

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALR-0028</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/15/2021</b>
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NAME OF PROVIDER OR SUPPLIER <b>METHODIST HOME OF DC-FOREST SIDE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2701 MILITARY ROAD NW WASHINGTON, DC 20015</b>
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R 000 Initial Comments R 000

An annual licensure survey was conducted on 06/09/2021, 06/10/2021, 06/11/2021, 06/14/2021, and 06/15/2021 to determine compliance with the Assisted Living Law (DC Official Code § 44-101.01 et seq) and Assisted Living Residence Regulations, Title 22-8 DCMR (Public Health and Medicine) Chapter 101. The Assisted Living Residence (ALR) provided care for 19 residents and employed 40 personnel, to include professional and administrative staff. A random sample of 10 resident records, 10 employee records and 2 Certified Nurse Aides (CNAs) records were selected for review. The findings of the survey were based on observations throughout the facility, clinical and administrative record review, and resident, family, and staff interviews.

R 475 Sec. 604a5 Individualized Service Plans R 475

(5) The ISP shall be signed by the resident, or surrogate, and a representative of the ALR. Based on interview and record review, the Assisted Living Residence (ALR) failed to ensure that Individual Service Plans (ISP)s were signed by the resident, or surrogate, and a representative of the ALR, for 10 of 10 residents in the sample (Residents #1, 2, 3, 4, 5, 6, 7, 8, 9, and 10).

Findings included:

1. On 06/11/2021 at 4:08 PM, review of Resident #1's ISP forms dated 03/15/2021 and 11/17/2020, showed that the ISP was reviewed by the ALR representatives and the physician. However, the document failed to show evidence of a signature to documents participation of resident or the resident's surrogate.

1. IDT Team will review the ISPs for Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, and #10 with the resident and/or their surrogate and document that resident/or surrogate participated in the ISP. Completion Date: 07/30/2021

2. IDT Team will be educated to include that all ISPs must be signed by the resident and/or their surrogate. All ISPs must be documented that the resident and/or surrogate participated in the ISP if they cannot attend in person. Completion Date: 07/30/2021

3. Director of Assisted Living and/or designee will audit all ISPs are signed by the resident and/or their surrogate and/or documented that the resident and/or surrogate participated in the ISP. ISPs will be audited quarterly to ensure that the ISPs are signed by the resident or surrogate. Completion Date: Ongoing

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



TITLE  
Administrative Manager

(X8) DATE  
7/06/2021

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R 475	<p>Continued From page 1</p> <p>2. On 06/11/2021 at 4:20 PM, a review of Resident #2's ISP dates 05/19/2021, showed that the ISP was reviewed by the ALR representatives and the physician. However, the document failed to show evidence of a signature to documents participation of resident or the resident's surrogate.</p> <p>3. On 6/11/2021 at 2:08 PM, a review of Resident #3's ISP forms dated 02/26/2021 showed that the ISP was reviewed by the ALR representatives and the physician. However, the document failed to show evidence of a signature to documents participation of resident or the resident's surrogate.</p> <p>4. On 6/11/2021 at 2:50 PM, a review of Resident #4's ISP forms dated 02/16/2021 showed that the ISP was reviewed by the ALR representatives and the physician. However, the document failed to show evidence of a signature to documents participation of resident or the resident's surrogate.</p> <p>5. On 6/11/2021 at 3:45 PM, a review of Resident #5's ISP forms dated 02/23/2021 and 01/14/2021 showed that the ISP was reviewed by the ALR representatives and the physician. However, the document failed to show evidence of a signature to documents participation of resident or the resident's surrogate.</p> <p>6. On 6/11/2021 at 5:37 PM, a review of Resident #6's ISP form dated 01/30/2021 showed the ISP was reviewed by the ALR representatives and the physician. However, the document failed to show evidence of a signature to documents participation of resident or the resident's surrogate.</p>	R 475		
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R 475	Continued From page 2  7. On 6/11/2021 at 03:19 PM, a review of Resident #7's ISP form dated 01/18/2021 showed that the ISP was reviewed by the ALR representatives and the physician. However, the document failed to show evidence of a signature to documents participation of resident or the resident's surrogate.  8. On 6/11/2021 at 3:00 PM, a review of Resident #B's ISP form dated 06/01/2021 showed that the ISP was reviewed by the ALR representatives and the physician. However, the document failed to show evidence of a signature to documents participation of resident or the resident's surrogate.  9. On 6/11/2021 at 5:08 PM, a review of Resident #9's ISP form dated 01/13/2021 showed that the ISP was reviewed by the ALR representatives and the physician. However, the document failed to show evidence of a signature to documents participation of resident or the resident's surrogate.  10. On 6/11/2021 at 2:08 PM, a review of Resident#10's ISP form dated 03/05/2021, showed that the ISP was reviewed by the ALR representatives and the physician. However, the document failed to show evidence of a signature to documents participation of resident or the resident's surrogate.  On 06/14/2021 beginning at 11:50 AM, the records were reviewed and discussed with the ALR's Nurse Manager and the Assisted Living Program Director. The Director indicated that the families were involved in the reviews of the ISP documented above, but the ALR failed to document their participation in the ISP review.	R 475	

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R 475, Continued From page 3

R 475

At the time of the survey, the ALR failed to have evidence that each resident or their surrogate participated in the review of the residents ISP as required.

R 595 Sec. 701d8 Staffing Standards.

R 595

(8) Assure that each employee has a background check pursuant to federal and District law executed at the time of initial employment;  
Based on observation, interview and record review, the ALR failed to show evidence that each employee had obtained a comprehensive background check for the District of Columbia (DC) prior to working in the ALR, for one of 12 employees (Employee #7).

Findings included:

On 06/09/2021 at 11:17 AM, Employee #7 (Housekeeper) was observed disinfecting frequently touched surface in the dining room located on the first floor.

On 06/14/2021 beginning at 9:39 AM, review of the personnel records showed that there was no comprehensive background check completed for Employee #7.

On 06/15/2021 at 3:27 PM, the Administrator and Assisted Living (AL) Program Director said during a telephone interview that they were unable to obtain a copy of Employee #7's criminal background check from the third party vendor. When asked, the AL Program Director stated that Employee #7 had been employed with ALR for 10 years.

1. Employee #7 was removed from the schedule until comprehensive background check is completed.  
Completed Date: 06/14/2021  
2. All employee records were reviewed for a comprehensive background check by the Director of Human Resources.  
Completed Date: 06/14/2021  
3. Director of Human Resources and HR staff will be educated. Human Resources will audit all new hires and perform a quarterly audit of records and report during quarterly.  
Completion Date: Ongoing

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R 595:	Continued From page 4  At the time of the survey, the ALR failed to ensure that all employees working in the ALR had a ; comprehensive background check on file for review.	R 595		

