

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 12/23/2015
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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 survey was conducted from December 22, 2015 through December 23, 2015, to determine compliance with the Assisted Living Law "DC Code § 44-101.01." The Assisted Living Residence (ALR) provides care for thirty-seven (37) residents and employs twenty-eight (28) employees to include professional and administrative staff. The sample size included five (5) resident records and five (5) employee records. The findings of the survey were based on observations, record reviews, and interviews with residents, resident's families and employees. Additionally, during an interview with a resident's family member the following concerns were conveyed to the surveyors:</p> <p>I. Residents are permitted to use the elevators when exiting during fire drills.</p> <p>Findings: Review of the facility's fire and evacuation policy did not indicate usage of elevators when conducting fire drills or evacuating the building. Interviews were conducted with several staff members as to their understanding of what to do when conducting fire drills or evacuating the building and they were not aware that elevators were to be used when conducting such drills or evacuations.</p> <p>Conclusion: No deficient practice was identified.</p> <p>II. The ALR allowed visits from an identified family member who Resident's #4's power-of-attorney did want to visit with the resident.</p> <p>Conclusion: This concern was referred to the Ombudsman office who was originally working</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 <i>Received 1/14/16 CW</i></p>	

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

Larry Filkins, III

TITLE

Service Administrator

(X6) DATE

1/14/2016

Health Regulation & Licensing Administration

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THE ARMY DISTAFF FOUNDATION INC **6200 OREGON AVENUE NW**
WASHINGTON, DC 20015

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R 000	<p>Continued From page 1</p> <p>with both the power-of-attorney and the identified family member in reference to this concern.</p> <p>III. The ALR did not inform Resident #4's power-of- attorney that an identified family member visited with Resident #4, as they indicated they would.</p> <p>Findings: Review of Resident #4's record revealed that there was no documented evidence that the ALR informed the power-of- attorney that an identified family visited with Resident #4 in December 2015.</p> <p>Interview with the administrator revealed that the ALR did not inform the power-of- attorney that the identified family member visited with Resident #4 as they had agreed and had done with previous visits.</p> <p>Conclusions: No deficient practice was identified.</p> <p>IV. The ALR did not change the times for one of Resident #4's medication as requested by the resident's power-of-attorney on December 22, 2015.</p> <p>Findings: Review of Resident #4's record revealed an order for the requested medication with special instructions to administer the medication at 9:00 a.m. and 4:00 p.m. daily. Interview with the administrator revealed that the nursing staff did not change the the time of the requested medication because they must administer the medication as prescribed. Also, the administrator indicated that she instructed the nursing staff to call the physician on December 23, 2015, to make him aware of the resident's power-of-attorney's request that they were awaiting a return call from the physician.</p>	R 000		

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R 000	Continued From page 2 Conclusion: Although this concern was substantiated, there were no deficient practices. Please Note: Listed below are abbreviations used in this report. Assistant Living Residence (ALR) Individualized Service Plan (ISP)	R 000		
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, the ALR failed to ensure ISP's were reviewed by the resident and/or the residents surrogate 30 days after admission and/or at least every six (6) months for five (5) of (5) residents in the sample. (Residents' #1, #2, #3, #4 and #5) The findings include: Record review starting at 10:00 a.m. on December 22, 2015 and ending 2:00 p.m., on December 23, 2015, revealed that the ISP's for Residents #1, #2, #3, #4 and #5 had been reviewed by the residents and/or the resident's surrogate.	R 483		

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R 483	<p>Continued From page 3</p> <p>During an interview with the Administrator on December 23, 2015, at 2:00 p.m., it was revealed that the ALR had changed to electronic ISPs and that was the reason the residents and/or the resident's surrogate had not reviewed the ISPs. Further interview revealed that going forward all ISPs will be reviewed by the resident and/or the resident's surrogate.</p>	R 483	<p>Return to prior system for ISPs will continue to review with residents and or the residents surrogate. See attach ISP's that were reviewed and a resident signature is on the ISP and reviewed with them.</p>	<p><i>ongoing</i></p>