Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING ALR-0031 10/19/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2905 11TH STREET NW THE MARIGOLD AT 11TH STREET WASHINGTON, DC 20001 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Department of Fleeith Health Regulation & Licensing Administration R 000 Initial Comments R 000 Intermediate Care Facilities Division 899 North Capitol St., N.E. An annual survey was conducted from October Washington, D.C. 20002 15, 2015 through October 19, 2015, to determine Received compliance with the Assisted Living Law "DC Code § 44-101.01." The Assisted Living Residence (ALR) provides care for fourteen (14) residents and employs sixteen (16) employees to include professional and administrative staff. The sample size included six (6) patient records and sixteen (16) employee records. The findings of the survey were based on observations, record reviews, and interviews. Please Note: Listed below are abbreviations used throughout the body of this report. ADL -Activities of Daily Living ALA - Assisted Living Administrator ALR - Assisted Living Residence CNA - Certified Nursing Assistant DOH - Department of Health F - Fahrenheit HIPAA -Health Insurance Portability and Accountability Act HHA - Home Health Aide H&P - History and Physical HRLA - Health Regulations and Licensing Administration ISP - Individualized Service Plan Pre-ISP - Prior to Admission Individualized Service Plan RN - Registered Nurse TME-Trained Medication Employee PT-Physical Therapist 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 Health Regulation & Licensing Administration

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	and the health or sa Based on record revisalled to ensure medical conducted for two (2 sample. (Residents) The findings include 1. On October 16, 2 Resident #4's record revealed The H&P ordered months, however, that a medical evaluafter May 28, 2015. On October 16, 2015 the ALA revealed that own medical appoint indicated that she with he/she had a medical evaluation and the sample. 2. On October 16, 2015 Resident #5's record 23, 2015. The H&P of every three to four mailed to evidence the been conducted after the ALA revealed that responsible for making resident. However, significant in the sample for making resident. However, significant in the sample for making resident.	rsical and mental capabilities afety of other residents; view and interview, the ALR dical evaluations were 2) of six (6) residents' in the #4 and #5) 2015, at 11:58 a.m., review of a H&P dated May 28, 2015. edical evaluations every three ation had been conducted at Resident #4 makes his/her trents. The ALA then buld ask the resident if all evaluation after May 28, 015, at 1:38 p.m., review of I revealed a H&P dated April ordered medical evaluations anoths, however, the record at a medical evaluation had	R 292	R. 292: 1. Resident #4 had a medical evaluation on October 8 20 Resident #5 had a medical evaluation on November 2, 2015. 2. All resident records were reviewed and no other residents were affected by deficiency. 3. We have developed a tickle system to alert us when labetc. are due. 4. The administrator will monithe resident's ongoing recoand the tickler system every months to ensure this deficiency does not occur again.	this er os, itor	11/03/2015 Ongoing
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documented eviden #4 and #5 had med ordered by their phy	ice that Residents ical evaluations conducted as sicians.	R 292		10/16/2015 Ongoing
(2) To have their refeleased only in accouncerced consent and federal law; Based on observation review, it was reveal medical information District and federal I resident's in the same The finding includes On October 15, 2011 of unit #1 revealed Einto Resident#1's ap Employee #6 [cook] he/she was going intapartment wearing given stated that the land he/she did not withe resident and that gloves. On October 15, 2015 review of Resident #	ecords kept confidential and cordance with their informed in accordance with District on, interview and record led that ALR failed to keep confidential in accordance to aw for one (1) of six (6) nple. (Resident #1) 5, at 10:40 a.m. observation employee #6 [cook] going artment wearing gloves. was asked by the ALA why to the Resident #1's gloves. Employee #6 [cook] Resident #1 had [diagnosis] want to contract anything from the swhy he/she was wearing and the smedical record it was	R 373	transferred to the resident office under lock and key. 2. Staff members has been trained on HIPPA requirem and procedure to keep confidential records. 3. Staff members have also be made aware of the penaltic for the infringement of HIF regulations. Attached is a signed attendance sheet of said training. 4. The administrator is to more all staff on the above and HIPPA requirements and regulations are now a regulations are now a regulations.	t care nents neen des PPA f the nitor
	MENT OF DEFICIENCIES LAN OF CORRECTION OF PROVIDER OR SUPPLIER MARIGOLD AT 11TH STR SUMMARY STA IX (EACH DEFICIENCY REGULATORY OR L 92 Continued From pa documented evider #4 and #5 had med ordered by their phy It should be noted to the last survey on October 22, 2014. 73 Sec. 506a2 Privacy (2) To have their re released only in accouncoerced consent and federal law; Based on observation review, it was revea medical information District and federal I resident's in the sam The finding includes On October 15, 2019 of unit #1 revealed E into Resident#1's ap Employee #6 [cook] he/she was going information apartment wearing go then stated that the in and he/she did not we the resident and that gloves. On October 15, 2018 review of Resident # confirmed that Resid diagnosis quoted by	ALR-0031 OF PROVIDER OR SUPPLIER MARIGOLD AT 11TH STREET SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) OF Continued From page 2 documented evidence that Residents #4 and #5 had medical evaluations conducted as ordered by their physicians. It should be noted that this a repeat deficiency for the last survey on October 22, 2014. OF Sec. 506a2 Privacy and Confidentiality. (2) To have their records kept confidential and released only in accordance with their informed uncoerced consent in accordance with District and federal law; Based on observation, interview and record review, it was revealed that ALR failed to keep medical information confidential in accordance to District and federal law for one (1) of six (6) resident's in the sample. (Resident #1) The finding includes: On October 15, 2015, at 10:40 a.m. observation of unit #1 revealed Employee #6 [cook] going into Resident#1's apartment wearing gloves. Employee #6 [cook] then stated that the Resident #1 had [diagnosis] and he/she did not want to contract anything from the resident and that's why he/she was wearing gloves. On October 15, 2015, at 11:00 a.m., during a review of Resident #1's medical record it was confirmed that Resident #1 did have the diagnosis quoted by	MENT OF DEFICIENCIES LAN OF CORRECTION (X1) PROVIDER/SUPPLIER (X2) MULTIPI A. BUILDING ALR-0031 STREET ADDRESS, CITY. 2905 11TH STREET WASHINGTON, DC 2 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) CONTINUED From page 2 documented evidence that Residents #4 and #5 had medical evaluations conducted as ordered by their physicians. It should be noted that this a repeat deficiency for the last survey on October 22, 2014. (2) To have their records kept confidential and released only in accordance with their informed uncoerced consent in accordance with District and federal law; Based on observation, interview and record review, it was revealed that ALR failed to keep medical information confidential in accordance to District and federal law for one (1) of six (6) resident's in the sample. (Resident #1) The finding includes: On October 15, 2015, at 10:40 a.m. observation of unit #1 revealed Employee #6 [cook] going into Resident#1's apartment wearing gloves. Employee #6 [cook] was asked by the ALA why he/she was going into the Resident #1's apartment wearing gloves. Employee #6 [cook] then stated that the Resident #1 had [diagnosis] and he/she did not want to contract anything from the resident and that's why he/she was wearing gloves. On October 15, 2015, at 11:00 a.m., during a review of Resident #1's medical record it was confirmed that Resident #1 did have the diagnosis quoted by	MENT OF DEFICIENCIS LAN OF CORRECTION AREA-0031 STREET ADDRESS. CITY. STATE. ZIP CODE AREA-0031 STREET ADDRESS. CITY. STATE. ZIP CODE AREA-0031 STREET NW WASHINGTON, DC 20001 SUMMARY STATEMENT OF DEFICIENCIS DE STRULL REGULATORY OR LSC IDENTIFYING INFORMATION) CODE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) CODE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) CODE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) CODE (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIATE AND MARKED A

