Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING 05/13/2014 ALR-0018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1330 MASSACHUSETTS AVENUE, NW THE RESIDENCES AT THOMAS CIRCLE WASHINGTON, DC 20005 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID PREFIX TAG (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DATE TAG **DEFICIENCY**) This Plan of Correction is submitted R 000 Continued From page 1 R 000 without denying or acknowledging that District of Columbia Metropolitan Police Department Detective - DCMPDD the cited deficiencies exist. This plan of District of Columbia Metropolitan Police correction is a requirement of the Officer-DCMPO Department of Health. Department of Public Works - DPW Executive Director - ED Global Positioning System - GPS What corrective action(s) will be Health Center - HC accomplished to address the identified Human Resource Director - RHRD Individual Service Plan - ISP deficient practice; Medical Examiner - ME Metropolitan Police Department - MPD All nursing and activities staff will be in-Mini-Mental State Examination - MMSE serviced on the elopement policy and Personnel Action Form - PAF Physician's Orders Sheet - POS procedure, which encompasses appropriate supervision. R 522 R 522 Sec. 607a1 Services To Be Provided The outing procedures will be modified 1) Twenty-four hour supervision and oversight to ensure the well-being and safety of its residents; so that elopement residents only goon [D.C. Official Code § 44-106.07 (a) (1)] outings with one-to-one supervision. Based on interview, and the review of records Activities staff will be in-serviced on the and a surveillance tape, the ALR failed to outing procedures. consistently provide supervision and oversight for three (3) of six (6) residents who were on an outing. (Resident #1, #3 and #5) How you will identify other patients having the potential to be affected by the same deficient practice and what The findings include: corrective action will be taken: 1. The MPD issued a "Silver Alert" seeking the All dementia residents have the public's assistance in locating Resident #1, who was last seen walking towards the 500 block of K potential to be effected. Street, NW, on Wednesday, March 11, 2014. On March 12, 2014 Resident #1 was identified as All nursing and activities staff will be ina resident of the ALA. On March 21, 2014, DOH/HRLA received notification that Resident #1 serviced.

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| | , | 1330 MAS | | ITS AVENUE, NW | | |
| | SIDENCES AT THOMA | S CIRCLE WASHING | TON, DC 2 | 0005 | | |
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| R 522 | Continued From pa | ge 2 | R 522 | | | |
| | was found decease | d. | | What measures will be put into | - | 9 |
| | 3 | | | or what systemic changes you | | |
| | On March 26, 2014 | at approximately 3:27 p.m., | | make to ensure that the deficie | ent does | |
| | interview with the Al | D revealed that on March 11, hts were transported on an | | not recur. | | |
| | outing to a restaura | nt. Accompaning the residents | | All nursing and activities staff w | ill be in- | |
| | | ee (3) CNAs, two (2) of which ible for providing one-to-one | | serviced. | | *************************************** |
| | supervision of Resid | lent #3 and Resident #5.) | | How the corrective action(s) w | ill he | |
| | | | | | | 7.4 |
| | | th the AD, and a review of | | | | |
| | | | | · · | | |
| | cognitive impairmen | ts that required close | | | | |
| | supervision. | | | - | ement | |
| | • | | | | | |
| | | | | | | |
| | Medical Certification | , dated August 20, 2013, | | | | |
| | | | | | | |
| | hypertension, hyperi | ipemia, and depression. | | , | | |
| | | | | 7/31/14 | | |
| | personality changes | | | | | |
| | | | | | | |
| | | at approximately 9:32 a.m., | | | | |
| | | | | | Ī | |
| | had a medical histor | y of Alzheimer disease that | | | | |
| | included symptoms | of acute confusion, problems | | | | |
| | | | | | | |
| | Additionally, under the | ne section entitled "elopement | | | | 1 |
| | | | | | | 1 |
