
R 000 Initi	al Comments		R 000			
On	Sunday 01/13/1	19, the Intermediate Care	1			
Fac	ilities Division (ICFD) received an incident	1			
rep	ort from the ALF	R alleging abuse. Based on the	1			
nati	ire of the incide	ent, an onsite investigation was	1			
initia	ated on 01/16/1	9 to evaluate if the facility				
prov	ided adequate	supervision and oversight to				
ens	ure Resident #1	's safety, as required by the				
ASS	sisted Living La	w."				
The	findings were t	pased on observations,	1 1		1	
inter	views with direc	ct care staff, nursing				
pers	onnel, and adm	ninistrative staff. Medical,	1			
clinic	cal, and adminis	strative records were	1			
revie	wed. The resul	ts of the investigation				
reve	aled that the As	sisted Living Residence staff				
acte	appropriately	in response to the abuse				
alleg	ation, however,	incidental findings were				
are o	ited during the	investigation and deficiencies				
4100	ned in this repu	nt.				
Liste	d below are abl	previations used throughout			¥.	
the b	ody of this repo	ort:	1			
	_					
ALA -	Assisted Living	g Administrator				
ALR	- Assisted Livin	g Residence				
DON	 Certified Nurs Director of Nu 	ing Assistant				
	Enteric-Coated	using				
	- Home Health	Aide	1			
		Care Facilities Division	1			
IDT -	Interdisciplinary	y Team				
ADO	N - Assistant Di	rector of Nursing				
	Individualized S					
	Private Duty A					
	Physician Ord					
	Registered Nurs nilligram	oe				
	rcent					
	microgram ercent					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. DOILDING	3.	
	ALR-0006	B. WING		02/07/2019
NAME OF PROVIDER OR SUPPLIES	R STREET AD	DRESS, CITY,	, STATE, ZIP CODE	A
GRAND OAKS ASSISTED LIV	VINC	CARTHUR E		
(X4) ID SUMMARY ST	TATEMENT OF DEFICIENCIES	STON, DC 2		
PREFIX (EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROIDEFICIENCY)	D BE COMPLET
R 292 Sec. 504.1 Accom	nmodation Of Needs.	R 292		
(4) To essain and a			Grand Oaks is filing this resp	
(1) To receive ager	equate and appropriate services hireasonable accommodation of		for the sole purpose of confirm	ning
individual needs a	ind preferences consistent with		compliance with requests of	
their health and pr	nysical and mental capabilities		Department of Health in recei	int of
and the health or s	safety of other residents;		the survey report related to the	
Based on interview	w and record review, the ALR		survey conducted on January	
failed to ensure tha	at adequate services and			
treatments were pr	rovided to residents which		2019. This response is not an	
included a reasona	able accommodation of		admission of liability or staten	
individuals' needs of	consistent with their physical		agreement with respect to issu	ies
and mental capabil	ilities for one of one resident in		identified in discussions with t	
the sample (Reside	ent #1).		agency but is submitted to	
Findings included:			demonstrate regulatory compl	liance.
•			_	
Un U1/1//19 at 3:3:	5 PM, a review of Resident			
#1515F, Udleu Turi	/04/18, showed that the lator walker and a manual		504.1 Accommodation of Nec	eds
	sident had limited control of the	1	To receive adequate and appro	
	d a one-person assist with		services and treatment with	priace
mobility and transfe	ers, and utilized a wrist			
pendant life alert for	or safety.		reasonable accommodation of	
			individual needs and preference	
During a teleconfer	rence on 01/17/19 at 10:08		consistent with their health and	
AM, Resident #1's (CNA stated that on the date of		physical and mental capabilities	es and
the alleged abuse, t	the CNA had entered Resident	1	the health or safety of other	
#1's room at b:uu A	M in response to an activated		residents.	
Safety perioditi alert	t light. After arriving in		4 VOLWOLANDI	
	tment, the CNA alerted the ng herself and the purpose of		I. Corrective Action	
her entry to respond	d to the alert light. The CNA		I. <u>Corrective Action</u>	
indicated that the re	esident informed her that the			
wrist pendant was to	oo tight on her arm. The CNA		In response to the	
said that she asked	if the resident wanted the		placement of the pendar	nt, the
wrist pendant remov	ved and Resident #1 said yes.		CNA received disciplinary	
The CNA then said s	she placed the pendant on		,	***************************************
the resident's nights	tand.	1	II. How to Identify Otl	hor
		1	III. IIIIII WILLIAM ON	101

