

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0037	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/23/2017
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NAME OF PROVIDER OR SUPPLIER MASS SR CARE, LLC T/A THE RESIDENCES AT	STREET ADDRESS, CITY, STATE, ZIP CODE 1330 MASSACHUSETTS AVENUE, NW WASHINGTON, DC 20005
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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R 000 Initial Comments

A six-month survey was conducted from February 16, 2017 through February 23, 2017, to determine compliance with the Assisted Living Law "DC Code § 44-101.01." The Assisted Living Residence (ALR) provides care for thirty-eight (38) residents and employs ninety-five (95) employees that include professional and administrative staff. The sample size included four (4) resident records and nine (9) employee records were selected for review. The findings of the survey were based on observations, record reviews, and interviews.

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

- ALA--assisted living administrator
- ALR -- assisted living residence
- BID -- twice a day
- CNA -- certified nursing assistant
- EMR -- electronic medical record
- DON -- director of nursing
- GI -- gastrointestinal system
- HR--human resources
- HTN -- hypertension
- ISP -- individualized service plan
- mcg -- micrograms
- ml -- milliliter
- RN--register nurse
- PDA -- private duty aide
- po -- by mouth
- QAM -- every morning
- tab-tablet
- TAR -- treatment administration record
- TME--trained medication employee
- UTI -- urinary tract infections

R 000

The Residences at Thomas Circle files this Plan of Correction for the purposes of regulatory compliance. The facility is submitting this document to comply with applicable law and not as an admission or statement of agreement of deficient practices therein.

3/21/17

R 272 Sec. 503.1 Dignity.

(1) A safe, clean, comfortable, stimulating, and

R 272

Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Mona Allen</i>	TITLE Executive Director	(X6) DATE 3/21/17
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NAME OF PROVIDER OR SUPPLIER
MASS SR CARE, LLC T/A THE RESIDENCES AT

STREET ADDRESS, CITY, STATE, ZIP CODE
**1330 MASSACHUSETTS AVENUE, NW
WASHINGTON, DC 20005**

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R 272 Continued From page 1

homelike environment allowing the resident to use personal belongings to the greatest extent possible;

Based on observation and interview, the ALR staff failed to ensure chemicals were safely stored away from fourteen (14) of fourteen (14) residents on the memory care unit.

The finding includes:

On February 16, 2017, at 11:00 a.m., observation of the memory care unit revealed a cabinet in the kitchen with a missing door. Further observation revealed that the cabinet was unsecured and contained suma nova mechanical dish detergent and suma rinse aid chemicals.

On February 16, 2017, at 11:10 a.m., interview with the assisted living manager revealed that all the residents on the memory care unit have some form of dementia.

On February 16, 2017, at 11:15 a.m., interview with the director of maintenance revealed that he was unaware that the dish washing chemicals needed to be locked up.

It should be noted that at the time of the survey the provider corrected this deficient practice by replacing this missing cabinet door and applying a lock to keep chemicals secure from residents.

R 272

- 4/21/17
1. Cabinet door in Memory Care kitchen was fixed and locked the same day the problem was identified.
 2. Staff will be re-in-serviced as to the requirement to report maintenance concerns through the receptionist and to contact maintenance for any safety concerns upon identifying a safety concern.
 3. Plant Operations Director or designee will conduct monthly rounds, document findings, and report to the QA Committee for review, evaluation, and approval.

R 292 Sec. 504.1 Accommodation Of Needs.

R 292

(1) To receive adequate and appropriate services and treatment with reasonable accommodation of individual needs and preferences consistent with their health and physical and mental capabilities and the health or safety of other residents.

