

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/05/2023
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NAME OF PROVIDER OR SUPPLIER GRAND OAKS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 5901 MACARTHUR BLVD NW WASHINGTON, DC 20016
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R 000	<p>Initial Comments</p> <p>An annual licensure survey was conducted on 06/28/2023, 06/29/2023, 06/30/2023, 07/03/2023 and 07/05/2023 to determine compliance with the Assisted Living Residence (ALR) regulations, Title 22-B DCMR (Public Health and Medicine) Chapter 101, and the Assisted Living Law DC ST 44-101.01. The resident census was 128 and 145 personnel were employed by the ALR to include professional, para-professional, and administrative staff. A sample of core 24 residents and an additional five residents were added to the sample due to concerns regarding incident reporting. Also, 15 employee records were reviewed.</p> <p>The findings of the survey were based on observations throughout the facility, including a medication administration pass, clinical and administrative record review, and resident, family, and staff interviews.</p>	R 000	<p>Please start typing your responses here:</p> <p><i>Grand Oaks is filing this response for the sole purpose of confirming compliance with requests of DC Health in receipt of the survey report related to the survey conducted June 28 -July 5, 2023. This response is not an admission of liability or statement of agreement with respect to issues identified in discussions with the agency but is submitted to demonstrate regulatory compliance.</i></p>	
R 293	<p>Sec. 504.2 Accommodation of Needs.</p> <p>(2) To have access to appropriate health and social services, including social work, home health, nursing, rehabilitative, hospice, medical, dental, dietary, counseling, and psychiatric services in order to attain or maintain the highest practicable physical, mental, and psychosocial well-being.</p> <p>Based on record reviews and interviews, the Assisted Living Residence (ALR) failed to ensure ten of the 24 residents in the facility had access to appropriate medical/health services, and physical therapy services. (Residents #4, 9, 10, 15, 17, 18, 19, 20, 23 and 30).</p> <p>Findings included:</p>	R 293	<p><u>1. R 293 Sec. 504.2 Accommodation of Needs</u></p> <p>(2) To have access to appropriate health and social services, including social work, home health, nursing, rehabilitative, hospice, medical, dental, dietary, counseling, and psychiatric services in order to attain or maintain the highest practicable physical, mental, and psychosocial well-being. Based on record reviews and interviews, the Assisted Living</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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R 293	<p>Continued From page 1.</p> <p>1. On 07/03/2023 at 3:34 pm, a review of Resident #4 medical record showed an order on 04/14/2023 for speech therapy for Dysphasia. There was no documented evidence in the record showing that the resident was seen by a speech therapist. Resident #4 also had falls on 04/10/2023, 04/19/2023, 05/27/2023, 06/03/2023, 06/07/2023 and 06/23/2023. Each time a fall occurred, there was an order for physical and occupational therapy to assess and treat. There was no documented evidence to show that the resident was assessed by physical and occupational therapy.</p> <p>2. On 06/30/2023 at 2:28 pm, a review of Resident #9 records showed the resident had falls on 03/19/2023, 04/07/2023, 04/14/2023 and 06/29/2023. Each time a fall occurred, there was an order for physical and occupational therapy to assess and treat. There was no documented evidence to show that the resident was assessed by physical and occupational therapy.</p> <p>3. On 07/03/2023 at 10:15 am, a review of Resident #10 records showed the resident had falls on 10/09/2022, 03/26/2023, 05/12/2023 and 05/22/2023. Each time a fall occurred, there was an order for physical and occupational therapy to assess and treat. There was no documented evidence to show that the resident was assessed by physical and occupational therapy.</p> <p>4. On 06/29/2023 at 11:49 am, a review of Resident #15 records showed the resident had falls on 03/05/2023, 03/14/2023, 03/19/2023, 03/24/2023, 03/28/2023, 03/29/2023 and 04/29/2023. Each time a fall occurred, there was an order for physical and occupational therapy to assess and treat. There was no documented evidence to show that the resident was assessed</p>	R 293	<p>Residence (ALR) failed to ensure ten of the 24 residents in the facility had access to appropriate medical/health services, and physical therapy services. (Residents #4, 9, 10, 15, 17, 18, 19, 20, 23 and 30).</p> <p>I. Corrective Action</p> <p>1. In response to Finding #1 (resident #4): Resident received speech therapy (ST) eval on 04/13/23, 04/21/23 and 06/02/23 and is currently receiving ST. Resident was screened for both PT and OT and services were not indicated at the time.</p> <p>2. In response to Finding #2 (resident #9): Resident had PT eval on 04/10/23 and has been receiving PT since 04/10/23. Received OT from 03/23/23 - 05/18/23 and is currently receiving OT again.</p> <p>3. In response to Finding #3 (resident #10): Resident received PT services 04/19/23-06/15/23.</p> <p>4. In response to Finding #4 (resident #15): Resident has been discharged from the community.</p> <p>5. In response to Finding #5 (resident #17): Resident was screened for PT and OT on 05/09/23. Resident received PT from 05/09/23-07/05/23 and OT from 05/09/23-07/05/23.</p>	

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R 293	<p>Continued From page 2.</p> <p>by physical and occupational therapy.</p> <p>5. On 06/29/2023 at 10:58 am, a review of Resident #17 records showed the resident had a fall on 05/09/2023. After the fall, there was an order for physical and occupational therapy to assess and treat. There was no documented evidence to show that the resident was assessed by physical and occupational therapy.</p> <p>6. On 06/29/2023 at 3:48 pm, a review of Resident #18 records showed the resident had a fall on 06/14/2023. After the fall occurred, there was an order for physical and occupational therapy to assess and treat. There was no documented evidence to show that the resident was assessed by physical and occupational therapy.</p> <p>7. On 06/30/2023 at 1:19 pm, a review of Resident #19 records showed the resident had a fall on 02/09/2023. After the fall, there was an order for physical and occupational therapy to assess and treat. There was also a speech therapy order to treat and evaluate on 03/13/2023. There was no documented evidence to show that the resident was assessed by physical, occupational or speech therapy.</p> <p>8. On 06/29/2023 at 09:54 am, a review of Resident #20 records showed the resident had falls on 10/22/2022, 11/12/2022, 01/23/2023 and 05/23/2023. Each time a fall occurred, there was an order for physical and occupational therapy to assess and treat. There was also a speech therapy per the movement clinic on 05/03/2023. There was no documented evidence to show that the resident was assessed by physical, occupational or speech therapy.</p>	R 293	<p>6. In response to Finding #6 (resident #18): Resident was on current therapy caseload the date of the fall. Resident received therapy services 05/23-06/30.</p> <p>7. In response to Finding #7 (resident #19): Resident admitted on 03/29/23, no fall in the community on 02/09/23.</p> <p>8. In response to Finding #8 (resident #20): Resident was screened for PT and OT services on 10/14/22 and 12/15/23. Resident received OT services 1/14/23-12/07/23 and 12/15/23-02/09/23.</p> <p>9. In response to Finding #9 (resident #23): Resident fell on 03/31/23 and 04/10/23. Resident received OT screening on 04/03/23 and PT screening on 04/04/23. Resident received ST 04/11/23- 06/08/23, PT 04/11/23-07/07/23 and is currently on OT services that started on 04/03/23.</p> <p>10. In response to Finding #10 (residents #23 and #30 medication error):</p> <ul style="list-style-type: none"> Meeting held with Pharmacy Team on 06/13/23 to review medication errors, duplicates, errors involving same name to review medication transcription and updates in Main Frame System, Matrix Care and Care Assist. Pharmacy completed 	

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R 293	<p>Continued From page 3.</p> <p>9. On 06/30/2023 at 9:20 am, a review of Resident #23 records showed the resident had falls on 09/31/2023 and 04/10/2023. Each time a fall occurred, there was an order for physical and occupational therapy to assess and treat. There was also a speech therapy order to treat and evaluate on 03/22/2023. There was no documented evidence to show that the resident was assessed by physical, occupational or speech therapy.</p> <p>10. On 07/03/2023 at 2:30 pm, a review of the facility's incident reports showed medication errors for Residents #23 and 30. The incident report documented that two medications (Hydrochlorothiazide 25 mg tablet and Vitamin B-12 1000 mcg tablet) were ordered on 03/25/2023 for Resident #23. The same medications orders for (Hydrochlorothiazide 25 mg tablet and Vitamin B-12 1000 mcg tablet) were also observed in Resident #30's medical records with Resident #23's date of birth, the doctor's name, and room number. A further review of the incident report showed that the pharmacy noted the discrepancy on 05/01/2023 and notified the facility's nursing station.</p> <p>I. Starting at 3:20 pm, a review of Resident #23's Physician Orders Sheet (POS) and Medication Administration Records (MAR)s showed the following:</p> <p>a). At 3:20 pm, a record review of Resident #23's POS of 03/24/2023 showed an order for Hydrochlorothiazide 25 mg by mouth every day for Hypertension and Vitamin B-12 1000 mcg tablet everyday by mouth for Supplement.</p> <p>b). At 3:25 pm, a review of Resident #23's MAR showed that the resident received</p>	R 293	<p>med-cart audits in both neighborhoods.</p> <ul style="list-style-type: none"> • Duplicate medications and old treatments discontinued. • Resident pharmacy reviews are ongoing and sent to physicians for review/response. • Staff re-educated on proper medication administration process. • DON, DRS, and Oasis RN completed medication observations on LPN staff. • Nursing Staff in-serviced to monitor eMAR/TAR during daily medication administration and email nurse leadership team with errors to be corrected daily by NP/ MD. • Nightly auditing of all new physician orders for prior 24 hours. • In response to resident #23, resident received Vitamin B-12 as ordered. • In response to Hydrochlorothiazide, nursing supervisor evaluated and assessed resident with elevated 	