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realth Regulation & Licensii				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED
	ALR-0006	B. WING		C
NAME OF PROVIDER OR SUPPLIER	STREET AL	DDDEEC OF	A CTATE TIP AGE	02/07/2019
	BAA	CARTHUR I	, STATE, ZIP CODE	
GRAND OAKS ASSISTED LIV	ING WASHING	GTON, DC	20016	
PREFIX (EACH DEFICIENCY TAG REGULATORY OR L	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
R 292 Continued From page	ge 2	R 292		
During an interview Resident #1's PDA: duty on 01/11/19 be she noticed that the wrist pendant. The F asked the CNA about #1's wrist pendant a pendant was on the interview with the PD approximately 15 mi to the apartment to se pendant off of the re resident complained CNA then apologized pendant back on Re-	on 01/17/19 at 11:13 AM, stated that when she came on tween 7:12 AM and 7:15 AM, resident was not wearing the PDA further stated that she at the location of Resident nd initially was told that the resident's arm. Continued		The Associate Director of Nursing, ADON, conducted immediate staff training regarding the availability of pendants to residents. III. Systemic Changes The ADON, and/or designed will conduct standing month trainings for the next 6 mon regarding the availability of pendants to residents.	e, nly ths
Manager job descrip essential duties and included, "responds i resident call bells pro takes appropriate act bells." At the time of the inve- evidence that the CN safety pendant back o activate the the service (b) The ISP shall incl provided, when and h provided, and how an be provided and acce Based on observation review, the ALR failed	red Service Plans ude the services to be ow often the services will be d by whom all services will	R 481	IV. Monitoring Process The DON, and/or designee, conduct random monthly autof residents receiving assistation Grand Oaks to ensure the availability of their pendant the next 60 days. V. Date of Completion March 11, 2019 and ongoing 604b Individualized Service Pl The ISP shall include the service be provided, when and how often services will be provided, and how	dits ance the for 03/11/2019 & ongoing lans es to n the

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_ Health	Regulation & Licensin	ng Administration			FORM APPROVED	
STATEM	ENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY	
"	OF COMMEDITOR	IDENTIFICATION NUMBER:	A. BUILDING	3:	COMPLETED	
					С	
		ALR-0006	8. WING		02/07/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS. CITY.	STATE, ZIP CODE		
GRAND	OAKS ASSISTED LIVE		ARTHUR			
GIVAND	OAKS ASSISTED LIVE		TON, DC			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON (X5)	
PREFIX TAG	REGULATORY OR L	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D.RE COMPLETE	
		67 NO-550-1850-32	17.0	DEFICIENCY)	PRIATE DATE	
R 481	Continued From page	ge 3	R 481		- in i	
		-	71.401			
	the sample (Resider	sed for one of one resident in		and by whom all services will	be	
	The completification	(i.e. ir 1).		provided and accessed.		
	Findings included:			İ	1	
				I. Corrective Action	§	
	On 01/17/19 at 2:00	PM, interview with the DON			3	
	a PDA who was on	ent #1 received services from tified as an HHA, for six		In response to resident	·#1e	
	hours a day five day	ys a week (Monday through		ISP, the ISP has been rewr		
	Friday). The DON st	ated that the resident's		reflect current medication	.itten to	
	current ISP allowed the resident to self-administer			administration status with	C 1	
	medications. Further	discussion with the DON			Grand	
	showed that the fam	ily prepared the resident's		Oaks.		
	medications and the	resident was able to take the			ar .	
	PDA During an inter	view conducted on 01/17/19		II. How to Identify Ot	her	
	at 11:13 AM, the PD	A stated that Resident #1				
	was able to self-adm	inister medications once		The Director of Nursing (I	DON),	
	prepared.			and/or designee, will revie		
	On 01/17/10 at 1.45	DM share with a star of B		self-medication ISPs for		
	#1's medication supr	PM, observation of Resident oly maintained within the		verification of medication		
	living unit showed that	at there were no medication		administration services pro	vided	
	containers. The PDA	showed the surveyors small.		by the resident if appropria		
	clear plastic bags of	crushed medications and		oy me resident if approprie	ito,	
4	also a separate small	I, clear plastic bag containing	1	III. Systemic Changes	1	
	the week and the time	were identified by the days of		in. Systemic Changes	1	
	However, the bags di	d not include the names of		The DON and/or designed		
	the medications. Furt	her observation showed that		The DON, and/or designee review all self-medication	, will	
	all of Resident's #1's	medications to be				
	administered at 9:00	AM were crushed together		assessments and their		
15	medication contained	stated that the original		corresponding 45 day medi		
	and were not kept on:	s were kept by the family		reviews prior to updating I	SPs.	
	and hore not kept on	site at the ALK.		(Every 6 months or due to		
(On 01/17/19 at 2:35 F	PM, Resident #1's ISP,		significant change)		
(dated 10/04/18, was r	eviewed to determine the	1			
1	resident's capability for	or medication				
	seir-administration. Th	ne ISP documented that the			1	

