

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2021
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NAME OF PROVIDER OR SUPPLIER THE ARMY DISTAFF FOUNDATION INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6200 OREGON AVENUE NW WASHINGTON, DC 20015
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R 000 Initial Comments

R 000

An annual licensure survey was conducted on 04/20/21, 04/22/2021, 04/23/2021, 04/26/2021 and 04/27/2021 and 04/27/2021, to determine compliance with the Assisted Living Law (DC Official Code § 44-101.01 et seq) and Assisted Living Residence Regulations, Title 22-B DCMR (Public Health and Medicine) Chapter 101. The Assisted Living Residence (ALR) provided care for 39 residents and employed 48 personnel, to include professional and administrative staff. A random sample of 15 resident records and 17 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, family, and staff interviews.

This plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State law. The plan of correction is Knollwood's credible allegation of compliance.

R 403 Sec. 601b Admissions

R 403

(b) Prior to admission of a resident, the ALA or designee shall determine that the resident is appropriate for admission to the ALR and that the resident's needs can be met in addition to the needs of the other residents. Based on interview and record review, the Assisted Living Residence (ALR) failed to ensure the Intermediate Care Facilities Division Admission/Annual Medical Certification forms were completed, for 10 of 15 residents in the sample (Residents #1, 4, 6, 8, 9, 10, 12, 13, 14 and 15).

Findings included:

Review of the ALR's medical records revealed the following information regarding the completion of the Intermediate Care Facilities Division Admission/Annual Medical Certification form:

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

Donna D. Epp

TITLE

Administrator

(X6) DATE

5/27/21

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R 403 Continued From page 1

1. On 04/26/2021, at 1:15 PM, review of Resident #1's medical certification form dated 12/01/2020, showed sections entitled, "Medication, alcohol, tobacco" that were not completed by the physician. The physician did not indicate if the resident took any non-prescribed drugs and did not complete the section entitled, "Mental Health." Additionally, the physician did not indicate that Resident #1 was not in need of 24-hour skilled nursing care and was not in need of continual acute or long term medical or nursing care or supervision. The physician did not sign the form.

2. On 04/23/2021 at 9:00 AM, review of Resident #4's medical certification form dated 12/04/2020, showed that the physician did not document if the resident was dependent on medical equipment, and if the resident was showing signs or symptoms suggestive of communicable disease. The form was not signed and dated by the physician.

3. On 04/22/2021, at 4:40 PM, review of Resident #6's medical certification form dated 11/30/2020, showed that the physician did not address if the resident used alcohol, tobacco, or if the resident took any non-prescribed drugs. The physician did not indicate if Resident #6 has a Prostate-Specific Antigen (PSA), nor did the physician complete the section entitled, "Mental Health."

4. On 04/27/2021 at 2:30 PM, review of Resident #8's medical certification form dated 12/10/2020, showed that the physician did not complete the section entitled, "Required Services." The physician did not document that the resident was not in need of 24-hour skilled nursing care and was not in need of continual acute or long term medical or nursing care or supervision.

R 403

It is Knollwood's practice to fully complete every section of the Intermediate Care Facilities Division Admission/Annual Medical Certification forms.

1 a) Resident #15 Intermediate Care Facilities Division Admission/Annual Medical Certification forms could not be completed because resident is no longer in the ALR.

b) Intermediate Certification forms for residents #4, #6, #9, #12, and #13, were completed 5/21/21, and all of the missing sections were completed. On 5/24/21, Intermediate Facilities Certification forms for residents #1, #8, #10, and #14 will be fully completed.

2. The Assisted Living Licensed nurses were in-serviced by the Assisted Living Nurse Coordinator to ensure that all sections of the form are completed.

Medical providers will be educated by the Administrator or Designee to review and complete all sections of Admission and Annual Medical Certification Form and then sign and date form when completed.

