PRINTED: 08/17/2023 **FORM APPROVED** 

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: A. BUILDING: B. WING 08/11/2023 **ALR-0028** NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2701 MILITARY ROAD NW** METHODIST HOME OF DC-FOREST SIDE WASHINGTON, DC 20015 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX ID. COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX TAG OR LSC IDENTIFYING INFORMATION) DEFICIENCY) R 000 R 000 Initial Comments An annual licensure survey was conducted on This Plan of Correction constitutes this 08/09/2023, 08/10/2023, and 08/11/2023 to facility's written allegation of compliance determine compliance with the Assisted Living Law for the deficiencies cited. However, (DC Official Code § 44-101.01 et seq) and Assisted submission of this Plan of Correction is not Living Residence Regulations, Title 22-B DCMR an admission that a deficiency exists or (Public Health and Medicine) Chapter 101. The that one was cited correctly. Assisted Living Residence (ALR) provided care for This Plan of Correction is submitted to 18 residents and employed 27 employees and meet requirements established by state seven contract personnel, including professional and federal law; or Preparation and and administrative staff. A random sample of 12 resident records to include discharge and transfer submission of this Plan of Correction does and 13 personnel records were selected for review. not constitute an admission of agreement The findings of the survey were based on by the provider of the truth of the facts observations throughout the facility, clinical and alleged or the correctness of the administrative record review, and resident, and staff conclusions set forth in the statement of interviews. deficiencies. The Plan of Correction is prepared and submitted solely because of requirements under state and federal R 595 R 595 Sec. 701d8 Staffing Standards. laws. (8) Assure that each employee has a background check pursuant to federal and District law executed at the time of initial employment. Based on observations, interviews, and record reviews, the Assisted Living Residence (ALR) failed to show evidence that criminal background checks for non-licensed job applicants were performed in accordance with the requirements for unlicensed personnel prescribed by 22-B DCMR §4701.1 and §4701.2, for one of the six non-licensed employees or contractors whose records were reviewed (Interim Maintenance Director, IMD). Findings included: On 08/09/2023 at 01:30 pm and 08/11/2023 at 01:52 pm, the IMD accompanied surveyors during the environmental walk-through of the Health Regulation & Licensing Administration 20TI Administrato &

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

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Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING 08/11/2023 ALR-0028 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2701 MILITARY ROAD NW** METHODIST HOME OF DC-FOREST SIDE WASHINGTON, DC 20015 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE DATE ID PREFIX (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX TAG CROSS-REFERENCED TO THE APPROPRIATE OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY R 595 Continued From page 1 R 595 1.Interim Director of Maintenance missing 8/11/2023 criminal background check and was facility. removed from the schedule. There were no adverse effects from this finding. On 08/10/2023 beginning at 10:50 am, a review of 2.All ALR staff files were reviewed for a the personnel records maintained for unlicensed 8/11/2023 comprehensive background check by employees showed no documented evidence that Human Resources Director. There were IMD had obtained a criminal background check. It should be noted that the IMD entered into a contract no other staff affected by this practice. with the facility in October 2022. Interim Maintenance Director criminal background check completed on 8/18/23. At 3:12 pm, the Human Resources Director, who 2. Human Resources Director educated 8/14/2023 facilitated the review process, acknowledged the HR staff to ensure completed criminal findings, and said she would make sure the background checks prior to hire. HRD will contractor completed a background check. conduct monthly audits x 12 months on all new hires. At the time of the survey, the ALR failed to ensure 3.The HRD will report results of the audits that all staff were deemed eligible for employment in On-going to the quality assurance committee that a healthcare facility by DC Health in accordance with the criminal background check requirements meets quarterly. prescribed by 22-B DCMR §§ 4700 et seq. This is a repeat deficiency. See deficiency report dated 06/15/2021. R 705 R 705 Sec. 802b Medical, Rehabilitation, Psychosocial Assess. (b) The ALR shall maintain resident information obtained from a standardized physician's statement approved by the mayor. The information shall include a description of the applicant's current physical condition and medical status relevant to defining care needs, and the applicant's psychological and cognitive status, if so, indicated during the medical assessment. Based on interviews and record reviews, the Assisted Living Residence (ALR) failed to ensure each resident's Intermediate Care Facilities

