

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/12/2018
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NAME OF PROVIDER OR SUPPLIER LISNER LOUISE DICKSON HURTHOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5425 WESTERN AVE NW WASHINGTON, DC 20015
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L 000	<p>Initial Comments</p> <p>An Annual Licensure survey was conducted at Lisner-Louise-Dickson-Hurt Home from June 8, through June 11, 2018. The deficiencies are based on observation, record review, resident and staff interviews for 28 sampled residents.</p> <p>The following is a directory of abbreviations and/or acronyms that may be utilized in the report:</p> <p>Abbreviations</p> <ul style="list-style-type: none"> AD- Associate Director AMS - Altered Mental Status ARD - Assessment Reference Date BID - Twice- a-day BIMS- Brief Interview for Mental Status B/P - Blood Pressure cm - Centimeters CMS - Centers for Medicare and Medicaid Services CNA- Certified Nurse Aide CFU Colony Forming Unit CRF - Community Residential Facility D.C. - District of Columbia DCMR- District of Columbia Municipal Regulations D/C Discontinue DI - Deciliter DMH - Department of Mental Health DON - Director of Nursing EKG - 12 lead Electrocardiogram EMS - Emergency Medical Services (911) G-tube Gastrostomy tube HSC Health Service Center HVAC - Heating ventilation/Air conditioning ID - Intellectual disability IDT - Interdisciplinary team L - Liter LPN- Licensed Practical Nurse 	L 000		

Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Swan M Hargreaves

TITLE

Administrator

(X6) DATE

8/6/18

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L 000	<p>Continued From page 1</p> <p>LTC- Long Term Care Lbs. - Pounds (unit of mass) MAR - Medication Administration Record MD- Medical Doctor MDS - Minimum Data Set Mg - milligrams (metric system unit of mass) mL - milliliters (metric system measure of volume) mg/dl - milligrams per deciliter mm/Hg - millimeters of mercury MN - midnight Neuro - Neurological NP - Nurse Practitioner PASRR - Preadmission screen and Resident Review Peg tube - Percutaneous Endoscopic Gastrostomy PO- by mouth POS - Physician 's order sheet Prn - As needed Pt - Patient PU- Partial Upper PL- Partial Lower Q- Every QIS - Quality Indicator Survey R/P - Responsible party RN- Registered Nurse SCC - Special Care Center Sol- Solution SSD- Social Services Director TAR - Treatment Administration Record Trach- Tracheostomy TX- Treatment</p>	L 000		
L 052	<p>3211.1 Nursing Facilities</p> <p>Sufficient nursing time shall be given to each resident to ensure that the resident</p>	L 052		

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L 052	<p>Continued From page 2</p> <p>receives the following:</p> <p>(a) Treatment, medications, diet and nutritional supplements and fluids as prescribed, and rehabilitative nursing care as needed;</p> <p>(b) Proper care to minimize pressure ulcers and contractures and to promote the healing of ulcers:</p> <p>(c) Assistants in daily personal grooming so that the resident is comfortable, clean, and neat as evidenced by freedom from body odor, cleaned and trimmed nails, and clean, neat and well-groomed hair;</p> <p>(d) Protection from accident, injury, and infection;</p> <p>(e) Encouragement, assistance, and training in self-care and group activities;</p> <p>(f) Encouragement and assistance to:</p> <p>(1) Get out of the bed and dress or be dressed in his or her own clothing; and shoes or slippers, which shall be clean and in good repair;</p> <p>(2) Use the dining room if he or she is able; and</p> <p>(3) Participate in meaningful social and recreational activities; with eating;</p> <p>(g) Prompt, unhurried assistance if he or she requires or request help with eating;</p> <p>(h) Prescribed adaptive self-help devices to assist him or her in eating independently;</p> <p>(i) Assistance, if needed, with daily hygiene,</p>	L 052	<p>L 052 Hearing Aids</p> <p>1. Immediate Response: Resident's hearing aids were checked and placed in resident's ears.</p> <p>2. Risk Identification: All residents who have a physician's order to wear hearing aids were checked to ensure they were working properly and were in the resident's ears per MD order.</p> <p>3. Systemic Changes: All nursing staff were in-serviced as to the importance of checking function and encourage resident use of their hearing aids.</p> <p>4. Monitoring: The Director of Nursing or her designee will conduct monthly audits of all residents with physician orders for the use of hearing aids to ensure proper functioning and usage. Audit of findings will be tracked and reported at the quarterly QA Meetings.</p>	7/27/18

