

Health Regulation & Licensina Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ 8 WING _____	(X3) DATE SURVEY COMPLETED 10/26/2018
--	---	--	---

NAME OF PROVIDER OR SUPPLIER THE MARIGOLD AT 11TH STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 290511TH 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	<p>Initial Comments</p> <p>An annual survey was conducted on 10/24/18 through 10/26/18 to determine compliance with the Assisted Living Law. The Assisted Living Residence provided care for eight residents and employed 15 personnel to include professional and administrative staff. The findings of the survey were based on observations, record reviews, and interviews.</p> <p>Listed below are abbreviations used throughout the body of this report:</p> <p>ALR - Assisted Living Residence DON- Director of Nursing HHA- Home Health Aide ISP - Individualized Service Plan DME - Durable Medical Equipment EMS - Emergency Medical Services</p>	R000	<p>The Marigold at 11th Street makes its best effort to operate in substantial compliance with both Federal and State Laws. Submission of this Plan of Correction (POC) does not constitute an admission or agreement by any party, its officers, directors, employees or agents as to the truth of the facts alleged of the validity of the conditions set forth of the Statement of Deficiencies. This Plan of Correction (POC) is pre-pared and/or executed solely because it is required by Federal and State Law.</p>	
R 008	<p>Sec. 102b2 Philosophy of Care</p> <p>(2) The design of services and environment should acknowledge that a significant number of residents may have some form of cognitive impairment. Services and environment should offer a balance between choice and safety in the least restrictive setting.</p> <p>Based on observation and interview, the ALR failed to provide a safe and secured environment for all residents residing in the facility. Specifically, the ALR failed to have a mechanism for the facility's internal exit door to alert the staff if a resident was in the stairwell attempting to exit the building.</p> <p>Findings included:</p> <p>Observations during the initial tour of the ALR on 10/24/18 at 12:15 PM showed a disabled alarm</p>	R 008		

Health Regulation & Licensina Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Sharon Brooks RN M.HSA. MSN Administrator* TITLE: _____ (X6) DATE: *12/13/18*

STATE FORM R2XQ11 If continuation sheet 1 of 6

Health Regulation & Licensure Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0031	(X2) MULTIPLE CONSTRUCTION A BUILDING: _____ B WING: _____	(X3) DATE SURVEY COMPLETED 10/26/2018
--	---	--	---

NAME OF PROVIDER OR SUPPLIER THE MARIGOLD AT 11TH STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 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 008 Continued From page 1

on the ALR's internal stairwell emergency exit door leading to an external exit of the facility.

During an interview on 10/25/18 at 11:15 AM, the Maintenance Director indicated that the stairwell door would be supplied with an alarm connected to the facility's front desk monitoring system. The Maintenance Director stated that connecting the alarm to the front desk would allow the receptionist to receive an audio alert of any resident activity within the stairwell, which could then be visually verified through the ALR's camera monitoring system.

At the time of the survey, the facility failed to provide a safe environment for all residents by securing stairwell exits.

R 008

R008

1.1
The ALR is working collaboratively with the Department of housing to install an alarm that will be placed on the facility's internal exit door. The Department of Housing will be utilizing the vendor who has installed alarms at Marigold in the past. The alarm will be placed on the facility's internal exit door. The alarm will sound in the concierge/receptionist area.

1.2
The alarm will not only sound at the concierge/receptionist area, but will include a camera providing a mechanism for the concierge/receptionist or designee to visually monitor the internal exit door.

R 292 Sec. 504.1 Accommodation Of Needs

(1) To receive adequate and appropriate services and treatment with reasonable accommodation of individual needs and preferences consistent with their health and physical and mental capabilities and the health or safety of other residents; Based on observation, interview, and record review, the ALR staff failed: (1) to ensure the appropriateness and safe use of DME; and (2) to monitor a resident, who had a history of frequent falls, as outlined in the Fall Prevention/Management Program, for two of five residents in the sample (Resident #1 and #4).

Findings included:

1. During a review of the ALR's incident records on 10/24/18 at 3:30PM, a "Resident Incident/Accident Report" was filed by ALR staff on 10/15/18 and detailed an unwitnessed fall by

R 292

1.3
As a component of the Quality Assurance/Improvement Program includes checking the functionality of the doors including alarms and video. This information is provided to the QA/QI committee quarterly and/or more frequently if indicated.

