

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALR-0001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B WING _____	(X3) DATE SURVEY COMPLETED  <b>12/13/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE ARMY DISTAFF FOUNDATION INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6200 OREGON AVENUE NW WASHINGTON, DC 20015</b>
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R 000	<p><b>Initial Comments</b></p> <p>An annual survey was conducted from December 8, 2016 through November 10, 2016 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 eighteen (18) employees that include professional and administrative staff. A sample of six (6) resident records and eighteen (18) employee records were selected for review. The findings of the survey were based on observations, record reviews, and interviews.</p> <p>Listed below are abbreviations used throughout the body of this report.</p> <p>ALA --- assisted living administrator ALR --- assisted living residence DON --- director of nursing ER --- emergency room ISP --- individualized service plan LPN --- licensed practical nurse O2 --- oxygen PDA --- private duty aide POS- physician's order sheet PT --- physical therapist Pulse Ox- pulse oximetry RN --- registered nurse TB --- Tuberculosis</p>	R 000	<p><i>Received 1/30/17</i></p>	
R 292	<p><b>Sec. 504.1 Accommodation Of Needs.</b></p> <p>(1) To receive adequate and appropriate services and treatment with reasonable accommodation of individual needs and preferences consistent with their health and physical and mental capabilities and the health or safety of other residents; Based on observation, interview and record review, the ALR failed to ensure: (1) the implementation of the fall policy, and (2) a</p>	R 292		

Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
<i>Eun Wheeler</i>	<i>Administrator</i>	<i>1/30/17</i>

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R 292	<p>Continued From page 1</p> <p>physical therapy consult was obtained timely as prescribed by the physician for two (2) of six (6) patients in the sample. (Residents #5 and #6)</p> <p>The findings include:</p> <p>1. The ALR failed to implement it's Fall Policy as evidenced by:</p> <p>On December 9, 2016, at 11:30 a.m, review of the ALR's Fall policy dated August 5, 2016, revealed the ALR staff was to do the following:</p> <ul style="list-style-type: none"> <li>- Complete an incident report, and document incidents accurately in the medical record;</li> <li>- Accurately document, notify, and follow-up by having P.T. assess every resident who sustains a fall; and</li> <li>- Document fall interventions in the resident's service plan.</li> </ul> <p>On December 9, 2016, at 12:00 p.m., review of the ALR's incident reports revealed that the resident had a total of fifteen (15) falls from September 12, 2016 through October 18, 2016.</p> <p>On December 13, 2016, at 10:00 a.m., review of Resident #5's nursing notes revealed the resident had a total of fourteen (14) falls from September 12, 2016 through October 18, 2016.</p> <p>Continued review of the medical lacked documented evidence of:</p> <ul style="list-style-type: none"> <li>- a nursing note for falls that occurred on July 8th, October 8th, 9th, 10th and 17th of 2016;</li> <li>- a PT assessment after every fall; and</li> <li>- a ISP that had not been updated with fall</li> </ul>	R 292	<p>A-It is the Army Distaff Foundation and Knollwood's practice to consistently follow our fall policy to ensure that falls are documented appropriately.</p> <p>1-Resident #5 is no longer in the ALR. 2-The fall policy was revised and the licensed staff will be in-serviced by the DON or designee to document each fall in the nurse's notes. 3-An audit by DON or designee of the documentation of falls in the nurses' note will be monitored every other week x8 weeks then monthly x6.</p> <p>B-It is the Army Distaff Foundation and Knollwood's practice to ensure physical therapy consults/screens are obtained timely.</p> <p>1-Resident #6 is no longer in the ALR. 2-The Physical Therapy Department will be made aware of the fall policy and procedure regarding screens needed after a resident fall. 3-An audit of Physical therapy screens following a fall will be completed by the Director of Rehab or designee to ensure that a screen was obtained timely after a fall monthly x6.</p>	<p>1/13/2017</p> <p>On-going</p> <p>1/13/2017</p> <p>On-going</p>

