Initial Comments

An annual survey was conducted from July 9, 2014, through July 15, 2014, to determine compliance with Assisted Living Law “DC Code § 44-101.01.” The Assisted Living Residence (ALR) provides care for one hundred-eleven (111) residents and employees eighty-four (84) employees to include professional and administrative staff. The findings of the survey were based on observation, record reviews, and interviews.

Please Note: Listed below are abbreviations used in this report.

Assisted Living Administrator (ALA)
Assisted Living Residence (ALR)
Director of Nursing (DON)
Registered Nurse (RN)

Sec. 102b2 Philosophy of Care

(2) The design of services and environment should acknowledge that a significant number of residents may have some form of cognitive impairment. Services and environment should offer a balance between choice and safety in the least restrictive setting.

Based on observation and interview, the ALR failed to ensure sufficient safeguards were in place to prevent potential harm.

The finding includes:

On July 9, 2014, at approximately 10:30 a.m., a tour of the facility revealed the following:

- All stairwells were unlocked and all exit doors did not have an alarm system; and
**R 008** Continued From page 1

- All windows in residents rooms, common areas, as well as balconies in residents rooms, did not have safety locks.

During an interview with the ALA on July 9, 2014, at approximately 10:55 a.m., the ALA was asked if a resident was to go in the stairwell, how would the staff be made aware? The ALA stated, we would not know.

**R 064** Sec. 302e2m Initial ALR Licensure

(M) Other reasonably relevant information required by the Mayor.

Based on record review and interview, the ALR failed to develop a written policy regarding resident falls.

The finding includes:

On July 9, 2014, at approximately 2:00 p.m., review of the incident report book revealed that the facility had a total of one hundred seventy-nine (179) falls from December 1, 2013 through June 30, 2014. A review of the facility's Policy and Procedures failed to evidence a written policy addressing resident falls.

During an interview with the DON on July 9, 2014, the DON indicated that during orientation staff is shown a fall video which instructs staff what to do when a resident falls. The DON also indicated that the facility is working on developing a written fall policy.

**R 802** Sec. 903.2 On-Site Review.

(2) Assess the resident's response to...
R 802 Continued From page 2

medication; and
Based on record review and interview, it was
determined that the ALR’s RN failed to assess the
resident’s response to medications every
forty-five days for (11) of eleven (11) residents in
the sample.
(Residents’ #1, #2, #3, #4, #5, #6, #7, #8, #9, #10
and #11)
The findings include:

Record review of Residents’ #1-#11’s clinical
records, on July 9, 2014, through July 15, 2014,
at approximately 10:00 a.m. failed to evidence
that the RN assessed the resident to determine
the effectiveness of his/her medications.

During an interview with the DON on July 15,
2014, at approximately 2:00 p.m., the DON
indicated that the facility’s RN does not assess
the resident’s response to medications every
forty-five days but they will start.

R 802 Sec, 903.2
All licensed staff have been in-serviced on the new
policy and process and will be held accountable for
follow-through.

The Director of Nurses (RN) will assess all resident
Medication responses every 45 days.

The Director of Health Services (DON) shall be
responsible for reporting compliance or lack thereof
to the quarterly quality assurance committee,
providing analysis, drug to drug interaction and
adverse reactions. Licensed staff in-services focused
specifically on medication administration and
common signs of adverse reactions, will also be
conducted as indicated.