STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION IG:	(X3) DATE SURVE COMPLETED
A .		A SOILDIN		Jour CEIE
NAME OF PROPERTY.	ALR-0031	B. WING		11/10/201
NAME OF PROVIDER OR SUPPLIER			, STATE, ZIP CODE	
THE MARIGOLD AT 11TH STR		TH STREET IGTON, DC		
(X4) ID SUMMARY STA PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION
TAG REGULATORY OR L	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE COM THE APPROPRIATE DA
R 000 Initial Comments		R 000	1	
determine compliant Law "DC Code § 44 Residence (ALR) processed and employment that include profession A sample size include and eighteen (18) en selected for review. Were based on observiews.	as conducted from October ovember 10, 2016 to ce with the Assisted Living -101.01." The Assisted Living ovides care for thirteen (13) ys nineteen (19) employees onal and administrative staff, ed five (5) resident records inployee records were the findings of the survey relations, record reviews, and reviations used throughout		Recellad	A .
ALA — assisted living ALR — assisted living BPH — benign prosta	t. administrator residence tic hyperplasia	Ny Eth y Mahama - El : diagnosia person	*	
HHA— home health a H&P — history and ph HTN — hypertension ISP — individualized s MAR — medication ac PSA — Prostate Spec RN — registered nurse SN — skilled nurse	service plan dministration record			
TME — trained medica	ation employee		CORRECTED PLAN OF CORE	RECTION
R 008 Sec. 102b2 Philosophy	of Care	R 008		****
impairment. Services a offer a balance betwee least restrictive setting.	at a significant number of me form of cognitive and environment should in choice and safety in the		or danger of elopen	12/21/1 agnosis of dementia nent have the cted by this deficiency.
Based on observation a Regulation & Licensing Administration ATORY DIRECTOR SOR PROVIDER'S	on underview, it was UPPLIER REPRESENTATIVE'S SIGNAT	TURE	TITLE Adminstra	(X6) DATE

	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:		(X2) MULTIPI A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0	ALR-0031	B. WING		11/10/2016
AME OF	PROVIDER OR SUPPLIE	₹ STREET AL	DRESS, CITY, I	STATE, ZIP CODE	11/10/2016
HE MA	RIGOLD AT 11TH ST		H STREET N		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION (CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLE
R 008	Continued From p	age 1	R 008	DEFICIENCE	
	sufficient safeguar prevent potential h residents in the sa #4,	e ALR failed to ensure ds were properly in place to arm, for thirteen of thirteen mple. (Residents #1, #2, #3,			10/26/
	The findings included. 1. On October 27, an observation review resident's apartmet window stops. The to prevent resident accidental falls as twide enough for particles of the ALA revealed the repositioning the will elopement and accidental falls.	2016, starting at 12:00 p.m., ealed that the windows in ints and common areas had window stops, however, failed is from potential elopement or the windows were free to open itients to exit. 16, at 12:10 p.m. interview with leat she would follow-up with indow stops to prevent idental falls.		2. As for windows, when of dementia, schizophi delusional disorder, pa depressive episodes or or danger of elopemen resident will include methe windows, to ensure is not able to exit through the roll-in shower, in accomembers making sure with the shower is mopped to bacteria floor mats have and placed in the bathresshowers	renia disorder, ranoid disorder, resychotic behavior at, ISP of the aking changes to the resident agh same. As for addition to care staff water escaping up, non-slip anti- been purchased poms with roll-in
	during an observation revealed that the shadequate drainage overflowing onto the noted that this concapartment during the	on of Apartment #204 it was nower area failed to have to prevent water from a bathroom floor. [It should be ern was found in another e 2015 annual survey.] The tile floor that could potentially	1	 The ALA will ensure that the are adjusted, in a unit who a diagnosis of dementia of elopement, as well as wind common area, so the wind beyond 4". This is now include in the 	ere a resident has r danger of dows in the dows won't open
p p	esidents with diagn schizophrenia disord paranoid disorder, d sychotic behavior. On October 26, 2016	nat the ALR provides care for oses of dementia, der, delusional disorder, epressive episode sever with 3, at 11:30 a.m., interview d that she should would	2	procedure of the ALR. Als her designee, will continu care staff members on ma on the bathroom floors is Weekly inspections of the by the administrator or de	to the ALA and to supervise tking sure water mopped up quickly. units will be performe