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R 292	<p>Continued From page 2</p> <p>interventions after every fall.</p> <p>It should be noted that the resident had a total of twenty falls since his/her admission on June 27, 2016. Three of the twenty falls occurred prior to the aforementioned Fall policy dated August 5, 2016. Additionally, the resident sustained two (2) injuries from the falls. The first injury was a swollen right jaw that occurred after the fall on September 21, 2016. The second injury occurred with the fall on October 18, 2016, at which time the resident complained of right arm pain and was transferred to an ER for evaluation.</p> <p>On December 13, 2016, 10:30 a.m., interview with the ALA revealed that there was a Fall policy prior to August 5, 2016, but she could not verify if it had been implemented because she was not the ALA at that time.</p> <p>On December 13, 2016, at 11:00 a.m., interview with the DON revealed that the Fall Policy had not been followed. The DON also indicated that they had tried several interventions in an effort to decrease the resident's frequent falls.</p> <p>On December 13, 2016, at 12:00 p.m., interview with the PT revealed that the resident had not been assessed after every fall. The PT also indicated that the resident received PT services four (4) times from July 21, 2016 through August 8, 2016. Continued interview with the PT revealed that the resident would refuse therapy services frequently.</p> <p>At the time of the survey, the ALR failed to ensure the consistent implementation of the fall policy. Additionally, the ALR failed to ensure the consistent documentation of Resident #5's</p>	R 292		

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R 292	<p>Continued From page 3</p> <p>incidents of falling.</p> <p>2. The ALR failed to ensure that a physical therapy consult was obtained timely for Resident #6 as evidenced by:</p> <p>On December 13, 2016, starting at 12:05 p.m., review of Resident #6's POS dated August 2, 2016, revealed that an order for the resident to have a physical therapy consult after experiencing a total of three (3) falls within 3 days (July 30, July 31 and August 1, 2016) without signs of injury. Further review of the clinical record revealed no documented evidence that a physical therapy consult was conducted as ordered by the physician.</p> <p>On December 13, 2016, at 12:35 p.m., interview with the PT confirmed that Resident #6's physical therapy consult was not in his/her medical record. However, Resident #6 was given a physical therapy screening and was assessed not to be a candidate for physical therapy services because of his/her diagnosis of end stage Alzheimer's Disease.</p> <p>On December 13, 2016, at 1:30 p.m., review of Resident #6's Interdisciplinary Therapy Screen document dated August 26, 2016, confirmed that the resident was assessed not to be a candidate for physical therapy services due to his/her inability to follow commands.</p> <p>On December 13, 2016, at 2:00 p.m., review of Resident #6's Treatment/Assessments Reports dated July 30, 2016 through October 1, 2016, revealed that prior to Resident #6 receiving a physical therapy consult on August 26, 2016, the resident fell six (6) times since August 2, 2016, as follows:</p>	R 292		

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R 292	<p>Continued From page 4</p> <ul style="list-style-type: none"> <li>- August 4, 2016 - Fell and sustained a laceration on left hand;</li> <li>- August 9, 2016 - Fell and sustained a right primordial/right frontal contusion with a laceration under the right eye;</li> <li>- August 18, 2016 - Fell 3 times without injury; and</li> <li>- August 20, 2016 - Fall without Injury.</li> </ul> <p>At the time of the survey, the ALR failed to ensure Resident #6's physical therapy consult was obtained timely when ordered by the physician on August 2, 2016.</p>	R 292		
R 471	<p>Sec. 604a1 Individualized Service Plans</p> <p>(a)(1) An ISP shall be developed for each resident prior to admission. Based on record review and interview, the ALR failed to develop an ISP prior to admission for three (3) of three (3) newly admitted resident's in the sample. (Residents' #2, #3, and #5)</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. On December 8, 2016, at 12:30 p.m., review of Resident #2's medical record revealed that the resident was admitted on May 16, 2016. The record, however, lacked documented evidence that a pre-admission ISP had been developed.</li> <li>2. On December 8, 2016, at 1:30 p.m., review of Resident #3's medical record revealed that the</li> </ol>	R 471		

