

Health Regulation & Licensure 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 03/16/2021
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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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R 000; Initial Comments	<p>An annual licensure survey was conducted on 03/09/2021, 03/10/2021, 03/11/2021, 03/12/2021, 03/15/2021 and 03/16/2021, to determine compliance with the Assisted Living Law (DC Official Code § 44-101.01 et seq) and Assisted Living Residence Regulations, Title 22-B DCMR (Public Health and Medicine) Chapter 101. The Assisted Living Residence (ALR) provided care for 31 residents and employed 95 personnel, to include professional and administrative staff. A random sample of 15 resident records, 12 employee records and 4 Private Duty Aides (PDAs) records were selected for review. The findings of the survey were based on observations throughout the facility, clinical and administrative record review, and resident, family, and staff interviews.</p>	R 000	<p>The Residences at Thomas Circle files this plan of correction for the purpose of regulatory compliance. The facility submits this document to comply with applicable law and not as an admission or statement of agreement of deficient practice.</p>	
R 403: Sec . 601 b Admissions	<p>(b) Prior to admission of a resident, the ALA or designee shall determine that the resident is appropriate for admission to the ALR and that the resident's needs can be met in addition to the needs of the other residents. Based on interview and record review, the Assisted Living Residence (ALR) failed to ensure the Intermediate Care Facilities Division Admission/Annual Medical Certification forms were completed, for five of 15 residents in the sample (Residents #1, 4, 9, 12, and 14). Take out the 2016 and 2019 individuals.</p> <p>Findings included:</p> <p>1. On 03/11/2021 at 7:00 AM, review of Resident #4's medical certification form dated 09/09/2020, showed that the following sections were not addressed by the physician:</p>	R403	<p>1. What corrective action(s) will be accomplished to address the identified deficient practice?</p> <p>Residents #1, #4, #9, #12 and #14 history and physical were reviewed by the primary care physician and Director of Nursing, and corrections were made.</p> <p>2. What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not occur?</p> <p>To prevent future occurrences and to verify compliance the ALA will provide training for the Director of Nursing and the move-in coordinator on how to review the physician history and physical to verify proper completion of history and physical by the primary care physician before admission to the facility.</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.</p>	<p>3/19/2021</p> <p>4/5/2021</p>

Health Regulation & Licensure Administration

LABORATORY DIRECTOR OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X5) DATE

STATE FORM

CDTM11

If continuation sheet 1 of 1

[Handwritten Signature]

Assisted Living Administrator

4/2/2021

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R 403	<p>Continued From page 1</p> <p>a. Speech and Hearing; b. Skin; c. Impairments; and d. Medications.</p> <p>2. On 03/11/2021 at 12:36 PM, review of Resident #1's medical certification form dated 02/17/2021, showed that the section entitled, "Immunization and Test" was not addressed by the physician.</p> <p>3. On 03/12/2021 at 2:06 PM, review of Resident #14's medical certification form dated 03/05/2020, showed the following sections were not addressed by the physician:</p> <p>a. Date of Birth; b. Medication; c. Speech; d. Dental; and e. Reason for the Evaluation.</p> <p>4. On 03/12/2021 at 2:40 PM, review of Resident #12's medical certification form dated 01/30/2020, showed that the section entitled, "Skin" was not addressed by the physician. In addition, the physician did not list the resident's medications on the form.</p> <p>8 On 03/12/2021 at 6:00 PM, review of Resident #9's medical certification form, dated 08/06/2020, showed that the physician did not document the resident's date of birth and did not indicate the reason for the assessment.</p> <p>During the exit interview on 03/15/2021 at 2:00 Director of Nursing (DON) stated that going forward, she would ensure that all sections on the Immediate Care Facilities Division</p>	R 403	<p>Director of Nursing or designee will review and monitor resident's history and physical to verify that they are fully completed before admission the facility.</p> <p>Quarterly audits will be completed by the ALA to verify that all resident's medical certification forms are completed before admission and action plans implemented as necessary. The results of this audit and any action plans for improvement, if needed, will be reported by the ALA to the Quality Assurance Performance Improvement Committee which meets at least quarterly. The Committee is chaired by the ALA and is attended by the Director of Nursing of the community.</p>	<p>3/16/2021</p> <p>4/15/2021</p>
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R 403	Continued From page 2 Admission/Annual Medical Certification form was completed the physician. At the time of the survey, the ALR failed to ensure all sections of the Immediate Care Facilities Division Admission/Annual Medical Certification forms was completed by the physician.	R403		
R 421	Sec. 602a Resident Agreements (a) A written contract must be provided to the resident prior to admission and signed by the resident or surrogate, if necessary, and a representative of the ALR. The nonfinancial portions of the contract shall include the following: Based on interview and record review, the Assisted Living Residence (ALR) failed to ensure Resident Agreements were provided to each resident prior to admission, for three of 15 residents in the sample (Residents #6, 11, and 12). Findings included: 1. On 03/10/2021 at 5:20 PM, review of Resident #6's clinical record revealed that the resident was admitted on 06/09/2019. The record failed to show documented evidence that the ALR provided the resident with an agreement prior to admission. 2. On 03/12/2021 at 2:40 PM, review of Resident #12's clinical record revealed that the resident was admitted on 01/30/2020. The record failed to show documented evidence that the ALR provided the resident with an agreement prior to admission. 3. On 03/12/2021 at 3:36 PM, review of	R 421	<p>1. What corrective action(s) will be accomplished to address the identified deficient practice? Written contracts for Residents #6, #11, and #12 were reviewed the ALA and agreements were signed.</p> <p>2. What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not occur? To prevent future occurrences, the Marketing Team, Business Office Manager and Move In Coordinator will be educated by the ALA to ensure proper completion of resident agreements prior to admission.</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. The ALA will review the agreement at the time of admission to verify they are completed. The ALA or designee will audit resident agreements, on day of admission and quarterly to monitor compliance. The results of this audit and any action plans for improvement, if needed, will be presented by the ALA to the Quality Assurance Performance Improvement Committee which meets at least quarterly. The Committee is chaired by the ALA and is attended by the Director of Nursing of the community.</p>	<p>3/16/2021</p> <p>3/16/2021</p> <p>4/15/2021</p>

