STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR-0031	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

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R 000	Initial Comments 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 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)	R 000	RECEIVED DEC - 3 2014	

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R 000	Continued From page 1 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 a one page document that did not include the language regarding the appeal process. 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.	R 000	Please refer to tag R544 Sec. 608d Discharge and Transfer on page 15 of this plan of correction.	

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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.	R 000		
R 203	Sec. 501b Standard Of Care (b) In order to promote resident independence and aging in place in a residential setting, at a minimum, an ALR shall offer or coordinate for payment 24 hour supervision, assistance with scheduled and unscheduled activities of daily living, and instrumental activities of daily living as needed, as well as provision or coordination of recreational and social activities and health services in a way that promotes optimum dignity and independence for the residents. Based on interview and observation, the ALR failed to provide recreational activities for one (1) of 10 residents. (Resident #6) The finding includes: On September 16, 2014, an observation of the facility, starting at approximately 10:00 a.m., revealed that there were no activities being provided for the residents. During an interview with Resident #6 on September 16, 2014, at approximately 10:30 a.m., Resident #6 stated, "We don't have activities here."	R 203	As of September 1st a new Administrator for the facility has been hired. Previous administrator violated established company policy. Sec. 501b Standard of Care An activities calendar has been developed and implemented. All residents had the potential to be affected by this violation. Activities calendars will be developed each month prior to the month's start and will be implemented by designated staff members. A copy of the calendar will be distributed to the residents. The Administrator will review each calendar before it is posted and has designated a group of staff members to oversee the implementation of the scheduled activities.	Ongoing 09/17/2014 Ongoing Ongoing

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R 292	Continued From page 4 seizures; - Polyethylene glycol 3350 oral powder, p.o., QD, as needed for constipation; - Colace 100 mg, 1 cap, p.o., BID;[stool softener]; - Keppra 500 mg, 3 tabs, p.o., BID [for seizure disorder]; - Trileptal 150 mg, 3 tabs, p.o., BID [for seizure disorder]; and - Discontinue Nicotine Patch 7 mg/24 hours, 1 patch, QD for smoking cessation. Review of the September 2014 MAR failed to evidence that Tylenol, Ativan, Polyethylene glycol and Colace, were transcribed and/or administered. Keppra 500 mg was administered only once a day on September 2-4, 2014; Trileptal 150 mg was administered only once a day on September 1- 3, 2014. Additionally, the Nicotine patch was administered September 1-4, 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 physician to get current medication orders and order any medications needed from the pharmacy." 2. On September 18, 2014, at approximately 10:15 a.m., review of Resident #2's record revealed a September 2014 MAR which documented the following: Check blood sugar [fingersticks]: - Every day @ 6:00 a.m., 6:30 p.m., and 9:00 p.m.; - 12:30 p.m. on Monday, Wednesday and Friday; - 2:00 p.m. on Tuesday, Thursday and Saturday.	R 292	There are current prescriptions to administer medications on weekends and holidays for Resident #3. TMEs received training on observing Accu checks and proper documentation of results. We have contacted Omnicare pharmacy to provide additional support and training. All residents had the potential to be affected by this violation. The RN will review resident doctor's orders weekly to ensure accuracy of medications and treatments. The management company will conduct monthly audits of documents, policies and files at the monthly visits to the facility. The administrator will on a weekly basis perform file/record audits. Documentation of these audits will be filed on site. In order to be eligible for the Medicaid EPD waiver all residents must have a nursing home level of care. It is at the Administrator's discretion if the Facility can meet the needs of the resident. The administrator will arrange for third party services that can be provided as per licensing regulations.	9/25/2014 10/4/2014 10/28/2014 Ongoing Ongoing Ongoing Ongoing Ongoing

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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 montior the resident's blood sugar levels, the RN indicated, "I will make sure the resident documents his/her fingerstick results." 3. On September 18, 2014, at approximately 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 September 18, 2014, at approximately 10:45	R 292	A communication policy has been put in place addressing communication with third party providers.	Ongoing

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R 292	Continued From page 6 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 Polyethylene golycol.	R 292		

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R 292	Continued From page 7 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 record revealed a physician order dated September 17, 2014, which decreased the Atovastatin Calcium to 10 mg one tab, by mouth, Qhs. The record failed to evidence that the resident's Atovastatin Calcium was decreased from 80 mg to 10 mg. 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 September 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] - Furosemide 20 mgs by mouth every day [a	R 292	The previous administrator did not receive progress notes from the PT company involved in resident #4's care. Going forward the Third Party Communication Policy referred to previously will be followed.	Ongoing

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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 [for 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 pharmacy."