5/21/21

5/24/21

6/28/21

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R 403	<p>Continued From page 2</p> <p>5. On 04/22/2021 at 5:00 PM, review of Resident #9's medical certification form dated 01/18/2021, showed that the section entitled, "Vision and Required Services" were not addressed by the physician.</p> <p>6. On 04/26/2021 at 11:36 AM, review of Resident #10's medical certification form showed the physician did not date or sign the form. The physician did not complete the section entitled, "Required Services" and did not document that the resident was not in need of 24-hour skilled nursing care. Additionally, the physician did not document whether or not the resident was in need of continual acute or long term medical or nursing care or supervision.</p> <p>7. On 04/22/2021 at 4:15 PM, review of Resident #12's medical certification form dated 03/24/2021, showed the physician did not indicate if the resident had a PSA, was taking nonprescription drugs, had any activity restrictions, had a prosthesis, or had an amputation.</p> <p>8. On 04/23/2021 at 6:30 PM, review of Resident #13's medical certification form dated 02/01/2021, showed the physician did not indicate if the resident used tobacco and alcohol, or was taking nonprescription drugs, if the resident required a PAP test or mammogram, or if the resident required a mental health examination.</p> <p>9. On 04/23/2021 at 9:10 AM, review of Resident #14's medical certification form dated 01/07/2021, showed the physician did not complete the section entitled, "Mental Health."</p> <p>10. On 04/23/2021 at 9:26 AM, review of Resident #15's medical certification form dated 03/18/2021, showed the physician did not indicate</p>	R 403	<p>Continued from page 2...</p> <p>3. 10% or 4 Intermediate Care Facilities Division Admission/Annual Certification forms will be audited weekly x4, then monthly x8 and then quarterly to ensure that the forms are completed in their entirety. The result of this audit will be presented to the QAPI Committee for further recommendations.</p>	6/28/21 and ongoing
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R 403 Continued From page 3

if the resident used tobacco and alcohol, or was taking nonprescription drugs, if the resident required a PSA test.

Interview conducted with the Director of Nursing (DON) on 4/20/2021 at 1:00 PM and on 04/27/2021, at 11:30 AM respectively, stated that going forward, she would ensure that all sections on the Immediate Care facilities Division Admission/Annual Medical Certification form will be completed the physician.

At the time of the survey, the ALR failed to ensure all sections of the Immediate Care Facilities Division Admission/Annual Medical Certification forms was completed by the physician.

R 403

R 421 Sec. 602a Resident Agreements

(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 interview and record review, the Assisted Living Residence (ALR) failed to ensure each resident was provided with a document delineating the resident's rights prior to admission, for 15 of 15 residents in the sample (Residents #1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, and 15).

Findings included:

Review of resident records starting on 04/20/2021 at 1:49 PM, revealed the following regarding resident rights:

1. Review of Resident #1's record on 04/20/2021

R 421

It is Knollwood's practice to provide all AL residents a copy of resident rights upon admission and annually.

1 a) An annual copy of resident right could not be provided for residents #3, #11 and #15, because those resident were discharged and no longer reside in AL. 6/28/21

b) A copy of resident rights will be provided for the following residents #1, #2, #5, #6, #7, #8, #9, #10, #12, #13, and #15 and/or POA by 5/28/21.

2. In-services will be conducted by the Administrator for the Director of AL, Nurse Coordinator, and Activities Director on the requirement to provide resident rights upon admission and on an annual basis. 6/28/21

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R 421	Continued From page 4	R 421	Continued from page 4...	
	<p>at 1:49 PM, showed the resident was admitted on 08/17/2018. Continued review of the record failed to show documented evidence that the resident and/or the resident's representative received a document delineating the resident's rights prior to admission, as required.</p>		<p>3. A copy of Resident Rights will be provided to all residents/POA upon admission and will be reviewed on an annual basis with residents/POA.</p>	<p>6/28/21 and ongoing</p>
	<p>2. Review of Resident #2's record on 04/22/2021 at 4:22 PM, showed the resident was admitted on 04/05/2021. Continued review of the record failed to show documented evidence that the resident and/or the resident's representative received a document delineating the resident's rights prior to admission, as required.</p>		<p>4. Resident rights documentation will be audited monthly x3 and then quarterly x3. The results will be presented in the quarterly QAPI meeting for reviewing further recommendations.</p>	<p>6/28/21 and ongoing</p>
	<p>3. Review of Resident #3's record on 04/22/2021 at 3:50 PM, showed the resident was admitted on 08/17/2018. Continued review of the record failed to show documented evidence that the resident and/or the resident's representative received a document delineating the resident's rights prior to admission, as required.</p>			
	<p>4. Review of Resident #4's record on 04/23/2021 at 9:00 AM, showed the resident was admitted on 10/28/2019. Continued review of the record failed to show documented evidence that the resident and/or the resident's representative received a document delineating the resident's rights prior to admission, as required.</p>			
	<p>5. Review of Resident #5's record on 04/23/2021 at 4:00 PM, showed the resident was admitted on 03/28.2021. Continued review of the record failed to show documented evidence that the resident and/or the resident's representative received a document delineating the resident's rights prior to admission, as required.</p>			
	<p>6. Review of Resident #6's record on 04/23/2021</p>			