Health Regulation & Licensine Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING: B. WING ALR-0028 08/11/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2701 MILITARY ROAD NW** METHODIST HOME OF DC-FOREST SIDE WASHINGTON, DC 20015 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID PREFIX ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG OR LSC IDENTIFYING INFORMATION) DEFICIENCY) R 705 R 705 Continued From page 2 Division Admission/Annual Medical Certification 1.Residents #5 and #12 Intermediate Care 8/11/2023 form was completed with all information required, Facilities Division Admission/Annual Medical for one longtime resident and one newly admitted Certification was corrected immediately. resident out of the 12 sampled (Residents #5 and Audit for Intermediate Care Facilities 12). Division Admission/Annual Medical Certification form was completed for all Findings included: residents to include that all required information was included on the form. On 08/11/2023 at 1:32 pm, a review of Resident 2. Physicians and ALM/Registered Nurses 9/11/2023 #5's Medical Certification form dated 01/08/2023 will receive education to include completion showed the physician failed to document if the of Intermediate Care Facilities Division resident had any "Activity Restrictions." At 2:52 pm, Admission/Annual Medical Certification form a review of Resident #12's Medical Certification with all required information. form dated 07/05/2023 showed the physician failed 3. Intermediate Care Facilities Division 9/11/2023 to document if the resident had any known allergies Admission/Annual Medical Certification form or if the resident would benefit from podiatry care. for new admissions and new annual forms During an interview on 08/11/2023 at 2:55 pm, the will be audited monthly X 12 months by the above findings were discussed with the Assisted AL Manager to ensure that the Mayor's form Living Unit manager (ALUM). The ALUM stated that is completed to include required information, she was tasked with reviewing each resident's the result of the monitoring will be reported Intermediate Care Facilities Division to the Director of Nursing. Admission/Annual Medical Certification form. The 4. The Director of Nursing will report results ALUM acknowledged the forms were not complete On-going of this audit and monitoring to the QAPI with all the required information. The ALUM further committee that meet every quarter. The stated that the expectation was that the form would QAPI committee will determine compliance. be fully completed, as it "is a required form; it's in the regulations." At the time of the survey, the ALR failed to ensure that each resident's Medical Certification form was completed with all the required information at the time of admission and/or annually thereafter.

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(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A, BUILDING: \_ B. WING **ALR-0028** 08/11/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2701 MILITARY ROAD NW METHODIST HOME OF DC-FOREST SIDE WASHINGTON, DC 20015 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID ΙĐ PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) R 000 Initial Comments R 000 0000 Initial Comments An annual licensure survey was conducted on 08/09/2023, 08/10/2023, and 08/11/2023 to determine compliance with the Assisted Living Law (DC Official Code § 44-101.01 et seq) and Assisted This Plan of Correction constitutes this Living Residence Regulations, Title 22-B DCMR facility's written allegation of (Public Health and Medicine) Chapter 101. The compliance for the deficiencies cited. Assisted Living Residence (ALR) provided care for However, submission of this Plan of 18 residents and employed 27 employees and Correction is not an admission that a seven contract personnel, including professional deficiency exists or that one was cited and administrative staff. A random sample of 12 correctly. resident records to include discharge and transfer This Plan of Correction is submitted to and 13 personnel records were selected for review. meet requirements established by state The findings of the survey were based on and federal law; or Preparation and observations throughout the facility, clinical and administrative record review, and resident, and staff submission of this Plan of Correction interviews. does not constitute an admission of agreement by the provider of the truth of the facts alleged or the correctness R 283 R 283 10116.17 Staffing Standards of the conclusions set forth in the statement of deficiencies. The Plan of 10116.17 All employees, including the ALA, shall be Correction is prepared and submitted required on an annual basis to document freedom solely because of requirements under from tuberculosis in a communicable form. state and federal laws. Documentation shall be provided by the employee's licensed healthcare practitioner. Based on observations, interviews, and record reviews, the Assisted Living Residence (ALR) failed to ensure that all staff had a written statement from a healthcare practitioner stating they were free from tuberculosis in communicable forms, for five of the 13 personnel records reviewed (Certified Nursing Assistant #1, Licensed Practical Nurse, Physical Therapist, House Keeping employee, and Assisted Living Unit Manager). Findings included: On 08/09/2023 beginning at 9:25 am, Certified Health Regulation & Licensing Administration

