Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALR-0030	A. BUILDING: _______ B. WING _______	06/23/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING ON CONNECTICU	5111 CONNECTICUT AVE NW WASHINGTON, DC 20008

(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	Initial Comments An annual survey was conducted from June 21, 2017 to June 23, 2017, to determine compliance with the Assisted Living Law "DC Code § 44-101.01." The ALR provides care for one-hundred eleven (111) residents and one-hundred sixty three (163) employees that include professional and administrative staff. A sample size included twelve (12) resident records and sixteen (16) 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. ALR - Assisted Living Residence fl. oz. - fluid ounce RN - Registered Nurse	R000	Received 8/3/17 CM	
R 292	Sec. 504.1 Accommodation Of Needs. (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; Based on observation, record review, and interview, the facility failed to ensure that each resident received treatment and services consistent with their health capabilities, including maintenance of oxygen equipment for one (1) of twelve (12) residents in the sample. The finding includes: On June 21, 2017, at 11:36 a.m., observation of Resident #2's apartment revealed an oxygen compressor machine and two oxygen canisters near the front door. The nasal cannula portion of	R292		

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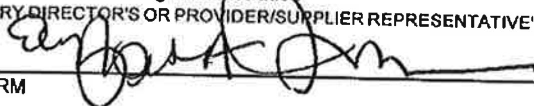
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE Executive Director

(X6) DATE 8/3/17

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NAME OF PROVIDER OR SUPPLIER: SUNRISE ASSISTED LIVING ON CONNECTICU

STREET ADDRESS, CITY, STATE, ZIP CODE: 5111 CONNECTICUT AVENW WASHINGTON, DC 20008

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R 292	Continued From page 1 the tubing from the compressor was observed on the floor. Additionally, there was a label on the tubing that read "1/19/16 filter clean". There was also, a service card on the back of the compressor that was signed and indicated a year 2014. At 12:48 p.m., the Resident Care Director indicated that Resident #2 had previously used oxygen continuously, but used it now as indicated for shortness of breath. She also stated that when the resident used it more, the tubing was changed frequently. It should be noted thatthe Resident Care Director immediately replaced the oxygen tubing and contacted the equipment company to service the compressor. At 12:50 p.m., interview with Resident #2 revealed that he/she utilizes oxygen occasionally at night. The resident further stated that the last time he/she used the oxygen was "about two weeks ago". On June 22, 2017, at 2:20 p.m., the facility's oxygen therapy policy was presented to the surveyor. The policy failed to indicate how often an oxygen compressor would be serviced, and how often tubing would be changed. Sec. 607a2 Services To Be Provided (2) Three nutritious and attractive meals and additional snacks, modified to individual dietary needs as necessary, on a daily basis. Based on observation and interview, it was determined the facility failed to provide an attractive lunch for six (6) of one hundred eleven residents.	R292	Resident #2's oxygen tubing was replaced with new tubing and dated to reflect change date. Resident #2's compressor was serviced by the equipment company. The Resident Care Director conducted retraining of the wellness nurses on protocols for maintaining oxygen equipment. The Resident Care Director completed an audit of resident's who are currently receiving oxygen therapy to identify others with the potential for the cited concern. The Resident Care Director will maintain a tickler system for resident's receiving oxygen to include filter cleaning, tubing replacement and concentrator servicing or replacement. Resident Care Director is responsible for reviewing, tracking and trending the results of any audits and monitoring. The results and trends are reviewed during the monthly Quality Assurance Performance Improvement meeting that the Executive Director manages. The POC is reviewed during this meeting and Modified based on the data of the audits and monitoring of the plan.	6/21/2017 6/22/2017 8/15/17 8/15/17 8/15/17 & ongoing

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R 523	Continued From page 2 The finding includes:	R 523		
	On June 21, 2017, at 11:48 a.m., observation of the facility's 6th floor dining area revealed a steam table with (6) plates of pre-made lunches on top. The plates were observed with pureed foods, each covered with plastic wrap. Two of the plates had "6/19/17" written on the plastic. The remaining four had "6/20/17" written on the plastic.		Dining Services Coordinator immediately discarded the 6 plates of pre-made lunches. Dining Services Coordinator and Resident Care Director reviewed all resident diet orders for textured modified.	6/22/17
	On June 21, 2017, at 12:02 p.m., interview with the facility's chef revealed that pureed and mechanical soft diet come from the vendor frozen in individual portions, and the plates are made for each resident on a special diet the day before it is served. When alerted to the two plates that were marked as "6/19/17", the chef stated that they were extras from the previous day. The chef stored in the refrigerator. When asked if the food could be served to order with the regular texture foods in the steam table trays, the chef replied, "we know who has special diets, so we just make them in the kitchen and send them up."		The Dining Services Coordinator and the Resident Care Director completed an audit on residents with current orders for and who are receiving textured modified diets, to include observations of meal preparation, planning and presentation of plate to ensure proper procedure is being followed.	8/15/17
	Review of the facility's diet policy and vendor's preparation instructions at 1:55 p.m. revealed that when holding food on a steam table "place cooked product in pan and add between 3 fl. oz. to 4 fl. oz. of water to help retain moist environment. At the time of survey, the facility failed to provide attractive meals for each resident.		Dining Services Coordinator and Resident Care Director are responsible for reviewing, tracking and trending the results of any audits and monitoring. The results and trends are reviewed during the monthly Quality Assurance Performance Improvement meeting that the Executive Director manages. The POC is reviewed during this meeting and modified based on the data of the audits and monitoring of the plan.	8/15/17 & ongoing
R 80	Sec. 903 2 On-Site Review.	R 802		