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R 421	<p>Continued From page 5</p> <p>at 5:00 PM, showed the resident was admitted on 11/30/2020. Continued review of the record failed to show documented evidence that the resident and/or the resident's representative received a document delineating the resident's rights prior to admission, as required.</p> <p>7. Review of Resident #7's record on 04/22/2021 at 4:45 PM, showed the resident was admitted on 11/30/2020. Continued review of the record failed to show documented evidence that the resident and/or the resident's representative received a document delineating the resident's rights prior to admission, as required.</p> <p>8. Review of Resident #8's record on 04/23/2021 at 2:45 PM, showed the resident was admitted on 07/07/2015. Continued review of the record failed to show documented evidence that the resident and/or the resident's representative received a document delineating the resident's rights prior to admission, as required.</p> <p>9. Review of Resident #9's record on 04/23/2021 at 3:13 PM, showed the resident was admitted on 05/21/2014. Continued review of the record failed to show documented evidence that the resident and/or the resident's representative received a document delineating the resident's rights prior to admission, as required.</p> <p>10. Review of Resident #10's record on 04/22/2021 at 4:45 PM, showed the resident was admitted on 07/03/2019. Continued review of the record failed to show documented evidence that the resident and/or the resident's representative received a document delineating the resident's rights prior admission, as required.</p> <p>11. Review of Resident #11's record on</p>	R 421		
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R 421 Continued From page 6 R 421

04/23/2021 at 9:15 AM, showed the resident was admitted on 02/04/2021. Continued review of the record failed to show documented evidence that the resident and/or the resident's representative received a document delineating the resident's rights prior admission, as required.

12. Review of Resident #12's record on 04/22/2021 at 4:15 PM, showed the resident was admitted on 02/02/2021. Continued review of the record failed to show documented evidence that the resident and/or the resident's representative received a document delineating the resident's rights prior to admission, as required.

13. Review of Resident #13's record on 04/23/2021 at 6:30 PM, showed the resident was admitted on 02/02/2021. Continued review of the record failed to show documented evidence that the resident and/or the resident's representative received a document delineating the resident's rights prior to admission, as required.

14. Review of Resident #14's record on 04/23/2021 at 9:10 AM, showed the resident was admitted on 07/22/2016. Continued review of the record failed to show documented evidence that the resident and/or the resident's representative received a document delineating the resident's rights prior to admission, as required.

15. Review of Resident #15's record on 04/23/2021 at 9:26 PM, showed the resident was admitted on 03/17/2020. Continued review of the record failed to show documented evidence that the resident and/or the resident's representative received a document delineating the resident's rights prior to admission, as required.

On 04/27/2021 at 11:30 AM, during a

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R 421 Continued From page 7

tele-conference call with the ALR's administrative and nursing staff, the Director of Nursing (DON) indicated that the ALR provided each resident with a resident information guide that included the resident rights. However, there was no documented evidence that each resident received the information guide.

At the time of the survey, the ALR failed to have documented evidence that each resident received a document delineating their resident's rights prior to admission.

R 421

R 471 Sec. 604a1 Individualized Service Plans

(a)(1) An ISP shall be developed for each resident prior to admission. Based on interview and record review, the Assisted Living Residence (ALR) failed to ensure each resident had a pre-admission Individual Service Plan (ISP) prior to admission, for three of 15 residents in the sample (Residents #2, 6, and 7).

Findings included:

Review of the ALR's medical records revealed the following information regarding the completion of the pre-admission ISP:

- On 04/22/2021 at 4:22 PM, review of Resident #2's medical record showed that the resident was admitted to the ALR on 04/05/2021. Further review of the record showed the pre-admission ISP was completed on 04/05/2021.
- On 04/23/2021 at 5:00 PM, review of Resident #6's medical record showed that the resident was admitted to the ALR on 11/30/2020. Further ISP

R 471

It is Knollwood's practice to complete Individual Service Plan prior to the resident's admission to the Assisted Living facility.

1. The pre-admission Individual Service Plan for residents #2, #6, and #7 could not be corrected as they were already completed on day of or after the admission date.

2. The licensed nurses performing the pre-admission reviews and assessments will be in-serviced by the Assisted Living Nurse Coordinator or Designee to complete the Individual Service Plan prior to a resident's admission to the facility.