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L 052	<p>Continued From page 3</p> <p>including oral care; and</p> <p>j) Prompt response to an activated call bell or call for help.</p> <p>This Statute is not met as evidenced by:</p> <p>Based on observation, interview and record review for one (1) of 28 sampled residents, the charge nurse failed to ensure resident received the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being as evidenced by the failure of staff to provide care in accordance with a physician's order to apply hearing aids in the daytime. Resident #7.</p> <p>Findings included...</p> <p>Review of the medical record showed Resident #7 was admitted to the facility on 1/25/11, with diagnoses which include Heart Failure, Chronic Obstruction Pulmonary Disease, and Type II Diabetes Mellitus.</p> <p>During an observation on 6/6/18, at 10:30 AM, Resident #7 was lying in bed watching television without wearing hearing aids.</p> <p>During a resident interview on 6/6/18, at 10:30 AM, Resident #7 was asked if he wears glasses or uses hearing aids? The resident states they [staff] don't put them in because they [hearing aids] don't fit right they cost too much money to get the ones I really need.</p> <p>Additional observations on 6/6/18, at 3:30 PM Resident #7 was not wearing his hearing aid; and on 6/11/18 at 3:10 PM, the Resident was observed lying in bed not wearing his hearing aid as per the physician's order.</p>	L 052		

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L 052	<p>Continued From page 4</p> <p>Review of the physician's order dated 1/15/18, directed, "Hearing aid every day and evening shift, apply in AM and remove at bedtime."</p> <p>Review of the Quarterly Minimum Data Set [MDS] dated 3/12/18, showed section [B0300 Hearing Aid] or other appliances used in completing Hearing, the code was entered as "1" to indicate "yes."</p> <p>On 6/11/18, at 3:15 PM a face-to-face interview was conducted with Employee #17, Registered Nurse, states I usually put them in when he goes to dialysis. Employee#17 was unable to provide evidence as to why the Resident was not wearing his hearing aid in accordance with the doctor's order.</p> <p>During a staff interview on 6/11/18 at 3:30 PM, with Employee #4, Clinical Nurse Manager, she was informed of the observations and states I did not know he had a hearing aid, let me look into this.</p> <p>During a face-to-face interview with Employees #4 and #17 acknowledged the finding (resident was not wearing hearing aid as per the physician's order).</p>	L 052		
L 099	<p>3219.1 Nursing Facilities</p> <p>Food and drink shall be clean, wholesome, free from spoilage, safe for human consumption, and served in accordance with the requirements set forth in Title 23, Subtitle B, D. C. Municipal Regulations (DCMR), Chapter 24 through 40.</p>	L 099		

