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 _____	10/19/2015

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 An annual survey was conducted from October 15, 2015 through October 19, 2015, to determine 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 000	Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002 Received 11/25/15	
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	R 292		

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R 292	Continued From page 1 their health and physical and mental capabilities and the health or safety of other residents; Based on record review and interview, the ALR failed to ensure medical evaluations were conducted for two (2) of six (6) residents' in the sample. (Residents' #4 and #5) The findings include: 1. On October 16, 2015, at 11:58 a.m., review of Resident #4's record revealed a H&P dated May 28, 2015. The H&P ordered medical evaluations every three months, however, the record failed to evidence that a medical evaluation had been conducted after May 28, 2015. On October 16, 2015, at 2:30 p.m., interview with the ALA revealed that Resident #4 makes his/her own medical appointments. The ALA then indicated that she would ask the resident if he/she had a medical evaluation after May 28, 2015. 2. On October 16, 2015, at 1:38 p.m., review of Resident #5's record revealed a H&P dated April 23, 2015. The H&P ordered medical evaluations every three to four months, however, the record failed to evidence that a medical evaluation had been conducted after April 23, 2015. On October 16, 2015, at 2:40 p.m., interview with the ALA revealed that the resident's family is responsible for making all appointment for the resident. However, she would find out if the resident had been seen by a physician after April 23, 2015. At the time of this survey, there was no	R 292	**R. 292**: 1. Resident #4 had a medical evaluation on October 8 2015. Resident #5 had a medical evaluation on November 2, 2015. 2. All resident records were reviewed and no other residents were affected by this deficiency. 3. We have developed a tickler system to alert us when labs, etc. are due. 4. The administrator will monitor the resident's ongoing records and the tickler system every 2 months to ensure this deficiency does not occur again.	11/03/2015 Ongoing

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R 292	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.	R 292		10/16/2015 Ongoing
R 373	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] 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 Employee #6 [cook].	R 373	**R. 373:** 1. Confidential records have been transferred to the resident care office under lock and key. 2. Staff members has been trained on HIPPA requirements and procedure to keep confidential records. 3. Staff members have also been made aware of the penalties for the infringement of HIPPA regulations. Attached is a signed attendance sheet of the said training. 4. The administrator is to monitor all staff on the above and HIPPA requirements and regulations are now a regular feature at all staff monthly meetings.	

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R 373	Continued From page 3 On October 15, 2015, at 10:45 a.m., interview with the ALA revealed that Resident #1 did have the diagnosis quoted by Employee #6 [cook]. The ALA then indicated that Employee #6 who works as a cook and sometimes helps out with answering the call lights should not have known the diagnosis of Resident #1. Continued review with the ALA revealed that she would provide in-service for all staff regarding HIPAA Privacy rules to use/disclosure of an resident's health information.	R 373		
R 386	Sec. 508 Notice of resident's rights. An ALR shall place a copy of a document delineating the resident's rights, as set forth in this act, in a conspicuous location, plainly visible and easily read by residents, staff, and visitors and provide a copy to each resident and resident's surrogate upon admission and at the time of any change to the resident's status, level of care, or services available to the resident. 'Based on record review and interview, it was determined that the ALR failed to provide a copy of Resident's Rights to the resident and/or the resident's surrogate at the time of admission for three (3) of five (5) residents in the sample. (Residents #1, #3 and #5) The findings include: 1. On October 15, 2015, at 11:00 a.m., review of Resident #1's record failed to evidence that the resident's surrogate was provided a copy of the resident's rights. On October 15, 2015, at 2:00 p.m., interview with the ALA revealed that she had reviewed Resident	R 386	10/16/2015 **5. R. 386:** 1. Residents rights notice was posted in the lobby of the facility since opening where all residents including residents # 1, 3, and 5 can see it. 2. All residents/surrogates including residents #1, 3, & 5 have now been given a copy of the resident rights and all have read and signed an acknowledgement of resident rights. Attached is the said acknowledgement copies and sheet. 3. Copies of the resident's rights is included in the admission package. 4. 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.	Ongoing

