Treatti	Regulation & Licensin	g Administration			FORM APPR
STATEME AND PLAN	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(Va) DATE BUT
7,1107.01	NOT COMMEDITOR	DENTIFICATION NUMBER:			(X3) DATE SURVE COMPLETED
-		ALR-0037	B. WING		
NAME OF	PROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, S		02/23/201
MASS S	R CARE,LLC T/A THE			'S AVENUE, NW	
	TOTAL PARTY	WASHING	STON, DC 200	305	
(X4) ID PREFIX	SUMMARY STAT	TEMENT OF DEFICIENCIES	ID I	PROVIDER'S PLAN OF	CORRECTION
TAG	REGULATORY OR LS	MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFIX TAG	(EAGH CURRECTIVE ACT	ION SHOULD BE
			IAG	CROSS-REFERENCED TO T	HE APPROPRIATE DA
R 000	Initial Comments		D 000	- noal	2121
	, and an analysis		R 000		3
	A six-month survey v	was conducted from February		6 15	- M
	10, 2017 through Fe	bruary 23, 2017, to			
- 1	determine compliance	ce with the Assisted Living			
-	Residence (ALP)	101.01." The Assisted Living	(90)		
1	(38) residents and er	ovides care for thirty-eight mploys ninety-five (95)		The Resid	ences at Thomas
ž	employees that inclu	de professional and		Circle files	this Plan of
	administrative staff.	The sample size included			
- 1	rour (4) resident reco	rds and nine (9) employee		correction	for the purposes
- 4	records were selecte	d for review. The findings of		or regulate	ory compliance.
	the survey were base	ed on observations, record		The facility	y is submitting this
1	reviews, and interview	WS.		document	to comply with
3	Listed below are abbi	reviations used throughout	F-15	applicable	law and not as an
1.3	the body of this repor	t.		admission	or statement of
2.7	ALA-assisted living a	dministrator			t of deficient
1/	ALR assisted living	residence		practices t	
1	BID – twice a day			practices (nerein.
1	CNA certified nursin EMR electronic med	ng assistant	F 90 -		
i	DON director of nur	reina			
. (GI gastrointestinal s	system			
1.6	-IRhuman resource	s			
F	ITN hypertension				
∦ R	SP - individualized se	ervice plan			
n n	ncg — micrograms nl milliliter	. 96			
	N-register nurse	1			
P	DA private duty air	de	, . · ·		41
p	o by mouth				
	AM every morning		A.		
	b-tablet				· /
1/	AR treatment admi	nistration record			
10	MEtrained medication TI – urinary tract infe	on employee			
	williary tract tille	CHOIS			
R 272 S	ec. 503.1 Dignity.	1	F		
- 0	es, edg. r Dignity,	£ 1	₹ 272		- 3
	1) A safe, clean, com	fortable, stimulating, and			
Redulatio	O & Licensing Administrati	0.0		-	and the second
CATORXOIF	RECTOR'S OR PROVIDERIS	SUPPLIER REPRESENTATIVE'S SIGNAT	URE	TITLE	1 1
111	1 and 1	Illen &	vo. t	7. 1	(X6) DATE
FORM		<u> </u>	101K	M WINOS	2/01/17

Health	Regulation & Licens	ing Administration			FORM): 03/10/201 APPROVE
SIALEM	ENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING	E CONSTRUCTION	. (X3) DATE	SURVEY
2000	44 4 - y'' -	ALR-0037	B. WING	Superior Statements		1991-10 TO
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S		02/2	23/2017
MASSS	SR CARE,LLC T/A THE	RESIDENCES AT 1330 M	ASSACHUSETT NGTON, DC 20	TS AVENUE, NW		
(X4) ID PREFIX TAG	I (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	JOHN D. DE	(X5) COMPLETE DATE
R 272	Continued From pa	ge 1	R 272			Grand Date
	homelike environme use personal belong possible;	ent allowing the resident to gings to the greatest extent			7	. / /
	lalled to ensure che	on and interview, the ALR stat micals were safely stored (14) of fourteen (14) mory care unit.	1	1. Cabine Memor kitchen	y Care was fixed	4/21/17
	The finding includes	:		and loci day the	ked the same problem wa	9
ľ	kitchen with a missin revealed that the cab	7, at 11:00 a.m., observation unit revealed a cabinet in the g door. Further observation inet was unsecured and a mechanical dish detergent hemicals.		identifie 2. Staff wil serviced requiren	ed. I be re- in- as to the	
	the residents on the r form of dementia.	7, at 11:10 a.m., interview g manager revealed that all nemory care unit have some		to contac maintena	tionist and t nce for any	5
ľ	with the director of ma was unaware that the needed to be locked to	(s	identifyin concern, 3. Plant Ope	rations	
re	eplacing this missing	t at the time of the survey this deficient practice by cabinet door and applying a s secure from residents.	*	Director o	r designee ct monthly cument	
4	ec. 504.1 Accommod		R 292	to the QA (for review,	Committee	į
in th	nd treatment with rea dividual needs and p eir health and physic	e and appropriate services sonable accommodation of references consistent with all and mental capabilities	I01K11	evaluation, approval.	and	
ar	nd the health or safet	y of other residents;	1011311	ſ	f continuation shee	t 2 of 17