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R 393	Continued From page 9	R 393		
R 393	Sec. 509c Abuse, Neglect, and Exploitation. (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. 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). 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 report abuse, neglect and exploitation conspicuously in the employee and public area of the facility. During an interview with the ALA on September 16, 2014, at approximately 10:55 a.m., the ALA stated, "We will post a sign."	R 393	Sec. 509c Abuse, Neglect and Exploitation. Signs regarding the requirement to report abuse, neglect and exploitation were posted conspicuously in the employee and public area of the facility. All residents had the potential to be affected by this violation. A quarterly review of posting will be conducted by the Administrator or a designee to ensure that all required postings are in place.	9/16/2014 Ongoing
R 409	Sec. 601e1 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) The findings include: 1. On September 16, 2014, at approximately	R 409	Sec. 601e1 Admissions 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 Resident #1 has recently changed PCP, a request has been sent to receive updated H/P.	9/16/2014

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R 409	Continued From page 10 10:10 a.m., a review of Resident #1's record revealed an admission date of June 25, 2014. Further review of the record revealed a history and physical which the physician signed twice (November 18, 2013 and June 2, 2014). The physician documented that the resident requires 24 hour skilled nursing. 2. On September 16, 2014, at approximately 11:15 a.m., a review of Resident #2's record revealed an admission date of August 27, 2014. Further review of the record revealed a history and physical with a physician signature of May 12, 2014. The physician documented that the resident requires 24 hour skilled nursing. During an interview with the facility's RN on September 19, 2014, at approximately 1:30 p.m., the RN indicated, s/he would contact the resident's physicians to clarify the residents needs.	R 409	Resident#2 has received a new PCP, H/P still reflects the need of skilled nursing d/t banded AV Graft. Resident has limited dexterity and needs assistance with ADLS and medications. Skilled nursing services are currently in place. Residents #1 and #2 had the potential to be affected by this violation. The Administrator and the RN will review move-in paperwork prior to all move-ins to assure that no one is admitted if there is an indicated need for more than intermittent skilled nursing care.	10/21/2014 Ongoing
R 471	Sec. 604a1 Individualized Service Plans (a)(1) An ISP shall be developed for each resident prior to admission. Based on record review and interview, the ALR failed to develop an pre-admission ISP for ten (10) of ten (10) residents. (Residents #1, #2, #3, #4, #5, #6, #7, #8, #9 and #10) The findings include: 1. On September 16, 2014, at approximately 10:10 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 pre-admission ISP.	R 471	Sec. 604a1 Individualized Service Plans It is the policy of this community to develop an ISP for residents prior to admission. ISP's have been developed for residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10 and will be reviewed in 30 days. All residents had the potential to be affected by this violation. A nurse will develop an ISP for residents prior to move-in and the ISP will be signed by a Nurse Practitioner or Doctor prior to implementation.	10/4/2014 Ongoing

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R 471	Continued From page 11 2. On September 18, 2014, at approximately 10:15 a.m., a review of Resident #2's record revealed an admission date of August 27, 2014. Further review of the record failed to evidence a pre-admission ISP. 3. On September 18, 2014, at approximately 11:15 a.m., a review of Resident #3's record revealed an admission date of September 2, 2014. Further review of the record failed to 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	R 471	The RN, along with the resident's healthcare practitioner and the resident or surrogate, will reviewed all ISPs at the end of 30 days from the date the ISP was created and will be verified by the Administrator. ISPs will be audited by the management company during the monthly visits.	Ongoing

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R 471	Continued From page 12 revealed an admission date of July 22, 2014. Further review of the record failed to evidence a pre-admission ISP. 9. On September 18, 2014, at approximately 2:00 p.m., a review of Resident #9's record revealed an admission date of September 4, 2014. Further review of the record failed to evidence a pre-admission ISP. 10. 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 pre-admission ISP. During an interview with the ALA on September 16, 2014, at approximately 1:00 p.m., the ALA stated, "I know ISP's are not done but I'm working on them."	R 471		
R 483	Sec. 604d Individualized Service Plans (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 ISP's were completed 30 days after admission for four (4) of four (4) residents in the sample. (Residents #1, #4, #8 and #10)	R 483	Sec. 604d Individualized Service Plans It is the policy of this community that ISP are reviewed 30 days after admission and at least every 6 months thereafter. Previous Administrator violated established company policy. The ISP have been reviewed for resident #1, #4, #8 and #10. Residents #1, #4, #8 and #10 had the potential to be affected by this violation. ISPs will be reviewed 30 days after admission and at least every 6 months thereafter by the RN the resident's healthcare practitioner and the resident or surrogate. The administrator and the management company will audit the ISPs monthly.	10/4/2014 Ongoing