Healt	Regulation & Licensi	ng Administration			FORM APPROVED
STATE	MENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE SURVEY
		The state of the s	A. BUILDIN	IG:	COMPLETED
	The little of the latest the late	ALR-0006	B. WING_		C 02/07/2019
NAME (F PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY	/. STATE, ZIP CODE	02/0//2013
GRAN	D OAKS ASSISTED LIV		CARTHUR		
		WASHIN	IGTON, DC	20016	
(X4) IE PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPRICIENCY)	DBE COMPLETE
R 48	1 Continued From pa	ge 4	R 481		
	resident had limited received assistance included the followin Medications/Treatm independent with se with accompanying demonstrated comprecognizes medicatican state the correct potential side effects. A review of the self-ISPs from admission contradicting evalua #1's capabilities to s On 01/17/19 at 2:15 initial medical assess assessment, dated 0 Resident #1 was eva self-administer medicated 03/27/17, indic "self-medicates, fam ISPs dated 10/09/17 failed to document we responsible for admin whether Resident #1 self-administer medical self-administer self-administer medical self-administer medical self-administer self-administer medical self-administer self-administer medical self-administer s	use of the right hand and a from a PDA. The ISP also ag provisions related to lents: "Resident is completely elf-medication administration physician's orders and letency. Resident successfully ons, can state its purpose, t dosage, frequency, and s." medication assessments and in to current showed tions by the ALR of Resident elf-administer medications. PM, review of Resident #1's sment and self-medication 15/19/15, showed that alluated as not able to cations. A subsequent ISP, cated that the resident ily refills." The resident's and 04/03/18, however, hether the ALR was histering medications or was assessed as able to cations.		IV. Monitoring Process The DON, and/or designed monitor the ISP accuracy to the process of completion of the systemic change noted. V. Date of Completion March 31, 2019 and ongoin 701b Staffing Standards The ALA shall ensure that each resident has access to appropriate medical, rehabilitation, and psychosocial services as estable in the ISP and that there is appropriate oversight, monitoriand coordination of all compone of the ISP, including necessary transportation and the delivery needed supplies.	e, will hrough during above. 03/31/2019 abore ongoing ng h ate ished ng, hents
	define in the ISP how self-administration se	estigation, the ALR failed to medication ervices were to be provided, vised for Resident #1		I. Corrective Action In response to the inacc	
R 563	access to appropriate	ensure that each resident has riate medical, rehabilitation, and ices as established in the ISP		physician orders, Resident aphysician came to see her a submitted new physician or on February 7, 2019.	nd

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR-0006	B. WING		C 02/07/2019
IAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE	0230172010
GRAND OAKS ASSISTED LIV		ARTHUR BL		
CAND CARD AGGIGTED LIVE		TON, DC 20		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION & CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE COMEDIA
R 563 Continued From page	ge 5	R 563		
monitoring, and coo the ISP, including no the delivery of need	ordination of all components of ecessary transportation and ed supplies.		II. How to Identif	y Other
Based on observation	on, interview and record		The DON, and/or desi	gnee, will
review, the ALA faile	d to ensure appropriate		complete a physician of	order
Oversight, monitoring	g, and coordination with the n for self-administration of		review with each self-	medication
medications for one	of one resident in the sample		assessment and 45 day	•
(Resident #1).	and resident in the sample		medication review.	
Findings included:			III. Systemic Chan	ges
The facility failed to	ensure current physicians		TL-DOM - W 1	***
evidenced below:	1 were available, as		The DON, and/or design	
STIGOTION DEIGW.			complete a physician of	
On 01/17/19 at 1:12	PM, unidentified medications		review with each self-	
were observed in Re	sident #1's apartment. The		assessment and 45 day	
medications were co and had handwritten	ntained in clear plastic bags		medication review.	
indicating the day of	the week and time of day		77.7 N. W	
each was to be given	. There were no original pill		IV. Monitoring Pro	cess
containers located in	the resident's apartment		TI D	(ED)
bagged medications.	e with the unidentified		The Executive Directo	. ,,
bagged medications.		1	and/or designee will co	
On 01/17/19 at 2:20 F	M, interview with the DON		random monthly audits	
revealed that Resider	nt #1's ISP included approval		of our self-medicating	residents
for medication self-ac	lministration, with assistance		for the self-medication	
received by the ALP f	ne PDA. A monthly POS was from the pharmacy. The	1	assessment, 45 day me	
DON stated that the fa	amily purchases the		review and physician o	rders to
resident's medications	s and should promptly report	1	ensure accuracy for the	next 90
any prescribed medic	ation changes to the ALR. she would follow-up with the		days.	
family to verify if there	had been any recent		V December	2 ******
changes.	and record	1	V. Date of Comple	
On 01/17/10 at 4:22 D	M, review of the facility's		March 31, 2019 and on	03/31/201 going & ongo
policy titled, "Medication	on Administration &		Triaton 51, 2017 and Off	Pome

Health Regulation & Licensi	ng Administration			FORM APPROVED	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED	
- to the second	ALR-0006	B. WING_		C 02/07/2019	
NAME OF PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY	, STATE, ZIP CODE	02/0//2010	
GRAND OAKS ASSISTED LIV	****	CARTHUR I			
	Washine	GTON, DC	20016		
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
R 563 Continued From pa	ige 6	R 563			
Management Policy that "every 45 days document the resid The current POS for Resident #1 was proutine medications tablet, Atorvastating, Fluoxetine 10 m Tears .05% eye drop tablet, Omeprazole Glycol, and Senna-EPM, the DON preser provided by the family medications: Omeprazole in the sartang when asked about the the family the other medication prescribed to be admitted.	y," revised 11/27/18, indicated an RN will assess and ent's response to medication." or January 2019 showed that escribed the following ten adaily: Aspirin 81 mg EC 40 mg, Ferrous Sulfate 325 mg, Irbesartan 150 mg, Isoptops, Levothyroxine 112 mcg 20 mg capsule, Polyethylene Docusate 8.6 mg. At 4:33 nted a list of medications ily. The list included five razole 20 mg capsule, ablet, Fluoxetine 10 mg, ncg tablet, and Atorvastatin 40 yout the other medications uary 2019 POS, the DON y member just reported that its were discontinued or only ministered as needed.		903 3 On-Site Review Assess the resident's ability to continue to self-administer his of medications. L. Corrective Action In response to the assess of the resident's ability to continue to self-administer medications, the DON cond an assessment on January 22 2019. II. How to Identify Other The DON, and/or designee,	sment ucted 2,	
evidence that the AL	R implemented an effective at Resident #1's POS were		complete self-medication assessments on all self-medicating residents.		
R 803 Sec. 903 3 On-Site F		R 803	III. Systemic Changes		
self-administer his or Based on interview a failed to ensure that a continue to self-admi	nd record review, the facility		The DON and/or designee we conduct a retraining of all Ri on the self-administration assessment process.		
Findings included:			IV. Monitoring Process	i i	