STATEME	Regulation & Licensia NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	L /YO AND TIPE	E CONSTRUCTION	FORM APPROV
	OF CORRECTION	IDENTIFICATION NUMBER;	1	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		ALR-0037	B, WING		02/23/2017
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, 5	STATE, ZIP CODE	
MASS SI	R CARE,LLC T/A THE			TS AVENUE NW	
		WASHING	STON, DC 2	1.	
(X4) ID PREFIX TAG	(EACH DEFICIENC) REGULATORY OR L	ITEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	1. Resident #1 expired on 2/22/17.	(X5) COMPLET DATE
R 292	Continued From pa	ge 2	R 292	.2. Residents receiving	
	failed to (1) ensure followed as prescrit of important resider four (4) resident's in and #3)	view and interview, the ALR a physician order was ped; and (2) inform a physician at information for two (2) of a the sample. (Resident #1		wound care will be assessed to ensure that the Treatment Administration Records (TARs) and Nurses' Notes show	4/21/
	The finding includes I The ALR failed to	provide evidence that a		evidence that the physician orders are	É
	physician's order wa	as performed as prescribed.		properly	
	Resident #1's clinical care order dated Se physician ordered the care: cleanse left low then apply med hone every three (3) days revealed nursing not September 7, 2016	ver leg with normal saline, ey algate, and wrap with kling Further review of the record		implemented as prescribed. Licensed Nurses will be re-inserviced on physicial order review to ensure appropriate orders are carried out for residents.	9
	was provided from S September 20, 2016	eptember 10, 2016 through		Variations in orders will be clarified with physician.	
	with the DON reveal- have provided the af prescribed.	ed that the nurses should orementioned wound care as		3. Assisted Living Manager or designee will review orders,	
- 1 F	At the time of the sur physician orders wer prescribed.	vey, the ALA failed to ensure e implemented as		TARs, wound sheets on a weekly basis. Discrepancies will be	
0	of drug to drug intera			investigated and addressed as	
F	February 21, 2017, a multiple notes that id-	t3's clinical record, on t 1:40 p.m., revealed entified possible drug to drug		appropriate to ensure correct treatment and	
FORM	ion & Licensing Administr	ation	10	accurate	
		oos	1¢	documentation. AL Manager will	ntinuation sheet 3 of

document findings and report monthly to the QA Committee for their review, evaluation, and

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A, BUILDING: ALR-0037 B. WING 02/23/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1330 MASSACHUSETTS AVENUE, NW MASS SR CARE,LLC T/A THE RESIDENCES AT WASHINGTON, DC 20005 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 TAG REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Continued From page 3 R 292 R292 interactions with some of the resident's routinely 11. prescribed medications: Resident #3 did not - On December 14, 2016, the facility's EMR system identified the following possible drug to have any negative drug interaction: impact. 2. Nurses have been re-Trazodone HCI 50 mg, one (1) tab po for insomnia and Sertraline HCl 25 mg, one (1) tab in-serviced to focus po for general anxiety. The EMR identified that on identifying Trazadone and Sertraline may lead to the possible drug to drug development of serotonin syndrome. interaction of Asprin 81 mg, one (1) tab po for arteriosclerotic routinely prescribed heart disease and Sertaline HCI 25 mg, one (1) medication on a daily tab po for general anxiety. The EMR identified that the risk for upper GI bleed may be increased basis on review of with concurrent administration of Asprin and EMR system. Nurses Sertaline. will contact physician upon identifying - On January 18, 2017, the facility's EMR system drug to drug identified the following possible drug to drug interaction. interactions: 3. AL Manager or Digoxin 125 mcg, one tab po QAM for arterial designee will fibromuscular dysplasia and Ativan 0.5 mg, one implement audit tool (1) tab po for anxiety . The EMR system identified that Digoxin may increase the effects of to monitor EMR and Ativan. ensure that any further notifications - On February 1, 2017, the facility's EMR system are reported to the identified the following possible drug to drug interactions: MD accordingly. AL Manager will report Bactrim DS 800-160 mg, one tab po BID for UTI findings to the QA and Linsinopril 20 mg one tab po QAM for HTN. The EMR system identified that possibly cardiac Committee for arrhythmia may occur with the combination of review, evaluation, Bactrim and Linsinopril. and approval.