I01K11

If continuation sheet 2 of 17

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**1330 MASSACHUSETTS AVENUE NW
WASHINGTON, DC 20004**

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R 292	<p>Continued From page 2</p> <p>Based on record review and interview, the ALR failed to (1) ensure a physician order was followed as prescribed; and (2) inform a physician of important resident information for two (2) of four (4) resident's in the sample. (Resident #1 and #3)</p> <p>The finding includes:</p> <p>I. The ALR failed to provide evidence that a physician's order was performed as prescribed.</p> <p>On February 16, 2017, at 12:30 p.m., review of Resident #1's clinical record revealed a wound care order dated September 7, 2016. The physician ordered the following wound care: cleanse left lower leg with normal saline, then apply med honey algate, and wrap with kling every three (3) days. Further review of the record revealed nursing notes and a TAR dated September 7, 2016 through September 30, 2016, that lacked documented evidence the wound care was provided from September 10, 2016 through September 20, 2016.</p> <p>On February 16, 2017, at 1:50 p.m., interview with the DON revealed that the nurses should have provided the aforementioned wound care as prescribed.</p> <p>At the time of the survey, the ALA failed to ensure physician orders were implemented as prescribed.</p> <p>II. The nursing staff failed to inform the physician of drug to drug interactions.</p> <p>Review of Resident #3's clinical record, on February 21, 2017, at 1:40 p.m., revealed multiple notes that identified possible drug to drug</p>	R 292

1. Resident #1 expired on 2/22/17.
2. Residents receiving wound care will be assessed to ensure that the Treatment Administration Records (TARs) and Nurses' Notes show evidence that the physician orders are properly implemented as prescribed. Licensed Nurses will be re-inserviced on physician order review to ensure appropriate orders are carried out for residents. Variations in orders will be clarified with physician.
3. Assisted Living Manager or designee will review orders, TARs, wound sheets on a weekly basis. Discrepancies will be investigated and addressed as appropriate to ensure correct treatment and accurate documentation. AL Manager will document findings and report monthly to the QA Committee for their review, evaluation, and approval.

(X5) COMPLETE DATE

4/21/17

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R 292	<p>Continued From page 3</p> <p>interactions with some of the resident's routinely prescribed medications:</p> <p>- On December 14, 2016, the facility's EMR system identified the following possible drug to drug interaction:</p> <p>Trazodone HCl 50 mg, one (1) tab po for insomnia and Sertraline HCl 25 mg, one (1) tab po for general anxiety. The EMR identified that Trazadone and Sertraline may lead to the development of serotonin syndrome.</p> <p>Asprin 81 mg, one (1) tab po for arteriosclerotic heart disease and Sertaline HCl 25 mg, one (1) tab po for general anxiety. The EMR identified that the risk for upper GI bleed may be increased with concurrent administration of Asprin and Sertaline.</p> <p>- On January 18, 2017, the facility's EMR system identified the following possible drug to drug interactions:</p> <p>Digoxin 125 mcg, one tab po QAM for arterial fibromuscular dysplasia and Ativan 0.5 mg, one (1) tab po for anxiety. The EMR system identified that Digoxin may increase the effects of Ativan.</p> <p>- On February 1, 2017, the facility's EMR system identified the following possible drug to drug interactions:</p> <p>Bactrim DS 800-160 mg, one tab po BID for UTI and Linsinopril 20 mg one tab po QAM for HTN. The EMR system identified that possibly cardiac arrhythmia may occur with the combination of Bactrim and Linsinopril.</p>	R292	<p>ii.</p> <ol style="list-style-type: none"> 1. Resident #3 did not have any negative impact. 2. Nurses have been re-in-serviced to focus on identifying possible drug to drug interaction of routinely prescribed medication on a daily basis on review of EMR system. Nurses will contact physician upon identifying drug to drug interaction. 3. AL Manager or designee will implement audit tool to monitor EMR and ensure that any further notifications are reported to the MD accordingly. AL Manager will report findings to the QA Committee for review, evaluation, and approval. 	

