

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 07/31/2019
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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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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R 000	Initial Comments	R 000		
	<p>An annual survey was conducted on 07/30/19 to 07/31/19 to determine compliance with the Assisted Living Law (DC Official Code § 44-101.01 et seq) and the Assisted Living Residence (ALR) emergency and proposed regulations. The ALR provided care for seven residents and employed 28 personnel to include professional and administrative staff. A random sample of three resident records and ten employee records were selected for review. The findings of the survey were based on observation throughout the facility, clinical and administrative record review, and resident and staff interviews.</p> <p>Listed below are abbreviations that appear in the body of this report:</p> <p>AD - Activities Director ALA - Assisted Living Administrator CNA - Certified Nursing Assistant ISP - Individualized Service Plan LPN - Licensed Practical Nurse OT - Occupational Therapy PT - Physical Therapy RN - Registered Nurse SLP - Speech Language Pathology</p>			
R 483	Sec. 604d Individualized Service Plans	R 483		
	<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</p>			

Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *ALR ADMINISTRATION* (X6) DATE *08/30/19*

STATE FORM 6899 172511 If continuation sheet 1 of 6

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R 483	<p>Continued From page 1</p> <p>ALR. Based on record review and interview, the ALA failed to ensure a resident's ISP was updated with significant changes for two of three residents in the sample (Residents #1 and 2).</p> <p>Findings included:</p> <p>1. On 07/30/19 at 01:00 PM, review of Resident #1's medical record showed that the resident was admitted to the ALR on 07/11/19. The record contained a pre-ISP dated 07/08/19. Review of the resident's physician orders and nursing notes showed the following:</p> <ul style="list-style-type: none"> - a physician's order, dated 07/15/19, to apply bacitracin to the resident's elbow wound; - a nurse's note, dated 07/16/19, which stated that the resident sustained a fall and was sent to the emergency room; - a physician's order, dated 07/16/19, which documented that the resident had a new diagnosis of a right hip closed fracture, urinary retention, indwelling Foley catheter, and PT four times per week for four weeks; - a physician's order, dated 07/17/19, for SLP treatment four times per week for three weeks for dysphagia, and OT three times per week for four weeks; - a physician's order, dated 07/29/19, for Bactrim for the treatment of a urinary tract infection; and - a physician's order, dated 07/23/19, to discontinue the resident's Foley catheter. <p>Review of Resident #1's pre-ISP failed to show updates with the aforementioned events.</p> <p>2. On 07/30/19 at 3:46 PM, review of Resident #2's medical record showed that the resident was sent to the emergency room on 07/22/19 due to</p>	R 483	<p>1. The Individual Service plan for Resident #1 was updated on 07/31/19. The Individual Service plan for Resident #2 was updated on 08/09/19. No other resident's were affected.</p> <p>2. Staff education on timely Individual service plan updates to reflect changes in condition was completed on 08/12/19.</p> <p>3. The Assisted Living Manager or designee will audit 20% of Individual Service Plans monthly and report to QAPI quarterly.</p>	09/13/19
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R 483 Continued From page 2

R 483

difficulty breathing. Review of the hospital discharge documents showed that the resident was hospitalized from 07/22/19 to 07/24/19 for exacerbation of congestive heart failure and chronic obstructive pulmonary disease.

Review of Resident #2's ISP, dated 02/07/19, failed to show the resident's hospitalization.

During an interview on 07/31/19 at 2:13 PM, the infection control RN and the ALA confirmed that the ISPs for Residents #1 and 2 were not updated with significant changes, the RN said that going forward, all ISPs would be updated as needed with significant changes.

At the time of the survey, the ALA failed to provide documented evidence that all ISPs were updated when there were significant changes in residents' health care status.

R 596 Sec. 701d9 Staffing Standards.

R 596

(9) Assure that members of the staff appear to be free from apparent signs and symptoms of communicable disease, as documented by a written statement from a healthcare practitioner; Based on interview and record review, the ALR failed to ensure that staff were free from signs and symptoms of communicable disease as documented by a written statement from a healthcare practitioner for five of ten personnel records reviewed (LPN #2, LPN #3, CNA #2, Activities Director, and the Maintenance Director).