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION	(X3) DATE SURVEY	
		DENTIFICATION NUMBER:	A. BUILDING	3:	COI	MPLETED
		ALR-0037	B. WING_		Innina :-	
NAME OF	PROVIDER OR SUPPLIER	STREETA	DDRESS, CITY	STATE, ZIP CODE	1 02	/23/2017
MASS S	R CARE,LLC T/A THE			TTS AVENUE, NW		
		WASHIN	IGTON, DC	20005		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOLLIDE	COMPL DAT
R 292	Continued From pa	ge 4	R 292			1
	documented eviden made aware of the interactions. On February 21, 20 with the assisted livi	e resident's record lacked ce that the physician was aforementioned drug to drug 17, at 2:00 p.m., interview ng manager revealed that the he physician of the drug to				
l	At the time of the su a physician of drug to Sec. 604a3 Individua		R473			
1	practitioner using info assessment. Based on record revi failed to have an ISP	ew and interview, the ALR written by a healthcare	2	Resident expired on 2/22/17. AL Manager will review ISP with		4/21/1
F p d a	Resident #1's clinical pre-ISP dated July 6, locumented evidence healthcare practition on February 16, 2017 with the assisted living	2016. The pre-ISP lacked that it had been written by her. ', at 1:30 p.m., interview a manger revealed that he	3. A	nealthcare practitioner for ignature prior to resident acceptance and admission. Il manager will audit, document indings, and present	1	
A	II pre-ISP's going for	ev, the ALR failed to ensure	f e	o the QA Committee or review, valuation, and pproval.		

101K11

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED ALR-0037 B, WING 02/23/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1330 MASSACHUSETTS AVENUE, NW MASS SR CARE, LLC T/A THE RESIDENCES AT WASHINGTON, DC 20005 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5)PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE TAG DATE DEFICIENCY) Continued From page 5 R 473 R 473 healthcare practitioner. R 481 Sec. 604b Individualized Service Plans R 481 (b) The ISP shall include the services to be 1. Resident #1 expired 4/21/17 provided, when and how often the services will be on 2/22/17. provided, and how and by whom all services will be provided and accessed. Residents #2 and #3 Based on record review and interview, the ALR had their ISP failed to ensure ISPs included when, how often, and by whom services will be provided for three corrected to include (3) of four (4) residents in the sample. (Residents who, when, and how #1, #2 and #3) often the services would be provided. The findings include: 2. Al Manager will 1. On February 16, 2017, at 11:00 a.m., review of specify in future ISPs Resident #1's medical record revealed ISPs dated July 7, 2016, August 15, 2016 and who, when, and how February 13, 2017. The ISPs lacked documented often services are evidence of who, when, and how often bathing, provided including hygiene, dressing, transportation, mobility, private aide and continence, wound care, fall risk, hospice and companion services were to be provided. hospice services. 3. AL Manager will On February 21, 2017, at 10:45 a.m., review monitor of Resident #2's medical record revealed ISPs dated August 12, 2016 and November 21, 2016. documentation to The ISPs lacked documented evidence of who, ensure that ISP's are when, and how often bathing, hygiene, dressing, reflective of resident transportation, mobility and private duty aide health status. AL services were to be provided. Manager will review On February 21, 2017, at 1:30 p.m., review of nurses' notes to Resident #2's medical record revealed ISPs dated July 6, 2016 and August 28, 2016. The support ISP ISPs lacked documented evidence of who, when, documentation. AL and how often bathing, hygiene, dressing, Manager will transportation, and mobility services were to be document findings Health Regulation & Licensing Administration and present monthly STATE FORM to the Quality fion sheet 6 of 17 Assurance

Committee for review, evaluation, and approval.