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L 099	<p>Continued From page 6</p> <p>asked about the use of the low temperature dishwasher, temperature logs and testing of the sanitizing solution.</p> <p>Review of the "Dish Machine Temperatures" log dated January 2018 through July 2018 showed the staff documented the wash and final rinse temperatures. However, the log failed to show the facility staff periodically tested the sanitizing chemical solution at least once per shift.</p> <p>On June 11, 2018, Employee #12 demonstrated testing of the sanitizing solution for the low temperature dishwasher to meet the 50 parts per million (PPM) per the manufacturer's recommendations.</p> <p>During a face-to-face interview conduct with Employees #12 and 13, the employees acknowledged the findings.</p> <p>3. Facility failed to ensure the high temperature dish machine consistently reached 180 degrees Fahrenheit to sanitize the dishware and utensils.</p> <p>Review of the "Dish Machine Temperatures" logs dated January 2018 through June 2018, on June 11, 2018, at approximately 2:30 PM, in the main kitchen showed the high temperature dish machine failed to reach the minimum final rinse temperature of 180 degrees Fahrenheit in one (1) of 93 opportunities in January 2018; 12 of 84 opportunities in February 2018; 31 of 93 opportunities in March 2018; 27 of 90 opportunities in April 2018; and nine (9) of 93 opportunities in May 2018. The high temperature dish machine final rinse temperatures are documented three (3) times per day at "breakfast, noon, and evening."</p>	L 099	<p>L099 Testing of High Temperature Dishwasher and Maintaining 180 F</p> <p>1. Immediate Response: The identified high temperature dishwasher was tested and ensured to be consistently reaching 180 F.</p> <p>2. Risk Identification: No other high temperature dishwashers are in the facility.</p> <p>3. Systemic Changes: An in-service was held for dietary staff on proper testing and logging of the high temperature dishwasher. Dietary Managers will conduct daily audits to ensure accuracy of testing and logging the temperatures.</p> <p>4. Monitoring: Findings of the high temperature dishwasher checks will be reported by the Dietary managers at the quarterly QA Meetings.</p>	7/27/18

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L 099	Continued From page 7 During a face-to-face interview with Employees #12 and #13, they acknowledged the findings.	L 099		
L 201	3231.12 Nursing Facilities Each medical record shall include the following information: (a)The resident's name,age, sex, date of birth, race, martial status home address, telephone number, and religion; (b)Full name, addresses and telephone numbers of the personal physician, dentist and interested family member or sponsor; (c)Medicaid, Medicare and health insurance numbers; (d)Social security and other entitlement numbers; (e)Date of admission, results of pre-admission screening, admitting diagnoses, and final diagnoses; (f)Date of discharge, and condition on discharge; (g)Hospital discharge summaries or a transfer form from the attending physician; (h)Medical history, allergies, physical examination, diagnosis, prognosis and rehabilitation; (i)Vaccine history, if applicable, and other pertinent information about immune status in relation to vaccine preventable disease; (j)Current status of resident's condition;	L 201	L201 Medical Records – Inventory list 1. Immediate Response: #1, #46, and #57 were completed. Room inventory for resident #33 was updated. 2. Risk Identification: All medical records were reviewed for updated quarterly room inventories. 3. Systemic Changes: Staff were in-serviced on updating room inventories quarterly. 4. Monitoring: The Director of Nursing or her designee will conduct random quarterly audits of the medical records for quarterly updates to the resident room inventories. Audit of findings will be reported at the quarterly QA meeting.	7/27/18

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L 201	<p>Continued From page 8</p> <p>(k)Physician progress notes which shall be written at the time of observation to describe significant changes in the resident's condition, when medication or treatment orders are changed or renewed or when the resident's condition remains stable to indicate a status quo condition;</p> <p>(l)The resident's medical experience upon discharge, which shall be summarized by the attending physician and shall include final diagnoses, course of treatment in the facility, essential information of illness, medications on discharge and location to which the resident was discharged;</p> <p>(m)Nurse's notes which shall be kept in accordance with the resident's medical assessment and the policies of the nursing service;</p> <p>(n)A record of the resident's assessment and ongoing reports of physical therapy, occupational therapy, speech therapy, podiatry, dental, therapeutic recreation, dietary, and social services;</p> <p>(o)The plan of care;</p> <p>(p)Consent forms and advance directives; and</p> <p>(q)A current inventory of the resident's personal clothing, belongings and valuables.</p> <p>This Statute is not met as evidenced by:</p> <p>Based on policy review, record review and staff interview for four (4) of five (5) sampled records, the facility failed to update quarterly inventory of</p>	L 201		

