

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/24/2012
NAME OF PROVIDER OR SUPPLIER JOYE ASSISTED LIVING SERVICES			STREET ADDRESS, CITY, STATE, ZIP CODE 6417 KANSAS AVE NE WASHINGTON, DC 20017		
(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 000	Initial Comments On September 19, 2012, the State Surveying Agency's Intermediate Care Facilities Division (ICFD) received notification from the Department of Health Care Finance via email alleging that Joye Assisted Living Services, located at 5131 Call Place SE, failed to maintain the environment in a safe and sanitary manner, and in accordance with the needs of its residents. According to the complaint, an unannounced visit was conducted by DHCF personnel on September 19, 2012, and "major issues" were identified in the physical environment. Based on the nature of the complaint, an environmental investigation was initiated on September 24, 2012, at the facility located 6417 Kansas Avenue, N.W. also operated by Joye Assisted Living Services to ensure the health and safety of its residents. The identified deficient practices are cited throughout this report.		R 000	<p><i>Received 11/9/12</i></p> <p>Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002</p>	
R 971	Sec. 1003a-General Building Exterior (a) An ALR shall ensure that the exterior of its facility, including walkways, yards, porches, chimney, gutters, downspouts, paintable surfaces, and accessory buildings are maintained structurally sound, sanitary, and in good repair. Based on observation and interview, the facility failed to ensure the exterior of the facility was maintained in good repair. The finding Includes: On September 24, 2012, beginning at 1:28 p.m.,		R 971	<p>THE FRONT PORCH HAS BEEN PAINTED. JOYE ASSISTED LIVING ADMINISTRATOR SHALL ENSURE THAT EXTERIOR AND INTERIOR OF THE FACILITY IS PAINTED ANNUALLY AND AS NEEDED. A CONTRACT HAS BEEN SIGNED WITH THE MAINTENANCE PERSON SEE ATTACHMENT #1</p> <p>9/28/12 AND ONGOING</p>	

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

STATE FORM

6699

OF2L11

TITLE

(X6) DATE

Gary R. [Signature] ADMINISTRATOR 11/02/12

If continuation sheet 1 of 4

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R 971	Continued From page 1 observations conducted at the facility revealed numerous bags of trash and boxes were stored on the side of the facility, near the front walkway. Only one trash can was available for storage of garbage.	R 971	TWO ADDITIONAL TRASH CANS HAVE BEEN PURCHASED ALL STAFF HAVE BEEN INSERVICED ON PROPER DISPOSAL OF TRASH. IN THE EVENT THAT TRASH IS NOT PICKED UP DUE TO INCLEMENT WEATHER AND TO PREVENT TRASH OVERTFLOW TRASH SHALL BE PICKED UP BY A PRIVATE CONTRACTOR.	9/24/12	
R 981	Sec. 1004a General Building Interior (a) An ALR shall 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 observations and interview, the assisted living residence (ALR) failed to ensure that the interior of the facility was maintained sanitary, and in good repair for seven of seven residents in the facility. (Residents #1, #2, #3, #4, #5, #6, and #7) The findings include: During the inspection on September 24, 2012, beginning at 1:33 p.m., the following concerns were identified: 1. The right brake handle was missing from the wheelchair located in the sitting room. Interview with the staff revealed that the wheelchair belonged to Resident #2, who was currently in the hospital. 2. Resident #5's clothing were stored in a long chest that was approximately two feet deep and that had no drawers. Additional clothing were stored on the open shelves in the corner, and in his closet. Interview with the ALR staff at 2:08 p.m., revealed that the resident was vision impaired and that he was directly supported by	R 981			
		R 981	RESIDENT #2 OLD WHEELCHAIR HAS BEEN PICKED UP BY SUPPLY COMPANY AND REPLACED WITH NEW WHEELCHAIR STAFFS HAVE RECEIVED AN INSERVICE TO NOTIFY SUPPLY COMPANY OF ANY REPAIRS ON ANY DME AND TO NOTIFY THE ADMINISTRATOR OF NO RESPONSE. A NEW FORM HAS BEEN CREATED FOR ALL DME REPAIRS. SEE ATTACHMENT #2. RESIDENT #5 CHEST DRAWERS HAS BEEN REPLACED. STAFFS HAVE RECEIVED IN-SERVICE ON	9/30/12	