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R 373	Continued From pa	ge 3	R 373	n	
	with the ALA revealed the diagnosis quote ALA then indicated as a cook and some answering the call lifthe diagnosis of Rewith the ALA revealed in-service for all starrules to use/discloss information. Sec. 508 Notice of real Analysis and provide a conspit and provide a copy from the action of the action of any changes of care, or services and the action of the ac	a copy of a document lent's rights, as set forth in cuous location, plainly visible esidents, staff, and visitors to each resident and upon admission and at the to the resident's status, level available to the resident. view and interview, it was ALR failed to provide a copy to the resident and/or the at the time of admission for esidents in the sample.	R 386	 Residents rights notice was posted in the lobby of the facility since opening where residents including resident 1, 3, and 5 can see it. All residents/surrogates including residents #1, 3, & have now been given a copy the resident rights and all h read and signed an acknowledgement of residerights. Attached is the said acknowledgement copies at sheet. Copies of the resident's right is included in the admission package. Also a copy of the resident's rights and its acknowledgement are now kept in the resident records and staff members have been trained on such. 	e all ts # 5 y of ave ent nd hts
		at she had reviewed Resident			

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R 386	Continued From page	ge 4	R 386			
		not see that a copy of the ad been provided to the				
	Resident#3's record	2015, at 11:58 a.m., review of failed to evidence that the was provided a copy of the				
	the ALA revealed the #3's record and did	5, at 2:00 p.m., interview with at she had reviewed Resident not see that a copy of the ad been provided to the				
	Resident #5's record	2015, at 11:58 a.m., review of difailed to evidence that the was provided a copy of the				
	the ALA revealed that #5's record and did	5, at 2:10 p.m., interview with at she had reviewed Resident not see that a copy of the ad been provided to the				
	residents and/or res	rvey, there was no be that the aforementioned idents surrogates were the Resident's Rights.				
R 471	Sec. 604a1 Individua	alized Service Plans	R 471			
	resident prior to adm Based on record rev failed to develop an	be developed for each ission. iew and interview, the ALR ISP prior to admission for five tted resident's in the sample.				

