Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING ALR-0031 10/22/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2905 11TH STREET NW** THE MARIGOLD AT 11TH STREET WASHINGTON, DC 20001 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID PREFIX (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LOCIDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE IAG IAG DEFICIENCY) R 000 Initial Comments R 000 An initial survey was conducted from September 16, 2014, through October 20, 2014, to determine compliance with the Assisted Living Law " DC Code § 44-101.01. " Additionally on October 16, 2014, a complaint was filed by the D.C. Long Term Care Ombudsman (DCLTCO) alleging an improper discharge notice for Resident #2. Due to the nature of the complaint an investigation was initiated. The Assisted Living Residence (ALR) provides care for ten (10) residents and employs nineteen (19) employees to include professional and administrative staff. The findings of the survey and investigation were based on observation, record reviews, and RECEIVED DEC - 3 2014 interviews. Please Note: Listed below are abbreviations used in this survey. Assisted Living Residence (ALR) Assisted Living Administrator (ALA) At bedtime (Qhs) By Mouth (p.o.) D.C. Long Term Care Ombudsman Program (DCLTCOP) Every Day (QD) Individualized Service Plan (ISP) Medication Administration Record (MAR) Milligrams (mg) Occupational Therapy (OT) Physical Therapy (PT) Registered Nurse (RN) Subcutaneous (SQ) Three Times a Day (TID) Trained Medication Employee (TME) Tuberculosis (TB) Twice a Day (BID) Health Regulation & Licensing Administration

STATE FORM

6899

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

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Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING ALR-0031 -10/22/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2905 11TH STREET NW THE MARIGOLD AT 11TH STREET WASHINGTON, DC 20001 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR ESCIDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) R 000 Continued From page 1 R 000 Allegation #1: The resident or his/her representative was not given the appeal process at the time of the delivery of the notice. Findings: Review of the discharge notice revealed Please refer to tag R544 Sec. 608d a one page document that did not include the Discharge and Transfer on page 15 of language regarding the appeal process. this plan of correction. Conclusion: This allegation was substantiated. Allegation #2: The ombudsman did not received the notice at the time of the delivery to the resident and the representative. Findings: Review of the discharge notice revealed a one page document that did not evidence delivery to the DCLTCOP, pursuant to D.C Law 6-108. Interview with the nurse confirmed the ombudsman was not provided with a copy of the notice at the time of the delivery. Conclusion: This allegation was substantiated. Allegation #3: The notice of discharge did not indicated who will assist/supervise the relocation for the resident. Findings: Review of the discharge notice revealed a one page document that did not identify who would assist or supervise the relocation for the resident pursuant to D.C Law 6-108. Interview with the nurse confirmed that the discharge notice failed to identify who would assist or supervise the relocation for the resident. Conclusion: This allegation was substantiated.

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FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING ALR-0031 10/22/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2905 11TH STREET NW** THE MARIGOLD AT 11TH STREET WASHINGTON, DC 20001 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) R 000 R 000 Continued From page 2 Allegation #4: The date of the actual notice of discharge was unclear. Findings: Review of the discharge notice revealed that the dates on the document were overwritten and unclear. Interview with the administrator confirmed the dates were revised by writing directly over the initial date written. Conclusion: This allegation was substantiated. As of September 1st a new Administrator for the facility has been R 203 hired. Previous administrator violated R 203 Sec. 501b Standard Of Care Ongoing established company policy. (b) In order to promote resident independence and aging in place in a residential setting, at a Sec. 501b Standard of Care minimum, an ALR shall offer or coordinate for payment 24 hour supervision, assistance with scheduled and unscheduled activities of daily 09/17/2014 An activities calendar has been living, and instrumental activities of daily living as developed and implemented. needed, as well as provision or coordination of recreational and social activities and health All residents had the potential to be services in a way that promotes optimum dignity affected by this violation. and independence for the residents. Based on interview and observation, the ALR failed to provide recreational activities for one (1) Activities calendars will be developed of 10 residents. (Resident #6) each month prior to the month's start Ongoing and will be implemented by designated The finding includes: staff members. A copy of the calendar will be distributed to the residents. On September 16, 2014, an observation of the facility, starting at approximately 10:00 a.m., The Administrator will review each Ongoing revealed that there were no activities being calendar before it is posted and has provided for the residents. designated a group of staff members to oversee the implementation of the During an interview with Resident #6 on September 16, 2014, at approximately 10:30 scheduled activities. a.m., Resident #6 stated, "We don't have

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activities here."

