

Received 8/31/18

Health Regulation & Licensing Administration

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| 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 08/01/2018 |
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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 Initial Comments

R 000

An annual survey was conducted at the Ingleside at Rock Creek Assisted Living Residence (ALR) on 07/31/18 through 08/01/18 to determine compliance with the Assisted Living Law. The ALR provided care for seven residents and employed 14 personnel to include professional and administrative staff. The findings of the survey were based on observations, record reviews, and interviews.

Listed below are abbreviations used throughout the body of this report:

- ALA - Assisted living Administrator
- ALR - Assisted Living Residence
- ISP - Individualized Service Plan
- PT - Physical Therapy
- IDT - Interdisciplinary Team
- LPN - Licensed Practical Nurse
- RN - Registered Nurse
- CPR - Cardiopulmonary Resuscitation

R 464 Sec. 603a6 Financial Agreements

R 464

(6) A provision which provides at least 45 days notice of any rate increase except if necessitated by a change in the resident's medical condition; Based on record review and interview, the ALR failed to include in the financial agreement that residents are to be given at least a 45-day notice of any rate increases except if necessitated by a change in the resident's medical condition for one of one newly admitted resident (Resident #2).

Findings included:

Review of Resident #2's financial agreement on 08/01/18 at 11:50 AM showed that the resident was admitted to the ALR on 01/10/18. Continued

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| 1. Admission contract has been updated to include the required 45 day notice. A letter of notification will be sent to all existing residents in the ALF regarding the updated notification requirements. | 08/31/18 |
| 2. ALF Admission contracts will be compared to ALF regulations annually to ensure compliance of required notification. | 08/31/18 |
| 3. Administrator or designee will audit all new ALF contracts to ensure the required 45 notice is included and report findings in QAPI. | 09/13/18 |

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

TITLE

(X8) DATE

Olayinka Oyebayo

ADMINISTRATOR

8/30/18

Health Regulation & Licensing Administration

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R 464 Continued From page 1

review of the agreement revealed that it documented the following: "Fees may be increased at the discretion of the Board of Directors. Anytime we increase a fee or charge for an item or service or add a new item or service, we will provide you and your representative with 30 days advanced written notice."

During an interview on 08/01/18 at 3:00 PM, the ALA stated that the ALR provided residents with a 30-day notice for any rate increases. However, going forward the ALA will ensure residents are given a 45-day notification, as required.

At the time survey, the ALR failed to ensure Resident #2's financial agreement included a provision that the resident will be given at least a 45-day notice for any rate increases except if necessitated by a change in the resident's medical condition.

R 464

R 483. Sec. 604d Individualized Service Plans

(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.

Based on record review and interview, the ALR failed to ensure residents' ISPs were reviewed every 6 months or updated more frequently with significant changes for three of three residents in

R 483

1. Service plans have been updated for resident #1, #2 and #3. 08/31/18
2. Staff will be educated regarding service plan requirements and service plan interdisciplinary team requirements. 08/31/18
3. Director of Nursing or designee will audit service plans monthly for timely completion and interdisciplinary meeting requirements have been met and report findings in QAPI. 09/13/18

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| R 483 | <p>Continued From page 2</p> <p>the sample (Residents #1, #2, and #3).</p> <p>Findings included:</p> <ol style="list-style-type: none"> 1. Review of Resident #1's current medical record on 07/31/18 at 10:50 AM showed an ISP that had been updated on 04/09/18 to reflect a significant change of the addition of PT services for safety. The ISP, however, lacked documented evidence that it had been reviewed by the resident's healthcare practitioner, the resident/surrogate, or the IDT team. 2. Review of Resident #2's current medical record on 08/01/18 at 11:50 AM showed that the resident was admitted on 01/10/18. The record lacked documented evidence of a pre-ISP. Continued review of Resident #2's current medical record revealed a post move-in ISP dated 01/10/18. The ISP, however, lacked documented evidence that it had been reviewed 30 days after admission on 02/10/18 and six months thereafter in July 2018. 3. Review of Resident #3's current medical record on 08/01/18 at 1:30 PM showed that the resident was admitted 11/01/07. Continued review of the record revealed an ISP dated 01/30/18. Additionally, the record lacked documented evidence that an ISP review was conducted six months after 01/30/18. <p>During an interview on 08/01/18 at 2:00 PM, the nurse stated that going forward she would ensure that residents ISPs were developed, reviewed, and updated with significant changes as required.</p> <p>At the time of the survey, the ALR failed to ensure that the ISPs were developed and reviewed as required for Residents #1, #2, and #3.</p> | R 483 | | |
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| R 593 | <p>Sec. 701d6 Staffing Standards.</p> <p>(6) Assure that there is at least one staff member within the ALR at all times who is certified in first-aid and CPR; Based on record review and interview, the ALA failed to ensure that at least one staff person within the ALR was certified in CPR/First Aid for two of seven staff in the sample (LPN and RN #2).</p> <p>Findings included:</p> <p>Review of the personnel records for LPN and RN #2 on 08/01/18 at 9:14 AM showed no evidence of CPR/First-Aid certifications. Further review of these records showed that the CPR/First Aid certifications for both LPN and RN #2 had expired in September 2017.</p> <p>During an interview on 08/01/18 at 11:15 AM, the ALA confirmed that the CPR/First Aid certifications for LPN and RN #2 were expired. The ALA further stated that a CPR/First Aid training would be scheduled on 08/02/18 and 08/03/18.</p> | R 593 | <p>1. LPN and RN #2 staff have current CPR training. 08/08/18</p> <p>2. An audit of staff needing CPR has been completed. CPR classes have been conducted on 08/07/18 and 08/08/18. CPR classes will be scheduling on an ongoing basis. 08/08/18</p> <p>3. Director of Nursing or designee will audit staff records monthly to ensure CPR compliance and report to QAPI 09/13/18</p> | |
| R 981 | <p>Sec. 1004a General Building Interior</p> <p>(a) An ALR shall ensure that the interior of its facility including walls, ceilings, doors, windows, equipment, and fixtures are maintained structurally sound, sanitary, and in good repair. Based on observation and interview, the ALR failed to ensure that kitchen refrigeration equipment was structurally sound and in good repair.</p> <p>Findings included:</p> | R 981 | | |

