

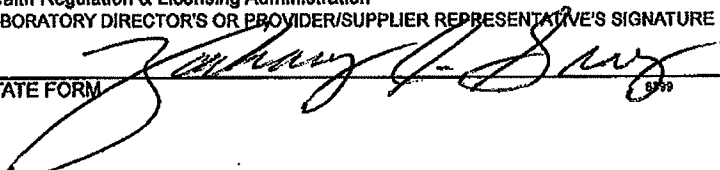
Health Regulation & Licensing Administration

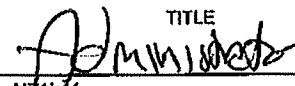
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/11/2014
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NAME OF PROVIDER OR SUPPLIER THE RESIDENCES AT THOMAS CIRCLE	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
R 000	<p>Initial Comments</p> <p>On March 10, 2014, the Department of Health/Health Regulation and Licensing Administration (DOH/HRLA) received an e-mail from the Long Term Care Ombudsman's office regarding a complaint their office received (date unknown) alleging unfair billing practices.</p> <p>Due to the nature of the information presented, on March 26, 2014, DOH/HRLA initiated an onsite investigation, to verify compliance with the Assisted Living Law DC Code § 44-101.01. The findings of the investigation were based on record reviews and interviews.</p>	R 000	<p>Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002</p> <p>JUN 27 2014</p>	
	<p>Please Note: Listed below are abbreviations used in this report.</p> <p>Assisted Living Administrator - ALA Assisted Living Residence - ALR Executive Director - ED Service Plan - SP Individual Service Plan - ISP Interdisciplinary Team - IDT Health Regulation and Licensing Administration - HRLA Level of Care - LOC Level of Care Charge Form- LOCCF</p> <p>Allegation #1 - Resident #1's LOCCF contained inaccurate information regarding the level of assistance needed and the document was not signed by the resident.</p> <p>Findings: Review of the LOCCF dated December 1, 2013, revealed that the form did not contain the same information that was identified on the SP dated August 19, 2013 and was not signed by the</p>			

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

STATE FORM  5959

TITLE  NZ1L11

(X6) DATE 6/23/14 15

Health Regulation & Licensing Administration

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R 000	<p>Continued From page 1 resident.</p> <p>Conclusion -This allegation was substantiated.</p> <p>Allegation #2 - Resident #1 was not given proper notice that the LOC changed and the amount of money that was charged for each service.</p> <p>Findings: Review of the LOCCF dated December 1, 2013 revealed that the charges would not go into effect until January 14, 2014. (45 days). Interview with Resident #1 indicated that the resident was knowledgeable of his/her "Level 1" and the charge for this level of assistance; however he/she did not agree with the level assessed.</p>	R 000	<p>This Plan of Correction is submitted without denying or acknowledging that the cited deficiencies exist. This plan of correction is a requirement of the Department of Health.</p>	
R 381	<p>Conclusion- This allegation was unsubstantiated.</p> <p>Sec. 507 Full Disclosure</p> <p>A resident shall have the right to full disclosure of contract terms and billing practices that are fair and reasonable.</p> <p>Based on record review and interview, it was determined that the ALR failed to ensure that each resident had the right to full disclosure of their contract terms and billing practices that were fair and reasonable for one (1) of one (1) resident in the investigation. (Resident #1)</p> <p>The finding includes:</p> <p>On April 23, 2014, at approximately 1:30 p.m., review of the LOCCF dated December 1, 2013, revealed that basic services which do not carry an additional daily charge included three (3) meals a day, two (2) verbally cued showers a week, no medication, weekly housekeeping and one (1)</p>	R 381	<p>What corrective action(s) will be accomplished to address the identified deficient practice;</p> <p>The resident will be given a copy of their signed contract, which outlines billing practices and offered an opportunity to sign their Level of Care billing form, again. If they refuse to sign the form, a witness will document the refusal.</p> <p>The ISP for the resident will be updated to reflect their combative behavior and issues with food. If they refuse to sign the form, a witness will document the refusal.</p>	