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: __ B. WING ALR-0031 10/22/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2905 11TH STREET NW** THE MARIGOLD AT 11TH STREET WASHINGTON, DC 20001 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR ESCILLENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TÁG TAG DEFICIENCY) There are current prescriptions to R 292 Continued From page 4 R 292 administer medications on weekends 9/25/2014 seizures: and holidays for Resident #3. - Polyethylene glycol 3350 oral powder, p.o., QD, as needed for constipation; - Colace 100 mg, 1 cap, p.o., BID; stool TMEs received training on observing softener]; Accu checks and proper documentation 10/4/2014 - Keppra 500 mg, 3 tabs, p.o., BID [for seizure of results. disorder]: - Trileptal 150 mg, 3 tabs, p.o., BID [for seizure We have contacted Omnicare disorder]; and pharmacy to provide additional support 10/28/2014 - Discontinue Nicotine Patch 7 mg/24 hours, 1 patch, QD for smoking cessation. and training. Review of the September 2014 MAR failed to All residents had the potential to be evidence that Tylenol, Ativan, Polyethylene glycol affected by this violation. and Colace, were transcribed and/or administered. Keppra 500 mg was administered only once a day on September 2-4, 2014; Trileptal The RN will review resident doctor's 150 mg was administered only once a day on orders weekly to ensure accuracy of Ongoing September 1-3, 2014. Additionally, the Nicotine medications and treatments. patch was administered September 1-4, 2014. The management company will conduct monthly audits of documents, Ongoing During an interview with the facility's RN on policies and files at the monthly visits September 19, 2014, at approximately 1:30 p.m., the RN stated, "I will contact all the residents to the facility. physician to get current medication orders and order any medications needed from the The administrator will on a weekly pharmacy." basis perform file/record audits. Ongoing Documentation of these audits will be 2. On September 18, 2014, at approximately 10:15 a.m., review of Resident filed on site. #2's record revealed a September 2014 MAR which documented the following: In order to be eligible for the Medicaid EPD waiver all residents must have a Check blood sugar [fingersticks]: nursing home level of care. It is at the Ongoing - Every day @ 6:00 a.m., 6:30 p.m., and 9:00 p.m.: Administrator's discretion if the Facility - 12:30 p.m. on Monday, Wednesday and Friday; can meet the needs of the resident. - 2:00 p.m. on Tuesday, Thursday and Saturday. The administrator will arrange for third Health Regulation & Licensing Administration party services that can be provided as Ongoing STATE FORM 6899 per licensing regulations.

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING ALR-0031 10/22/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2905 11TH STREET NW** THE MARIGOLD AT 11TH STREET WASHINGTON, DC 20001 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE DATE PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR USC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) R 292 R 292 Continued From page 5 Humalog 100 units/1 ml-[administer] SQ per sliding scale... Continued review of the September MAR revealed two fingersticks, dated September 11, 2014 and September 12, 2014 at 6 p.m. which failed to document the dosage of insulin administered. During an interview with the facility's RN on September 19, 2014, at approximately 1:30 P.M., the RN indicated that the resident performs his/her fingersticks and administers his/her own insulin. When asked how does the facility montion the resident's blood sugar levels, the RN indicated, "I will make sure the resident documents his/her fingerstick results." A communication policy has been put in place addressing communication . Ongoing 3. On September 18, 2014, at approximately with third party providers. 10:15 a.m., review of Resident #3's record revealed that the resident was admitted on September 2, 2014. Further review of the record revealed a September 2014 MAR which documented the following medications: - Benicar 40 mg, one tab, by mouth, every day for hypertension: - Hydrochlorothiazide 12.5 mg capsule, one cap, by mouth, every day for hypertension; - Vesicare 10 mg tablet, one tab, by mouth, every day for functional incontinence; - Nifedipine 60 mg, daily, by mouth for hypertension; and - Ibuprofren (sic) 800 mg, given as needed, by mouth for arthropathy. Additionally, the MAR failed to evidence that the aforementioned medications were administered. An observation of the medication cart on

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September 18, 2014, at approximately 10:45

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING ALR-0031 10/22/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2905 11TH STREET NW** THE MARIGOLD AT 11TH STREET WASHINGTON, DC 20001 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE 146 WATOOMOO LOO IDOUTIONING WEDGELATIONS SROOS REFERENCED TO THE APPROPRIATE iAG DEFICIENCY) Continued From page 6 R 292 R 292 a.m., revealed that there where no medications for Resident #3. During an interview with TME #3 on September 18, 2014, at approximately 11:15 a.m., TME# 3 stated, "We do not and have not had medications for the resident since the resident was admitted." During a interview with the facility's RN on September 19, 2014, at approximately 1:30 p.m. the RN stated, "The resident attends PSI day program and receives medications there but I will make sure the facility also gets medications for the resident." 4. On September 18, 2014, at approximately 12:30 p.m., review of Resident #4's record revealed a September 2014 MAR which documented the following: 4 a. Oyst SH CAL W/D (oyster shell calcium with vitamin D), one tab, by mouth, twice daily for osteoporosis. Further, review of the record revealed a document entitled "Medstar Washington Hospital Center Geriatrics and Long Term Care" dated August 18, 2014, that documented Oyster shell calcium vitamin D one tab to be administered by mouth only once a day. Additionally, review of the September 2014 MAR revealed that oyster shell calcium with vitamin D had been administered twice a day on September 1, 2, 3, 4 and 5, 2014, September 12,13, 14, and 15, 2014 and September 17 and September 18 2014; and once a day on September 6 through September 11, 2014 and September 16, 2014. 4 b. Polyethylene golycol (sic), one scoop daily, in a cup of fluid, for constipation. Further review of the record failed to evidence an order for the

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Polyethylene golycol.