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R 293	<p>Continued From page 4.</p> <p>Hydrochlorothiazide 25 mg by mouth once a day at 9:00 am for 3 days starting on 03/25/2023 with a blood pressure of 166/70, 03/26/2023 with a blood pressure of 146/69, 03/27/2023 with a blood pressure of 142/65.</p> <p>c). At 3:35 pm, a review of Resident #23 physician order dated 03/27/2023 showed an order to discontinue Hydrochlorothiazide.</p> <p>d). At 3:40 pm, a review of Resident #23's MAR showed that starting on 03/25/2023, Resident #23 received Vitamin B 12 1,000 mcg once daily by mouth and was discontinued on 04/20/2023. The MAR also showed that the resident also received an additional (Cyanocobalamin) Vitamin B 12 1,000 mcg once a day at 9:00 am for 22 days, making it two times the prescribed dose. This medication was started on 03/29/2023 and was discontinued on 04/21/2023.</p> <p>e). At 3:45 pm, a continued review of Resident #23's medical records showed a new POS dated 05/03/2023 for Hydrochlorothiazide 25 mg to be administered by mouth every day, and to check vital signs two times daily for 2 weeks.</p> <p>f). At 3:55 pm, a review of Resident #23's May 2023 MAR failed to show any documented evidence that the resident received Hydrochlorothiazide 25 mg by mouth every day for Hypertension, as ordered for the month of May. The record also failed to show evidence that vital signs were checked twice daily for 2 weeks, as ordered.</p> <p>II. Starting at 4:00 pm, a review of Resident #30's Physician Orders Sheet (POS)s and Medication Administration Records (MAR)s showed the following:</p>	R 293	<p>BP and called NP who gave new orders effective 05/03/23. Resident received new order on 5/3/2023 for Hydrochlorothiazide 25 mg po 1 -tab po daily, check Vital Signs 2 times daily x 2 weeks by NP for elevated BP. Since 05/03/23 physician has reviewed medication and resident remains on this medication currently.</p> <ul style="list-style-type: none"> • Staff was educated to check BP/HR for BP meds. • In response to resident #30 medication error. hydrochlorothiazide 25 mg po Q Day was discontinued on 5/1/2023 and Vitamin B-12 1000 mcg po was discontinued on 5/2/2023. MD/NP/RP notified of error and labs drawn. <p>II. How to Identify Other The Director of Nursing, DON, or designee, will conduct an audit of all current therapy orders to ensure residents are receiving services as ordered. Any services omitted from the</p>	

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R 293	<p>Continued From page 5.</p> <p>a). At 4:00 pm, a record review of Resident #30's POS dated 03/24/2023 showed an order for Hydrochlorothiazide 25 mg by mouth every day for Hypertension and Vitamin B-12 1000 mcg tablet everyday by mouth for supplement.</p> <p>b). At 4:05 pm, a review of Resident #30's medical records showed an order dated 05/01/2023 to discontinue Hydrochlorothiazide and a second order dated 05/02/2023 to discontinue Vitamin B-12 1000 mcg every day by mouth for supplement.</p> <p>c). At 4:15 pm, a review of Resident #30's MAR showed that Resident #30 received Resident #23's Cyanocobalamin (Vitamin B 12) 1,000 mcg, 1 tablet by mouth once daily for Vitamin B 12 deficiency for 35 days starting on 03/27/2023 at 9:00 pm until it was discontinued on 05/01/2023. The MAR also showed that Resident #30 received Resident #23's Hydrochlorothiazide tablet 25 mg, 1 tablet by mouth once daily at 9:00 pm for Hypertension for 34 days starting on 03/27/2023 until it was discontinued on 04/30/2023. No blood pressure reading noted on the MAR.</p> <p>During interview on 07/03/2023 at 5:15 pm, the DON and Employee #1, both confirmed that Resident #30 received Resident #23's Hydrochlorothiazide tablet 25 mg for 34 days and that resident #23 only received the Hydrochlorothiazide for 3 days in March. The DON said that a name alert has been put in the electronic system for both residents. The DON also acknowledged that Resident #30 did not have a diagnosis of Hypertension, and that Resident #23 received double the dose prescribed for Vitamin B 12 for 22 days. The DON</p>	R 293	<p>documentation on the ISP will be added to the ISP addendum page. The DON, or designee, will complete 45- day medication reviews on all residents to ensure no duplicate medications are listed. The pharmacy completed a full audit of orders and removed any duplicates noted in the pharmacy mainframe.</p> <p>III. Systemic Changes The Rehab Director, or designee, will add documentation to the ISP addendum pages detailing discipline and frequency of services. The Wellness Nurse, Nurse Supervisor, or designee will complete an overnight 24-hour chart check to review all new and discontinued orders to ensure they are appropriately documented on the eMAR. The Wellness Nurses, Nurse Supervisors, and/or designees will complete a community wide POS review.</p> <p>IV. Monitoring Process The DON or designee. will conduct monthly random audits of therapy service documentation for the next 90 days (and periodically thereafter) to ensure completion of an assessment, as ordered. The DON will also conduct</p>	

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R 293	<p>Continued From page 6.</p> <p>said that she will file an incident report. The DON further acknowledged that the May MAR did not contain any documented evidence that Resident #23 was taking Hydrochlorothiazide as ordered but that she will check the electronic system to see if the medication was administered.</p> <p>At the time of the survey, the ALR failed to ensure that all residents in the ALR had access to appropriate medical and health services.</p>	R 293	<p>monthly random audits of new and discontinued medications to ensure they are appropriately documented on the eMAR. Monthly audit results will be reviewed during the interdisciplinary QA meeting each month.</p> <p>V. Date of Completion September 30, 2023 and ongoing</p>	
R 421	<p>Sec. 602a Resident Agreements</p> <p>(a) A written contract must be provided to the resident prior to admission and signed by the resident or surrogate, if necessary, and a representative of the ALR. The nonfinancial portions of the contract shall include the following: Based on interviews and record reviews, the Assisted Living Residence (ALR) failed to obtain a written agreement, for one of the 24 residents in the sample prior to admission (Resident #10).</p> <p>Findings included:</p> <p>On 07/03/2023 at 10:15 am, a review of Resident #10's clinical record revealed that the resident was admitted on 06/03/2022. The record showed that the Resident's Agreement was signed by the resident on 06/03/2022, the same day the resident moved in.</p> <p>On 07/05/2023 at 2:45 pm during the exit interview, the above finding was discussed with the Executive Director, who confirmed during the interview that the resident agreement was not signed prior to the resident admission, as required.</p>	R 421	<p><u>2. R 421 Sec. 602.2A Resident Agreements</u></p> <p>This citation was reviewed with the survey team on 07/31/2023. Resident admitted on 06/03/22, resident agreement signed on 05/14/22. Citation abated per the survey team.</p>	

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R 421	Continued From page 7. At the time of the survey, the ALR failed to ensure that each resident agreement was signed prior to the resident's admission.	R 421		
R 471	<p>Sec. 604a1 Individualized Service Plans</p> <p>(a)(1) An ISP shall be developed for each resident prior to admission.</p> <p>Based on interviews and record reviews, the Assisted Living Residence (ALR) failed to develop Individualized Service Plans (ISP) for all residents prior to admission to determine the service needs, for 15 of the 24 residents in the sample (Residents #3, 4, 5, 6, 9, 10, 13, 14, 15, 17, 18, 19, 20, 21, and 23).</p> <p>Findings included:</p> <p>On 06/28/2023 through 07/03/2023, beginning at 11:00 am, a review of Residents #3, 4, 5, 6, 9, 10, 13, 14, 15, 17, 18, 19, 20, 21 and 23's records showed that the residents were admitted between June of 2022 and May 2023. There was no documented evidence that the ALR's Registered Nurse (RN) developed Individualized Service Plans (ISP) for the above-mentioned residents prior to their admissions to the facility, to determine their service needs.</p> <p>For example:</p> <p>On 06/30/2023 at 9:42 am, a review of Resident #3's medical record showed that the resident was admitted on 11/02/2022. An ISP was initiated on 11/02/2023, the same day of the admission.</p> <p>During an interview on 06/28/2023 at 3:15 pm, the Executive Director (ED) and the Director of Nursing (DON) both confirmed that the RN had</p>	R 471	<p>3. R 471 Sec. 604a1 Individualized Service Plans</p> <p>(a)(1) An ISP shall be developed for each resident prior to admission. Based on interviews and record reviews, the Assisted Living Residence (ALR) failed to develop Individualized Service Plans (ISP) for all residents prior to admission to determine the service needs, for 15 of the 24 residents in the sample (Residents #3,4,5,6,9, 10, 13, 14, 15, 17, 18, 19,20,21, and 23).</p> <p>I. Corrective Action</p> <p>In response to residents #3, 4, 5, 6, 9, 10, 13, 14, 17, 18, 19, 20, 21 and 23, residents had ISPs created prior to admission. Current electronic system dates the ISP the day of move in. ISPs are created as a function of the assessment and completed prior to the admission. There is no time stamp on the regulation or the ISP to clarify the documentation. In response to resident #15, resident has been discharged.</p> <p>II. How to Identify Other</p> <p>The Director of Nursing, DON, or designee, will conduct an audit of assessments for move in the last 6</p>	

