

PRINTED: 08/13/2013
FORM APPROVED

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CRF-000744	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/31/2013
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NAME OF PROVIDER OR SUPPLIER ALVETTA HOSE	STREET ADDRESS, CITY, STATE, ZIP CODE 5201 BANKS PLACE, NE WASHINGTON, DC 20019
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D 000	Initial Comments A licensure survey was conducted on July 30, 2013 through July 31, 2013. The findings of the survey was based on observations of the Community Residential Facility (CRF), interviews with the administrative staff and residents, as well as a review of clinical and administrative records. Three residents was selected from a resident population of six with various medical disabilities.	D 000	<p><i>Renewed 8/26/13</i> Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002</p>	
D 200	3400.2(e) General Provisions (e) The supervision of the community residence facility's sanitation, safety, laundry, and dietary standards and services, and of its services relating to the health, education, and welfare of its residents; This CONDITION is not met as evidenced by: Based on observation, interview, and record review, the community residential facility's (CRF) residential director failed to ensure there was supervision of the resident's services related to their health, for one of the three residents included in the sample. (Resident #1) The finding includes: I. The facility failed to ensure physician's orders were secured and maintained for each resident that received prescribed medications. Interview with the facility's staff on July 30, 2013, at 9:35 a.m. revealed Resident #1 was admitted to the facility on June 19, 2013. Upon admission, the staff revealed the resident was admitted with prescribed medications. A review of Resident #1's bottled medications were observed on July 30, 2013, revealed the resident had in his/her possession the following:	D 200	<p><i>D 200 - will ensure that Resident's original physician orders are received before entrance in CRF. Will review orders with nurse to ensure that no changes have been made. Will ensure that medication bottles and doctor's orders are consistent with and transcribed properly on MAR</i></p> <p><i>Will review all preadmission documentation before admission in future admittance.</i></p>	<i>8/1/13</i>

Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Alvetta D. Hose</i>	TITLE Director	(X8) DATE 8/20/13
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D 200	<p>Continued From page 1</p> <p>Lisinopril 5 milligrams (mg), take one tab every day; Spironolactone 25 mg, take 1/2 tab. on Monday, Wednesdays and Fridays; Aspirin EC 81 mg, take one tab. everyday; Pantoprazole SOD 40 mg, take one tab. everyday; Furosemide 20 mg, take one tab. "Tues., Sat., and Sun. Atorvastatin 40 mg, take one tab at bedtime; Metoprolol Succ ER 25 mg, take one tab qd (once a day) for blood pressure and; Daily Multiple Tablet, take one tab. everyday</p> <p>Interview with the facility's administrator on July 30, 2013, at 9:52 a.m. revealed the resident had been discharged from a nursing home/rehabilitation center. The interview and review of the resident's medical record on July 30, 2013, revealed no documented evidence of a physician's order (PO), or copies of the prescriptions for the aforementioned medications prescribed. Continued discussion with the administrator, revealed Resident #1's attorney filled the prescriptions on the day of her admission.</p> <p>At the time of the survey, the nurse practitioner failed to ensure physician's orders were secured and maintained for Resident #1.</p> <p>II. The facility's nurse practitioner failed to ensure Resident #1's medication was properly transcribed as evidenced below:</p> <p>Review of Resident #1's bottled medications on July 30, 2013, at approximately 9:40 a.m. revealed the resident was prescribed Furosemide 20 mg, take one tab. "Tuesday,</p>	D 200		

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D 200	<p>Continued From page 2 Saturday, and Sunday.</p> <p>Review of Resident #1's medication administration record (MAR) on July 30, 2013, at 10:25 a.m. revealed the Furosemide was transcribed take one tab. to be administered on Tuesday, Thursday, Saturday, and Sunday.</p> <p>Further review of the medical record revealed a MAR from the rehabilitation facility that indicated the resident received Furosemide four times weekly on Tuesday, Thursday, Saturday, and Sunday, for Edema.</p> <p>Interview with the nurse practitioner on July 30, 2013, at 3:45 p.m. revealed she transcribed Resident #1's admitting medications from the nursing home/rehabilitation's MAR. Further interview revealed the resident was not admitted with a PO or any prescriptions. The interview with the nurse practitioner also revealed she had not contacted the rehabilitation facility to verify the dosage and frequency of the resident's Furosemide and other medications before transcribing them.</p> <p>Interview with the nursing home/rehabilitation center's social worker on July 30, 2013 at 11:45 a.m. revealed prescriptions had been previously faxed to the facility, however, at the time of the survey, there was no documented evidence. The surveyor requested copies of the prescriptions from the social worker, which was faxed to the facility on July 30, 2013. Review of the resident's prescriptions dated June 19, 2013, revealed the resident was prescribed Lasix 20 mg Tuesday, Saturday, and Sunday. Interview and observation of Resident #1 on July 30, 2013, at approximately 10:15 a.m. revealed the resident was experiencing swollen feet and ankles.</p>	D 200		

