Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR-0001	A. BUILDING: _____ B. WING _____	08/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ARMY DISTAFF FOUNDATION INC	6200 OREGON AVENUE 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	Initial Comments An annual licensure survey was conducted on 08/03/2022, 08/04/2022, and 08/05/2022, 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 35 residents and employed 45 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.	R 000	This Plan of Correction is prepared and / or executed solely because it is required by the provi-sions of federal and state/local jurisdiction law. The plan of correction is Knollwood's credible allegation of compliance.	
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 reviews, the Assisted Living Residence (ALR) failed to ensure that each resident was provided a written agreement prior to admission, for two of the 15 residents in the sample (Residents #3 and 9). Findings included 1. On 08/04/2022 at 1:24 PM, a review of Resident #3's record showed the resident was admitted to the Assisted Living Residence (ALR) on 07/18/2022. A review of the Resident Agreement form showed that the resident signed the agreement on 07/18/2022, the same day the resident was admitted.	R 421	1. Corrective Action Resident #3 is no longer in the facility. Resident #9 agreement was originally executed by the Marketing Department and could not be located. A replacement agreement will be executed. An audit will be conducted to ensure all residents have a signed contract on file.	9/30/22

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Donna L. Epps	Administrator	8-31-22

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R 481	Continued From page 2 receives private duty aide (PDA) services. Review of the residents ISP failed to show evidence that the residents PDA services to include when, how often, and by whom the services would be provided was documented on the ISP. 2. On 08/04/2022 at 1:53 PM review of Resident #11's clinical record showed nurse's notes which documented that the resident was receiving Physical Therapy (PT) for lower extremity strengthening and Occupational Therapy (OT). Review of the resident's ISP, however, failed to show evidence that the resident was receiving PT and OT services. 3. On 08/04/2022 at 1:55 PM, review of Resident #15's record revealed that the resident receives private duty aide (PDA) services. Review of the residents ISP failed to show evidence that the residents PDA services to include when, how often, and by whom the services would be provided was documented on the ISP. 4. On 08/04/2022 at 1:55 PM, review of Resident #3's record revealed that the resident received Hospice and private duty aide (PDA) services. Further review of the resident's ISP failed to show evidence that the residents Hospice and PDA services to include when, how often, and by whom the services would be provided were documented in the ISP. 5. On 08/03/2022 at 2:00 PM, review of documents received from the Assisted Living Director showed that Resident #10 received companion services, however the resident's ISP failed to show evidence that the resident's companion services to include when, how often, and by whom the services will be provided were documented in the ISP.	R 481	Resident #3 ISP will be updated to reflect Hospice and PDA services including when, how often and by whom the services are provide. Resident #10 will be updated to reflect companion services including when, how often and by whom the services are provide. **2. Measures to avoid recurrence** ALR will ensure that services provided to residents will be documented in the residents ISPS. Current residents' medical records will be reviewed and ISPs updated according to services being provided. Licensed nurses will be in-serviced by the AL Director or designee on the requirement to update the ISP with services provided to residents including when, how often and by whom services are provided. **3. Monitoring and QA** A sample of 5 records will be audited weekly for 5 weeks to ensure ISPs have been updated to reflect services provided to residents including when, how often and by whom services are provided. Results will be reported to the QA Committee for review and any further action as may be warranted.	

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R 483	Continued From page 4 2. On 08/04/2022, at 1:38 PM, a review of Resident #4's record revealed that on 05/26/2022 the resident received the wrong medication. Further review of the resident's ISP failed to show evidence that the incident was addressed with instructions and interventions for the nurses and certified nursing assistant (CNA) staff. 3. On 08/03/2022, at 2:44 PM, a review of Resident #9's record revealed that the resident fell on 06/17/2022. Continued review of the resident's ISP failed to show evidence that the fall was addressed to include interventions to prevent future falls. 4. On 08/04/2022, at 1:53 PM, a review of Resident #11's record revealed that on 06/10/2022 the resident fell and hit her head sustaining a laceration. The resident was transported to the Emergency Room. Further review of the resident's ISP failed to show evidence that the fall with a laceration was addressed to include fall prevention and signs and symptoms of a wound infection. 5. On 08/04/2022, at 11:28 PM, a review of Resident #13's record revealed that the resident fell on 10/28/2021, 06/16/2022, and 6/25/2022. Further review of the resident's ISP failed to show evidence that the falls were addressed to include fall prevention strategies. 6. On 08/04/2022, at 12:03 PM, a review of Resident #14's record revealed that the resident fell on 04/03/2022. Later that evening the staff noticed the resident's left hand was swollen. On 04/04/2022 the physician ordered an X-ray of the resident's hand that showed a fracture to the left 5th finger. Continued review of the resident's ISP	R 483	**2. Measures to avoid recurrence** ALR will ensure that services provided to residents will be documented in the residents ISPS. Current residents' medical records will be reviewed and ISPs updated to reflect significant changes in a residents' health status. Licensed nurses will be in-serviced by the AL Director or designee on the requirement to update the ISP with to include significant changes in a resident's health status. **3. Monitoring and QA** A sample of 5 records will be audited weekly for 5 weeks to ensure ISPs have been updated to reflect significant changes in a resident's health status. Results will be reported to the QA Committee for review and any further action as may be warranted.	