STATEME	Regulation & Licens NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA		PLE CONSTRUCTION	(X3) DATE SURVEY
	OF CONNECTION	IDENTIFICATION NUMBER:	A. BUILDING	3	COMPLETED
		ALR-0031	B. WING	and the state of t	11/10/2016
AME OF	PROVIDER OR SUPPLIER	STREET AL	DORESS, CITY,	STATE, ZIP CODE	
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPL
R 008	Continued From pa	age 2	R 008	1	10/26/
	purchase mats for shower areas that	the all the residents that have posed a potential fall hazards.	d		ž
·					
	proper safeguards harm to residents.	urvey, the ALR failed to have in place to prevent potential			
R 292	Sec. 504.1 Accomn	nodation Of Needs.	R 292	R 292	
Ī	(1) To receive adeq	uate and appropriate services		1. For Resident #2, as stated	in
1	and treatment with	reasonable accommodation of d preferences consistent with		statement of deficiencies, Resident #2 was prescribe	A
	their health and phy	sical and mental capabilities		Pro-Air on October 3, 201	6.
		ifety of other residents; view and interview, it was		thus it could not have bee	n in
1.0	determined that the	ALA failed ensure physician		the MAR for September wa make sure, however the de	eficiency
8.9	orders were followed five (5) resident's in and #5)	d as prescribed for two (2) of the sample. (Residents #2	and the second party of th	here has been noted and v follow doctor's orders and not happen again. For Res	ve will it does
1	The findings include			though the Pharmacy negle supply his medication, over	cted to
	I. On October 31, 20	016, starting at 10:00 a.m.,		weekend of 12-14 of October	er 2016.
ŗ	eview of Resident# physician's order dat	2's clinical record revealed a ted October 3, 2016. The		he was back in the ER on th	e 13th
F	physician ordered Primes a day for one (o-Air two (2) puffs three (3)		and he was given the medic The Pharmacy did not suppl	ation then. v the
1			-	medication as it was not con	vered
5	Continued review of September 2016 MA	the record revealed a		by the insurance.	
d	ocumented evidenc	e that the Pro-Air was		2. All Residents have	the potential
ti	dministered as pres nat the resident was ne 21 times it was pi	cribed. [It should be noted administered Pro-Air 18 of rescribed.]	The state of the s	to be affected by t	his deficiency.
·W	ith the ALA who is a	at 11:48 a.m., interview iso a LPN, revealed that she	100 Marie 100 Ma		8
OI	ad miscounted the a in the MAR, and the	forementioned medication Pro-Air was not			į.

Hea	Ith Regulation & Licensi	ing Administration			FORM APPROVE
STATI	EMENT OF DEFICIENCIES PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		ALR-0031	B WING		11/10/2016
NAME	OF PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, 8	STATE, ZIP CODE	1.7772010
THE	MARIGOLD AT 11TH ST	REET 2905 11	TH STREET N'	<i>N</i> .	
(X4) PREF	IX (EACH DEFICIENCS	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	V SHOULD BE COMPLETE
	physician's order day physician ordered T tabs by mouth [for physician orders were prescribed. On October 31, 2016 the ALA revealed that was sent to the phane was not available untit was a weekend. At the time of the surphysician orders were prescribed. Sec. 504.2 Accommod (2) To have access to social services, included the physician orders were prescribed.	escribed. 2016, starting at 4:00 p.m., #5's clinical record revealed a ated August 12, 2016. The lylenol #3 one (1) to two (2) pain] every six (6) hours. If the record revealed that the pocedures performed on include a Transrectal Biopsy, and a Foley catheter of lacked documented sident's pain level had been enol #3 had been. 3, at 4:40 p.m., interview with the Tylenol #3 prescription macy on August 12, 2016 but till August 15, 2016, because e implemented as	R 292	3. A new policy on a will be held between interdisciplinary to hospital before the The request to be ISP, particularly for care provider, will be the ALA. 4. The RN has retrained on medication and follow-up continued one every 3 more review physician whenever there in the practice of the supplying medical has stopped and the delivering medical in their contract. The following medical in their contract.	team and the 10/31/16 the discharge to involved in the trom the health to the documented the ALA and TMEs described the ALA and TMEs described the ALA and TMEs described to the Ala and TMEs described the Ala
bh Beaut	health, nursing, rehable dental, dietary, counsisservices in order to at practicable physical, nwell-being;	wilitative, hospice, medical, eling, and psychiatric tain or maintain the highest mental and psychosocial was and interview, it was LR failed to develop a ropriate and effective			