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R 471	Continued From pa	ge 5	R 471		
	(Residents' #1, #2,	#3 #4 and #5)			
	(,			
	The findings include	e:			
	1 On October 15 C	015, at 11:00 a.m., a review			10/25/2015
		cord revealed an admission			Ongoing
		5. Further review of the			
	record failed to evid	ence a pre-admission ISP		R. 471:	
	had been developed	di.		The repeated deficiency for	
	2 On Oatobor 15 1	2015 at 12:15 p.m. a rovious		resident #1 – 5 has been	
		2015, at 12:15 p.m., a review cord revealed an admission		rectified by the administrat	or
		2015. Further review of the		by ensuring the ISP is	
		ence a pre-admission ISP		completed prior to move in	
	had been developed	i.		2. No other resident is affecte	
	2 On Ootober 16 1	001E at 11:59 a.m. a raviour		this deficiency because the	У
		2015, at 11:58 a.m., a review ord revealed an admission		currently have an ISP.	
		5. Further review of the		3. The former administrator h	
		ence a pre-admission ISP		been replaced by a new one	e
	had been developed	i.		whom, with the RN, have	
	4 On Oatobas 16 5	004E -t 10:E6		completed all pre-admissio	
		2015, at 12:56 p.m., a review ord revealed an admission		ISP for all residents. Copies	1.
		5. Further review of the record		the ISP provided to Surveyo	
		pre-admission ISP had been		4. ISPs have been signed by R	N,
	developed.	į.		administrator,	
	E On Ontobas 10	2045 - 4450		resident/surrogates for all i	
		2015, at 1:58 p.m., a review ord revealed an admission		move-ins. All ISPs are included	
		5. Further review of the		in Eldermark. Staff member	
		ence a pre-admission ISP		has also been trained on th	е
	had been developed			regulation requiring an ISP	
				prior to 30 days prior of	
	During a telephone i	nterview with the facility's RN		admission.	
	on October 19, 2015				
		evealed that she was			1
		P's needed to be done but			T T

going forward she would ensure they are done for

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R 471	Continued From pa	ge 6	R 471		
	all newly admitted re	esidents as required,			10/21/2015
	aforementioned result should be noted that the last survey on October 22, 2014. Sec. 604d Individual (d) The ISP shall be admission and at least The ISP shall be upon is a significant chang. The resident and, if shall be invited to pareassessment. The an interdisciplinary the resident's healthcare the resident's healthcare the resident's surrog ALR. Based on record reversided to ensure ISP's interdisciplinary teams the resident, or the resident, or the resident for five (5) of sample. (Residents' The findings include: 1. On October 15, 20 Resident #1's medical admission date of Applications.	ce that P had been developed for the idents. Inat this a repeat deficiency for lized Service Plans are reviewed 30 days after ast every 6 months thereafter, dated more frequently if there ge in the resident's condition, necessary, the surrogate articipate in each review shall be conducted by earn that includes the expractitioner, the resident, rate, if necessary, and the liew and interview, the ALR is were reviewed by the notes that the expression is surrogate 30 days for at least every six (6) of six (6) residents in the #1, #2, #3, #4 and #5)	R 483	 R. 483: Resident #s 1, 2, 3, 4, & 6 IS were reviewed and signed the facility's interdisciplinar team and the residents. A review of all resident ISPs was completed and no other resident was affected by the deficiency. Developed a system to ensispe by the interdisciplinary team the residents and/or their surrogates. The administrator will reviewed records and ISP monthly to ensure that the deficiency on to occur again. Attached a signed service plan of Residents #s 1 – 6. But conto to the date of admission on resident # 6 as contained in citation, his actual admission date was 09.04.14. 	ser nis ure ed m, does are trary

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING ALR-0031 10/19/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2905 11TH STREET NW THE MARIGOLD AT 11TH STREET WASHINGTON, DC 20001 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) R 483 R 483 Continued From page 7 Continued review of Resident #1's medical record revealed an ISP dated August 3, 2015, which was signed by the physician, however, there was no documented evidence that the aforementioned ISP had been reviewed by the interdisciplinary team, resident and/or the resident's surrogate. 2. On October 16, 2015, at 11:58 a.m., review of Resident #3's medical record revealed an admission date of April 30, 2015. Further review of the record failed to evidence a ISP 30 days after admission. Continued review of Resident #3's medical record revealed an ISP dated October 12, 2015, which was signed by the physician, however, there was no documented evidence the aforementioned ISP had been reviewed by the interdiction team, resident and/or the resident's surrogate. 3. On October 16, 2015, at 12:58 a.m., a review of Resident #4's record revealed an admission date of June 2, 2015. Further review of the record failed to evidence a ISP 30 days after admission. Continued review of Resident #4's medical record revealed an ISP dated October 16, 2015, that failed to evidence it had been reviewed by the interdisciplinary team, the residents healthcare practitioner, the resident and/or the resident's surrogate. 4. On October 16, 2015, at 1:38 p.m., a review of Resident #5's record revealed an admission date of May 31, 2015. Further review of the record failed to evidence a ISP 30 days after admission. Continued review of Resident #5's medical record