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R 292	Continued From page 4 Further review of the resident's record lacked documented evidence that the physician was made aware of the aforementioned drug to drug interactions. On February 21, 2017, at 2:00 p.m., interview with the assisted living manager revealed that the staff did not inform the physician of the drug to drug interaction. At the time of the survey, the ALR failed to inform a physician of drug to drug interactions.	R 292		
R 473	Sec. 604a3 Individualized Service Plans (3) The ISP shall be written by a healthcare practitioner using information from the assessment. Based on record review and interview, the ALR failed to have an ISP written by a healthcare practitioner for one (1) of four (4) residents in the sample. (Resident #1) The finding includes: On February 16, 2017, at 12:30 p.m., review of Resident #1's clinical record revealed a pre-ISP dated July 6, 2016. The pre-ISP lacked documented evidence that it had been written by a healthcare practitioner. On February 16, 2017, at 1:30 p.m., interview with the assisted living manger revealed that he would ensure that healthcare practitioners write all pre-ISP's going forward. At the time of the survey, the ALR failed to ensure that Resident #1's pre-ISP was written by a	R473	<ol style="list-style-type: none"> 1. Resident expired on 2/22/17. 2. AL Manager will review ISP with healthcare practitioner for signature prior to resident acceptance and admission. 3. Al manager will audit, document findings, and present to the QA Committee for review, evaluation, and approval. 	4/21/17

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R 473	Continued From page 5 healthcare practitioner.	R 473		
R 481	<p>Sec. 604b Individualized Service Plans</p> <p>(b) The ISP shall include the services to be provided, when and how often the services will be provided, and how and by whom all services will be provided and accessed. Based on record review and interview, the ALR failed to ensure ISPs included when, how often, and by whom services will be provided for three (3) of four (4) residents in the sample. (Residents #1, #2 and #3)</p> <p>The findings include:</p> <p>1. On February 16, 2017, at 11:00 a.m., review of Resident #1's medical record revealed ISPs dated July 7, 2016, August 15, 2016 and February 13, 2017. The ISPs lacked documented evidence of who, when, and how often bathing, hygiene, dressing, transportation, mobility, continence, wound care, fall risk, hospice and companion services were to be provided.</p> <p>2. On February 21, 2017, at 10:45 a.m., review of Resident #2's medical record revealed ISPs dated August 12, 2016 and November 21, 2016. The ISPs lacked documented evidence of who, when, and how often bathing, hygiene, dressing, transportation, mobility and private duty aide services were to be provided.</p> <p>3. On February 21, 2017, at 1:30 p.m., review of Resident #2's medical record revealed ISPs dated July 6, 2016 and August 28, 2016. The ISPs lacked documented evidence of who, when, and how often bathing, hygiene, dressing, transportation, and mobility services were to be</p>	R 481	<ol style="list-style-type: none"> 1. Resident #1 expired on 2/22/17. Residents #2 and #3 had their ISP corrected to include who, when, and how often the services would be provided. 2. AL Manager will specify in future ISPs who, when, and how often services are provided including private aide and hospice services. 3. AL Manager will monitor documentation to ensure that ISP s are reflective of resident health status. AL Manager will review nurses' notes to support ISP documentation. AL Manager will document findings and present monthly to the Quality Assurance Committee for review, evaluation, and approval. 	4/21/17

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R 481	Continued From page 6 provided. On February 21, 2017, at 2:00 p.m., interview with the assisted living manager revealed that he would include who, when and how often services are to be provided to all ISPs going forward. At the time of the survey, the ALR failed to include who, when, and how often all services were to be provided for the aforementioned residents.	R 481		
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 update an ISP with a significant change for two (2) of four (4) residents in the sample. (Residents #1 and #2) The findings include: 1. On February 16, 2017, at 12:30 p.m., review of Resident #1's medical record revealed that the resident was admitted to the residence on July 5, 2016. Further review of the record revealed that the resident started receiving hospice services one (1) to two (2) times a week on July 21, 2016. Additionally, the record also revealed ISPs dated July 7, 2016, August 15, 2016 and	R 483	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

