AND PLA	ENT OF DEFICIENCIES IN OF CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER;		CONSTRUCTION	(X3) DATE SURVE COMPLETED
		ALR-0037	B. WING		2000
NAME OF	PROVIDER OR SUPPLIER		4		02/23/201
			DRESS, CITY, ST		
MASS S	SR CARE, LLC T/A THE	RESIDENCES AT 1330 MAS	SSACHUSETT	S AVENUE, NW	
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	STON, DC 200		
PRÉFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL GC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	Contract to the second
R 000	Initial Comments		R 000	per 3	211
	A six-month survey	was conducted from February			,
	16, 2017 through Fe	bruary 23, 2017, to		*	
	determine compliane	ce with the Assisted Living			
	Residence (ALD) no	101.01." The Assisted Living	j.		
	(38) residents and or	ovides care for thirty-eight mploys ninety-five (95)		The Residence	es at Thomas
	employees that inclu	de professional and		Circle files th	ie blee - (
	administrative staff.	The sample size included			
	rour (4) resident reco	ords and nine (9) employee	mi. aaa	Correction fo	r the purposes
	records were selecte	d for review. The findings of		of regulatory	compliance.
	the survey were base	ed on observations, record		The facility is	submitting this
1	reviews, and interview	ws.		document to	comply with
1	Listed below and all		2	applicable lav	v and not as an
	the body of this repor	reviations used throughout		admission or	and not as au
į.	ALA-assisted living a	dministrator	3.5 m	admission or	
1	ALR assisted living	residence		agreement of	
1	BID - twice a day	residence		practices ther	ein,
- 3	CNA certified nursil	ng assistant			
1	EMR electronic me	dical record			
	DON director of nur	rsing			u u
í	GI gastrointestinal	system			
	HR-human resource	es			
j	HTN hypertension ISP individualized s		0.0		
1	mcg - micrograms	ervice plan			
Ĺ	mi milliliter				3
	RNregister nurse				-
	PDA private duty ai	ide	A2		2
11	po by mouth	. 1			
1.5	QAM every morning				
	tab-tablet	n fl			
11	TAR - treatment admi	inistration record			
1	TMEtrained medicati JTI urinary tract infe	on employee			
1	or i - unitary bact infe	CUONS			
R 272 G	Sec. 503.1 Dignity.		30		
	bec. 503. Fillighity,	1	R 272		E 2
	(1) A safe, clean, con	nfortable, stimulating, and			
1 Kellingti	nn & Liconcina Admiliation				Harland St. Transition
CALORXO	C PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNAT	TURE	TITLE	11.
111	1) and 1	Iller &	VO. T	7	2 / 5 (X6) DATE
FORM		0499	X Pruly	M WINCO	If continuation sheet

Health	Regulation & Licensia	ng Administration			FORM APPROVED
STATEME	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A, BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	CLARIES .	ALR-0037	B. WING	and other property of the second	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE ZIP COOF	02/23/2017
MASSS	OR CARE,LLC T/A THE	RESIDENCES AT 1330 MA	SSACHUSETT GTON, DC 200	S AVENUE, NW	
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES	100,00 200	PROVIDER'S PLAN OF CORRECT	TON T
TAG	REGULATORY OR LS	MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	II D DE
R 272	- The pay		R 272	The same of the sa	Attitude of the property of
2	use personal belong possible;	ent allowing the resident to lings to the greatest extent		*	2/24/47
	Based on observation falled to ensure cher away from fourteen (residents on the mer	on and interview, the ALR staff micals were safely stored (14) of fourteen (14) mory care unit.		 Cabinet d Memory (kitchen w. 	Care as fixed
	The finding includes:		#1 #1	day the pr	d the same oblem was
	kitchen with a missing revealed that the cab	7, at 11:00 a.m., observation unit revealed a cabinet in the g door. Further observation inet was unsecured and a mechanical dish detergent hemicals.) 3	identified. 2. Staff will b serviced as requirement report mail	e re- in- to the nt to
	with the assisted living	7, at 11:10 a.m., interview g manager revealed that all nemory care unit have some		concerns the reception to contact maintenance	onist and
V	with the director of ma	, at 11:15 a.m., interview intenance revealed that he dish washing chemicals p.	E.	safety conce identifying a concern, 3. Plant Operat	safety
re	eplacing this missing	at the time of the survey this deficient practice by cabinet door and applying a s secure from residents.		Director or d will conduct rounds, docu findings, and	lesignee monthly ment
R 292 S	ec. 504.1 Accommod	lation Of Needs.	R 292	to the QA Co	mmittee
in	id treatment with real	e and appropriate services sonable accommodation of references consistent with all and mental capabilities	101 <u>K</u> 11	for review, evaluation, ar approval.	nd ntinuation sheet 2 of 17
1 591	ma, are ricalli or salety	of other residents;			2004 2 OF 17