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING ALR-0031 10/22/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2905 11TH STREET NW** THE MARIGOLD AT 11TH STREET WASHINGTON, DC 20001 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE DECLIFATORY OR LCC IDENTIFYING INFORMATIONS DATE DEFICIENCY) R 292 Continued From page 7 R 292 4 c. Review of Resident #4's history and physical dated May 14, 2014, revealed that a physician ordered PT/OT services. The record failed to evidence that PT/OT services were being provided. 5. On September 18, 2014, at approximately 1:15 p.m., review of Resident #5's record revealed the following: 5 a. Review of the September 2014 MAR documented Atovastatin Calcium 80 mg, one tab, by mouth, every day for hyperlipidemia with a start date of August 15, 2014. Further review of The previous administrator did not the record revealed a physician order dated receive progress notes from the PT September 17, 2014, which decreased the Atovastatin Calcium to 10 mg one tab, by mouth. company involved in resident #4's care. Ongoing Ohs. The record failed to evidence that the Going forward the Third Party resident's Atovastatin Calcium was decreased Communication Policy referred to from 80 mg to 10 mg. previously will be followed. 5 b. Review of Resident #5's record revealed a physician order dated September 17, 2014 which ordered Lasix 40 mg, one tab, once a day. Further review of the record revealed that the Lasix 40 mg was not provided to the resident. Additionally, during an observation of medication administration on September 18, 2014, at approximately 10:00 a.m., revealed that there was no Lasix for Resident #5 in the facility. 6. On \$eptember 18, 2014, at approximately 1:00 p.m., a review of Resident #8's record revealed an MAR dated September 2014. Further review of the MAR revealed that Resident #8 was to receive the following medications: - Amlodipine Besylate 2.5 mgs by mouth every day [for hypertension]

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- Furosemide 20 mgs by mouth every day [a

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Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ALR-0031 10/22/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2905 11TH STREET NW** THE MARIGOLD AT 11TH STREET WASHINGTON, DC 20001 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE iAG DEFICIENCY) R 292 Continued From page 8 R 292 diuretic for blood pressure control] - Klor-Con M 10 ER 10 mgs by mouth every day [potassium supplement] - Metoprolol Tartrate 25 mgs by mouth two times daily ffor the treatment of Angina and hypertension]. Additional review of the September 2014 MAR revealed that the above mentioned medications were not administered to Resident #8 on September 5th, 6th, 8th, 9th, 11th, and 16, 2014. 7. On September 18, 2014, at approximately 2:00 p.m., a review of Resident #9's record revealed a MAR dated September 2014. Further review of the MAR revealed that Resident #9 was to receive the following medications: - Hydralazine Hydrochloride 50 mgs by mouth two times daily [for hypertension] - Norvasc 5 mgs by mouth daily [for angina and hypertension] - Azopt Eye Drops 1 drop in left eye two times a day [for glaucoma] - Omeprazole 20 mgs, 2 tablets by mouth one time a day [for gastric reflux]. Additional review of the September 2014 MAR revealed that Resident #9 did not receive Hydralazine Hydrochloride in the morning of September 6th, 8th, 9th, 10th, 1 th and 16, 2014. During an interview with the facility's RN on September 19, 2014, at approximately 1:30 p.m., the RN stated, "I will contact all the residents' physicians to get current medication orders and order any medications needed from the pharmacv."

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

A. BUILDING:

ALR-0031

(X3) DATE SURVEY COMPLETED

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE MARIGOLD AT 11TH STREET

2905 11TH STREET NW WASHINGTON, DC 20001

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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
R 393	Continued From page 9	R 393		
R 393	Sec. 509c Abuse, Neglect, and Exploitation.	R 393		
	(c) An ALR shall post signs that set forth the reporting requirement of this section conspicuously in the employee and public areas of the ALR.		Sec. 509c Abuse, Neglect and Exploitation.	;
	Based on an observation of the facility and interview, it was determined that the ALR failed to post signs conspicuously in the employee and public area of the Assisted Living Residence (ALR).		Signs regarding the requirement to report abuse, neglect and exploitation were posted conspicuously in the employee and public area of the facility.	9/16/203
	The finding includes:			
	On September 16, 2014, an observation at approximately 10:45 a.m. revealed that the ALR failed to post signs regarding the requirement to		All residents had the potential to be affected by this violation.	
	report abuse, neglect and exploitation conspicuously in the employee and public area of the facility.		A quarterly review of posting will be conducted by the Administrator or a designee to ensure that all required	Ongoing
	During an interview with the ALA on September 16, 2014, at approximately 10:55 a.m., the ALA stated, "We will post a sign."		postings are in place.	
D 400	One Coded Adminsions	R 409	Sec. 601e1 Admissions	
K 4U9	Sec. 60 1e1 Admissions (1) More than intermittent skilled nursing care; Based on record review and interview, the ALR admitted residents that required more that intermittent skilled nursing care for two (2) of ten (10) residents in the sample. (Residents #1 and #2)	K 409	It is the policy of the community that no person will be admitted if it is indicated that they need more than intermittent skilled nursing care. Previous administrator violated established company policies and procedures	0 0
	The findings include:		Resident #1 has recently changed PCP, a request has been sent to receive	
	1. On September 16, 2014, at approximately		updated H/P.	9/16/201
		l :		1

Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING ALR-0031 10/22/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2905 11TH STREET NW** THE MARIGOLD AT 11TH STREET WASHINGTON, DC 20001 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX REGULATORY OR ESC IDENTIFTING INFORMATION) TAG ĪĀĞ DEFICIENCY) R 409 Continued From page 10 Resident#2 has received a new PCP, 10:10 a.m., a review of Resident #1's record H/P still reflects the need of skilled revealed an admission date of June 25, 2014. 10/21/2014 nursing d/t banded AV Graft. Resident Further review of the record revealed a history has limited dexterity and needs and physical which the physician signed twice assistance with ADLS and medications. (November 18, 2013 and June 2, 2014). The Skilled nursing services are currently in physician documented that the resident requires 24 hour skilled nursing. place. 2. On \$eptember 16, 2014, at approximately Residents #1 and #2 had the potential 11:15 a.m., a review of Resident #2's record to be affected by this violation. revealed an admission date of August 27, 2014. Further review of the record revealed a history and physical with a physician signature of May The Administrator and the RN will 12, 2014. The physician documented that the review move-in paperwork prior to all resident requires 24 hour skilled nursing. move-ins to assure that no one is Ongoing admitted if there is an indicated need for more than intermittent skilled During an interview with the facility's RN on September 19, 2014, at approximately 1:30 p.m., nursing care. the RN indicated, s/he would contact the resident's physicians to clarify the residents Sec. 604a1 Individualized Service Plans needs. It is the policy of this community to R 471 R 471 Sec. 604a1 Individualized Service Plans develop an ISP for residents prior to admission. (a)(1) An ISP shall be developed for each resident prior to admission. ISP's have been developed for Based on record review and interview, the ALR failed to develop an pre-admission ISP for ten residents #1, #2, #3, #4, #5, #6, #7, #8, 10/4/2014 (10) of ten (10) residents. (Residents #1, #2, #3, #9, #10 and will be reviewed in 30 days. #4, #5, #6, #7, #8, #9 and #10) All residents had the potential to be The findings include: affected by this violation. 1. On September 16, 2014, at approximately 10:10 a.m., a review of Resident #1's record A nurse will develop an ISP for revealed an admission date of June 25, 2014. residents prior to move-in and the ISP Ongoing Further review of the record failed to evidence a will be signed by a Nurse Practitioner or pre-admission ISP. Doctor prior to implementation.

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING ALR-0031 10/22/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2905 11TH STREET NW** THE MARIGOLD AT 11TH STREET WASHINGTON, DC 20001 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DDEEIY (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) R 471 Continued From page 11 R 471 2. On September 18, 2014, at approximately 10:15 a.m., a review of Resident #2's record The RN, along with the resident's revealed an admission date of August 27, 2014. healthcare practitioner and the Further review of the record failed to evidence a resident or surrogate, will reviewed all Ongoing pre-admission ISP. ISPs at the end of 30 days from the date the ISP was created and will be 3. On September 18, 2014, at approximately 11:15 a.m., a review of Resident #3's record verified by the Administrator. ISPs will revealed an admission date of September 2, be audited by the management 2014. Further review of the record failed to company during the monthly visits. evidence a pre-admission ISP. 4. On September 18, 2014, at approximately 12:30 p.m., a review of Resident #4's record revealed an admission date of June 28, 2014. Further review of the record failed to evidence a pre-admission ISP. 5. On September 18, 2014, at approximately 1:15 p.m., a review of Resident #5's record revealed an admission date of August 14, 2014. Further review of the record failed to evidence a pre-admission ISP. 6. On September 18, 2014, at approximately 10:15 a.m., a review of Resident #6's record revealed an admission date of August 14, 2014. Further review of the record failed to evidence a pre-admission ISP. 7. On September 18, 2014, at approximately 11:00 a.m., a review of Resident #7's record revealed an admission date of July 26, 2014. Further review of the record failed to evidence a pre-admission ISP. 8. On September 18, 2014, at approximately 1:00 p.m., a review of Resident #8's record

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after admission for four (4) of four (4) residents in

the sample. (Residents #1, #4, #8 and #10)

resident or surrogate. The

administrator and the management company will audit the ISPs monthly. Ongoing

PRINTED: 10/27/2014

FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING ALR-0031 10/22/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2905 11TH STREET NW** THE MARIGOLD AT 11TH STREET WASHINGTON, DC 20001 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG **DEFICIENCY**) R 483 R 483 Continued From page 13 The findings include: 1. On September 16, 2014, at approximately 11:15 a.m., a review of Resident #1's record revealed an admission date of June 25, 2014. Further review of the record failed to evidence a 30-day ISP. 2. On September 18, 2014, at approximately 12:15 p.m., a review of Resident #4's record revealed an admission date of June 28, 2014. Further review of the record failed to evidence a 30-day ISP. 3. On September 18, 2014, at approximately 1:00 p.m., a review of Resident #8's record revealed an admission date of July 22, 2014. Further review of the record failed to evidence a 30-day ISP. 4. On September 18, 2014, at approximately 2:00 p.m., a review of Resident #10's record revealed an admission date of July 19, 2014. Further review of the record failed to evidence a 30-day ISP. During an interview with the ALA on September 16, 2014, at approximately 11:00 a.m., the ALA stated. "I know the ISP's are not done." Sec. 606a3 Services to be Provided R 524 Sec. 607a3 Services To Be Provided R 524

Health Regulation & Licensing Administration

(3) A variety of fresh and seasonal foods,

physical abilities of the residents:

adapted to the food habits, preferences, and

Based on interview and observation, the ALR failed to provide fresh fruits and vegetables for ten (10) of ten (10) residents in the sample.(