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R 471	<p>Continued From page 8.</p> <p>not developed an ISP prior to admission for the above-mentioned residents. Both the ED and DON stated that the ALR's electronic record system did not allow for documentation before the resident is admitted and that a manual form would be created to document the pre-ISP findings.</p> <p>On 07/03/2023 at 4:10 pm, a review of the ALR's ISP policy dated 03/16/2021, showed that the Director of Nursing (DON), or designee, develops an ISP for each resident prior to admission in accordance with DC Health Regulations.</p> <p>At the time of the survey, the ALR failed to ensure that ISPs were developed prior to admission to determine the service needs for each resident.</p>	R 471	<p>months to confirm that the ISP was developed prior to admission.</p> <p>III. Systemic Changes The Director of Nursing, Director of Resident Services, Oasis RN Coordinator, or designee will print a blank copy of the ISP form to be completed in tandem with the initial assessment. Pre-ISP will then be electronically entered into the electronic health system the day of move in prior to the admission.</p>	
R 475	<p>Sec. 604a5 Individualized Service Plans</p> <p>(5) The ISP shall be signed by the resident, or surrogate, and a representative of the ALR. Based on interviews and record reviews, the Assisted Living Residence (ALR) failed to ensure that all Individualized Service Plans (ISP's) were signed by the resident or a surrogate and a representative of the ALR, for 11 of the 24 residents sampled (Residents #1, 2, 5, 8, 9, 10, 12, 13, 14 15, and 22).</p> <p>Findings included:</p> <p>1. On 07/03/2023 at 1:55 pm, a review of resident #1's medical record showed that an ISP was initiated on 06/26/2022 and 06/03/2023. There was no documented evidence that the ISP's were signed by the resident or a surrogate.</p> <p>2. On 07/03/2023 at 4:00 pm, a review of resident</p>	R 475	<p>IV. Monitoring Process The Executive Director, or designee, will conduct monthly random audits of handwritten pre-ISPs for the next 90 days to ensure completion (and periodically thereafter). Monthly audit results will be reviewed during the interdisciplinary QA meeting each month.</p> <p>V. Date of Completion September 30, 2023 and ongoing</p> <p>4. R 475 Sec. 604a5 Individualized Service Plans (5) The ISP shall be signed by the resident, or surrogate, and a</p>	

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NAME OF PROVIDER OR SUPPLIER GRAND OAKS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 5901 MACARTHUR BLVD NW WASHINGTON, DC 20016
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R 475	<p>Continued From page 9.</p> <p>#2's medical record showed that an ISP was initiated on 01/02/2023, 04/26/23, and 04/28/23. There was no documented evidence that the ISP's were signed by the resident or a surrogate.</p> <p>3. On 07/03/2023 at 12:07 pm, a review of Resident #5's medical record showed that an ISP was initiated on 11/25/2022, 02/02/2023 and 06/24/23. There was no documented evidence that the ISP's were signed by the resident or a surrogate.</p> <p>4. On 07/03/2023 at 4:44 pm, a review of resident #8's medical record showed that an ISP was initiated on 04/07/2022, 05/08/2022, 11/04/2022 and 05/03/2023. There was no documented evidence that the ISP's were signed by the resident or a surrogate.</p> <p>5. On 06/30/2023 at 2:28 pm, a review of Resident #9's medical record showed that an ISP was initiated on 03/15/2023 and 04/19/2023. There was no documented evidence that the ISP's were signed by the resident or a surrogate.</p> <p>6. On 07/03/2023 at 10:15 am, a review of Resident #10's medical record showed that an ISP was initiated on 02/02/2023 and 05/23/2023. There was no documented evidence that the ISP's were signed by the resident or a surrogate.</p> <p>7. On 07/03/2023 at 11:42 am, a review of resident #12's medical record showed that an ISP was initiated on 04/18/2023. There was no documented evidence that the ISP's were signed by the resident or a surrogate.</p> <p>8. On 07/03/2023 at 1:56 pm, a review of Resident #13's medical record showed that an ISP was initiated on 09/19/2022. There was no</p>	R 475	<p>representative of the ALR. Based on interviews and record reviews, the Assisted Living Residence (ALR) failed to ensure that all individualized Service Plans (ISP's) were signed by the resident or a surrogate and a representative of the ALR, for 11 of the 24 residents sampled (Residents #1, 2, 5, 8, 9, 10, 12, 13, 14, 15, and 22).</p> <p>I. Corrective Action In response to residents #1, 2, 5, 8, 9, 10, 12, 13, 14, and 22 ISPs have been signed by resident or surrogate. In response to resident #15, resident has been discharged.</p> <p>II. How to Identify Other The Director of Nursing, DON, or designee, will conduct an audit of all current ISPs for signatures.</p> <p>III. Systemic Changes The Director of Nursing, Director of Resident Services, Oasis RN Coordinator, or designee will bring a printed copy of the ISP for immediate signature to all ISP meetings.</p> <p>IV. Monitoring Process The Executive Director, or designee, will conduct monthly random audits of ISPs</p>	

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R 475	<p>Continued From page 10.</p> <p>documented evidence that the ISP's were signed by the resident or a surrogate.</p> <p>9. On 06/29/2023 at 9:58 am, a review of resident #14's medical record showed that an ISP was initiated on 01/30/2023. There was no documented evidence that the ISP's were signed by the resident or a surrogate.</p> <p>10. On 06/29/2023 at 11:49 am, a review of Resident #15's medical record showed that an ISP was initiated on 03/30/2023. There was no documented evidence that the ISP's were signed by the resident or a surrogate.</p> <p>11. On 07/03/2023 at 12:38 pm, a review of resident #22's medical record showed that an ISP was initiated on 05/31/2022 and 01/06/2023. There was no documented evidence that the ISP's were signed by the resident or a surrogate.</p> <p>On 06/30/2023 at 2:38 pm, the above findings were discussed with the Director of Nursing (DON). The DON acknowledged that the ISP's were not signed by the resident and/or responsible party, as required.</p> <p>On 07/03/2023 at 4:10 pm, a review of the ALR's ISP policy dated 03/16/2021 showed that a current copy of the resident's ISP, signed by the resident and/or responsible party is retained in the resident's record.</p> <p>At the time of the survey the ALR failed to ensure all ISPs were signed by a resident or surrogate and a representative of the ALR.</p>	R 475	<p>for appropriate signature the next 90 days to ensure completion (and periodically thereafter). Monthly audit results will be reviewed during the interdisciplinary QA meeting each month.</p> <p>V. Date of Completion September 30, 2023 and ongoing</p>	
R 481	Sec. 604b Individualized Service Plans	R 481	<p>5. R 481 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 reviews and interviews, the Assisted Living</p>	

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R 481	<p>Continued From page 11.</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.</p> <p>Based on record reviews and interviews, the Assisted Living Residence (ALR) failed to update the resident's ISP to include PT, OT and Speech 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, for 9 of 24 residents in the core sample (Residents' #4, 9, 10, 15, 17, 18, 19, 20 and 23).</p> <p>Findings included:</p> <p>1. On 07/03/2023 at 3:34 pm, a review of Resident #4 medical record showed an order on 04/14/2023 for speech therapy for dysphasia. There was no documented evidence in the record showing that the resident was seen by a speech therapist. Resident #4 also had falls on 04/10/2023, 4/19/2023, 05/27/2023, 06/03/2023, 06/07/2023 and 06/23/2023. Each time a fall occurred, there was an order for physical and occupational therapy to evaluate and treat. Further review of the records failed to show documented evidence in the ISPs to include speech, PT and OT 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.</p> <p>2. On 06/30/2023 at 2:28 pm, a review of Resident #9 records showed the resident had falls on 03/19/2023, 04/07/2023, 04/14/2023 and 06/29/2023. Each time a fall occurred, there was an order for physical and occupational therapy to evaluate and treat. There was no documented evidence in the ISPs to include PT and OT services will be provided, when and how often the</p>	R 481	<p>Residence (ALR) failed to update the resident's ISP to include PT, OT and Speech 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, for 9 of 24 residents in the core sample (Residents' #4, 9, 10, 15, 17, 18, 19, 20 and 23).</p> <p>I. Corrective Action In response to residents #4, 9, 10, 15, 17, 18, 19, 20 and 23, PT, OT and ST services have been added as appropriate to their respective ISPs.</p> <p>II. How to Identify Other The Director of Nursing, DON, or designee, will conduct an audit of all current therapy orders to ensure residents are receiving services as ordered. Any services omitted from the documentation on the ISP will be added to the ISP addendum.</p> <p>III. Systemic Changes The Rehab Director, or designee, will add documentation to the ISP addendum pages detailing discipline and frequency of services.</p> <p>IV. Monitoring Process</p>	