Healt	n Regulation & Licensir	ng Administration			
STATE	MENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		ALR-0031	B. WING		11/10/2016
NAME	F PROVIDER OR SUPPLIER	STREET AC	DORESS, CITY,	STATE, ZIP CODE	
THEN	IARIGOLD AT 11TH STR	/ Jes (pur)	H STREET F GTON, DC 2		
(X4) II PREFI TAG	K EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	DBE COMPLETE
R 29	3 Continued From pa	ge 4	R 293		10/26/16
		e for one (1) of one (1) nple. (Resident #5)	6	The state of the s	
	The finding includes	×	R L	R 293	
	Resident #5's clinical following:	6, at 4:00 p.m., review of all record revealed the		Unfortunately there a lot o misunderstandings and mis in the review of the care of Whereas, the home care no	conceptions Resident #5.
٥	11, 2016 and diagnother resident had two Transrectal Ultrasou	een in the hospital on August osed with an elevated PSA. o procedures performed: (1) and-Guided Biopsy, and (2)		commenced promptly on A exactly a week after his disc catheter was changed ever	ugust 17,2016 charge. His y month in
2	the ALA revealed two resident's hospitalization	6, at 4:30 p.m., interview with		compliance with the doctor However, this was wrongly due to the absence of prop For the record, Resident #5 changed September 27th a	documented er nursing notes. catheter was nd not August 27th
ė	hematuria. The sec	ond visit occurred on August esident complained of		2016 by the home care nurs attached is their nursing not	ing agency and es evidencing this.
	hypokalemia and uri noted during the we resident's indwelling removed by the urok	nary retention. It should be ek of August 27, 2016, the urinary catheter had been ogist. Also, while in the ER on resident had a urinary		 All residents have the potent affected by this deficiency. 	
ar v	On October 31, 2016 asked about the care revealed that the resi for his catheter and phome care agency no catheter care. Review of the resider same day at 5:00 p.m.	i, at 4:45 p.m., the ALA was e of the catheter. The ALA ident was capable of caring prior to August 27, 2016, a curse was also providing that's nursing notes on the n., failed to provide evidence either the home care	e e e e e e e e e e e e e e e e e e e	 The ALR had put in place a ne ensure adequate communica party agencies that are provid services to our residents. This proper documentation of coo the services being provided by and the ALR. Nursing/Progress now to be shared between pa by 3rd party agencies. 	tion with 3rd ling care/nursing s will bring about rdination as to the 3rd parties s notes are

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AND PLA	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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R 293 Continued From page 5 catheter care. The notes also failed to provide evidence of any teaching or monitoring of the resident's competency in managing his catheter. Although the ALA indicated that there were nursing notes available that were not a part of the clinical record, the last nursing note in the record was dated July 25, 2016. On November 4, 2016, at 10:00 a.m., review of the home care agency 's POC revealed that the resident had a diagnosis of *BPH. The POC		R 293	4. The ALA will oversee the se by said 3rd party agencies. had been trained on this not the ALA/LPN had also beer RN on the care of urinary control of the catheter will be	Staff members ew policies and trained by the atheter. done by a 3rd	
	evaluate the resident instruct patient and of catheter management catheter, assess for a complication, provide bag replacement. *BPH is an enlarged gland surrounds the	t for BPH and hematuria, caregiver in indwelling are of the Foley sign and symptoms of a perineal care, and tube and prostate gland. The prostate urethra, the tube that carries or out of the body. As the		party or in care emergency	by the RN or LPN.
	prostate gets bigger.	it may squeeze or partly s often causes problems			3 19
r # p tu n H- w tt in	nterview with the honevealed that skilled not be was started on Augorincipal diagnosis of that the resident could nanage and provide of lowever, the nurse in was prescribed skilled not indwelling urinary cathus indicated that the	5, at 11:00 a.m., a telephone ne care agency's nurse pursing services for Resident gust 17, 2016, for the BPH. The nurse confirmed I safely and independently care for his catheter. dicated that the resident nursing services to remove catheter and insert a new eter monthly. The nurse last time she changed the rinary catheter was on			