Health	Regulation & Licensi	ng Administration			FOR	M APPROVE
STATEME	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION 3:		TE SURVEY MPLETED
		ALR-0037	B. WING		03	2/23/2017
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY,	STATE, ZIP CODE		12012017
MASS S	R CARE,LLC T/A THE	RESIDENCES A1 1330 MAS		TTS AVENUE, NW		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
R 481	Continued From pa	ge 6	R 481			-
	provided.	3	1(40)			
	with the assisted liv would include who.	17, at 2:00 p.m., interview ing manager revealed that he when and how often services o all ISPs going forward.	6	×		
	who, when, and how	rivey, the ALR failed to include v often all services were to be rementioned residents.			5	
R 483	Sec. 604d Individua	lized Service Plans	R 483			
	admission and at lea The ISP shall be upo is a significant chang	e reviewed 30 days after ast every 6 months thereafter. dated more frequently if there ge in the resident's condition. necessary, the surrogate	* 1.	Resident #1 expired on 2/22/17.	2.0	4/21/17
	shall be invited to pa reassessment. The r an interdisciplinary to resident's healthcare	rticipate in each review shall be conducted by earn that includes the practitioner, the resident, ate, if necessary, and the		Residents #2 and #3 had their ISP updated to reflect their current health		
f	Based on record revi	ew and interview, the ALR SP with a significant change residents in the sample.		status as required. No adverse impact noted on residents as they receive		
1	The findings include:		^	necessary care.		
1 th	Resident #1's medical esident was admitted 016. Further review ne resident started re ne (1) to two (2) time	017, at 12:30 p.m., review of all record revealed that the did to the residence on July 5, of the record revealed that ecclving hospice services as a week on July 21, are record also revealed ISPs unust 15, 2016, and				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A, BUILDING		ISTRUCTION		E SURVEY PLETEO
		ALR-0037	B, WING			02/	23/2017
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE	ZIP CODE	-	
	R CARE,LLC T/A THE	WASHING	SACHUSE STON, DC 2	TTS A\ 20005	VENUE, NW		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL GIDENTIFYING INFORMATION)	PREFIX TAG	-	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OLU D RE	(X5) COMPLE DATE
R 483	Continued From page	je 7	R 483				-
	February 13, 2017.	The ISPs, however, lacked	100	2.	AL Manager will		
	documented evident	ce they had been updated			update ISPs upon	1	
	with the hospice ser	vices.			significant change in		
1	On February 16, 201	17, at 2:00 p.m., interview			residents' health		İ
1	with the assisted living	ng manager revealed that he			status. Al Manager		
	over looked updating	the resident's ISPs with the			will review the		
	hospice services.				Assisted Living		
	2. On February 21, 2	017, at 10:45 a.m., review of			Regulation Manual		
	Resident #2's medica	al record revealed that the			to promote		
	28, 2005. Further rev	d to the residence on March view of the record revealed			compliance.		
1	that the resident had	a decline in functional			Significant changes	ν.	
	mobility and ambulat	ion secondary to fall a on			will be documented		
- 1	record revealed that	Continued review of the	ĵ		in the tracking	20	
10	receiving physical the	erapy services three (3)			instrument that will	. N	
11	times a week for four	(4) weeks on September			be made available to		
- 16	SPs dated May 16 2	t, the record also revealed 2016 and November 21,			the nurses. AL		
1.2	2016. The ISPs, how	ever, lacked documented	İ		Manager revised		
	evidence they had be	en updated with the physical	İ		tracking instrument		
1	herapy services.		1		to document and		
3	3. On February 21, 20	017, at 1:40 p.m., review of	I		track qualifying	9	
(JF	Resident #3's medica	record revealed that the			incidents to be		
15	28, 2016. Further roul	I to the residence on July ew of the record revealed			compliant with ISP		
10	nat the resident was	receiving PDA services			documentation. AL		
t	wenty-four hours a da	ay seven days a week that	E		Manager or designee		
S	ecord also revealed I	2016. Additionally, the SPs dated July 6, 2016 and			will re-educate	181	0
P	lugust 26, 2016. The	ISPs, however, lacked	. 1		nursing staff on the		
d	ocumented evidence	they had been updated			importance of		
W	vith the PDA services		1		reporting and		
c	n February 21, 2017	, at 2:30 p.m., interview	1		documenting in		
l W	rith the assisted living	I manager revealed that he			clinical records	×	
W	ill update all resident	s ISPs with significant			changes in condition.	200	
FORM	on & Licensing Administra	tion 689	W-		AL Manager will		-
		004	, 10		audit and document	40	sheet 8 of
					findings and present		
					monthly to the QA	-	
					Committee for		1

review, evaluation and approval.