Health	Regulation & Licensia	ng Administration				FORM A	PPROVED
STATEME	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I	E CONSTRUCTI		(X3) DATE S	
		ALR-0037	B, WING			:-	
NAME OF	PROVIDED OF GUODIES	A				02/23	/2017
	PROVIDER OR SUPPLIER	4000 1440		STATE, ZIP CODE		16	
MASS S	R CARE,LLC T/A THE	RESULENCES AT	STON, DC 2	TS AVENUE	NW	=	
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES)D	1 L		Fig.	
PRÉFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG		Resident #1 expired on 2/22/17.	Control of the contro	(X5) COMPLETE DATE
R 292	Continued From pa	ge 2	R 292	*	Residents receiving		
	1	view and interview, the ALR			wound care will be	į.	4/04/47
	failed to (1) ensure	a physician order was			assessed to ensure	+	4/21/17
	followed as prescrib	ped; and (2) inform a physician			that the Treatment	4	
	of important resider	nt information for two (2) of			Administration	1	
	and #3)	the sample. (Resident #1			Records (TARs) and		
					Nurses' Notes show		
	The finding includes	s:			evidence that the		
	I The ALD feiled to					-	
	physician's order wa	provide evidence that a as performed as prescribed,			ohysician orders are	-	
	projection of day we	as performed as prescribed,			properly		
	On February 16, 20	17, at 12:30 p.m., review of			mplemented as		
1	Resident #1's clinica	al record revealed a wound			prescribed. Licensed		
	physician ordered th	ptember 7, 2016. The			Nurses will be re-in-		
1	care: cleanse left lov	wer leg with normal saline.			serviced on physician	Ī	
į	then apply med hone	ey algate, and wrap with kling		0	order review to		
1	revealed nursing not	Further review of the record			ensure appropriate		
İ	September 7, 2016 I	through September 30, 2016,		C	orders are carried		
	that lacked documer	nted evidence the wound care		C	out for residents.	1	
į	was provided from S	eptember 10, 2016 through		\	/ariations in orders		
1	September 20, 2016			(V	will be clarified with	1	
ı	On February 16, 201	7, at 1:50 p.m., interview	į	ŗ	hysician.	1	
- 1	with the DON reveals	ed that the nurses should		2 Ancie	stad Liulna	[
	have provided the af	prementioned wound care as			ited Living		1
1	prescribed.	1	1		ager or designee	1	
	At the time of the sur	vey, the ALA failed to ensure			review orders,		1
	physician orders wer	e implemented as			s, wound sheets		i
	prescribed.	l l			weekly basis.		-
	II. The nursing staff f	alled to inform the physician			repancies will be	74/	
1	of drug to drug intera	ictions.			stigated and		
1					essed as	4	
	Review of Resident #	f3's clinical record, on		appr	opriate to		
	multiple notes that id-	t 1:40 p.m., revealed entified possible drug to drug		ensu	re correct		
aith Regulai	tion & Licensing Administr	ation		treat	tment and		
ATE FORM		688	29 IÇ	accu	rate	Houation :	heet 3 of 17
				docu	mentation. AL		-1-91 0 01 17
				Man	ager will		
				docu	iment findings		
				and	report monthly		