STATEME	ENT OF DEFICIENCIES	ng Administration (X1) PROVIDER/SUPPLIER/CLIA	CVOLERI H Troms	CONOTO OTO:		
AND PLA	N OF CORRECTION	IDENTIFICATION NUMBER:	A BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
	Personal representation of the second	ALR-0031	B. WING		11/1	0/2016
NAME OF	PROVIDER OR SUPPLIER	STREETA	DORESS, CITY, S	TATE, ZIP CODE		
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		WASHIN	GTON, DC 20	001		
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R 293	Continued From pa	ge 6	R 293			Null-
	care services were 2016, due to the lac	he nurse revealed that home discontinued on August 27, ik of insurance coverage.				
	proper notice of the services, the ALA fa continuation of nursi	nt and the ALR were given termination of home care iled to ensure the ing care.	ment of the state		1	
Provide the state of the state	of nursing care for the that the resident man confirmed that the or monthly was not imperfered that the or monthly was not imperfered that the agency had a policatheterization, she swhen the last time the changed, she stated stated "I will send the the catheter changed interview, she agreed of the control of the catheter changed interview, she agreed of the catheter changed interview, she agreed that the catheter changed interview.	August 27, 2016, and then resident to the ER to have today." Later in the	The second state of the second		A STATE OF THE STA	
f c	Resident #5 was prov catheter care in accor	vey, the ALR failed to ensure rided indwelling urinary rdance with his physician ne ALR failed to provide s were coordinated				
₹ 481. S	ec. 604b Individualiz	ed Service Plans	R 481			
p be B	rovided, when and he	record review and				

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	E CONSTRUCTION	(X3) DATE SURVI COMPLETED
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IAME OF	PROVIDER OR SUPPLIER	A Company of the Comp	A		11/10/201
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HE MA	RIGOLD AT 11TH ST		STON, DC 20		
(X4) ID PREFIX TAG	(EACH DEFICIENCE)	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL. LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THIS DEFICIENCY)	IN SHOULD BE COM E APPROPRIATE D
R 481	Continued From pa	age 7	R 481	The second contract of the second second	· · · · · · · · · · · · · · · · · · ·
1	whom services will	ed when, how often, and by be provided for five (5) of five sample. (Residents #1, #2,	odd in de de en gygg y propinsie en en		10 mm
	The findings includ	e:			3
- Table 1	observation of the f	2016, at 10:40 a.m., acility's lobby revealed that a t #1 put on his/her coat.			7 1007 14 159 100
and the second second	Patient #1's clinical October 27, 2016. T resident required as grooming and house	6, at 11:30 a.m., review of record revealed an ISP dated he ISP also indicated that is istance with dressing, ekeeping, however, it lacked ce of who would provide all ident required.	The second secon	.©	ESTA A PART NEL TRANSPORTE ANTANANA
\ - - - -	with the ALA reveale HHA services five (5 indicated that she w	6, at 12:00 p.m., interview of that Resident #1 received b) days a week. The ALA also could include the HHA services and who would provide all trequired.	en en julijanski promptom komplete promptom kanalistica od kanalis		10 To 20 To
, v w a	vith the HHA reveals vith Resident #1 for	6, at 10:00 a.m., interview of that she had been working five (5) months. The HHA ne worked Monday through urs a day.	The second secon		20 March 19
0	. On October 27, 20 bservation of the dir lesident #2 ambulat	116, at 11:30 a.m., ning room revealed that ed with a rolling walker.	TT DOWN HIS AND		
da	esident #2's clinical ated August 19, 201	, at 10:30 a.m., review of record revealed a H&P 6 that indicated the resident bulation. The H&P also			3

	Regulation & Licensii			(ALC)	
	ENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED
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THE SA	ARIGOLD AT 11TH STR	75 A A A A A A A A A A A A A A A A A A A	H STREET		
1112 (41)	WIGOED AL HITTSIN	WASHING	STON, DC	20001	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVINCE R 481 & 483	DBE COMPLETE
	psychiatric services record revealed and that lacked docume services the ALR statesident when he/si walker and when, he psychiatric services Additionally, ISP reverequired assistance grooming, however, evidence of who would be also a resident's use of a recontinued interview the resident was see services on September ALA indicated that psychiatric services to 3. On October 31, 20 Resident #3's clinical dated October 27, 20 the resident required dressing and housek	esident received out-patient a. Continued review of the ISP dated October 27, 2016, inted evidence of what aff would provided for the the ambulated with the rolling ow often, and by whom the were to be provided, realed that the resident with dressing and it lacked documented uld provide the services. S, at 1:00 p.m., interview with at the she would include the folling walker for ambulation, with the ALA revealed that an by psychiatric out-patient for 22, 2016. Additionally, at she would include to the resident's ISP. The ISP indicated that assistance with bathing, seeping, however, the ISP evidence of who would	R 481	 Resident #1, #2, #3, #4 a plans were reviewed after and deficiency came abore incomplete documentation been fixed. The rest were but couldn't be accessed ALA couldn't pull same or being affected by this definition. All Residents have the post being affected by this definition affected by this definition. The RN has reviewed all recessary indocumentation are proper drafted ISPs, as stated in the regulations and the policy procedures of the facility been put into all. Except for documentation from health practitioners whose documentation from the processary parties information been received and they have their portions. 	er the survey but due to ion, which has e in the EMAR because the ut. 10/31/16 tential of iciency. esidents dent's missing only the and have for some th care nentation has
marky many	Resident #4's clinical dated October 31, 20 the resident required and housekeeping, ho documented evidence services.	16, at 2:30 p.m., review of record revealed an ISP 16. The ISP indicated that assistance with dressing owever, the ISP lacked of who would provide the	and design to the second secon	4. The RN will follow the estab policies on the frequency of and updating of the ISPs. A A calendar of due dates for ISPs will be made by the ALA will be made available to the	f review Accordingly, residents' A and same e RN
	5. On October 31, 201 Resident #5's clinical	16, at 4:00 p.m., review of record revealed an ISP		Case Managers and resident surrogates ahead of due dat	ts'