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R 481	<p>Continued From page 12.</p> <p>services will be provided, and how and by whom all services will be provided and accessed.</p> <p>3. On 07/03/2023 at 10:15 am, a review of Resident #10 records showed the resident had falls on 10/09/2022, 03/26/2023, 05/12/2023 and 05/22/2023. Each time a fall occurred, there was an order for physical and occupational therapy to evaluate and treat. There was no documented evidence in the ISPs to include PT and OT 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.</p> <p>4. On 06/29/2023 at 11:49 am, a review of Resident #15 records showed the resident had falls on 03/05/2023, 03/14/2023, 03/19/2023, 03/24/2023, 03/28/2023, 03/29/2023 and 04/29/2023. Each time a fall occurred, there was an order for physical and occupational therapy to evaluate and treat. There was no documented evidence in the ISPs to include PT and OT 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.</p> <p>5. On 06/29/2023 at 10:58 am, a review of Resident #17 records showed the resident had a fall on 05/09/2023. After the fall occurred, there was an order for physical and occupational therapy to evaluate and treat. There was no documented evidence in the ISPs to include PT and OT services will be provided, when and how often the services to be provided, and how and by whom all services will be provided and accessed.</p> <p>6. On 06/29/2023 at 3:48 PM, a review of Resident #18 records showed the resident had a fall on 06/14/2023. After the fall occurred, there was an order for physical and occupational</p>	R 481	<p>The Executive Director, or designee, will conduct monthly random audits of ISPs for appropriate documentation of therapy services for the next 90 days (and periodically thereafter). Monthly audit results will be reviewed during the interdisciplinary QA meeting each month.</p> <p>V. Date of Completion September 30, 2023 and ongoing</p>	

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R 481	<p>Continued From page 13.</p> <p>therapy to evaluate and treat. There was no documented evidence in the ISPs to include PT and OT services will be provided, when and how often the services to be provided, and how and by whom all services will be provided and accessed.</p> <p>7. On 06/30/2023 at 1:19 pm, a review of Resident #19 records showed the resident had a fall on 02/09/2023. After the fall occurred, there was an order for physical and occupational therapy to evaluate and treat. There was also a speech therapy order to treat and evaluate on 03/13/2023. There was no documented evidence in the ISPs to include PT and OT 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.</p> <p>8. On 06/29/2023 at 09:54 am, a review of Resident #20 records showed the resident had falls on 10/22/2022, 11/12/2022, 01/23/2023 and 05/23/2023. Each time a fall occurred, there was an order for physical and occupational therapy to evaluate and treat. There was also a speech therapy per movement clinic on 05/03/2023. There was no documented evidence in the ISPs to include speech, PT and OT 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.</p> <p>9. On 06/30/2023 at 9:20 am, a review of Resident #23 records showed the resident had falls on 09/31/2023 and 04/10/2023. Each time a fall occurred, there was an order for physical and occupational therapy to evaluate and treat. There was also a speech therapy order to treat and evaluate on 03/22/2023. There was no documented evidence in the ISPs to include speech, PT and OT services to be provided,</p>	R 481		

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R 481	<p>Continued From page 14.</p> <p>when and how often the services will be provided, and how and by whom all services will be provided and accessed.</p> <p>During an interview on 07/03/2023 at 5:19 pm, the Director of Nursing acknowledged the findings.</p> <p>At the time of the survey, the ALR failed to update the residents ISP to include PT, OT, and Speech services to be provided, when and how often the services will be provided, and how and by whom the services will be provided and accessed.</p>	R 481		
R 483	<p>Sec. 604d Individualized Service Plans</p> <p>(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.</p> <p>Based on interviews and record reviews, the Assisted Living Residence (ALR) failed to ensure each resident's Individual Support Plan (ISP) was reviewed 30 days after admission, updated with significant changes, and that the ISPs had been reviewed by the resident's healthcare practitioner, the resident and/or the resident's surrogate, for 20 of the 24 residents sampled (Residents #1, 2, 4, 5, 7, 8, 9, 10, 11, 12, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23 and 24).</p> <p>Findings included:</p>	R 483	<p>6. R 483 Sec. 604d Individualized Service Plans</p> <p>(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.</p> <p>Based on interviews and record reviews, the Assisted Living Residence (ALR) failed to ensure each resident's Individual Support Plan (ISP) was reviewed 30 days after admission, updated with significant changes, and that the ISPs had been reviewed by the resident's healthcare practitioner, the resident and/or the resident's surrogate, for 20 of the 24 residents sampled (Residents #1,</p>	

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R 483	<p>Continued From page 15.</p> <p>I. The ALR failed to review each resident's ISP 30 days after admission, as evidenced below:</p> <p>a. On 07/03/2023 at 1:55 pm, a review of Resident #1's medical record showed that the resident was admitted on 06/01/2022 and an ISP was initiated on 06/01/2022. Although a review was conducted on 07/26/2022 by the Registered Nurse (RN) and the Nurse Practitioner (NP), there was no documented evidence that the resident or a surrogate participated in the review.</p> <p>b. On 07/03/2023 at 12:07 pm, a review of Resident #5's medical record showed that the resident was admitted on 11/25/2022 and an ISP was initiated on 11/25/2022. Although a review was conducted on 02/02/2023, 69 days after admission by the Registered Nurse (RN), there was no documented evidence that the resident or a surrogate participated in the review.</p> <p>c. On 07/03/2023 at 10:15 am, a review of Resident #10's medical record showed that the resident was admitted on 05/19/2022 and an ISP was initiated on 02/02/2023. Although a review was conducted on 02/02/2023, 259 days after admission by the RN and the NP who signed the document on 06/30/2023, there was no documented evidence that the resident or a surrogate participated in the review.</p> <p>d. On 06/29/2023 at 3:48 pm, a review of Resident #18's medical record showed that the resident was admitted on 11/18/2022 and an ISP was initiated on 11/18/2022. Although a review was conducted on 02/01/2023, 75 days after admission by the RN, NP and the resident who signed the document 06/24/2023, 06/29/2023 and 06/18/2023 respectively, there was no</p>	R 483	<p>2, 4, 5, 7, 8, 9, 10, 11, 12, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23 and 24).</p> <p>I. Corrective Action In response to residents #1, 5, 8, 10, and 18, the ISPs have been reviewed with the resident and/or their surrogate in conjunction with their healthcare practitioner. In response to resident # 15, resident has been discharged from the community. In response to residents #2. 4, 7, 8, 9, 10, 11. 12, 14, 16, 17, 18, 19, 20, 21, 22, 23, and 24 the ISPs have been updated with additional documentation reflective of falls and interventions incorporated m their daily care of care. In response to resident #4. the ISP has been updated with current ST services. In response to resident #19, the oxygen and nebulizer orders have been discontinued. In response to resident #20, the resident was screened for ST, but services were not indicated at the time.</p> <p>II. How to Identify Other The DON, or designee, will audit ISPs for signatures to ensure participation by the interdisciplinary team in the review of the ISP 30 days after admission,</p>	

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R 483	<p>Continued From page 16.</p> <p>documented evidence that the resident or a surrogate participated in the review.</p> <p>II. The ALR failed to review and update each resident's ISP after the resident experienced a significant change, as evidenced below:</p> <p>a. On 07/03/2023 at 4:00 pm, a review of Resident #2's records showed that the resident fell on 01/14/2023, 02/25/2023, 03/05/2023, and 06/07/2023. A further review of the resident's records failed to show evidence that an ISP was updated and reviewed to reflect the resident's fall with individualized service/assistance provisions to prevent future falls.</p> <p>b. On 07/03/2023 at 3:34 pm, a review of Resident #4 medical record showed an order dated 04/14/2023 for speech therapy for dysphasia. Resident #4 had falls on 04/10/2023, 4/19/2023, 05/27/2023, 06/03/2023, 06/07/2023 and 06/23/2023. A further review of the resident's record failed to show evidence that an ISP was updated and reviewed to reflect the resident's falls with individualized service/assistance provisions to prevent future falls or any interventions regarding dysphasia.</p> <p>c. On 06/30/2023 at 9:40 am, a review of Resident #7's records showed that the resident fell on 05/17/2023 and 05/31/2023. A further review of the resident's record failed to show evidence that an ISP was updated and reviewed to reflect the resident's fall with individualized service/assistance provisions to prevent future falls.</p> <p>d. On 07/03/2023 at 4:44 pm, a review of Resident #8's records showed that the resident fell on 06/10/26/2023, 05/29/2023, 05/19/2023,</p>	R 483	<p>significant change of condition and at least every 6 months thereafter.</p> <p>III. Systemic Changes The Director of Nursing, Director of Resident Services, Oasis RN Coordinator, or designee will bring a printed copy of the ISP for immediate signature to all ISP meetings to ensure documentation of participation. DON, DRS, Oasis RN Coordinator or designee will update ISP as needed for significant changes in condition that affect plan of care. DON, DRS, Oasis RN Coordinator or designee will update all ISPs with falls and appropriate interventions as needed.</p> <p>IV. Monitoring Process The Executive Director, or designee, will conduct monthly random audits of ISPs for the next 90 days (and periodically thereafter) for appropriate signatures and updates related to any significant changes in condition to ensure completion and documentation of participation, interventions and therapy services. Monthly audit results will be reviewed during the interdisciplinary QA meeting each month.</p> <p>V. Date of Completion September 30, 2023 and ongoing</p>	