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R 595	Continued From page 6 the personnel records showed that there was no comprehensive background check completed for Employee #5. At 2:53 PM, the Administrator said during an interview that they were unable to obtain a copy of Employee #5's criminal back check. The Administrator said that he was informed by the previous Director of Human Resources that Employee #5's background check was lost during the transitioning from paper to electronic files. The Administrator had been employed with the facility for over 11 years. At the time of the survey, the ALR failed to ensure that all employees working in the ALR had a comprehensive background check on file for review.	R 595		
R 704	Sec. 802a Medical, Rehabilitation, Psychosocial Assess. (a) A medical, rehabilitation, and psychosocial assessment of the resident shall be completed within 30 days prior to admission. Based on interviews and record reviews, the Assisted Living Residence (ALR) failed to ensure all areas of the Intermediate Care Facilities Division Admission/Annual Medical Certification forms were addressed for 15 of the 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 the ALR's medical records revealed the following information regarding the completion of the Intermediate Care Facilities Division Admission/Annual Medical Certification form:	R 704	**1.Corrective Actions** A new medical certification form will be completed for Resident #1 including whether a Pap test had been completed or needed to be done. The date of birth was corrected. A new medical certification form will be completed for Resident #2 including the reason for the evaluation and whether the resident needs (or has had) a colonoscopy. A new medical certification form cannot be completed for Resident #3, resident is no longer in the facility.	9/30/22

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R 704	Continued From page 8 5. Review of Resident #5's medical certification form, dated 02/02/2022 on 08/04/2022 at 1:45 PM showed that the sections entitled skin, hearing, and dental were not addressed by the physician. The physician did not indicate if the resident was exhibiting signs of any communicable disease. The physician failed to 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, nursing care or supervision. 6. A review of Resident #6's medical certification form dated 04/01/2022 on 08/03/2022 at 2:19 PM, showed the physician did not indicate if the resident used alcohol, tobacco, or nonprescription drugs. The physician did not address if the resident had or needed a mammogram, Papanicolaou (Pap) test, colonoscopy, or a Prostate-Specific Antigen (PSA) and if the resident was exhibiting any signs of communicable disease. 7. A review of Resident #7's medical certification form dated 11/no day/2021 on 08/04/2022 at 1:50 PM showed the physician did not address if the resident had or needed a mammogram, Papanicolaou (Pap) test. 8. Review of Resident #8's medical certification form dated 04/18/2022 on 08/04/2022 at 10:14 AM showed the physician did not indicate the reason for the evaluation. 9. Review of Resident #9's medical certification form dated 03/30/2022 on 08/03/2022 at 2:44 PM, showed the physician did not indicate the reason for the evaluation, did not document the resident's height, if the resident required a PAP test, mammogram, colonoscopy, and PSA. The	R 704	A new medical certification form will be completed for Resident #9 including the reason for the evaluation, documentation of height, and whether the resident needed a Pap test, mammogram, colonoscopy or PSA test. Documentation will also include tuberculosis status, any signs or symptoms of communicable disease, dental, skin and cognitive impairment. A new medical certification form will be completed for Resident #10 including the reason for the evaluation, required services and whether the resident needed a mammogram or Pap test. A new medical certification form will be completed for Resident #11 including whether the resident was exhibiting signs of a communicable disease and what services are required. A new medical certification form will be completed for Resident #12 including whether the resident needs a mammogram, Pap test, PSA test or colonoscopy. The residents TB status, any signs or symptoms of communicable disease, services required, mental health and cognitive status will also be addressed	

