Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	ALR-0023		08/11/2015

NAME OF PROVIDER OR SUPPLIER: WASHINGTON HOUSE ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE: [redacted]

(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	Initial Comments An annual survey was conducted on August 11, 2015, to determine compliance with the Assisted Living Law " DC Code § 44-101.01." The Assisted Living Residence (ALR) provides care for five (5) residents and employs six (6) employees to include professional and administrative staff. The findings of the survey were based on observations, record reviews, and interviews. Please Note: Listed below are abbreviations used throughout the body of this report. ABBREVIATIONS ALA --- Assisted Living Administrator ALR --- Assisted Living Residence DON --- Director of Nursing ISP --- Individualized Service Plan RN --- Registered Nurse	R 000	OCT 30 2015 Received by Carlton	
R 386	Sec. 508 Notice of resident's rights. An ALR shall place a copy of a document delineating the resident's rights, as set forth in this act, in a conspicuous location, plainly visible and easily read by residents, staff, and visitors and provide a copy to each resident and resident's surrogate upon admission and at the time of any change to the resident's status, level of care, or services available to the resident. Based on record review and interview, it was determined that the ALR failed to provide a copy of the resident's rights to the resident's surrogate at the time of admission for one (1) of five (5) residents. (Resident #3) The finding includes:	R 386	All Residence have the Residence Rights in their folders	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Mary L Amin
TITLE: owner
(X6) DATE: 9-28-15

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R 386	Continued From page 1 On August 11, 2015,starting at approximately 1:00 p.m., review of Resident #3's record failed to evidence that the resident's surrogate was provided a copy of the resident's rights. On August 11, 2015, starting at approximately 2:00 p.m., interview with the ALA revealed that the Resident was recently admitted through the court and a copy of Resident #3's rights will be provided to the attorney.	R 386	that has been Completed	
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 record review and interview, it was determined that the ALR failed to obtain a written contract [resident agreement], prior to admission, for one (1) of five (5) residents' in the sample. (Resident #3) The finding includes: On August 11, 2015,starting at approximately 1:00 p.m., review of Resident #3's record failed to evidence a written contract. On August 11, 2015, starting at approximately 2:00 p.m., interview with the ALA revealed that the resident was recently admitted through the court and a copy of the written contract will be established and provided to Resident #3's attorney.	R 421	All 5 Residents have A Contract in their Records Residence #3 does not have Attorney her son has sign her Contract + Residence Rights	

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R 483	Continued From page 2	R 483		
R 483	Sec. 604d Individualized Service Plans (d) The ISP shall be reviewed 30 days after admission and at least every 6 months thereafter. The ISP shall be updated more frequently if there is a significant change in the resident's condition. The resident and, if necessary, the surrogate shall be invited to participate in each reassessment. The review shall be conducted by an interdisciplinary team that includes the resident's healthcare practitioner, the resident, the resident's surrogate, if necessary, and the ALR. Based on record review and interview, the ALR failed to ensure ISP's were reviewed by the interdisciplinary team, the healthcare practitioner, the resident, or the residents surrogate at least every six (6) months for five (5) of (5) residents in the sample. (Residents' #1, #2, #3, #4 and #5) The findings include: 1. On August 11, 2015, at approximately 10:45 a.m., review of Resident #1's record revealed ISP's with review dates of February 1, 2015 and July 31, 2015. The ISP's failed to evidence they were reviewed by the resident/resident surrogate and/or a health care practitioner. On August 11, 2015, at approximately 2:00 p.m., interview with the ALA revealed that Resident #1 receives services through Kaiser and the doctors refuse to sign the ISP's. 2. On August 11, 2015, at approximately 12:00 p.m., review of Resident #2's record revealed ISP's with review dates of October 2, 2014 and April 1, 2015. The ISP's failed to evidence they were reviewed by the resident/resident surrogate,	R 483	Moving forward the doctor And N.P. will make sure that he or she will have the ISP & Sign on time Residents #1 has been here 8 yrs Kaiser Never Sign the ISPs	

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R 483	Continued From page 3 nurse and/or a health care practitioner. 3. On August 11, 2015, at approximately 1:00 p.m., review of Resident #3's record revealed ISP's with review dates of June 20, 2015 and July 18, 2015. The ISP's failed to evidence they were reviewed by the resident/resident surrogate, nurse and/or a health care practitioner. 4. On August 11, 2015, at approximately 1:25 p.m., review of Resident #4's record revealed ISP's with review dates of November 18, 2014 and May 20, 2015. The ISP's failed to evidence they were reviewed by the resident/resident surrogate, nurse and/or a health care practitioner. 5. On August 11, 2015, at approximately 2:27 p.m., review of Resident #5's record revealed ISP's with review dates of November 18, 2014 and May 20, 2015. The ISP's failed to evidence they were reviewed by the resident/resident surrogate, nurse and/or a health care practitioner. On August 11, 2015, interview with the ALA starting at approximately 2:00 p.m., revealed that Resident #2, #3, #4 and #5 are seen by the house call program and he/she will have the nurse practitioner to sign the aforementioned ISP's.	R 483	Moving forward the Nurse Practitioner has Commited to Signing Isp's on time	
R 652	Sec. 702a1 Staff Training. (1) Be certified as a nurse's aide; Based on observation, record review and interview, it was determine that the ALR failed to ensure an employee providing direct care for	R 652		