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R 471	<p>Continued From page 5</p> <p>resident was admitted on October 21, 2016. The record, however, lacked documented evidence that a pre-admission ISP had been developed.</p> <p>On December 8, 2016, starting at 2:00 p.m., interview with the DON revealed that the aforementioned pre-ISPs had not been developed. The DON also indicated that she would ensure pre-admissions ISPs are developed as required.</p> <p>3. On December 13, 2016, at 9:30 a.m., review of Resident #5's medical record revealed that the resident was admitted on June 27, 2016. The record, however, lacked documented evidence that a pre-admission ISP had been developed.</p> <p>On December 13, 2016, starting at 2:00 p.m., interview with the DON revealed that the aforementioned pre-ISP had not been developed. The DON also indicated that she would ensure pre-admissions ISPs are developed as required.</p> <p>At the time of the survey, the ALR failed to ensure pre-admission ISPs had been developed.</p>	R 471	<p>It is the Army Distaff Foundation and Knollwood's practice to develop ISPs prior to admission of residents to the ALR.</p> <p>1-Resident #5 is no longer in the ALR. Residents #2 and #3 pre-ISPs could no longer be developed as they have been in the ALR for a few months.</p> <p>2-Licensed nurses will be in-serviced by DON or designee on the development of pre-ISPs.</p> <p>3-New admissions will be monitored by the Assisted Living Nurse Coordinator, RN (ALNC) or designee monthly x6 to ensure that pre-ISPs were developed prior to admission.</p>	<p>1/13/2017</p> <p>On-going</p>
R 472	<p>Sec. 604a2 Individualized Service Plans</p> <p>(2) An ISP shall be developed following the completion of the "post move-in" assessment. Based on record review and interview, the ALR failed to ensure an ISP had been developed after the post move-in assessment for three (3) of three (3) residents in the sample. (Residents #2, #3, and #5)</p> <p>The findings include:</p> <p>1. On December 8, 2016, at 12:30 p.m., review of</p>	R 472		

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R 472	<p>Continued From page 6</p> <p>Resident #2's medical record revealed that the resident was admitted on May 16, 2016, and the post move-in assessment had been conducted on that same day. The record, however, lacked documented evidence that an ISP had been developed after the post move-in assessment.</p> <p>2. On December 8, 2016, at 1:00 p.m., review of Resident #3's medical record revealed that the resident was admitted on October 21, 2016, and the post move-in assessment had been conducted on that same day. The record, however, lacked documented evidence that an ISP had been developed after the post move-in assessment.</p> <p>3. On December 13, 2016, at 9:30 a.m., review of Resident #5's medical record revealed that the resident was admitted on June 21, 2016, and the post move-in assessment had been conducted on that same day. The record, however, lacked documented evidence that an ISP had been developed after the post move-in assessment.</p> <p>Interview with the DON on December 8, 2016 and December 13, 2016, beginning at 2:00 p.m., revealed that ISPs had not been developed, and the DON indicated that she would ensure that an ISP is developed for all residents following their post move-in assessment.</p> <p>At the time of the survey, the ALR failed to ensure ISPs had been developed following the post-move in assessment.</p>	R 472	<p>It is now the Army Distaff Foundation and Knollwood's practice to develop post-ISPs.</p> <p>1-Resident #5 is no longer in the ALR. Residents #3 and #5 post-ISPs could no longer be developed as they have been in the ALR for a few months.</p> <p>2-Licensed nurses will be in serviced by DON or designee on developing residents' post-ISPs.</p> <p>3-New admissions will be monitored by the ALNC RN or designee monthly x6 to ensure that post-ISPs are developed.</p>	<p>1/13/2017</p> <p>On-going</p>
R 481	<p>Sec. 604b Individualized Service Plans</p> <p>(b) The ISP shall include the services to be</p>	R 481		