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R 421 Continued From page 3

R 421

Resident #11's clinical record revealed the resident was admitted on 03/05/2019. The record failed to show documented evidence that the ALR provided the resident with an agreement prior to admission.

On 03/15/2021 at 2:00 PM, the Director of Nursing (DON) and the Assisted Living Administrator (ALA) were made aware of the missing resident agreements. Both the Administrator and DON stated that they would attempt to locate the missing documents for the residents. However, there were no additional documents presented to the surveyors prior to the exit conference on 03/16/2021.

At the time of the survey, the ALR failed to ensure all residents received resident agreements prior to admission.

R 596 Sec. 701d9 Staffing Standards.

R 596

(9) Assure that members of the staff appear to be free from apparent signs and symptoms of communicable disease, as documented by a written statement from a healthcare practitioner; Based on interview and record review, the Assisted Living Administrator (ALA) failed to show evidence that each Private Duty Aide (PDA) had a written statement from a healthcare practitioner stating that they were free from communicable diseases, for four of four PDAs providing PDA services to the residents (PDAs #1, 2, 3 and 4).

Findings included:

During the entrance conference on 03/09/2021 beginning at 9:43 AM, the ALA and Director of Nursing (DON)/Assisted Living Director stated

1. What corrective action(s) will be accomplished to address the identified deficient practice?

The ALA obtained a written statement indicating PDAs #1, #2, #3, and #4 are free from apparent signs and symptoms of communicable disease, as documented by a written statement from a healthcare practitioner for PDAs on 3/16/2021.

2. What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not occur?

The ALA or designee, will review the health certificates of each PDA upon hire and annually, to ensure that the PDA was deemed free of signs and symptoms of communicable disease by virtue of a signature of a healthcare practitioner.

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.

Quarterly audits will be completed by the ALA or Human Resources designee, to ensure that all PDAs have the appropriately signed health certificate. The results of this audit and any action plans for improvement, if needed, will be reported immediately and presented by the ALA to the Quality Assurance Performance Improvement Committee which meets at least quarterly. The Committee is chaired by the ALA and is attended by the Director of Nursing of the community.

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R 596

Continued From page 4

that some resident's received Private Duty Aide services. The surveyors requested their personnel files as part of the personnel review.

R 596

On 03/11/2021 beginning at 1:38 PM, review of the personnel records for PDAs #1, 2, 3 and 4 showed that the records did not contain written statements from a healthcare practitioner indicating that the PDAs were free from communicable disease.

On 03/12/2021 at 10:18 AM, the surveyor shared with the ALA that the personnel files for PDAs #1, 2, 3 and 4 did not contain written statements from a healthcare practitioner indicating they were free from communicable disease. The ALA stated that she would reach out to the contracting agency(s) to see if they have written statements regarding the PDA's communicable disease status. At 11:25 AM, the ALA stated that the agency was not able to provide documented evidence that the PDAs were free of communicable disease.

At 1:10 PM, review of the Assisted Living Residence's (ALR) PDA policy (undated) showed that each PDA must provide a copy of a negative current tuberculosis (TB) or chest x-ray, or registry notification of TB clearance. Such tests must be updated annually.

At 3:52 PM, the ALA emailed the surveyor the following PDAs start dates, as follows:

- PDA #1's start date was 10/14/2020;
- PDA #2's start date was 06/23/2020;
- PDA #3's start date was 10/17/19; and
- PDA #4's start date was 03/06/2021.

