

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0010	(X2) MULTIPLE CONSTRUCTION .A BUILDING: _____ .B WING: _____	(X3) DATE SURVEY COMPLETED 01/30/2020
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NAME OF PROVIDER OR SUPPLIER INGLESIDE AT ROCK CREEK	STREET ADDRESS, CITY, STATE, ZIP CODE 3050 MILITARY ROAD NW WASHINGTON, DC 20015
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R 000	<p>Initial Comments</p> <p>A six month monitoring survey was conducted on 01/29/2020 and 01/30/2020 to determine compliance with the Assisted Living Law (DC Official Code § 44-101.01 et seq). The Assisted Living Residence (ALR) provided care for 19 residents and employed 20 personnel to include professional and administrative staff. The findings of the survey were based on observation throughout the facility, clinical and administrative record review, and resident and staff interviews.</p> <p>The following abbreviation is used throughout the body of the report:</p> <p>ALR - Assisted Living Residence CNA - Certified Nursing Aide DON - Director of Nursing ISP - Individualized Service Plan LPN - Licensed Practical Nurse PDA - Private Duty Aide RN - Registered Nurse</p>	R 000		
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 observation, interview and record review, the facility failed to include all service provided to the each resident on their ISP for two of ten residents (Residents #4 and 6).</p> <p>Findings included</p> <p>1. On 01/29/2020 at 1:55 PM, review of Resident #6's clinical record and ISP failed to document that the resident received PDA services.</p>	R 481	<p>1. The Service plans will be updated for resident #4 and # 6 by 03/06/2020.</p> <p>2. Nursing Staff will be educated regarding service plan updating to include PDA services by 03/05/2020.</p> <p>3. Director of Nursing or designee will audit service plans monthly for updates regarding PDA services and report finding in QAPI</p>	03/11/2020

Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X9) DATE
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R 481	<p>Continued From page 1</p> <p>On 01/30/2020 at 12:18 PM, when asked what residents received PDA services, the LPN stated that Resident #6 had PDA services at that time.</p> <p>2. On 01/29/2020 at 3:16 PM, review of Resident #4's clinical record showed nurse's notes which documented that the resident had a PDA.</p> <p>At 2:47 PM, observation of Resident #4's unit showed a PDA in the unit with the resident.</p> <p>Review of the resident's ISP, however, failed to show that the resident had PDA services.</p> <p>On 01/30/2020 at 12:18 PM, interview with the DON and LPN confirmed that the PDA services were not listed on the residents' ISPs. The DON said that all services would be included on the ISPs going forward.</p> <p>At the time of survey, the facility failed to ensure that PDA services were document on the ISPs for Residents #4 and 6.</p>	R 481		
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R 598	<p>Sec. 701d11 Staffing Standards.</p> <p>(11) Maintain personnel records for each employee that include documentation of criminal background checks, statements of health status, and documentation of the employee's communicable disease status; Based on interview and record review, the ALR failed to show the health status of the staff and ensure that staff was free from signs and symptoms of communicable disease as documented by a written statement from a healthcare practitioner for one Private Duty Aide/CNA #1.</p>	R 598		
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R 598	<p>Continued From page 2</p> <p>Findings included:</p> <p>On 01/30/2020 at 1:05 PM, review of the personnel records for the ALR revealed there was no record available for the Private Duty Aide/CNA #1 that showed evidence of their communicable disease status.</p> <p>In an interview with the ALA at 2:06 PM, the ALA stated that in the future, the facility would ensure that each staff will have documented evidence on file from a health care practitioner to include their health status.</p>	R 598	<ol style="list-style-type: none"> The ALA will obtain a copy of the PDA's record to show evidence of communicable disease status. The ALA will be educated regarding the policy and requirements of communicable disease documentation for PDA's. The ALA or designee will conduct audits monthly to ensure communicable disease documentation has been obtained for PDA's. and report findings in QAPI. 	03/11/2020
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R 793	<p>Sec. 902 3 Pre-Admission Medication Mgmt. Assessment</p> <p>(3) Common expected or unexpected side effects; and</p> <p>Based on record review and interview, the facility failed to document each resident's medication side effect within 30 days prior to admission for ten of ten residents in the sample (Residents #1, 2, 3, 4, 5, 6, 7, 8, 9 and 10).</p> <p>Findings included :</p> <p>On 01/29/2020 and 01/30/2020, review of the clinical records for Residents #1, 2, 3, 4, 5, 6, 7, 8, 9 and 10 failed to provide documented evidence that the facility's nurses consulted the residents' physicians regarding the side effects of their medication prior to being admitted.</p> <p>On 01/30/2020 at 12:18 PM, the DON confirmed that the resident's physicians were not consulted regarding the medication side effects. The DON said that the facility's nurses would obtain the medication side effects for each prospective</p>	R 793	<ol style="list-style-type: none"> The Director of Nursing will ensure new admission medications have been reviewed with the primary physician for side effects prior to admission. Nursing staff will be educated on the Pre-Admission Medication Management requirements for establishing and documenting communication with resident's physicians regarding side effects prior to being admitted by 03/05/2020. The Director of Nursing or Designee will audit new admission records monthly to ensure communication and documentation regarding side effects prior to admission and report finding in QAPI. 	03/11/2020
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R 793	Continued From page 3 resident going forward.	R 793		
R 794	<p>At the time of survey, the facility failed to consult with the physicians for Residents #1, 2, 3, 4, 5, 6, 7, 8, 9 and 10 regarding their medication side effects.</p> <p>Sec. 902.4 Pre-Admission Medication Mgmt. Assessment</p> <p>(4) The potential that such medications have to act as chemical restraints. Based on record review and interview, the facility failed to document prior to admission if each resident's medications could act as a chemical restraint, for ten of ten residents in the sample (Residents #1, 2, 3, 4, 5, 6, 7, 8, 9 and 10).</p> <p>Findings included:</p> <p>On 01/29/2020 and 01/30/2020, review of the clinical records for Residents #1, 2, 3, 4, 5, 6, 7, 8, 9 and 10 failed to provide documented evidence that the facility's nurses consulted the residents' physicians regarding the potential of their medications to act as a chemical restraint prior to being admitted.</p> <p>On 01/30/2020 at 12:18 PM, the DON confirmed that the resident's physicians were not consulted regarding the medication's ability to act as a chemical restraint. The DON said that the facility's nurses would obtain the information from the physician for each prospective resident going forward.</p> <p>At the time of survey, the facility failed to consult with the physicians for Residents #1, 2, 3, 4, 5, 6, 7, 8, 9 and 10 regarding if their medication could</p>	R 794	<ol style="list-style-type: none"> The Director of Nursing will ensure new admission medications have been reviewed with the primary physician for chemical restraints prior to admission. Nursing staff will be educated on the Pre-Admission Medication Management requirements for establishing and documenting communication with resident's physicians prior to being admitted regarding medications acting as a chemical restraint by 03/05/2020. The Director of Nursing or Designee will audit new admission records monthly to ensure communication and documentation regarding medications as a chemical restraint prior to admission and report finding in QAPI. 	03/11/2020

