

Health Regulation & Licensing Administration

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>ALR-0031</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY COMPLETED<br><br><b>10/24/2017</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>THE MARIGOLD AT 11TH STREET</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2905 11TH STREET NW<br/>WASHINGTON, DC 20001</b> |
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| R 000 | <p>Initial Comments</p> <p>An annual survey was conducted from October 18, 2017, to October 24, 2017, to determine compliance with the Assisted Living Law "DC Code § 44-101.01." The Assisted Living Residence (ALR) is licensed for a capacity of fifteen (15) residents, and provides care for twelve (12) residents and employs fifteen (15) employees including professional and administrative staff. The sample size included eight (8) resident records and twelve (12) employee records. The findings of the survey were based on observations, record reviews, and interviews with residents and employees.</p> <p>Please note: Listed below are abbreviations used throughout the body of this report.</p> <p>ALA-- Assisted living Administrator<br/>DON -- Director of Nursing<br/>HHA -- home health aide<br/>lbs-- pounds<br/>TME -- trained medication employee</p> | R 000 |  |  |
| R 292 | <p>Sec. 504.1 Accommodation Of Needs.</p> <p>(1) To receive adequate and appropriate services and treatment with reasonable accommodation of individual needs and preferences consistent with their health and physical and mental capabilities and the health or safety of other residents; Based on record review and interview, the ALR failed to develop an efficient system for the management of specialty diets and weights for two (2) of eight (8) resident's in the sample. (Residents #4 and 6).</p> <p>Findings included:</p>   | R 292 |  |  |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE ADMINISTRATOR. (X8) DATE 12/29/17

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| R 292 | <p>Continued From page 1</p> <p>1. During an interview on 10/19/17 at 12:50 PM, Resident #4 stated, "I have gained a lot of weight because they don't follow the diet my doctor ordered."</p> <p>Review of Resident #4's clinical record on 10/19/17 at 1:30 PM showed the following diet order from the nurse practitioner dated 04/14/17, "low calorie/low cholesterol diet." Continued review of the Resident's clinical record showed ISPs dated 06/09/17 and 09/13/17 that documented the Resident's diet as "low calorie/low cholesterol diet," and the staff was to "check diet and prepare proper food."</p> <p>During a telephone interview on 10/19/17 at 1:50 PM, the dietician stated that the previous ALA made her aware of Resident #4's diet change to low calorie, low carbohydrates in April of this year. The dietician also stated that the ALA was instructed to get the specific calories Resident #4 was to consume daily. When asked if the facility's menu would address Resident #4's dietary needs, she stated that the menu addresses 2000- 2200 calories daily, low cholesterol, low sodium, and increased fiber diets. Additionally, the dietician stated that she provided training to the staff on the menus in April of this year.</p> <p>During an interview on 10/20/17 at 2:05 PM, the cook stated that the dietician had not provided education on the menu or therapeutic diets. When asked to identify the substitute foods provided to the residents on therapeutic diets, the cook stated that she provides foods from a substitution list. It should be noted that the substitution list was not available for review at the time of the survey.</p> | R 292 | <p>1. What corrective action(s) will be accomplished to address the identified deficient practice?<br/>Resident #4 and #6 are now fed with their proper dietary needs. And their weights are taken monthly per the instructions of the Health/Nurse Practitioner.</p> <p>2. What measures will be in place or what systemic changes will you make to ensure that the deficient practice does not recur?<br/>The ALR through the RN shall receive clear and accurate orders from the Health/ Nurse Practitioner. The RN shall record this in the Residents chart.<br/>The RN shall update the Residents ISP to reflect the said new orders.<br/>The ALA shall inform the ALR Cook of new dietary needs of the Residents. The Dietician had conducted an in-service with the ALA, Cook and related staff members on how to meet resident's dietary needs and substitutions (Annexure 1, 1A, &amp; 1B).<br/>In a situation where the resident fails to follow the prescribed dietary plan, the ALA will meet with such resident and a shared risk agreement document will be developed.</p> <p>3. How the corrective action(s) will be monitored to ensure the deficient practice will not recur i.e. what quality assurance program will be implemented?<br/>The RN shall ensure compliance with the ALR's policy on weight control and recording (Annexure 2) and evaluate this every month.</p> | <p>10/27/17<br/>&amp; Ongoing</p> <p>10/27/2017</p> |
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| R 292 | <p>Continued From page 2</p> <p>The continued review of Resident #4's clinical record on 10/20/17 at 2:00 PM showed there was no documented evidence that the nurse practitioner or the dietician established the ideal body weight or the specific amount of calories Resident #4 was to consume daily. Further review of the record showed the Resident's monthly weights, as listed below:</p> <ul style="list-style-type: none"> <li>- 03/01/17-170 lbs;</li> <li>- 04/01/17-180 lbs (10 lb. weight gain);</li> <li>- 05/02/17-186 lbs (6 lb. weight gain);</li> <li>- 07/5/17 - 184.8 lbs; and</li> <li>- 08/01/17 - 190.8 lbs (6 lb. weight gain).</li> </ul> <p>Further review of Resident #4's clinical record on 10/20/17 at 2:40 PM showed an order for "weekly weights X 3" written and signed by the nurse practitioner on 08/07/17. The record lacked documented evidence that the staff weighed Resident #4 as ordered.</p> <p>During a telephone interview on 10/20/17 at 2:45 PM, the DON stated that she was not aware of the Resident's 10 lb. weight gain in April, but she informed the nurse practitioner of Resident's the 6 lb. weight gain in August. Additionally, the DON stated that the staff did not measure Resident #4's weight weekly as ordered.</p> <p>During an interview on 10/20/17 at 3:00 PM, the ALA stated that TMEs weighed residents monthly and documented residents' weight in his or her clinical record. Additionally, the ALA stated that the ALR did not have a written policy and procedure for weighing residents.</p> <p>2. Record review of Resident #6's clinical record on 10/20/17 at 2:30 PM showed that the Resident gained 6 lbs. in June of this year. The continued</p> | R 292 | <p>Continue #3</p> <p>The ALR now has a tool to capture the dietary needs of the residents before their admission. The same tool will be used to address the dietary needs of the current residents and this shall be evaluated every 3 months by the RN and their Health/Nurse Practitioners informed if there are any changes (Annexure 3 &amp; 3a).</p> |  |
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**R 292** Continued From page 3