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R 483	<p>Continued From page 17.</p> <p>04/24/2023, 04/23/2023, 04/22/2023, 03/17/2023, 02/02/2023, 01/23/2023, 11/08/2022, 11/03/2022, 10/16/2022, 10/14/2022, 10/14/2022, 10/11/2022, and 09/26/2022 for a total of 16 falls. A further review of the resident's record showed that the falls were listed on the ISP form dated 05/03/2023, however there was no documented evidence that the ALR reviewed the ISP with the resident or the resident's surrogate.</p> <p>e. On 06/30/2023 at 2:28 pm, a review of Resident #9's records showed the resident had falls on 03/19/2023, 04/07/2023, 4/14/2023 and 06/29/2023. A further review of the resident's record failed to show evidence that an ISP was updated and reviewed to reflect the resident's fall with individualized service/assistance provisions to prevent future falls.</p> <p>f. On 07/03/2023 at 10:15 am, a review of Resident #10's records showed the resident had falls on 10/09/2022, 03/26/2023, 05/12/2023 and 05/22/2023. A further review of the resident's record failed to show evidence that an ISP was updated and reviewed to reflect the resident's fall with individualized service/assistance provisions to prevent future falls.</p> <p>g. On 06/30/2023 at 1:35 pm, a review of Resident #11's records showed that the resident fell on 01/21/2023, 02/26/2023, 04/11/2023, 04/18/2023 and 05/26/2023. A further review of the resident's record failed to show evidence that an ISP was updated and reviewed to reflect the resident's fall with individualized service/assistance provisions to prevent future falls.</p> <p>h. On 07/03/2023 at 11:42 am, a review of Resident #12's records showed that the resident</p>	R 483		

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R 483	<p>Continued From page 18.</p> <p>fell on 02/01/2023. A further review of the resident's record failed to show evidence that an ISP was updated and reviewed to reflect the resident's fall with individualized service/assistance provisions to prevent future falls.</p> <p>i. On 06/29/2023 at 9:58 am, a review of Resident #14's records showed that the resident fell on 01/03/2023, 03/03/2023, 03/20/2023, 04/09/2023 and 05/07/2023. A further review of the resident's record failed to show evidence that an ISP was updated and reviewed to reflect the resident's fall with service/assistance provisions to prevent future falls.</p> <p>j. On 06/29/2023 at 11:49 am, a review of Resident #15 records showed the resident had falls on 03/05/2023, 03/14/2023, 03/19/2023, 03/24/2023, 03/28/2023, 03/29/2023 and 04/29/2023. A further review of the resident's record failed to show evidence that an ISP was updated and reviewed to reflect the resident's fall with individualized service/assistance provisions to prevent future falls.</p> <p>k. On 06/30/2023 at 2:30 pm, a review of Resident #16's records showed that the resident fell on 01/26/2023 and 12/19/2022. A further review of the resident's record failed to show evidence that an ISP was updated and reviewed to reflect the resident's fall with service/assistance provisions to prevent future falls.</p> <p>l. On 06/29/2023 at 10:58 am, a review of Resident #17 records showed the resident had a fall on 05/09/2023. A further review of the resident's record failed to show evidence that an ISP was updated and reviewed to reflect the</p>	R 483		

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R 483	<p>Continued From page 19.</p> <p>resident's fall with individualized service/assistance provisions to prevent future falls.</p> <p>m. On 06/29/2023 at 3:48 pm, a review of Resident #18 records showed the resident had a fall on 06/14/2023. A further review of the resident's record failed to show evidence that an ISP was updated and reviewed to reflect the resident's fall with individualized service/assistance provisions to prevent future falls.</p> <p>n. On 06/30/2023 at 1:19 pm, a review of Resident #19 records showed the resident had a fall on 02/09/2023. A further review of the resident's record failed to show evidence that an ISP was updated and reviewed to reflect the resident's fall with individualized service/assistance provisions to prevent future falls.</p> <p>o. On 06/29/2023 at 1:19 pm, a review of a hospital discharge summary dated 06/14/2023 showed Resident's 19 had a new order for oxygen and nebulizer treatment for bronchitis. There was no ISP in the record to show that Resident 19's ISP was reviewed or updated after discharge.</p> <p>p. On 06/29/2023 at 09:54 am, a review of Resident #20 records showed the resident had falls on 10/22/2022, 11/12/2022, 01/23/2023 and 05/23/2023. There was also a speech therapy order dated 05/03/2023 made by the movement clinic. Further review of the resident's record failed to show evidence that an ISP was updated and reviewed to reflect the resident's fall with individualized service/assistance provisions to prevent future falls or interventions regarding the</p>	R 483		

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R 483	<p>Continued From page 20.</p> <p>speech therapy.</p> <p>q. On 06/29/2023 at 12:18 pm, a review of Resident #21's records showed that the resident fell on 02/21/2023, 03/13/2023, 05/03/2023 and 06/16/2023. A further review of the resident's record failed to show evidence that an ISP was updated and reviewed to reflect the resident's fall with individualized service/assistance provisions to prevent future falls.</p> <p>r. On 07/03/2023 at 12:38 pm, a review of Resident #22's records showed that the resident fell on 06/08/2023, 05/10/2023, 02/11/2023 and 08/24/2022. A further review of the resident's record failed to show evidence that an ISP was updated and reviewed to reflect the resident's fall with service/assistance provisions to prevent future falls.</p> <p>s. On 06/30/2023 at 9:20 am, a review of Resident #23 records showed the resident had falls on 09/31/2023 and 04/10/2023. There was also a speech therapy order to treat and evaluate on 03/22/2023. A further review of the resident's record failed to show evidence that an ISP was updated and reviewed to reflect the resident's fall with individualized service/assistance provisions to prevent future falls or interventions made by the speech therapist.</p> <p>t. On 06/30/2023 at 12:30 pm, a review of Resident #24's records showed that the resident fell on 04/10/2023 and 10/27/2022. A further review of the resident's record failed to show evidence that an ISP was updated and reviewed to reflect the resident's fall with individualized service/assistance provisions to prevent future falls.</p>	R 483		

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R 483	Continued From page 21. During an interview on 07/03/2023 at 3:28 pm, the Director of Nursing acknowledged the above findings. At the time of the survey, the ISPs lacked documented evidence that they were reviewed either 30 days after admission and/or updated to address significant changes and that the ISPs had been reviewed by the resident's healthcare practitioner, the resident and/or the resident's surrogate.	R 483			
R 705	Sec. 802b Medical, Rehabilitation, Psychosocial Assess. (b) The ALR shall maintain resident information obtained from a standardized physician's statement approved by the mayor. The information shall include a description of the applicant's current physical condition and medical status relevant to defining care needs, and the applicant's psychological and cognitive status, if so, indicated during the medical assessment. Based on interviews, and record reviews, the Assisted Living Residence (ALR) failed to ensure each resident's Intermediate Care Facilities Division Admission/Annual Medical Certification form was properly completed with all the required information's, for six of the 24 residents in the sample (Residents #3, 8, 12, 15, 16 and 22). Findings included: The ALR failed to ensure each resident's Intermediate Care Facilities Division Admission/Annual Medical Certification Form were completed with all the assessment areas addressed as evidenced below:	R 705	7. R 705 Sec. 802b Medical, Rehabilitation, Psychosocial Assess. (b) The ALR shall maintain resident information obtained from a standardized physician's statement approved by the mayor. The information shall include a description of the applicant's current physical condition and medical status relevant to defining care needs, and the applicant's psychological and cognitive status, if so, indicated during the medical assessment. Based on interviews, and record reviews, the Assisted Living Residence (ALR) failed to ensure each resident's Intermediate Care Facilities Division Admission/Annual Medical Certification form was properly completed with all the required information, for six of the 24 residents in the sample (Residents #3, 8, 12, 15, 16 and 22). I. Corrective Action In response to residents #3, 8, 12, 16 and 22, the physician's statements have been updated by the medical director.		