to the QA Committee for their review, evaluation, and

Health	Regulation & Licensia	ng Administration			FORM	APPRO\
	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE	SURVEY
		AL D 0007				
		ALR-0037	B. WING		02/2	3/2017
AME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
MASS S	R CARE,LLC T/A THE	RESIDENCES AT 1330 MA WASHIN	SSACHUSET GTON, DC 2	TS AVENUE, NW		
(X4) ID PREFIX TAG	(EAGH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED OF THE AP	ILD BE	(X5) COMPLE DATE
R 292	Continued From page	ge 3	R292	DEPO(ENCY)		
	interactions with sor prescribed medicati	me of the resident's routinely ons:	lt.	745	**	
	- On December 14,	2016, the facility's EMR	- 1.	Resident #3 did not		
	system identified the	following possible drug to		have any negative		
	drug interaction:			impact.		3
	Trazodone HCI 50 n	ng, one (1) tab po for	2.	Nurses have been re-		
	insomnia and Sertra	line HCl 25 mg, one (1) tab ty. The EMR identified that		in-serviced to focus		
	Trazadone and Serti	raline may lead to the		on identifying		
	development of sero	tonin syndrome.		possible drug to drug	1	
1	Asprin 81 ma, one (1	1) tab po for arteriosclerotic		interaction of		
f	heart disease and Se	leart disease and Sertaline HCI 25 mg, one (1)		routinely prescribed	1	
	tab po for general an	xiety. The EMR identified or GI bleed may be increased		medication on a daily basis on review of		
	with concurrent admi	inistration of Asprin and		EMR system. Nurses		
	Sertaline.			will contact physician		
				upon identifying		· ·
	- On January 18, 201	7, the facility's EMR system		drug to drug	.	
	identified the followin interactions:	g possible drug to drug		interaction.		
1	myor actions:		3.	AL Manager or		
	Digoxin 125 mcg, one	e tab po QAM for arterial		designee will		
	nbromuscular dysplas (1) tab po for anxiety	sia and Ativan 0.5 mg, one	1.71	implement audit tool		
1	dentified that Digoxin	may increase the effects of		to monitor EMR and		
1	Ativan.			ensure that any		
	On February 1, 2017	7, the facility's EMR system		further notifications		
K	dentified the following	possible drug to drug		are reported to the	į į	
10	nteractions:			MD accordingly. AL	1	
E	Bactrim DS 800-160 r	ng, one tab po BID for UTI		Manager will report		
a	and Linsinopril 20 mg	one tab po OAM for HTN		findings to the QA		
a	rrhythmia may occur	ntified that possibly cardiac with the combination of	2	Committee for		
8	lactrim and Linsinopr	il.		review, evaluation,		
Regulation	on & Licensian Administra	DE COL		and approval.	1	

Health	Regulation & Licensia	g Administration			FOR	M APPROVED
AND PLA	ENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG:		TE SURVEY MPLETED
		ALR-0037	B. WING		02	/02/0047
NAME OF	PROVIDER OR SUPPLIER	STREETA	DDRESS, CIT	Y. STATE, ZIP CODE	1 02	/23/2017
MASS	SR CARE,LLC T/A THE	RESIDENCES AT 1330 MA	SSACHUS	ETTS AVENUE, NW		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	GTON, DC ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPR	HORE	(X6) COMPLETE DATE
R 292	Continued From pa	ge 4	R 292	DEFICIENCY)		
	documented eviden made aware of the interactions.	e resident's record tacked ce that the physician was aforementioned drug to drug				
:	with the assisted livi	17, at 2:00 p.m., interview ng manager revealed that the ne physician of the drug to				
	At the time of the suit a physician of drug to	vey, the ALR failed to inform ordrug interactions.				
R 473	Sec. 604a3 Individua	lized Service Plans	R4.73			
	practitioner using info assessment. Based on record revi failed to have an ISP	ew and interview, the ALR written by a healthcare		Resident expired on 2/22/17. AL Manager will review ISP with		4/21/17
	The finding includes:			healthcare practitioner for	30	
	Resident #1's clinical pre-ISP dated July 6.	2016. The pre-ISP lacked that it had been written by	3.	signature prior to resident acceptance and admission. Al manager will	i.	
	with the assisted living would ensure that hea all pre-ISP's going for		16	audit, document findings, and present to the QA Committee for review,		
ĺ	At the time of the surv	ey, the ALR failed to ensure -ISP was written by a	1	evaluation, and approval.		