Correction Date: 12/3/18

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _ _ _ _ _ B. WING: _ _ _ _ _	(X3) DATE SURVEY COMPLETED 10/26/2018
--	---	--	---

NAME OF PROVIDER OR SUPPLIER THE MARIGOLD AT 11TH STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 290511TH 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 292	<p>Continued From page 2</p> <p>Resident #1 on 10/14/18 at 3:39 PM. EMS had been called at the time of the incident, and the resident was taken to the emergency room for evaluation of reported back pain.</p> <p>During observation of Resident #1's apartment on 10/25/18 at 11:10 AM, a toilet seat riser without arms was noted on the bathroom toilet. There was not adequate hand rail placement observed on the two adjacent bathroom walls within reach from the toilet. During an interview with the DON at the time of this observation, the DON explained that Resident #1 fell from the unstable toilet seat riser during the incident on 10/14/18 and was currently recovering at a rehabilitation facility subsequent to injury sustained as a result of the fall.</p> <p>Review of Resident #1's ISP on 10/25/18 at 11:25 AM showed that the resident had a history of knee pain related to osteoarthritis and required the use of a cane when ambulating. The ISP, dated 04/06/18, did not indicate the use of any additional DME or assistive devices, including a toilet seat riser. During a follow-up interview on 10/26/18 at 2:46 PM, the DON indicated that the ALR will be coordinating Resident #1's care in advance of discharge back to the ALR and will request that a physical therapist or occupational therapist evaluate Resident #1's environment for safety.</p> <p>At the time of the survey, the ALR failed to ensure that Resident #1 safely utilized appropriate medical devices to meet mobility needs.</p> <p>2. During an interview on 10/25/18 at 11:00 AM, the DON stated that from 11:00 PM to 7:00 AM, the ALR staff monitors Resident #4 every two hours to manage fall risks.</p>	R 292	<p>R292</p> <p>1.1 Resident #1 is currently at a Rehabilitation Center, as a result unable to retrospectively correct and/or address while out of the facility. Upon her return to Marigold a detailed assessment will be conducted and an ISP will be developed to address her specific needs. Physical and Occupational Therapy will also be contacted to evaluate her specific needs. Additionally, her room will be monitored to address DME, toilet seat riser and hand rails. Marigold is unable to retrospectively correct the documentation for Resident #4; however, upon assessment resident continues to be a high risk for falls and documentation has been put in place to reflect that she's being monitored every 2 hours. Additionally, Resident #4 has home health aide services.</p> <p>1.2 A review of the apartments at Marigold has been conducted. Toilet Seat Risers and hand rails will be added to rest rooms as indicated. Staff have been re-educated regarding documentation as it pertains to checking residents who are high risk for falls every 2 hours.</p> <p>1.3 Prior to the QA/QI meetings the administrator and/or designee will monitor records to ensure that documentation is reflected for residents with a high risk for falls. Additionally, the environments of the rooms are monitored to evaluate the safety of each room. This information will be presented quarterly to the QA/QI Committee.</p> <p>Completion Date: 12/3/2018</p>	
-------	---	-------	---	--

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/26/2018
--	---	--	---

NAME OF PROVIDER OR SUPPLIER THE MARIGOLD AT 11TH STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 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 292	<p>Continued From page 3</p> <p>Record review of the facility's policy titled, "Fall Prevention/Management Program," showed that to manage the falls of at-risk residents, staff may check on the resident every two hours.</p> <p>Review of Resident #4's medical record on 10/25/18 starting at 11:00 AM showed it did not contain documented evidence that the ALR staff monitored Resident #4 every 2 hours, as outlined in the Fall Prevention/Management Program.</p> <p>At the time of the survey, the ALR failed to ensure that Resident #4 was monitored every 2 hours, as indicated in the Fall Prevention/Management Program.</p>	R 292		
R 481	<p>Sec. 604b Individualized Service Plans</p> <p>(b) The ISP shall include the services to be provided, when and how often the services will be provided, and how and by whom all services will be provided and accessed.</p> <p>Based on observation, interview and record review, the facility failed to document in an ISP when, how often, and by whom services would be provided to address the resident's history of frequent falls and wound care for one of five residents in the sample (Resident #4).</p> <p>Findings included:</p> <p>Observation starting on 10/24/18 at 10:30 AM showed Resident #4 being accompanied by a HHA from a licensed home care agency.</p> <p>During an interview on 10/24/18 at 11:00 AM, the DON stated that the resident receives the following care: HHA services seven days a week,</p>	R481	<p>R481</p> <p>1.1</p> <p>Resident #4 was reassessed and it was determined that she continues to be a fall risk. Marigold is unable to retrospectively correct the areas addressed; however, following the assessment a new ISP was developed to include falls and wounds. The ISP as it pertains to her HHA, one to one status and turning has been updated to reflect her current needs.</p> <p>1.2</p> <p>Meeting/Educational session held with HHA (licensed home care agency) and Marigold staff reviewing the ISP, its purpose, care needs of the residents and documentation expected.</p> <p>1.3</p> <p>The QA/QI committee reviews all areas of concern and the POC to ensure compliance. The ISP is reviewed monthly and more frequently as needed. The ALA will ensure that ISP are in the charts and have been completed prior to the admission. This will also be addressed at the QA/QI committee meeting.</p> <p>Completion Date: 12/3/18</p>	

