ALR
Rev. 8/09

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF HEALTH
HEALTH REGULATION & LICENSING ADMINISTRATION
INTERMEDIATE CARE FACILITIES DIVISION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Name of Facility:	Street Address, City, State, ZIP Code:	Survey Date:
TWINS PLACE	541 Shepherd St., NW Washington, DC 20011-5912	06/09/2010, Follow-up Date(s):

Regulation Citation	Statement of Deficiencies	Plan of Correction	Completion Date
	"ASSISTED LIVING RESIDENCE" D.C. Code § 44-101.01 An annual licensure survey was conducted on 6/9/2010, to determine compliance with the Assisted Living Residence Law D.C. Code § 44-101.01. At the time of the inspection, four males resided in the facility. One of the four residents was selected for the survey sample. The findings of the survey were based on observations at the group home, interviews with the Assisted Living Administrator (ALA), Assisted Living Residence (ALR) staff, and a review of the facility's resident and employee records. **105.04** **Accommodation Of Needs** *A resident shall have the right to the following:* *(6) To be free of physical restraints at all times; and...* Based on observation and staff interview, the facility failed to ensure	Received 7/9/10 GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002	
105.04(6)			

Jude Jules
Name of Inspector

6/27/2010
Date Issued

Facility Director/Designee

Date

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all Residents were provided care free from physical restraints for one of four residents residing in the facility. [Resident #1]

On 6/9/2010, at approximately 3:30 p.m., Resident #1 was observed sitting in a "Geri-Chair" in the dining room eating a snack while the other residents were allowed to move freely about the facility and sit where they pleased. After he had completed his snack, the attending staff removed his plate of food and never unlocked the feeding tray. The feeding tray remained locked for the remainder of the survey.

Interview with the Assisted Living Administrator (ALA) on the same day at 3:31 p.m., revealed she had him seated and locked into the Geri-Chair to prevent him from walking around the facility due to the pressure sore on his left heel.

The tray on the Geri-Chair has a locking mechanism that can only be accessed and released by staff.

The facility failed to ensure that all residents were free from physical restraints at all times.

105.05
Representation And Resolution Of Grievances And Complaints

105.05(a)(4) *(a) A resident shall have the right to the following:*

(4) To have access to an internal grievance and complaint procedure for any denial of services or rights provided for under this chapter and to an external review process by an independent person or entity;

Based on staff interview and record review, the facility failed to ensure a procedure for the review of denial of services or rights was enacted for four of four residents in the facility. [Residents #1, #2, #3 and #4]

The finding includes:

Corrective action 1. Have a written statement for the use of the Chair [redacted]
2. Consumer had a cup of liquid left to the complete. Remove the liquid and offer at a later time. Foot is 80% healed. Not use the Chair unless otherwise
Client will be monitor during meals
Tray will be removed immediately after meal
6-1-10

1. orders from [redacted]
[redacted]
On 7-13-10 Requesting consumer to elevate his foot and not put pressure on his foot until next Dr's visit on 8-24-10 at 12:0 pm.

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Interview and record review with the Assistant Living Administrator (ALA) on 6/9/2010, at 5:30 p.m., revealed the creation of a written system for managing internal grievance, complaints, and/or denial of services was pending.

The ALA confirmed she was working on a final draft of the grievance policy and would have a final draft in place by this coming Friday 6/11/2010.

Grievance Log done
2. Policy was completed on 6-11-10

107.01
Staffing Standards

107.01(a)

(a) An ALR shall be supervised by an ALA who shall be responsible for all personnel and services within the ALR.

Based on staff interview and record review, the facility's Assisted Living Administrator (ALA) failed to ensure effective oversight over personnel and services provided for four of four residents in the facility. [Residents #1, #2, #3 and #4]

The finding includes:

1. The ALA failed to ensure all Residents received care free from physical restraints for one of four residents residing in the facility. [105.04(6)]

Consumer will be monitor during meals & Tray Removed Immediately after meal 6-1-10
3. Consumer is only using Chair for a Short time by Dr Request

2. The ALA failed to ensure the implementation of an effective system to manage the review of any denial of services or rights for four of four residents residing in the facility. [See Citation 105.05(a)(4)]

Grievance policy completed on 6-11-10

3. The ALA failed to establish a system to ensure ongoing training for its staff to ensure the health and safety for one of the four residents in the facility. [See 107.01(d)(1)(D)]

Training was Request and Review by Staff
all new hire training will be completed Wich In (7) days of hire.