	ENT OF DEFICIENCIES N OF CORRECTION	Administration (X1) PROVIDENSUPPLIER/CLIA	(X2) MULTIPI	(X2) MULTIPLE CONSTRUCTION		
- 114D F DA	TO CONTECTION	IDENTIFICATION NUMBER:				E SURVEY PLETED
		ALR-0037	B, WING		02/	23/2017
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	STATE, ZIP CODE		2012011
MASS S	R CARE,LLC T/A THE			TS AVENUE, NW		
	100	WASHING	STON, DC 20	0005		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	KOULD BE	(X5) COMPLE DATE
R 483	Continued From page	ge 8	R 483			-
	changes going forw	ard.	- 1			
	At the time of the su the aforementioned significant changes.	rvey, the ALR failed to update residents' ISPs with their		* · · · · · · · · · · · · · · · · · · ·		
R 611	Sec. 701i Staffing St	andards,	R611	*	10	
	section "ongoing trai scheduled program of the ALR to assure the resident contact post provide high quality sappropriate to the phand includes staff traichanges in a resident physical and cognitive Based on record revifailed to: (1) ensure the policy provided appropriate to the physical and cognitive Based on record revifailed to: (1) ensure the policy provided appropriate to the policy provided appropriate to the findings include: The findings include: The ALR failed to personable the program of the pressure Saccepted standards of the pressure of th	illosophy of assisted living ining in how to monitor it's condition, including e assessments. ew and interview, the ALR he "Skin and Pressure Sore" opriate information consistent pted standards of practice monitored residents after a ges in condition. rovide evidence that the ore" policy included current of practice. e National Pressure Ulcer sure injuries (ulcers) were	2.	Skin and Pressure Sore Policy has been revised to include current accepted standards of practice. Nursing Staff has been in-serviced as to the new Skin and Pressure Injury Policy. AL Manager will audit and document compliance with new policy and present findings monthly to the QA Committee for review, evaluation, and approval.		4/21/1

AND PLA	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DAT	E SURVEY
			, a Boileanto,			
		ALR-0037	B, WING		02/	23/2017
NAME OF	PROVIDER OR SUPPLIES	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		20/2011
MASS S	R CARE,LLC T/A TH			TS AVENUE, NW		
		WASHING	STON, DC 20	005		
(X4) ID PREFIX	SUMMARY ST (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF C	ORRECTION	T (X5
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	ON SHOULD BE LE APPROPRIATE	COMPL
				DEFICIENCY)	1
R 611	Continued From pa	age 9	R 611			1
	Stage II Pressure I	njury - partial-thickness loss of				1
i	skin with exposed	dermis. The wound bed is				1
	viable, pink, or red,	moist, and may also present				
	as an intact or rupt	ured serum-filled blister				
	Stage III Pressure	Injury - full thickness loss of				
1	skin, in which adipo	se (fat) is visible in the ulcer				1
	and granulation tiss	sue and epibole/rolled wound				
	edges) are often pr	esent. Slough and/or eschar				
	may be visible		1			
1	Stage IV - full thicks	ness skin and tissue loss with	ļ	E		
1	exposed or directly	palpable fascia, muscie,	1			
1	tendon, ligament, ca	artilage or bone in the ulcer				
1	Slough and/or esch	ar may be visible"				
İ	National Proceure I	licer Advisory Panel.	ĺ			į.
Î	Retrieved from	nicer Advisory Panel.				1
		g/resources/educational-and-	1			
	clinical-resources/n	puap-pressure-injury-stages/				
	On Enhances 20, 20,	17 1100				
	ALR's "Skin and Dr	17, at 1:00 p.m., review of the essure Sore" [undated and				
1	unsigned policy rei	realed it failed to adequately	ſ			
10	define pressure ulca	rs and guidance for staff to				
18	sufficiently assess a	nd monitor changes in the				
15	'esidents' integumer	ntary system, as evident				
k	pelow:					
5	Stage I - Skin stave	red for five (5) minutes after				
r	emoval of pressure	and may develop an				
а	brasion of the epide	ermis.				
	Stage II Deadle					
1	liscoloration may on	pear in the skin (and cur) penetrating to the				
S	ubcutaneous fat lav	er, the sore is painful and	1			
n	nay be visibly swolle	n. If pressure is removed,				
th	ne sore may heal in	1 to 2 weeks.				
	The second series of the second series of the series of th	The second secon	- 1		1	