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R 386	Continued From page 4 #1's record and did not see that a copy of the Resident's Rights had been provided to the resident's surrogate. 2. On October 16, 2015, at 11:58 a.m., review of Resident#3's record failed to evidence that the resident's surrogate was provided a copy of the resident's rights. On October 16, 2015, at 2:00 p.m., interview with the ALA revealed that she had reviewed Resident #3's record and did not see that a copy of the Resident's Rights had been provided to the resident's surrogate. 3. On October 16, 2015, at 11:58 a.m., review of Resident #5's record failed to evidence that the resident's surrogate was provided a copy of the resident's rights. On October 16, 2015, at 2:10 p.m., interview with the ALA revealed that she had reviewed Resident #5's record and did not see that a copy of the Resident's Rights had been provided to the resident's surrogate. At the time of this survey, there was no documented evidence that the aforementioned residents and/or residents surrogates were provided a copy of the Resident's Rights.	R 386		
R 471	Sec. 604a1 Individualized Service Plans (a)(1) An ISP shall be developed for each resident prior to admission. Based on record review and interview, the ALR failed to develop an ISP prior to admission for five (5) of (5) newly admitted resident's in the sample.	R 471		

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R 471	Continued From page 5 (Residents' #1, #2, #3 #4 and #5) The findings include: 1. On October 15, 2015, at 11:00 a.m., a review of Resident #1's record revealed an admission date of April 13, 2015. Further review of the record failed to evidence a pre-admission ISP had been developed. 2. On October 15, 2015, at 12:15 p.m., a review of Resident #2's record revealed an admission date of August 21, 2015. Further review of the record failed to evidence a pre-admission ISP had been developed. 3. On October 16, 2015, at 11:58 a.m., a review of Resident #3's record revealed an admission date of April 30, 2015. Further review of the record failed to evidence a pre-admission ISP had been developed. 4. On October 16, 2015, at 12:56 p.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 pre-admission ISP had been developed. 5. On October 16, 2015, at 1:58 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 pre-admission ISP had been developed. During a telephone interview with the facility's RN on October 19, 2015, at 10:30 a. m., it was revealed that she was unaware that Pre-ISP's needed to be done but going forward she would ensure they are done for	R 471	**R. 471:** 1. The repeated deficiency for resident #1 – 5 has been rectified by the administrator by ensuring the ISP is completed prior to move in. 2. No other resident is affected by this deficiency because they currently have an ISP. 3. The former administrator has been replaced by a new one whom, with the RN, have completed all pre-admission ISP for all residents. Copies of the ISP provided to Surveyors. 4. ISPs have been signed by RN, administrator, resident/surrogates for all new move-ins. All ISPs are included in Eldermark. Staff members has also been trained on the regulation requiring an ISP prior to 30 days prior of admission.	10/25/2015 Ongoing

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R 471	Continued From page 6 all newly admitted residents as required. At the time of this survey, there was no documented evidence that a pre-admission ISP had been developed for the aforementioned residents. It should be noted that this a repeat deficiency for the last survey on October 22, 2014.	R 471	**R. 483:** 1. Resident #s 1, 2, 3, 4, & 6 ISP were reviewed and signed by the facility's interdisciplinary team and the residents. 2. A review of all resident ISPs was completed and no other resident was affected by this deficiency. 3. Developed a system to ensure ISPs are reviewed and signed by the interdisciplinary team, the residents and/or their surrogates. 1. The administrator will review records and ISP monthly to ensure that the deficiency does not occur again. Attached are signed service plan of Residents #s 1 – 6. But contrary to the date of admission on resident # 6 as contained in the citation, his actual admission date was 09.04.14.	10/21/2015 Ongoing
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 ALR failed to ensure ISP's were reviewed by the interdisciplinary team, the healthcare practitioner, the resident, or the residents surrogate 30 days after admission and/or at least every six (6) months for five (5) of six (6) residents in the sample. (Residents' #1, #2, #3 , #4 and #5) The findings include: 1. On October 15, 2015, at 11:00 a.m., review of Resident #1's medical record revealed an admission date of April 13, 2015. Further review of the record failed to evidence a ISP 30 days after admission.	R 483		

