

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/08/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>09G212</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/03/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>INNOVATIVE LIFE SOULTIONS, INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7416 BLAIR ROAD, NW</b> <b>WASHINGTON, DC 20012</b>		
(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) COMPLETION DATE
{W 000}	<p><b>INITIAL COMMENTS</b></p> <p>On July 26, 2013, an investigation was concluded that revealed the facility failed to be in compliance with the conditions of participation of governing body, client protections, facility staffing and health care services. A follow-up survey was conducted from September 8, 2013 through September 9, 2013 that revealed the facility failed to regain compliance with the aforementioned conditions of participation. Specifically, observations revealed that one-to-one (1:1) staff failed to provide supervision in accordance with Client #1's and #5's individual support plans. [See W186] The follow-up survey, therefore, was aborted to provide the facility a second opportunity to attain compliance.</p> <p>A second follow-up visit was conducted on October 2, 2013 through October 3, 2013, to determine the facility's compliance with previously cited condition-level deficiencies. The findings of this survey were based on observation, interviews with direct support, nursing and administrative staff, as well as a review of client and administrative records, including unusual incident reports.</p> <p>The survey findings determined that the facility was in substantial compliance with the conditions of participation in governing body, client protections, facility staffing and health care services.</p>	{W 000}			

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD03-0206</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/03/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>INNOVATIVE LIFE SOULTIONS, INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7416 BLAIR ROAD, NW</b> <b>WASHINGTON, DC 20012</b>		
(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	
{I 000}	<p><b>INITIAL COMMENTS</b></p> <p>On July 26, 2013, an investigation was concluded that revealed the facility failed to be in compliance with the conditions of participation of governing body, resident protections, facility staffing and health care services. A follow-up survey was conducted from September 8, 2013 through September 9, 2013 that revealed the facility failed to regain compliance with the aforementioned conditions of participation. Specifically, observations revealed that one-to-one (1:1) staff failed to provide supervision in accordance with Resident #1's and #5's individual support plans. [See W186] The follow-up survey, therefore, was aborted to provide the facility a second opportunity to attain compliance.</p> <p>A second follow-up visit was conducted on October 2, 2013 through October 3, 2013, to determine the facility's compliance with previously cited condition-level deficiencies. The findings of this survey were based on observation, interviews with direct support, nursing and administrative staff, as well as a review of client and administrative records, including unusual incident reports.</p> <p>The survey findings determined that the facility was in substantial compliance with the conditions of participation in governing body, resident protections, facility staffing and health care services and also with the local licensure requirements.</p>	{I 000}			

Health Regulation & Licensing Administration

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Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD03-0179</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>09/30/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>R C M OF WASHINGTON</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1307 45TH PLACE, SE WASHINGTON, DC 20019</b>		
(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
I 000	<p><b>INITIAL COMMENTS</b></p> <p>A monitoring survey was conducted on September 30, 2013, to verify corrective actions identified in the facility's plan of correction for the environmental deficiencies cited during the August 28, 2013 licensure survey.</p> <p>The findings of the survey were based on observation, interviews and record review. The survey revealed that measures to correct the environmental deficiencies were implemented and a determination was made that the facility is in substantial compliance.</p>	I 000		

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