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R 483	<p>Continued From page 7</p> <p>February 13, 2017. The ISPs, however, lacked documented evidence they had been updated with the hospice services.</p> <p>On February 16, 2017, at 2:00 p.m., interview with the assisted living manager revealed that he over looked updating the resident's ISPs with the hospice services.</p> <p>2. On February 21, 2017, at 10:45 a.m., review of Resident #2's medical record revealed that the resident was admitted to the residence on March 28, 2005. Further review of the record revealed that the resident had a decline in functional mobility and ambulation secondary to fall a on September 11, 2016. Continued review of the record revealed that the resident starting receiving physical therapy services three (3) times a week for four (4) weeks on September 13, 2016. Additionally, the record also revealed ISPs dated May 16, 2016 and November 21, 2016. The ISPs, however, lacked documented evidence they had been updated with the physical therapy services.</p> <p>3. On February 21, 2017, at 1:40 p.m., review of Resident #3's medical record revealed that the resident was admitted to the residence on July 28, 2016. Further review of the record revealed that the resident was receiving PDA services twenty-four hours a day seven days a week that started in November 2016. Additionally, the record also revealed ISPs dated July 6, 2016 and August 26, 2016. The ISPs, however, lacked documented evidence they had been updated with the PDA services.</p> <p>On February 21, 2017, at 2:30 p.m., interview with the assisted living manager revealed that he will update all residents ISPs with significant</p>	R 483	<p>2. AL Manager will update ISPs upon significant change in residents' health status. AI Manager will review the Assisted Living Regulation Manual to promote compliance. Significant changes will be documented in the tracking instrument that will be made available to the nurses. AL Manager revised tracking instrument to document and track qualifying incidents to be compliant with ISP documentation. AL Manager or designee will re-educate nursing staff on the importance of reporting and documenting in clinical records changes in condition.</p> <p>3. AL Manager will audit and document findings and present monthly to the QA Committee for review, evaluation and approval.</p>	
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R 483	Continued From page 8 changes going forward. At the time of the survey, the ALR failed to update the aforementioned residents' ISPs with their significant changes.	R 483		
R 611	<p>Sec. 701i Staffing Standards.</p> <p>(i) For the purposes of subsection (g)(5) of this section "ongoing training" means a regularly scheduled program of staff training designed by the ALR to assure that all staff who have direct resident contact possess the skills necessary to provide high quality services in a manner appropriate to the philosophy of assisted living and includes staff training in how to monitor changes in a resident's condition, including physical and cognitive assessments. Based on record review and interview, the ALR failed to: (1) ensure the "Skin and Pressure Sore" policy provided appropriate information consistent with the current accepted standards of practice and (2) ensure staff monitored residents after a fall for possible changes in condition.</p> <p>The findings include:</p> <p>I. The ALR failed to provide evidence that the "Skin and Pressure Sore" policy included current accepted standards of practice.</p> <p>In accordance with the National Pressure Ulcer Advisory Panel , pressure injuries (ulcers) were defined as follows:</p> <p>"Stage I Pressure Injury - intact skin with localized area of non-blanchable erythema (red), which may appear differently in darkly pigmented skin...</p>	R611	<p>I.</p> <ol style="list-style-type: none"> 1. Skin and Pressure Sore Policy has been revised to include current accepted standards of practice. 2. Nursing Staff has been in-serviced as to the new Skin and Pressure Injury Policy. 3. 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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R 611	<p>Continued From page 9</p> <p>Stage II Pressure Injury - partial-thickness loss of skin with exposed dermis. The wound bed is viable, pink, or red, moist, and may also present as an intact or ruptured serum-filled blister...</p> <p>Stage III Pressure Injury - full thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole(rolled wound edges) are often present. Slough and/or eschar may be visible...</p> <p>Stage IV - full thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer. Slough and/or eschar may be visible..."</p> <p>National Pressure Ulcer Advisory Panel. Retrieved from http://www.npuap.org/resources/educational-and-clinical-resources/npup-pressure-injury-stages/</p> <p>On February 20, 2017, at 1:00 p.m., review of the ALR's " Skin and Pressure Sore" [undated and unsigned] policy, revealed it failed to adequately define pressure ulcers and guidance for staff to sufficiently assess and monitor changes in the residents' integumentary system, as evident below:</p> <p>Stage I - Skin stays red for five (5) minutes after removal of pressure and may develop an abrasion of the epidermis.</p> <p>Stage II - Breaks appear in the skin (and discoloration may occur)-penetrating to the subcutaneous fat layer, the sore is painful and may be visibly swollen. If pressure is removed, the sore may heal in 1 to 2 weeks.</p>	R 611		