revealed an ISP dated September 17, 2015, that

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING ALR-0031 10/19/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2905 11TH STREET NW THE MARIGOLD AT 11TH STREET WASHINGTON, DC 20001 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) R 483 Continued From page 8 R 483 failed to evidence it had been reviewed by the interdisciplinary team, the residents healthcare practitioner, the resident and/or the resident's surrogate. During a telephone interview with the facility's RN on October 19, 2015, at 10:30 a. ma, it was revealed that she was unaware of the requirement that residents needed an ISP 30 days after admission. The RN then indicated that she would ensure ISP's are done for all newly admitted residents 30 days after admission. The RN also indicated that she was unaware that ISPs needed to be reviewed by the interdisciplinary team, the resident and/or the resident's surrogate but going forward she would ensure ISPs are reviewed as required. 4. On October 15, 2015, at 12:15 p.m., review of Resident #2's medical record revealed an admission date of August 21, 2015. The record failed to evidence a ISP 30 days after admission. Further review of the record revealed a ISP dated October 2, 2015, which was signed by the physician, however, there was no documented evidence it had been reviewed by the interdisciplinary team, resident and/or the resident's surrogate. Continued review of Resident #2's medical record revealed a prescription dated September 29, 2015, for home health services for history of falls due to a unsteady gait. The record failed to evidence an updated ISP to reflect health services being provided to address Resident #2's unsteady gait. During an interview with the ALA on October 15, 2015, at 2:30 p.m., it was revealed that she was unaware that the interdisciplinary team, resident

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R 483	Continued From pa	age 9	R 483		
R 602.	and /or the resident the ISP's. The ALA forward ISPs will be interview revealed receiving PT service agency three times 2015. Continued in unaware that the P needed to be included. 5. On October 16, Resident #6's mediadmission date of 3 review of the record dated April 1, 2015 2015, which failed the reviewed by the phyresident's surrogated. At the time of this sedocumented evident residents ISPs were required. It should be noted the last survey on October 22, 2014. Sec. 701f Staffing Sec. 701f Staff	t surrogate needed to review then indicated that going e reviewed as required. Further that Resident#2 had been sees from a licensed home care a week since October 6, terview revealed that she was T services [significant change] ded on the ISP. 2015, at 12:30 p.m., review of ical record revealed an September 14, 2015. Further d revealed an unsigned ISP and a ISP dated October 14, to evidence it had been ysician, resident and/or the elementation of the elementat	R 602	R. 602: 1. All staff members are free fall forms of contagious dise and have proof of same. 2. A file with all staff members confidential information was created several months ago the former administrator, bin the transition to the new administrator, the file with information was not presen The file has been identified most of the missing TB/X rawwere in the said file in alphabetical order.	ases Ongoing s' s by ut this ted. and

STATEME	Regulation & Licensir NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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	beginning at 11:21 a #2, #4, #6, #7, #8, # #10 and the ALA's p evidence that a hea had been conducted During an interview 2015, at 11:45 a.m., would fax the aforer to the Department of and Licensing Admir review by the close It should be noted the receive the health of At the time of this su documented evidence	5, through October 19, 2015, a.m., review of Employees #1, #9, personnel records failed to lth clearance for tuberculosis d annually. with the ALA on October 19, it was revealed that she mentioned health clearances of Health, Health Regulation instration (DOH/HRLA) for of business on the same day, and the DOH/HRLA did not learances. urvey, there was no ce that aforementioned e from tuberculosis in the	R 602	 For the ones missing TB/X rathe staff have come into compliance with this requirement. All current states have proof of freedom from contagious diseases and records are in the file. Documentation has been fast to DOH/HRLA. Staff have bettrained on this annual requirement. Tickler system has been developed to alert administrator when test is required. All new staff will provide evidence prior to employment and as a condit of employment. 	aff ked en
	determined that the employees providing the ALR were certified		R 652		
	The findings include:				
	On October 15, 2015	5, at approximately 1:00 p.m.,			

Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING ALR-0031 10/19/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2905 11TH STREET NW** THE MARIGOLD AT 11TH STREET WASHINGTON, DC 20001 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) R 652 Continued From page 11 R 652 6. R. 652: interview with the ALA revealed that TMEs work in 1. Employee #1 was immediately a dual role. They administer medicines and assist -10/21/2015 removed from the schedule on residents with ADLs as needed. The ALA was 10/19/2015. Employee #3 was then informed that per the Assisted Living Law Ongoing "DC Code § 44-101.01." an employee must be removed from schedule on certified as a CNA or HHA to provide direct care 10/20/15. Employee #s 9 & 12 for residents. does not provide hands on care to residents, but only restricted 1. On October 16, 2015, at 11:13 a.m., review of to administering medications Employee #12's personnel record revealed that he/she was hired on June 16, 2014, as a as certified TMEs in the District part-time TME. Further review of the record 2. All residents have potential to revealed a job description signed and dated by be affected by this observed Employee #12 on July 11, 2014. The job deficiency. description indicated in the 3. All staff files have been " Resident Assistance" section that the TME is to " provide assistance with activities of daily living reviewed by administrator to to residents when necessary. Assists residents ensure proper certification and with oral care and basic hygiene needs. Bathes correct job descriptions. Staff and dresses residents. Assist toileting resident without proper certifications as needed. Assist residents as needed in getting have been removed from in and out of beds, wheelchairs, bathtubs, etc...' staffing schedule until all The record failed to evidence that Employee #12 was a certified CNA. certification have been obtained. 2. On October 19, 2015, at 12:45 p.m., review of 4. A check list of all requirements Employee #9's personnel record revealed that are included in each staff file. he/she was hired on June 13, 2014, as a No staff will be hired before all part-time TME. Further review of the record requirements are met and revealed a job description signed and dated by Employee #9 on July 11, 2014. The job proof provided. All job description indicated in the descriptions have been revised "Resident Assistance" section that the TME is to and all staff trained on the "provide assistance with activities of daily living to requirements. residents when necessary. Assists residents with oral care and basic hygiene needs. Bathes and dresses residents. Assist toileting resident as needed. Assist residents as needed in getting in and out of beds, wheelchairs, bathtubs, etc...'

The record failed to evidence that Employee #9

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A BUILDING B, WING ALR-0031 10/19/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2905 11TH STREET NW** THE MARIGOLD AT 11TH STREET WASHINGTON, DC 20001 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) R 652 Continued From page 12 R 652 was a certified CNA. Post-survey: On October 20, 2015, at approximately 10:12 a.m., interview with an employee from the District of Columbia's Licensure/Recertification Division revealed that Employee #12 was certified as a CNA in the District of Columbia; however, his/her certification expired on September 30, 2013. The employee also indicated that there was no record that Employee #9 was certified as a CNA in the District of Columbia. Post- survey: During a telephone interview with the ALA on October 20, 2015, at approximately 10:30 a.m., the ALA was informed that Employees #12 and #9 were not certified as a nursing assistants in the District of Columbia and can only administer medications as a TME. 3. On October 19, 2015, at 1:30 p.m., review of Employee #1's personnel record revealed that Employee #1 was hired on June 16, 2014, as a full-time CNA. Further review of the record failed to evidence a CNA certification. 4. On October 19, 2015, at 2:00 p.m., review of Employee #3's personnel record revealed that Employee #3 was hired on August 6, 2015, as a part-time CNA. Further review of the record revealed a CNA certification for the State Maryland with an expiration date of June 28, 2017. On October 19, 2015, at 1:45 p.m., interview with the ALA revealed that she would request for Employee#1 and #3 to submit their CNA

Health Regulation & Licensing Administration

certification today and then she would send the

STATEMEN	egulation & Licensin T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED	
		ALR-0031	B. WING		10/19/2015	
IAME OF F	PROVIDER OR SUPPLIER	STREET AU	DRESS, CITY, STAT	IE, ZIP CODE		
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R 652	Continued From pa	ge 13	R 652			
	close of business o	H/HRLA for review by the n the same day. It should be LA did not receive the				
	web-site failed to ev	a.m., review of the DOH vidence that Employee #1 and not certified as CNAs in the				
	October 20, 2015, a ALA was informed were not certified a Columbia. The ALA #1 last worked on 0 to 7:00 a.m. shift] a on October 18, 201 shift]. Further inter that Employees #1 the schedule and w	interview with the ALA on at approximately 9:50 a.m., the that Employees #1 and #3 is CNAs in the District of then indicated that Employee Dotober 19, 2015 [11:00 p.m. and Employee #3 last worked 5, [3:00 p.m. to 11:00 p.m. view with the ALA revealed and #3 were removed from will not be allowed to return to e a CNA certification from the at.				
	documented evider	urvey, there was no not a force that aforementioned g direct care were certified as tof Columbia.		R653 STAFF TRAINII	NG	
R 653	Sec. 702a2 Staff Ta	raining	R 653	REFERENCE TO 6	52.	
	in the Medicare crit Based on interview determined that the employees that pro in the ALR were ce	a home care aide as defined eria in OBRA 1987; and record review, it was a ALR failed to ensure divide direct care for residents rifled as HHAs for three (3) of the sample. (Employees		ı,	1	