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Health Regulation & Licensing Administration (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B WING 08/11/2023 ALR-0028 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2701 MILITARY ROAD NW METHODIST HOME OF DC-FOREST SIDE WASHINGTON, DC 20015 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX PREFIX OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) R 283 R 283 Continued From page 1 8/10/23 1.Missing medical documentation on Nursing Assistant #1, Licensed Practical Nurse, Certified Nursing Assistant #1, License House Keeping employee, and Assisted Living Unit Practical Nurse, Physical Therapist, Manager were observed in the ALR assisting and/or Housekeeper, and Assisted Living providing services to the residents. The review of a Manager. HRD completed an inspection contract agreement showed that the Physical of Assisted Living employee records to Therapist comes to the facility to render services on identify those employees who were out a scheduled basis. of compliance. 2. A review of all ALR employee records 10/01/23 On 08/10/2023 beginning at 10:50 am, a review of identified and affected by the deficient the personnel records for Certified Nursing practice will have a Healthcare Assistant #1, Licensed Practical Nurse, Physical Therapist, House Keeping employee, and Assisted Practitioner document that the Living Unit Manager, showed no evidence that a employee is free from Tuberculosis. healthcare practitioner documented that the 3.The Human Resource Director (HRD) employees were free from Tuberculosis. It should 8/14/23 in-serviced staff on the importance of be noted that there was a self-declaration statement monitoring and following up with from each employee but not from his or her requesting medical information. HRD healthcare practitioner. revised spreadsheet for monthly monitoring/tracking medical At 2:13 pm, while reviewing the personnel records documentation x 12 months. with the Director of Human Resources (DHR), the DHR asked whether the ALR regulations specified 4.HRD will report results of the audits to On-going that the statement must be from a healthcare the Quality Assurance Committee that practitioner. The surveyors provided and read the meets quarterly. applicable regulations to the DHR. At the time of the survey, the ALR failed to ensure that each employee's personnel record reflected that a healthcare practitioner had declared annually that the employee was free from Tuberculosis. 10120.1 & 2 \*Unlicensed Personnel Criminal R 326 R326 **Background Che** 10120,1 No ALR shall employ or contract an unlicensed person for work on the ALR's premises until a criminal background check has

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Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING: B. WING **ALR-0028** 08/11/2023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **2701 MILITARY ROAD NW** METHODIST HOME OF DC-FOREST SIDE WASHINGTON, DC 20015 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) R 326 R 326 Continued From page 2 1.Interim Director of Maintenance 8/11/2023 missing criminal background check been conducted for that person. and was removed from the schedule. There were no adverse effects from 10120.2 An ALR shall implement and comply with the criminal background check standards and this finding. requirements for unlicensed personnel prescribed 2.All ALR staff files were reviewed for 8/11/2023 by D.C. Official Code §§ 44-551 et seq. and 22-B a comprehensive background check DCMR §§ 4700 et seq. by Human Resources Director. There Based on observations, interviews, and record were no other staff affected by this reviews, the Assisted Living Residence (ALR) failed practice. Interim Maintenance Director to provide evidence that criminal background criminal background check completed checks for non-licensed job applicants were on 8/18/23. performed in accordance with the requirements for Human Resources Director educated 8/14/2023 unlicensed personnel prescribed by 22-B DCMR HR staff to ensure completed criminal §4701.1 and §4701.2, for one of the six background checks prior to hire. HRD non-licensed employees or contractors whose will conduct monthly audits x 12 records were reviewed (Interim Maintenance months on all new hires. Director, IMD). 4.The HRD will report results of the On-going audits to the quality assurance Findings included: committee that meets quarterly. On 08/09/2023 at 01:30 pm and 08/11/2023 at 01:52 pm, the Interim Maintenance Director, (IMD), accompanied the surveyors during the environmental walk-through of the facility. On 08/10/2023 beginning at 10:50 am, a review of the personnel records maintained for unlicensed employees showed no documented evidence that the IMD had obtained a criminal background check. It should be noted that the IMD entered into contract with the facility in October 2022. At 3:12 pm, the Human Resources Director, who facilitated the review process, acknowledged the findings, and said she would make sure the contractor completed a background check. At the time of the survey, the ALR failed to ensure all staff were deemed eligible for employment in a

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METHODIST HOME OF DC-FOREST SIDE 2701 MILITARY ROAD NW MASHINGTON DC 20045						
WASHINGTON, DC 20016						
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