| | Further interview will records, revealed the diagnosed with vary cognitive impairment supervision. 2. a. On May 30, 20 a.m., a review of Re Medical Certification revealed that the resincluded Alzheimer's hypertension, hypertension, hypertension of poor may personality changes b. On May 30, 2014, Review of Resident dated August 20, 20 had a medical historincluded symptoms with long term memory with long term memory with long term memory additionally, under the risk," the resident had | th the AD, and a review of at the six (6) residents were ing degrees of physical and its that required close 14, at approximately 8:20 sident #1's Admission/Annual individual and diagnoses that is dementia, diabetes mellitus, lipemia, and depression. It wealed that the resident had be a the confusion, and it is approximately 9:32 a.m., #1's Admission Assessment, 13, revealed that the resident by of Alzheimer disease that of acute confusion, problems bry, severely impaired similess wandering. | | How the corrective action(s) we monitored to ensure the deficie practice will not recur. i.e., who quality assurance program will implemented. Residents that are at risk for elop will only go on outings with one-supervision. The outing records we submitted to QA for a period of 3 months to ensure compliance. 7/31/14 | ent at be ement to-one vill be | |

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| STATEMEN | Regulation & Licensin IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/S | SUPPLIER/CLIA TION NUMBER: | (X2) MULTIPLE A. BUILDING: B. WING | E CONSTRUCTION | COM | SURVEY PLETED C 13/2014 |
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| | PROVIDER OR SUPPLIER | | STREET AD | SACHUSET | TATE, ZIP CODE I'S AVENUE, NW | | |
| - | | TEMENT OF DEFIC | | TON, DC 20 | 005 PROVIDER'S PLAN OF CORRI | ECTION | (X6) |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY REGULATORY OR L | MUST BE PRECE | DED BY FULL | PREFIX TAG | (EACH CORRECTIVE ACTION SECROSS-REFERENCED TO THE AP DEFICIENCY) | | COMPLETE |
| R 522 | Continued From pa | ge 3 | | R 522 | | | |
| * | appropriate interver | ntions should b | e initiated. | | | | |
| | | | 1-1-44-05 | | | | |
| | c. On May 30, 2014 a review of Resider | nt #1's Service | /Functional | | | | |
| | Assessment, dated that in the area of " | August 20, 20 wandering" an | 113, revealed d "needing | | | | - |
| | someone to accom facility to go shoppi | pany them who | en-leaving the | | direct Mathematics and | | <u> </u> |
| | resident had a scor | e of three (3) i | n both areas, | | Α. | | 1 |
| | which indicated that extensive assistant | e from staff. A | dditional | | | | 1 |
| | comments revealed the resident was ob | i that during the | e assessment wandering | | | | |
| | about, wants to go | | manasing | | | | 1 |
| | | | | | | | 1 |
| | d. On May 30, 2014 a review of Resider | l, at approxima nt#1's MMSE, | ately 6:32 p.m., dated | | | | 1 |
| | September 5, 2013 (12). Review of the | , indicated a so | core of twelve | | | | |
| | Note, dated Septen | nber 12, 2013, | indicated that a | | | | |
| | MMSE score of two cognitive impairment | | sented severe | | | | |
| | | | | | | | |
| | e. On June 4, 2014 | | | | | | |
| | review of an undate and Behavioral Mar | nagement Prog | gram " policy | | | | |
| | and procedure doct | | | | | | |
| | admission and inter | rventions for e | lopement | | | | |
| | incorporated into th | GIOF. | | 10# | | | |
| | f. On June 4, 2014, | at approximat | tely 3:25 p.m., a | | | | |
| | review of Resident 2013, and subsequ | #1's ISP, date | d September 30, | | | | |
| | 2013 and December | er 4, 2013, indi | cated that the | | | | |
| | resident had memo | ry loss, and de | etailed | | | | |

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| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | A. BUILDING: | CONSTRUCTION | ÇOM | E SURVEY PLETED C |
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| | | ALR-0018 | B. WING | | 05/ | 13/2014 |
| AME OF I | PROVIDER OR SUPPLIER | STREET | DDRESS, CITY, S | TATE, ZIP CODE | | |
| THE DEC | IDENCES AT THOMA | S CIRCLE | | S AVENUE, NW | | |
| HE KEE | IDENCES AT THOMA | WASHIN | IGTON, DC 20 | 005 | | Ti-14 |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN | TION SHOULD BE THE APPROPRIATE | (X5) COMPLETE DATE |
| R 522 | Continued From pa | ge 4 | R 522 | | 10 | |
| 9 | conversations reveal depression, and iso that strong reminde the interventions we review revealed that supervision due to a elopement when in | aled problems of withdrawal, plation. The ISP also indicated are were required; however, are not specified. Further at the resident required a high risk for wandering and and out of the facility; | | | | 2 |
