Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR-0028	A. BUILDING: ______ B. WING ______	08/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
METHODIST HOME OF DC-FOREST SIDE	2701 MILITARY ROAD NW WASHINGTON, DC 20015

(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
R 000	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 Living Residence Regulations, Title 22-B DCMR (Public Health and Medicine) Chapter 101. The Assisted Living Residence (ALR) provided care for 18 residents and employed 27 employees and seven contract personnel, including professional and administrative staff. A random sample of 12 resident records to include discharge and transfer and 13 personnel records were selected for review. The findings of the survey were based on observations throughout the facility, clinical and administrative record review, and resident, and staff interviews.	R 000	This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law; or Preparation and submission of this Plan of Correction does not constitute an admission of agreement by the provider of the truth of the facts alleged or the correctness of the conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and submitted solely because of requirements under state and federal laws.	
R 595	Sec. 701d8 Staffing Standards. (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	R 595		

Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Administrator (X6) DATE: 8/23/2023

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R 595	Continued From page 1 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 IMD had obtained a criminal background check. It should be noted that the IMD entered into a 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 that all staff were deemed eligible for employment in a healthcare facility by DC Health in accordance with the criminal background check requirements prescribed by 22-B DCMR §§ 4700 et seq. This is a repeat deficiency. See deficiency report dated 06/15/2021.	R 595	1.Interim Director of Maintenance missing criminal background check and was removed from the schedule. There were no adverse effects from this finding. 2.All ALR staff files were reviewed for a comprehensive background check by Human Resources Director. There were no other staff affected by this practice. Interim Maintenance Director criminal background check completed on 8/18/23. 2.Human Resources Director educated HR staff to ensure completed criminal background checks prior to hire. HRD will conduct monthly audits x 12 months on all new hires. 3.The HRD will report results of the audits to the quality assurance committee that meets quarterly.	8/11/2023 8/11/2023 8/14/2023 On-going
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	R 705		

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R 705	Continued From page 2 Division Admission/Annual Medical Certification form was completed with all information required, for one longtime resident and one newly admitted resident out of the 12 sampled (Residents #5 and 12). Findings included: On 08/11/2023 at 1:32 pm, a review of Resident #5's Medical Certification form dated 01/08/2023 showed the physician failed to document if the resident had any "Activity Restrictions." At 2:52 pm, a review of Resident #12's Medical Certification form dated 07/05/2023 showed the physician failed to document if the resident had any known allergies or if the resident would benefit from podiatry care. During an interview on 08/11/2023 at 2:55 pm, the above findings were discussed with the Assisted Living Unit manager (ALUM). The ALUM stated that she was tasked with reviewing each resident's Intermediate Care Facilities Division Admission/Annual Medical Certification form. The ALUM acknowledged the forms were not complete with all the required information. The ALUM further stated that the expectation was that the form would 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.	R 705	1.Residents #5 and #12 Intermediate Care Facilities Division Admission/Annual Medical Certification was corrected immediately. Audit for Intermediate Care Facilities Division Admission/Annual Medical Certification form was completed for all residents to include that all required information was included on the form. 2. Physicians and ALM/Registered Nurses will receive education to include completion of Intermediate Care Facilities Division Admission/Annual Medical Certification form with all required information. 3. Intermediate Care Facilities Division Admission/Annual Medical Certification form for new admissions and new annual forms will be audited monthly X 12 months by the AL Manager to ensure that the Mayor's form is completed to include required information, the result of the monitoring will be reported to the Director of Nursing. 4. The Director of Nursing will report results of this audit and monitoring to the QAPI committee that meet every quarter. The QAPI committee will determine compliance.	8/11/2023 9/11/2023 9/11/2023 On-going

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R 283	10116.17 Staffing Standards 10116.17 All employees, including the ALA, shall be required on an annual basis to document freedom from tuberculosis in a communicable form. 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	R 283		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE [signature] TITLE Administrator (X6) DATE 8/23/2023

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R 283	Continued From page 1 Nursing Assistant #1, Licensed Practical Nurse, House Keeping employee, and Assisted Living Unit Manager were observed in the ALR assisting and/or providing services to the residents. The review of a contract agreement showed that the Physical Therapist comes to the facility to render services on a scheduled basis. On 08/10/2023 beginning at 10:50 am, a review of the personnel records for Certified Nursing Assistant #1, Licensed Practical Nurse, Physical Therapist, House Keeping employee, and Assisted Living Unit Manager, showed no evidence that a healthcare practitioner documented that the employees were free from Tuberculosis. It should be noted that there was a self-declaration statement from each employee but not from his or her healthcare practitioner. At 2:13 pm, while reviewing the personnel records with the Director of Human Resources (DHR), the DHR asked whether the ALR regulations specified that the statement must be from a healthcare practitioner. The surveyors provided and read the 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.	R 283	1.Missing medical documentation on Certified Nursing Assistant #1, License Practical Nurse, Physical Therapist, Housekeeper, and Assisted Living Manager. HRD completed an inspection of Assisted Living employee records to identify those employees who were out of compliance. 2. A review of all ALR employee records identified and affected by the deficient practice will have a Healthcare Practitioner document that the employee is free from Tuberculosis. 3.The Human Resource Director (HRD) in-serviced staff on the importance of monitoring and following up with requesting medical information. HRD revised spreadsheet for monthly monitoring/tracking medical documentation x 12 months. 4.HRD will report results of the audits to the Quality Assurance Committee that meets quarterly.	8/10/23 10/01/23 8/14/23 On-going
R326	10120.1 & 2 *Unlicensed Personnel Criminal 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	R 326		

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R 326	Continued From page 2 been conducted for that person. 10120.2 An ALR shall implement and comply with the criminal background check standards and requirements for unlicensed personnel prescribed by D.C. Official Code §§ 44-551 et seq. and 22-B DCMR §§ 4700 et seq. Based on observations, interviews, and record reviews, the Assisted Living Residence (ALR) failed to provide 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 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	R 326	1.Interim Director of Maintenance missing criminal background check and was removed from the schedule. There were no adverse effects from this finding.	8/11/2023
			2.All ALR staff files were reviewed for a comprehensive background check by Human Resources Director. There were no other staff affected by this practice. Interim Maintenance Director criminal background check completed on 8/18/23.	8/11/2023
			3.Human Resources Director educated HR staff to ensure completed criminal background checks prior to hire. HRD will conduct monthly audits x 12 months on all new hires.	8/14/2023
			4.The HRD will report results of the audits to the quality assurance committee that meets quarterly.	On-going

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R 326	Continued From page 3 healthcare facility by DC Health in accordance with the criminal background check requirements prescribed by 22-B DCMR §§ 4700 et seq.	R 326		