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L 201	<p>Continued From page 9</p> <p>each resident's personal clothing, belongings and valuables. Residents #1, 33, 46 and 57.</p> <p>Findings included...</p> <p>According to the facility's "Policy and Procedure for Resident Belongings" the facility stated that upon admission each resident will be provided with a "Valuables Record" on which to inventory their possessions and that they will encourage the resident or the resident's representative to periodically update the inventory.</p> <p>Review of medical records on June 11, 2018, showed the facility failed to consistently update the inventory list, at least quarterly as follows:</p> <ol style="list-style-type: none"> 1. Resident #1 was admitted to the facility on August 23, 2017. No inventory form was located on the resident's record. 2. Resident #33 was admitted to the facility on January 06, 2006. The record contained three (3) inventory forms but none of the forms were dated. Therefore, it could not be determined which form was the original and which was the updated form. 3. Resident #46 was admitted to the facility on March 1, 2018. No inventory form was located on the resident's record. 4. Resident #57 was admitted to the facility on March 22, 2018. No inventory form was located on the resident's record. <p>A face-to-face interview was conducted with</p>	L 201		

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L 201	Continued From page 10 Employee #15 at approximately 12:30 PM on June 11, 2018. The employee stated that according to the facility's policy the Inventory Forms are given to the Resident/Responsible Party. The form includes information that they are responsible for completing and updating the forms. After review of the medical records and regulation, Employee #15 acknowledged the findings.	L 201	L214 Electrical Wires Uncovered 1. Immediate Response: The identified call bell and phone cords were replaced. 2. Risk Identification: All resident call bell and phone cords were checked to make sure no electrical wires were uncovered. 3. Systemic Changes: Staff was in-serviced on the importance of checking and reporting any uncovered phone cords and call bell cords to the Facility Manager. The Facility Manager or his designee will do monthly checks of the cords to ensure that they are covered. 4. Monitoring: The Facility Manager or his designee will report audit findings at the quarterly QA Meetings.	7/27/18
L 214	3234.1 Nursing Facilities Each facility shall be designed, constructed, located, equipped, and maintained to provide a functional, healthful, safe, comfortable, and supportive environment for each resident, employee and the visiting public. This Statute is not met as evidenced by: Based on observations and interview, the facility failed to ensure all electrical and patient care equipment is maintained in a safe operating condition evidenced by a frayed call bell cord and a damaged telephone cord in one (1) of 16 resident rooms and missing door closure covers in two (2) of 16 resident rooms. Findings included... 1. On June 11, 2018, at approximately 10:00 AM, during observations on the Louise Terrace Unit, the call bell and telephone cords for Resident Room #110-B was noted to have uncovered electrical wires creating a potential electrical safety hazard in two (2) of 16 observations. 2. On June 11, 2018, approximately 10:30 AM, during observations on the Dickerson Drive Unit, the door closure housings located above the	L 214	L214 Door Closure Housings 1. Immediate Response: Covers were installed on the identified two door closure housings above the entrance doors that lacked covers and had visible wires. 2. Risk Identification: All door closure housings were checked for covers and that no wires were visible. 3. Systemic Changes: Staff was in-serviced on the importance of checking and reporting any missing covers on the door closure housings to the Facility Manager. The Facility Manager or his designee will do monthly checks of the door closure housings to ensure that they are covered and no wires are visible. 4. Monitoring: The Facility Manager or his designee will report audit findings at the quarterly QA Meetings.	7/27/18