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED ALR-0037 B. WING 02/23/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1330 MASSACHUSETTS AVENUE, NW MASS SR CARE, LLC T/A THE RESIDENCES AT WASHINGTON, DC 20005 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) R 473 Continued From page 5 R 473 healthcare practitioner. R 481 Sec. 604b Individualized Service Plans R 481 (b) The ISP shall include the services to be 1. Resident #1 expired 4/21/17 provided, when and how often the services will be provided, and how and by whom all services will on 2/22/17. be provided and accessed. Residents #2 and #3 Based on record review and interview, the ALR had their ISP failed to ensure ISPs included when, how often, corrected to include and by whom services will be provided for three (3) of four (4) residents in the sample. (Residents who, when, and how #1, #2 and #3) often the services would be provided. The findings include: 2. Al Manager will 1. On February 16, 2017, at 11:00 a.m., review of specify in future ISPs Resident #1's medical record revealed ISPs who, when, and how dated July 7, 2016, August 15, 2016 and February 13, 2017. The ISPs lacked documented often services are evidence of who, when, and how often bathing, provided including hygiene, dressing, transportation, mobility, private aide and continence, wound care, fall risk, hospice and companion services were to be provided. hospice services. 3. AL Manager will 2. On February 21, 2017, at 10:45 a.m., review monitor of Resident #2's medical record revealed ISPs dated August 12, 2016 and November 21, 2016. documentation to The ISPs lacked documented evidence of who, ensure that ISP s are when, and how often bathing, hygiene, dressing, reflective of resident transportation, mobility and private duty aide health status. AL services were to be provided. Manager will review On February 21, 2017, at 1:30 p.m., review of nurses' notes to Resident #2's medical record revealed ISPs dated July 6, 2016 and August 28, 2016. The support ISP ISPs lacked documented evidence of who, when, documentation, AL and how often bathing, hygiene, dressing, Manager will transportation, and mobility services were to be document findings Health Regulation & Licensing Administration and present monthly STATE FORM to the Quality flon sheet 6 of 17 Assurance Committee for review, evaluation.

and approval.

Health	Regulation & Licensi	ng Administration			FORM	MAPPROVED
STATEME AND PLAI	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION 3:	(X3) DAT	E SURVEY
		ALR-0037	B. WING		02	/23/2017
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY.	STATE, ZIP CODE		23/2017
MASS S	R CARE,LLC T/A THE	RESIDENCES AT 1330 MAS	SSACHUSE	ITS AVENUE, NW		
		WASHING	STON, DC 2	0005		
(X4) ID PREFIX TAG	! (EACH DEFICIENC!	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
R 481	Continued From pa	ge 6	R 481			i
	provided.					1
	with the assisted liv would include who.	17, at 2:00 p.m., interview ing manager revealed that he when and how often services o all ISPs going forward.	ï	,		
	who, when, and how	rivey, the ALR failed to include voften all services were to be rementioned residents.		Er.		
R 483	Sec. 604d Individua	lized Service Plans	R 483			
	admission and at least The ISP shall be upon is a significant change. The resident and, if it is shall be invited to pareassessment. The reast an interdisciplinary to resident's healthcare the resident's surrogate. Based on record revisalled to update an IS and the ISP and	review shall be conducted by earn that includes the practitioner, the resident, ate, if necessary, and the lew and interview, the ALR SP with a significant change residents in the sample	1.	Resident #1 expired on 2/22/17. Residents #2 and #3 had their ISP updated to reflect their current health status as required. No adverse impact noted on residents as they receive necessary care.		4/21/17
t c	Resident #1's medica esident was admitted 2016. Further review the resident started re one (1) to two (2) time	017, at 12:30 p.m., review of all record revealed that the did to the residence on July 5, of the record revealed that eceiving hospice services as a week on July 21, are record also revealed ISPs ugust 15, 2016 and				
Regulati E FORM	on & Licensing Administra					
		689	9 10	1K11	lå amatin er et	