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R 981	Continued From page 2 staff. 3. Interview with the ALR staff at 3:12 p.m., indicated that the basement exit door would not open. Observation of the basement exit door confirmed that the cylinder was stuck in the lock, preventing the door from opening. The administrator, who was present during the observation indicated that she would replace the lock immediately. Maintenance personnel removed the upper lock from the door. Further observation of the basement exit door however, revealed that the bottom lock on the door did not secure the door. Maintenance was still working on the lock when the surveyors exited the facility at 3:30 p.m. 4. The bathroom located in the basement, where Resident #1's bedroom was located, lacked a source of natural or mechanical ventilation. 5. There was an accumulation of dust around the edges of Resident #1's bedroom, which was located in the basement. 6. The cover on the sump pump located in Resident #1's bed room was not level with the floor, which created a potential trip hazard. 7. Several holes were observed in Resident #3's mattress. 8. Items were stored directly on the floor in the linen closet. 9. The lamp in Resident #5's bedroom was not operable. 10. Several bags of clothing were stored directly on the floor in the closet in Resident #2's	R 981	PROPER STORAGE OF ALL ITEMS MAINTENANCE PERSON SHALL CHECK ALL EXTERIOR AND INTERIOR OF BUILDING FOR REPAIRS. MAINTENANCE PERSON SHALL ALSO CHECK ALL BEDS, DRESSERS, BEDDINGS CHECK AREAS IN AND OUT OF FACILITY FOR CLEANLINESS. MAINTENANCE PERSON SHALL REPORT ALL FINDINGS TO ADMINISTRATOR FOR REPAIRS AND OR REPLACEMENTS.		
		R 981	MECHANICAL VENTILATION 10/1/12 4. HAS BEEN INSTALLED IN THE BASEMENT BATHROOM		
		5.	STAFFS HAVE RECEIVED 9/25/12 IN-SERVICE ON CLEANING AND OF FACILITY. A NEW FORM ONGOING HAS BEEN DEVELOPED TO INCLUDE CHORES PERFORMED DAILY AND SIGNED BY THE STAFF WHO PERFORMED THOSE DUTIES. SEE ATTACHMENT # 3.		
		6.	RESIDENT # 1 SUMP PUMP 10/2/12 AREA HAS BEEN ENCLOSED TO PREVENT FALL		
		8.	RESIDENT # 3 MATTRESS HAS BEEN REPLACED. SEE R971		
		9.	STAFFS HAVE RECEIVED INSERVICE ON PROPER STORAGE OF ALL ITEMS LAMP IN RESIDENT #5 BEDROOM 9/25/12 HAS BEEN REPLACED. SEE R971		

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R 981	Continued From page 3 bedroom. Dust was observed on the floor where the bags were stored. 11. The food preparation area of the kitchen, including the range top was poorly lit. This created a potential for unsafe food handling practices. 12. The Teflon coating on the interior of several cooking pots was very worn and chipped. 13. An large open space was observed at the back of the cabinet under the kitchen sink, which was approximately five inches long by 10 inches wide. This created a potential risk for pest and the accumulation of dust and debris. 14. Mildew was observe on the underside of the rubber mat in the bath tub.	R 981 # 10 #11 #12 #13 #14	STAFFS HAVE RECEIVED AN IN-SERVICE ON PROPER STORAGE OF ALL ITEMS. CLOTHING HAVE BEEN STORED IN CONTAINERS THAT ARE OFF THE FLOOR AFTER VACUUMING THE FLOOR. LIGHTING IN THE KITCHEN AREA HAS BEEN REPLACED WITH FLUORESCENT LIGHTING TO ALLOW FOR ADEQUATE LIGHTING. ALL POTS HAVE BEEN REPLACED WITH STAINLESS STEEL NON TEFLON COATING POTS OPEN AREA IN THE BACK OF THE CABINET UNDER THE KITCHEN SINK HAS BEEN CLOSED. ALL RUBBER MATS HAVE BEEN REPLACED. STAFFS HAVE RECEIVED AN IN-SERVICE ON PROPER CLEANING OF RUBBER MATS WHICH SHALL BE DONE DAILY. MAINTENANCE PERSON SHALL INSPECT ALL ITEMS IN THE FACILITY ON A WEEKLY BASIS AND SHALL REPORT ANY ABNORMALITIES TO THE ADMINISTRATOR.	10/3/12 10/3/12 9/24/12 9/24/12	