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R 381	<p>Continued From page 2</p> <p>load of personal laundry per week. Continued review of the LOCCF indicated that Resident #1 required additional assistance to include: "dines without assistance/food brought" and "requires staff intervention to manage resisting, or combative or disruptive behavior", which categorized the services at a "Level I", which carried a daily charge of forty-five dollars(\$45.00). Additionally, the form was not signed by the resident.</p> <p>On April 28, 2014, at approximately 12:20 p.m., review of the SP dated August 19, 2013, revealed no documented evidence to support that the resident needed to dine with assistance although the SP revealed that the resident was given a menu and delivered a food tray.</p> <p>The ED was interviewed on June 10, 2014, at approximately 2:00 p.m., to ascertain clarity of the LOCCF related to dining and behavior. The ED stated that Resident #1 eats in the main dining area and daily orders fried chicken livers. Continued interview indicated that when the aforementioned food item is not ready the resident leaves the dining area and returned to his/her room. The staff then delivers the food to the resident's room. The ED confirmed that the delivery of food to the resident's room was not at the request of the resident. The ALA revealed in an e-mail dated June 11, 2014, "the way that LOC forms are utilized relies on staff interview and is not part of the medical record. [Resident #1] is still being scored, because [Resident #1] is still getting the services. One of the cruxes of this investigation, I believe, is do AL's need to document prior to a LOC form being filled out, our position is that they do not, that staff interviews suffice to fill out the form".</p>	R 381	<p>How you will identify other patients having the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <p>All residents have potential to be affected by the same practice. An audit of 100 percent of AL charts will be conducted to ensure that all residents or responsible parties have signed the Level of Care form and ISP's. Both will be updated on a rolling basis, per the 6 month ISP schedule. If a resident refuses to sign the form, refusal will be documented.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and</p> <p>A policy will be written regarding the refusal of signing level of care forms. Going forward, should a resident refuse to sign a level of care form, their refusal will be documented.</p> <p>The AL nurse manager and SW will be in-serviced on the refusal to sign policy.</p> <p>The Resident in question will have their ISP updated to reflect their combative</p>	

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R 381	<p>Continued From page 3</p> <p>On April 28, 2014, between 4:00 p.m. and 5:00 p.m., review of the available Interdisciplinary Progress Notes dated January 1, 2013 through November 16, 2013 and ISP/SPs dated August 19, 2013, April 12, 2013 and January 31, 2013, revealed no documented evidence that Resident #1 required staff intervention to manage behavior or that food was being brought to the resident's room. In fact the ISP dated January 31, 2013, indicated that there were no behavioral concerns.</p> <p>On April 23, 2014, at approximately 2:35 p.m., review of the undated LOCCF policy and procedure revealed that the assessing nurse or designee would complete the LOCCF based on the services the resident required daily. Further review revealed that the aforementioned staff would meet with the resident and sign page four (4) and then submit page 4 to the business office to ensure accurate billing.</p> <p>The ALR failed to ensure that the 2013 LOCCF assessment was accurate and contained correct information related to the level of assistance needed as outlined in the ISP.</p>	R 381	<p>behavior and issues with food service. This updated ISP will be based on healthcare professional's assessments and documentation.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur. i.e., what quality assurance program will be implemented.</p>	
R 475	<p>Sec. 604a5 Individualized Service Plans</p> <p>(5) The ISP shall be signed by the resident, or surrogate, and a representative of the ALR. Based on record review and interview, it was determined that the ALR failed to ensure the ISP/SP was signed by both the resident and a representative of the ALR at the time of the meeting for (1) of one (1) resident in the investigation. (Resident #1)</p> <p>The finding includes:</p>	R 475	<p>Audits of the residents Level of Care billing forms will be conducted for a period of 3 months to ensure compliance with refusal policy.</p> <p>Completion Date 6/30/14</p> <p>What corrective action(s) will be accomplished to address the identified deficient practice;</p> <p>This deficiency is past the date of noncompliance and the resident has signed their most recent ISP. A policy will be written so that if a resident refuses to sign their ISP it will be documented in the medical record.</p>	

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R 475	<p>Continued From page 4</p> <p>On April 28, 2014, at approximately 10:00 a.m., Resident #1's SP dated August 19, 2013, was reviewed and reflected the UC's signature but failed to reflect the resident's signature.</p> <p>On April 2, 2014, at approximately 11:30 A.M., interview with the ED was conducted to ascertain a reason why the SP was not signed by the resident. The ED revealed that there was a difference of opinion between the IDT team and Resident #1 regarding the amount of care the resident required on a daily basis. The ED stated that Resident #1 was resistive and refused to attend the SP meetings when scheduled and refused to sign the SP documents. The ED also described the resident as argumentative and "difficult" to get along with staff.</p> <p>During a face to face interview with Resident #1 on April 25, 2014, at approximately 11:45 A.M., it was confirmed that the aforementioned SP had not been signed by the resident due to disagreement with assessment. He/she stated that staff only brought water/coffee in the morning, assisted with bathing, hydrating skin, putting on shoes and socks, housekeeping and laundry services; and however, that s/he had never required staff intervention to manage combative behavior.</p>	R 475	<p>How you will identify other patients having the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <p>All residents have the potential to be affected because all residents may potentially refuse to sign their ISP. The Policy written will be for all residents.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and</p> <p>A policy will be written so that residents refusal to sign is documented in the medical record. The SW and AL Nurse Manager will be in-serviced on the new policy.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur. i.e., what quality assurance program will be implemented.</p> <p>ISP's and Level of Care forms will be audited for a period of three months to ensure that residents or their POA have signed the documents and if not, that refusal is well documented.</p>	6/30/14