| | however, no specifi | c interventions were identified | h- | | | |
| | a review of Resider March 1, 2013, reve "where abouts [sic] times" and the resid | , at approximately 10:25 a.m., at #1's available POS dated ealed that the resident's was to be monitored at ail dent was to wear a ch was to be checked on ever | | AT THE PARTY OF TH | | |
| | p.m., interview with were not provided in | 14, at approximately at 3:27 the AD revealed that they instruction on that day for utions while on an outing. | | | | |
| | p.m., interview with Resident #1 was no supervision during t March 11, 2014. The stood up and stated bathroom. " The sta #1 to go into the bathaving a conversati Additionally, the sta was not visible from | 14, at approximately 2:50 the CNA revealed that of provided adequate the community outing on the staff stated, "[Resident #1] If that [s/he] was going to the aff did not observe Resident throom because s/he was on with another resident. Iff stated that the bathroom on where s/he was seated. In that the stated that th | | | | |

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| STATEMEN | Regulation & Licensing TOF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0018 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING | | (X3) DATE SURVE COMPLETED C 05/13/20 | |
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| NAME OF | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | |
| THE RES | SIDENCES AT THOMA | S CIRCLE | SSACHUSET [*] GTON, DC 20 | TS AVENUE, NW | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES | | ID PREFIX TAG | ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHO | | (X5) COMPLETE DATE |
| R 522 | 5. On March 31, 20 interview with the rethat the elopement surveillance camera | 14, beginning at 12:30 p.m., estaurant 's manager revealed | R 522 | ¥ | u | |
| | #1 got up from the f window and began AA, who was direct was observed stand resident as they bot CNA who was also | ervations revealed Resident able, walked over to the looking out the window. The ly responsible for Resident #1, ling directly beside the chilooked out the window. The responsible for Resident #1 g at the table talking with | | | | |
| × | walk toward the ele- to open. Resident # to come back to the was observed with I elevator. The CNA with Resident #6 an | sident #1 was observed to vator and stand waiting for it #1 was immediately redirected table by PDA #2. The AA his/her back turned toward the was engaged in conversation id was also observed with toward the elevator. | | | | |
| | to walk toward the belevator. At this time seated with Resider the area with reside looking out of the weboth PDA#2 and the towards the bathrood | sident #1 was observed again bathroom which was near the le, PDA #2, who had been in #5 next to the elevator, left in t#5 to join the AA, who was indow. It should be noted that e AA's backs were turned lem, and Resident #1 and ot in their line of sight. | | | | |

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| STATEMEN | T OF DEFICIENCIES | (X1) PRÓVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
| AND PLAN | OF CORRECTION | A. BUILT | | | | |
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| | | ALR-0018 | B. WING | | 05/13 | /2014 |
| NAME OF E | PROVIDER OR SUPPLIER | STREET ADI | DRESS, CITY, 8 | STATE, ZIP CODE | | |
| | (\$1) | 1330 MAS | | TS AVENUE, NW | | |
| THE RES | IDENCES AT THOMA | S CIRCLE WASHING | TON, DC 2 | 0005 | | |
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| R 522 | Continued From pa | ge 6 | R 522 | R562 | | ., |
| | d At 2:56 nm the | elevator opened, and | | | | |
| | Resident #1 walked | l into the elevator with an | | What corrective action(s) will k | ре | |
| | unaffiliated person. | Resident #5 was observed to | | accomplished to address the id | lentified | |
| | walk to the elevator | door as Resident #1 walked | - 1 | deficient practice; | | |
| | | he elevator door began to | | dendent practice; | 9 | |
| | close, but reopened as Resident #5 stood in front of the elevator. Resident #5 did not enter the | | The identified deficient practice | es are | | |
| | elevator: however. | the elevator door reopened for | | the result of a misrepresentation | - | |
| | a second time. Aga | in, Resident #5 did not get on | | • | | |
