

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALR-0003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/13/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE METHODIST HOME OF DC- FOREST HILL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4901 CONNECTICUT AVENUE NW WASHINGTON, DC 20008</b>
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R 000	<p>Initial Comments</p> <p>An annual survey was conducted on 02/12/2020 and 02/13/2020 to determine compliance with the Assisted Living Law (DC Official Code § 44-101.01 et seq). The Assisted Living Residence (ALR) provided care for 19 residents and employed 32 personnel to include professional and administrative staff. The findings of the survey were based on observation throughout the facility, clinical and administrative record review, and resident and staff interviews.</p> <p>The following abbreviation is used throughout the body of the report:</p> <p>ALR - Assisted Living Residence FYI - For Your Information ISP - Individualized Service Plan LPN - Licensed Practical Nurse mg/dl - milligrams per deciliter POS - Physician Order Sheet RP - Responsible Party</p>	R 000		
R 292	<p>Sec. 504.1 Accommodation Of Needs.</p> <p>(1) To receive adequate and appropriate services and treatment with reasonable accommodation of individual needs and preferences consistent with their health and physical and mental capabilities and the health or safety of other residents; Based on record review and interview, the ALR failed to ensure appropriate and adequate services were provided for two of ten residents in the sample. (Residents #7 and #9).</p> <p>Findings included:</p> <p>1. On 02/12/2020 at 11:01 AM, review of Resident #7's medical record showed a physician's order to perform finger stick blood sugar three times a</p>	R 292		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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R 292	<p>Continued From page 1</p> <p>week (Monday, Wednesday and Friday, two times each day) and to notify the physician if blood sugar is less than 60 mg/dl or greater than 350 mg/dl. Further review of the record failed to provide documented evidence that the ALR nurses performed the blood sugar checks as ordered by the physician on the following dates:</p> <p>04/15/2019 at 6:00 AM 05/08/2019 at 6:00 AM 05/10/2019 at 6:00 AM 07/19/2019 at 6:00 AM 07/29/2019 at 6:00 AM 09/27/2019 at 6:00 AM 10/28/2019 at 4:00 PM 12/30/2019 at 6:00 AM</p> <p>At 2:45 PM, the ALR manager reviewed Resident #7's medical record and confirmed that there was no documentation to show that the blood sugars were checked on the dates noted. The ALR Manager acknowledged the missing information and stated she would ensure the nurses document blood sugar readings daily as ordered going forward.</p> <p>At the time of the survey, the ALR failed to ensure that blood sugar checks were performed as ordered for Resident #7.</p> <p>2. On 02/12/2020 at approximately 2:00 PM, review of Resident #9's record revealed an order dated 10/02/2019 for Audiology referral for hearing aide. The record failed to show evidence that the facility scheduled the consult as ordered and that the resident had the evaluation done.</p> <p>During an interview with the ALR manager on 02/13/2020, starting at approximately 2:40 PM, it was revealed that the ALR reached out to the</p>	R 292		
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R 292	<p>Continued From page 2</p> <p>resident's RP and they did not want the resident to attend the consult. There was no documentation to show that the physician was contacted regarding the refusal by the resident's RP to attend the consult. At the time of survey, the order remained as a pending order on the resident's POS. There was no documented evidence to discontinue Resident #9's Audiology referral for hearing aid from the POS.</p> <p>At the time of the survey, the ALR failed to ensure appropriate and adequate services were provided for the Residents #7 and 9.</p>	R 292		
R 471	<p>Sec. 604a1 Individualized Service Plans</p> <p>(a)(1) An ISP shall be developed for each resident prior to admission. Based on record review and interview, the ALR failed to develop an ISP before admission for one of two newly admitted residents in the sample (Residents #3).</p> <p>Findings included:</p> <p>1. On 02/12/2020 at 2:12 PM, review of Resident #3's clinical record showed that there was no documented evidence that the ALR staff developed an ISP for the resident prior to admission on 11/01/2019.</p> <p>During an interview on 02/13/2020 at 11:37 AM, the ALR Manager said that all of the clinical charts were in the process of being reviewed to ensure that all information would be properly documented. She stated that going forward the facility would develop an ISP before residents were admitted.</p>	R 471		