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D 200	Continued From page 3 At the time of the survey , the facility's nurse practitioner failed to ensure Resident #1's prescribed medication was transcribed accurately. The above findings will be referred to the Board of Nursing for review and appropriate action.	D 200		
D 450	3402.3 Personnel All persons employed in a community residence facility shall have a pre-employment medical examination by a licensed physician and shall be certified annually by the examining physician to be in good health and free of communicable diseases as defined in chapter 2 of this title. This CONDITION is not met as evidenced by: Based on interview and record review, the community residence facility (CRF) failed to ensure that each staff received an annual examination by a physician, and was certified by the examining physician to be in good health and free of communicable diseases for one of six personnel records reviewed. (nurse practitioner) The finding includes: On July 30, 2013, beginning at approximately 11:15 a.m., interview with the administrator revealed she contracted a nurse practitioner, in June 2013. Review of the personnel records on July 31, 2013, at 1:24 p.m. revealed the nurse practitioner failed to have evidence a current medical examination. Continued interview with the administrator revealed no medical evaluation was available.	D 450	D450 Will ensure that nurse practitioner and all consultants annual examinations will be maintained on the premises	9/3/13

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D 500	Continued From page 5 At the time of the survey, interview with the administrator verified there was no documented evidence that Resident #1 had been certified to receive a CRF level care.	D 500		
D 840	<p>3405.4(a) Transfer and Discharge Policies</p> <p>(a) A written statement signed by the Residence Director or the supervising agency (if any), describing the reasons for the transfer or departure, and providing timely (at least two (2) weeks) notice to the resident and sponsor, if any; and</p> <p>This CONDITION is not met as evidenced by: Based on interview, the residence director (RD) failed to ensure a written statement was provided to describe the reasons for the transfer of one of one residents who had been discharged. (Resident #5)</p> <p>The findings include:</p> <p>Interview with the RD on July 30, 2013, at 11:15 a.m. revealed that Resident #5 had been transferred to an assistant living residence in the state of Maryland. Further interview with the RD revealed the resident was transferred in January 2013 due to a change in his level of care.</p> <p>Continued discussion with the RD verified that she had not documented a written statement to describe the reasons why the resident was discharged from the community resident facility (CRF).</p> <p>At the time of the survey, the RD failed to provide evidence of documentation of one of the residents discharged from the facility.</p>	D 840	<p>0840 Will ensure that discharge documentation is completed and recorded in the former resident's folder. Will complete discharge documentation before exit of client</p>	9/3/13

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D 450	Continued From page 4 At the time of the survey, the facility failed to ensure a current medical examination was available for Consultant #6.	D 450	^D 450 will review all prehire requirements before consultants being hired	9/3/13
D 500	3403.1 Admission Policies A prospective resident shall be admitted to and retained by a community residence facility only if the prospective resident, the sponsor (if any), and the Residence Director agree, and the resident's personal physician certifies in writing, that the resident is not in need of professional nursing care and can be assisted safely and adequately within a community residence facility. This CONDITION is not met as evidenced by: Based on interview and record review, the community residential facility (CRF) failed to ensure newly admitted residents were certified as needing the level of care offered by a CRF prior to being admitted for care for one of three residents included in the sample residents. (Resident #1) The finding includes: Interview with the administrator on July 30, 2013, at 10:30 a.m. revealed that she was not certain of the date Resident #1 was admitted, but indicated that it was possibly June 2013. The resident's record was requested for review, but was not presented during the survey. It should be noted however that the administrator was able to provide a copy of the resident's physical assessment dated May 29, 2013. According to the review of the assessment, the physician failed to document that Resident #1 was certified to receive a CRF level of care.	D 500	D500 Will ensure that a written verification of level of care is provided before entrance into the facility. Will review admission submissions to ensure level of care is provided	8/1/13

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