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R 705	<p>Continued From page 22.</p> <ol style="list-style-type: none"> On 06/30/2023 at 9:40 am, a review of Resident #3's Intermediate Care Facilities Division Admission/Annual Medical Certification form dated 10/27/2022 showed the physician did not document if the resident had or needed a prostate specific Antigen (PSA). On 07/03/2023 at 4:44 pm, a review of Resident #8's Intermediate Care Facilities Division Admission/Annual Medical Certification form dated 04/06/2022 showed the physician did not document if the resident had any hearing or dental issues. The physician also failed to document the resident's current medications on the form. On 07/03/2023 at 11:42 am, a review of Resident #12's Intermediate Care Facilities Division Admission/Annual Medical Certification form dated 09/14/2022 showed the physician did not document if the resident had or needed a PSA or dentures. On 06/29/2023 at 11:49 am, a review of Resident #15's Intermediate Care Facilities Division Admission/Annual Medical Certification form dated 02/21/2023 showed the physician did not document if the resident's temperature or respiration. On 06/30/2023 at 2:30 pm, a review of Resident #16's Intermediate Care Facilities Division Admission/Annual Medical Certification form dated 07/20/2022 showed no documented the reason for the evaluation, if the resident had or needed a mammogram or Papanicolaou (pap) test. The physician also failed to document if the resident needed to be screened for dementia or document the resident's tuberculosis status. 	R 705	<p>In response to resident #15, resident has been discharged from the community.</p> <p>II. How to Identify Other The DON, or designee, will conduct an audit of all physician assessment forms for completion on all residents who have moved in since June 1, 2022.</p> <p>III. Systemic Changes The Director of Nursing, Director of Resident Services, Oasis RN Coordinator, or designee will review all physician assessment forms prior to admission for completion. The Wellness Nurse, or designee will provide a secondary double check all physician assessment forms for completion.</p> <p>IV. Monitoring Process The Executive Director, or designee, will conduct monthly random audits of physician assessment forms for completion for the next 90 days (and periodically thereafter). Monthly audit results will be reviewed during the interdisciplinary QA meeting each month.</p> <p>V. Date of Completion September 30, 2023 and ongoing</p>	

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R 705	<p>Continued From page 23.</p> <p>6. On 07/03/2023 at 13:38 pm, a review of Resident #22's Intermediate Care Facilities Division Admission/Annual Medical Certification form dated 06/07/2022 showed no documented evidence that the physician documented if the resident takes any non-prescription medications. The physician also failed to document if the resident had or needed a mammogram, Papanicolaou (pap) test, PSA, or colonoscopy.</p> <p>During an interview on 07/03/2023 at 5:25 pm, the Executive Director (ED) and Employee #1 acknowledged the above-mentioned deficiencies.</p> <p>At the time of the survey the facility failed to ensure each residents' Intermediate Care Facilities Division Admission/Annual Medical Certification forms were properly completed with all the required information.</p>	R 705		
R 800	<p>Subheading On-Site Review</p> <p>Sec. 903. On-site review.</p> <p>The ALR shall arrange for an on-site review by a registered nurse every 45 days to:</p> <p>Based on interviews, and record reviews, the Assisted Living Residence (ALR) failed to ensure the Registered Nurse (RN) conducted a review of each resident's medication regimen every 45-days to include changes in the medication regimen, for six of the 24 residents in the sample (Residents #1, 4, 6, 9, 10 and 13).</p> <p>Findings included:</p> <p>1. On 07/03/2023 at 1:55 pm, a review of Resident #1's clinical record showed the nurse reviewed the resident's medication regimen on</p>	R 800	<p>8. R 800 Sec. 903 On-Site Review</p> <p>The ALR shall arrange for an on-site review by a registered nurse every 45 days to:</p> <p>Based on interviews, and record reviews, the Assisted Living Residence (ALR) failed to ensure the Registered Nurse (RN) conducted a review of each resident's medication regimen every 45-days to include changes in the medication regimen, for six of the 24 residents in the sample (Residents #1, 4, 6, 9, 10 and 13).</p> <p>I. Corrective Action</p> <p>In response to residents #1, 4, 6, 9, 10 and 13, 45-day medication reviews have been completed. In response to residents #4, 6, 9, 10, and 13, a 45-day medication review has been completed using the updated form created during the survey process which captures the appropriate information.</p>	

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R 800	<p>Continued From page 24.</p> <p>06/30/2023. The resident was admitted June 1, 2022, to the facility. There were no other medication review forms available for review.</p> <p>2. On 07/03/2023 at 3:34 pm, a review of Resident #4's clinical record showed a 45-day review medication for 04/17/2023. The document indicated that there were no changes to the resident's medication regimen. However, the review of a physician's order sheet dated 04/10/2023 showed Bactrim DS twice daily for 2 days for UTI was added to the resident's regimen and Depakote was decreased to 250 mg by mouth 3 times a day.</p> <p>3. On 06/30/2023 at 11:15 am, a review of Resident #6's clinical record showed a 45-day review medication for 03/24/2023. The document indicated that there were no changes to the resident's medication regimen. However, the review of a physician's order sheet dated 03/02/2023 showed that one of the resident's medication, cholestyramine was discontinued.</p> <p>4. On 06/30/2023 at 2:28 pm, a review of Resident #9's clinical record showed a 45-day review medication for 04/17/2023 and 05/29/2023. The document indicated that there were no changes to the resident's medication regimen. However, the review of a physician's order sheet (POS) dated 03/17/2023 showed that the resident was started on Senna daily, Miralax daily 17g/80 g, Preservision AREDS 2; 1 softgel in the morning and 1 softgel in the evening, Vitamin B-12 1,000 mcg daily, Vitamin D 1,000 international units daily. A POS dated 03/31/2023 showed the resident was started on Cephalexin (keflex) 250 mg capsule by mouth four times daily for 7 days. Another POS dated 05/09/2023 showed the resident was started on Myrbetriq 50</p>	R 800	<p>II. How to Identify Other The DON, Wellness Nurse, or designee will audit all resident charts to ensure a 45-day medication review has been completed using the updated form.</p> <p>III. Systemic Changes The community clinical team updated the 45-day medication form the first evening of the survey to capture the appropriate information. The DON, Wellness Administrative Assistant, or designee will create a monthly calendar to track all 45-day medication reviews to ensure completion.</p> <p>IV. Monitoring Process The Executive Director, or designee, will conduct monthly random audits of 45-day medication reviews for completion for the next 90 days (and periodically thereafter). Monthly audit results will be reviewed during the interdisciplinary QA meeting each month.</p> <p>V. Date of Completion September 30, 2023 and ongoing</p>	

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R 800	<p>Continued From page 25.</p> <p>mg tablet 1 tablet by mouth every day for increased frequency of urination.</p> <p>5. On 07/03/2023 at 10:15 am, a review of Resident #10's clinical record showed a 45-day medication review for 11/18/2022 and 06/03/2023. The document indicated that there were no changes to the resident's medication regimen. However, the review of a physician's order sheet dated 11/01/2022 showed that Lasix 20 mg by mouth daily for 1 week for Edema was ordered. A POS on 05/05/2023 showed an order for Ketotifen Ophthalmic Solution 0.035% 2 gtts both eyes twice daily x 5 days. A POS dated 05/09/2023 showed Vitamin D 3 was discontinued from the resident's medication regimen order, while Tobrasone eye drops 2 drops in left eye twice daily for 7 days was added.</p> <p>6. On 07/03/2023 at 1:56 pm, a review of Resident #13's clinical record showed a 45-day review medication for 04/20/2023 and 05/29/2023. The document indicated that there were no changes to the resident's medication regimen. However, the review of a physician's order dated 04/24/2023 showed the resident's medication order for Senna twice daily was discontinued and changed to Senna three times a week on Monday, Wednesday, and Friday. A POS dated 04/18/2023 showed the residents previous Melatonin order was discontinued and started on a new dose of Melatonin 6 mg every day. Another POS dated 04/19/2023 showed a change in the resident's Gabapentin order.</p> <p>It should be noted that Residents 2, 3, 5, 7, 8, 11, 12, 14, 15, 16, 17, 18, 19, 20, 21, 22, 24 and 24 had similar issues with the 45-day medication review.</p>	R 800		

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R 800	Continued From page 26. During an interview on 06/29/2023 at 3:00 pm, the Director of Nursing and the Assisted Living Administrator acknowledged that the changes in the resident's drug regimen were not captured on the 45-day medication review forms and that the forms would be modified to include a space to document the medication changes. At the time of the survey, the ALR failed to ensure residents' medication regimen were reviewed every 45-days to include changes in the resident's medication regimen.	R 800		
R 833	Sec. 905b2 Medication Administration. (2) Drugs prescribed for one resident shall not be administered to another resident. Based on record review and interview, the Assisted Living Residence (ALR) failed to ensure that prescribed medications were administered appropriately, for two of the 128 residents in the ALR (Residents #23 and 30). Findings included: On 07/03/2023 at 2:30 pm, a review of the facility's incident reports showed medication errors for Residents #23 and 30. The incident report documented that two medications (Hydrochlorothiazide 25 mg tablet and Vitamin B-12 1000 mcg tablet) were ordered on 03/25/2023 for Resident #23. The same medications orders for (Hydrochlorothiazide 25 mg tablet and Vitamin B-12 1000 mcg tablet) were also observed in Resident #30's medical records with Resident #23's date of birth, the doctor's name, and room number. A further review of the incident report showed that the pharmacy noted the discrepancy on 05/01/2023.	R 833	<p>9. R 833 Sec. 905b2 Medication Administration</p> <p>(2) Drugs prescribed for one resident shall not be administered to another resident. Based on record review and interview, the Assisted Living Residence {ALR} failed to ensure that prescribed medications were administered appropriately, for two of the 128 residents in the ALR (Residents #23 and 30).</p> <p>I. Corrective Action</p> <p>In response to residents #23 and #30 medication error:</p> <ul style="list-style-type: none"> Meeting held with Pharmacy Team on 06/13/23 to review medication errors, duplicates, errors involving same name to review medication transcription and updates in Main Frame System, Matrix Care and Care Assist. Pharmacy completed med-cart audits in both neighborhoods. 	