Health Regulation & Licensing Administration						
	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
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R 653	Continued From pa	ge 14	R 653			
	#1, #9, and #12)					
	The findings include	2:				
	interview with the Al a dual role. They ad residents with ADLs then informed that p "DC Code § 44-101	5, at approximately 1:00 p.m., A revealed that TMEs work in minister medicines and assist as needed. The ALA was per the Assisted Living Law .01." an employee must be provide direct care for				
	Employee #12's per he/she was hired on part-time TME. Furth revealed a job description indicated "Resident Assistance" provide assistance to residents when newith oral care and ba and dresses resident as needed. Assist rein and out of beds, we have the same to the same to residents when new the theorem is needed. Assist rein and out of beds, we have the same th	d in the ce" section that the TME is to with activities of daily living ecessary. Assists residents asic hygiene needs. Bathes its. Assist toileting residents esidents as needed in getting wheelchairs, bathtubs, etc"				
	Employee #9's person he/she was hired on part-time TME, however that Emplo Further review of the description signed at July 11, 2014. The juthe	015, at 12:45 p.m., review of onnel record revealed that June 13, 2014, as a ever, the record failed to yee #9 was a certified HHA. I record revealed a job and dated by Employee #9 on ob description indicated in e" section that the TME is to				

Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING ALR-0031 10/19/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2905 11TH STREET NW** THE MARIGOLD AT 11TH STREET WASHINGTON, DC 20001 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) R 653 Continued From page 15 R 653 "provide assistance with activities of daily living to residents when necessary. Assists residents with oral care and basic hygiene needs. Bathes and dresses residents. Assist toileting residents as needed. Assist residents as needed in getting in and out of beds, wheelchairs, bathtubs, etc ... " The record failed to evidence that Employee #9 was a certified HHA. Post-survey: On October 20, 2015, at approximately 10:12 a.m., interview with an employee from the District of Columbia's Licensure/Recertification Division revealed that there was no record that Employees #12 and #9 were certified as HHAs in the District of Columbia. Post- survey: During a telephone interview with the ALA on October 20, 2015, at approximately 10:30 a.m., the ALA was informed that Employees #12 and #9 were not certified as HHAs in the District of Columbia. The ALA then indicated that Employees #12 and #9 will administer medication and not provide assistance with ADLs as indicated in their job description. On October 19, 2015, at 1:30 p.m., review of Employee #1's personnel record revealed that Employee #1 was hired on June 16, 2014. Further review of the record failed to evidence Employee #1 was certified as an HHA. On October 19, 2015, at 2:00 p.m., interview with the ALA revealed that Employee #1 was hired to provide assistance with ADLs for all residents. Post- survey: On October 20, 2015, at

Health Regulation & Licensing Administration					FORWIAFFROVED
	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	
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R 653	Continued From pa	ge 16	R 653		
	approximately 9:30 web-site failed to excertified as an HHA During a telephone October 20, 2015, a ALA was informed to certified as a HHA in The ALA then indicated worked on October a.m. shift] and Employees 18, 2015, [Further interview with Employees #1 and #3 were removed from the allowed to return the end of this side allowed to return the end of the end	a.m., review of the DOH vidence that Employee #1 was in the District of Columbia. Interview with the ALA on at approximately 9:50 a.m., the hat Employee #1 was not in the District of Columbia. Atted that Employee #1 last 19, 2015 [11:00 p.m. to 7:00 loyee #3 last worked on 3:00 p.m. to 11:00 p.m. shift]. It the ALA revealed that com the schedule and will not to work until they have a sim the District of Columbia. Arvey, there was no ce that aforementioned g direct care were certified as of Columbia. Building Interior sure that the interior of its ls, ceilings, doors, windows,	R 653	R. 981: 1. Dark sports in front of unit 203 and 204 represent whe chair marks and not water leaks. But the said stain has been cleaned. A mat had be provided to residents in unit	eel 5 een
	failed to ensure that maintained in a safe good repair in the Al The findings include During the facility's e October 16, 2015, b.			 206 to contain water comin out of the roll-in shower. 2. Carpets to be extensively cleaned periodically (every quarter) and staff has been directed to mop the bathroof floor in 206 after each show 	om

