

Health Regulation & Licensing Administration

Received 2/15/18
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 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/29/2018
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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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(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

An annual survey was conducted on January 29, 2018, to determine compliance with the Assisted Living Law "DC Code § 44-101.01." The Assisted Living Residence (ALR) provides care for twelve (12) residents and employs twenty (20) employees to include professional and administrative staff. Three (3) resident records and three (3) employee records were reviewed. The findings of the survey were based on observations, record reviews, and interviews with residents and employees.

Note: Listed below are abbreviations used throughout the body of the report.

ALR -- Assisted Living Residence
 CNA-- Certified Nursing Assistant
 ISP -- Individualized Service Plan

R 000

R 483 Sec. 604d Individualized Service Plans

1. Immediate Response:
 Resident Records were reviewed for Health Care Practitioners' signature on ISPs.

2. Risk Identification:
 A protocol has been instituted for each resident's ISP to be reviewed and signed by their attending Health Care Practitioner.

3. Systemic Changes:
 RN Unit Manager was in-serviced on the importance of Health Care Practitioners' signature. RN Unit Manager will place updated ISP on the Health Care Practitioners' communication clipboard for input and signature.

4. Monitoring:
 DON or her designee will conduct quarterly random audits to ensure Health Care Practitioner compliance with signatures of ISPs. Reports will be presented at the quarterly QAPI meeting.

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R 483 Sec. 604d Individualized Service Plans

R 483

(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 that each resident's ISP was reviewed by their healthcare practitioner for three (3) of three (3) residents in the sample (Residents #1, #2, and #3).

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

Smarta M. Daigne

TITLE

Administrator

(X8) DATE

2/16/18

STATE FORM

6659

G2SQ11

If continuation sheet 1 of 3

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R 483 Continued From page 1

R 483

Findings included:

Review of Resident #1's medical record on 01/29/18 at 10:40 AM showed ISPs dated 08/27/17 and 01/18/18 which lacked documented evidence that the resident's healthcare practitioner had reviewed them.

Review of Resident #2's medical record on 01/29/18 at 12:30 PM showed ISPs dated 10/12/17 and 01/08/18 which lacked documented evidence that the resident's healthcare practitioner had reviewed them.

Review of Resident #3's medical record on 01/29/18 at 3:00 PM showed ISPs dated 06/22/17 and 12/07/17 which lacked documented evidence that the resident's healthcare practitioner had reviewed them.

During an interview on 01/29/18 at 4:15 PM, the Unit Manager stated that going forward, s/he would have the residents' healthcare practitioners review all ISPs.

At the time of the survey, the ALR failed to ensure Resident #1, #2, and #3's healthcare practitioners reviewed their ISPs.

R 679 Sec. 702c Staff Training

1. Immediate Response:
Staff member was in-serviced as required.

2. Risk Identification:
All staff employee records were reviewed to ensure compliance.

3. Systemic Changes:
Human Resources and Nursing in-serviced on tracking annual in-service training. A system has been created to track all employee education and clinical competencies to remain within compliance.

4. Monitoring:
HR Director and DON or their designee will conduct quarterly random audits to ensure staff compliance with education and clinical competencies. Reports will be presented at the quarterly QAPI meeting.

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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 record review and interview, the ALR failed to provide twelve hours of annual

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R 679 Continued From page 2 R 679

in-service training for one (1) of three (3) CNAs in the sample (CNA #1).

Findings included:

Review of CNA #1's personnel record on 01/29/18 at 12:52 PM showed that CNA #1 was hired on 05/23/11. Further review of the personnel record showed that it lacked documented evidence that CNA #1 received the required twelve hours of annual in-service training in 2017.

During an interview on 1/29/18, at 3:45 PM, the Human Resources staff member stated that s/he would verify if CNA #1 received in-service training in 2017 and provide it for review. It should be noted that evidence of in-service training for CNA #1 was not provided for review.

At the time of the survey, the ALR failed to ensure CNA #1 received the requisite hours of annual in-service training.