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0031	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/26/2018
--	---	--	---

NAME OF PROVIDER OR SUPPLIER THE MARIGOLD AT 11TH STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 290511TH 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 481	<p>Continued From page 4</p> <p>eight hours a day from a licensed home care agency; one-to-one care from ALR staff for times outside of the HHA service hours; and every two-hour monitoring checks as a part of Resident #4's fall prevention management. The DON also stated that the resident returned from a local hospital on 10/19/18 with a sacral wound the size of pin hole, and the ALR staff has been providing wound care.</p> <p>Record review of Resident #4's current medical record revealed an ISP dated 10/22/18 that lacked documented evidence the resident was receiving HHA services from a home care agency, one-to-one care, and every two-hour monitoring for fall prevention management.</p> <p>Continued review of the record revealed a nursing note dated 10/20/18 that indicated the resident returned from the hospital with a "sacral ulcer." The record also revealed nursing notes dated from 10/21/18 to 10/23/18, which documented that the ALR's nursing staff provided the following wound care, "clean sacral wound with normal saline and cover with 4X4 daily." Additionally, it should be noted that the 10/20/18 nursing note lacked documented evidence of the characteristics of the sacral wound.</p> <p>At the time of the survey, the ALR failed to include on the ISP all of the services to address Resident #4's frequent falls and wound care.</p>	R481		
R1003	<p>Sec. 1006c Bathrooms.</p> <p>(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,</p>	R1003		

Health Regulation & Licensure Administration

PRINTED: 11/14/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/26/2018
--	---	--	---

NAME OF PROVIDER OR SUPPLIER THE MARIGOLD AT 11TH STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 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
R1003	<p>Continued From page 5</p> <p>including control at the source, so that the water temperature does not exceed 110 degrees Fahrenheit.</p> <p>Based on observation and interview, the ALR failed to ensure that the hot water temperature did not exceed 110 degrees Fahrenheit in the facility's main level lobby bathroom and six of the six resident bathrooms inspected (Apartments #114, #115, #214, #212, #104, and #204).</p> <p>Findings included:</p> <p>During the environmental inspection on 10/24/18 at 12:30 PM, the hot water temperature measured 122.5 degrees Fahrenheit at the hand sink in the bathroom of the facility's main level lobby bathroom. Further observations conducted on the same day showed the following hot water temperatures recorded at the bathroom hand sink in each specified location:</p> <ul style="list-style-type: none"> -Apartment #114= 119.5 degrees Fahrenheit -Apartment #115 = 117 degrees Fahrenheit -Apartment #214 = 118 degrees Fahrenheit -Apartment #212 = 124.7 degrees Fahrenheit -Apartment #104 = 113.5 degrees Fahrenheit -Apartment #204 = 118 degrees Fahrenheit <p>Follow-up observations on 10/25/18 at 10:25 AM showed the hot water temperatures at the hand sinks in the aforementioned apartments were between 98.2 and 109.2 degrees Fahrenheit.</p> <p>At the time of the survey, the ALR failed to ensure the water temperatures did not exceed 110 degrees Fahrenheit in the facility's main level bathroom and six of the apartment bathrooms inspected.</p>	R1003	<p>R1003</p> <p>1.1 The ALR checked and monitored the hot water at the hot water tank immediately. Adjustments were made and the temperature was brought down to 110°F at the Tank. The water temperatures of the apartments are checked daily to ensure the temperature of the water does not go above 110°F. Apartments# 114, 115, 214, 212, 104, 204 were checked and temperatures were adjusted and all were noted to be between 98.2 and 109.2°F.</p> <p>1.2 The Staff at Marigold were re-educated regarding the water temperature requirements. The nursing staff monitor the water daily it temperatures are elevated the Administrator and/or designee is notified and adjustments are made as indicated.</p> <p>1.3 A new QA/QI program has been developed. The committee reviews all areas of concern and the POC monthly to ensure compliance. The water temperatures are monitored daily. This area is addressed quarterly at the QA/QI committee.</p> <p style="text-align: right;">Completion Date: 12/3/18</p>	