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	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE	SURVEY
. – "		DEGLIN IONION NOMBEK	A, BUILDING	3:		PLETED
		ALR-0037	B. WING		00%	23/2017
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY.	STATE, ZIP CODE	021	43/201/
MASS S	R CARE,LLC T/A THE			TTS AVENUE, NW		
		WASHING	STON, DC 2	20005		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLE DATE
R 483	Continued From pa	ge 7	R 483	- 11		-
-		The ISPs, however, lacked	11.400	2. AL Manager will		ĺ
	documented eviden	ce they had been updated		update ISPs upon	-(
İ	with the hospice ser	vices.		significant change in	i i	
	On February 16, 20	17, at 2:00 p.m., interview		residents' health		
į	with the assisted livi	ng manager revealed that he		status. Al Manager		
-	over looked updating	g the resident's ISPs with the		will review the		
	hospice services,			Assisted Living		
	2. On February 21, 2	2017, at 10:45 a.m., review of		Regulation Manual		
	Resident #2's medic	al record revealed that the		to promote		
	resident was admitted	ed to the residence on March view of the record revealed		compliance.	*	
- 1	that the resident had	a decline in functional		Significant changes	æ s	
10	mobility and ambulat	tion secondary to fall a on		will be documented		
	September 11, 2016 record revealed that	Continued review of the		in the tracking	Y (
	receiving physical the	erapy services three (3)		instrument that will	2	
	times a week for four	r (4) weeks on September		be made available to		
113	13, 2016. Additionally	y, the record also revealed		the nurses. AL		
	2016. The ISPs how	2016 and November 21, rever, lacked documented		Manager revised		
1	evidence they had be	een updated with the physical		tracking instrument		
1	therapy services.	, , , , , , , , , , , , , , , , , , , ,		to document and		
	3. On February 21, 2	017, at 1:40 p.m., review of		track qualifying		
1 1	Resident #3's medica	il record revealed that the		incidents to be		
1	esident was admitted	d to the residence on July		compliant with ISP		
1 2	28, 2016. Further rev	iew of the record revealed receiving PDA services	ì	documentation. AL		
t	wenty-four hours a d	ay seven days a week that	1	Manager or designee		
S	started in November :	2016. Additionally, the		will re-educate	ki.	(2)
17	ecord also revealed	ISPs dated July 6, 2016 and		nursing staff on the		
d	locumented evidence	ISPs, however, lacked they had been updated	1	importance of		
V	vith the PDA services).		reporting and		
6	On February 24 2045	7 of 2/20 n = 1.1		documenting in		
N	with the assisted living	7, at 2:30 p.m., interview g manager revealed that he		clinical records		
W	vill update all residen	ts ISPs with significant		changes in condition.	AT:	
Regulation	on & Licensing Administra	ition		3. AL Manager will		
FURM		585	90 10		54	sheet 8 of
				findings and present	3	
				monthly to the QA		
				Committee for	51	
				review, evaluation	21	44

and approval.

PRINTED: 03/10/2017 FORM APPROVED

Health	Regulation & Licensin	ng Administration			FORM	APPROVED
STATEME	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION		SURVEY
		ALR-0037	B, WING	man in the second of the secon	026	22/2047
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY.	STATE, ZIP CODE	1 02/2	23/2017
MASSS	OR CARE,LLC T/A THE	RESIDENCES AT 1330 MAS WASHING	SACHUSET STON, DC 2	TTS AVENUE, NW 0005		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	I D BE	(X5) COMPLETE DATE
R 483	Continued From pa	ge 8	R 483			
	changes going forw	ard.				
	At the time of the su the aforementioned significant changes.	rvey, the ALR falled to update residents' ISPs with their		*		
R 611	Sec. 701i Staffing S	andards,	R611			. 1
	section "ongoing trainscheduled program the ALR to assure the resident contact posprovide high quality appropriate to the phand includes staff trachanges in a resident physical and cognitive Based on record revifailed to: (1) ensure the policy provided appropriate to the phand includes and (2) ensure staff in fall for possible changes in a resident for possible changes in a resident fall for possible changes in the findings include: In The ALR failed to pure staff in and Pressure Staff in and Pressure Staff in accordance with the Advisory Panel, presidefined as follows: "Stage I Pressure Injulocalized area of non-	illosophy of assisted living ining in how to monitor t's condition, including e assessments. ew and interview, the ALR he "Skin and Pressure Sore" opriate information consistent pted standards of practice monitored residents after a ges in condition. rovide evidence that the tore" policy included current of practice. e National Pressure Ulcer sure injuries (ulcers) were	2. 3.	Skin and Pressure Sore Policy has been revised to include current accepted standards of practice. Nursing Staff has been in-serviced as to the new Skin and Pressure Injury Policy. AL Manager will audit and document compliance with new policy and present findings monthly to the QA Committee for review, evaluation, and approval.		4/21/17