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R 802	Continued From page 3 (2) Assess the resident's response to medication; and Based on interview and record review, the facility failed to ensure that the RN assessed each resident's response to their medication every 45 days for seven (7) of (12) residents. (Residents #6, #7, #8, #9, #10, #11 and #12) The findings include: On June 22, 2017 through June 23, 2017, from 9:30 a.m. to 4:00 p.m., review of Residents' (#6, #7, #8, #9, #10, #11 and #12) medical records failed to evidence that the facility's RN assessed the residents' response to their prescribed medications. On June 22, 2017, at 2:46 p.m., interview with the facility's Resident Care Director revealed that the RN assessed the residents monthly. The Resident Care Director further stated that the response to medication was not a part of the assessment, however would be going forward. At the time of survey, the facility failed to ensure that each resident was assessed for response to their medications every 45 days.	R802	Resident Care Director completed assessments for Resident's #6 to include resident's responses to their prescribed medication.	6/29/17
			Resident Care Director completed assessments for Resident's #7 to include resident's responses to their prescribed medication	7/13/17
			Resident Care Director completed assessments for Resident's #8 to include resident's responses to their prescribed medication	7/13/17
			Resident Care Director completed assessments for Resident's #9 to include resident's responses to their prescribed medication	7/3/17
			Resident Care Director completed assessments for Resident's #10to include resident's responses to their prescribed medication	7/8/17
			Resident Care Director completed assessments for Resident's #11 to include resident's responses to their prescribed medication	7/30/17
			Resident Care Director completed assessments for Resident's #12 to include resident's responses to their prescribed medication	7/30/17
			The Resident Care Director conducted an audit of current resident files to ensure 45 day assessments are completed to include resident responses to medication.	8/15/17
			The Resident Care Director and/or wellness nurses will conduct a monthly wellness visit for current residents which will include an assessment of resident responses to medications.	6/23/17 & ongoing

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			The Resident Care Director retrained the Wellness Nurses on protocol for timely completion of monthly assessments which will include resident's response to their medication.	8/31/17 & ongoing
			The Resident Care Director or designee is responsible for reviewing, tracking and trending the results of any audits and monitoring. The results and trends are reviewed with the management team during the Quality Assurance Performance Improvement meeting that the Executive Director manages. The POC is reviewed during this meeting and modified based on the data of the audits and monitoring of the plan.	8/15/17
R9999	Final Observations The following observations were made during the survey process. It is recommended that this area be reviewed and a determination be made regarding appropriate actions.	R9999	Resident #9 progress notes and ISP updated. Resident #10 progress notes and ISP updated.	6/22/17 6/22/17
	I. On June 22, 2017, at 11:16 a.m., review of Resident #9's medical record revealed that he/she had sustained a fractured left forearm after a fall on August 13, 2016. The record further documented that the resident was transported to the hospital and his/her arm was in a sling upon return to the facility.		The Resident Care Director retrained the Wellness Nurses on protocol for assessing and documenting in progress notes, resident injuries to include appearance with color, mobility and/or capillary refill.	6/23/17
	Review of the daily nursing notes, following the fall, failed to reveal that the facility's nurses assessed the appearance (including color, mobility, or capillary refill) of Resident #9's left arm or fingers, except for on August 20, 2016.		The Resident Care Director conducted an audit of resident progress notes for residents with injuries to identify others for the cited concern. Resident Care Director retrained all nurses on importance of documenting in progress notes and ISP resident assessment post-incident.	8/15/17
	II. On June 22, 2017, at 1:27 p.m., review of Resident #1O's medical record revealed that he/she had sustained a fractured left hand after a fall on April 5, 2017. The record further documented that the resident was transported to the hospital and his/her hand was splinted. Review of the daily nursing notes, following the resident's return, failed to reveal that the facility's nurses assessed the appearance (including color, mobility, or capillary refill) of Resident #1O's left arm or fingers, except for on April 7, 2017. On June 22, 2017, at 2:40 p.m., interview with the Resident Care Director revealed that that the nurses may have done an assessment, but failed to document. Additionally, going forward, the nurses would document their complete assessments.		The Resident Care Director or designee is responsible for tracking and trending the results of any audits and monitoring. The results and trends are reviewed with the management team during the monthly Quality Assurance Performance Improvement meeting that the Executive Director manages. The POC is reviewed during this meeting and modified based on plan.	