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L 214	<p>Continued From page 11</p> <p>entrance door of resident room #117 lacked a cover with electrical wires and connectors visible and accessible creating a potential safety hazard in one (1) of 16 resident rooms.</p> <p>3. On June 11, 2018, approximately 11:00 AM, during observations on the Special Care Unit, the door closure housings located above the entrance door of resident room #132 lacked a cover with electrical wires and connectors visible and accessible creating a potential safety hazard in one (1) of 16 resident rooms.</p> <p>During a face-to-face interview on June 11, 2018, approximately 12:00 PM, the findings were discussed with Employee #11 and acknowledged.</p>	L 214	<p>L410 Dressers and Bedside Chests Marred</p> <p>1. Immediate Response: The identified marred dressers and bedside chests were repaired.</p> <p>2. Risk Identification: All resident dressers and bedside chests were inspected for marred surfaces.</p> <p>3. Systemic Changes: An in-service was held for staff on checking dressers and chests for marred surfaces and reporting any with marks to Environmental Services for repair or replacement. monthly checks will be completed by Environmental Services Director or designee.</p> <p>4. Monitoring: Findings of the monthly checks will be reported by the Environmental Services Director or designee at the quarterly QA Meetings.</p>	7/27/18
L 410	<p>3256.1 Nursing Facilities</p> <p>Each facility shall provide housekeeping and maintenance services necessary to maintain the exterior and the interior of the facility in a safe, sanitary, orderly, comfortable and attractive manner.</p> <p>This Statute is not met as evidenced by:</p> <p>Based on observations and interview, the facility failed to ensure resident room furnishings were maintained in a clean and safe manner as evidenced by dressers and bedside chest marred with gashes and scratch marks in one (1) of 16 resident's room, and damaged laminate covering on two (2) of 16 resident over-the-bed tables. The failure has the potential to amass dirt and food residue.</p> <p>Findings included...</p> <p>Facility failed to ensure resident room furnishing</p>	L 410	<p>F584 Over the Bed Table with Peeling Laminate and hole</p> <p>1. Immediate Response: The identified over the bed table was replaced.</p> <p>2. Risk Identification: All resident over the bed tables were inspected for damaged surfaces.</p> <p>3. Systemic Changes: An in-service was held for staff on checking over the bed tables' surfaces and reporting any with damage to Nursing Managers for replacement. monthly checks will be completed by Director of Nursing or her designee.</p> <p>4. Monitoring: Findings of the monthly checks will be reported by the Director of Nursing or her designee at the quarterly QA Meetings.</p>	7/27/18

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L 410	Continued From page 12 were maintained in a clean and safe manner. During observations on the Louise Terrace unit on June 11, 2018, at approximately 10:00 AM, the residents' room were observed with the following: 1. In Room #107, two (2) of two (2) dressers and two (2) of two (2) bedside chest were marred with scratch marks and gashes with the potential to collect dirt. 2. In Room #106, the top of one (1) of one (1) over-the-bed table had peeling laminate and the cover to one (1) of two (2) over-the-bed table had a dime size hole with the potential to amass food residue. During a face-to-face interview on June 11, 2018, Employee #11 acknowledged the findings.	L 410		
L 533	3270 Nursing Facilities DISCHARGE PLANNING This Statute is not met as evidenced by: Based on resident interview, staff interview, and record review for one (1) of 28 sampled residents, the facility staff failed to develop a discharge plan and make a referral to the local contact agency to assist with Resident #37's desire to return to the community upon completion of rehabilitation services. Resident #37. Findings included... Resident #37 was admitted on November 17, 2017, with diagnoses to include: Acute Cholecystitis Status-post Cholecystectomy,	L 533	L533 Discharge Planning 1. Immediate Response: A discharge plan for Resident #37 was developed and a referral was made to the local contact agency. 2. Risk Identification: All residents were interviewed for discharge preference. All care plans reviewed for active discharging planning and need for referral to local contact agency. 3. Systemic Changes: Staff was in-serviced on care planning resident's desire to discharge and process of referral to local contact agency. 4. Monitoring: The Director of Social Services or her designee will conduct random quarterly interviews and audit resident care plans to ensure active discharge planning and referral to the local contact agency is in place per resident preference of this service. Audit of findings will be reported at the quarterly QA Meetings.	7/27/18

