

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 06/10/2010
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ALVETTA HOSE	STREET ADDRESS, CITY, STATE, ZIP CODE 5201 BANKS PLACE, NE WASHINGTON, DC 20019
---	---

(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
D 000	<p>Initial Comments</p> <p>A licensure survey was conducted on June 4, 2010. 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. Four residents was selected from a resident population of eight with various medical disabilities.</p>	D 000	<p><i>Received 7/13/10</i></p> <p>GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002</p>	
D 320	<p>3401.3 Medical Coverage</p> <p>All residents shall be seen by a physician not more than thirty (30) days prior to admission to a community residence facility and at least one (1) time each year after admission.</p> <p>This CONDITION is not met as evidenced by: Based on interview and record review the Community Residential Facility (CRF) failed to ensure one (1) of the four (4) residents included in the sample was seen by a physician not more than (30) days prior to admission. (Resident #1)</p> <p>The finding includes:</p> <p>Interview with the caregiver on June 4, 2010, at approximately 9:34 a.m., revealed Resident #1 had moved into the facility in 2009. Review of the resident's medical record on the aforementioned date at 12:09 p.m. revealed Resident #1 moved into the CRF on July 15, 2009. Continued review of the record revealed the resident had a physical examination on August 31, 2009.</p> <p>At the time of the survey, the CRF failed to ensure Resident #1 had a physical examination 30 days prior to moving into the facility.</p>	D 320	<p>Resident completed physical before Leaving nursing home on 7/13/09. Director, Took resident to new physician for another Medical Assessment on 8/31/09. Medical Assessment has now been included in the resident's file. Will ensure that all required forms Are included in new residents file within 5 days after arriving to the facility.</p>	

Health Regulation Administration

Alvetta Hose

TITLE *Director*

6/12/10
(X6) DATE

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

STATE FORM

0000

OOPS11

If continuation sheet 1 of 3

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

06/10/2010

NAME OF PROVIDER OR SUPPLIER

ALVETTA HOSE

STREET ADDRESS, CITY, STATE, ZIP CODE

5201 BANKS PLACE, NE
WASHINGTON, DC 20019

(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
D3000	Continued From page 1	D3000		
D3000	<p>3421.1 Housekeeping and Laundry Services</p> <p>The interior and exterior of each community residence facility shall be maintained in a safe, clean, orderly, attractive, and sanitary manner free from accumulations of dirt, rubbish, and objectionable odors.</p> <p>This CONDITION is not met as evidenced by: Based on observation and interview, the Community Residential Facility (CRF) failed to ensure the interior of the home was maintained in a safe and sanitary manner, free from accumulations of dirt.</p> <p>The findings include:</p> <p>During the environmental inspection on June 4, 2010, beginning at approximately 1:40 p.m. revealed the following deficiencies.</p> <ol style="list-style-type: none"> 1. The first floor bathroom's clear plastic shower curtain was filled with mildew. Additionally, there were tiles missing from the bathroom floor. 2. The closet door in Residents #2 and #4's bedroom was missing a knob from the right side. The lamp shade was soiled and discolored. One of the residents' wash clothes hanging near his bedside was soiled. Additionally, the resident's towel was observed with a large hole in the middle of the towel. 3. At 1:50 p.m., the facility's kitchen stove was observed without any drip pans. The surveyor requested the director to remove the top of the stove and found that it was filled with an accumulation of grease that prevented the surveyor from turning on the burners. Further observation of the stove revealed the gas pipe 	D3000 D3000	<ol style="list-style-type: none"> 1. New shower curtain was installed. Tile was repaired in bathroom floor. 2. Closet door knob for Residents' #2 and #4 Was replaced. Towel was replaced 	6/11/10

Health Regulation 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 06/10/2010
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ALVETTA HOSE	STREET ADDRESS, CITY, STATE, ZIP CODE 5201 BANKS PLACE, NE WASHINGTON, DC 20019
---	---

(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
D3000	<p>Continued From page 2</p> <p>had an accumulation of corrosion on the top of it. The director informed the surveyor that the stove had been repaired a couple of months ago. Wires with black tape was observed on the right side of the burners. According to the director, the caregiver had complained about some of the burners being inoperable and she had a repair man to come to the facility. The director was instructed not to use the stove until it was serviced or replaced. The director agreed and would have a technician in the facility on June 5, 2010, to complete measurements for a new stove.</p> <p>At the time of the survey, the director failed to ensure the cleanliness of the facility's stove and safe operation.</p> <p>Note: On June 10, 2010, surveyor returned to facility and observed an alternative cooker being used. In addition, the new stove was to arrive on this date.</p>	D3000	<p>Stove was replaced with a new stove.</p> <p>-----</p> <p>New environmental checklist</p> <p>Has been implemental on a daily basis</p>	6/12/10