9/17/2014

Fresh fruits and vegetables were

looking for a local vendor.

purchased from the local grocery while

PRINTED: 10/27/2014 **FORM APPROVED** Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING ALR-0031 10/22/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2905 11TH STREET NW** THE MARIGOLD AT 11TH STREET WASHINGTON, DC 20001 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) OMPLETE (FACH DEFICIENCY MUST BE PRECEDED BY FULL FACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG **DEFICIENCY** R 524 Continued From page 14 R 524 Resident #1, #2, #3, #4, #5, #6, #7, #8, #9, and All residents had the potential to be #10) affected by this violation. The finding includes: The Administrator will insure that fresh During an interview with Resident #6 on fruits and vegetables are served daily. 9/17/2014 September 16, 2014, at approximately 10:30 a.m., Resident #6 stated, "The food is OK but A new food vendor is being evaluated they don't give us fresh fruits and vegetables. as well as replacement of the existing Ongoing Everything is from a can." cook. On September 16, 2014, at approximately 11:30 a.m., observation of the kitchen pantry revealed large cans of vegetables and fruits. During an interview with the ALA on September 16, 2014, at approximately 11:40 a.m., the ALA Sec 608d Discharge and Transfer stated, "We are looking for a vendor to supply us

R 544

Health Regulation & Licensing Administration

The findings include:

#2)

with fresh fruits and vegetables."

(d) Before a resident may be discharged on an

involuntary basis, the ALR shall provide 30 days

the discharge in consultation with the resident,

the surrogate, and the healthcare provider. Any

involuntary discharge shall conform to the notice

Based on record review and interview, the ALR

failed to provide proper notice of discharge for one (1) of (1) resident's in the sample. (Resident

On October 3, 2014, Resident #2 signed a

and process established in title III of the

written notice to the resident and surrogate of the planned discharge, and make arrangements for

R 544 Sec. 608d Discharge And Transfer.

Health-Care Protection Act.

The notice given to resident #2 has

The resident's right to challenge was

the discharge notice and the right to

Resident #2 had the potential to be

Resident discharge notices will be given

documentation as to reason and time

frame. The resident's right to challenge

challenge was discussed with the

left with the resident on 9/30/2014 and

been rescinded.

resident at the time.

affected by this violation

30 days in advance with clear

will be provided at that time.

Ongoing

10/23/2014

STATEMENT OF DEI AND PLAN OF CORF		RECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		:	ALR-0031	B. WING		40/	22/2014
AME OF F	ROVIDER	OR SUPPLIER		DRESS CITY	STATE, ZIP CODE	107.	2212014
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IL MIM	(IGOLD)	AI IIIII SII	WASHING	STON, DC 2	20001		
X4) ID REFIX	(FA	SUMMARY STA	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREEIX	PROVIDER'S PLAN OF CORRECTION		(X5)
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R 544	Continu	ed From pa	ige 15	R 544		1	
	dischar	ae notice is:	sued by the ALR. On October		A copy of the discharge notice will be		
	16, 201	4, at approx	rimately 6:51 p.m., review of		placed in the resident's records and	la	
	the disc	harge notic	e revealed that the notice		copy will be sent to the ombudsmar	n,	
	Tailed to	disclose or	include the following:		the Department of Health, DC		ongoing
					Department of Healthcare Finance		
	1. The r	esident's rig	ght to challenge the facility's		Medical Assistance Administration.		
	decision	or the info	rmation regarding the appeal	1.	The	T	
	process				The name, address, and telephone		
	On Octo	ber 21, 201	4, at approxiamtely 10:00		numbers of the person charged with	n (Ongoing
	a.m., re	view of the	signed discharge notice		the responsibility of servicing the		
	revealed	a one pag	e document that did not		discharge, transfer, or relocation will included with the discharge notice.	i be	
			e regarding the appeal		included with the discharge notice.		
	process		고인 전략하면 됐는데 이 어떻게 되다.		The proper form prescribed by the		
	During a	an interview	with the adminstrator on		mayor has been put in place, the sta	ff	
	October	22, 2014, a	at 11:17 a.m., the administrator		has been trained on the procedures	i	Ongoing
	indicate	d that s/he ι	used a form from his/her		and documents to be included when		
	Columb	y and the no a form entit	ot the required District of led "Notice of Discharge or		involuntary discharge has to take pla		
	Transfer	to CRF or	Assisted Living Residence."		Notes of the discussions of the		
					discharge panning team will be		
1.	o Tho	والمالة المراسية والمراس	t. (20) days a tila		developed and included in the		
'	2. 1116.1	equired thir	ty (30) day notice.		resident's file. All these documents a		
	Review	of the disch	arge notice revealed that the		notes of discussions will be reviewed	by	
(dates or	the docum	ent were overwritten and		the management agent and copies		
	unclear.				provided to the license holder, the		
	On Octo	ber 22, 201	4, at 12:00 p.m., an interview		ombudsman and the Department of		
١ ا	with the	ALA and the	management company		Health prior to execution.		
(confirme	d that the d	ischarge notice dates were				
	evised t vritten.	by writing di	rectly over the initial dates		A LEAST TO THE SECOND STATE OF THE SECOND STAT	- 25-	**************************************
'	wittell.		`				
२ 706 ड	Sec. 802	c Medical	Rehabilitation, Psychosocial	R 706			