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	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/OLIA IDENTIFICATION NUMBER:	A. BUILDING:	E CONSTRUCTION		E SURVEY
		ALR-0037	B, WING	~		
NAME OF	PROVIDER OR SUPPLIER				02/	23/2017
		****		STATE, ZIP CODE TS AVENUE, NW		
IMASS S	R CARE,LLC T/A THE	E RESIDENCES AT WASHING	STON, DC 20	1005		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPL DATE
R 611	Continued From pa	age 9	R 611	The second secon		
	skin with exposed of viable, pink, or red, as an intact or ruption of the skin, in which adiposed granulation tissedges) are often promay be visible Stage IV - full thicknexposed or directly tendon, ligament, or Slough and/or escholar njury - partial-thickness loss of dermis. The wound bed is moist, and may also present ured serum-filled blister Injury - full thickness loss of ose (fat) is visible in the ulcer sue and epibole (rolled wound esent. Slough and/or eschar the session and tissue loss with palpable fascia, muscle, artilage or bone in the ulcer. ar may be visible" Ulcer Advisory Panel. Ing/resources/educational-and-buap-pressure-injury-stages/ 17, at 1:00 p.m., review of the essure Sore" [undated and realed it failed to adequately ors and guidance for staff to and monitor changes in the otary system, as evident					
1	Stage I - Skin stays removal of pressure abrasion of the epide	red for five (5) minutes after and may develop an ermis.				
S	subcutaneous fat lay	cur) penetrating to the er, the sore is painful and en. If pressure is removed.				

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	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRU	CTION	(X3) DATE SURVEY	
	. U. OUNIEUNON	IDENTIFICATION NUMBER:	A. BUILDING:				PLETED
		ALR-0037	B, WING			02	/23/2017
IAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE ZIP C	ODE	02	23/2017
WASS S	R CARE,LLC T/A THE	4000.00	SACHUSET				
		WASHING	STON, DC 20	005			
(X4) ID PREFIX TAG	EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	(EAC	ROVIDER'S PLAN OF CORRECTION H CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROP DEFICIENCY;	DRF	(X5 COMPL DATE
R 611	Continued From pa	ige 10	R 611	17 17	THE CONTRACTOR OF THE PROPERTY		1
	muscle, the sore m crust (eschar) at its	evelops that cozes or green fluid. Extending into ay develop a black, leathery edges and eventually at the 't painful. Healing may take		11.			
	Stage IV- The sore skin to the bone and include foul drainage extend from the sore elapse before the sore elapse before the sore elapse before the sore elapse before the sore elapse before the sore elapse before the sore elapse before the sore elapse before the sore elapse before the sore elapse before the sore elapse before the sore elapse before the sore elapse before the policy failed to adequand provide guidance assess and monitor integumentary systematicated she would included current accordicate. At the time of the suitant the "Skin and Prosufficient information effectively monitor of integumentary systematically included current and effectively monitor of integumentary systematically included status at the "Neurological status at the "Neurological Monitorial Monitorial Programmentary 21, 2016 he "Neurological Monitorial Programmen	cy lacked documented be for staff to assess and and deep tissue wounds. 17, at 2:00 p.m., interview ed that the aforementioned uately define pressure ulcers are for staff to adequately changes in the residents' m. Additionally, the DON develop a new policy that eptable standards of the essure Sore" policy provided for staff to adequately and manges in residents' m.		2.	Residents #2 and #3 had no negative outcomes. Nurses have been re-educated as to the neuro-check monitoring policy. AL Manager has developed a tracking tool to monitor compliance with said policy. AL Manager will audit, document findings, report findings monthly to the QA Committee for review, evaluation, and approval.		4/21/1