Findings included:

On 07/31/19 at 10:10 AM, review of the personnel records for LPN #2, LPN #3, CNA #2, the

1. Identified staff will have Healthcare Practitioner forms completed to ensure they are free of communicable disease by 09/13/19. New Assisted Living staff will have their Healthcare Practitioner form completed to ensure they are free of communicable disease.

2. Human Resources staff in-servicing on Healthcare Practitioner form requirements will be completed by 09/06/19.

3. Human Resources Director or designee will audit all new Assisted Living employee files monthly to ensure Healthcare Practitioner forms are completed and report to QAPI quarterly.

09/13/19

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R 596 Continued From page 3

Activities Director, and the Maintenance Director showed that the records did not contain written statements from a healthcare practitioner indicating that the employees were free from signs and symptoms of communicable disease.

In an interview with the ALA at 3:30 PM, it was indicated that in the future that the facility would ensure that members of the staff have documented evidence on file by a written statement from a healthcare practitioner.

R 596

R 602 Sec. 701f Staffing Standards.

(f) Employees shall be required on an annual basis to document freedom from tuberculosis in a communicable form.

Based on record review and interview, the ALR failed to ensure that each employee was free from tuberculosis for two of ten employees in the sample (LPN #3 and the Maintenance Director).

Findings included:

On 07/31/19 at 10:35 AM, review of the personnel records showed that LPN #3 was hired in 2015, and the Maintenance Director was hired in 2018. Further review of the records showed that the most recent tuberculosis screening on file for LPN #3 and the Maintenance Director were dated 05/16/15 and 05/22/18, respectively. On 07/31/19 at 10:35 AM, interview with the ALA confirmed that the staff did not have a current annual tuberculosis screening in the file.

At the time of the survey, the personnel records lacked documented evidence that all employees were free from tuberculosis in a communicable form.

R 602

1. Documentation was obtained from LPN #3 which reveals LPN #3 is free from Tuberculosis, the documentation was placed in his employee file. Tuberculin testing for the Maintenance Director was administered 08/29/19.
2. A review of all Assisted Living employee files will be completed by 09/06/19 and any staff found deficient will be taken off the schedule and have a Tuberculin testing administered.
3. Human Resources Director or designee will audit 20% of Assisted Living employee files monthly to ensure Tuberculin testing is up to date and report to QAPI quarterly. 09/13/19

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R 679 Sec. 702c Staff Training. R 679

(c) After the first year of employment, and at least annually thereafter, a staff member shall complete a minimum total of 12 hours of in-service training in the following:
Based on interview and record review, the ALR failed to provide documented evidence that CNA #1 and CNA #2 had the required annual 12 hours of in-service training.

Findings included:

On 07/30/19 at 10:00 AM, review of the personnel records showed no documented evidence that the CNA #1 and CNA #2 had the required 12 hours of in-service training on file for review. Interview with the ALA on 07/30/19 at 1:55 PM confirmed that the required training was not in the personnel file.

At the time of the survey, the ALR failed to provide documented evidence of the 12 hours of required training.

1. Human Resources Director will audit Assisted Living employees files to ensure all files have the required documented compliance of the 12 hour training by 09/13/19.
2. Education will be completed by the Assisted Living Manager with the Human Resources staff regarding documentation requirement for the required 12 hour training.
3. The Human Resources Manager will audit 20% of Assisted Living employee files monthly to ensure required 12 hour documentation is present and report to QAPI quarterly.

09/13/19

R 803 Sec. 903 3 On-Site Review. R 803

(3) Assess the resident's ability to continue to self-administer his or her medications. Based on record review and interview, the RN failed to assess the resident's ability to safely continue to self-administer medications every 45 days for one of one resident in the sample who self-medicated (Resident #2).

