

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CRF-000935	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/30/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER HOME FIRST	STREET ADDRESS, CITY, STATE, ZIP CODE 2501 18TH STREET NE WASHINGTON, DC 20018
---	--

(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 Initial Comments

D 000

A licensure survey was completed on July 30, 2012. The findings of the survey were based on observation of the Community Residential Facility (CRF), interviews with residents and administrative staff, and a review of clinical and administrative reports. A random sample of four (4) residents was selected from a residential population of eight (8) with various disabilities.

Received 8/23/12
Department of Health
Health Regulation & Licensing Administration
Intermediate Care Facilities Division
899 North Capitol St., N.E.
Washington, D.C. 20002

D 910 3406.2 Resident's Rights

D 910

A written copy of the rights and privileges (which may be obtained from the Mayor) set forth in §§ 3406.3 through 3406.11 shall be given to each resident and his or her sponsor, if any, upon admission.

Program has a new Resident Care Coord. who is still adjusting to position + files.

This CONDITION is not met as evidenced by: Based on record review and staff interview, the Community Residential Facility (CRF) failed to ensure one (1) of four (4) residents and their sponsors received a copy of their rights and privileges upon admission. (Resident #1)

Due to the new staff transition, and infrequent new admissions at CRF, this was an unfortunate oversight. Resident received copy of the Rights 3406.3-11. A care plan is scheduled for 8/23/12, and a copy will be given to representative 7/30/12

The finding includes:

On July 30, 2012, a review of Resident #1's record starting at approximately 10:39 a.m., revealed no documented evidence the resident or their sponsor had received a written copy of the rights and privileges at the time of admission into the facility.

*Quality Assurance:
Director will review case files on a quarterly basis. RCC will review files on a bi-weekly basis*

During a face to face interview with the Residence Director on July 30, 2012, at approximately 11:00 a.m., she indicated that there was no documented evidence in the aforementioned resident's record that the

Health Regulation & Licensing Administration

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

Regine Clumma
TITLE Director

(X6) DATE

8/17/12

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CRF-000935	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/30/2012
NAME OF PROVIDER OR SUPPLIER HOME FIRST		STREET ADDRESS, CITY, STATE, ZIP CODE 2501 18TH STREET NE WASHINGTON, DC 20018	
(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 910	Continued From page 1 resident or their sponsor received a written copy of rights and privileges.	D 910	
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 clean, safe and sanitary manner.</p> <p>The findings include:</p> <p>An observation on July 30, 2012, at approximately 9:00 am, revealed the following environmental concerns:</p> <ol style="list-style-type: none"> 1. The wooden chairs located on the front porch were loose and unsteady when touched, posing as a potential safety hazard. 2. A dirty urinal was observed on Resident #7's floor. <p>During a face to face interview with the Age-in-Place -Coordinator on July 30, 2012, at approximately 10:00 a.m., he indicated the facility would handle the aforementioned concerns immediately.</p>	<p>D3000</p> <p># 1</p> <p># 2</p>	<p>(donated) The wooden chairs were repaired + secured. If loose again, program will replace with new plastic chairs. 8/13/12</p> <p>Urinal order was completed 8/17/12. Once they arrive, resident will receive new urinal. Staff will change every 3 months. 8/30/12</p> <p>Quality Assurance: 8/30/12 Resident + Care Coord. 9/30/12 will assign a caregiver 10/30/12 Maintenance duties 11/30/12 monthly. When a repair is required, form will be submitted to Asst. Director 12/30/12 MONTHLY</p>

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CRF-000935	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/30/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER HOME FIRST	STREET ADDRESS, CITY, STATE, ZIP CODE 2501 18TH STREET NE WASHINGTON, DC 20018
---	--

(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
--------------------	--	---------------	---	--------------------

R 125 4701.5 BACKGROUND CHECK REQUIREMENT R 125

The criminal background check shall disclose the criminal history of the prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check.

This Statute is not met as evidenced by:
Based on the interview and record review, the Community Residence Facility (CRF) failed to ensure criminal background checks for the previous seven (7) years, in all jurisdictions where staff had worked or resided within the seven (7) years prior to the check, for one (1) of four (4) staff in the sample. (Staff #3)

The finding includes:

Review of personnel records on July 30, 2012, beginning at 11:30 a.m. revealed that Staff #3 was hired November 2, 2011. Continued review of Staff #3's personnel file revealed the employee resides in Maryland and worked in Maryland from 2005 through 2011. There was no documented evidence of a criminal background check for the State of Maryland in the file at the time of this review.

During a face to face interview with the Director on July 30, 2012 at approximately 11:45 a.m., she indicated a criminal background check had been done twice for the District of Columbia but not for the State of Maryland.

A criminal background check to include MD, VA will be completed by 8/23/12

Quality Assurance:
This was an unfortunate oversight on management's side. It appears staff did not check DC metro on the Global Background check; only DC's was checked. Director has flagged Google calendar to check files

8/30/12
11/29/12
2/28/12
5/30/12
8/30/13

Health Regulation & Licensing Administration

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

Rijne Clemens
TITLE Director (X6) DATE 8/17/12