	NT OF DEF	CIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION		E SURVEY
78101041	101 00141	LOTION	IDENTIFICATION NUMBER:	A. BUILDING	3:	CON	IPLETED
			ALR-0031	B. WING		10/	/22/2014
NAME OF	PROVIDER	OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
THE MA	RIGOLD	AT 11TH STR	CEI	H STREET I	•		**
(X4) ID PREFIX	/EA		TEMENT OF DEFICIENCIES	al	PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETE
IAG	(L) FEE	SEATORY OR L	MUST BE PRECEDED BY FULL 30 IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		DATE
R 706	(c) The		nt shall be based on an	R 706	Sec 802c Medical, Rehabilitation, Psychosocial Assessment		
	primary days probtaine least the Based failed to conduct four(4) #6, and	, licensed he ior to admiss d from the e e following: on record reto have historted thirty (30 of ten (10) re	prospective resident's ealthcare practitioner within 30 sion. The information xamination shall include at view and interview, the ALR y and physical examinations) days prior to admission for esidents. (Residents #2, #3,		It is the community's policy to ob history and physicals for resident within the 30 days prior to move. The previous administrator violat established company policy. New history and physicals have b received from the doctor for residuals, #3, #6, and #10.	s -in. :ed een	10/29/2014
	10:15 a reveale Further and phy	m., a review an admissing review of the sical with a part of 2014 (seven	8, 2014, at approximately of Resident #2's record on date of August 27, 2014. e record revealed a history ohysician signature of nty-six (76) days prior to		Residents #2, #3, #6 and #10 had potential to be affected by this violation. The Administrator and the RN will verify history and physical dates a	1	
	11:00 a reveale 2014. F history a	m., a review d and admiss urther review and physical 2014 (forty-	s, 2014, ay approximately of Resident #3's record sion date of September 2, of the record revealed a signed by the physician on eight (48) days prior to		within 30 days of move-in before admitting a new resident. The management company will audit on a monthly basis.		Ongoing
	10:15 a revealed Further and phy 14, 2014 prior to	m., a review an admissi review of the sical with a page of the sical wi	3, 2014, at approximately of Resident #6's record on date of August 14, 2014. e record revealed a history physician signature of April ed twenty-two (122) days				

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING ALR-0031 10/22/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2905 11TH STREET NW** THE MARIGOLD AT 11TH STREET WASHINGTON, DC 20001 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATURY OR LOCIDENTIFYING INFORMATION) ĪĀĞ CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) R 706 Continued From page 17 R 706 2:00 p.m., a review of Resident #10's record revealed an admission date of July 19, 2014. Further review of the record revealed a history and physical with a physician signature of May 15, 2014(sixty-five (65) days prior to admission). During an interview with the facility's RN on September 19, 2014, at approximately 1:30 p.m.. the RN indicated that the facility would ensure that history and physicals are done 30-days prior to admission. R 710 Sec. 802 4 Medical, Rehabilitation, Psychosocial R 710 Assess Sec. 802.4 Medical, Rehabilitation, **Psychosocial Assessment** (4) Confirmation that the applicant is free from communicable TB and from other active, The current history and physical that infectious, and reportable communicable diseases: we received for resident #2 indicates 10/28/2014 Based on a record review and interview, it was that she is free from communicable TB. determined the ALR failed to confirm one (1) of ten (10) residents was free from communicable All of the residents had the potential to Tuberculosis. (Resident #2) be affected by this violation. The finding includes: The Administrator and the RN will check the history and physicals for indications that the resident is free On going On September 16, 2014, at approximately 11:15 from communicable TB prior to a.m., a review of Resident #2's record revealed an admission date of August admitting a new resident. The 27, 2014. Further review of the record revealed a management company will audit these history and physical dated May 12, 2014. The files monthly. history and physical failed to document the resident's communicable Tuberculosis status. During an interview with the facility's nurse on September 19, 2014, at approximately 11:30 a.m., the nurse stated, "I will make sure I check

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ ALR-0031 B. WING 10/22/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2905 11TH STREET NW** THE MARIGOLD AT 11TH STREET WASHINGTON, DC 20001 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE IAG REGULATORY OR LOCIDENTIFFING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DAIL DEFICIENCY) R 710 Continued From page 18 R 710 the resident's TB status going forward." R 711 Sec. 802 5 Medical, Rehabilitation, Psychosocial R 711 Sec. 802 5 Medical, Rehabilitation, Assess. Psychosocial, Assessment (5) Current medication profile and projected and A current medication list was obtained other needed medications, treatments and 10/28/2014 service; review of nonprescription drugs and for resident #2. review of possible adverse interactions; Based on record review and interview, the ALR Resident #2 had the potential to be failed to ensure that one (1) of ten (10) residents affected by this violation history and physical documented the resident's current medications. (Resident #2) The RN and Administrator will verify The finding includes: that there is a current med list on the **Ongoing** history and physical prior to admitting On September 16, 2014, at approximately 11:15 a new resident. The management a.m., a review of Resident company will audit these files monthly. #2's record revealed an history and physical dated May 12, 2014. Under the medication section, the physician documented "see attached medication list." Further review of the record failed to evidence a medication list. During an interview with the facility's RN on September 19, 2014, at approximately 11:30 a.m., the RN stated, "I will contact the resident's physician today and get a current list of the resident's medications." Subheading Responsibilities of the ALR Personnel Subheading Responsibilities Of The ALR R 781 R 781 Personnel Medication management assessments have been conducted on residents #1, 10/22/2014 Sec. 901. Responsibilities of the ALR personnel #2, #3, #4, #5, #6, #7, #8, #9, and #10 in medication management. An ALA shall ensure that an initial assessment All residents had the potential to be identifies whether a resident: affected by this violation.

