

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/19/2013
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NAME OF PROVIDER OR SUPPLIER THE ARMY DISTAFF FOUNDATION INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6200 OREGON AVENUE NW WASHINGTON, DC 20015
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(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 your facility on December 18, 2013 through December 19, 2013, to determine compliance with Assisted Living Law " DC Code § 44-101.01.</p> <p>The assisted living residence (ALR) provides personal care services to thirty-three (33) residents, the facility employs twenty (20) personal to include home care aides (HCA) licensed practical nurses and registered nurses.</p> <p>The findings of the survey were based on review of five (5) clinical records, five (5) employee records, administrative records, observations and interview with residents and staff.</p>	R 000		
R 802	<p>Sec. 903 2 On-Site Review.</p> <p>(2) Assess the resident's response to medication; and Based on record review and interview, it was determined the ALR's nurse failed to assess the residents response to medications every forty-five days for four of five residents in the sample. (Residents' #2, #3, #4 and #5)</p> <p>The finding includes:</p> <p>On December 19, 2013, a review Resident's #2, #3, #4 and #5 clinical records starting at approximately 10:00 a.m., failed to evidence the residents' response to medications.</p> <p>During an interview with ALA #1 on December 19, 2013, starting at approximately 1:15 p.m., the ALA stated, " I will start to assess and document the residents response to medications every</p>	R 802	<p>Plan of correction: 45 day medication review for all residents implemented immediately. Schedule will be the following: February 4 March 19 May 14 June 29 August 14 September 29 November 14</p>	<p>2/14/2014 ongoing</p>

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

Heather B. Jones, RN

TITLE

Service Administrator

(X6) DATE

1/2/2014

Health Regulation & Licensing Administration

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R 802	Continued From page 1 forty-five days as required." It should be noted a medication administration was observed on December 19, 2013, at approximately 9:30 a.m., the ALR's nurse followed the five rights, maintained infection control and maintain privacy while administering medications. There were no concerns noted during this medication administration observation.	R 802	December 29 Medication assessment tool will include name of medication, dosage, reason for medication, how often and how effective medication, and new medication ordered f/y The Licensed Practical Nurse administers all medications to ALL Terrace (Assisted Living) Residents.	2/4/2014 ongoing