

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/06/2015
NAME OF PROVIDER OR SUPPLIER GRAND OAKS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 5901 MACARTHUR BLVD NW WASHINGTON, DC 20016		
(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 A follow-up survey was conducted on August 6, 2015, to determine the facility's compliance with deficiencies cited during the annual survey conducted on April 27, 2015 through May 8, 2015. Four (4) additional residents were added to the original sample of seventeen (17) residents. The findings of the survey were based on interview with administrative staff and review of clinical and administrative records to include unusual incident reports [falls] and documents to support the facility's allegation of compliance. There was one (1) incidental finding noted during this survey period. The survey findings determined that the facility was in substantial compliance with the Assisted Living Law " DC Code § 44-101.01.	{R 000}	Grand Oaks is filing this response for the sole purpose of confirming compliance with requests of DOH in receipt of the survey report related to the survey conducted on August 6, 2015. This response is based on cooperative discussions with DOH and is not an admission of liability or statement of agreement with respect to issues identified in discussions with the agency but is submitted to demonstrate regulatory compliance.	
R 803	Sec. 903.3 On-Site Review. (3) Assess the resident's ability to continue to self-administer his or her medications. Based on record review and interview, the Assisted Living Residence (ALR) failed to assess the resident's ability to self-administer every forty-five days. (Resident #14) The finding includes: On August 6, 2015, at approximately 11:45 a.m., a review of Resident #14's clinical record revealed that the resident administered his/her own medications, and has been doing so since his/her admission on November 14, 2011. Further review of the record revealed an Individual Service Plan (ISP), updated on July 28, 2015. Additionally, the only self-medicate assessment in the record was dated August 5, 2015.	R 803	903.3-Site Medication Review The ALR shall arrange for an on-site review by a registered nurse every 45 days to assess the resident's ability to continue to self-administer his or her medications. I. <u>Corrective Action</u> Resident #14's 45 day self-administration review was completed on 08/05/2015 and will be completed every 45 days moving forward. II. <u>How to Identify Other Residents/Staff</u>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X8) DATE _____

STATE FORM 0899 UBKC12 If continuation sheet 1 of 2

[Handwritten Signature] EXECUTIVE DIRECTOR 08/19/15

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R 803	Continued From page 1 During an interview with the director of nursing (DON) on August 6, 2015, at approximately 2:00 p.m., the DON indicated that they will ensure that all forty-five day self-medication assessments conducted by the registered nursing staff will be done in the future.	R 803	DON, or designee, will conduct an audit of all self-administering residents to ensure their 45 day self-administration review is complete. <u>III. Systemic Changes</u> Upon admission, all residents will be assessed to determine whether they will self-administer medications. If competency is determined, a 45 day review cycle will be set up for ongoing medication reviews. <u>IV. Monitoring Process</u> 45 Day self-administration reviews will be added to the Weekly Interdisciplinary Meeting agenda for review. <u>V. Date of Completion</u> September 11, 2015	09/11/15