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVE COMPLETED	
TOTAL TO		ALR-0031	8 WING		11/10/2016	
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A CARE ON THE	RIGOLD AT 11TH ST	NC Pr Pr 1	GTON, DC 20	-		
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R 481	Continued From pa	age 9	R 481		ATTENDED TO THE PERSON OF THE	
	R 481 Continued From page 9 dated October 31, 2016. The ISP indicated that the resident required assistance with dressing, grooming, toileting and housekeeping, however, the ISP lacked documented evidence of who would provide the services.					
The second secon	4:30 p.m., revealed	16, interview with the ALA at that the RN should have be responsible to provide the dents in the ISP.	The second secon			
	At the time of the su ISPs lacked docum provide all services	urvey, the aforementioned ented evidence of who would to the residents.	The Spiritual Course on Co			
R 483	Sec. 604d Individua	lized Service Plans	R 483			
	admission and at lea The ISP shall be upon is a significant chang The resident and, if it shall be invited to pate reassessment. The it an interdisciplinary to resident's healthcare	dated more frequently if there ge in the resident's condition. necessary, the surrogate inticipate in each review shall be conducted by earn that includes the practitioner, the resident, ate, if necessary, and the	TO THE PERSON NAMED IN COLUMN TO THE	3.	10 (10 Hz) (10 Hz) (10 Hz) (10 Hz) (10 Hz)	
5 5 7 7 8 8 8	Based on record revidetermined that the Avere reviewed by the practitioner, the resideurrogate thirty days every 6 months, and ignificant changes for	lew and interview, it was ALR failed to ensure ISPs e resident's healthcare lent and the resident's after admission, at least more frequently for or five (5) of five (5) ble (Residents #1, #2, #3, #4	American Communication (1999)			
1	ho finding instude	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
jį I	he findings include:	1	1		4	

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AND PLAN	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVE
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				DEFICIENCY	C/4 / NO! NIN! L	-
R 483	Continued From p	age 10	R 483			TOTAL PRODUCTION
						1
	1. On October 27,	2016, at 10:40 a.m., review of				I.
3	Resident #1's clinic	cal record revealed that	9			
	Resident #1 was a	dmitted on September 5, 2014	- 1			
9	The record contain	ed only one ISP dated which				l-
4/3	was dated October	27, 2016. The record	-			t
18	contained only one	ISP which was dated October	Ť			F
4.5	27, 2016. The ISP,	however, lacked documented				
	evidence that it had	been reviewed prior to the				
	aforementioned da	te, and that it had been	1			
	reviewed by the res	ident's healthcare practitioner,	1			
ī	ine resident or the i	resident's surrogate.	-			
	On October 27 204	10 WE 4 00	Ī			
	he Al A revealed th	6, at 1:00 p.m., interview with	Ī			
	SP even six (6) or	at the RN had reviewed the onths, but the he did not	-			
==:5 x: 11	indate the ISP with	the correct date. The ALA				
а	iso indicated that the	he resident's healthcare	1		1	
p	ractitioner had revi	ewed the ISP. Additionally,				
th	ne ALA indicated th	at she would fax the ISP	-			
re	eviewed by the resi	dent's healthcare practitioner				
to	the surveyor by 9	00 a.m. on November 1,			4	
2	016. It should be n	octed that the surveyor did not	1			
re	eceive the ISP.]	acted that the salveyor did not	Ī		i	
			7		į	
2.	On October 31, 20	016, at 10:00 a.m., review of	1		į.	
rc	esident #2's clinica	I record revealed that			ĝ.	
R	esident #2 was adr	mitted on August 29, 2016			- 1	
A	dditionally, the reco	rd contained an ISP dated	1			
O	ctober 27, 2016. Tr	ne record, however, lacked	1		6	
ac	cumented evidence	e that the ISP had been	1			
te	viewed thirty days a	after admission, and that if	1			
na	id been reviewed b	y the resident healthcare	1			
pra	actitioner, the resid	ent or the resident's				
su	rrogate.					
On	October 31 2016	mt 44/48 m m 2-4-11			3	
wie	h the ALA rayastan	at 11:48 a.m., interview	į.			
ISE	of thirty days after a	that the RN reviewed the	ľ		-	
kn	ow how to the chan	dmission, but he did not ige the date in the EMR.	· [Ī	
10180	& Licensing Administra	As me date in the FMK	f .	w a one	- 1	