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R 471	Continued From page 3  At the time of the survey, the ALR failed to provide documented evidence that a pre-admission ISPs was developed for Residents #3.	R 471		
R 483	<p>Sec. 604d Individualized Service Plans</p> <p>(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.</p> <p>Based on interview and record review, the ALR failed to ensure each resident's ISP was reviewed 30 days after admission or updated with significant changes for six of ten residents in the sample (Residents #3, 6, 7, 8, 9 and 10).</p> <p>Findings included:</p> <p>I. The facility failed to ensure that each ISP was updated 30 days after the Resident's admission, as evidenced by:</p> <p>On 02/12/2020 at 2:12 PM, review of Resident #3's medical record showed that the resident was admitted on 11/01/2019. Review of Resident #3's ISP showed that it was signed and dated 11/13/2019. The ISP failed to show documented evidence that the ISP was reviewed 30 days after the resident was admitted.</p> <p>At the time of survey, the facility failed to ensure</p>	R 483		

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R 483	<p>Continued From page 4</p> <p>that the ISPs for Resident #3 was reviewed 30 days after being admitted to the ALR.</p> <p>II. The facility failed to update the resident's ISP with significant changes, as evidenced by:</p> <p>On 02/12/2020 at 4:10 PM, review of Resident #6's ISP showed that it was signed and dated 05/09/2019. On 9/03/2019, the resident went to the hospital and was diagnosed with cellulitis/wound infection and was placed on antibiotics medication for ten days. The ISP failed to show documented evidence that it was reviewed days after the resident had a significant change (wound infection) and placed on antibiotics for ten days.</p> <p>III. Facility failed to update the residents ISP every six (6) months, as evidenced by:</p> <p>a. On 02/12/2020 at 11:40 AM, review of Resident #7's clinical record showed that resident was admitted on 07/13/2016. The record contained multiple ISP review dates with the last updated ISP date being 07/03/2019. The ISP lacked documented evidence that it had been reviewed every six months and with each significant change by the resident's healthcare practitioner, and the resident or the resident's surrogate.</p> <p>b. On 02/12/2020 at 1:50 PM, review of Resident #8's clinical record revealed that the resident was admitted on 10/25/2016. The record contained multiple ISPs with the last update one 05/23/2019 and has not been reviewed to date of survey. The ISP, however, lacked documented evidence that it had been reviewed after the aforementioned date, and that it had been reviewed by the</p>	R 483		
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R 483	<p>Continued From page 5</p> <p>resident's healthcare practitioner, the resident or the resident's surrogate.</p> <p>c. On 02/12/2020 at 2:30 PM, review of Resident #9's clinical record revealed that the resident was admitted on October 05, 2017. The record contained some ISPs with the last one dated 03/11/2019. The ISP, however, lacked documented evidence it had been reviewed after the aforementioned date, and that it had been reviewed by the resident's healthcare practitioner, the resident or the resident's surrogate.</p> <p>d. On 02/12/2020 at 2:30 PM, review of Resident #10's clinical record revealed that the resident was admitted on 10/05/2017. The record contained some ISP's with the last one dated 03/11/2019. The ISP, however, lacked documented evidence it had been reviewed after the aforementioned date, and that it had been reviewed by the resident's healthcare practitioner, the resident or the resident's surrogate.</p> <p>During interview on 2/12/2020, at 4:00 PM, the ALR Manager said the ISPs had not been reviewed and updated since she went on leave of absence last year. The ALR Manager said she noted that none of the patients' ISPs had been reviewed and updated since she was gone. She said there was a plan in place to review and update all of the residents' ISPs as soon as possible.</p> <p>At the time of the survey, the aforementioned ISPs lacked documented evidence it had been reviewed thirty days after admission, at least every six months, updated with significant changes, and that the ISPs had been reviewed by the resident's healthcare practitioner, the resident and/or the resident's surrogate.</p>	R 483		

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R 596	<p>Sec. 701d9 Staffing Standards.</p> <p>(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 record review and interview the ALR failed to ensure that all staff had a written statement from a healthcare practitioner stating that they were free from communicable diseases, for four of twenty personnel records reviewed (Nurse Educator, RN, LPN #2 and 3).</p> <p>Findings included:</p> <p>On 02/13/2020 at 1:17 PM, review of the personnel records for the Nurse Educator, RN, LPN #2 and LPN #3 showed that the records did not contain written statements from a healthcare practitioner indicating that the employees were free from communicable disease.</p> <p>At 4:35 PM, the Nurse Educator stated that each employee would be required to have documentation from a physician going forward.</p> <p>At the time of survey, the personnel records failed to evidence a signed statement from a healthcare practitioner that each employee was free from communicable diseases.</p>	R 596		
R 802	<p>Sec. 903 2 On-Site Review.</p> <p>(2) Assess the resident's response to medication; and Based on record review and interview, the facility failed to ensure that the RN assessed each resident's response to their medication at least every 45 days, for four of ten residents in the sample (Residents #1, 2, 3, 4, 5).</p>	R 802		