PREFIX (EACH DEFICIENCY	NG 5901 MAG WASHING TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CC IDENTIFYING INFORMATION)	B. WING	20016 PROVIDER'S PLAN OF CORRECTION	C 02/07/2019
(X4) ID SUMMARY STATE (EACH DEFICIENCY	NG 5901 MAG WASHING TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CC IDENTIFYING INFORMATION)	CARTHUR I GTON, DC ID PREFIX	BLVD NW 20016 PROVIDER'S PLAN OF CORRECTION	02.0772013
(X4) ID SUMMARY STAT	NG 5901 MAG WASHING TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CC IDENTIFYING INFORMATION)	CARTHUR I GTON, DC ID PREFIX	BLVD NW 20016 PROVIDER'S PLAN OF CORRECTION	
(X4) ID SUMMARY STAT	WASHING FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX	PROVIDER'S PLAN OF CORRECTION	
PREFIX (EACH DEFICIENCY	MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF CORRECTION	
	ne 7	1	(EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) E COMPLETE TTE DATE
R 803 Continued From pag	j = 1	R 803	- Colombia	
The ALR failed to im Self-Administration of completing an accur #1 's capabilities to as evidenced below: 1. On 01/17/19 at 4: Policy, entitled "Self-Medications" and rev "Self-Administration medication" means "medications if this presidents are permit medications if this presidents are permit medications if this presidents are permit medication is safe assessment that ider (a) Capable of self-acceptance with open medication, or (b) is a his or her own medications from the further stated that resemedications from the further stated that resemedications, with or wall residents' self-medications. (a) The resident we name, strength, dose, medication taken. (b) The resident we correctly administer, in medication.	plement its of Medications Policy by rate assessment of Resident self-administer medications, 33 PM, review of the ALR's Administration of vised 12/12/18, showed that of Resident's Own self-administration of all olicy further stated that tited to self-administer actice has been determined termine if self-administration through an initial medication ntifies whether the resident is dministering his or her own capable of self-administering ation, but requires a dications or requires physical ing and removing container." The policy sidents may self-administer without assistance. However, dication skills would be any by the following criteria orabilities, and if they are tinue self-administration of vill be able to state the and frequency of vill demonstrate how to nject or apply the iill be able to state if	R 803	The ED, and/or designee, will conduct a random monthly at of self-administration assessments for the next 90 d. V. Date of Completion March 31, 2019 and ongoing 904e8 Medication Storage Residents who self-administer makeep and use prescription and nonprescription medications in the units as long as they keep then secured from other residents. L. Corrective Action In response to the medications stored in the resident's room, we communicated with the family requesting properly labeled containers for medication administration on January 21, 2019. On February 8, 2019 Grand Oaks removed all medications and began assisting with medication administration.	ays. 03/31/2019 & ongoing ay neir
monitoring.				
Regulation & Licensing Administra FORM	ition 66	BO -	CBP11 If con	tinuation sheet 8 of 13

STATEMENT OF DE	FICIENCIES	ing Administration (X1) PROVIDER/SUPPLIER/CLIA	(X2) MUI TIPI	E CONSTRUCTION	[/VA) 5 :	TE DUCKE
AND PLAN OF CORE	RECTION	IDENTIFICATION NUMBER:		- JOHOTHOOTION		TE SURVEY MPLETED
		1				0
		ALR-0006	B. WING		02	C 2/07/2019
NAME OF PROVIDER	R OR SUPPLIEF	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
GRAND OAKS A	SSISTED LIV	VING 5901 MAG	CARTHUR BL	LVD NW		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	STON, DC 20			
PREFIX (EA	ACH DEFICIENC	LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	II D RE	(X5) COMPLETE DATE
R 803 Contine	ued From pa	age 8	R 803			
(d) where t	The resider	nt will be able to state how and dications.		II. How to Identify C	ther	
(e)	The resider	it will be able to state the		TI DOM 1/ 1		
commo	n side effec	cts of the medication.		The DON, and/or designed	e, will	
Review	of Peciden	t #1's clinical record on		conduct room check of al		
01/17/1	9 at 1:18 PI	W showed that the resident		medicating residents to er		
was ad	mitted on 03	3/12/15. Further review of the		proper storage of medicat		Û
ii record s	showed a H	istory and Physical, dated	1	and immediate education		
05/21/1	which do	cumented that the resident		regulation to the resident	as	
could no	ot independ	ently administer medications.		necessary.		
Interview	w with the D	OON on 01/17/19 at 2:20 PM lent's ability to self-administer		III. Systemic Changes		
medicat	ions was de	etermined by the 45-day				E.
medicat	ions assess	sment conducted by an RN.		The DON, and/or designe		
On 02/0	7/19 at 2:57	PM, review of Resident #1's		conduct room checks for p		
progress	s notes doc	umented that the ongoing		medication storage as part		
ability to	self-admini	ster medications was		45 day self-administration	ı	
evaluate	d by the RN I the followin	on the dates below and		assessment.		
				IV. Monitoring Proces	_	
(a) 45-da	ay medication	on reviews completed on 12/17/16,01/24/17, 03/17/17,		IV. Monitoring Proces	<u>s</u>	
05/09/17	. 06/18/17 :	and 07/29/17; no evaluation		The ED and/or designee w	.211	
criteria w	ere identifie	ed and no resident				
compete	ncy level wa	as documented.		conduct a random monthly	audit	
(b) 45-da	y medicatio	on reviews completed on		of proper medication stora		
"Residen	, 09/20/16, of is self-ma	and 10/31/16; stated, d." No evaluation criteria		self-medicating resident ro	oms	
were ide		u. No evaluation chiena		for the next 90 days.		
		n review completed on				03/31/2019
09/29/17	; stated, "su	ccessfully passed		V. Date of Completion	<u>a</u>	& ongoing
		"No evaluation criteria were				1
identified		n souieur enmentsted		March 31, 2019 and ongoi	ng	
12/17/17	y medicatio : stated "re	n review completed on sident self-medicates." No				
evaluatio	n criteria we	ere identified.				
		n review dated 02/13/18 did				

