

Health Regulation & Licensing Administration

Received 8/9/17

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 07/17/2017
--	---	--	---

NAME OF PROVIDER OR SUPPLIER INGLESIDE AT ROCK CREEK	STREET ADDRESS, CITY, STATE, ZIP CODE 3050 MILITARY ROAD NW WASHINGTON, DC 20015
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

R 000	<p>Initial Comments</p> <p>An annual survey was conducted on July 17, 2017 to determine compliance with the Assisted Living Law "DC Code § 44-101.01." The Assisted Living Residence (ALR) provides care for seven (7) residents and employs fourteen (14) employees to include professional and administrative staff. The sample size included two (2) resident records and five (5) employee records. The findings of the survey were based on observations, record reviews, and interviews with residents, resident's families and employees.</p> <p>Note: Listed below are abbreviations used throughout the body of the report.</p> <p>ALA - Assisted Living Administrator ALR - Assisted Living Residence DON - Director of Nursing</p>	R 000	<p>Ingleside at Rock Creek makes its best effort to operate in substantial compliance with both Federal and State laws. Submission of this Plan of Correction (POC) does not constitute an admission or agreement by any party, its officers, directors, employees or agents as the truth of the facts alleged of the validity of the conditions set forth in the Statement of Deficiencies. This POC is prepared and/or executed solely because it is required by Federal and State Law.</p>	
R 821	<p>Sec. 904e8 Medication Storage</p> <p>(8) Residents who self-administer may keep and use prescription and nonprescription medications in their units as long as they keep them secured from other residents. Based on observation and interview, the facility failed to ensure that only residents who self-administered kept medications in their units for one (1) of two (2) residents in the sample. (Resident #1)</p> <p>The finding includes:</p> <p>On July 17, 2017 at 11:00 a.m., observation of Resident #1's bathroom revealed a bubble pack of medication on the bathroom sink.</p> <p>At 11:02 a.m., interview with Resident #1</p>	R 821		

Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE 8/6/17

STATE FORM 5599 IKNP11 If continuation sheet 1 of 2

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 07/17/2017
--	---	--	---

NAME OF PROVIDER OR SUPPLIER INGLESIDE AT ROCK CREEK	STREET ADDRESS CITY STATE, ZIP CODE 3050 MILITARY ROAD NW WASHINGTON, DC 20015
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

R 821	<p>Continued From page 1</p> <p>revealed that he/she was unaware of the name or indication of the medication. The resident further stated that the nurses usually administer his/her medications.</p> <p>At 11:04 a.m., interview with the DON revealed that all residents' medications were kept secured. Additionally, she stated that Resident #1 did not self-medicate.</p> <p>At the time of survey, the facility failed to ensure that only residents who self-administer kept medications in their living units.</p>	R 821	<p>Sec. 904.904e8Medication Storage</p> <p>1. The medication at resident #1's bedside was a medication taken for motion sickness. Resident had recently returned from a week vacation with family to the beach and on boat outings. Upon discussing with Resident #1's daughter who is a Pharmacist, it was determined that she may have received the medication while out with family. Both resident and daughter are aware that the nurses administer Resident #1's medication and agreed that staff would continue to administer medications. The medication was removed from Resident #1's room immediately.</p> <p>2. The Director of Nursing met with the staff and re-educated them regarding medications at the bedside, ensuring that any medications that are not for residents who self-administer must be removed. The CNA's have been re-educated regarding room check and informed that if they see any medications at bedside they are to notify nurse for removal.</p> <p>3. The ISP is monitored/audited monthly. This includes the monitoring of medication and self-administration of medications. The nursing staff also monitors the rooms (room checks) daily ensuring that no medications are located at the bedside.</p>	8/1/2-17
-------	---	-------	--	----------