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Health	Regulation & Licens	ing Administration			FOR	MAPPROV
STATEME AND PLAI	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA !DENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
		ALR-0037	B, WING	-NO. II. Company	0.	2/23/2017
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS CITY S	TATE, ZIP CODE	1 0	2/23/2017
MASS S	R CARE,LLC T/A TH	E RESIDENCES AT 1330 MAS	SSACHUSET	TS AVENUE, NW		
		WASHING	STON, DC 20	005		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLET DATE
R 611	Continued From pa	age 10	R 611	The second secon	-	
	muscle, the sore m crust (eschar) at its	evelops that oozes v or green fluid. Extending into hay develop a black, leathery sedges and eventually at the h't painful. Healing may take	F)	The		
	skin to the bone an include foul drainage extend from the sor elapse before the sor elap	icy lacked documented be for staff to assess and a and deep tissue wounds. 17, at 2:00 p.m., interview led that the aforementioned uately define pressure ulcers be for staff to adequately changes in the residents' am. Additionally, the DON develop a new policy that deptable standards of a for staff to adequately and hanges in residents' and the discount of the form of the fo		 Residents #2 and had no negative outcomes. Nurses have been re-educated as to the neuro-check monitoring policy. AL Manager has developed a tractool to monitor compliance with policy. AL Manager will audit, document findings, report findings monthly the QA Committe for review, evaluation, and approval. 	en p y. kking said	4/21/17

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STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUILTIDE	E CONSTRUCTION		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY IPLETED
	and the second second	ALR-0037	B. WING		02	23/2017
NAME OF	PROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, S	STATE, ZIP CODE	T Val	20/2017
MASS S	R CARE,LLC T/A TH			TS AVENUE, NW		
		WASHING	GTON, DC 20	0005		
(X4) ID PREFIX TAG	(EACH DEFIGIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLE DATE
R 611	Continued From pa	age 11	R 611			+
	assess the resident 15 minutes for 1 ho	after any unwitnessed fall. Irse or supervisor was to Its neurological status " every our, every 30 minutes for 1 for 4 hours, and every 4 hours				
1	review of the incide Resident	017, starting at 11:00 a.m., ent reports revealed that vitnessed falls from September r 17, 2016.				
	Resident #2's medi- evidence that the no monitored the resid	17, at 11:30 a.m., review of cal record lacked documented ursing staff or supervisor ent's neurological status in the aforementioned	22			
i i	review of the incider Resident #3 had a to	2017, starting at 11:30 a.m., nt reports revealed that otal of three (3) unwitnessed or 14, 2016 to November 11,				
e n a	Resident #3's medio evidence that the nu nonitored the reside	17, at 1:40 p.m., review of al record lacked documented rsing staff or supervisor ent's neurological status in mes in the aforementioned				
th re	ith the assisted livir ne staff did not follow	7, at 2:00 p.m., interviewing manager revealed that with times to assess status as indicated in the				
	on & Licensing Administr				1	

