

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/15/2014
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WILLIAMS ASSISTED LIVING RESIDENTIAL FA

(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	<p>Initial Comments</p> <p>An annual licensure survey was conducted at Williams Assistant Living on April 15, 2014, to determine compliance with Assisted Living Law " DC Code § 44-101.01. " The Assisted Living Residence provides care for two (2) residents and has eight (8) staff to include professional and administrative staff. The findings of the survey were based on observations, record reviews and interviews with staff and residents.</p> <p>Please refer to the list provided below for all abbreviations used in this report.</p> <p>Assistant Living Administrator (ALA) Assistant Living Residence (ALR) Home Health Aides (HHA) Individual Service Plan (ISP) Cardiopulmonary Resuscitation (CPR) Complete Blood Count (CBC) Complete Metabolic Panel (CMP) She/He (S/he)</p>	R 000	<p>Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002</p> <p>MAY 15 2014</p>	
R 272	<p>Sec. 503.1 Dignity.</p> <p>(1) A safe, clean, comfortable, stimulating, and homelike environment allowing the resident to use personal belongings to the greatest extent possible; Based on observation and interview, it was determined that the ALR staff failed to maintain a clean and safe environment.</p> <p>The finding includes:</p> <p>On April 15, 2014, at approximately 8:30 a.m., an observation revealed the following:</p> <p>1. Bedroom #1 had a white cord in the ceiling</p>	R 272 1	<ol style="list-style-type: none"> 1. Additional cord for the monitoring system has been purchased. The monitoring system's "white cord" has been rewired and rerouted along the baseboards and woodwork. 2. The maintenance staff will perform monthly checks to ensure the monitoring system and all its components secure and functioning properly. 3. A maintenance schedule will be created to ensure frequent and regular checks of facility systems. 	6/16/14

Health Regulation & Licensing Administration

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

Vera Williams TITLE *Director*

(X6) DATE

5/15/14

Health Regulation & Licensing Administration

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R 272	Continued From page 1 running out of the window and over to the next house. In addition, one window pane was not sealed to window frame. 2. The basement refrigerator and freezer were dirty and packed with unlabeled cooked food and expired uncooked food. 3. The upstairs bathroom caulking around the upstairs bathroom tub was dirty. During an interview with the administrator on April 15, 2014, at approximately 9:30 a.m., the administrator indicated s/he would remove all expired and unlabeled cook food, clean the refrigerator, clean the tub in the upstairs bathroom and have the window repaired. Additionally, the administrator stated, "The cord is for the monitor. It runs from the window over to my house so I can monitor the patients."	R 272 2 3	1. The undated and expired food in the basement refrigerator and freezer was removed and discarded. The refrigerator was cleaned and the freezer was removed. 2. The assisted living staff will verify that all food is labeled with date he assisted living staff will verify that all food is labeled and discarded when the food is over 72 hours old. 3. The ALA will create check list for daily monitoring of items stored and when items are discarded. 1. The upstairs bathroom old chalking has been removed and new chalking has been applied. 2. The maintenance staff will perform monthly checks to ensure the facility buildings needs are being meet. 3. A maintenance request form will be created to ensure ALR staff have a system to observe and report maintenance needs.	6/16/14 6/16/14
R 293	Sec. 504.2 Accommodation Of Needs. (2) To have access to appropriate health and social services, including social work, home health, nursing, rehabilitative, hospice, medical, dental, dietary, counseling, and psychiatric services in order to attain or maintain the highest practicable physical, mental and psychosocial well-being; Based on record review and interview, it was determined that the ALR failed to ensure one (1) of two (2) residents in the sample had access to appropriate medical and health services. (Residents #1) The finding includes: On April 15, 2014, at approximately 9:10 a.m., a	R 293		

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R 293	Continued From page 2 review of Resident #1's record revealed an "Annual Medical Certification" assessment signed by the physician on February 20, 2012, revealed that the physician ordered follow-up office visit every three months, labs (CBC, CMP, lipid profile) annually, and a mental health evaluation for history of chronic schizophrenia. Further review of the record failed to evidence that the resident followed up with the physician every three months, had a mental health evaluation completed, or had labs done. During an interview with the administrator on April 15, 2014, at approximately 12:00 p.m., the administrator stated, "The resident did see the doctor every three months and I believe the doctor did the blood work, but I don't have the results. I didn't know the resident needed to see a psychiatrist."	R 293 1	As in accordance with physician order all follow up appointments, labs, cbc, cmp, lipid profile, mental health evaluation for chronic schizophrenia and mental health evaluations were completed from February 20, 2013 thru February 2014. Documentation for this period is noted in resident's #1's agreement policy file and is ongoing.	6/16/14
R 423	Sec. 602a2 Resident Agreements (2) The specific nature of any special care that it holds itself out to provide, such as specialty in Alzheimer's disease or Parkinson's disease; Based on record review and interview, it was determined that the assisted ALR failed to include any special care it provides in the resident agreements for two (2) of two (2) residents in the sample. (Residents #1 and #2) The findings include: 1. On April 15, 2014, at approximately 9:10 a.m., a review of Resident #1's "Annual Medical Certification", signed by the physician on February 20, 2012, that documented the resident had diagnoses of Alzheimer disease, dementia,	R 423 2	The ALR doesn't offer any special care for Alzheimer disease or Parkinson disease. All residents that are diagnosed with the above mentioned diseases are treated and receive special care by their special physicians' orders, (other sources) outside of the ALR. Ongoing The resident agreement show as outside service for treatment in the future and ongoing	6/16/14