	INT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY
			A. BUILDING:		CON	MPLETED
		ALR-0031	B. WING		11/10/2016	
VAME OF	PROVIDER OR SUPPLIES	R STREET AD	ORESS CITY S	TATE. ZIP CODE		10/2010
TUE MA	DICOID AT 44TH CT	4.5 10 45 4 4 4 4 4	H STREET N	·		
LUE MA	RIGOLD AT 11TH ST		TON, DC 20			
(X4) ID PREFIX	SUMMARY ST	ATEMENT OF DEFICIENCIES	טו	PROVIDER'S PLAN OF CORR	ECTION	(X5
TAG	REGULATORY OR	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)		COMPL DAT
R 483	Continued From pa	age 11	R 483			
ρ	Additionally, the Al	A indicated that she would	1			
	have the resident's	healthcare practitioner, the				1
	resident and/or the	resident's surrogate review all				
	ISPs going forward		ĺ			E .
	3. On October 31,	2016, at 1:50 p.m., review of	į			1
	Resident #3's clinic	al record revealed that the				Ė
	resident was admit	led on June 16, 2015. The				
	record contained or	nly one ISP which was dated	1			į.
34	October 27, 2016.	The ISP, however, lacked acceptance that it had been reviewed				Į
	prior to the aforems	entioned date, and that it had	1			
7	been reviewed by the	ne resident's healthcare				
1	practitioner, the res	ident or the resident's				
- 1	surrogate.		# 1 # 1			4
-1	On October 31, 201	6, at 2:20 p.m., interview with	İ			
1	the ALA revealed th	nat the resident's physician	1			
13	would not review the	SP. Also, the interview	İ			
	revealed that the re-	sident would only speak with				
	ne casemanager a	out any services provided.	1			
	1. On October 31, 2	2016, at 2:30 p.m., review of	1		į	
1	Resident #4's clinica	I record revealed that the	1		1	
ľ	esident was admitte	ed on August 15, 2016. The				
ŗ	ecord contained on	ly one ISP which was dated	Í			
	ocumented avidon	he ISP, however, lacked				
te	the aforementions	be it had been reviewed prior and date, and that it had been	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		*	
r	eviewed by the resid	dent's healthcare practitioner,	1			
ti	ne resident or the re	esident's surrogate.			Î	
C	n October 31, 2016	, at 11:48 a.m., interview	1		1	
W	ith the ALA revealed	that the RN reviewed the				
118	SP thirty days after a	dmission, but he did not			3	
K	now how to the char	nge the date in the EMR.			1	
A	dditionally, the ALA	indicated that she would			4	
na I ro	eve the resident's his	ealthcare practitioner, the				
15	isident and/or the re iPs going forward.	sident's surrogate review all	1		1	
	in & Licensing Administr				1	

Health Regulation & Licensing Administration							
STATEM	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
				TO TO STORE THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PA			
		ALR-0031		11/10/2016			
NAME OF	PROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, S	TATE, ZIP CODE			
THE MA	RIGOLD AT 11TH STR		H STREET NV STON, DC 20				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED 8Y FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE		
R 483	Continued From pa	ge 12	R 483	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	1		
To granded many in the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second	the Resident #5's classified resident was admitted. Additionally the reconsider that a second resident was a second resident was a second resident was a second resident was a second resident was a second resident was a second resident was a second resident was a second resident was a second resident was a second resident was a second resident was a second resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resident resid	een in the ER on August 13, with hematuria; and een in the ER on August 27, with hypokalemia and ocumented evidence that the 17, 2015, had been after admission and at least ay 2016]. record revealed an ISP 16. The ISP lacked e it had been updated with change in condition [The heter insertions]. The ISP ted evidence that it had resident and the resident's er. at 5:30 p.m., interview with the ISP had been reviewed esion and in May of 2016, ter the correct date on the indicated that she would be resident's significant					