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R 802	<p>Continued From page 7</p> <p>Findings included:</p> <ol style="list-style-type: none"> <li>1. On 02/12/2020 at 2:12 PM, review of Resident #3's medical record showed that the RN performed an initial medication assessment for the resident on 11/05/2019. The next documented RN medication assessment was dated 01/03/2020.</li> <li>2. On 02/13/2020 at 10:46 AM, review of Resident #2's medical record showed that the RN documented a medication assessment for the resident on 08/05/2019. The next documented medication assessment was dated 01/09/2020.</li> <li>3. On 02/13/2020 at 11:58 AM, review of Resident #4's medical record showed that the RN documented a medication assessment for the resident on 07/28/2019. The next documented medication assessment was dated 01/02/2020.</li> <li>4. On 02/13/2020 at 12:38 PM, review of Resident #5's medical record showed that the RN documented a medication assessment for the resident on 08/01/2019. The next documented medication assessment was dated 01/02/2020.</li> <li>5. On 02/13/2020 at 10:46 AM, review of Resident #1's medical record showed that the RN documented a medication assessment for the resident on 07/25/2019. The next documented medication assessment was dated 01/02/2020.</li> </ol> <p>On 02/13/2020 at 11:37 AM, the AL Manager confirmed that the medication assessments were not performed every 45 days. She stated that each resident's medical record was in the process of being reviewed to ensure that all information would be properly documented.</p>	R 802		
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R 802	Continued From page 8  At the time of survey, the facility failed to document an assessment of each resident's response to their medication at least every 45 days.	R 802		
R 821	<p>Sec. 904e8 Medication Storage</p> <p>(8) Residents who self-administer may keep and use prescription and nonprescription medications in their units as long as they keep them secured from other residents.</p> <p>Based on observation, interview and record review, the facility failed to ensure that resident's medications were kept secured in their units for two of six residents' units observed (Residents #4 and 5).</p> <p>Findings included:</p> <p>On 02/12/2020 during the survey's entrance conference, the ALR Manager stated that there were no residents who self-administered their medications.</p> <p>1. On 02/12/2020 at 11:05 AM, observation of Resident #5's unit showed bottles of Day Quil, Aspirin and Preservision, as well as tubes of cortisone and clotrimazole, which were unsecured.</p> <p>2. On 02/12/2020 at 11:18 AM, observation of Resident #4's unit showed Neo Polydex ointment, as well as tubes of Lotriman and Nyastatin. When asked about the medications, the ALR Manager removed them from the resident's unit and stated that the resident's family may have brought them without informing the nurses.</p>	R 821		

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R 821	<p>Continued From page 9</p> <p>At 11:10 AM, the ALR Manager stated that all medication should be maintained by the ALR's nurses. She also said that the residents' family must have brought the medications in the units without informing the nursing staff.</p> <p>On 02/13/2020 at 11:58 AM, review of Resident #4's ISP showed that the facility's nurses administered the residents' medications. At 12:35 PM, review of Resident #5's ISP showed that the facility's nurses administered the resident's medications.</p> <p>At the time of survey, the ALR failed to ensure that medication that were kept in residents' units only by those who self administered, and were kept secured.</p>	R 821		
R1058	<p>Sec. 1011h Special requirements for ALRs with 17 beds</p> <p>(h) An ALR shall ensure that all food is prepared and served in accordance with Chapters 20 through 24 of Title 23 of the District of Columbia Municipal Regulations and shall organize plumbing facilities to insure that food is processed and served so as to be safe for human consumption.</p> <p>Based on observation and interview, the ALR failed to follow Chapter 24, Subtitle A of Title 25 DCMR, Food and Food Operations Regulations, which was formerly Title 23.</p> <p>Findings included:</p> <p>On 02/13/2020, the inspection of the facility's kitchen was conducted by The Department of Health Food Safety and Hygiene Inspection Services Division. The inspector observed and</p>	R1058		

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R1058	<p>Continued From page 10</p> <p>documented the following violation:</p> <p>504.1 - The disinfectant that is currently used when responding to diarrhea or vomiting events is not specified in the written procedures.</p> <p>2911.1 - The toilet room for kitchen employees does not have a self-closing door. It should be noted that the facility's Food Protection Manager signed the inspection report for the kitchen at the time of survey.</p> <p>At the time of the survey, the ALR failed to follow Subtitle A of Title 25 DCMR, Food and Food Operations Regulations.</p>	R1058		
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