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R 833	<p>Continued From page 27.</p> <p>and notified the facility's nursing station.</p> <p>I. Starting at 3:20 pm, a review of Resident #23's Physician Orders Sheet (POS) and Medication Administration Records (MAR)s showed the following:</p> <p>a). At 3:20 pm, a record review of Resident #23's POS of 03/24/2023 showed an order for Hydrochlorothiazide 25 mg by mouth every day for Hypertension and Vitamin B-12 1000 mcg tablet everyday by mouth for Supplement.</p> <p>b). At 3:25 pm, a review of Resident #23's MAR showed that the resident received Hydrochlorothiazide 25 mg by mouth once a day at 9:00 am for 3 days starting on 03/25/2023 with a blood pressure of 166/70, 03/26/2023 with a blood pressure of 146/69, 03/27/2023 with a blood pressure of 142/65.</p> <p>c). At 3:35 pm, a review of Resident #23 physician order dated 03/27/2023 showed an order to discontinue Hydrochlorothiazide.</p> <p>d). At 3:40 pm, a review of Resident #23's MAR showed that starting on 03/25/2023, Resident #23 received Vitamin B 12 1,000 mcg once daily by mouth and was discontinued on 04/20/2023. The MAR also showed that the resident also received an additional (Cyanocobalamin) Vitamin B 12 1,000 mcg once a day at 9:00 am for 22 days, making it two times the prescribed dose. This medication was started on 03/29/2023 and was discontinued on 04/21/2023.</p> <p>e). At 3:45 pm, a continued review of Resident #23's medical records showed a new POS dated 05/03/2023 for Hydrochlorothiazide 25 mg to be administered by mouth every day, and to check</p>	R 833	<ul style="list-style-type: none"> • Duplicate medications and old treatments discontinued. • Resident pharmacy reviews are ongoing and sent to physicians for review/response. • Staff re-educated on proper medication administration process. • DON, DRS, and Oasis RN completed medication observations on LPN staff. Nursing • Staff in-serviced to monitor eMAR/TAR during daily medication administration and email nurse leadership team with errors to be corrected daily by NP/MD. • Nightly auditing of all new physician orders for prior 24 hours. • In response to resident #23, resident received Vitamin B-12 as ordered. • In response to resident #30 medication error, hydrochlorothiazide 25 mg po Q Day was discontinued on 5/1/2023 and Vitamin B-12 	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/05/2023
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NAME OF PROVIDER OR SUPPLIER GRAND OAKS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 5901 MACARTHUR BLVD NW WASHINGTON, DC 20016
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R 833	<p>Continued From page 28.</p> <p>vital signs two times daily for 2 weeks.</p> <p>f). At 3:55 pm, a review of Resident #23's May 2023 MAR failed to show any documented evidence that the resident received Hydrochlorothiazide 25 mg by mouth every day for Hypertension, as ordered for the month of May. The record also failed to show evidence that vital signs were checked twice daily for 2 weeks, as ordered.</p> <p>II. Starting at 4:00 pm, a review of Resident #30's Physician Orders Sheet (POS)s and Medication Administration Records (MAR)s showed the following:</p> <p>a). At 4:00 pm, a record review of Resident #30's POS dated 03/24/2023 showed an order for Hydrochlorothiazide 25 mg by mouth every day for Hypertension and Vitamin B-12 1000 mcg tablet everyday by mouth for supplement.</p> <p>b). At 4:05 pm, a review of Resident #30's medical records showed an order dated 05/01/2023 to discontinue Hydrochlorothiazide and a second order dated 05/02/2023 to discontinue Vitamin B-12 1000 mcg every day by mouth for supplement.</p> <p>c). At 4:15 pm, a review of Resident #30's MAR showed that Resident #30 received Resident #23's Cyanocobalamin (Vitamin B 12) 1,000 mcg, 1 tablet by mouth once daily for Vitamin B 12 deficiency for 35 days starting on 03/27/2023 at 9:00 pm until it was discontinued on 05/01/2023. The MAR also showed that Resident #30 received Resident #23's Hydrochlorothiazide tablet 25 mg, 1 tablet by mouth once daily at 9:00 pm for Hypertension for 34 days starting on 03/27/2023 until it was discontinued on</p>	R 833	<p>1000 mcg po was discontinued on 5/2/2023. MD/NP/RP notified of error and labs drawn.</p> <p>II. How to Identify Other The Wellness Nurses, Nurse Supervisors and/or designees will complete a community wide POS review.</p> <p>III. Systemic Changes The Wellness Nurse, Nurse Supervisor or designee will complete a 24-hour chart check inclusive of verification of correct order entry through comparison of paper order and electronic order in eMAR.</p> <p>IV. Monitoring Process The Director of Nursing, or designee, will conduct monthly random audits of new medication orders for accuracy in the eMAR for the next 90 days (and periodically thereafter). Monthly audit results will be reviewed during the interdisciplinary QA meeting each month.</p> <p>V. Date of Completion September 30, 2023 and ongoing</p>	

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GRAND OAKS ASSISTED LIVING

**5901 MACARTHUR BLVD NW
WASHINGTON, DC 20016**

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R 833	<p>Continued From page 29.</p> <p>04/30/2023. No blood pressure reading noted on the MAR.</p> <p>During an interview on 07/03/2023 at 5:15 pm, the DON and Employee #1, both confirmed that Resident #30 received Resident #23's Hydrochlorothiazide tablet 25 mg for 34 days and that resident #23 only received the Hydrochlorothiazide for 3 days in March. The DON said that a name alert has been put in the electronic system for both residents. The DON also acknowledged that Resident #30 did not have a diagnosis of Hypertension, and that Resident #23 received double the dose prescribed for Vitamin B 12 for 22 days. The DON said that she will file an incident report. The DON further acknowledged that the May MAR did not contain any documented evidence that Resident #23 was taking Hydrochlorothiazide as ordered but that she will check the electronic system to see if the medication was administered.</p> <p>At the time of the survey, the ALR failed to ensure that residents received medication as prescribed.</p>	R 833		

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R 000	<p>Initial Comments</p> <p>0000 Initial Comments</p> <p>An annual licensure survey was conducted on 06/28/2023, 06/29/2023, 06/30/2023, 07/03/2023, and 07/05/2023 to determine compliance with the Assisted Living Residence (ALR) regulations, Title 22-B DCMR (Public Health and Medicine) Chapter 101, and Assisted Living Law DC ST 44-101.01. The resident census was 128, and 145 personnel were employed by the ALR to include professional, para-professional, and administrative staff. A sample of core 24 residents and an additional five residents were added to the sample due to concerns regarding incident reporting. Also, a total of 15 employee records were reviewed.</p> <p>The findings of the survey were based on observations throughout the facility, including a medication administration pass, clinical and administrative record reviews, and resident, family, and staff interviews.</p>	R 000	<p><i>Grand Oaks is filing this response for the sole purpose of confirming compliance with requests of DC Health in receipt of the survey report related to the survey conducted June 28 -July 5, 2023. This response is not an admission of liability or statement of agreement with respect to issues identified in discussions with the agency but is submitted to demonstrate regulatory compliance.</i></p> <p>10. R 154 Sec. 10113.5 Individual Service Plans</p> <p>10113.5A "post move-in" assessment required by § 604 of the Act (D.C. Official Code § 44-106.04) shall be conducted by or on behalf of the ALR within seventy-two (72) hours of a resident's admission. Based on interviews and record reviews, the Assisted Living Residence (ALR) failed to ensure the Registered Nurse (RN) performed a "post move-in" assessment within 72 hours of admission, for 21 of the 24 residents in the sample (Residents #1, 2, 3, 4, 5, 6, 7, 9, 10, 11, 12, 13, 14, 15, 16, 18, 19, 20, 21, 22 and 23).</p>	
R 154	<p>10113.5 Individualized Service Plans (ISPs)</p> <p>10113.5 A "post move-in" assessment required by § 604 of the Act (D.C. Official Code § 44-106.04) shall be conducted by or on behalf of the ALR within seventy-two (72) hours of a resident's admission.</p> <p>Based on interviews and record reviews, the Assisted Living Residence (ALR) failed to ensure the Registered Nurse (RN) performed a "post move-in" assessment within 72 hours of admission, for 21 of the 24 residents in the sample (Residents #1, 2, 3, 4, 5, 6, 7, 9, 10, 11, 12, 13, 14, 15, 16, 18, 19, 20, 21, 22 and 23).</p> <p>Findings included:</p>	R 154	<p>10113.5A "post move-in" assessment required by § 604 of the Act (D.C. Official Code § 44-106.04) shall be conducted by or on behalf of the ALR within seventy-two (72) hours of a resident's admission. Based on interviews and record reviews, the Assisted Living Residence (ALR) failed to ensure the Registered Nurse (RN) performed a "post move-in" assessment within 72 hours of admission, for 21 of the 24 residents in the sample (Residents #1, 2, 3, 4, 5, 6, 7, 9, 10, 11, 12, 13, 14, 15, 16, 18, 19, 20, 21, 22 and 23).</p>	

