

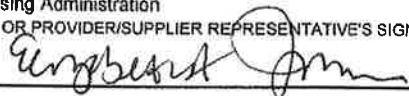
Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/19/2021
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NAME OF PROVIDER OR SUPPLIER SUNRISE ASSISTED LIVING ON CONNECTICUT	STREET ADDRESS, CITY, STATE, ZIP CODE 5111 CONNECTICUT AVE NW WASHINGTON, DC 20008
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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>An annual licensure survey was conducted on 08/16/2021, 08/17/2021, 08/18/2021 and 08/19/2021 to determine compliance with the Assisted Living Law (DC Official Code § 44-101.01 et seq). The Assisted Living Residence (ALR) provided care for 70 residents and employed 119 personnel, to include professional and administrative staff. A random sample of 20 resident records and 20 employee records were selected for review. The findings of the survey were based on observation throughout the facility, clinical and administrative record review, and resident, family and staff interviews.</p> <p>While conducting the annual survey, on 08/18/2021 at 9:42 AM, this surveyor received a notification of a complaint allegation detailing an unstable and leaking toilet in Resident #4's apartment sent by the resident's representative, via email on 08/17/2021. The email showed a short video of an unstable toilet with leaking water in Resident #4's apartment.</p> <p>At 10:29 AM, observations conducted inside Resident#4's apartment showed two outside contractors in the resident's bathroom working on stabilizing and fixing the leaking toilet.</p> <p>At 10:42 AM Shortly afterwards, the facility's Maintenance Assistant staff arrived to see how progress was going with rectifying the toilet issue. Maintenance Assistant staff indicated that they had completed a couple work orders recently (i.e. secure new bolts to the toilet and replace flush valve in toilet), but could not recall the date. This was verified through review of the work orders completed by the maintenance assistant staff.</p> <p>At 11:00 AM, the Maintenance Coordinator stated</p>	R 000		

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



TITLE

Evelyn Desator

(X6) DATE

2/11/2022

Health Regulation & Licensing Administration

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R 000	Continued From page 1 he had been waiting a specific toilet flange (heavy duty) and other parts to arrive so that outside contractors could fix the toilet. The Maintenance Coordinator showed the surveyor text messages where he had been texting back and forth with a vendor regarding the estimated arrival time for the toilet flange and water line. At 12:30 PM, observations showed Resident #4's toilet in his apartment was stable and without a water leak. No deficiencies were cited related to this allegation.	R 000		
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 Assisted Living Residence (ALR) failed to ensure that an Individual Support Plan (ISP) was updated to include significant change in status, for one of the 20 residents in the sample (Resident #12). Findings included: On 08/18/2021 at 1:12 PM, review of Resident #12's medical records showed an incident dated 08/10/2021. According to the incident, the	R 483	The Resident Care Director (RCD) reviewed the current ISP of Resident #12, and updated fall prevention approaches and current interventions. The RCD will conduct an audit of the ISP of current residents with fall risk to ensure fall interventions are documented timely following interdisciplinary team meetings and necessary previous interventions are resolved. The RCD will train Wellness Nurses and the Assisted Living Coordinator (ALC) and Reminiscence Coordinator (RC) on documentation of resolving and updating in resident services on the ISP.	2/9/22 3/1/22 3/15/22

Erinbur Jones Executive Director 2/11/2022

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R 483	Continued From page 2 resident was found on the floor near the bathroom. Upon assessment, Resident #12 was unable to move her right leg and screamed when staff attempted to touch the leg. The resident was sent to the emergency room via 911 for further evaluation. Resident #12 was diagnosed as having a right inter-trochanter femoral fracture. At 1:20 PM, review of Resident #12's current Individual Support Plan dated 08/14/2021 failed to include the updated fall incident on 08/10/2021 which resulted in a change in the resident's health status. At 1:22 PM, interview with the Regional Director of Resident Care (RDRC), who assisted the surveyor with the record review stated that Resident #12's fall should have been updated on the current ISP dated 08/14/2021. At the time of the survey, the assisted living residence (ALR) failed to ensure that Resident #12's fall that resulted in a femoral fracture was updated on the Individual Support Plan.	R 483	The RCD, ALC, RC & Executive Director (ED/ALA) will meet weekly to ensure resident ISPs for residents with falls are updated with timely interventions and resolve interventions as needed. The RCD is responsible for reviewing, tracking and trending the results of any audits. The results and trends are reviewed during the monthly Quality Assurance Performance Improvement meeting that the ED/ALA and QAPI committee manages. The POC is reviewed during this meeting and modified based on the data of the audits and monitoring of the plan.	2/9/22 & ongoing 2/9/22 & ongoing
R 596	Sec. 701d9 Staffing Standards. (9) Assure that members of the staff appear to be free from apparent signs and symptoms of communicable disease, as documented by a written statement from a healthcare practitioner; Based on observation, interview and record review, the Assisted Living Administrator (ALA) failed to show evidence that each Private Duty Aide (PDA) had a written statement from a healthcare practitioner stating that they were free from communicable diseases, for one of three Private Duty Aides providing PDA services to the residents (PDA #2).	R 596		

Erin Davis

Executive Director

2/11/2022

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R 596	Continued From page 3 Findings included: During the entrance conference on 08/16/2021 beginning at 10:10 AM, the Executive Director/ALA stated that some resident's received Private Duty Aide services. The surveyors requested their personnel files as part of the personnel review. At 12:17 PM, observations showed PDA #2 providing services to her assigned resident during lunch. On 08/17/2021 beginning at 11:47 PM, review of the personnel records revealed that there was no personnel file available for review for PDA #2. On 08/18/2021 beginning at 11:56 AM, the Human Resource (HR) Director stated to the surveyor that the personnel file for PDA #2 was not available review. The Aide's personnel file was not obtained prior to providing services to the resident. At the time of survey, the Assisted Living Residence failed to show documented evidence that the private duty aide (PDA) was free from communicable diseases.	R 596	The Business Office Coordinator (BOC/HR) contacted the Agency who employed PDA #2 to obtain personnel record, including copy of TB test showing PDA #2 was free of infectious diseases. The ED/ALA and the BOC/HR will conduct an audit of all PDA personnel files to ensure PPD results are current. The ED/ALA informed Agencies who employ PDAs that the facility requires a copy of the PDA personnel record, including copy of PPD results. A list of approved PDAs will be maintained at the Front Desk/Concierge. All PDAs are screened upon entry – if a PDA is not on the approved list, the PDA will not be allowed entry and the Concierge will contact the ED/ALA or the Manager on Duty. The ED/ALA and the BOC/HR is responsible for tracking and trending results of any audits related to PDA files. The results and trends are reviewed during the monthly Quality Assurance Performance Review meeting that the ED/ALA manages. The POC is reviewed during this meeting and modified based on the data of the audits and monitoring of the plan.	8/20/21 2/10/22 2/10/22 & ongoing 2/10/22 & ongoing

[Signature]

Executive Director

2/11/2022