	Regulation & Licensin				FORM APPROVI
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY
		DENTI IQANON NUMBER,	A, BUILDING:		COMPLETED
		ALR-0037	B, WING		02/23/2017
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE	
		4000 114		rs avenue, NW	
MASS 5	R CARE,LLC T/A THE		STON, DC 20		
(X4) ID	SUMMÁRY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF COR	OF OTHER WAR
PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION S	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE A	
		mary the same of t		DEFICIENCY)	
R 682	Continued From pa	ge 12	R 682		y.f
R 682	Sec. 702c3 Staff Tra	aining,	R 682	N N	4/21/1
ĺ	(4) = 1			1. CNA#1 and CNA#	
	(3) Four hours cov	ering cognitive impairments in	t t		72
	an in-service training	g approved by a nationally	2	will receive four	n s
1	Alzheimer's Disease	ditable expert such as the and Related Disorder		hours of training	
	Association; and	and Related Disorder		from a nationally	1
1		view and interview, the ALR	<u> </u>	recognized and	
j	failed to ensure that	all staff had completed four		creditable exper	
	(4) hours of annual !	training covering cognitive			
	impairments approv	ed by a nationally recognized		Cognitive	
	and creditable exper	rt such as the Alzheimer's		Impairments trai	ining
1		d Disorder Association for		will be conducte	d by
1	(LPN, CNA#1 and C	employees in the sample.		a creditable expe	ert
1	(LFN, CNA#1 and C	JNA #2)	1	annually.	
1	The findings include		1	3. DON or designed	s will
1				_	. AA(()
1	1. On February 21, 2	2017, starting at 2:30 p.m.,	į	review training	
	review of the LPN's	[assisted living manager]	}	against AL	
-	personnel record rev	realed that he was hired on	j	. Regulations,	
1	July 26, 2015. Further	er review of the record lacked	4	document findin	igs,
- 1	received in 2016 and	that the training he		and present to t	•
	was approved by a p	rering cognitive impairments lationally recognized and		QA Committee f	
	creditable expert suc	th as the Alzheimer's Disease			
	and Related Disorde	rs Association		review, evaluati	
				and approval on	a
1:	2. On February 21, 2	017, starting at 2:30 p.m.,		monthly basis.	
1	review of the CNA#1	personnel record revealed		-	28
11	that the CNA was him	ed on January 20, 2015.			
	nurther review of the	record lacked documented			
1	evidence mat me trai	ning the CNA received in	1		
	approved by a nation	ive impairments was			
12	creditable expert suc	h as the Alzheimer's Disease			
1	and Related Disorder	rs Association.			
1.	3. On February 24. 3	2017, starting at 0:20 =			
1	eview of CNA #2's n	2017, starting at 2:30 p.m., ersonnel record revealed			
	ion & Licensing Administr			A Constitution of the Cons	

Health F	Regulation & Licensin				FORM APPROV
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		ALR-0037	B. WING		02/23/2017
IAME OF F	PROVIDER OR SUPPLIER	STREET AD	ORESS, CITY, 8	STATE, ZIP CODE	T UZIZJIZUTI
MASS SF	R CARE,LLC T/A THE	WASHING	SACHUSET TON, DC 20	TS AVENUE, NW 0005	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE COMPLET DATE
R 682	Continued From page	ge 13	R 682		***
	review of the record that the training the covering cognitive in a nationally recognize	red on April 28, 2015. Further lacked documented evidence CNA received in 2016 in appairments was approved by ted and creditable expert er's Disease and Related on.			
	with the HR manage aforementioned train executive director. C HR manager reveals executive director was	17, at 3:00 p.m., interview or revealed that the ning was provided by the continued interview with the ed she was unaware if the as a creditable expert with and Related Disorders		1 David Land	
13	At the time of the sur staff training on cogn provided by a credita	vey, the ALR failed to ensure litive impairments was ble expert.	The second secon	1. Resident #1 e 2/22/17. 2. LPNs have be instructed to	een J
medication; and Based on record rev failed to ensure that resident's response I forty-five days for fou the sample. (Reside The findings include: 1. On February 16, 2 Resident #1's medica resident was admitte Additionally, the reco entitled, "Medication	the resident's response to and cord review and interview, the ALR ure that the RN assessed the sponse to medications every is for four (4) of four (4) residents in (Residents #1, #2, #3, and #4) include: ary 16, 2017, at 12:30 p.m., review of its medical record revealed that the admitted on July 5, 2016. The record revealed documents dication Review Reports' that were onthly. The medication review	R 802	discontinue assessment o resident resp to medication this is comple RNs, Nurse Practitioner, Physician Ass LPNs, RNs, N Practitioner, Physician Ass have been in serviced as to guideline.	of conses ns, as eted by and sistant. urse and sistant - co this	
Regulation	on & Licensing Administra	ation see		3. AL Managery monitor com with guidelin document fir and present to the QA Co for review, evaluation, a	pliance et 14 of et 14 of monthly mmittee