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	4. The ALA failed to ensure that a CPR certified staff was on duty for each shift. [See 107.01(d)(6)]	CPR Completed on 6-24-10
	5. The ALA failed to ensure that all employees had background checks that were in compliance with District of Columbia law. [107.01(d)(8)]	Had a D C Clearance but the Federal was done on 7-2-10 3046253878
	6. The ALA failed to establish a system to ensure ongoing training for its staff. [107.01(d)(1)(D)]	3. — Classes begin 7-30-10
107.01(d)(1)(D)	***(d) An ALA shall:***	
	(1) Employ staff and develop a staffing plan in accordance with this chapter and based upon the following criteria to ensure the safety and proper care of residents in the ALR:	
	(D) The capabilities and training of the employees; and...	
	Based on staff interview and record review the facility failed to establish a system to ensure ongoing training for its staff to ensure the health and safety of four of four residents in the facility. [Residents #1, #2, #3 and #4]	— classes begin 7-30-10 All staff will receive ongoing training during their tenure of hire beginning 6-2-10
	The finding includes:	
	Interview and record review with the Assistant Living Administrator (ALA) on 6/9/2010, at 5:44 p.m., revealed no staff training has been initiated to date.	— classes begin 7-30-10
	The ALA further provided that staff training was in the development stage and will be completed with their new registered nurse (RN) in July 2010.	— Classes begin 7-30-10
107.01(d)(6)	***(d) An ALA shall:***	

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	(6) Assure that there is at least one staff member within the ALR at all times who is certified in first-aid and CPR;	Completed on 6-24-10 CPR & First aid Complete on 6-24-10 Cards are available for Review
	Based on staff interview and record review, the Assisted Living Administrator (ALA) failed to ensure that a CPR certified staff was on duty for each shift. [Staff #1]	
	The findings include:	
	Only Staff #1was observed to be on duty for the evening shift that began at 4:00 p.m., on 6/9/2010,. Interview with the ALA on the same day at 6:00 p.m., revealed Staff #1 was the only staff scheduled for that evening. In addition, she was a recent re-hire and had only completed a month and a half of employment.	
	Review of the personnel records on the same day at approximately 6:05 p.m., revealed there was no evidence that Staff #1 had completed and/or obtained a CPR or First Aid certification.	Completed on 6-24-10
	Note: There was also no evidence that Staff #2 had obtained a CPR or First Aid certification as well.	Completed on 6-24-10
	The ALA failed to ensure a staffing pattern that ensured a CPR/First Aid certified staff was on duty for each shift.	Completed on 6-24-10
107.01(d)(8)	***(d) An ALA shall:***	
	(8) Assure that each employee has a background check pursuant to federal and District law executed at the time of initial employment;	
	Based on record review and interview, the ALA failed to ensure that all employees had background checks that were in compliance with District of Columbia law, for one of four employees. [Staff #3]	
	The findings include:	

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	[Reference Licensure Citation 4701.5] The Assisted Living Administrator (ALA) failed to ensure Staff #3's criminal background check covered all the jurisdictions where this employee lived and/or worked the past seven (7) years prior to employment. Staff #3's personnel file reflect an employment history in Maryland, but only a District of Columbia screening was on file. Interview with the Assisted Living Administrator on 6/9/2010, at approximately 4:55 p.m., confirmed the criminal background check for Staff #3 did not cover all jurisdictions where this staff lived or worked over the past seven (7) years.	Completed on 7-2-10 Background Check has been completed on 7-2-10. All available for Review. Completed on 7-2-10
107.01(d)(11)	*(d) An ALA shall:* *(11) Maintain personnel records for each employee that include documentation of criminal background checks, statements of health status, and documentation of the employee's communicable disease status;* Based on record review and interview, the ALA failed to maintain personnel records for one of four employees. [Staff #3] The finding includes: [See Citation 107.01(d)(8)] Staff #3's personnel file failed to reflect a criminal background check covered where they've lived or worked over the past seven years.	Completed on 7-2-10
107.01(g)(6)	*(g) The staff shall:* *(6) Not work unsupervised without satisfactory completion of the training required by section 107.02.* Based on staff interview and record review, the ALA failed to ensure	

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	that newly-hired staff did not work unsupervised without completion of training required by section 107.02, for one of four employees. [Staff #3] The finding includes: Staff #3 was observed working alone in the ALR with the four residents. Review of personnel records revealed no documented evidence that Staff #3 had completed the training required by section 107.02 prior to working unsupervised.	Had been properly trained but no sign document a sign document has been completed on Class begin 7-19- 7-30-10 completed. Sign on July 19-30 Course were complete on July 30, 10	
	110.04 **General Building Interior**		
110.04(a)	*An ALA (Assisted Living Administrator) shall:* *(a) Ensure that the interior of its facility including walls, ceilings, doors, windows, equipment, and fixtures are maintained structurally sound, sanitary, and in good repair.* Based on an environmental inspection it was determined that the ALA failed to ensure that the interior of its facility including walls, ceilings, doors, windows, equipment, and fixtures are maintained structurally sound, sanitary, and in good repair. The finding includes: An environmental inspection was conducted on 6/9/2010, at 5:20 p.m. During the inspection, one of the electrical outlets in the living room was found broken and the covering plate removed. Parts of the electrical socket was broken off and hanging from the wall unit.	Repaired on 6-10-10	