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

TITLE

(X6) DATE

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R 154	<p>Continued From page 1.</p> <p>On 06/28/2023 through 07/03/2023, beginning at 11:00 am, a review of Residents #1, 2, 3, 4, 5, 6, 7, 9, 10, 11, 12, 13, 14, 15, 16, 18, 19, 20, 21, 22 and 23's records showed that the residents were admitted between June of 2022 to May 2023. There was no documented evidence that the ALR's RN assessed the residents within 72 hours of their admission to the ALR.</p> <p>For example:</p> <p>On 07/03/2023 at 1:55 pm, a review of Resident #1's records showed that the resident was admitted on 06/01/2022. There was no documented evidence that the ALR's RN assessed the resident within 72 hours of admission.</p> <p>During an interview on 06/29/2023 at 3:10 pm, the Director of Nursing (DON) confirmed that the records showed no evidence that the residents were assessed by the RN within seventy-two (72) hours of their admission.</p> <p>At the time of the survey, the ALR failed to ensure the RN performed a "post move-in" assessment within seventy-two (72) hours of admission, as required by § 604 of the Act (D.C. Official Code § 44-106.04).</p>	R 154	<p>I. Corrective Action</p> <p>In response to resident's# 1, 20, 21, and 23, post move in assessments were completed in tandem with the resident move-in ISP via the MatrixCare her system within 72 hours. In response to resident's # 2, 3, 4, 5, 6, 7, 9, 10, 11, 12, 13, 14, 16, 18, 19 and 22 post move-in assessments were completed in tandem with the resident move-in but not within the 72-hour timeframe. In response to resident # 15, resident has been discharged.</p> <p>II. How to Identify Other</p> <p>The DON, RSD, or designee will audit all new move-ins for the last 6 months to ensure that they have a post move-in assessment with their move-in ISP.</p> <p>III. Systemic Changes</p> <p>The DON, RSD, Oasis RN, or designee will print the evaluation that corresponds to the post move-in assessment during survey process to ensure understanding and documentation of the assessment process.</p> <p>IV. Monitoring Process</p> <p>The ED, or designee, will conduct monthly random audits of move in ISPs</p>	
R 330	<p>10122.1 On Site Medication Review</p> <p>10122.1 The on-site medication review by a registered nurse that is arranged to occur every forty-five (45) days, pursuant to § 903 of the Act (D.C. Official Code § 44-109.03), shall include documentation of any changes to the resident's medication profile, including changes in dosing and any medications that have been added or</p>	R 330		

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R 330	<p>Continued From page 2.</p> <p>discontinued.</p> <p>Based on interviews and record reviews, the Assisted Living Residence (ALR) failed to ensure the Registered Nurse (RN) conducted a review of each resident's medication regimen every 45-days to include changes in the medication regimen, for six of the 24 residents in the sample (Residents #1, 4, 6, 9, 10 and 13).</p> <p>Findings included:</p> <ol style="list-style-type: none"> 1. On 07/03/2023 at 1:55 pm, a review of Resident #1's clinical record showed the nurse reviewed the resident's medication regimen on 06/30/2023. The resident was admitted June 1, 2022, to the facility. There were no other medication review forms available for review. 2. On 07/03/2023 at 3:34 pm, a review of Resident #4's clinical record showed a 45-day review medication for 04/17/2023. The document indicated that there were no changes to the resident's medication regimen. However, the review of a physician's order sheet dated 04/10/2023 showed Bactrim DS twice daily for 2 days for UTI was added to the resident's regimen and Depakote was decreased to 250 mg by mouth 3 times a day. 3. On 06/30/2023 at 11:15 am, a review of Resident #6's clinical record showed a 45-day review medication for 03/24/2023. The document indicated that there were no changes to the resident's medication regimen. However, the review of a physician's order sheet dated 03/02/2023 showed that one of the resident's medication, cholestyramine was discontinued. 4. On 06/30/2023 at 2:28 pm, a review of Resident #9's clinical record showed a 45-day 	R 330	<p>to ensure there is a corresponding assessment for the next 90 days (and periodically thereafter). Monthly audit results will be reviewed during the interdisciplinary QA meeting each month.</p> <p>V. Date of Completion September 30, 2023 and ongoing</p> <p>11. R 330 Sec. 10122.1 On Site Medication Review The on-site medication review by a registered nurse that is arranged to occur every forty-five (45) days, pursuant to § 903 of the Act (O.C. Official Code § 44-109.03), shall include documentation of any changes to the resident's medication profile, including changes in dosing and any medications that have been added or discontinued. Based on Interviews and record reviews, the Assisted Living Residence (ALR) failed to ensure the Registered Nurse (RN) conducted a review of each resident's medication regimen every 45-days to include changes in the medication regimen, for six of the 24 residents in the sample (Residents #1, 4, 6, 9, 10 and 13).</p> <p>I. Corrective Action</p>	

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R 330	<p>Continued From page 3.</p> <p>review medication for 04/17/2023 and 05/29/2023. The document indicated that there were no changes to the resident's medication regimen. However, the review of a physician's order sheet (POS) dated 03/17/2023 showed that the resident was started on Senna daily, Miralax daily 17g/80 g, Preservision AREDS 2; 1 softgel in the morning and 1 softgel in the evening, Vitamin B-12 1,000 mcg daily, Vitamin D 1,000 international units daily. A POS dated 03/31/2023 showed the resident was started on Cephalexin (keflex) 250 mg capsule by mouth four times daily for 7 days. Another POS dated 05/09/2023 showed the resident was started on Myrbetriq 50 mg tablet 1 tablet by mouth every day for increased frequency of urination.</p> <p>5. On 07/03/2023 at 10:15 am, a review of Resident #10's clinical record showed a 45-day medication review for 11/18/2022 and 06/03/2023. The document indicated that there were no changes to the resident's medication regimen. However, the review of a physician's order sheet dated 11/01/2022 showed that Lasix 20 mg by mouth daily for 1 week for Edema was ordered. A POS on 05/05/2023 showed an order for Ketotifen Ophthalmic Solution 0.035% 2 gtts both eyes twice daily x 5 days. A POS dated 05/09/2023 showed Vitamin D 3 was discontinued from the resident's medication regimen order, while Tobrasone eye drops 2 drops in left eye twice daily for 7 days was added.</p> <p>6. On 07/03/2023 at 1:56 pm, a review of Resident #13's clinical record showed a 45-day review medication for 04/20/2023 and 05/29/2023. The document indicated that there were no changes to the resident's medication regimen. However, the review of a physician's order dated 04/24/2023 showed the resident's</p>	R 330	<p>In response to resident's # 1, 4, 6, 9, 10 and 13, 45-day medication reviews have been completed using the new form created during the survey process.</p> <p>II. How to Identify Other The DON, Wellness Nurse, or designee will audit all resident charts to ensure a 45-day medication review has been completed using the updated form.</p> <p>III. Systemic Changes The community clinical team updated the 45-day medication form the first evening of the survey to capture the appropriate information. The DON, Wellness Administrative Assistant, or designee will create a monthly calendar to track all 45-day medication reviews to ensure completion.</p> <p>IV. Monitoring Process The Executive Director, or designee, will conduct monthly random audits of 45-day medication reviews for completion for the next 90 days (and periodically thereafter). Monthly audit results will be reviewed during the interdisciplinary QA meeting each month.</p> <p>V. Date of Completion September 30, 2023 and ongoing</p>	

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R 330	<p>Continued From page 4.</p> <p>medication order for Senna twice daily was discontinued and changed to Senna three times a week on Monday, Wednesday, and Friday. A POS dated 04/18/2023 showed the residents previous Melatonin order was discontinued and started on a new dose of Melatonin 6 mg every day. Another POS dated 04/19/2023 showed a change in the resident's Gabapentin order.</p> <p>It should be noted that Residents 2, 3, 5, 7, 8, 11, 12, 14, 15, 16, 17, 18, 19, 20, 21, 22, 24 and 24 had similar issues with the 45-day medication review.</p> <p>During an interview on 06/29/2023 at 3:00 pm, the Director of Nursing and the Assisted Living Administrator acknowledged that the changes in the resident's drug regimen were not captured on the 45-day medication review forms and that the forms would be modified to include a space to document the medication changes.</p> <p>At the time of the survey, the ALR failed to ensure residents' medication regimen were reviewed every 45-days to include changes in the resident's medication regimen.</p>	R 330		