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STREET ADDRESS, CITY, STATE, ZIP CODE
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R 611	<p>Continued From page 10</p> <p>Stage III - A hole develops that oozes foul-smelling yellow or green fluid. Extending into muscle, the sore may develop a black, leathery crust (eschar) at its edges and eventually at the center. The sore isn't painful. Healing may take months.</p> <p>Stage IV- The sore destroys the tissue from the skin to the bone and becomes necrotic. Findings include foul drainage and deep tunnels that extend from the sore. Months or even a year elapse before the sore heals.</p> <p>Additionally, the policy lacked documented evidence of guidance for staff to assess and monitor unstageable and deep tissue wounds.</p> <p>On February 20, 2017, at 2:00 p.m., interview with the DON revealed that the aforementioned policy failed to adequately define pressure ulcers and provide guidance for staff to adequately assess and monitor changes in the residents' integumentary system. Additionally, the DON indicated she would develop a new policy that included current acceptable standards of practice.</p> <p>At the time of the survey, the ALR failed to ensure that the "Skin and Pressure Sore" policy provided sufficient information for staff to adequately and effectively monitor changes in residents' integumentary system.</p> <p>II. The ALR's staff failed to monitor a resident's neurological status after a Fall.</p> <p>On February 21, 2017, at 1:00 p.m., review of the "Neurological Monitoring" [unsigned and undated] policy indicated that the licensed nurse or supervisor was to assess the resident</p>	R 611	<p>II.</p> <ol style="list-style-type: none"> 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. 	4/21/17

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R 611	<p>Continued From page 11</p> <p>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."</p> <p>On February 21, 2017, starting at 11:00 a.m., review of the incident reports revealed that Resident #2 had four (4) unwitnessed falls from September 12, 2016 to October 17, 2016.</p> <p>On February 21, 2017, at 11:30 a.m., review of Resident #2's medical record lacked documented evidence that the nursing staff or supervisor monitored the resident's neurological status in accordance to the times in the aforementioned policy.</p> <p>3. On February 21, 2017, starting at 11:30 a.m., review of the incident reports revealed that Resident #3 had a total of three (3) unwitnessed falls from September 14, 2016 to November 11, 2016.</p> <p>On February 21, 2017, at 1:40 p.m., review of Resident #3's medical record lacked documented evidence that the nursing staff or supervisor monitored the resident's neurological status in accordance to the times in the aforementioned policy.</p> <p>On February 21, 2017, at 2:00 p.m., interview with the assisted living manager revealed that the staff did not follow the times to assess resident neurological status as indicated in the policy.</p>	R 611		

Health Regulation & Licensing Administration

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R 682	Continued From page 12	R 682		
R 682	Sec. 702c3 Staff Training.	R 682		4/21/17
	<p>(3) Four hours covering cognitive impairments in an in-service training approved by a nationally recognized and creditable expert such as the Alzheimer's Disease and Related Disorder Association; and Based on record review and interview, the ALR failed to ensure that all staff had completed four (4) hours of annual training covering cognitive impairments approved by a nationally recognized and creditable expert such as the Alzheimer's Disease and Related Disorder Association for three (3) of six (6) employees in the sample. (LPN, CNA #1 and CNA #2)</p> <p>The findings include:</p> <ol style="list-style-type: none"> On February 21, 2017, starting at 2:30 p.m., review of the LPN's [assisted living manager] personnel record revealed that he was hired on July 26, 2015. Further review of the record lacked documented evidence that the training he 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, starting at 2:30 p.m., review of the CNA #1 personnel record revealed that the CNA was hired on January 20, 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, starting at 2:30 p.m., review of CNA #2's personnel record revealed 		<ol style="list-style-type: none"> CNA#1 and CNA#2 will receive four hours of training from a nationally recognized and creditable expert. Cognitive Impairments training will be conducted by a creditable expert annually. DON or designee will review training against AL Regulations, document findings, and present to the QA Committee for review, evaluation, and approval on a monthly basis. 	

