

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/30/2014
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NAME OF PROVIDER OR SUPPLIER THE METHODIST HOME OF THE DISTRICT OF	STREET ADDRESS, CITY, STATE, ZIP CODE 4901 CONNECTICUT AVENUE NW WASHINGTON, DC 20008
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R 000	<p>Initial Comments</p> <p>On December 4, 2013, the Department of Health/Health Regulation and Licensing Administration (DOH/HRLA) received verbal and written documentation alleging neglect and mistreatment regarding the care of a resident.</p> <p>Due to the nature of the information presented, on January 14, 2014, DOH/HRLA initiated an onsite investigation, to verify compliance with the Assisted Living Law DC Code § 44-101.01. The findings of the investigation were based on record reviews and interviews.</p> <p>Please Note. Listed below are abbreviations used in this report.</p> <p>ALA-Assisted Living Administrator ALR- Assisted Living Residence CEO-Chief Executive Officer ISP- Individualized Service Plan PT- Physical Therapy OT- Occupational Therapy</p> <p>Allegation #1- The ALR staff was verbally and emotionally abusive to Resident #1.</p> <p>Findings: A review of Resident #1's record revealed no documented evidence of a formal grievance/complaint to the ALR by Resident #1 regarding the care and treatment provided by the staff. Interview with the ALA revealed that the family's concern was investigated and the employee was reassigned; however, abuse could not be substantiated. It should be noted that at the request of the family, Resident #1 was not interviewed as part of this investigation.</p> <p>Conclusion: This allegation was not</p>	R 000	<p>THIS PLAN OF CORRECTION IS SUBMITTED FOR PURPOSES OF REGULATORY COMPLIANCE AND AS PART OF THE METHODIST HOME'S ONGOING EFFORTS TO CONTINUOUSLY IMPROVE THE CARE AND SERVICES PROVIDED. AS SUCH IT DOES NOT CONSTITUTE AN ADMISSION OF THE FACTS OR CONCLUSIONS CITED IN THE SURVEY REPORT FOR ANY PURPOSE WHATSOEVER.</p> <p>Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002</p> <p>RECEIVED JUL 24 2014</p>	
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Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE
CEO

(X6) DATE
24 July 2014

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R 000	<p>Continued From page 1 substantiated.</p> <p>Allegation #2: The ALR failed to perform an accurate functional assessment of Resident #1, resulting in the incorrect Level of Care assignment.</p> <p>Findings: A review of Resident #1's functional assessment revealed a score of 32, with a corresponding Level of Care assignment of " level III ". Further review of the document revealed a scoring error; however, this error, even if corrected, would not impact the Level of Care assigned or the care the resident required.</p> <p>Conclusion: This allegation could not be substantiated.</p> <p>Allegation #3: The ALR was required to provide twenty-four (24) hour direct supervision of Resident #1; however the ALR left the resident unattended, which resulted in three (3) falls.</p> <p>Findings: A review of the ALR ' s internal incident reports and investigations revealed that Resident #1 experienced three (3) falls while alone. A review of Resident #1's record revealed no evidence that his/her Level of Care required one to one supervision, twenty-four (24) hours a day.</p> <p>Conclusion: This allegation was not substantiated.</p> <p>Allegation #4-The ALA did not investigate, in a timely manner, the unwelcomed visit from a confused resident who wandered into Resident #1's apartment in the middle of the night on August 13, 2013, and, the results were not forwarded to the family.</p>	R 000		

