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-0031	A. BUILDING: _____ B. WING _____	R 08/01/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MARIGOLD AT 11TH STREET	2905 11TH STREET NW WASHINGTON, DC 20001

(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 A follow-up survey was conducted from July 31, 2017 through August 1, 2017 to verify the implementation of the facility's plan of correction (dated July 11, 2017) for deficiencies cited during the April 12, 2017, follow-up survey. The Assisted Living Residence (ALR) provides care for eleven (11) residents and employs eighteen (18) employees. A random sample of five (5) residents records were selected for review, along with a review of five (5) employee records. 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 DCFEMSP --- District of Columbia Fire and Emergency Medical Services Department IDT-- interdisciplinary team ISP --- individualized service plan RN --- Registered Nurse	{R 000}		
{R 258}	Sec. 502b2 A resident of an ALR shall have the right to (2) Is creatively designed to counter loneliness, depression, dependence, boredom, and designed to manage difficult behavior; Based on observation and interview, the ALR failed to provide social activities, for twelve (12) of twelve (12) residents in the facility. (Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11 and #12) The finding includes: The previous follow-up survey report dated April 12, 2017, included the following citation for failing	{R 258}	1. What corrective action(s) will be accomplished to address the identified deficient practice? Activities will be provided to all interested residents every day.	08/16/2017 on going

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{R 258}	Continued From page 1 to ensure social or formal activities were being offered to the residents. On July 11, 2017, the ALR submitted a plan of correction that stated the ALA, receptionist and the Resident Service Coordinator (RSC) will do monthly calendar. The ALA and RSC will monitor and encourage participation. The follow-up survey, however, failed to provide evidence that the ALR implemented the plan of correction, as evidence below: On August 1, 2017, at 9:00 a.m., interview with Resident #6 revealed activities were not being offered for residents. At 10:30 a.m., review of the activity calendar revealed that morning exercise was to be offered from 10:00 a.m. to 11:00 a.m., on July 31, 2017 and August 1, 2017. There were no observed activities on July 31, 2017 and August 1, 2017. At 12:00 p.m., interview with the ALA revealed activities should have been offered by staff. At the time of the follow-up visit, there was no evidence that the ALR had abated the deficiency previously cited on April 12, 2017.	{R 258}	2. What measures will be in place or what systemic changes will you make to ensure that the deficient practice does not recur? An activity calendar (Attachment #1) has been developed and copies provided to all residents. Also, an activity survey sheet (Attachment 2 & 2A) has been developed by the ALA and given to residents to identify desired activities they will be interested in. 3. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, ie., what quality assurance program will be implemented? The ALA had developed a sign-in sheet (Attachment # 3) for each activity on the calendar, to be kept in the activity file. The ALA and the Management Agent will monitor all activities.	
{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.	{R 483}	1. What corrective action(s) will be accomplished to address the identified? ISP meetings shall be held with the IDT, residents and their surrogates whenever same is due.	08/16/2017 on going

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{R 483}	Continued From page 2 Based on interview and record review, the ALR failed to ensure that each resident's ISP was reviewed by the resident, the resident's healthcare practitioner, and the resident's surrogate thirty days after admission, at least every 6 months, and more frequently for significant changes, for four (4) of five (5) residents in the sample. (Residents #1, #2, #3 and #5) The findings include: The previous follow-up survey report dated April 12, 2017, included the following citation for failing to ensure each resident's ISP was reviewed by the resident, the healthcare practitioner, and the resident's surrogate at least every six months and more frequently to reflect significant changes. On July 11, 2017, the ALR submitted a plan of correction that stated the ALA will assist the RN in having the ISPs reviewed and signed by the IDT including the resident, the resident surrogate, the resident's healthcare practitioner, and case manager. The follow-up survey, however, failed to provide evidence that the ALR implemented the plan of correction, as evidence below: 1. On August 1, 2017, at 11:30 a.m., review of Resident #1's clinical record revealed an ISP dated May 24, 2017. The ISP lacked evidence it had been reviewed by the resident, the resident's surrogate and/or the resident's healthcare practitioner. 2. On August 1, 2017, at 12:30 p.m., review of Resident #2's clinical record revealed an ISP dated June 9, 2017. The ISP lacked evidence it had been reviewed by the resident's healthcare practitioner.	{R 483}	2. What measures will be put in place or what systemic changes will you make to ensure that the deficient practice does not recur? A tickler system will be developed to ensure all necessary entities are invited to the ISP. If need be, conference calls will be used to ensure the input of all parties. 3. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, ie., what quality assurance program will be implemented? The ALA will be sitting in all ISP meetings to ensure the presence and participation of all neccessary parties. The ALA and the Management Agent shall monitor the entire process.	