Healt	h Regulation & Licens	ing Administration			FORW APPROVED	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (DENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
ALR-0031			B, WING			
NAME (OF PROVIDER OR SUPPLIER	STREETAC	DRESS CITY S	STATE, ZIP CODE		
TUE	SADICOLD AT 44TU AT		H STREET N	·		
(LIC N	IARIGOLD AT 11TH ST	(EE)	STON, DC 20			
(X4) IE PREFI TAG	X (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COME CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
R 48	3 Continued From pa	age 13	R 483	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon		
	At the time of the s ISPs lacked docum reviewed thirty days every six (6) month changes, and that t the resident's health and/or the resident'	urvey, the aforementioned tented evidence it had been a after admission, at least s, updated with significant the ISPs had been reviewed by acare practitioner, the resident s surrogate.	deline et alle anne e en Trega de Trega de Trega de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Constante de Const			
14 00	2 Sec. 701f Staffing S	standards.	R 602			
	basis to document if communicable form. The facility policy of medications indicate have been abandon must be disposed or determined abandor disposition shall be record. The medical pharmacist if unoper other medications must be disposition shall be record. The medical pharmacist if unoper other medications must be administrator.	n destroying or discarding es that medications which ed or which have expired f within 30 days of being ned or expired and the documented in the resident's tions must be returned to the ned and properly labeled. All just be destroyed and ople one of which shall be				
	determined that the amployees were free communicable form employees in the sar #8, #9, #11, #15,#16 The finding includes:	999	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon			
3 00	27, 2016, and Octobe	er 31, 2016, beginning at imployees #4, #6, #8, #9,				

Health R	legulation & Licens	ing Administration				FORM APPROVI
STATEMEN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTR	EUCTION	(XS) DATE SURVEY
		DEATH-OWNER,	A. BUILDIN	COMPLETED		
		ALR-0031	B. WING	**************************************		11/10/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY	Y STATE ZIP	CONF	11/10/2016
THE MAR	IGOLD AT 11TH ST		TH STREET			
		WASHI	NGTON, DC	20001		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	{EA	ROVIDER'S PLAN OF CORRECT CH CORRECTIVE ACTION SHOU S-REFERENCED TO THE APPRO DEFICIENCY)	BORF COMPLETE
R 602	Continued From pa	age 14	R 602	R 602		11/2/16
1	#15, #16, #18 pers	onnel records failed to	3		All staff members are free	from tuberculosis
	evidence that a cur	rent health clearance for	ă)		and all other forms of cont	
t	uberculosis had be	en conducted annually.	7.		and the required documen	
15					Ouring the survey most of	
	Un October 31, 201	16, at 11:45 a.m., an interview		li	sted herein has evidence	of health clearances
, , , , , , , , , , , , , , , , , , ,	with the ALA reveal	ed that she would obtain the or the aforementioned		b	ut same couldn't be acces	sed as they were
е	mplovees and fon	vard the clearances to the			ept in a confidential file as	
, L	epartment of Heal	th. Health Regulation and				,
L	icensing Administra	ation (DOH/HRLA) by the	2	2. Ti	he few staff members who	were in default
C	iose of Dusiness of	1 November 1 2016 It	<u>*</u>	b	ecause their clearances ha	ad to be renewed
S	hould be noted that	t the DOH/HRI A did not	Ŷ		ithin a few days to the su	
re	eceive the health ci	earances.			omplied and their paperw	
Δ	t the time of this -	amendada anti-contractor contractor contract			ow and attached to this pl	
de	comented eviden	rvey, there was no ce that the aforementioned		TI	he ALA and her designee h	nave put in place
er	nployees were free	e from tuberculosis in the			easure where all staff me	
CC	mmunicable form.	mann tobolicalogis in tile		cl	earances will be checked i	monthly and
-					ivance notice given to stat	
R 802 Se	c. 903 2 On-Site F	Review.	R 802		ompliance or else get out o	of shift.
· (2	2) Assess the resid	lent's response to				
	acication; and				_	
Ba	sed on record revi	ew and interview, it was		R 80	12	
Qe Dh	termined that the	LR failed to ensure that the	1.00			
me	dissessed the res	ident's response to	i	Ŧ- i	Resident #1 like all other r	esident have
five	(5) residents in the	ty-five days for one (1) of le sample. (Resident #1)	White		already had their 45 day n	nedication
5502	(-) 100.00110 111 0	e sample. (Resident#1)	e e e e e e e e e e e e e e e e e e e	ļ	reviews done. During the	survey the
The	e finding includes:		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	;	said medication reviews w done but the EMAR and no	ere actually
On	October 27 Date		'		accessible by the ALA. The	ot then
Res	sident #1's clinical	at 10:40 a.m., review of record lacked documented	ŧ	ŗ	now gotten access to those	ALA nas
evid	dence that the RN	assessed the resident's		i	ncluding documentation of	e record,
res	ponse to medication	ins between September 25,	1	t	he review were completed	uie wnen
201	5 through June 29	, 2016.	21-0	_	wore completed	u.
On	October 27 2040	mt 44-70	ļ			1
resi	dent's MARe rouse	at 11:20 a.m., review of the	Í			
4	& Licensing Administra					