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R 483	Continued From page 7	R 483		

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

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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. m., 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 page 9 and /or the resident surrogate needed to review the ISP's. The ALA then indicated that going forward ISPs will be reviewed as required. Further interview revealed that Resident#2 had been receiving PT services from a licensed home care agency three times a week since October 6, 2015. Continued interview revealed that she was unaware that the PT services [significant change] needed to be included on the ISP. 5. On October 16, 2015, at 12:30 p.m., review of Resident #6's medical record revealed an admission date of September 14, 2015. Further review of the record revealed an unsigned ISP dated April 1, 2015 and a ISP dated October 14, 2015, which failed to evidence it had been reviewed by the physician, resident and/or the resident's surrogate. At the time of this survey, there was no documented evidence that the aforementioned residents ISPs were reviewed and/or updated as required. It should be noted that this a repeat defiiency for the last survey on October 22, 2014.	R 483		
R 602	Sec. 701f Staffing Standards. (f) Employees shall be required on an annual basis to document freedom from tuberculosis in a communicable form. Based on record review and interview, it was determined that the ALA failed to ensure that employees were free from tuberculosis in a communicable form for nine (9) of fifteen (15) employees in the sample. (Employees #1, #2, #4, #6, #7, #8, #9, #10 and the ALA)	R 602	**R. 602:** 1. All staff members are free from all forms of contagious diseases and have proof of same. 2. A file with all staff members' confidential information was created several months ago by the former administrator, but in the transition to the new administrator, the file with this information was not presented. The file has been identified and most of the missing TB/X rays were in the said file in alphabetical order.	10/16/2015 Ongoing

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R 602	Continued From page 10 The findings include: On October 16, 2015, through October 19, 2015, beginning at 11:21 a.m., review of Employees #1, #2, #4, #6, #7, #8, #9, #10 and the ALA's personnel records failed to evidence that a health clearance for tuberculosis had been conducted annually. During an interview with the ALA on October 19, 2015, at 11:45 a.m., it was revealed that she would fax the aforementioned health clearances to the Department of Health, Health Regulation and Licensing Administration (DOH/HRLA) for review by the close of business on the same day. It should be noted that the DOH/HRLA did not receive the health clearances. At the time of this survey, there was no documented evidence that aforementioned employees were free from tuberculosis in the communicable form.	R 602	3. For the ones missing TB/X rays, the staff have come into compliance with this requirement. All current staff have proof of freedom from contagious diseases and records are in the file. 4. Documentation has been faxed to DOH/HRLA. Staff have been trained on this annual requirement. 5. Tickler system has been developed to alert administrator when test is required. All new staff will provide evidence prior to employment and as a condition of employment.	
R 652	Sec. 702a1 Staff Training. (1) Be certified as a nurse's aide; Based on record review and interview, it was determined that the ALR failed to ensure that employees providing direct care for residents in the ALR were certified as CNAs for four (4) of five (5) employees in the sample. (Employees #1, #3, #9, and #12) The findings include: On October 15, 2015, at approximately 1:00 p.m.,	R 652		

