

Health Regulation & Licensing Administration

*Received 3/17/17*

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FORM APPROVE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALR-0002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/08/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LISNER LOUISE DICKSON HURT HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5425 WESTERN AVENUE NW WASHINGTON, DC 20015</b>
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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

An annual survey was conducted from March 8, 2017, to determine compliance with the Assisted Living Law "DC Code § 44-101.01." The ALR provides care for eleven (11) residents and twenty (20) employees that include professional and administrative staff. A sample size included three (3) resident records and three (3) employee records were selected for review. The findings of the survey were based on observations, record reviews, and interviews.

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

ALR - Assisted Living Residence  
RN - Registered Nurse  
SW - Social Worker

R 292 Sec. 504.1 Accommodation Of Needs.

R 292

(1) To receive adequate and appropriate services and treatment with reasonable accommodation of individual needs and preferences consistent with their health and physical and mental capabilities and the health or safety of other residents; Based on observation and interview, the ALR staff failed to ensure chemicals were safely stored away from three (3) of three (3) residents included in the sample. (Residents #1, #2 and #3)

The finding includes:

On March 8, 2017, at 10:00 a.m., observation conducted on the second floor revealed an unlocked laundry room with a large container of laundry detergent that was connected to the washing machine. At 10:10 a.m., interview with the SW revealed that residents were always

R 292 Ensure Laundry Detergent is Safely Stored

1. Immediate Response:

3/8/17

A lock was put on the door to ensure that no resident entered the laundry room without a staff member until a secured unit is installed. Arrangements were made to install a secured and permanent storage unit to enclose the container of laundry detergent.

2. Risk Identification:

3/8/17

The identified laundry room is the only one in the Assisted Living Residential Facility.

3. Systemic Changes:

3/17/17

The secured storage unit for the laundry detergent was installed. The Environmental Services Director in-serviced Environmental Services Staff on refilling the container of laundry detergent and assuring that it remains secured at all times.

4. Monitoring:

4/1/17

Environmental Services Director or her designee will monitor the secured laundry detergent unit for compliance.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

0600

DBFX11

If continuation sheet 1 of 2

*[Signature]*, CEO

3-17-17

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NAME OF PROVIDER OR SUPPLIER  
**LISNER LOUISE DICKSON HURT HOME**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**5425 WESTERN AVENUE NW  
WASHINGTON, DC 20015**

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R 292 Continued From page 1

R 292

accompanied by a staff member while in the hallway near the laundry room. Continued interview revealed that she would have a key lock applied to the laundry room door and that staff would ensure that the door remained locked at all times when not in use.

At the time of the survey, the ALR failed to ensure that the laundry detergent located in the laundry was stored away properly at all times.

Note: It should be noted that on March 8, 2017, at 2:30 a.m., a second observation of the second floor laundry room door revealed maintenance had placed a lock on the door.

R 802 Sec. 903.2 On-Site Review

R 802

(2) Assess the resident's response to medication; and  
Based on record review and interview, the ALR failed to ensure that the RN assessed each residents' response to medications every forty-five (45) days, for three (3) of three (3) residents in the sample. (Residents #1, #2, and #3)

The findings include:

On March 8, 2017, at 11:30 a.m., review of Resident #1's medical records revealed no documented evidence that the facility's RN assessed the resident's response to his/her medications, every 45 days.

On March 8, 2017, at 11:33 a.m., review of Resident #3's medical records revealed no documented evidence that the facility's RN

**R 802 Comprehensive Assessments  
MDS Section I Coding**

**1. Immediate Response:** 3/10/17

RN assessed the residents' response to their medications and found no problems or adverse side effects of their medications.

**2. Risk Identification:** 3/17/17

RN reviewed all AL residents' medication records for responses to their medications.

**3. Systemic Changes:** 3/27/17

RN along with the Consultant Pharmacist will design a protocol to ensure each resident in Assisted Living has their medications reviewed every 45 days for any adverse side effects.

**4. Monitoring:** 4/1/17

DON or her designee will do a quarterly audit of a random sample of AL residents to ensure RN compliance with 45 day medication review.

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R 802 Continued From page 2  
assessed the resident's response to his/her medications every 45 days.

R 802

On March 8, 2017, at 12:30 p.m., review of Resident #2's medical records revealed no documented evidence that the facility's RN assessed the resident's response to his/her medications every 45 days.

On March 8, 2017, at 1:30 p.m., interview the RN revealed that she assessed all residents' response to their medications every six months when updating their ISPs. The RN stated that going forward she would ensure that all residents' medications would be reviewed every 45 days.

At the time of the survey, the ALR failed to ensure that the RN assessed the residents' response to their medications every 45 days.