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R 481	<p>Continued From page 7</p> <p>provided, when and how often the services will be provided, and how and by whom all services will be provided and accessed. Based on record review and interview, the ALR failed to ensure ISPs included when, how often, and by whom services will be provided for two (2) of six (6) residents in the sample. (Residents #1 and #3)</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>On December 7, 2016, at 11:00 a.m., review of Resident #1's medical record revealed an ISP dated March 31, 2016. The ISP lacked documented evidence of who, when, and how often cognition, housekeeping, and skin integrity services were to be provided. Additionally, the ISP lacked documented evidence of how often PDA and Hospice services were to be provided.</li> </ol> <p>Continued review of the record revealed an order dated August 3, 2016, that documented the resident was to receive O2 at 2 liters nasal cannula if pulse ox was 90 or less. The record, however, lacked documented evidence that the ISP had been updated with the O2 services.</p> <ol style="list-style-type: none"> <li>On December 8, 2016, at 1:00 p.m., review of Resident #3's medical record revealed that the resident received speech and occupational therapy services that started on November 24, 2016. Continued review of the record revealed an ISP dated December 2, 2016, that lacked documented evidence of the when, how often and by whom the services were to be provided.</li> </ol> <p>On December 8, 2016, starting at 2:00 p.m., interview with the DON revealed that all required information would be included in all residents ISPs moving forward.</p>	R 481	<p>It is now the Army Distaff Foundation and Knollwood's practice to document the services provided in the ISP and when, how, how often, and by whom these services will be provided and accessed.</p> <p>1-A) Resident #1 ISPs related to cognition, housekeeping and skin integrity were updated to show who, when and how often services are provided. Resident's #1 ISP was updated with information on how often the PDA and Hospice services are provided. Resident's O2 services are part of the Hospice ISP.</p> <p>B) Resident #3 ISP for fall prevention was updated to include speech therapy for cognition and occupational therapy and show when, how often and by whom the services were provided.</p> <p>2- A) &amp; B) The licensed nurses will be in-serviced by the DON or designee to ensure ISPs include when, how often and by whom the services will be provided.</p> <p>3-A) &amp; B) Completed ISPs will be reviewed by the ALNC RN or designee every month x6 to ensure that ISPs include when, how often, and by whom services are provided.</p>	<p>1/10/2017</p> <p>1/13/2017</p> <p>On-going</p>



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R 483	<p>At the time of the survey, the ALR failed to ensure ISPs included when, how often, and by whom services will be provided.</p> <p><b>Sec. 604d Individualized Service Plans</b></p> <p>(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.</p> <p>Based on record review and interview, the ALR failed to ensure ISPs were reviewed by the interdisciplinary team to include the healthcare practitioner at least every 6 month or more frequently with significant changes five (5) of six (6) residents in the sample. (Residents #1, #2, #3, #4 and #5)</p> <p>The findings include:</p> <p>1. On December 7, 2016, at 10:40 a.m., review of Resident #1's clinical record revealed ISPs March 31, 2016 and July 26, 2016. The ISPs lacked documented evidence that they were reviewed by the resident's healthcare practitioner.</p> <p>2. On December 8, 2016, at 11:00 a.m., review of Resident #2's clinical record revealed an ISP dated June 14, 2016. The ISP lacked documented evidence it was reviewed by the resident's healthcare practitioner.</p>	R 483	<p>It is the Army Distaff Foundation and Knollwood's practice for the interdisciplinary team to include the residents' health care practitioner to review ISPs at least every month or more frequently with significant changes.</p> <p>1-Resident #5 is no longer in the ALR. Residents #2, #3 &amp; #4 most recent ISPs will be signed by their healthcare practitioner.</p> <p>2-An in-service will be conducted by the DON or designee with licensed nurses to ensure that scheduled ISPs or ISPs resulting from a change in condition are signed by the healthcare practitioner.</p> <p>3-ISPs will be monitored every month by the SLNC or designee x6 to ensure that they are signed by the resident's physician.</p>	<p>1/13/2017</p> <p>1/13/2017</p> <p>On-going</p>