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R 652	Continued From page 11 interview with the ALA revealed that TMEs work in a dual role. They administer medicines and assist residents with ADLs as needed. The ALA was then informed that per the Assisted Living Law "DC Code § 44-101.01." an employee must be certified as a CNA or HHA to provide direct care for residents. 1. On October 16, 2015, at 11:13 a.m., review of Employee #12's personnel record revealed that he/she was hired on June 16, 2014, as a part-time TME. Further review of the record revealed a job description signed and dated by Employee #12 on July 11, 2014. The job description indicated in the " Resident Assistance" section that the TME is to " 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 resident as needed. Assist residents as needed in getting in and out of beds, wheelchairs, bathtubs, etc..." The record failed to evidence that Employee #12 was a certified CNA. 2. On October 19, 2015, at 12:45 p.m., review of Employee #9's personnel record revealed that he/she was hired on June 13, 2014, as a part-time TME. Further review of the record revealed a job description signed and dated by Employee #9 on July 11, 2014. The job description indicated in the "Resident Assistance" section that the TME is to "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 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	R 652	**6. R. 652:** 1. Employee #1 was immediately removed from the schedule on 10/19/2015. Employee #3 was removed from schedule on 10/20/15. Employee #s 9 & 12 does not provide hands on care to residents, but only restricted to administering medications as certified TMEs in the District. 2. All residents have potential to be affected by this observed deficiency. 3. All staff files have been reviewed by administrator to ensure proper certification and correct job descriptions. Staff without proper certifications have been removed from staffing schedule until all certification have been obtained. 4. A check list of all requirements are included in each staff file. No staff will be hired before all requirements are met and proof provided. All job descriptions have been revised and all staff trained on the requirements.	-10/21/2015 Ongoing

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R 652	Continued From page 12 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 certification today and then she would send the	R 652		

Health Regulation & Licensing Administration

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R 652	Continued From page 13 certifications to DOH/HRLA for review by the close of business on the same day. It should be noted that DOH/HRLA did not receive the certifications. Post- survey: On October 20, 2015, at approximately 9:30 a.m., review of the DOH web-site failed to evidence that Employee #1 and Employee #3 were not certified as CNAs in the District of Columbia. During a telephone interview with the ALA on October 20, 2015, at approximately 9:50 a.m., the ALA was informed that Employees #1 and #3 were not certified as CNAs in the District of Columbia. The ALA then indicated that Employee #1 last worked on October 19, 2015 [11:00 p.m. to 7:00 a.m. shift] and Employee #3 last worked on October 18, 2015, [3:00 p.m. to 11:00 p.m. shift]. Further interview with the ALA revealed that Employees #1 and #3 were removed from the schedule and will not be allowed to return to work until they have a CNA certification from the District of Columbia. At the time of this survey, there was no documented evidence that aforementioned employees providing direct care were certified as CNAs in the District of Columbia.	R 652		
R 653	Sec. 702a2 Staff Training. (2) Be certified as a home care aide as defined in the Medicare criteria in OBRA 1987; Based on interview and record review, it was determined that the ALR failed to ensure employees that provide direct care for residents in the ALR were certified as HHAs for three (3) of six (6) employees in the sample. (Employees	R 653	**R653 STAFF TRAINING REFERERENCE TO 652.**	

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R 653	Continued From page 14 #1, #9, and #12) The findings include: On October 15, 2015, at approximately 1:00 p.m., interview with the ALA revealed that TMEs work in a dual role. They administer medicines and assist residents with ADLs as needed. The ALA was then informed that per the Assisted Living Law "DC Code § 44-101.01." an employee must be certified as a HHA to provide direct care for residents. 1. On October 16, 2015, at 11:13 a.m., review of Employee #12's personnel record revealed that he/she was hired on June 16, 2014, as a part-time TME. Further review of the record revealed a job description signed and dated by Employee #12 on July 11, 2014. The job description indicated in the " Resident Assistance" section that the TME is to " 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 #12 was a certified HHA. 2. On October 19, 2015, at 12:45 p.m., review of Employee #9's personnel record revealed that he/she was hired on June 13, 2014, as a part-time TME, however, the record failed to evidence that Employee #9 was a certified HHA. Further review of the record revealed a job description signed and dated by Employee #9 on July 11, 2014. The job description indicated in the " Resident Assistance" section that the TME is to	R 653		

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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.