| | the elevator and returned back to the table on his/her own. During this time, the AA and PDA #2 were observed standing at the window with their | | Executive Director's quote. A co | ppy of | | |
| | | iding at the window with their | g. | the PDA policy is attached. | ļ | |
| 1 | backs turned towar | d the elevator. The CNA | | How you will identify other par | tients | |
| | remained engaged | in conversation with Resident served with his/her back | | | | |
| | turned toward the e | | 1 | having the potential to be affe | | |
| | tainiou tomara mo | | | the same deficient practice and | d what | |
| | | | | corrective action will be taken; | | |
| | e. Approximately five | ve (5) minutes later, at 3:01 | | | | |
| | p.m., both the AA a | nd PDA #2 were observed to | | All residents with PDA's have th | ne | |
| | | from the window and return back to esident #1 was not observed to be | | potential to be affected by the | PDA | |
| | with the group. | | | policy. The PDA policy is attache | | |
| | V | | | policy. The Port policy is accuent | -4. | |
| R 562 | Sec. 701a Staffing | Standards. | R 562 | What measures will be put into | place | |
| | | | | or what systemic changes you | | |
| | (a) An ALR shall be | supervised by an ALA who | | | - 1 | |
| | shall be responsible services within the | e for all personnel and | | make to ensure that the deficie | ent | |
| | Based on record re | view and interview, it was | | practice does not recur; and | 1 | |
| 1 | determined that the | ALA failed to be responsible | | | | |
| | for PDA services be | eing provided within the ALR | | No changes will be put into place | ce, | |
| | | A's in the sample. (PDA#1 and | | however, a full review of all PD. | A's will | |
| | PDA #2) | | | be done to ensure compliance | | |
| | The finding include | s: | | 1 | | |
| | | | | policy. | Ì | |
| | On April 3, 2014, st a.m., review of | arting at approximately 10:30 | | | | |

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIP A. BUILDING | LE CONSTRUCTION | (X3) DATE COMP | SURVEY LETED |
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| R 562 | was a current live-li services for Reside a week. Further rev hire date of March 7 On April 3, 2014, st | I record revealed that PDA #1 n aide who provides PDA nt #3, 24 hours a day, 7 days iew of the record revealed a 7, 2012. | R 562 | How the corrective action(s) monitored to ensure the department of the PDA molicularity assurance program with action and action action with a policy with a | icient vhat vill be | a |
| R 682 | revealed that PDA Monday through Fri Resident #5. Further revealed a hire date During an interview at approximately 11 [ALR] is not responsible because they [PDA families and not the Please Note: The ESec. 702c3 Staff Tra (3) Four hours covan in-service training recognized and creditable and record revealed to ensure that annual training cover approved by a natio creditable expert su and Related Disorder | ering cognitive impairments in grapproved by a nationally ditable expert such as the ering and Related Disorder view and interview, the ALR all staff had four (4) hours of ering cognitive impairments nally recognized and chas the Alzheimer's Disease er Association for two (2) of 2 ployees in the investigation. | R 682 | The audit of the PDA policy will submitted to the QA committed period of 3 months to ensure compliance. Completion Date 7/31/14 R682 What corrective action(s) will accomplished to address the ideficient practice; Dementia training is currently at Thomas Circle to ensure 100 compliance with the program. the trainer's resumes are attact this POC. | be dentified on-going % A copy of | |

| Health F | Regulation & Licensin | g Administration | | | | |
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| AND PLAN | OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: | | John | |
| | | | | | 1 c | |
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| | | ALR-0018 | | | + 00.10 | • |
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| THE RES | SIDENCES AT THOMA | e CIBCI E | TON, DC 20 | | | ļ |
| | avuntary ota | | | PROVIDER'S PLAN OF CORRECT | ON | (X5) |
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| | | | | DEFICIENCY) | | |
| R 682 | Continued From pa | ae 8 | R 682 | How you will identify other par | tients | |
| | | , review of the CNA's | | having the potential to be affe | | |
| | personnel record at | t approximately 5:15 p.m., | | the same deficient practice and | | |