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R 483	<p>Continued From page 9</p> <p>3. On December 9, 2016, at 1:00 p.m., review of Resident #3's clinical record revealed an ISP dated December 2, 2016. The ISP lacked documented evidence it was reviewed by the resident's healthcare practitioner.</p> <p>4. On December 9, 2016, at 2:00 p.m., review of Resident #4's clinical record revealed an ISP dated November 7, 2016. The ISP lacked documented evidence it was reviewed by the resident's health care practitioner.</p> <p>On December 9, 2016, starting at 2:00 p.m., interview with the DON revealed that all ISPs were in the records. The DON also indicated that the resident's healthcare practitioner had not reviewed the ISPs as required. The DON, however, indicated that going forward all residents ISPs will be reviewed as required.</p> <p>5. On December 13, 2016, at 10:00 a.m., review of Resident #5's medical record revealed that the resident was admitted on June 27, 2016. The review of nursing notes revealed that the resident had a total of seventeen (17) falls from September 12, 2016 through October 18, 2016. Further review of the record revealed an ISP dated August 12, 2016. The ISP that lacked documented evidence it had been updated with the significant change (multiple falls).</p> <p>On December 13, 2016, at 3:00 p.m., interview with the DON indicated she that was not aware the ISP had to be updated after every fall, however, she will update ISP after every fall going forward.</p> <p>At the time of the survey, the ALR failed to ensure</p>	R 483		

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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 483	Continued From page 10	R 483		
R 705	<p>Sec. 802b Medical, Rehabilitation, Psychosocial Assess.</p> <p>(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 record review and interview, the ALR failed to ensure a resident's medical, rehabilitation and psychosocial assessment was on a standardized form approved by the Mayor for one (1) of six (6) resident's in the sample. (Resident #2)</p> <p>The finding includes:</p> <p>On December 8, 2016, at 10:00 a.m., a review of Resident #2's medical record revealed a medical, rehabilitation and psychosocial assessment dated March 24, 2016. The assessments were not on the standardized form approved by the Mayor.</p> <p>On December 8, 2016, at 10:30 a.m., interview with the DON revealed that she would ensure all medical, rehabilitation and psychosocial assessments are documented on the standardized form approved by the Mayor.</p> <p>At the time of the survey, the ALR failed to ensure Resident #2's medical, rehabilitation and</p>	R 705	<p>It is the Army Distaff Foundation and Knollwood's practice to ensure that the resident's medical, rehabilitation and psychosocial assessments are documented on the standardized form approved by the Mayor.</p> <p>1-Resident #2's pre-admission information was completed by a private physician and could no longer be recorded at this time on a Mayor approved form because the resident's condition is no longer the same.</p> <p>2-Licensed nurses will be in-serviced by the DON or designee to assure that the pre-admission assessment is recorded on the form approved by the Mayor.</p> <p>3-Pre-admission assessments will be monitored by the ALNC RN or designee monthly x6 to ensure that they are recorded on the standardized form approved by the Mayor.</p>	<p>1/10/2017</p> <p>1/13/2017</p> <p>On-going</p>

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALR-0001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/13/2016</b>
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R 705	Continued From page 11 psychosocial assessments are documented on a standardized form approved by the Mayor.	R 705		
R 710	Sec. 802 4 Medical, Rehabilitation, Psychosocial Assess.  (4) Confirmation that the applicant is free from communicable TB and from other active, infectious, and reportable communicable diseases; Based on a record review and interview, it was determined that the ALR failed to confirm two (2) of six (6) residents was free from communicable TB. (Resident #2 and #3)  The finding includes:  1. On December 8, 2016, at approximately 11:15 a.m., review of Resident #2's medical record lacked documented evidence that the resident was free from communicable TB.  2. On December 9, 2016, at approximately 1:10 p.m., review of Resident #3's medical record lacked documented evidence that the resident was free from communicable TB.  On December 9, 2016, starting at 2:00 p.m., interview with the DON revealed that she would follow-up with the health practitioners to find out the residents TB status.	R 710	It is the Army Distaff Foundation and Knollwood's practice to have evidence that residents' are free of communicable TB.  1-Resident #2 had a chest x-ray dated 3/10/16 with no cardiopulmonary findings. Resident #3 documentation was corrected to show results from the tuberculin test, 0mm.  2-Licensed nurses will be in-serviced by the DON or designee to ensure that they obtain documentation showing the resident being free of communicable TB.  3-An audit will be conducted by the ALNC RN or designee on new admission monthly x6 to ensure documentation shows newly admitted residents are free of communicable TB.	1/12/2017  1/13/2017  On-going
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	R 802		