PRINTED: 02/28/2019

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A BUILDING:		
		ALR-0006	B WING		02/07/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AC	ORESS, CITY, S	STATE, ZIP CODE	
GRAND (DAKS ASSISTED LIVI		CARTHUR BL		
(VA) ID	CHAMADY CTA		STON, DC 20		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLET
R 803	Continued From page	ge 9	R 803		
	not document any a that all medications family.	ssessment criteria. It stated were administered by the			
	DON revealed that fincluded approval for	:20 PM, interview with the Resident #1's current ISP or self-medication, with			
•	discussion with the I prepared the resider	family and the PDA. Further DON indicated that the family of s medications and the take the medications when			
i	mixed with applesau interview conducted PDA stated that Res	ce by the PDA. During an on 01/17/19 at 11:13 AM, the ident #1 was able to cations once prepared.			
Ī	On 01/17/19 at 2:35	PM, Resident #1's current			
t s r	he resident's capabi self-administration. 1 esident had limited i	he ISP documented that the use of the right hand and			
ii N	ncluded the following fledications/Treatme	from a PDA. The ISP also provisions related to ents: "Resident is completely f-medication administration			
d re	vith accompanying p lemonstrated compe ecognizes medicatio	hysician's orders and etency. Resident successfully ons, can state its purpose,			
c p	an state the correct otential side effects.	dosage, frequency, and			
th	ne RN revealed that	AM, a teleconference with on 01/06/19 a 45-day			
# di	 The RN stated that ifficult because only 	is conducted for Resident at conducting the review was Tylenol and Iron Sulfate resident's apartment.			
С	ontinued discussion esident #1 was not a	with the RN revealed that able to remove the top from The RN further reported			

	Regulation & Licensin				
AND PL	MENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		ALR-0006	B, WING		C 02/07/2019
NAMEC	F PROVIDER OR SUPPLIER	STREET A	DOBER CITY	STATE, ZIP CODE	02/07/2019
			CARTHUR B		
GRAN	D OAKS ASSISTED LIVE	INC	GTON, DC 2		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ONI NATE
PREFI) TAG	(EACH DEFICIENCY REGULATORY OR LS	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
R 80	3 Continued From page	ge 10	R 803		
	that the resident sai	d the family took the	1		1
	medications home to	o crush them. The RN also			
	stated that she ema	iled these concerns to the	,		
	supervisor (ADON)	immediately for follow-up.			
	It should be noted th	at the 45-day medication			l l
	review completed or	01/06/19 showed that			
	Resident #1 was add	ministered medications by the			
	family and the PDA.	The review stated that the			
	"resident is self-med	licating currently and based	1		
	on the 45-day self-m	edication assessment, this			
	resident can continu	e self-medicating."			
	assessment, dated 0 01/24/19 at 3:15 PM that Resident #1 was medications, could nopen the Tylenol and the resident's ability t "family reported" presont be evaluated bed containers were not apartment. During a statistical at 3:30 PM, the facility ADON verified that it Resident #1 to self-act At the time of the investigated to perform a the	sident's ability to continue to			
R 821	Sec. 904e8 Medication		R 821		
	use prescription and r	elf-administer may keep and nonprescription medications as they keep them secured			