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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."	R 483		
R 524	Sec. 607a3 Services To Be Provided (3) A variety of fresh and seasonal foods, adapted to the food habits, preferences, and physical abilities of the residents; Based on interview and observation, the ALR failed to provide fresh fruits and vegetables for ten (10) of ten (10) residents in the sample.(	R 524	Sec. 607a3 Services to be Provided Fresh fruits and vegetables were purchased from the local grocery while looking for a local vendor.	9/17/2014

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R 524	Continued From page 14 Resident #1, #2, #3, #4, #5, #6, #7, #8, #9, and #10) The finding includes: During an interview with Resident #6 on September 16, 2014, at approximately 10:30 a.m., Resident #6 stated, "The food is OK but they don't give us fresh fruits and vegetables. Everything is from a can." 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 stated, "We are looking for a vendor to supply us with fresh fruits and vegetables."	R 524	All residents had the potential to be affected by this violation. The Administrator will insure that fresh fruits and vegetables are served daily. A new food vendor is being evaluated as well as replacement of the existing cook.	9/17/2014 Ongoing
R 544	Sec. 608d Discharge And Transfer. (d) Before a resident may be discharged on an involuntary basis, the ALR shall provide 30 days written notice to the resident and surrogate of the planned discharge, and make arrangements for the discharge in consultation with the resident, the surrogate, and the healthcare provider. Any involuntary discharge shall conform to the notice and process established in title III of the Health-Care Protection Act. 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 #2) The findings include: On October 3, 2014, Resident #2 signed a	R 544	Sec 608d Discharge and Transfer The notice given to resident #2 has been rescinded. The resident's right to challenge was left with the resident on 9/30/2014 and the discharge notice and the right to challenge was discussed with the resident at the time. Resident #2 had the potential to be affected by this violation Resident discharge notices will be given 30 days in advance with clear documentation as to reason and time frame. The resident's right to challenge will be provided at that time.	10/23/2014 Ongoing

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R 544	Continued From page 15 discharge notice issued by the ALR. On October 16, 2014, at approximately 6:51 p.m., review of the discharge notice revealed that the notice failed to disclose or include the following: 1. The resident's right to challenge the facility's decision or the information regarding the appeal process. On October 21, 2014, at approxiamtely 10:00 a.m., review of the signed discharge notice revealed a one page document that did not include the language regarding the appeal process. During an interview with the adminstrator on October 22, 2014, at 11:17 a.m., the administrator indicated that s/he used a form from his/her company and the not the required District of Columbia form entitled "Notice of Discharge or Transfer to CRF or Assisted Living Residence." 2. The required thirty (30) day notice. Review of the discharge notice revealed that the dates on the document were overwritten and unclear. On October 22, 2014, at 12:00 p.m., an interview with the ALA and the management company confirmed that the discharge notice dates were revised by writing directly over the initial dates written.	R 544	A copy of the discharge notice will be placed in the resident's records and a copy will be sent to the ombudsman, the Department of Health, DC Department of Healthcare Finance Medical Assistance Administration. The name, address, and telephone numbers of the person charged with the responsibility of servicing the discharge, transfer, or relocation will be included with the discharge notice. The proper form prescribed by the mayor has been put in place, the staff has been trained on the procedures and documents to be included when an involuntary discharge has to take place. Notes of the discussions of the discharge panning team will be developed and included in the resident's file. All these documents and notes of discussions will be reviewed by the management agent and copies provided to the license holder, the ombudsman and the Department of Health prior to execution.	ongoing Ongoing Ongoing
R 706	Sec. 802c Medical, Rehabilitation, Psychosocial Assess.	R 706		

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R 706	Continued From page 16 (c) The assessment shall be based on an examination by the prospective resident's primary, licensed healthcare practitioner within 30 days prior to admission. The information obtained from the examination shall include at least the following: Based on record review and interview, the ALR failed to have history and physical examinations conducted thirty (30) days prior to admission for four(4) of ten (10) residents. (Residents #2, #3, #6, and #10) The findings include: 1. On September 18, 2014, at approximately 10:15 a.m., a review of Resident #2's record revealed an admission date of August 27, 2014. Further review of the record revealed a history and physical with a physician signature of May 12, 2014 (seventy-six (76) days prior to admission). 2. On September 18, 2014, ay approximately 11:00 a.m., a review of Resident #3's record revealed and admission date of September 2, 2014. Further review of the record revealed a history and physical signed by the physician on July 16, 2014 (forty-eight (48) days prior to admission). 3. 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 revealed a history and physical with a physician signature of April 14, 2014 (one hundred twenty-two (122) days prior to admission). 4. On September 18, 2014, at approximately	R 706	Sec 802c Medical, Rehabilitation, Psychosocial Assessment It is the community's policy to obtain history and physicals for residents within the 30 days prior to move-in. The previous administrator violated established company policy. New history and physicals have been received from the doctor for residents #2, #3, #6, and #10. Residents #2, #3, #6 and #10 had the potential to be affected by this violation. The Administrator and the RN will verify history and physical dates are within 30 days of move-in before admitting a new resident. The management company will audit H&Ps on a monthly basis.	10/29/2014 Ongoing