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R 802	<p>Continued From page 12</p> <p>determined that the ALR failed to ensure that the RN assessed the resident's response to medications every forty-five days for two (2) of six (6) residents in the sample. (Residents #1 and #4)</p> <p>The finding includes:</p> <p>1. On December 7, 2016, at 11:00 a.m., review of Resident #1's medical record revealed that the resident was admitted on December 3, 2008. The record lacked documented evidence that the RN assessed the resident's response to medications every 45 days.</p> <p>[It should be noted that the medical record contained only three 45 day medications reviews dated March 2, 2016, May 31, 2016 and November 30, 2016, and all reviews had been conducted by a LPN].</p> <p>2. On December 8, 2016, at 2:00 p.m., review of Resident #4's medical record revealed that the resident was admitted on December 5, 2014. The record lacked documented evidence that the RN assessed the resident's response to medications every 45 days.</p> <p>[It should be noted that the clinical record contained only two 45 day medications reviews dated March 3, 2016, and December 9, 2016].</p> <p>On December 8, 2016, starting at 2:30 p.m., interview with the DON revealed that she would ensure all medication reviews are done by a RN every forty-five days.</p> <p>At the time of the survey, the ALR failed to ensure that the RN assessed residents every 45 days for</p>	R 802	<p>It is the Army Distaff Foundation and Knollwood's practice to have an RN assess residents' response to medication every 45 days.</p> <p>1-Resident #1 last 45 day review was completed by and RN on 11/30/16. Resident #4 last 45 day review was completed 12/8/16 by an RN.</p> <p>2-The ALR has assigned assessment of residents' response to medication to an RN and the ALR's system provides the next assessment due date within 45 days.</p> <p>3-A random audit of residents' records will be conducted by the ALNC RN or designee monthly x8 to ensure that an RN has completed an assessment of residents' response to medication every 45 days.</p>	<p>1/10/2017</p> <p>1/10/2017</p> <p>On-going</p>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALR-0001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  _____	(X3) DATE SURVEY COMPLETED  <b>12/13/2016</b>
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R 802	Continued From page 13 their response to medications.	R 802		
R 803	Sec. 903 3 On-Site Review.  (3) Assess the resident's ability to continue to self-administer his or her medications. Based on record review and interview, the RN had not assessed the resident's ability to safely continue to self-administer his/her own medications every forty-five days for one (1) of one (1) resident's. (Resident #2)  The finding includes:  On December 8, 2016, at 10:00 a.m., interview with Resident #2 revealed that he/she had been self-medicating since he/she was admitted on May 16, 2016.  On December 8, 2016, at 10:30 a.m., review of Resident #2's medical record revealed three (3) self-medicating assessments had been conducted on May 16, 2016, May 26, 2016 and June 3, 2016. Continued review of the assessments revealed that they had been conducted by a LPN.  On December 8, 2016, starting at 2:00 p.m., interview with the DON revealed that she would ensure that all forty-five day self-medication assessments conducted by the RN will be completed in the future.  At the time of the survey, the ALR failed to ensure self-medication assessments had been conducted by a RN.	R 803	It is the Army Distaff Foundation and Knollwood's practice to have an RN complete self-medicating assessments for residents who self-medicate.  1-Resident #2's 45-day self-medication assessment review was conducted by an RN.  2-The ALR has assigned assessment of self-administration of medication to an RN as part of her duties.  3-A random audit by the ALNC RN or designee of residents' records will be conducted be very month x6 to ensure that residents who are self-medicating are assessed by an RN every 45 days.	1/13/2017  1/13/2017  On-going