Health Regulation & Licensing Administration

Based on record review and interview, the ALR

	TOF DEFICIENCIES	ng Administration (X1) PROVIDER/SUPPLIER/CLIA	1 000 1111 212			
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	LE CONSTRUCTION		E SURVEY PLETED
		ALR-0031	B. WING	~	10/	22/2014
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R 781	Continued From pa	age 19	R 781			
	conducted to identi residents' needs in			The RN and the Administrator vensure that medication manage assessments will be conducted resident prior to admission. The management company will aud files monthly.	ement with	Ongoing
	11:15 a.m., a review revealed an admiss Further review of the no documented eview medication assess. 2. On September 1 10:15 a.m., a review revealed an admiss Further review of the no documented eview medication assess. 3. On September 1 11:15 a.m., a review revealed an admiss 2014. Further review was no documented medication assess. 4. On September 1 12:15 p.m., a review revealed an admiss Further review of the no documented evicew of the no documented evicew revealed an admiss further review of the no documented evicew revealed an admiss further review of the no documented evicew revealed an admiss further review of the no documented evicew revealed an admiss further review of the no documented evicew revealed an admiss further review of the no documented evicew revealed an admiss further review of the no documented evicew revealed an admiss further review of the no documented evicew revealed an admiss further review of the no documented evicew revealed an admiss further review of the no documented evicew revealed an admiss further review of the no documented evicew revealed an admiss further review of the no documented evicew revealed an admiss further review of the no documented evicew revealed an admiss further review of the no documented evicew revealed an admiss further review revealed an admiss furth	8, 2014, at approximately of Resident #3's record ion date of September 2, who of the record revealed there is evidence that an initial ment had been conducted. B, 2014, at approximately of Resident #4's record ion date of June 28, 2014, at record ien date of June 28, 2014.				

STATEME	Regulation & Licensir NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	PLE CONSTRUCTION		SURVEY
THE PART OF SOME PORT OF THE PART OF THE P		IDENTIFICATION NUMBER:	A. BUILDING	A. BUILDING:		PLETED
		ALR-0031	B. WING		10/:	22/2014
NAME OF	PROVIDER OR SUPPLIER	STREET	DDRESS, CITY,	, STATE, ZIP CODE		
THE MA	RIGOLD AT 11TH STR	(CC)	TH STREET I		175	
		WASHIN	IGTON, DC 2	20001		
(X4) ID PREFIX	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI		(X5) COMPLETE
	PEGULATORN OR E	SS IDENTIFYING INFORMATION)	TAG	GROSS-REFERENCED TO THE AP DEFICIENCY)		DATE
R 781	Continued From pa	nge 20	R 781	,		
		-	K / 6			
	an admission date	esident #5's record revealed of August 14, 2014. Further				
	review of the record	revealed there was no				
	documented eviden	nce that an initial medication				
	assessment had be	en conducted.				
	6. On September 1	8, 2014, at approximately				
		v of Resident #6's record				
	Further review of the	ion date of August 14, 2014. e record revealed there was				
	no documented evid					
	medication assessn	nent had been conducted.				
	7. On September 1	8, 2014, at approximately				
	11:00 a.m., a review	of Resident #7's record				
		ion date of July 26, 2014.				
	no documented evice	e record revealed there was				
		nent had been conducted.				
		8, 2014, at approximately				
		of Resident #8's record ion date of July 22, 2014.				
	Further review of the	e record revealed there was				
	no documented evic					
	medication assessm	nent had been conducted.				
	9 On Sentember 1	8, 2014, at approximately				
		of Resident #9's record				
	revealed an admissi	ion date of September 4,				
	l l	w of the record revealed there				
		l evidence that an initial nent had been conducted.				
		TOTAL HAR DESTI CONQUEST.				
		18, 2014, at approximately				
		of Resident #10's record				
		on date of July 19, 2014. record revealed there was				
Health Regul	ation & Licensing Administ		<u> </u>			
STATE FORM			6899 7	'9ZW11	if continuation	sheet 21 of 22