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STATEMENT OF C		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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	DER OR SUPPLIER	EFT 2905 11Th	DRESS, CITY, S H STREET NV STON, DC 20	N	
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hall of apper #204 point out of pressins per three send in the send in specific pressins per three send in the All inspecific pressins per three send in specific pressins pression pre	eared to be from and #206. Also ted out that the of the shower of the should of the sh	ge 17 arge dark spots which a spills, in front of apt's. #203, so in apt. #206, the resident water from the shower ran into the bathroom floor which for potential falls. During an ower it was observed that the wer was about a half of inch alated it would overflow from bathroom floor. I informed inpanied the surveyor on the ething needed to be put in athroom safe for the	R 981	 and direction included in service plan. 3. Administrator to make more environmental checks to ensure compliance and to generally check that the fais in good working order. 4. No. 3 above will be on goi collaboration with the department of housing. 	acility
the heaccest contrinctude temperature temp	ot water at all took is so controlled olled mixing valing control at the erature does not enheit. If on observation, the facility face attures did not enheit in areas ealth and safety. Inding includes go the survey of eratures were controlled to be a sink in the ured, the water mined to be	sure that the temperature of aps to which residents have by the use of thermostatically lives or by other means, he source, so that the water of exceed 110 degrees on, interview and record illed to ensure water texceed 110 degrees within the facility to ensure y of residents residing in the	R1003	 R. 1003: The water temperature is has been resolved with out contractor. A temperature log has been developed. The administration will check monthly all units water temperatures. All residents had potential be affected. Staff members have been trained on water temperation monitoring. The administrator shall ensoverall compliance to all the above. 	or 10/19/2015 Ongoing en etor s to cure

STATE MENT OF DEFICIENCES AND PLAN OF CORRECTION INTERCTION NUMBER A BUILDING:	Health I	Regulation & Licensin	g Administration										
AMME OF PROVIDER OR SUPPLER THE MARIGOLD AT 11TH STREET SUMMARY STATEMENT OF DEFICIENCIES (RAH) ID PREFIX TAG REGOLATORY OR LSC IDENTIFYING INFORMATION) REGOLATORY OR LSC IDENTIFYING INFORMATION) R1003 Continued From page 18 kitchen sink. The ALA was asked to notify someone from the maintenance department to turn down the water temperature. A plumbting company arrived at the facility at approximately 1.45 p.m. to turn down the water temperature which was listed at 140 degrees on the two water heaters at the facility. Further discussion with the ALA revealed that the residents were able to independently regulate water temperatures. The surveyors then proceeded to check other water temperatures at other faucets that will be potentially used by the residents in their apartments. On this same day a technician from a local plumbing company arrived at the facility to check the hot water tanks and indicated the temperature would go down after a period of time. Upon checking the water temperatures again at 4.15 p.m. along with the ALA on opposite sides of the building the temperatures would go down after a period of time. Upon checking the water temperatures again at 4.15 p.m. along with the ALA on opposite sides of the building the temperature measured 120 fer revealed the kitchen in the same facility measured 120 fer revealed the kitchen temperature measured 120 fer revealed the kitchen temperature measured 120 degrees F. in the bethroom of the same unit. Following readings were the following; the water temperature measured 140 degrees F. in the bathroom of the same unit. Following readings were the following; the water temperature measured 140 degrees F. in the bathroom of the same unit. Following readings were the following; the water temperature measured 140 degrees F. in the bathroom of the same unit. Following readings were the following the water temperature measured 140 degrees F. in the bathroom of the same unit. Following readings were the following the water temperature measured 140 degrees F. in				A. BUILDING:		COMPLETED							
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WASHINGTON, DC COMPANY STATEMENT OF DEPICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX TAGE PROVIDER'S PLAN OF CORRECTION PROVIDER'S PL		2006 11TU CTDEET NAV											
PREFIX TAG REGULATORY OR LSC IDPNTIFYING INFORMATION) R1003 Continued From page 18 kitchen sink. The ALA was asked to notify someone from the maintenance department to turn down the water temperature. A plumbing company arrived at the facility at approximately 1.45 p.m. to turn down the water temperature which was listed at 140 degrees on the two water heaters at the facility. Further discussion with the ALA revealed that the residents were able to independently regulate water temperatures. The surveyors then proceeded to check other water temperatures at other faucets that will be potentially used by the residents in their apartments. On this same day a technician from a local plumbing company arrived at the facility to check the hot water tanks and indicated the tanks were both set at a temperature of 140 degrees F. The tanks were readjusted to 110 degree temperature and indicated the temperature of the building the temperatures again at 4.15 p.m. along with the ALA on opposite sides of the building the temperatures were the following; a bathroom in #115 measured 115 degrees F. in the kitchen in the same facility measured 120 F. On the opposite side of the building in #206 revealed the kitchen temperature measured 120 F. On the opposite side of the building were the following; the water temperature measured 140 degrees F. in spection of the third bathroom (down the hall on the right), revealed the water temperature measured 120 feares F. Inspection of the third bathroom (down the hall on the right), revealed the water temperature measured 120 feares F. Inspection of the third bathroom (down the hall on the right), revealed the water temperature measured 120 feares F. Inspection of the third bathroom (nown the hall on the right), revealed the water temperature measured 130 degrees F. Inspection of the third bathroom (nown the hall on the right), revealed the water temperature measured 130 degrees F. Inspection of the third bathroom (nown the hall on the right), revealed the water temperature	I THE MARIGULU AT 11TH STREET												
kitchen sink. The ALA was asked to notify someone from the maintenance department to turn down the water temperature. A plumbing company arrived at the facility at approximately 1.45 p.m. to turn down the water temperature which was listed at 140 degrees on the two water heaters at the facility. Further discussion with the ALA revealed that the residents were able to independently regulate water temperatures. The surveyors then proceeded to check other water temperatures at other faucets that will be potentially used by the residents in their apartments. On this same day a technician from a local plumbing company arrived at the facility to check the hot water tanks and indicated the tanks were both set at a temperature of 140 degrees F. The tanks were readjusted to 110 degree temperature and indicated the temperatures would go down after a period of time. Upon checking the water temperatures again at 4.15 p.m. along with the ALA on opposite sides of the building the temperatures were the following: a bathroom in #115 measured 115 degrees F. in the kitchen in the same facility measured 120 F. On the opposite side of the building in #206 revealed the kitchen temperature measured 120 degrees F, and the bathroom of the same unit. Following readings were the following; the water temperature measured 140 degrees F. Inspection of the third bathroom (down the hall on the right), revealed the water temperature measured 130 flowers.	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROP	D BE COMPLETE							
sink was checked and determined to be 120		kitchen sink. The All someone from the riturn down the water company arrived at 1:45 p.m. to turn downich was listed at heaters at the facility ALA revealed that the independently regula surveyors then procite temperatures at othe potentially used by the apartments. On this same day a plumbing company at the hot water tanks a both set at a temper 140 degrees F. The degree temperature temperatures would time. Upon checking the wind the building the temperature temperature in the said on the opposite side revealed the kitchen degrees F. and the bemeasured 122 F in the unit, Following reading water temperature measured 138 degrees and day, the water temperature management of the water temperature management of the third the right), revealed the measured 138 degrees ame day, the water	A was asked to notify maintenance department to temperature. A plumbing the facility at approximately with the water temperature 140 degrees on the two water y. Further discussion with the presidents were able to ate water temperatures. The eeded to check other water er faucets that will be the residents in their technician from a local arrived at the facility to check and indicated the tanks were ature of tanks were readjusted to 110 and indicated the go down after a period of water temperatures again at the ALA on opposite sides of peratures were the following: measured 115 degrees F. in me facility measured 120 F. of the building in #206 temperature measured 120 pathroom temperature are bathroom of the same negs were the following; the measured 140 degrees F. do bathroom (down the hall on the water temperature temperature temperature at the kitchen	R1003									