AND PLAI	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY
64		ALR-0037	B. WING	***************************************	001	00/00/7
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE	02/	23/2017
MASS S	R CARE,LLC T/A THI	4		TS AVENUE, NW		
		WASHIN	GTON, DC 20	005		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLI DATE
R 611	Continued From pa	age 11	R 611			
	neurological status after any unwitnessed fall. Additionally, the nurse or supervisor was to assess the residents neurological status " every 15 minutes for 1 hour, every 30 minutes for 1 hour, every 1 hour for 4 hours, and every 4 hours for 24 hours."					
	On February 21, 2017, starti review of the incident reports Resident #2 had four (4) unwitnessed 12, 2016 to October 17, 201	nt reports revealed that				
	Resident #2's media evidence that the nu monitored the resident	17, at 11:30 a.m., review of cal record lacked documented ursing staff or supervisor ent's neurological status in mes in the aforementioned	-			
	review of the incider Resident #3 had a to	2017, starting at 11:30 a.m., nt reports revealed that otal of three (3) unwitnessed or 14, 2016 to November 11,				
e n a	Resident #3's medic evidence that the nu monitored the reside	17, at 1:40 p.m., review of al record lacked documented rsing staff or supervisor ent's neurological status in mes in the aforementioned				
t	with the assisted living the staff did not follow	7, at 2:00 p.m., interview ng manager revealed that w the times to assess status as indicated in the		ži.		

	Regulation & Licensin	ng Administration			1 01(14)	APPROV
	NT OF DEFICIENCIES LOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE	SURVEY
			A BOILDING:	The state of the s		24,25
		ALR-0037	B, WING		02/	23/2017
IAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
AASS SI	R CARE,LLC T/A THE	RESIDENCES AT 1330 MAS	SACHUSETT	IS AVENUE, NW		
		WASHING	STON, DC 20	005		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	(X5) COMPLE DATE
R 682	Continued From pa	ge 12	R 682		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
R 682	Sec. 702c3 Staff Tr	aining,	R 682	9		4/21/1
	an in-service training recognized and created and crea	2017, starting at 2:30 p.m., [assisted living manager] vealed that he was hired on er review of the record lacked be that the training he vering cognitive impairments nationally recognized and but as the Alzheimer's Disease ers Association. 2017, starting at 2:30 p.m., It personnel record revealed and on January 20, 2015. In record lacked documented ining the CNA received in the impairments was nally recognized and the as the Alzheimer's Disease as Association.		 CNA#1 and CNA#2 will receive four hours of training from a nationally recognized and creditable expert. Cognitive Impairments train will be conducted a creditable expe annually. DON or designee review training against AL Regulations, document finding and present to th QA Committee for review, evaluation and approval on monthly basis. 	ning I by rt will gs, ne	
l a	 On February 21, 2 review of CNA #2's p 	2017, starting at 2:30 p.m., ersonnel record revealed				

Health F	Regulation & Licensin	ng Administration			FORM	IAPPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0037			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B, WING		02/	02/23/2017	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	1 027	0212312017	
MASS SI	R CARE,LLC T/A THE	WASHING	SACHUSETT STON, DC 20	S AVENUE, NW 005		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETI GATE
R 682	that the CNA was hired on April 28, 2015. Further review of the record lacked documented evidence that the training the CNA received in 2016 covering cognitive impairments was approved by a nationally recognized and creditable expert such as the Alzheimer's Disease and Related Disorders Association. On February 21, 2017, at 3:00 p.m., interview with the HR manager revealed that the aforementioned training was provided by the executive director. Continued interview with the HR manager revealed she was unaware if the executive director was a creditable expert with Alzheimer's Disease and Related Disorders Association.		R 682			
				an a		
1	At the time of the sui staff training on cogr provided by a credita	vey, the ALR failed to ensure litive impairments was ble expert.		 Resident #1 ex 2/22/17. LPNs have been instructed to 		4/21/17
f	ailed to ensure that t esident's response t orty-five days for fou	dent's response to ew and interview, the ALR the RN assessed the	R 802	discontinue assessment of resident respo to medication this is complet RNs, Nurse Practitioner, a	onses s, as ted by	1
1 1 F	The findings include: On February 16, 26 Resident #1's medical esident was admitted additionally, the reconstitled, "Medication I	017, at 12:30 p.m., review of		Physician Assistance LPNs, RNs, Nu Practitioner, a Physician Assistance have been in- serviced as to guideline.	stant. irse ind stant thís	Continue to the
Regulati	on & Licensing Administra	ation see	in a	3. At Manager we monitor comp with guideline document find and present me to the QA Confor review, evaluation, and	oliance e, dings, nonthly nmittee	et 14 of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED	
	ALR-0037			02/		
IAME OF PROVIDER OR SUPPLIEF	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE			
MASS SR CARE,LLC T/A TH		SSACHUSETT STON, DC 200	S AVENUE, NW			
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLE DATE	
of the resident's rereports also lacked had been conducted. 2. On February 21, Resident #2's med resident was admit Additionally, the resentitled, "Medicatio conducted monthly reports, however, lead to be a conducted had been conducted. 3. On February 21, Resident #3's mediant was admit Additionally, the resident was admit Additionally, the resident was admit Additionally, reports, however, lead the resident's resident's resident's resident was admit additionally. On February 21, 20, with the assisted living managesident's response assessed.	acked documented evidence sponse to medications. The I documented evidence they ad by a RN. 2017, at 10:45 a.m., review of ical record revealed that the ted on March 28, 2005. Cord revealed documents in Review Reports" that were is the medication review acked documented evidence sponse to medications. The documented evidence they do by a RN. 2017, at 1:40 p.m., review of cal record revealed that the ted on July 28, 2016. For revealed documents in Review Reports" that were the medication review acked documented evidence ponse to medications. The documented evidence they documented evidence they	R 802	DEFICIENCY)			

