

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/07/2019
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NAME OF PROVIDER OR SUPPLIER METHODIST HOME OF DC-FOREST SIDE	STREET ADDRESS, CITY, STATE, ZIP CODE 2701 MILITARY ROAD 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
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R 000	Initial Comments An annual licensure survey was conducted on 05/07/19 to determine compliance with the Assisted Living Law (DC Official Code § 44-101.01 et seq) and the ALR emergency and proposed regulations. The Assisted Living Residence (ALR) provided care for 27 residents and employed 38 personnel, to include professional and administrative staff. A random sample of 3 resident records and 4 employee records were selected for review. The findings of the survey were based on observation throughout the facility, clinical and administrative record review, review of involuntary discharge notices, and resident, family and staff interviews. The survey findings determined that the facility was in substantial compliance with DC Code 44-101.01, however deficient practices were identified related to the emergency and proposed regulations.	R 000		
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Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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GOVERNMENT OF
THE DISTRICT OF
COLUMBIA

CRFMR
Rev. 9/02

**DEPARTMENT OF HEALTH
HEALTH REGULATION & LICENSING
ADMINISTRATION**

Mailing Address
899 North Capitol St., NE
Washington DC 20002
2nd Floor (2224)
202-442-5888

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Name of Facility:		Street Address, City, State, ZIP Code:		Survey Date:	
The Methodist Home of the District of Columbia d/b/a Forest Side ALR -0028		2701 Military Road, NW Washington, DC 20015		05/07/19	
Regulation Citation		Statement of Deficiencies		Ref. No.	
		An annual licensure survey was conducted on 05/07/19 to determine compliance with the Assisted Living Law (DC Official Code § 44-101.01 <i>et seq</i>) and the ALR emergency and proposed regulations. The Assisted Living Residence (ALR) provided care for 27 residents and employed 38 personnel, to include professional and administrative staff. A random sample of 3 resident records and 4 employee records were selected for review. The findings of the survey were based on observation throughout the facility, clinical and administrative record review, review of involuntary discharge notices, and resident, family and staff interviews. The survey findings determined that the facility was in substantial compliance with DC Code 44-101.01, however deficient practices were identified related to the emergency and proposed regulations. Listed below are abbreviations used throughout the body of this report: ALR - Assisted Living Residence			
		Plan of Correction		Completion Date	

Carrn Stringfield/Vaen Jeffers
Name of Inspector

6/11/19
Date Issued

Facility Director/Designee

Date



**DEPARTMENT OF HEALTH
HEALTH REGULATION & LICENSING
ADMINISTRATION**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

DON - Director of Nursing
ED - Executive Director

**10125
Reporting
Abuse,
Neglect,
Exploitation,
and Unusual
Incidents**

10125.02 In addition to the requirements to report abuse neglect, and exploitation of a resident provided in Section 509 of the Act (D.C. Official Code§ 44-105.09), each ALR shall notify the Director of any unusual incident that substantially affects a resident. Notifications of unusual incidents shall be made by contacting the Department of Health by phone immediately, and shall be followed up by written notification to the same within twenty-four (24) or the next business day.

Based on interview and record review, the ALR failed to ensure that all unusual incidents were reported to the Department of Health, for four of four residents.

Findings included:

On 05/07/19 at 10:14 AM, the Program Director provided the surveyor with a list of the ALR's discharges and transfers since the facility's last annual survey (05/07/18). The list contained four residents who had died since the adoption of the emergency and proposed rulemaking (08/16/18).

At 4:14 PM, interview with the Nurse Coordinator, ED, Program Director, and DON showed that the ALR failed to



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HEALTH REGULATION & LICENSING
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

report the deaths to the Department of Health. The ED said that, going forward, the ALR would report all unusual incidents, including deaths, to the Department of Health.