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

ALR-0031

K(X2) MULTIPLE CONSTRUCTION

A. BUILDING:

B. WING

10/22/2014

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE MARIGOLD AT 11TH STREET

2905 11TH STREET NW WASHINGTON, DC 20001

PAY ID PREVIXE PLAN OF CORRECTION CS. PRECED BY FULL PROPERTY PLAN OF CORRECTION SHOULD BE CANDEST TAG REGULATORY OR LSC IDENTIFYING INFORMATION) R 781 Continued From page 21 no documented evidence that an initial medication assessment had been conducted. During an interview with the facility's RN on September 19, 2014, at approximately 1:15 p.m., a review of administration records revealed no documented evidence that the facility's RN on September 19, 2014, at approximately 1:130 a.m., the RN had supervised the TME during medication administration. Further review of the administration orders were transcribed by the TME's; D. Multiple MAR's were missing signatures; and c. Resident #2's September 19, 2014 and approximately 1:30 a.m., the RN stated. "I did not know I had to supervise the TME's." PROVIDE TRACE CROSS-REFERENCED TO THE APPROPRIATE DAY'S CROSS	PREFIX (EACH DEFICIENCY MU	ST BE PRECEDED BY FULL DENTIFYING INFORMATION)	PRECIX	(FACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	
R 781 Continued From page 21 no documented evidence that an initial medication assessment had been conducted. During an interview with the facility's RN on September 19, 2014, at approximately 12:00 p.m., the RN stated, "I didn't know I had to do the initial medication assessments." R 801 Sec. 903 1 On-Site Review. (1) Supervise the administration of medications by Trained Medication Employees; Based on record review and interview, the ALR failed to arrange an on sight review by a register nurse to supervise the administration of medications every forty-five (45) days. The finding includes: On September 16, 2014, at approximately 1:15 p.m., a review of administration records revealed no documented evidence that the facility's RN had supervised the TME during medication administration. Further review of the administration. Further review of the administration orders were transcribed by the TME's; b. Multiple MAR's were missing signatures; and c. Resident #2's September, 2014 MAR failed to evidence fingerstick results and insulin dosages. During an interview with the RN on September 19, 2014, at approximately 11:30 a.m., the RN stated, "I did not know! I had to supervise the	TAG REGULATORY OR LSC I	,	TAG		DATE
no documented evidence that an initial medication assessment had been conducted. During an interview with the facility's RN on September 19, 2014, at approximately 12:00 p.m., the RN stated, "I didn't know! I had to do the initial medication assessments." R 801 Sec. 903 1 On-Site Review. (1) Supervise the administration of medications by Trained Medication Employees; Based on record review and interview, the ALR failed to arrange an on sight review by a register nurse to supervise the administration of medications every forty-five (45) days. The finding includes: On September 16, 2014, at approximately 1:15 p.m., a review of administration records revealed no documented evidence that the facility's RN had supervised the TME during medication administration. The RN will conduct TME supervision during medication administration orders were transcribed by the TME's; b. Multiple MAR's were missing signatures; and c. Resident #2's September, 2014 MAR failed to evidence fingerstick results and insulin dosages. During an interview with the RN on September 19, 2014, at approximately 11:30 a.m., the RN stated, "I did not know! I had to supervise the		21		DE TOILINGT)	
p.m., the RN stated, "I didn't know I had to do the initial medication assessments." R 801 Sec. 903 1 On-Site Review. (1) Supervise the administration of medications by Trained Medication Employees; Based on record review and interview, the ALR failed to arrange an on sight review by a register nurse to supervise the administration of medications every forty-five (45) days. The finding includes: On September 16, 2014, at approximately 1:15 p.m., a review of administration records revealed no documented evidence that the facility's RN had supervised the TME during medication administration. Further review of the administrative records identified the following: a. Medication orders were transcribed by the TME's; b. Multiple MAR's were missing signatures; and c. Resident #2's September, 2014 MAR failed to evidence fingerstick results and insulin dosages. During an interview with the RN on September 19, 2014, at approximately 11:30 a.m., the RN stated, "I did not know I had to supervise the	no documented eviden medication assessmer During an interview wit	it had been conducted. In the facility's RN on	R 781		
by Trained Medication Employees; Based on record review and interview, the ALR failed to arrange an on sight review by a register nurse to supervise the administration of medications every forty-five (45) days. The finding includes: On September 16, 2014, at approximately 1:15 p.m., a review of administration records revealed no documented evidence that the facility's RN had supervised the TME during medication administration. Further review of the administrative records identified the following: a. Medication orders were transcribed by the TME's; b. Multiple MAR's were missing signatures; and c. Resident #2's September, 2014 MAR failed to evidence fingerstick results and insulin dosages. During an interview with the RN on September 19, 2014, at approximately 11:30 a.m., the RN stated, "I did not know I had to supervise the	p.m., the RN stated, "I initial medication asses	didn't know I had to do the sments."	R 801		
, , , , , , , , , , , , , , , , , , ,	(1) Supervise the admost by Trained Medication Based on record review failed to arrange an on nurse to supervise the medications every forty The finding includes: On September 16, 201 p.m., a review of admin no documented evidenhad supervised the TM administration. Further administrative records a. Medication orders we TME's; b. Multiple MAR's were c. Resident #2's Septeme vidence fingerstick resulting an interview with 19, 2014, at approxima stated, "I did not know its series of the same stated of the supervise the administrative records and the same stated of the same supervise the administrative records and the same supervise that same supervise the same supervise that same supervise the same supervise that same supervise the same supervis	ninistration of medications Employees; v and interview, the ALR sight review by a register administration of five (45) days. 4, at approximately 1:15 istration records revealed be that the facility's RN E during medication review of the dentified the following: ere transcribed by the missing signatures; and mber, 2014 MAR failed to sults and insulin dosages. In the RN on September tely 11:30 a.m., the RN		The RN has supervised all TME's during medication administration. All residents had the potential to be affected by this violation. The RN will conduct TME supervision during medication administration not less than every 45 days.	