

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0037	(X2) MULTIPLE CONSTRUCTION A BUILDING: _____ B WING: _____	(X3) DATE SURVEY COMPLETED R 08/17/2016
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NAME OF PROVIDER OR SUPPLIER MASS SR CARE, LLC T/A THE RESIDENCES AT	STREET ADDRESS, CITY, STATE, ZIP CODE 1330 MASSACHUSETTS AVENUE, NW WASHINGTON, DC 20005
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(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
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R 000 Initial Comments

R 000

A monitoring survey was conducted on August 17, 2016, to determine compliance with Assisted Living Law "DC Code 44-101.01". The facility provides care for forty (40) residents and employs forty employees to include professional and administrative staff. The sample size included three (3) newly admitted residents, two (2) private duty aides and 2 newly hired employees. The findings of the survey were based on observations, record reviews, and interviews with employees and residents.

Note: Listed below is an abbreviation used in the body of the report.

ALR - Assisted Living Residence

*Recd on 9/8/2016
Baluger*

This Plan of correction is submitted without denying or acknowledging that the cited deficiencies exist. This plan of correction is a requirement of the Department of Health.

R 008 Sec. 102b2 Philosophy of Care

R 008

(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.

Based on observation and interview, the ALR failed to ensure that there were operable locking mechanisms on all trash room doors and trash chute doors to prevent potential harm.

The finding includes:

On August 17, 2016, beginning at 1:45 p.m., observation of the trash chute door latch on the second floor revealed that the locking mechanism was broken. In addition, observation of the trash room door and the trash chute door on the third floor revealed that the facility failed to have ensure that there were operable locking

What corrective action(s) will be accomplished to address the identified deficient practice;

1. The lock on the third floor trash room door was installed on 8/18/16. The trash chute door latch for both second floor and third floor have been ordered and will be installed.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Mauro Allen Executive Director / IVH A

9/2/16

Health Regulation & Licensing Administration

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R 008 Continued From page 1
mechanisms on the face of the structures.

On August 17, 2016, at 3:15 p.m., interview with the Plant Operations Director revealed that a locking mechanism would be installed on the third floor trash room door to prevent access to the trash chute door immediately. Further interview revealed that the ALR would employ a contractor to install locking mechanisms on the aforementioned trash chute doors.

At the time of this survey the agency failed to ensure that there were operable locking mechanisms on the aforementioned trash room door and trash chute doors to prevent potential harm.

(Note: A locking mechanism was installed on the third floor trash room door on August 17, 2016).

R 008

What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur; and

- Safety Committee members will conduct an environmental round to ensure that this practice does not recur.

How the corrective action (s) will be monitored to ensure the deficient practice will not recur, i.e., that quality assurance program will be implemented.

- Safety Committee members will conduct monthly rounds, document findings, and report to the Quality Assurance Committee monthly.

Date of Compliance
9/30/16