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R 652	Continued From page 4 residents in the ALR was certified as nurse's assistant for two (2) of (2) employee's in the sample. (ALA and companion) The finding includes: On August 11, 2015, from 10:55 a.m. to 2:00 p.m., the ALA and another staff (companion for resident) were observed providing services to their designated residents to include assistance with activities of daily living feeding,mobility/transfers and personal care, etc). At 5:00 p.m. a review of personnel records revealed that the ALA and the companion observed, were not certified as a nursing assistant. On August 11, 2015, at approximately 5:00 p.m., interview with the ALA revealed that she provides hands on care for all the residents from 4:00 p.m. until 8:00 a.m. daily. The ALA also indicated that she had taken a nursing assistant class in 2010, however, she never took the certification test. Further interview with the ALA revealed that the companion was not a certified nursing assistant but had worked with Resident #3 prior to his/her admission into the ALR and continues to help the resident with all ADL's twelve (12) hours a day seven (7) days a week.	R 652	I was told I did not need certification at that time 2010 but I have since will go for certification Nov. 6	
R 653	Sec. 702a2 Staff Training. (2) Be certified as a home care aide as defined in the Medicare criteria in OBRA 1987; Based on observation, record review and interview, it was determine that the ALR failed to ensure employees providing direct care for resident(s) in the ALR were certified as a home	R 653		

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R 653	Continued From page 5 health aide for two (2) of five (5) employee's in the sample. (ALA and companion) The finding includes: On August 11, 2015, from 10:55 a.m. to 2:00 p.m., the ALA and another staff (companion for resident) were observed providing services to their designated residents to include assistance with activities of daily living(feeding,mobility/transfers and personal care, etc). On August 11, 2015, starting at approximately 5:00 p.m., review of the ALA personnel record and companion observed, failed to evidence a home health aide certification. On August 11, 2015, starting at approximately 5:00 p.m., interview with the ALA revealed that she provides hands on care for all the residents from 4:00 p.m. until 8:00 a.m. daily. Further interview with the ALA revealed that the companion had worked with Resident #3 prior to his/her admission into the ALR and continues to help the resident with all ADL's twelve (12) hours a day seven (7) days a week.	R 653	the Campanion has Since been train for HHA	
R 671	Sec. 702b2 Staff Training. (2) The purpose and philosophy of the ALR; Based on record review and interview, it was determine that the ALR failed to train new employees on the purpose and philosophy of the ALR for two (2) of (2) new employees in the sample. (HHA #1 and HHA #3) The finding includes:	R 671	the employes come from the Agency with there staff training in service	

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R 671	Continued From page 6 On August 11, 2015, starting at approximately 5:00 p.m., review of HHA #1 and HHA #2's personnel records revealed HHA #1 and HHA #2 were hired in June 2015. Further review of personnel records failed to evidence that the HHAs had been trained on the purpose and philosophy of the ALR. On August 11, 2015, starting at approximately 5:30 p.m., interview with the ALA revealed that the HHAs would be trained on the required training.	R 671		
R 674	Sec. 702b5 Staff Training. (5) The rights of residents; Based on record review and interview, it was determine that the ALR failed to train new employees on resident's rights for two (2) of (2) new employees in the sample. (HHA #1 and HHA #3) The findings include: On August 11, 2015, starting at approximately 5:00 p.m., review of HHA #1 and HHA #2's personnel records revealed HHA #1 and HHA #2 were hired in June 2015. Further review of the personnel records failed to evidence that the HHAs had been trained on resident's rights. On August 11, 2015, starting at approximately 5:30 p.m., interview with the ALA revealed that the HHAs would be trained on the required training.	R 674		

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R 675	Sec. 702b6 Staff Training. (6) The emergency procedures and disaster drills and techniques of complying, including evacuating residents when applicable; Based on record review and interview, it was determine that the ALR failed to train new employees on the emergency procedures and disaster drills of the ALR for two (2) of (2) new employees in the sample. (HHA #1 and HHA #3) The finding includes: On August 11, 2015, starting at approximately 5:00 p.m., review of HHA #1 and HHA #2's personnel records revealed HHA #1 and HHA #2 were hired in June 2015. Further review of records failed to evidence that the HHAs had been trained on the emergency procedures and disaster drills. On August 11, 2015, starting at approximately 5:30 p.m., interview with the ALA revealed that the HHAs would be trained on the required training.	R 675	Moving forward I will Keep Records of the drills of Emergency Procedures and disaster drills	
R 802	Sec. 903 2 On-Site Review. (2) Assess the resident's response to medication; and Based on record review and interview, the ALR's RN failed to assess the resident's response to medications every forty-five days for four (4) of (4) residents in the sample. (Residents' #1, #2, #4 and #5) The findings include:	R 802	the nurse has a book that She Keeps a record of the 45 days ~~she~~	

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R 802	Continued From page 8 On August 11, 2015, starting at approximately 10:45 a.m., a review of Residents' #1, #2 , #4 and #5 records failed to evidence that the RN assessed each resident to determine the effectiveness of his/her medications. During an interview with the ALA on August 11, 2015, at approximately 2:00 p.m., the ALA indicated that the aforementioned resident's medications were checked monthly however, their response to the prescribed medications were not assessed.	R 802		
R 981	Sec. 1004a General Building Interior (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 the interior of the facility was maintained in a safe, clean, orderly, sanitary, and good repair for five (5) of (5) residents in the ALR. The finding includes: On August 11, 2015, starting at approximately 5:30 p.m., observation of the facility revealed a loose grab bar in the tub area of the upstairs bathroom. On August 11, 2015, starting at approximately 6:00 p.m., interview the ALA revealed that the grab bar will be fixed.	R 981	Moving forward the one Screw has been Repair on the Grab Bar in upstair bathroom	