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R 794	Continued From page 4 act as a chemical restraint.	R 794		
R 802	<p>Sec. 903 2 On-Site Review</p> <p>(2) Assess the resident's response to medication; and Based on record review and interview, the facility failed to ensure that the RN assessed each resident's response to their medication at least every 45 days, for four of ten residents in the sample (Residents #4, 6, 8 and 10).</p> <p>Findings included</p> <p>On 01/29/2020 and 01/30/2020 review of the medical records for Residents #4, 6, 8 and 10 showed nurse notes entitled "Monthly Medication Review." The notes in each resident's chart were dated monthly, however, failed to provide documented evidence that the nurse assessed how the residents responded to their medications.</p> <p>On 01/30/2020 at 12:18 PM, the DON was made aware that the notes failed to document an assessment of the residents' response to their medication. The DON stated that the nurses would document their assessment of the residents' responses going forward.</p> <p>At the time of survey, the facility failed to document an assessment of Residents #4, 6, 8 and 10's response to their medication at least every 45 days.</p>	R 802	<p>1. The Director of Nursing will ensure monthly assessments will include the resident's response to medication</p> <p>2. RN Nursing staff responsible for Monthly Medication review will be educated to ensure documentation includes the resident's response to medications by 03/05/2020.</p> <p>3. The Director of Nursing or Designee will audit Monthly Medication documentation to ensure documentation review includes resident's response to medications and report finding in QAPI.</p>	03/11/2020



GOVERNMENT OF
THE DISTRICT OF
COLUMBIA

CRF/MR
Rev. 9/02

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

Mailing Address
899 North Capitol St., NE
Washington DC 20002
2nd Floor
202-724-8800

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Name of Facility:	Street Address, City, State, ZIP Code:	Survey Date:	Follow-up Dates(s):	Completion Date
Regulation Citation	Statement of Deficiencies	Ref. No.	Plan of Correction	Completion Date
Ingleside at Rock Creek	3050 Military Road NW Washington, DC 20015	1/29/2020 and 1/30/2020	03/11/2020	
4701.2	<p>4701</p> <p><u>Background Check Requirement</u></p> <p>Each facility...shall cause each prospective employee or contract worker who will have, or foreseeably may have direct patient, resident or client access, to undergo a criminal background check that shall reveal the criminal history, if any, in the District of Columbia and the fifty (50) states. Finger printing or live scan shall be performed in the District of Columbia utilizing the Metropolitan Police department (MPD) or a private agency. The criminal background check shall be performed, following finger printing or live scan, by the MPD and Federal Bureau of Investigation (FBI) in an FBI-approved environment. The results of the criminal background checks shall be forwarded to the Department of Health.</p>		<ol style="list-style-type: none"> 1. The ALA will obtain a copy of the PDA's record to show evidence of criminal background check status. 2. The ALA and Resident's will be educated regarding the policy requirements of criminal background checks for PDA's 03/05/2020. 3. The ALA or designee will conduct monthly audits to ensure criminal background check documentation has been obtained for PDA's and report to QAPI. 	03/11/2020

Name of Inspector _____

Date Issued _____

Facility Director/Designee _____

Date _____

DEPARTMENT OF HEALTH
HEALTH REGULATION & LICENSING
ADMINISTRATION

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Based on record review and interview with the facility ALA, it was determined that the facility failed to obtain a Background check for two of 20 employees in the sample (Private Duty Aides/CNA's #1 and 2).

Findings included:

On 01/30/2020 at 10:05AM review of personnel records revealed the facility did not have criminal background checks for Private Duty Aides/CNA's #1 and 2.

According to the ALA, the Private Duty Aides/CNA's were transferred to the facility with the residents from their independent living facility.

Further interview with the ALA, on 1/31/2020 at 2:05 PM, he indicated that the facility did not obtain the required documents from the employee's respective agencies.



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