| | revealed that the en | mployee's date of hire was further review of the record | | corrective action will be taken; | - 1 | |
| | revealed an in-serv | ice training document entitled | | | | |
| | Alzheimer's Diseas Dementia and Pick | e, Common forms of s Disease dated October 23, | | All residents have the potential | | |
| | 2012. However, the | record falled to show | | affected. Therefore, all staff wil | l be | |
| | (4) hours of training | nce that the employee had four on cognitive impairments | | trained. | | |
| | from a creditable ex | xpert such as the Alzheimer's | | What measures will be put into | place | |
| | 2012 or 2013. | ed Disorder Association in | | or what systemic changes you | | |
| | | | | make to ensure that the deficie | ent | |
| | 2. On May 30, 2014 | 1, review of the AA's tapproximately 5:20 p.m., | | | | |
| | revealed that the el | mployee's date of hire was | | Dementia training is currently o | | |
| | February 5, 2013. F | Further review of the record ice training document entitled | | at Thomas Circle to ensure 100 | | |
| | Alzheimer's Diseas | e, Common forms of | | compliance with the education | | |
| | Dementia and Pick | s Disease dated February 7, a record failed to show | | program. A copy of the trainer's | | |
| i. | documented evider | nce that the employee had four | | resumes are attached to this PC |)C. | |
| | (4) hours of training | g on cognitive impairments nationally recognized | | How the corrective action(s) w | ill be | |
| | creditable expert si | uch as the Alzheimer's Disease | | monitored to ensure the defici | | |
| | and Related Disord | ler Association on February 7, | | | | |
| | 2013. | | | practice will not recur. i.e., wh | at | |
| | | | | quality assurance program will | be | |
| | During an interview | with the ALA on April 3, 2014 | | | | |
| 1 | at approximately 12 | 2:30 p.m., regarding the | | implemented. | | |
| | aforementioned tra | ining the ALA stated, "I will | | | | |
| | email the training to | o you." | | | | |
| | l | | | | | |
| | It should be noted | the documents were e-mailed; | | | | |
| | however, they faile | d to evidence the number of | | | | |
| | training nours prov | ided and that the training was | | | | |
| | from a "creditable e | exheir. | | | | |
| | | | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0018 | (X2) MULTIPI A. BUILDING B. WING | E CONSTRUCTION | | LETED |
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| | PROVIDER OR SUPPLIER | STREET AD 1330 MAS | | STATE, ZIP CODE ITS 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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETE DATE |
| R 000 | On March 12, 2014 Health/Health Regular Administration (DO) written notification to missing after attended and the notification from the state of the motification from the motification was in determine if the ALI supervision and over well-being and safe Living Law." Additionally, incident this investigation and the report. The below are abbrothroughout the body Activities Assistant Living Administration from the motified Nursing Administration of Heal Licensing Administration (DOH/HRLA) District of Columbia Medical Services - I District of Columbia Examiner-DCOCMI | the Department of lation and Licensing H/HRLA) received verbal and hat Resident #1 was reported ling a community outing. On a DOH/HRLA received assisted living that Resident d, however, the resident had ident was under investigation Police Department, (MPD). The of the incident, an itiated on March 26, 2014 to a provided adequate exight to ensure Resident #1's ty as required by the "Assisted at findings were noted during at the deficiencies are cited in eviations that may appear of this report. AA ministration - ALA sidence - ALR AD asistant - CNA th/Health Regulation and ation Fire Department Emergency DCFDEMS Office of the Chief Medical and Metropolitan Police | R 000 | Audits will be submitted to Quassurance until 100% complia obtained. The training will occannually at Thomas Circle. Completion Date 7/31/14 | nce is | |

Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

| | <u>Kegulation & Licensir</u> | | L OWN MILETION | E CONSTRUCTION | LVO DATE OUD | VCV. |
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| | | ALR-0018 | B. WING | ., | 05/13/2 | 014 |
| NAME OF | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, | STATE, ZIP ÇODE | | |