Health	Regulation & Licensi	ng Administration			FORW APPROVED	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP	PLE CONSTRUCTION 3:	(X3) DATE SURVEY COMPLETED		
		ALR-0031	B, WING		11/10/2016	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS CITY.	STATE, ZIP CODE		
THE MA	RIGOLD AT 11TH ST	200E 64T	H STREET N			
C 9 1 64 (80)		WASHING	GTON, DC 2	20001		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE COMPLETE	
R 802	Continued From pa	ge 15	R 802			
S _	medications were administered by the TME. The resident also received medication for HTN.			All residents have the pote affected by this deficiency. The RN will perform assessing the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second		
On October 27, 2016, at 11:00 a.m., inter with the ALA confirmed that the nurse fail assess the resident's responses to his medications regime every 45 days as req		ned that the nurse failed to 's responses to his every 45 days as required.		according to the ALR policy is every 45 days, as recomn by the DOH. He will also that follow-ups to assessme	, which nended ensure ents of	
	At the time of the su Resident #1's respo	rvey, the RN failed to assess nse to his/her medications.		responses to medications a	re done.	
R 820	Sec. 904e7 Medicat	ion Storage	R 820			
1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	destroyed within 30 unopened and proper pharmacy. All medic shall be witnessed a persons, one of who ALA designee. Based on observation determined that the discontinued medical seven (7) of seven (7)	tions to the pharmacy for 7) bags of medication.	Terminant and and published and and an extension of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the se			
	the medication closes seven (7) medium size full with various medion On October 26, 2016 the ALA revealed that discontinued medicat	i, at 1:29 p.m., observation of t on the first floor revealed ted sealed bags that were	A CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARLO CARL			
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Hea	ofth Regulation & Licen	sing Administration			t.	
	EMENT OF DEFICIENCIES PLAN OF CORRECTION				(X3) DATE SURVEY COMPLETED	
670.04			J		1 11/	10/2018
8	E OF PROVIDER OR SUPPLIE MARIGOLD AT 11TH ST	TREET 2905 11T	DORESS, CITY, S H STREET NV GTON, DC 20			
PRE	4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION LEFTX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)					(X5) COMPLETE DATE
R	961 Continued From prohibited in all he	page 17 ealthcare occupancies].	R 961	1	- Anna	
	Apartment #103 respace heater in the space heater in the resident might have when he/she move that she would have electric heater. Continued observed day at 2:10 p.m., rethe lobby of the fact accompanied the space observations remore lobby. Additionally, the AL know why the electric heater.	on 16, starting at approximately ration of evealed a portable operating a bedroom. on 16, at 12:00 p.m., during an ALA, she indicated that the e brought the the heater in ed in. The ALA also indicated the family remove the extent of the facility on the same evealed an electric heater in edition. The ALA who		R 961 1. The said regulation is ALR is just being made 2. All residents had the to be affected by this 3. All portable heaters in were removed as soon violation was pointed during the survey. Als and staff members ha informed about this viand the strict compliant the said regulation. 4. The ALA or her design weekly walk through to make sure this regustrictly.	e aware of potential deficiency of the ALR out, so all resided been folation nee with ee, shall the ALR ulation —	f.