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R 000	<p>Continued From page 2</p> <p>Findings: A review Resident #1's record revealed that on August 15, 2013, and again on August 16, 2013, e-mail communications were sent to the family, from the nurse supervisor, and the CEO, respectively documenting findings of the internal investigation and actions taken by the ALR.</p> <p>Conclusion: The allegation was not substantiated.</p> <p>Allegation #5-The financial agreement section of the resident agreement failed to clearly outline the Level of Care the resident was to receive.</p> <p>Findings: A review of Resident #1's signed June 28, 2013 "Residence Agreement", revealed that the area under the financial agreement section indicating the " Level of Care " services to be provided, was left blank. However, the financial agreement did disclose the resident's monthly charge based on calculated square footage, Level of Care necessary, and services to be provided by the ALR.</p> <p>This allegation was partially substantiated.</p> <p>The investigation resulted in deficient practices as detailed in this report.</p>	R 000		
R 459	<p>Sec. 603a3a Financial Agreements</p> <p>(A) Service packages; Based on record review and interview, it was determined that the ALR failed to include the service package in the financial agreement for one (1) of one (1) resident in the investigation.(Resident #1)</p> <p>The finding includes:</p>	R 459	<p>AL Plan of Correction for Tag R459</p> <p>1. Corrective action(s) that will be accomplished to address the identified deficient practice.</p> <p>Upon signing "The Methodist Home of the District of Columbia Independent and Assisted Living Plan Residence Agreement", Section II C - Level of Care will be completed indicating the pre-admission estimated Level of Care - (Level <u>(no Level, I or II)</u>) - subject to change at 30-day post admission assessment will be noted. A signature by the resident or resident representative will be required on the Assisted Living rate sheet to be included in resident file as part of the agreement.</p>	

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R 459	<p>Continued From page 3</p> <p>On January 16, 2014, at approximately 12:00 p.m., a review of Resident #1's financial agreement [section II C.] documented the following: " Level of care in accordance with the Resident's ISP, the Home shall provide the resident with access to the Home's nursing, medical and psychosocial services, at the following Level of care". The area under the financial agreement section indicating the Level of Care services to be provided was left blank. The financial agreement failed to evidence the Level of Care (service package) that was to be provided for the resident.</p> <p>On January 16, 2014 at approximately 12:30 p.m., review of Resident #1's June 21, 2013 ISP, and interview with the CEO, revealed that the following service package was provided to the resident; however, this service package was not included in the financial agreement section of the resident agreement.</p> <p>"Ambulation/ Physical Ability - monitor the correct use of walker and propel wheelchair.</p> <p>Falls Prevention - monitor environment in apartment for safety, encourage to attend activities, monitor every 2 hours between 11 pm and 7 am, assist with toileting as needed.</p> <p>Bathing- assist in and out of shower, assist to wash back and feet, apply moisturizer after drying and maintain dignity and privacy.</p>	R 459	<p>2. Measures in place /systemic changes made to ensure deficient practice does not recur.</p> <p>A review of all current Assisted Living Plan Residence Agreements will be made within the next 30-days to ensure compliance of the above corrective action. Moving forward, all resident agreements will include the pre-admission Level of Care along with the acknowledged Assisted Living rate sheet.</p> <p>3. How corrective action(s) will be monitored to ensure deficient practice does not recur, i.e., what quality assurance program will be implemented.</p> <p>As part of our quality assurance program, a quarterly audit of all new resident agreements will ensure our ongoing compliance regarding the Assisted Living Level of Care for the next two quarters.</p> <p>Completion Date: 22 August 2014</p>	

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R 459	<p>Continued From page 4</p> <p>Dressing and Grooming - allow resident to select clothing, hands on assistance with dressing upper and lower body, assist to button and zip and assist with undressing. It was not defined in the ISP what assistance would be provided by staff for grooming needs.</p> <p>Toileting- toilet every 2 hours between 11 pm and 7 pm, before and after meals and as needed while awake."</p> <p>Note: The following are incidental findings related to this investigation.</p>	R 459		
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. Based on record review and interview, the ALR failed to include all services being provided, when and how often services will be provided, and how and by whom all services will be provided on the ISP for one (1) of one (1) resident in the investigation. (Resident #1)</p> <p>The finding includes:</p> <p>On January 14, 2014, starting at approximately 11:00 a.m., a review of Resident #1's record revealed an ISP dated June 21, 2013. The ISP</p>	R 481	<p>AL Plan of Correction for Tag R481:</p> <p>1. Corrective action(s) that will be accomplished to address the identified deficient practice.</p> <p>A list of all residents receiving therapy has been generated and the ISP for each resident reviewed. This list will be published by Therapy weekly. For residents receiving therapy services, current ISPs have been updated, where needed, to include when, how often, and by whom therapy services are provided. Completed by 22 August 2014.</p>	