PRINTED: 03/10/2017 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: A. BUILDING: _ COMPLETED ALR-0037 B. WING 02/23/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1330 MASSACHUSETTS AVENUE, NW MASS SR CARE,LLC T/A THE RESIDENCES AT WASHINGTON, DC 20005 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) R 802 Continued From page 15 R 802 every 45 days. On February 17, 2017, at 11:11 a.m., interview with the assisted living manager revealed that the LPN would assess the monthly MAR to ensure all listed medications should be continued, and are current. On February 17, 2017, at 12:40 p.m., the DON, who is the facility's RN, was asked if she ever performed a 45-day medication review. The DON responded, "I have not done any of those reviews." At the time of the survey, the ALR failed to ensure that the RN assessed residents every 45 days for their response to medications. R 812 Sec. 904c Medication Storage R 812 (c) The storage area shall be used only for storage of medications and medical supplies. Based on observation and interview it was revealed that the ALR failed to stored delivered medication in a space only used for medications and medical supplies for one (1) of four (4) residents in the sample. The finding includes: On February 16, 2017, at 3:50 p.m., observation revealed that the front door receptionist gave a package of delivered medications to an aide. The aide then was observed to get in the facility's elevator. On February 16, 2017, at 3:52 p.m., interview with the receptionist revealed residents' medication is sometimes dropped off at the front

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		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
2		ALR-0037	B. WING	The district is the second of	02/23/2017		
NAME OF PROVID	DER OR SUPPLIER	STREET A	DORESS, CITY, S	TATE, ZIP CODE	02/23/2017		
MASS SR CAF	RE,LLC T/A THE	RESIDENCES AT 1330 MA		TS AVENUE, NW			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE GOMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)				
R 812 Con	inued From pa	ge 16	,	The second secon			
them med	ptionist will place of the delivery loations and de	dications are dropped off, the te a call to the unit to notify . The unit's will pick-up the liver them to the nurses it was revealed the	u u	* *	4/21/17		
rece	otionist, nor the	aide, were not a licensed		R812	r		
On F with to usual then and to media she w	ebruary 16, 20 the DON, reveally takes the mestated that the he pharmacist cations at the frould educate the all medication	If, at 4:00 p.m., interview led that the pharmacist edications to the unit. She facility did not have TMEs should not leave the ont desk. She then indicated the receptionist and staff to deliveries to the nurse		 Receptionists been instructed send medication deliveries for Assisted Living Residents to the Assisted Living Facility. Director of New Wrote guideling provided in-set to AL unit staff. Director of Number Will monitor compliance will guideline, doctingliance will guideline, doctindings, and provided in the Quality Assuration Committee for review, evaluation and approval. 	ed to on She he she she ryice f. brsing ith ument bresent e ance		

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