approval.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0037			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		B, WING		02	02/23/2017		
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE, ZIP CODE			- Caracracti	
MASS S	R CARE,LLC T/A THE		SSACHUSETT STON, DC 200	'S AVENUE, NW 005			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5) FIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE		(X5) COMPLET DATE	
	reports, however, las of the resident's respects also lacked had been conducted. 2. On February 21, Resident #2's media resident was admitted, "Medication conducted monthly, reports, however, las of the resident's respects also lacked had been conducted. 3. On February 21, 22 Resident #3's media resident was admitted. "Medication conducted monthly, reports, however, las of the resident's respects also lacked on the resident's respects, however, las of the resident's respects also lacked on the resident's respects also lacked on February 21, 20 with the assisted living managers were conducted. On February 21, 20 with the aforementioned resports were conducted assisted living managers were conducted. 4. On February 16, 20 Resident #4's medicates ident was admitted the sident was admitted.	acked documented evidence ponse to medications. The documented evidence they d by a RN. 2017, at 10:45 a.m., review of cal record revealed that the ed on March 28, 2005. The documents are revealed documents are revealed documents. The medication review cked documented evidence conse to medications. The documented evidence they by a RN. 2017, at 1:40 p.m., review of all record revealed that the ed on July 28, 2016, and revealed documents. Review Reports that were the medication review cked documented evidence conse to medications. The documented evidence conse to medications. The documented evidence they	R 802	ACTIOIENCY 1			

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED ALR-0037 B. WING 02/23/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1330 MASSACHUSETTS AVENUE, NW MASS SR CARE, LLC T/A THE RESIDENCES AT WASHINGTON, DC 20005 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) R 802 Continued From page 15 R 802 every 45 days. On February 17, 2017, at 11:11 a.m., interview with the assisted living manager revealed that the LPN would assess the monthly MAR to ensure all listed medications should be continued, and are current. On February 17, 2017, at 12:40 p.m., the DON, who is the facility's RN, was asked if she ever performed a 45-day medication review. The DON responded, "I have not done any of those reviews." At the time of the survey, the ALR failed to ensure that the RN assessed residents every 45 days for their response to medications. R 812 Sec. 904c Medication Storage R 812 (c) The storage area shall be used only for storage of medications and medical supplies. Based on observation and interview it was revealed that the ALR failed to stored delivered medication in a space only used for medications and medical supplies for one (1) of four (4) residents in the sample. The finding includes: On February 16, 2017, at 3:50 p.m., observation revealed that the front door receptionist gave a package of delivered medications to an aide. The aide then was observed to get in the facility's elevator. On February 16, 2017, at 3:52 p.m., interview with the receptionist revealed residents' medication is sometimes dropped off at the front

Health	Regulation & Licensin	ng Administration			FORM APPROVED			
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIE		(X1) PROVIDER/SUPPLIER/CLJA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A: BUILDING:		(X3) DATE SURVEY COMPLETED			
12	ALR-0037		B, WING		00/00/00			
NAME OF PROVIDER OR SUPPLIER STREET AN			DORESS CITY STATE ZIP CODE		02/23/2017			
MASS SR CARE, LLC T/A THE RESIDENCES AT 1330 MASSACHUSETTS AVENUE, NW WASHINGTON, DC 20005								
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	PREFIX TAG	D PROVIDER'S PLAN OF CORRECTION (X8) EFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE				
R 812	Continued From page	ge 16	-					
	desk. Once the medications are dropped off, the receptionist will place a call to the unit to notify them of the delivery. The unit's will pick-up the medications and deliver them to the nurses station. Additionally, it was revealed the		(*)		4/21/17			
	receptionist, nor the nurse or TME.	aide, were not a licensed		R812				
	On February 16, 201 with the DON, revea usually takes the me then stated that the land the pharmacist smedications at the fr she would educate the	I7, at 4:00 p.m., interview led that the pharmacist dications to the unit. She facility did not have TMEs should not leave the ont desk. She then indicated he receptionist and staff to deliveries to the nurse		 Receptionists have been instructed to send medication deliveries for Assisted Living Residents to the Assisted Living Facility. Director of Nursing wrote guideline as provided in-service to AL unit staff. Director of Nursing will monitor compliance with guideline, docume findings, and present monthly to the Quality Assurance Committee for review, evaluation and approval. 	ng and ce ng ent sent			
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