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{R 483}	Continued From page 3 3. On August 1, 2017, at 1:30 p.m., review of Resident #3's clinical record revealed an ISP dated June 9, 2017. The ISP lacked evidence it had been reviewed by the resident's healthcare practitioner. 4. On August 1, 2017, at 1:55 p.m., review of Resident #5's clinical record revealed an ISP dated June 24, 2017. The ISP lacked evidence it had been reviewed by the resident's healthcare practitioner. At the time of the revisit, there was no evidence that the ALR had fully addressed the deficiency cited in the April 12, 2017 report.	{R 483}		
{R 961}	Sec. 1002 1 Fire Safety. (1) An ALR shall be in compliance with Chapter 22, New Residential Board and Care Occupancies, Life Safety Code of the National Fire Protection Association; and Based on interview and record review, the ALR failed to follow the Life Safety Code of the National Fire Protection Association regarding the evacuation plan. The finding includes: The previous follow-up survey report dated April 12, 2017, included the following citation for failing to ensure the emergency management (evacuation) plan was approved by DCFEMSP. On July 11, 2017, the ALR submitted a plan of correction that stated the ALA and the Director of Maintenance will continue to work with the District of Columbia's fire inspector to develop an approved evacuation plan. Based on the plan of correction, a revisit was conducted from July 31,	{R 961}	1. What corrective action(s) will be accomplished to address the identified? The Emergency/Fire Safety Plan was submitted by the Management Agent at the commencement of the facility and was approved by DCFEMSP. A copy of the document can be found in the office of the ALA. 2. What measures will be put in place or what systemic changes will you make to ensure that the deficient practices does not recur? The ALA will ensure the document is updated every 6 months. 3. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, ie., what quality assurance program will be implemented? The ALA will further ensure the updated copy is always available when such is needed.	08/16/17 On going

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{R 961}	Continued From page 4 2017 through August 1, 2017. The revisit revealed the following: On August 1, 2017, at 1:00 p.m., review of the Emergency Management Plan (evacuation plan) lacked documented evidence it had been approved by DCFEMSP. On August 1, 2017, at 1:45 p.m., interview with the ALA revealed that she had been in contact with the District of Columbia Fire and Emergency Medical Services Department, and the fire inspector had provided her with recommendations for developing an evacuation plan. Continue interview revealed that she had implemented most of the fire inspector's recommendations, however, she had not developed the evacuation plan. At the time of the survey, the ALR failed to follow the Life Safety Code of National Fire Protection Association.	{R 961}		

