

Office of Health Care Quality

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 02AL0180 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 12/04/2013 |
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| NAME OF PROVIDER OR SUPPLIER SUNRISE OF ANNAPOLIS | STREET ADDRESS, CITY, STATE, ZIP CODE 800 BESTGATE ROAD ANNAPOLIS, MD 21401 |
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| (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 |
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| E 000 | <p>Initial Comments</p> <p>The following deficiencies are the result of an unannounced re-licensure survey conducted on December 2, 3, and 4, 2013 for the purpose of determining the facility's compliance with COMAR 10.07.14, Assisted Living Program regulations. Survey activities included a tour of the facility; review of 8 resident and 10 staff records; interview of residents, resident family members, and staff; observation of resident care; observation of a medication pass; and review of facility procedures, policies, and administrative records. The facility's census at the time of survey was 88 residents.</p> | E 000 | | |
| E3360 | <p>.26 C1 .26 Service Plan</p> <p>C. The assisted living manager, or designee, shall ensure that:</p> <p>(1) A written service plan or other documentation sufficiently recorded in the resident's record is developed by staff, which at a minimum addresses:</p> <p>(a) The services to be provided to the resident, which are based on the assessment of the resident;</p> <p>(b) When and how often the services are to be provided; and</p> <p>(c) How and by whom the services are to be provided;</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on resident record review and staff interview, the facility failed to ensure service plans address services to be provided based on resident assessments.</p> <p>Findings include:</p> <p>Interview of the Assisted Living Manager (ALM),</p> | E3360 | | |

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| OHCQ LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| E3360 | Continued From page 1 Delegating Nurse (DN), and Senior Health Care Coordinator (SHCC) revealed that this facility completes two forms which, when combined, comprise the COMAR-required service plan. These two forms are the Individualized Service Plan (ISP) and the Service Evaluation & Health Assessment (SEHA). Resident record review and interview of the ALM, DN, and SHCC revealed the service plans for Residents #1, #2, #4, #6, #7, and #8 failed to adequately address services to be provided based on the residents' assessments. | E3360 | | |
| E3790 | .31 C .31 Incident Reports C. All incident reports shall include: (1) Time, date, place, and individuals present; (2) Complete description of the incident; (3) Response of the staff at the time; and (4) Notification, including notification to the: (a) Resident, or if appropriate the resident's representative; (b) Resident's physician, if appropriate; (c) Program's delegating nurse; (d) Licensing or law enforcement authorities, when appropriate; and (e) Follow-up activities, including investigation of the occurrence and steps to prevent its reoccurrence. This REQUIREMENT is not met as evidenced by: Based on resident record review and staff interview, the facility failed to ensure incident reports included all required components. Findings include: Resident record review and interview of the ALM revealed incident reports which lacked | E3790 | | |

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| E3790 | Continued From page 2 documented notification of the program's DN and follow-up activities, including investigation of the occurrence and steps to prevent its reoccurrence. Examples include Resident #1's incident reports dated 9-26-13 and 10-23-13 (both for falls). | E3790 | | |
| E4950 | .46 F3 .46 Emergency Preparedness (3) Test of Emergency Power System. (a) The program shall test the emergency power system once each month. (b) During testing of the emergency power system, the generator shall be exercised for a minimum of 30 minutes under normal emergency facility connected load. (c) Results of the test shall be recorded in a permanent log book that is maintained for that purpose. (d) The licensee shall monitor the fuel level of the emergency generator after each test. This REQUIREMENT is not met as evidenced by: Based on administrative record review and staff interview, the facility failed to record evidence of the generator being tested monthly for a minimum of 30 minutes. Findings include: Administrative record review and interview of the ALM failed to reveal evidence that the generator was run monthly for a minimum of 30 minutes between December 2012 and November 2013. | E4950 | | |