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R 596	Continued From page 5	R 596		
	<p>At the time of survey, the ALR failed to show documented evidence that the PDAs were free from communicable diseases.</p> <p>R1003 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, including control at the source, so that the water temperature does not exceed 110 degrees Fahrenheit.</p> <p>Based on observation, interview and record review, the ALR failed to ensure water temperatures did not exceed 110 degrees Fahrenheit, for one of one kitchen sink (Third Floor), one of one hand sink (Third Floor), one of two hallway bathrooms (Second Floor) and five of seven residents' bathrooms (apartments #317, 321, 2, 3, and 9) and one spa bathroom located on the second and third floors.</p> <p>Findings included:</p> <p>On 03/09/2021 beginning at 9:59 AM, a walk-thru of the facility with the Assisted Living Director/Director of Nurse (DON) showed the following:</p> <p>-At 10:04 AM, the bathroom sink located in apartment #321 showed a water temperature that measured 115 degrees Fahrenheit. We asked about the parameters for the hot water temperatures, the DON stated that the hot water temperatures should not exceed 110 degrees Fahrenheit;</p>	R 1003	<p>1. What corrective action(s) will be accomplished to address the identified deficient practice? There was an immediate diagnosis by the Maintenance Director and the water temperatures identified were adjusted to ensure temperatures did not exceed 110 degrees Fahrenheit.</p> <p>2. What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not occur? The Maintenance Director or designee will perform weekly water temperature checks (on 25% of sinks in the community) and document each on a water temperature log. Any discrepancies will be immediately reported to the ALA. If there are any adjustments, there will be a follow up in 24 hours to ensure systemic compliance.</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. The Director of Plant Operations or designee will present the results of the temperature logs to the Quality Assurance Performance Improvement Committee, along with any action plans for improvement, quarterly. The committee is chaired by the ALA and attended by the Director of Nursing.</p>	<p>3/16/2021</p> <p>3/16/2021</p> <p>4/15/2021</p>

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R1003 Continued From page 6	<p>-At 10:13 AM, the dining kitchen sink located on the third floor showed a water temperature that measured 133.1 degrees Fahrenheit;</p> <p>-At 10:19 AM, the hand sink located on the third floor beside apartment #317 showed a water temperature that measured 117.9 degrees Fahrenheit. The DON was observed to call Employee #2 (Director of Maintenance II) to come and adjust the hot water temperatures;</p> <p>-At 10:30 AM, Employee #6 (Maintenance Coordinator) arrived to the third floor and began to adjust the hot water temperatures;</p> <p>-At 10:42 AM, the bathroom sink located in apartment #2 showed a water temperature that measured 113.2 degrees Fahrenheit;</p> <p>-At 10:46 AM, the bathroom sink located in apartment #3 showed a water temperature that measured 114.4 degrees Fahrenheit;</p> <p>-At 10:48 AM, the hallway bathroom located on the second floor showed a water temperature that measured 110.3 degrees Fahrenheit; and</p> <p>-At 10:50 AM, the bathroom sink located in apartment #9 showed a water temperature that measured 113.0 degrees Fahrenheit.</p> <p>-At 11:30 AM, Employee #2 stated that the hot water temperatures had been adjusted to meet the local requirements. When asked how hot water temperatures are monitored, Employee #2 stated that weekly random water temperatures checks are conducted throughout the facility and documented in the water temperature log electronic system.</p>	R1003		
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R1003	Continued From page 7 Beginning at 12:46 PM, follow-up observations showed that the Employee #6 adjusted the hot water temperatures in the aforementioned locations, and that the readjusted water temperatures measured the following: -Apartment #321 water temperature reading was 107.2 degrees Fahrenheit; -The dining kitchen sink water temperature reading was 105.3 degrees Fahrenheit; -The hand sink located beside apartment#317 water temperature reading was 107.6 degrees Fahrenheit; -Apartment #2 water temperature reading was 102.5 degrees Fahrenheit ; -Apartment #3 water temperature reading was 105.3 degrees Fahrenheit ; -The hallway bathroom located on the second floor water reading was 106.2 degrees Fahrenheit; and -Apartment #9 water temperature reading was 108.3 degrees Fahrenheit. On 03/10/2021 beginning at 9:44 AM, review of the water temperature logs from January 2021 - March 2021 showed the temperatures remained within the normal range in accordance with local requirements. At 9:50 AM, review of the Water Temperature Testing Policy last reviewed On 04/06/2019, showed the facility staff was to test five random locations per week. Document all results on the water temperature log within the electronic	R1003		

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R1003	Continued From page 8 system. Water temperatures results must fall within the temperature range specified by the local Department of Health. At the time of the survey, the ALR failed to ensure that the hot water temperature did not exceed 110 degrees Fahrenheit throughout the facility.	R1003		