Findings included:

On 07/30/19 at 10:00 AM, LPN #1 identified Resident #2 as being able to self-medicate. Review of the resident's clinical record at 3:46 PM

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R 803	<p>Continued From page 5</p> <p>showed documents entitled, "Self-Administration of Medications Evaluation of Resident's Ability." The documents showed that LPN #1 performed and signed the resident's self-administration assessment on the following dates:</p> <ul style="list-style-type: none"> - 02/06/19 - 03/23/19 - 05/13/19 - 06/21/19 <p>The document also showed that the RN co-signed the document.</p> <p>On 07/31/19 at 10:58 AM, LPN #1 confirmed that she performed the resident self-administration assessments. At 2:13 PM, the Infection Control Nurse stated that the RN would perform the self-administration assessments going forward.</p> <p>At the time of the survey, the RN failed to assess the resident's ability to continue to self-medicate.</p>	R 803	<ol style="list-style-type: none"> 1. A Medication Self Administration Assessment was completed on 08/30/19 by a Registered Nurse. 2. Education was completed with Assisted Living nurses regarding RN requirements of the Medication Self Administration Assessment. 3. The Assisted Living Manager will complete audits monthly on residents who Self Administer Medications to ensure that the Medication Self Administration record is completed by a Registered Nurse and report to QAPI quarterly. 	09/13/19
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GOVERNMENT OF
THE DISTRICT OF
COLUMBIA

CRFMR
Rev. 9/02

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Name of Facility: Ingleside at Rock Creek ALR -0010	Street Address, City, State, ZIP Code: 3050 Military Road, NW Washington, DC 20015	Survey Date: 07/30/19 - 07/31/19 Follow-up Dates(s):	
Regulation Citation	Statement of Deficiencies	Ref. No.	Plan of Correction
	<p>An annual survey was conducted on 07/30/19 to 07/31/19 to determine compliance with the Assisted Living Law (DC Official Code § 44-101.01 et seq) and the Assisted Living Residence (ALR) emergency and proposed regulations. The ALR provided care for seven residents and employed 28 personnel to include professional and administrative staff. A random sample of three resident records and ten employee records were selected for review. The findings of the survey were based on observation throughout the facility, clinical and administrative record review, and resident and staff interviews.</p> <p>Listed below are abbreviations that appear in the body of this report:</p> <p>AD - Activities Director ALA - Assisted Living Administrator CNA - Certified Nursing Assistant ISP - Individualized Service Plan LPN - Licensed Practical Nurse</p>		<p>1. Incidents that substantially affect residents occurring after 07/31/19 have been reported to the DC Department of Health electronically.</p> <p>2. Staff education was completed by 08/12/19 for all licensed nurses. regarding Incident reporting requirements to the DC Department of Health.</p> <p>3. The Assisted Living Manager will audit Incident reporting to DC Department of Health monthly to ensure Incident reporting is occurring as required and report to QAPI Quarterly.</p> <p>09/13/19</p>

Caryn Springfield Name of Inspector 8/14/19 Date Issued

Laynie L... Facility Director/Designee 8/30/19 Date

DEPARTMENT OF HEALTH
HEALTH REGULATION & LICENSING
ADMINISTRATION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

OT - Occupational Therapy
PT - Physical Therapy
RN - Registered Nurse
SLP - Speech Language Pathology

10125.02

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

Based on interview and review of incident reports and investigations, the ALR failed to ensure that all incidents that substantially affected a resident were reported to the Department of Health for five of five incidents.

Findings included:

On 07/30/19 at 9:54 AM, the surveyors were provided documentation of the ALR's incidents since their last



DEPARTMENT OF HEALTH
HEALTH REGULATION & LICENSING
ADMINISTRATION

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annual survey (08/01/18). The file of seven total incidents contained three resident falls with injury, one skin tear, and one death that occurred between 03/24/19 through 07/26/19. However, there was no evidence that these five incidents had been reported to the Department of Health.

The following incidents showed evidence that the residents sustained injuries:

1. On 03/24/19, the resident fell from his bed and sustained a sprain to his left hand.
2. On 04/04/19, the resident sustained a skin tear on his left little finger with bleeding.
3. On 04/24/19, the resident was noted with mild swelling on his left wrist that extended to his thumb with redness.
4. On 07/26/19, the resident sustained a hematoma on his left shin as a result of his portable oxygen carrier falling on his leg.

At 3:08 PM, the ALA stated that the ALR failed to

DEPARTMENT OF HEALTH
HEALTH REGULATION & LICENSING
ADMINISTRATION

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report the incidents. The ALA said that, going forward, the ALR would report unusual incidents to the Department of Health.