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R 481	Continued From page 5 failed to evidence OT/ PT. Review of the therapy notes revealed that OT services were initiated on July 8, 2013 and PT services were initiated on August 26, 2013. Additionally, the ISP failed to define when, how often and by whom activities and socialization services would be provided. During an interview with Employee #1, on January 14, 2014, at approximately 11:18 a.m., Employee #1 stated, " After the [family member] requested I have nothing more to with [Resident #1], I did not update the ISP because the patient was going to be discharged in 30 days." During an interview with the PT on January 15, 2014, at approximately 1:00 p.m., the PT stated , "The patient received OT services three times a week since admission to the ALR side and PT services three times in August 2013."	R 481	2. Measures put in place/systemic changes made to ensure deficient practice does not recur. A policy describing the requirement to include on each ISP of residents receiving therapy services when, how often, and by whom therapy services are provided has been developed. All staff participating in development/review of the ISP have received training on this policy. Therapy staff will participate in ISP reviews, as appropriate, and provide the necessary documentation. Completed by 15 August 2014. 3. How corrective action(s) will be monitored to ensure deficient practice will not recur, i.e., what quality assurance program will be implemented. The ALR Nurse Manager will monitor ISPs to ensure compliance with the policy and report to facility QA Committee quarterly.	
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, it was determined that the ALR failed to ensure that an ISP was updated after a significant change in the residents condition, for one (1) of one (1) resident	R 483	AL Plan of Correction for Tag R483 1. Corrective action(s) that will be accomplished to address the identified deficient practice. ISPs for all ALR residents have been reviewed to ensure that falls with injury and other significant changes have been captured and are addressed. Completed by 24 July 2014. 2. Measures put in place/systemic changes made to ensure deficient practice does not recur. The existing policy regarding falls has been updated to reflect current practice, and now reads as follows: "service plan interventions must be reviewed following each fall sustained by the resident. The service plan will be updated as needed." Completed by 24 July 2014.	

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R 483	<p>Continued From page 6</p> <p>included in the investigation. (Resident #1)</p> <p>The finding includes:</p> <p>On January 14, 2014 a review of Resident #1's June 21, 2013 care plan/ISP failed to evidence that the plan was reviewed and /or updated with any interventions to be implemented after a fall, as evidenced below:</p> <p>On January 15, 2014, at approximately 11:50 a.m., a review of Resident #1's record revealed that the Resident sustained a right ankle fracture after a fall on July 16, 2013. Resident #1 was seen by an orthopedic physician on July 18, 2013, at which time a right ankle boot was applied. Further review of Resident #1's record also revealed falls occurred on July 3, 2013 and July 6, 2013, with no apparent injury.</p> <p>According to an interview with Employee #1 on January 14, 2014, at approximately 11:18 a.m., Employee #1 stated, " After the [family member] requested I have nothing more to with [Resident #1], I did not update the ISP because the patient was going to be discharged in 30 days."</p> <p>On January 16, 2014, at approximately 12:00 p.m., a review of the ALR's Fall Management policy documented the following: "All care plan interventions must be reviewed/ updated following each fall sustained by the resident."</p> <p>At the time of the investigation, the ALR failed to update Resident #1's care plan after Resident #1</p>	R 483	<p>3. How corrective action(s) will be monitored to ensure deficient practice will not recur, i.e., what quality assurance program will be implemented.</p> <p>The ALR Nurse Manager will continue to review initial ISP reviews at 30 days post admission, and at least semi-annually thereafter. Service plans will also be reviewed and updated at more frequent intervals, as needed, in compliance with ALR regulations. Findings from this monitoring activity will be reported the facility QA Committee quarterly.</p> <p>Completed by 24 July 2014</p>	

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R 483	Continued From page 7 sustained a fall/ injury in accordance with agency policy.	R 483		