Health Regulation & Licensing Administration

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R 423	<p>Continued From page 3</p> <p>chronic schizophrenia. Further review of the record revealed a resident agreement that failed to evidence any specialty care provided by the ALR for the aforementioned diagnoses.</p> <p>2. On April 15, 2014, at approximately 10:00 a.m., a review of Resident #2's "Annual Medical Certification", signed by the physician on February 21, 2014, documented that the resident had diagnoses of dementia and Parkinson's disease. Further review of the record revealed a resident agreement that failed to evidence any specialty care provided by the ALR for the aforementioned diagnoses.</p> <p>During an interview with the ALA on April 15, 2014, at approximately 11:00 a.m., the ALA stated, "I didn't know I had to include that in the resident agreements, I thought it was supposed to be in my ISP's, but I will include it."</p> <p>This a repeat deficiency. See report dated December 27, 2013.</p>	R 423 2	<p>The residents agreement will include any special care provided by the ALR for the afore mentioned diagnosis beginning May 2014 and ongoing.</p> <p>Beginning May 2014, the resident agreement will evidence any specialty care provided by the ALR for the afore mentioned diagnosis current May 20 and ongoing</p>	6/16/14
R 428	<p>Sec. 602a7 Resident Agreements</p> <p>(7) A description of responsibility for provision or coordination of healthcare, if any; Based on record review and interview, it was determined that the ALR failed to include a description of the responsibility for provision or coordination of healthcare services for two (2) of (2) residents in the sample. (Residents #1 and #2)</p> <p>The finding includes:</p> <p>On April 15, 2014, starting at approximately 9:10</p>	R 428 7	<p>In accordance with the responsibility of coordinating of healthcare services, the ALR will provide documentation of the party responsible for coordinating home health aide services in the resident agreement and ongoing</p>	6/16/14

Health Regulation & Licensing Administration

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R 428	Continued From page 4 a.m., a review of residents #1 and #2's resident agreements failed to provide documentation of the party responsible for coordinating home health aide services. During an interview with the ALA on April 15, 2014, starting at approximately 11:00 a.m., the ALA stated, "I didn't know I had to include it on the resident agreements but I will add that information."	R 428		
R 483	Sec. 604d Individualized Service Plans (d) The ISP shall be reviewed 30 days after admission and at least every 6 months thereafter. The ISP shall be updated more frequently if there is a significant change in the resident's condition. The resident and, if necessary, the surrogate shall be invited to participate in each reassessment. The review shall be conducted by an interdisciplinary team that includes the resident's healthcare practitioner, the resident, the resident's surrogate, if necessary, and the ALR. Based on record review and interview, it was determined that the ALR failed to ensure ISP's were reviewed by the interdisciplinary team, the healthcare practitioner, the resident, or the residents surrogate at least every six (6) months for two (2) of two (2) residents in the sample. (Resident #1, and #2) The findings include: 1. On April 15, 2014, at approximately 9:10 a.m., a review of Resident #1's record revealed an ISP with a date of November 15, 2013. The ISP failed to evidence that it had been reviewed by the interdisciplinary team, the healthcare practitioner,	R 483 D 1	Beginning May 2014, the ALR will ensure that all ISP's will be reviewed by the interdisciplinary team at least every six months or less for all residents and ongoing.	6/16/14