		Requiation & Licensin				
		ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
L			ALR-0006	B. WING		C 02/07/2019
1	NAME OF	PROVIDER OR SUPPLIER	STREET AF	ORESS CITY S	TATE, ZIP CODE	OLIVITED 13
١,	CRAND	OAKS ASSISTED LIVI	7004 444	CARTHUR BL		
Ľ		OAKS ASSISTED LIVE	NG	STON, DC 20		
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE COMPLETE
	R 821	Continued From pag	ge 11	R 821		
		failed to ensure that and secured in the r one residents in the self-administered ma	on and interview, the facility medications were maintained esident's living unit for one of sample who edications (Resident #1).			1
		Findings included:		1		
		observation of Resid showed that there we containers maintaine PDA showed the sur- bags of crushed med clear plastic bags co- were identified by the time to be administer	ent #1's medication supply ere no original medication and within the living unit. The veyors small, clear plastic dications and also small, ntaining a pink pill. The bags a days of the week and the red (8:00 AM and 9:00 AM), ontained no names of the			
		PDA at 11:13 AM, res family crushes the re- brings the medication bags. The PDA stated	ent #1 at 10:57 AM and the spectively, confirmed that the sident's medications and as to the ALR in the plastic d that the original medication by the family and were not ALR.			
		showed that Resident 10/04/18, included ap	PM, interview with the DON t #1's current ISP, dated sproval for medication ith assistance from the			
	F	policy titled, "Medicati Management," revised	PM, review of the ALR's on Administration & d 11/27/18, showed the s for medication storage:			
	((1) All medications sha	all be kept in their original			

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: COMPLETED C B. WING ALR-0006 02/07/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5901 MACARTHUR BLVD NW GRAND OAKS ASSISTED LIVING** WASHINGTON, DC 20016 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) R 821 Continued From page 12 R 821 packaging and shall be properly labeled and identified. (2) Residents who self-administer may keep and use prescription and nonprescription medications in their apartments. At the time of the investigation, there was no evidence that the ALR ensured Resident #1's medications were kept in their original packaging, properly labeled and identified, and remained in the living unit.



HEALTH REGULATION & LICENSING DEPARTMENT OF HEALTH **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:		Street Address, City, State, ZIP Code:	IP Code:	Survey Date:
Grand	Grand Oaks Assisted Living	Grand Oak	Grand Oaks Assisted Living	01/16/19 through 02/07/19
	ALR -0006		ALR -0006	Follow-up Dates(s):
Regulation Citation	Statement of Deficiencies	iciencies Ref.	ef. Plan of Correction	Col
	On Sunday 01/13/19, the Intermediate Care Facilities Division (ICFD) received an incident report from the ALR alleging abuse. Based on the nature of the incident, an onsite investigation was initiated on 01/16/19 to evaluate if the facility provided adequate supervision and oversight to ensure Resident #1's safety, as required by the "Assisted Living Law."	ri e		Date
	The findings were based on observations, interviews with direct care staff, nursing personnel, and administrative staff. Medical, clinical, and administrative records were reviewed. The results of the investigation revealed that the Assisted Living Residence staff acted appropriately in response to the abuse allegation, however, incidental findings were identified during the investigation and deficiencies are cited in this report.	and administrative staff. e records were reviewed. aled that the Assisted riately in response to the al findings were identified acies are cited in this		
	Listed below are abbreviations used throughout the body of this report:	throughout the body of		
•	ALA - Assisted Living Administrator	or	<u> </u>	
She West	West Moster 4/2	1/28/19	A	× × ×
Name of		Date Issued	Eacility Director/Designee	ee Date

Bacility Director/Designee



HEALTH REGULATION & LICENSING DEPARTMENT OF HEALTH **ADMINISTRATION**

STATEMENT OF DEFICIENCIES AND PLAN OF

	ICFD - Intermediate Care Facilities Division IDT - Interdisciplinary Team ADON - Assistant Director of Nursing ISP - Individualized Service Plan PDA - Private Duty Aide POS - Physician Order Sheet RN - Registered Nurse PRN - as needed mg - milligram mcg - microgram % - percent	ALR - Assisted Living Residence CNA - Certified Nursing Assistant DON - Director of Nursing EC - Enteric-Coated HHA - Home Health Aide
Professionals An ALR shall require that private duty healthcare professionals arranged by a resident surrogate, or party other than the ALR to provide healthcare related services to the resident on the ALR's premises on a recurring basis: (a) Be certified or otherwise	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 on January 13-16, 2019. 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.	AND FLAN OF CORRECTION



Rev. 9/02

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF HEALTH HEALTH REGULATION & LICENSING ADMINISTRATION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

10118 Private
Duty
Healthcare
Professionals

10118.02

An ALR shall require that private duty healthcare professionals arranged by a resident surrogate, or party other than the ALR to provide healthcare related services to the resident on the ALR's premises on a recurring basis: (a) Be certified registered or otherwise authorized by the District of Columbia to healthcare related services they will provide to the resident.

Based on interview and record review, the ALR failed to ensure that the PDA hired to provide healthcare services was certified to administer medication for one of one resident included in the investigation (Resident #1).

Findings included

Interviews with Resident #1 and the PDA on 01/17/19 at 10:57 AM and 11:13 AM, respectively, confirmed that the resident's family crushes the resident's medications and brings the medications to the ALR in small, clear plastic bags. The PDA stated that the original medication containers were kept by the family and were not located onsite at the ALR. The PDA also stated that the family prepared the medications, but she did not know the names of the medications. Continued interview with the PDA revealed that

authorized by the District of Columbia to healthcare related services they will provide to the resident.

Corrective Action

In response to the PDA not having certification to administer medications, the PDA ceased assisting with medication administration by February 8, 2019 as Grand Oaks began administering medication.

How to Identify Other

Ħ.

The Director of Nursing (DON), and/or designee, will communicate with all self-medicating residents who have retained PDA services to educate them on the regulations regarding medication administration assistance.

Systemic Changes

ΞĮ.