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| R 981 | <p>Continued From page 4</p> <p>Observation on 07/31/18 at 12:30 PM of the ALR's kitchen refrigerator showed that the temperature was 46.1 degrees Fahrenheit. The refrigerator contained milk, juice, apple sauce, pudding, and yogurt. The facility's ALA chose to discard foods inside the refrigerator and cease using the unit. It should be noted that the facility had another residential grade refrigerator that was available as a replacement.</p> <p>Follow-up observations on 08/01/18 at 3:30 PM showed a metal pan of tuna salad within the refrigerator that had a temperature of 55 degrees Fahrenheit. During an interview on 08/01/18 at 3:36 PM, the ALR's General Manager stated that the tuna salad had been prepared at approximately 3:00 PM. The General Manager further stated that the tuna salad would be placed on ice to bring the temperature down. It should be noted that the temperature of the replacement refrigerator at 3:37 PM was 40 degrees Fahrenheit.</p> <p>At the time of the survey, the ALR failed to maintain refrigeration equipment in good repair to ensure proper food sanitation.</p> | R 981 | <p>1. The refrigerator was replaced on 08/01/18 and is in good repair to ensure proper food sanitation.</p> <p>2. Dietary manager will conduct in-servicing for staff regarding proper refrigerator temperature requirements.</p> <p>3. Dietary manager or designee will check refrigerator temperature twice a day to ensure proper temperature for food sanitation and report finding in QAPI.</p> | <p>08/01/18</p> <p>08/31/18</p> <p>09/13/18</p> |
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| R1003 | <p>Sec. 1006c Bathrooms.</p> <p>(c) An ALR shall insure that the temperature of the hot water at all taps to which residents have access is controlled by the use of thermostatically controlled mixing valves or by other means, including control at the source, so that the water temperature does not exceed 110 degrees Fahrenheit.</p> <p>Based on observation and interview, the ALR failed to ensure that the hot water temperatures did not exceed 110 degrees Fahrenheit in three of</p> | R1003 | | |
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| R1003 | <p>Continued From page 5</p> <p>the six bathrooms inspected (Apartments #045, #041, and #040).</p> <p>Findings included:</p> <p>During the environmental inspection on 07/31/18 at 11:16 AM, the hot water temperature measured 117 degrees Fahrenheit at the hand sink in the bathroom of Apartment #045. Further observations conducted on the same day showed the following hot water temperatures recorded at the bathroom hand sink in each specified location:</p> <p>Apartment #041 = 118.6 degrees Fahrenheit Apartment #040 = 124 degrees Fahrenheit</p> <p>During an interview on 07/31/18 at 11:23 AM, the Maintenance Director stated that a mechanism under the bathroom sink needed to be adjusted in order for the temperature of the water to be decreased.</p> <p>Follow-up observations on 08/1/18 at 2:20 PM showed the hot water temperatures at the hand sinks in the aforementioned apartments were 102.6, 105.6, and 107.4 degrees Fahrenheit, respectively.</p> <p>At the time of the survey, the ALR failed to ensure that the water temperatures did not exceed 110 degrees Fahrenheit in three of the six apartment bathrooms inspected.</p> | R1003 | <p>1. Water temperatures in #040, #041 and #045 were corrected on 08/02/18.</p> <p>2. Maintenance director will conduct education for maintenance staff on proper water temperature regulations and daily monitoring.</p> <p>3. Maintenance director or designee will conduct daily water temperature audits and report findings to QAPI</p> | <p>08/02/18</p> <p>08/31/18</p> <p>09/13/18</p> |
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