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R 704	Continued From page 10 long term medical or nursing care or supervision which would require placement in a hospital or nursing home." 14. A review of Resident #14's annual medical certification form dated 04/11/2022 on 08/04/2022 at 12:03 PM, showed the physician did not address the resident's pain level and did not indicate the reason for the evaluation. 15. Review of Resident #15's medical certification form dated 05/06/2022 on 08/04/2022 at 1:55 PM showed the physician did not indicate if the resident exhibited any signs of communicable disease. In addition, the physician did not document the resident's height and the reason for the evaluation. During the review of the records from 08/03/2022 through 08/05/2022, Employee #9 and the AL Director was present and witnessed the above documented issues and acknowledged the deficiencies. It was noted that the ALR used a different medical form for its newly admitted residents. The AL Director said that the marketing department gives the residents the medical form for their physicians to fill them out, however they were not giving them the District of Columbia's medical certification form. During an interview with a member of the marketing department, it was discovered that they were not aware of the district's form but would start using the form going forward. 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 704		

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R 802	Continued From page 12 Nurse (RN) performed medication assessments from 12/07/2021 through 04/15/2022, however there was no evidence of an assessment 45 days after 04/15/2022. 4. On 08/04/2022 at 1:53 PM, review of Resident #11's medical record showed the Registered Nurse (RN) performed medication assessments from 12/22/2021 through 05/03/2022, however there was no evidence of an assessment 45 days after 05/03/2022. 5. On 08/04/2022 at 12:03 PM, review of Resident #14's medical record showed the Registered Nurse (RN) performed medication assessments from 02/22/2022 through 04/07/2022, however there was no evidence of an assessment 45 days after 04/07/2022 6. On 08/04/2022 at 1:55 PM, review of Resident #15's medical record showed the Registered Nurse (RN) performed medication assessments from 09/26/2021 through 04/19/2022, however there was no evidence of an assessment 45 days after 04/19/2022 On 08/05/2022 at 3:00 PM, the Assisted Living facility's Director confirmed that the medication assessments were not performed every 45 days as required. Employee #9 who was present during the reviews indicated that she would help to ensure the assessments were performed as required. At the time of survey, the facility failed to document an assessment of each resident's response to their medication at least every 45 days.	R 802		

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R 279	Continued From page 1 Employee #5. At 2:53 PM, the Administrator said during interview that they were unable to obtain a copy of Employee #5's criminal background check. The Administrator said that he was informed by the previous Director of Human Resources that Employee #5's background check was lost during the transitioning from paper to electronic files. At the time of the survey, the ALR failed to ensure that all employees working in the ALR had a comprehensive background check on file for review.	R 279	HR staff will be in-serviced by the Administrator on the requirement to maintain background checks on all staff in accordance with policy and records retention regulations. **3. Monitoring and QA** New hire records will be audited monthly for 5 months by the Administrator or Assisted Living Director to ensure that hard copy background check documentation has been maintained in employee files. Results will be reported to the QA Committee for review and any further action as may be warranted.	
R 330	10122.1 On Site Medication Review 10122.1 The on-site medication review by a registered nurse that is arranged to occur every forty-five (45) days, pursuant to § 903 of the Act (D.C. Official Code § 44-109.03), shall include documentation of any changes to the resident's medication profile, including changes in dosing and any medications that have been added or discontinued. Based on record review and interviews, the Assisted Living facility failed to ensure the Registered Nurse (RN) assessed each resident's response to their medications at least every 45 days, for six of the 15 residents in the sample (Residents #1, 4, 10, 11 14, and 15). Findings included: 1. On 08/04/2022 at 11:00 AM, review of Resident #1's medical record showed that the Registered Nurse (RN) performed an initial medication	R 330	**1. Corrective Actions** Resident #1 medication review was completed by an RN on 8/4/22 which was more than 45 days from admission. An RN will complete the next medication review no later than 9/18/22. Resident #4 had a medication review completed by an RN on 8/4/22 which was more than 45 days from the last review. An RN will complete the next medication review no later than 9/18/22. Resident #10 had a medication review completed on 8/21/22 which was more than 45 days from the last review. An RN will complete the next medication review no later than 10/5/22.	9/30/22

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R 330	Continued From page 3 On 08/05/2022 at 3:00 PM, the Assisted Living facility's Director confirmed that the medication assessments were not performed every 45 days as required. Employee #9 who was present during the reviews indicated that she would help to ensure the assessments were performed as required. At the time of survey, the facility failed to document an assessment of each resident's response to their medication at least every 45 days.	R 330		