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R 706	Continued From page 17 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 706		
R 710	Sec. 802 4 Medical, Rehabilitation, Psychosocial Assess. (4) Confirmation that the applicant is free from communicable TB and from other active, infectious, and reportable communicable diseases; Based on a record review and interview, it was determined the ALR failed to confirm one (1) of ten (10) residents was free from communicable Tuberculosis. (Resident #2) The finding includes: On September 16, 2014, at approximately 11:15 a.m., a review of Resident #2's record revealed an admission date of August 27, 2014. Further review of the record revealed a history and physical dated May 12, 2014. The 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	R 710	Sec. 802.4 Medical, Rehabilitation, Psychosocial Assessment The current history and physical that we received for resident #2 indicates that she is free from communicable TB. All of the residents had the potential to be affected by this violation. The Administrator and the RN will check the history and physicals for indications that the resident is free from communicable TB prior to admitting a new resident. The management company will audit these files monthly.	10/28/2014 On going

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R 710	Continued From page 18 the resident's TB status going forward."	R 710		
R 711	Sec. 802 5 Medical, Rehabilitation, Psychosocial Assess. (5) Current medication profile and projected and other needed medications, treatments and service; review of nonprescription drugs and review of possible adverse interactions; Based on record review and interview, the ALR failed to ensure that one (1) of ten (10) residents history and physical documented the resident's current medications. (Resident #2) The finding includes: On September 16, 2014, at approximately 11:15 a.m., a review of Resident #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."	R 711	Sec. 802 5 Medical, Rehabilitation, Psychosocial, Assessment A current medication list was obtained for resident #2. Resident #2 had the potential to be affected by this violation The RN and Administrator will verify that there is a current med list on the history and physical prior to admitting a new resident. The management company will audit these files monthly.	10/28/2014 Ongoing
R 781	Subheading Responsibilities Of The ALR Personnel Sec. 901. Responsibilities of the ALR personnel in medication management. An ALA shall ensure that an initial assessment identifies whether a resident: Based on record review and interview, the ALR	R 781	Subheading Responsibilities of the ALR Personnel Medication management assessments have been conducted on residents #1, #2, #3, #4, #5, #6, #7, #8, #9, and #10 All residents had the potential to be affected by this violation.	10/22/2014

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R 781	Continued From page 19 failed to ensure an initial assessment was conducted to identify ten (10) of ten (10) residents' needs in the area of medication management. (Residents' #1, #2, #3, #4, #5, #6, #7, #8, #9 and #10) 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 revealed there was no documented evidence that an initial medication assessment had been conducted. 2. On September 18, 2014, at approximately 10:15 a.m., a review of Resident #2's record revealed an admission date of August 27, 2014. Further review of the record revealed there was no documented evidence that an initial medication assessment had been conducted. 3. On September 18, 2014, at approximately 11:15 a.m., a review of Resident #3's record revealed an admission date of September 2, 2014. Further review of the record revealed there was no documented evidence that an initial medication assessment had been conducted. . 4. 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 revealed there was no documented evidence that an initial medication assessment had been conducted. 5. On September 18, 2014, at approximately 1:15	R 781	The RN and the Administrator will ensure that medication management assessments will be conducted with resident prior to admission. The management company will audit these files monthly.	Ongoing

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R 781	Continued From page 20 p.m., a review of Resident #5's record revealed an admission date of August 14, 2014. Further review of the record revealed there was no documented evidence that an initial medication assessment had been conducted. 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 revealed there was no documented evidence that an initial medication assessment had been conducted. 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 revealed there was no documented evidence that an initial medication assessment had been conducted. 8. 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 revealed there was no documented evidence that an initial medication assessment had been conducted. 9. On September 18, 2014, at approximately 2:00 p.m., a review of Resident #9's record revealed an admission date of September 4, 2014. Further review of the record revealed there was no documented evidence that an initial medication assessment had been conducted. 10. 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 revealed there was	R 781		

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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 781		
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 TME's."	R 801	Sec. 903 1 On-Site Review 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.	10/4/2014 Ongoing