Attachment #1

August 2017

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
31	1 10-11a Morn. Exercise 3-4p games/ activities	2 10-11a Morn exer. **Coffee, tea donuts** 3-4p Game	3 10-11a Morn. Exercise 3-4p games/ activities	4 10-11a Morn exer. **Coffee, tea donuts** 3-4p Game	5 10-11a Morn exer. Ms. Feeney's walk 3-4p Games	6 10-11a Morn. Exercise 3-4p games **7pm Movie**
7 10-11a Morn. Exercise 3-4p games/ activities	8 10-11a Morn exer. **Current event** 3-4p Games	9 10-11a Morn. Exercise 3-4p games/ activities	10 10-11a Morn exer. **Current event** 3-4p Games	11 10-11a Morn exer. Ms. Feeney's walk 3-4p Games	12 10-11a Morn. Exercise 3-4p games **7pm Movie**	13
14 10-11a Morn. Exercise 3-4p games/ activities	15 10-11a Morn exer. **Coffee, tea donuts** 3-4p Game	16 10-11a Morn. Exercise 3-4p games/ activities	17 10-11a Morn exer. **Coffee, tea donuts** 3-4p Game	18 10-11a Morn exer. Ms. Feeney's walk 3-4p Games	19 10-11a Morn. Exercise 3-4p games **7pm Movie**	20
21 10-11a Morn. Exercise 3-4p games/ activities	22 10-11a Morn exer. **Current event** 3-4p Games	23 10-11a Morn. Exercise 3-4p games/ activities	24 10-11a Morn exer. **Current event** 3-4p Games	25 10-11a Morn exer. Ms. Feeney's walk 3-4p Games	26 10-11a Morn. Exercise 3-4p games **7pm Movie**	27
28 10-11a Morn. Exercise 3-4p games/ activities	29 10-11a Morn exer. **Coffee, tea donuts** 3-4p Game	30 10-11a Morn. Exercise 3-4p games/ activities	31 10-11a Morn exer. **Coffee, tea donuts** 3-4p Game	1	2	3
4	5	6	7	8	9	10

Notes:

Attachment #2

mia
Senior Living Solutions

Interest/Activities Survey

I Personal Data

Date: _____
Name: _____ Prefers to be called: _____
Former
Occupation/Career: _____
Education: _____
Marriage (To Whom/How Long): _____
Children: _____
Siblings: _____

Daily Routine (wake up, nap, bedtime): _____
Showers vs. baths _____
Physical Limitations: _____
Challenging Behaviors: _____
Previous Hobbies or Activities: _____
Interested in Trying New Activities? _____ Which? _____
_____
Personal Interests/Topics of Conversation: _____

II Activities Preferred/Current Interests

Arts & Crafts: _____
Sewing: _____
Handiwork: _____
Cards: _____
Games: _____
Exercise: _____
Music Appreciation: _____
Sing-a-long: _____
Current Events: _____
Like to Read: _____
Read to: _____
Short Stories: _____
Movies: _____
Bingo: _____
Puzzles: _____

Health Discussions: _____
Walks: _____
Horseshoes: _____
Croquet: _____
Personal Reminiscing: _____
History Discussions: _____
Trivia: _____
Word Games: _____
Jokes & Riddles: _____
Special Programs: _____
Resident Council: _____
Outings: _____
Parties: _____
Dominoes: _____
Writing: _____

Attachment 29

Coffee Breaks: _____ Socializing: _____
Tea Parties: _____ Poker: _____
Bowling: _____ Blackjack: _____
Basketball: _____ Gardening: _____
Volunteering: _____ Voting: _____
Continuing Education classes_____ Painting_____
Religious Studies:_____ Bible Study:_____

Other
Interests_____

Dislikes_____

Additional Information:

Attachment 3

Community: _____

Sign In Sheet

Date	Name (Please Print)	Activity	Date	Signature

The Marigold at 11th Street
Assisted Living Facility

September 19, 2017

Sharon Mebane
Program Manager
Intermediate Care Facilities Division
District of Columbia Department of Health (DOH)
899 North Capitol Street, NE, 2nd Floor
Washington, DC 20002

Dear Ms. Mebane:

Re: Plan of Correction
2905 11th Street, N.W (ALR-0031)

Please find enclosed the re-drafted Plan of Correction dated September 18, 2017 in conformity with the directive given on Wednesday September 15, 2017.

Thanks.

Bolanle Bayo-Solarin
Administrator

POC ACCEPTANCE FORM

Surveyor Name	Theresa Waters
Provider	The Marigold at 11th St.
Facility ID	ALR-0031
Address	2905 11th St. NW
POC Administrative Signature Date	09/18/17
POC Received Date	09/18/17
POC Approval Date	09/18/17

☐ Not Approved Date

Revisit Needed

☐ 1st

☐ 2nd

Comments: POC is approved

The aforementioned Plan of Correction is in compliance with HIPAA regulations (no formal names or initial identifiers) and therefore is approved to be posted on the Department of Health's website.

Signature: Theresa Waters **Date:** 09/19/17

Please CC- Sharon Mebane, Laura A. Hunte, and Linnis Wallace.
Thank you~