Health Regulation & Licensing Administration

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R 483	Continued From page 5 the resident, and or the residents surrogate. 2. On April 15, 2014, at approximately 10:00 a.m., a review of Resident #2's record revealed an ISP with a date of November 15, 2013. The ISP failed to evidence that it had been reviewed by the interdisciplinary team, the healthcare practitioner, the resident, and or the residents surrogate. During an interview with the ALA on April 15, 2014, at approximately 11:00 a.m., the ALA stated, "I updated the ISP's but they were not reviewed by anyone else."	R 483 2	Beginning May 2014, the ALR will ensure that all ISP's will be reviewed by the interdisciplinary team at least every six months of less for all residents and ongoing.	6/16/14
R 593	Sec. 701d6 Staffing Standards. (6) Assure that there is at least one staff member within the ALR at all times who is certified in first-aid and CPR; Based on record review and interview, it was revealed that the ALA failed to ensure that at least one staff person was certified in CPR/ First Aid for three (3) of eight (8) staff in the sample. (Staff #5, #6 and #7) The finding includes: On April 15, 2014, starting at approximately 10:30 a.m., review of Staff # 5, #6 and #7's personnel records failed to evidence CPR/First-Aid certifications. During an interview with the ALA on April 15, 2014, starting at approximately 11:15 a.m., the ALA stated, "They are volunteer staff who relieve me at least once every other month when I need to run an errand and they are left alone with the	R 593 6	Beginning May 2014, the ALR administrator will ensure that all staff including volunteer staff are certified with cpr/first aid. The ALA will ensure that this negligent practice will not recur. Annual cpr/first aid classes are in place in May every year and ongoing.	6/16/14

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R 593	Continued From page 6 residents."	R 593		
R 602	Sec. 701f Staffing Standards. (f) Employees shall be required on an annual basis to document freedom from tuberculosis in a communicable form. Based on record review and interview, it was determined that the ALA failed to ensure that staff were free from tuberculosis in a communicable form for four (4) of eight (8) of staff in the sample. (Staff #5, #6, #7 and #8) The finding includes: On April 15, 2014, starting at approximately 10:30 a.m., review of Staff #5, #6, #7 and #8's personnel records failed to evidence that a health clearance for tuberculosis had been conducted annually. During an interview with the ALA on April 15, 2014, starting at approximately 11:15 a.m., the ALA stated, "I'll make sure they get it done."	R 602 F	Beginning May 2014, the ALA will ensure that all employees working in the ALR will have annual documentation to ensure that staff is free from Tuberculosis in a communicable form. The ALA will monitor annually each staff record annually to ensure this negligent practice will not recur and ongoing	6/16/14
R 653	Sec. 702a2 Staff Training. (2) Be certified as a home care aide as defined in the Medicare criteria in OBRA 1987; Based on record review and interview, it was determined the ALR failed to ensure six (6) of eight (8) staff were certified as a HHA's. (ALA and Staff #1, #5, #6, #7, and #8) The finding includes: On April 15, 2014, starting at approximately 10:00 a.m., review of the ALA and Staff #1, #5, #6, #7 and #8's personnel records failed to evidence	R 653 2	The ALA and other staff is seeking enrollment in the next HHA class available.	7/1/14

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R 653	Continued From page 7 HHA certifications. During an interview with the ALA on April 15, 2014, at approximately 10:45 a.m., the ALA stated, "I'm going to take a HHA class". Additionally, the interview revealed Staff #1, #5, #6, #7 and #8 were volunteer staff that worked at least once every other month for a couple of hours while the ALA went on errands. The ALA indicated, s/he and the volunteer staff also provide hands on care to the residents, if needed.	R 653 2	Beginning May 2014, all staff members of the ALR will be required to have HHA certification in order to be employed or volunteer at the ALR on ongoing.	7/2014
R 669	Sec. 702b Staff Training. (b) Within 7 days of employment, an ALR shall train a new member of its staff as to the following: Based on record review and interview, it was determined that the ALR failed to ensure that two (2) of two (2) newly hired staff received the required orientation within 7 days of employment. (Staff #2 and #3) The findings include: 1. On April 15, 2014, starting at approximately 10:30 a.m., a review of Staff #2's personnel record revealed s/he was hired on October 19, 2013. Further review of the record failed to evidence that Staff#2 had received the required orientation classes. 2. On April 15, 2014, starting at approximately 10:50 p.m., a review of Staff #3's personnel record revealed s/he was hired in October 2013. Further review of the record failed to evidence that Staff#3 had received the required orientation classes.	R 669 1	Beginning May 2014, all new staff members of the ALR will receive the required orientation classes within 7 days of employment at the ALR, on ongoing. The ALR will monitor and ensure that this deficient practice will not recur again ongoing.	6/16/14