The DON, and/or designee, will communicate with self-medicating residents during the 45 day medication

Rev. 9/02

GOVERNMENT OF THE DISTRICT OF

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

applesauce as medication administration. pouring of the medications from the plastic bags onto the administer medications, and the PDA did not consider the mixture. The PDA verbalized that she was not certified to applesauce and allowing the resident to independently eat the single pill) from a small plastic bag onto the resident's she was pouring unidentified medications (crushed and one

showed that the PDA was not permitted to administer speak to the resident's nurse for clarification. policy showed that if the PDA was not certain, she should medications or treatment to the resident. Additionally, the Duty Aide/Companion" policy on 01/17/19 at 12:03 PM Review of the ALR's "Role and Responsibilities of Private

Resident #1's PDA was certified to administer medications. At the time of the investigation, the ALR failed to ensure that

10122,01

Review Medication 10122 On-Site

medications that have been added or discontinued. medication profile, including changes in dosing and any documentation of any changes to the resident's (D.C. Official Code 44-109.03), shall include forty-five (45) days, pursuant to Section 903 of the Act The on-site medication review arranged to occur every

ensure accurate documentation of changes in medications that Based on interview and record review, the ALR failed to

> policies. documentation regarding self-medication medicating residents with written Grand Oaks will also provide all selfadministration regulations. review regarding medication

IV. Monitoring Process

requirements related to medication administration regarding PDA exclusion education regarding regulation medication review to ensure resident designee will randomly audit 45 day from the process for the next 90 days. The Executive Director (ED), and/or

Date of Completion

March 31, 2019 and ongoing

10122.01 On-Site Medication Review

shall include documentation of any changes of the Act (D.C. Official Code 44-109.03), occur every 45 days, pursuant to Section 903 to the resident's medication profile, including The on-site medication review arranged to

longoing



DEPARTMENT OF HEALTH HEALTH REGULATION & LICENSING ADMINISTRATION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

had been discontinued or prescribed PRN for one of one resident in the sample (Resident #1).

Findings included:

1.On 02/07/19 at 2:57 PM, review of Resident #1's progress notes documented that the ability to self-administer medications was evaluated by the RN on the dates below and revealed the following:

- (a) 45-day medication reviews completed on 05/07/16, 06/14/16, 12/17/16, 01/24/17, 03/17/17, 05/09/17, 06/18/17 and 07/29/17; no evaluation criteria were identified and no resident competency level was documented.
- (b) 45-day medication reviews were completed on 08/06/16, 09/20/16, and 10/31/16; stated, "resident is self-med." No evaluation criteria were identified.
- (c) 45-day medication review completed on 09/29/17; stated, "successfully passed self-medication test." No evaluation criteria were identified.
- (d) 45-day medication review completed on 12/17/17; stated, "resident self-medicates." No evaluation criteria were identified.
- (e) 45-day medication review dated 02/13/18 did not document any assessment criteria. It stated that all medications were administered by the family.
- 2. Review of Resident #1's clinical record on 01/17/19 at 2:00 PM showed a current POS for January 2019 that the resident was prescribed the following ten routine medications daily: Aspirin 81 mg EC tablet, Atorvastatin 40 mg, Ferrous

changes in dosing and any medication that have been added or discontinued.

Corrective Action

In response to Resident #1s prescribed medication record, her primary physician came to see her on February 7, 2019 and provided the community with updated physician orders.

How to Identify Other

E

The DON, and/or designee, will complete a physician order review with each self-medication assessment and 45 day medication review.

Systemic Changes

The DON, and/or designee, will complete a physician order review with each self-medication assessment and 45 day medication review to ensure accuracy.

Monitoring Process

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DEPARTMENT OF HEALTH HEALTH REGULATION & LICENSING ADMINISTRATION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Sulfate 325 mg, Fluoxetine 10 mg, Irbesartan 150 mg, Isopto Tears .05% eye drops, Levothyroxine 112 mcg tablet, Omeprazole 20 mg capsule, Polyethylene Glycol, and Senna-Docusate 8.6 mg. At 4:33 PM, the DON presented a list of medications provided by the family. The list included five medications: Omeprazole 20 mg capsule, Irbesartan 150 mg tablet, Fluoxetine 10 mg, Levothyroxine 112 mcg tablet, and Atorvastatin 40 mg. When asked about the other medications identified on the January 2019 POS, the DON stated that the family member just reported that the other medications were discontinued or only prescribed to be administered as needed.

At the time of the investigation, the ALR failed to maintain an accurate record of Resident #1's prescribed medications.

10123.02

Medication Storage

ALR shall keep a current record of each prescription and non-prescription medication and dietary supplements kept by a resident in his or her living unit. (Name of medication; strength of medication and quantity; lot number).

Based on observation, and interview, the ALR failed to ensure a current record was maintained for each prescription and non-prescription medication kept in the resident's living unit for one of one resident (Resident #1).

Findings included:

The ED, and/or designee, will conduct random monthly audits of 10% of our self-medicating residents for the self-medication assessment, 45 day medication review and physician orders to ensure accuracy for the next 90 days.

V. Date of Completion

March 31, 2019 and ongoing

10123.02 Medication Storage

ALR shall keep a current record of each prescription and non-prescription medication and dietary supplements kept by a resident in his or her living unit. (Name of medication; strength of medication and quantity; lot number).