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD02-0015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/12/2018
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NAME OF PROVIDER OR SUPPLIER LISNER LOUISE DICKSON HURTHOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5425 WESTERN AVE NW WASHINGTON, DC 20015
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L 533	<p>Continued From page 13</p> <p>Cerebrovascular Accident with left paresis (weakness), Hypertension, and Atrial Fibrillation.</p> <p>During a resident interview on June 6, 2018, at approximately 10:20 AM, the Resident #37 stated that she has family in Canada and the Philippines and that she wishes to move to Canada to live with family who will then assist her in moving to the Philippines with other family members. When asked if she has discussed this with the facility staff she stated "yes" from the beginning. "I never wanted to stay here permanently." She also stated, "I have friends and family here, who come to see me all the time and we do discuss this". Resident further stated "I go for physical therapy two times a day and I'm coming along nicely."</p> <p>A face-to-face interview was conducted on June 8, 2018, at approximately 1:00 PM, with Employee #9, Social Work Director, when questioned about discharge plans for Resident #37, she stated, she was aware of her wish to move to Canada. Employee #9 further stated the resident has family visiting her frequently. However, a discharge plan from the facility has never been discussed with the resident or her family. Also, Employee # 9 stated it was assumed the resident would remain in the long-term care facility because of her prior residence in the assisted living facility.</p> <p>On June 8, 2018, at 2:30 PM, a review of Resident #37's Comprehensive Minimum Data Set (MDS) dated April 24, 2018, showed that Section Q "Assessment and Goal Setting" [Q0300] Overall Expectation was coded as " 2" " expects to remain in this facility".</p>	L 533		

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L 533	<p>Continued From page 14</p> <p>A review of the care plan on June 8, 2018, at 2:30 PM showed the facility documented the approaches and goals for Resident #37 as adjustment to new long-term care home.</p> <p>The medical record lacked documented evidence the facility referred Resident #37 to the Local Contact Agency to address her desire to be discharged from the facility upon completion of physical therapy.</p> <p>On June 8, 2018, at 3:00 PM, during a face-to-face interview, Employee # 9 acknowledged the findings.</p>	L 533	<p>L534 Signed Document for 6-108</p> <p>1. Immediate Response: Resident #2 signed the 6-108 upon return from the hospital and the signed notice was placed in his medical record.</p> <p>2. Risk Identification: All discharges for the past 90 days were reviewed for the provision of information regarding the District of Columbia's discharge/transfer policy (6-108) to the resident and documentation of such provision placed in the resident medical record.</p> <p>3. Systemic Changes: Staff were in-serviced on discharge/transfer policy and the need for documentation of provision of the 6-108 to be placed in the resident medical record.</p> <p>4. Monitoring: The Director of Social Services or her designee will conduct random quarterly audits of discharges or transfers for proof that the District of Columbia's discharge/transfer policy was provided to the resident and documentation of the provision placed in the medical record. Audit of findings will be reported at the quarterly QA Meetings.</p>	7/27/18
L 534	<p>3270.1 Nursing Facilities</p> <p>A transfer or discharge of a resident from a nursing facility shall be done in accordance with the Nursing Home and Community Residence Facility Residents' Protection Act of 1985, effective April 18, 1986 (D.C. Law 6-108; D.C. Official Code §§ 44-1003.01, et seq. (2005 Repl. & 2011 Supp.)).</p> <p>This Statute is not met as evidenced by:</p> <p>Based on record review and staff interview for one (1) of two (2) residents who was recently transferred to the hospital from the facility, it was determined that the facility failed to provide one (1) resident with information regarding the District of Columbia's discharge/transfer policy. Resident #2</p> <p>Findings include...</p>	L 534		

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L 534	<p>Continued From page 15</p> <p>A review of the physician's orders on Resident #2's chart revealed an order to transfer the resident to an area hospital for a medical procedure. However, the facility failed to comply with DC Law 6-108 by maintaining the signed documentation of the resident/responsible party's notification of the transfer on the resident's chart.</p> <p>According to the District of Columbia Residents' Protection Act, DC Law 6-108: "Evidence that the resident and/or responsible party have been given the reasons for, procedures for contesting and proposed effective date of discharge, transfer or relocation must be maintained in the resident's record."</p> <p>During a face-to-face interview at 2:00 PM on June 11, 2018, Employee #9 stated that she keeps the forms in a binder in her office. The employee presented the form but the resident's signature was missing.</p> <p>The facility failed to comply with DC Law 6-108 by obtaining the resident's signature when he was transferred to the hospital and maintaining the signed document in the resident's medical record.</p> <p>Employee #9 acknowledged the finding.</p>	L 534		