review of the clinical record showed no documented evidence that the TME staff made the nurse aware of the Resident's 6 lb. weight gain.

During an interview on 10/20/17 at 2: 40 PM, the nurse said, "I was aware of the Resident's 6 lb. weight gain, and the ALA will give you a copy of my note." It should be noted that the nursing note was not available for review at the time of this survey.

At the time of the survey, the ALR failed to have an effective system to manage specialty diets and weights.

**R 292**

**R 705** Sec. 802b Medical, Rehabilitation, Psychosocial Assess.

(b) The ALR shall maintain resident information obtained from a standardized physician's statement approved by the Mayor. The information shall include a description of the applicant's current physical condition and medical status relevant to defining care needs, and the applicant's psychological and cognitive status, if so indicated during the medical assessment. Based on record review and interview, the ALR failed to ensure a resident's medical, rehabilitation and psychosocial assessment was on a standardized form approved by the Mayor for one (1) of eight (8) residents in the sample (Resident #3).

Findings included:

Record review of Resident #3's clinical record on 10/19/17 at 10:00 AM showed a medical, rehabilitation and psychosocial assessment dated

**R 705**

1. What corrective action(s) will be accomplished to address the identified deficient practice? 10/23/2017 & Ongoing

The ALA had ensured that all Residents medical, rehabilitation and psychosocial assessments are on the standardized form approved by the Mayor.

2. What measures will be in place or what systemic changes will you make to ensure that the deficient practice does not recur? Henceforth it is only applicants whose medical, rehabilitation and psychsocial assessments are done on the form approved by the Mayor shall be accepted by the ALR.

3. How the corrective action(s) will be monitored to ensure the deficient practice will not recur i.e. what quality assurance program will be implemented? The RN shall every 3 months look through the Residents Charts to ensure all Residents medical, rehabilitation and psychosocial assessments are on the form approved by the Mayor.

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| R 705 | <p>Continued From page 4</p> <p>10/11/17. Further review of the assessment showed it was not on the standardized form approved by the Mayor.</p> <p>During an interview on 10/09/17 at 10:30 AM, the DON stated, "I will make sure that health practitioners document all medical, rehabilitation and psychosocial assessments on the standardized form approved by the Mayor."</p> <p>At the time of the survey, the ALR failed to ensure that the health practitioner (nurse practitioner) documented Resident #3's medical, rehabilitation and psychosocial assessment dated 10/11/17 on the standardized form approved by the Mayor.</p>  | R 705 |  |                      |
| R 981 | <p>Sec. 1004a General Building Interior</p> <p>(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 a scale was in good repair for one (1) of two (2) scales in the facility.</p> <p>Finding included:</p> <p>On 10/20/17 at 3:13 PM, observation of the second floor nursing station showed a chair scale (allows residents to sit while being weighed) which appeared unbalanced and difficult to maneuver.</p> <p>During an interview on 10/20/17 at 3:15 PM, the ALA stated that he did not know when the chair scale was serviced.</p> <p>At the time of the survey, the ALR failed to ensure</p> | R 981 | <p>1. What corrective action(s) will be accomplished to address the identified deficient practice?<br/>The ALR "Chair Scale" had been fixed.</p> <p>2. What measures will be in place or what systemic changes will you make to ensure that the deficient practice do not recur?<br/>The Chair Scale shall be kept in proper working condition by it being serviced and maintained every 3 months. A service log sheet had been created for that purpose (Annexure 4 &amp; 4a).</p> <p>3. How the corrective action(s) will be monitored to ensure the deficient practice will not recur i.e. what quality assurance program will be implemented?<br/>The ALA will ensure maintenance of the Chair Scale every 3 months.</p> | 10/23/2017 & Ongoing |

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| R 981 | Continued From page 5<br>that the chair scale was in good repair. | R 981 |  |  |
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