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. 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

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R 653	Continued From page 16 approximately 9:30 a.m., review of the DOH web-site failed to evidence that Employee #1 was certified as an HHA in the District of Columbia. During a telephone interview with the ALA on October 20, 2015, at approximately 9:50 a.m., the ALA was informed that Employee #1 was not certified as a HHA in the District of Columbia. The ALA then indicated that Employee #1 last worked on October 19, 2015 [11:00 p.m. to 7:00 a.m. shift] and Employee #3 last worked on October 18, 2015, [3:00 p.m. to 11:00 p.m. shift]. Further interview with the ALA revealed that Employees #1 and #3 were removed from the schedule and will not be allowed to return to work until they have a HHA certification from the District of Columbia. At the time of this survey, there was no documented evidence that aforementioned employees providing direct care were certified as HHAs in the District of Columbia.	R 653		
R 981	Sec. 1004a General Building Interior (a) An ALR shall ensure that the interior of its facility including walls, ceilings, doors, windows, equipment, and fixtures are maintained structurally sound, sanitary, and in good repair. Based on observation and interview, the ALR failed to ensure that the interior of the facility was maintained in a safe, clean, orderly, sanitary, and good repair in the ALR. The findings include: During the facility's environmental inspection on October 16, 2015, beginning at 10:20 a.m. the following observation was made. The 2nd floor	R 981	**R. 981:** 1. Dark sports in front of units 203 and 204 represent wheel chair marks and not water leaks. But the said stain has been cleaned. A mat had been provided to residents in unit 206 to contain water coming out of the roll-in shower. 2. Carpets to be extensively cleaned periodically (every quarter) and staff has been directed to mop the bathroom floor in 206 after each shower	10/21/2015 Ongoing

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R 981	Continued From page 17 hall carpeting had large dark spots which appeared to be from spills, in front of apt's. #203, #204 and #206. Also in apt. #206, the resident pointed out that the water from the shower ran out of the shower onto the bathroom floor which presented a hazard for potential falls. During an inspection of the shower it was observed that the threshold of the shower was about a half of inch and if water accumulated it would overflow from the shower onto the bathroom floor. I informed the ALA, who accompanied the surveyor on the inspection that something needed to be put in place to make the bathroom safe for the residents.	R 981	and direction included in service plan. 3. Administrator to make monthly environmental checks to ensure compliance and to generally check that the facility is in good working order. 4. No. 3 above will be on going in collaboration with the department of housing.	
R1003	Sec. 1006c Bathrooms. (c) An ALR shall insure that the temperature of the hot water at all taps to which residents have access is controlled by the use of thermostatically controlled mixing valves or by other means, including control at the source, so that the water temperature does not exceed 110 degrees Fahrenheit. Based on observation, interview and record review, the facility failed to ensure water temperatures did not exceed 110 degrees Fahrenheit in areas within the facility to ensure the health and safety of residents residing in the facility. The finding includes: During the survey of the facility water temperatures were checked beginning at 12:05 p.m., the sink in the bathroom of apt. #206 when measured, the water temperature was determined to be 138 degrees F. and also 138 degrees in the	R1003	**R. 1003:** 1. The water temperature issue has been resolved with our contractor. 2. A temperature log has been developed. The administrator will check monthly all units water temperatures. 3. All residents had potential to be affected. 4. Staff members have been trained on water temperature monitoring. 5. The administrator shall ensure overall compliance to all the above.	10/19/2015 Ongoing

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R1003	Continued From page 18	R1003		

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 temperature measured 122 F in 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 138 degrees F. At. 3:10 p.m. on the same day, the water temperature at the kitchen sink was checked and determined to be 120 degree F.

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R1003	Continued From page 19	R1003		

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 required, at all times.

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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		