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A BUILDING: B. WING ALR-0031 10/19/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2905 11TH STREET NW** THE MARIGOLD AT 11TH STREET WASHINGTON, DC 20001 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X4) ID **PRÉFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) R1003 R1003 Continued From page 19 On October 16, 2015, at approximately 4:30 p.m. it was determined the facility did not have any means of measuring the temperatures, since they did not have thermometers. A staff person went to purchased them. During their absence the ALA prepared notices and posted them throughout the facility for staff and resident to be careful when using the hot water. A hot water temperature log was prepared for staff to measure the water hourly during the weekend. On October 19, 2015, 9: 20 a.m., review of the facility's water temperature logs revealed the majority of the water temperatures exceeded 110 degrees F. over the weekend. The surveyor and the ALA checked the water in the first floor bathroom at 10:10 a.m. and the temperature measured 121 degrees F. After the above reading a licensed plumber returned to the facility at 2:05 p. m. to check the water heater again since the 110 degree temperature was not obtained over the weekend. The plumber stated the hot water temperature had remained above 110 degrees F, because the temperature was not saved by the previous plumber when the water temperature was turned down. According to the plumber that set the new readings on the gauges it would take approximately 24 hours for the temperature of the water to achieve the 110 degree temperature desired. The ALA indicated the staff would check the temperatures and document the same at the change of each shift. At the time of the survey, however, the Assisted Living Facility failed to ensure that water temperatures did not exceed 110 degrees F. as

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required, at all times.

Health Regulation & Licensis STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DAT	(X3) DATE SURVEY COMPLETED	
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X4) ID REFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCY Y MUST BE PRECEDED I SC IDENTIFYING INFOR	CIES BY FULL	ID PREFIX TAG	F CORRECTION CTION SHOULD BE THE APPROPRIATE CY)	JLD BE COMPLE		
R1003	Continued From page 20 On October 20, 2015, the ALA forwarded the facility's water temperature logs for October 19, 2015. The review of the logs revealed none of the water temperatures throughout the facility, exceeded 110 degrees F.		R1003					

Health Regulation & Licensing Administration STATE FORM