3. Records of residents who are scheduled to be admitted will be reviewed by the Assisted Living Coordinator or Designee to ensure that the pre-admission Individual Service Plan is completed prior to the designated admission date. This audit will be completed monthly x8 then quarterly. The result of the audit will be presented to the QAPI for further recommendations.

6/28/21

6/28/21 and ongoing

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R 471 Continued From page 8

review of the record showed the pre-admission ISP was completed on 11/30/2020.

3. On 04/22/2021 at 4:45 PM, review of Residents #7's medical record showed that the resident was admitted to the ALR on 11/30/2020. Further review of the record showed the pre-admission ISP was completed on 12/15/2020.

On 04/27/2021, at 11:30 AM, during a tele-conference call, the Director of Nursing (DON) acknowledged the ISPs were documented the same day of admission. The DON stated that going forward, she would ensure that the ISPs would be completed, as required.

At the time of the survey, the ALR failed to ensure all residents received an ISP prior to admission.

R 471

R1003 Sec. 1006c Bathrooms.

(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.

Based on observation, interview and record review, the Assisted Living Residence (ALR) failed to ensure that the hot water temperature did not exceed 110 degrees Fahrenheit (°F), for one of one hand sink located in the arts and craft room.

Findings included:

On 10/08/2020 beginning at 11:06 AM, an environmental walk-through of the facility showed

R1003

1.The hot water temperature was adjusted at the main source while the Surveyors were in the facility on 4/20/21. It was communicated that it would take some time for the water temperature to adjust. A still picture and a short video of the water being tested were transmitted on 4/21/21. 4/21/21

2.The VP of Facilities was in-serviced on the regulatory requirement that water temperatures not exceed 110 degrees Fahrenheit and that the staff person conducting temperature checks should notify the chief engineer or designee of any temperature greater than the maximum for immediate remediation. 4/22/21

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R1003	<p>Continued From page 9</p> <p>a water temperature reading of 115.2 degrees Fahrenheit (°F) for the hand sink located in the arts and crafts room. The Assisted Living Administrator (ALA), who was present during the walk-through, stated that residents utilized the hand sink for hand hygiene. When asked what the maximum water temperature should be, the ALA said 110 °F. The ALA stated that she would contact the Vice President of Facilities to adjust the water temperature.</p> <p>At 11:22 AM, the Vice President of Facilities, who joined the surveyors and ALA during the environmental walk-through, stated that he had maintenance staff adjust the hot water temperature. The Vice President of Facilities indicated that the water temperatures would need time to adjust. When asked about the facility's system for checking water temperatures, the Vice President of Facilities stated that random water temperatures checks are conducted and document on a weekly basis.</p> <p>At 2:45 PM, a follow-up of the water temperatures located in the arts and crafts hand sink showed the exact hot water of 115.2 °F. The ALA stated that residents would not perform hand hygiene at the hand sink until the water temperature had been adjusted.</p> <p>On 04/21/2021 at 1:30 PM, the ALA emailed the surveyor a live video showing that the hot water temperature measured 108.3 °F in the arts and crafts room hand sink.</p> <p>On 04/22/2021, at 2:17 PM, review of the Water Temperature policy and procedure (undated) showed water that service residents rooms, bathrooms, common areas, and tub/showers areas shall be set to temperatures no more than</p>	R1003	<p>Continued from page 9...</p> <p>3. Water temperature logs will be audited 3X per week for 4 weeks, 1X per week weekly for 4 weeks. The results will be presented in the quarterly QAPI meeting for reviewing further recommendations .</p>	6/28/21 and ongoing
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R1003	Continued From page 10 110 °F. Further review of the procedure revealed water temperatures that are found to be out of range will be immediately corrected and the impacted faucet will be monitored and/or taken out of service until the temperature is within normal limits. At the time of the inspection, the ALR failed to ensure hot water temperatures were within normal ranges at all times.	R1003		
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Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/27/2021
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NAME OF PROVIDER OR SUPPLIER THE ARMY DISTAFF FOUNDATION INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6200 OREGON AVENUE 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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R1003	Continued From page 10 110 °F. Further review of the procedure revealed water temperatures that are found to be out of range will be immediately corrected and the impacted faucet will be monitored and/or taken out of service until the temperature is within normal limits. At the time of the inspection, the ALR failed to ensure hot water temperatures were within normal ranges at all times.	R1003		
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