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R 669	Continued From page 8 During an interview with the ALA on April 15, 2014, starting at approximately 11:15 a.m., the ALA stated, "There is no evidence in the records but the training was provided to the staff."	R 669		
R 679	Sec. 702c Staff Training. (c) After the first year of employment, and at least annually thereafter, a staff member shall complete a minimum total of 12 hours of in-service training in the following: Based on record review and interview, it was revealed the ALR failed to ensure that six (6) of nine (9) staff completed a minimum total of 12 hours of annual required training. (Staff #1, #5, #6, #7 and #8) The finding includes: On April 15, 2014, starting at approximately 10:30 a.m., review of Staff #1, #5, #3, #6, #7 and #8 personnel records revealed that they had all completed a year of employment. Further review of the record failed to evidence any training provided for 2013. During an interview with the ALA on April 15, 2014, starting at approximately 11:15 a.m., the ALA stated, "I need to get the nurse to provide the training."	R 679 C	The required annual staff training class was held April 15, 2013. The next scheduled training class will be held May 2014. The ALA has current evidence of the class held for staff training. And will continue to schedule annual training for staff, old and new and ongoing.	4/15/13
R 683	Sec. 702d Staff Training. (d) On an annual basis, the ALA shall complete 12 additional hours of training on cognitive impairments approved by a nationally recognized organization with expertise in dementia such as the Alzheimer's Disease and Related Disorders Association.	D	Additional hours of training on cognitive impairments approved by a nationally recognized organization with expertise in dementia and Alzheimer's disease and related disorders is scheduled for June 2014 on availability of the recognized organization giving the training. The ALA is scheduled to attend the class and complete the 12 hours of required training needed annually on cognitive impairment.	7/2014

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R 683	Continued From page 9 Based on record review and interview, it was determined that the ALA failed to complete 12 hours of annual training on cognitive impairment from a nationally recognized organization. The finding includes: On April 15, 2014, starting at approximately 10:30 a.m., review of the ALA's personnel record failed to evidence twelve (12) hours of training on cognitive impairment for 2013. During an interview with ALA on April 15, 2014, starting at approximately 11:15 a.m., the ALA stated, "I didn't take the training yet."	R 683		
R 802	Sec. 903.2 On-Site Review. (2) Assess the resident's response to medication; and Based on record review and interview, it was determined that the ALR's registered nurse failed to assess the residents response to medications every forty-five days for two (2) of two (2) residents in the sample. (Residents #1 and #2) The finding includes: On April 15, 2014, a review Resident #1 and #2's clinical records starting at approximately 9:10 a.m., failed to evidence the residents' response to medications. During an interview with ALA on April 15, 2014, starting at approximately 11:15 a.m., the ALA stated, "The nurse has not assessed the residents response to medications."	R 802 (2)	Begin may 2014 The ALA Will ensure that the new RN will assess the Residents Response to Medications Now and on going.	7/16/14



GOVERNMENT OF
THE DISTRICT OF
COLUMBIA

DEPARTMENT OF HEALTH
HEALTH REGULATION & LICENSING
ADMINISTRATION

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Washington DC 20002
2nd Floor (223)
202-724-8800

CRFMR
Rev. 9/02

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Name of Facility: Williams Assisted Living Residence		Street Address, City, State, ZIP Code: [REDACTED]		Survey Date: 04/15/14 Follow-up Dates(s):	
Regulation Citation	Statement of Deficiencies	Ref. No.	Plan of Correction	Completion Date	
Chapter 47 4701.2	<u>4701</u> <u>Background Check Requirements</u> <i>Each facility...shall cause each prospective employee or contract worker who will have, or foreseeably may have direct patient, resident, or client access, to undergo a criminal background check that shall reveal the criminal history, if any, in the District of Columbia and the fifty (50) states. Fingerprinting or live scan shall be performed in the District of Columbia utilizing the Metropolitan Police Department (MPD) or a private agency. The criminal background check shall be performed, following fingerprinting or live scan, by the MPD and Federal Bureau of Investigation (FBI) in an FBI-approved environment. The results of the criminal background checks shall be forwarded to</i>				

Sharon Watson
Name of Inspector

4/28/14
Date Issued

Facility Director/Designee

Date



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

the Department of Health.

Based on record review and interview, the HCA failed to ensure an unlicensed employee had a fingerprinting or live scan conducted by an FBI approved environment for four (4) of eight (8) unlicensed staff in the sample.
(Staff #5, #6, #7 and #8)

The finding includes:

On April 15, 2014, starting at approximately 10: a.m., review of Staff #5, #6, #7 and #8's personnel records failed to evidence fingerprinting or that a live scan had been conducted.

During an interview with the ALA on April 15, 2014, starting at approximately 11:00 a.m., the ALA stated, "They will have to get them done."

Beginning May 2014, 4 of 8 unlicensed employees #5, #6, #7, #8 will no longer be working in the ALR. The ALA will ensure that all future employees will evidence live scan or fingerprint by an FBI approved environment and ongoing monitoring plans will be put in place to ensure that this negligent practice will not recur.

6/16/14