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FORM APPROVED

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 12/21/2017
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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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R 000 Initial Comments

An annual survey was conducted from 12/20/17 through 12/21/17 to determine compliance with the Assisted Living Law "DC Code § 44-101.01." The Assisted Living Residence (ALR) provides care for forty (40) residents and employs twenty-six (26) employees to include professional and administrative staff. Five (5) resident records and twelve (12) employee records were reviewed. The findings of the survey were based on observations, record reviews, and interviews with residents and employees.

Note: Listed below are abbreviations used throughout the body of the report:

- ALA - Assisted Living Administrator
- ALR - Assisted Living Residence
- CNA - Certified Nursing Assistant
- DON - Director of Nursing
- ISP - Individualized Service Plan
- NFPA - National Fire Protection Association

R 390 Sec. 509b1 Abuse, Neglect, and Exploitation.

(b)(1) An ALR, employee of an ALR, or other person who believes that a resident has been subjected to abuse, neglect, or exploitation shall report the alleged abuse, neglect, or exploitation immediately to the assisted living administrator who shall take appropriate action to protect the resident. The ALR shall report any allegation of abuse, neglect, or exploitation brought to its attention to the Mayor and the Adult Protective Services Program, administered by the Family Services Administration of the Department of Human Development. Based on interview and record review, the ALR failed to report an allegation of abuse to the State

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

TITLE

(X8) DATE

Gina Wheeler, Administrator

1/12/2018

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R 390	<p>Continued From page 1</p> <p>Surveying Agency and Adult Protective Services Program, for one (1) of forty residents in the facility (Resident #5).</p> <p>Findings included:</p> <p>Review of the ALR's incident reports on 12/20/17 at 1:09 PM showed Resident #5 was involved in an incident dated 11/08/17. The incident report documented that CNA #1 caused bruising on the resident when the aide "pressed" her thumbs into the resident's thighs. Although the ALA and DON indicated that the ALR investigated the incident, there was no documented evidence that the Department of Health or Adult Protective Services had been notified of the investigation of suspected abuse.</p> <p>During an interview on 12/21/17 at 12:45 PM, the DON said the incident was investigated thoroughly, but was not reported to the Department of Health or to Adult Protective Services. She also said that going forward, all allegations of abuse, neglect and mistreatment would be reported immediately.</p> <p>At the time of the investigation, there was no documented evidence that the ALA reported the abuse allegation as required.</p>	R 390	<ol style="list-style-type: none"> The facility sent the one (1) incident/allegation of abuse to the Department of Health and Adult Protective Services. 1/12/18 Staff will be in-serviced by the DON, or designee, regarding the DC Assisted Living requirements for reporting allegations of abuse, neglect, and exploitation. 1/31/18 The DON, or designee, will conduct review of incidents stating allegations of abuse, neglect and/or exploitation to ensure incident was sent to the DOH and APS. This review will be conducted monthly x6 months then quarterly x2. On-going 	
R 481	<p>Sec. 604b Individualized Service Plans</p> <p>(b) The ISP shall include the services to be provided, when and how often the services will be provided, and how and by whom all services will be provided and accessed.</p> <p>Based on observation, interview and record review, the facility failed to document on each resident's ISP when, how often, and by whom</p>	R 481		

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R 481	Continued From page 2 services would be provided for two (2) of five (5) residents in the sample (Residents #1 and 2). Findings included: 1. On 12/20/17 at 1:00 PM, review of Resident #1's medical record showed that the resident was being treated for lower extremity wounds. The record contained physician orders for wound care dated 08/15/17, 10/18/17, and 12/13/17. Review of Resident #1's ISP, dated 07/11/17, showed no documented evidence of what, who, when and how often wound care services would be provided. 2. On 12/21/17 at 11:05 AM, review of Resident #2's medical record showed that the resident was being treated for a right heel and left groin wound. The record contained physician orders for wound care dated 10/26/17, 11/3/17, and 12/14/17. Review of Resident #2's current ISP showed no documented evidence of what, who, when and how often wound care services would be provided. During an interview on 12/21/17 at 12:45 PM, the DON said that the ISPs would be updated with all required information going forward. At the time of the survey, the ALR failed to include what, who, when, and how often wound care services were to be provided for the aforementioned residents.	R 481	1. Resident Individual Service Plans for the two (2) residents identified were updated to include what, who, when, and how often the wound care services would be provided. 2. Licensed Nurses will be in-serviced by the DON, or designee, regarding documentation of the complete change of wound care treatment order in the resident ISP including what, who, when, and how often wound care services will be provided. 3. An audit of the new orders for wound care treatment documentation in ISPs will be conducted weekly x4, then, monthly x6, then, quarterly x2 to ensure compliance.	12/27/18 1/31/18 On-going
R9999	Final Observations It is recommended that this area be reviewed and a determination be made regarding appropriate actions.	R9999		

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R9999	<p>Continued From page 3</p> <p>An ALR shall comply with the Life Safety Code of the NFPA 101, 1997, Chapter 22, which states:</p> <p>Where drills are used in determining evacuation capability, it is suggested that the facility conduct and record fire drills six times per year on a bimonthly basis, with a minimum of two drills conducted during the night when residents are sleeping.</p>	R9999	<ol style="list-style-type: none"> Documentation cannot be replicated. An annual fire drill schedule was created and will be maintained in coordination with the ALA and Director of Engineering in order to satisfy the minimum requirements. Associate Executive Director, or designee, will audit fire drill occurrences and documentation quarterly x4 to ensure compliance. Audits will be presented at quarterly quality assurance meetings. 	<p>1/3/18</p> <p>1/11/18</p> <p>On-going</p>