| THE DE | SIDENCES AT THOMA | S CIPCLE 1330 MAS | SACHUSET | TS AVENUE, NW | | |
| THE NE | SIDENOES AT THOUSA | WASHING | TON, DC 2 | 0005 | | |
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| | District of Columbia | Metropolitan Police | | | | |
| | Department Detecti | ve - DČMPDD | | | j. | |
| | | Metropolitan Police | | What corrective action(s) will | be | |
| | Officer-DCMPQ Department of Publ | ic Works - DPW | | accomplished to address the i | dentified | |
| | Executive Director - | ED | | deficient practice; | | |
| | Global Positioning 5 -Health-Center - HC | | | | | |
| | Human Resource D | | | A background check was comp | leted on | C000 |
| | Individual Service P | | | the AD and came back with no | issues. | |
| | Medical Examiner - | | | | | |
| | Metropolitan Police Mini-Mental State E | xamination - MMSE | | How you will identify other patients | | |
| | Personnel Action Fo | orm - PAF | | having the potential to be affe | cted by | |
| | Physician's Orders | Sheet - POS | | the same deficient practice an | d what | |
| R 125 | 4701.5 BACKGROU | JND CHECK REQUIREMENT | R 125 | corrective action will be taken | ; | |
| 8 | The criminal backgr | ound check shall disclose the | | All residents have the potential | l to be | |
| | criminal history of th | e prospective employee or | | effected. Therefore, all staff file | es will be | |
| | | the previous seven (7) years, thin which the prospective | | audited to make sure they have | | |
| | employee or contract | ct worker has worked or | | background check on file. If the | y do not. | |
| | | even (7) years prior to the | | a background check will be ord | • | |
| | check. | | | 3 | | |
| | | met as evidenced by: | | What measures will be put into | o place | |
| | | and record review, the | | or what systemic changes you | will | |
| | | sidence (ALR) failed to ackground check for all | | make to ensure that the deficie | | |
| | jurisdictions in which | n the employee had worked or | | | | |
| | | rs for one (1) of nine (9) staff | | A background check will be veri | fied for | |
| | reviewed. (AD) | | | all current employees. Going fo | rward, | |
| | The finding Includes | : | | the Executive Director or their of | delegate | |
| i | Daviens of the man- | must us souds ou 4 11 0 004 4 | | will verify all employee files on | - | |
| - | | nnel records on April 2, 2014, m., revealed the ALR failed to | | day of employment to verify a | | |
| | | a criminal background check | | background check has been con | npleted. | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER ALR-0018 NAME OF PROVIDER OR SUPPLIER STR | _ ' ' | LE CONSTRUCTION (X | 3) DATE SURVEY COMPLETED |
|--|---------------------|--|--------------------------|
| The state of the s | 1 | | |
| NAME OF PROVIDER OR SUPPLIER STR | B. WING | | C 05/13/2014 |
| | REET ADDRESS, CITY, | STATE, ZIP CODE | 33113124 |
| | 30 MASSACHUSE | • | |
| WA WA | SHINGTON, DC 2 | 20005 | |
| (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY) | |
| R 125 Continued From page 2 | R 125 | | |
| that disclosed a seven year history of all | 1 | How the corrective action(s) will be | ne i |
| jurisdictions where one staff worked and/or | | monitored to ensure the deficient | |
| resided at the time of the survey. | ł | practice will not recur. i.e., what | |
| The AD was on hired September 3, 2013. N | No | quality assurance program will be | |
| criminal background check was conducted according to record information where he/shi | 1 | implemented. | 1 |
| lived and previously worked. | | 10 employee files will be audited e | ach |
| On April 3, 2014, at approximately 12:45 p.m | | month for the next 3 months and a | |
| during an interview with the residence human | | results will be reported to HR to en | |
| resource director (RHRD) he/she acknowled the aforementioned findings and indicated th | gea | compliance. An analysis will be | Suic |
| spoke with the employee about getting a crin | | conducted about whether or not to | . 1 |
| background check done. There were no additional documents given to the surveyor for | | continue the audits at the conclusion | 1 |
| review by the end of the interview. | 01 | 90 days. | on or |
| | | Completion Date | |
| | | 7/31/14 | |
| | | 7731/14 | |
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| Ith Regulation & Licensing Administration | | | |