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R 682	Continued From page 13 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. At the time of the survey, the ALR failed to ensure staff training on cognitive impairments was provided by a creditable expert.	R 682		
R 802	Sec. 903 2 On-Site Review. (2) Assess the resident's response to medication; and Based on record review and interview, the ALR failed to ensure that the RN assessed the resident's response to medications every forty-five days for four (4) of four (4) residents in the sample. (Residents #1, #2, #3, and #4) The findings include: 1. On February 16, 2017, at 12:30 p.m., review of Resident #1's medical record revealed that the resident was admitted on July 5, 2016. Additionally, the record revealed documents entitled, "Medication Review Reports" that were conducted monthly. The medication review	R 802	1. Resident #1 expired 2/22/17. 2. LPNs have been instructed to discontinue assessment of resident responses to medications, as this is completed by RNs, Nurse Practitioner, and Physician Assistant. LPNs, RNs, Nurse Practitioner, and Physician Assistant have been in-serviced as to this guideline. 3. AL Manager will monitor compliance with guideline, document findings, and present monthly to the QA Committee for review, evaluation, and approval.	4/21/17

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R 802	<p>Continued From page 14</p> <p>reports, however, lacked documented evidence of the resident's response to medications. The reports also lacked documented evidence they had been conducted by a RN.</p> <p>2. On February 21, 2017, at 10:45 a.m., review of Resident #2's medical record revealed that the resident was admitted on March 28, 2005. Additionally, the record revealed documents entitled, "Medication Review Reports" that were conducted monthly. The medication review reports, however, lacked documented evidence of the resident's response to medications. The reports also lacked documented evidence they had been conducted by a RN.</p> <p>3. On February 21, 2017, at 1:40 p.m., review of Resident #3's medical record revealed that the resident was admitted on July 28, 2016. Additionally, the record revealed documents entitled, "Medication Review Reports" that were conducted monthly. The medication review reports, however, lacked documented evidence of the resident's response to medications. The reports also lacked documented evidence they had been conducted by a RN.</p> <p>On February 21, 2017, at 2:00 p.m., interview with the assisted living administrator revealed that the aforementioned monthly medication review reports were conducted by LPNs. Additionally, the assisted living manager also revealed that the resident's response to medications was not assessed.</p> <p>4. On February 16, 2017 at 1:21 p.m., review of Resident #4's medical record revealed that the resident was admitted on July 1, 2015. The record lacked documented evidence that the RN assessed the resident's response to medications</p>	R 802		

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R 802	<p>Continued From page 15 every 45 days.</p> <p>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.</p> <p>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."</p> <p>At the time of the survey, the ALR failed to ensure that the RN assessed residents every 45 days for their response to medications.</p>	R 802		
R 812	<p>Sec. 904c Medication Storage</p> <p>(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.</p> <p>The finding includes:</p> <p>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.</p> <p>On February 16, 2017, at 3:52 p.m., interview with the receptionist revealed residents' medication is sometimes dropped off at the front</p>	R 812		

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R 812

Continued From page 16

desk. Once the medications are dropped off, the receptionist will place a call to the unit to notify them of the delivery. The unit's will pick-up the medications and deliver them to the nurses station. Additionally, it was revealed the receptionist, nor the aide, were not a licensed nurse or TME.

On February 16, 2017, at 4:00 p.m., interview with the DON, revealed that the pharmacist usually takes the medications to the unit. She then stated that the facility did not have TMEs and the pharmacist should not leave the medications at the front desk. She then indicated she would educate the receptionist and staff to direct all medication deliveries to the nurse station.

R812

1. Receptionists have been instructed to send medication deliveries for Assisted Living Residents to the Assisted Living Facility.
2. Director of Nursing wrote guideline and provided in-service to AL unit staff.
3. Director of Nursing will monitor compliance with guideline, document findings, and present monthly to the Quality Assurance Committee for review, evaluation, and approval.

4/21/17