Corrective Action

In response to the unavailable medication information, Resident #1s physician came to see her and submitted new physician orders on February 7, 2019.

3/31/19



DEPARTMENT OF HEALTH HEALTH REGULATION & LICENSING ADMINISTRATION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

During an interview on 01/17/19 at 2:20PM, the DON stated that the ALR was not recording the administration of medication for Resident #1. She also stated that if there was a change in the resident's medication regimen, the family was to notify the ALR immediately so that the POS could be kept current. The DON stated that she would follow-up with the family to verify the current list of medications prescribed for the resident.

On 01/17/19 at 4:33 PM, the DON presented a list of medications dated (08/09/18) from Resident #1's family. The DON stated that the family member had explained that some of the medications previously prescribed were discontinued, and some were now only prescribed PRN. The list received from the family included the following five medications:

Omeprazole 20 mg, Irbesartan 150 mg, Fluoxetine (Prozac) 10 mg, Levothyroxine (Synthroid) 112 mcg and Atorvastatin 40 mg.

At the time of the investigation, the ALR was unable to verify the names, dosage of medications, and the times the medications were administered.

10124.06

Medication Administration

An ALR shall ensure that all medications administered to a resident by licensed practical nurse, registered nurse, advanced practice registered nurse, physician, physician assistant, TME or certified medication aide on its

How to Identify Other

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The DON, and/or designee, will complete a POS review with each self-medication assessment and 45 day medication review.

The DON, and/or designee, will conduct room checks of all self-medicating residents to ensure proper storage of medication.

Systemic Changes

III.

The DON, and/or designee, will complete a physician order review with each self-medication assessment and 45 day medication review.

The DON and/or designee will conduct room checks for proper medication storage as part of the 45 day selfadministration assessment.

IV. Monitoring Process

The ED, and/or designee, will conduct random monthly audits of 10% of the



Rev. 9/02

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF HEALTH HEALTH REGULATION & LICENSING ADMINISTRATION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

premises shall be recorded on a written or electronic medication administration record that is kept as part of the resident's medical record.

Based on observation and interview, the ALR failed to ensure that medications were administered by a licensed nurse, physicians, physician assistant, TME or certified medication aide and documented on a written or electronic medication administration record for one of one resident included in the investigation (Resident #1).

Findings included

On 01/17/19 at 4:37 PM, interview with the DON revealed that Resident #1 received services from a PDA, who was certified as an HHA, for six hours a day, five days a week (Monday through Friday). The DON stated that the resident's current ISP allowed the resident to self-administer medication. Further discussion with the DON indicated that the family prepared the resident's medications and that the resident was able to take the medication when mixed with applesauce by the PDA. During an interview on 01/17/19 at 11:13 AM, the PDA stated that Resident #1 was able to self-administer medications once prepared.

On 01/17/19 at 1:15 PM, observation of Resident #1's medication supply maintained in the living unit showed that there were no original containers. The PDA showed the surveyors small, clear plastic bags of crushed medications and also a separate small, clear plastic bag containing a pink pill. The bags were identified by the days of the week and

self-medication assessment, 45 day medication and physician orders to ensure accuracy for the next 90 days

V. Date of Completion

March 31, 2019 and ongoing

10124.06 Medication Administration An ALR shall ensure that all medication administered to a resident by licensed practical nurse, registered nurse, advanced practice registered nurse, physician, physician assistant, TME or certified medication aide on its premises shall be recorded on a written or electronic medication administration record that is kept

Corrective Action

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as part of the medical record.

In response to medication administration by an appropriately licensed professional, Grand Oaks began administering medication on February 9, 2019.

How to Identify Other

F

3/31/A

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

were not onsite at the ALR. original medication containers were kept by the family and the names of the medications. The PDA stated that the the time to be administered, however the bags did not include

showed that PDAs "[were] not permitted to administer administering any medication" but that the PDA "provides through 12/31/19, showed that their PDA staff "is not Home Care Agency's Plan of Care, effective 12/31/18 for clarification." On 01/28/19 at 1:15 PM, review of the was] not certain, please speak to the resident's assigned nurse medications or render any treatment to residents. If [the PDA Responsibilities of Private Duty Aide/Companion" policy On 01/17/19 at 2:30 PM, review of the ALR's "Role and medication reminders."

of their scope of practice." #1's medication on the applesauce for the resident to take independently, she "[believed] that would be working outside #1's PDA. She stated that if the PDA was placing Resident DON from the Home Care Agency that employed Resident An interview was conducted on 01/28/19 at 2:25 PM with the

paraprofessional, and that an accurate medication appropriately licensed professional or certified Resident #1 was administered medications by an administration record was maintained At the time of the investigation, the ALR failed to ensure that

> administration assistance. regulations regarding medication services to educate them on the residents who have retained PDA communicate with all self-medicating The DON, and/or designee, will

III. Systemic Changes

administration regulations. review regarding medication residents during the 45 day medication communicate with self-medicating The DON, and/or designee, will

<u>|</u>< Monitoring Process

audit 45 day medication review to ensure from the process for the next 90 days. administration regarding PDA exclusion requirements related to medication resident education regarding regulation The ED, and/or designee, will randomly

Date of Completion

March 31, 2019 and ongoing

3/2/19 Cyrobus