

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALR-0005</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/25/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>JOYE ASSISTED LIVING SERVICES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5131 CALL 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
R 000	Initial Comments  An annual licensure survey was conducted on April 25, 2014, to determine compliance with Assisted Living Law " DC Code § 44-101.01. " The Assisted Living Residence provides care for five (5) residents and employees six (6) employees to include professional and administrative staff. The findings of the survey were based on observations, record reviews, and interviews with staff and residents.  Please refer to the list provided below for all abbreviations used in this report.  Assisted Living Administrator (ALA) Assisted Living Residence (ALR) History and Physical (H&P) International Normalization Ratio (INR) She/He (S/he) Prothrombin Time (PT)	R 000	Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002  RECEIVED JUL 11 2014	
R 292	Sec. 504.1 Accommodation Of Needs.  (1) To receive adequate and appropriate services and treatment with reasonable accommodation of individual needs and preferences consistent with their health and physical and mental capabilities and the health or safety of other residents; Based on record review and interview , the ALR failed to ensure appropriate and adequate services were provided for four (4) of five (5) residents' in the sample. (Residents' #1, #2, #3 and #5)  The findings include:  1. On April 25, 2014, at approximately 9:00 a.m., review of Resident #1's record revealed a H&P dated February 14, 2014. The H&P ordered monthly psychiatry visit. The record failed to	R 292	STAFF HAD BEEN DOCUMENTING ALL PHYSICIAN APPOINTMENTS ON THE CALENDAR (MONTHLY) ALL JAL STAFF RECEIVED AN INSERVICE ON THE PHYSICIAN VISIT FORM ALL PHYSICIANS SERVING OUR RESIDENTS RECEIVED A LETTER REGARDING FILLING OUT THE PHYSICIAN VISIT FORM FOR EVERY APPOINTMENT MADE	4/26/14 AND ONGOING

Health Regulation & Licensing Administration

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

TITLE

(X8) DATE

*Gloria Richard* RN ADMINISTRATOR

06/26/2014

Health Regulation & Licensing Administration

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R 292	<p>Continued From page 1</p> <p>evidence the resident was seen by a psychiatrist monthly as ordered on February 14, 2014.</p> <p>During an interview with the ALA on April 25, 2014, at approximately 9:50 a.m., the ALA stated, "The resident is seen by the psychiatrist monthly but the doctor will not fill out the form I created for all doctors visits."</p> <p>2. On April 25, 2014, at approximately 10:00 a.m., review of Resident #2's record revealed a H&amp;P dated February 4, 2014. The H&amp;P revealed order a monthly medical evaluation and monthly labs (PT/INR). The record failed to evidence monthly medical evaluations and monthly results of labs (PT/INR's) as ordered on February 4, 2014.</p> <p>During an interview with the ALA on April 25, 2014, at approximately 10:15 a.m., the ALA stated, "The resident was seen by the physician monthly and the PT/INR's were done monthly."</p> <p>3. On April 25, 2014, at approximately 10:20 a.m., review of Resident #3's record revealed a H&amp;P dated February 14, 2014. The H&amp;P ordered monthly medical and psychiatric visits. The record failed to evidence the monthly medical and psychiatric visits had been conducted as ordered on February 14, 2014.</p> <p>4. On April 25, 2014, at approximately 10:20 a.m., review of Resident #5's record revealed a H&amp;P dated January 4, 2014. The H&amp;P ordered monthly and psychiatric visits. The record failed to evidence the monthly medical and psychiatric visits had been conducted as ordered on January 4, 2014.</p>	R 292	<p>TO PREVENT THIS MAL PRACTICE ACT FROM RECURRING, FACILITY RN WILL REVIEW ALL RESIDENTS CHART MONTHLY FOR COMPLIANCE OF R292.</p> <p>SEE ATTACHMENT #1</p>	

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R 292	Continued From page 2  During an interview with the ALA on April 25, 2014, at approximately 12:00 p.m., the ALA stated, "The residents went to the appointments but the doctors won't sign the form I created. I'll just start documenting when they go to the doctors."	R 292	SEE RESPONSE ON PAGE 2.	
R 601	Sec. 701e Staffing Standards.  (e) Newly hired staff shall have 30 days to document their communicable disease status. For the purposes of this subsection, "newly hired staff" means any individual who is hired by an ALR regardless of the individual's previous work experience. An employee who is transferring from one ALR to another ALR that is under the same management or ownership, without break in service, shall not be considered newly hired staff. Based on record review and interview, it was determined that the ALA failed to ensure that an employee had a health clearance prior to their employment for one (1) of (1) new employees in the sample. (Employee #4)  The finding includes:  On April 25, 2014, at approximately 11:45 a.m., review of Employee # 4's record revealed a hire date of March 14, 2014. The record failed to evidence a health clearance had been conducted prior to employment.  During an interview with the ALA on April 25, 2014, starting at approximately 12:15 p.m., the ALA stated, "I know the employee had it done. I'll e-mail it to you."  It should be noted that the health clearance was	R 601	THE PROGRAM COORDINATOR HAS BEEN INSTRUCTED ON THE HIRING PROCESS AND COMPLETION OF ALL DOCUMENTATION FOR APPLICATION PRIOR TO START OF WORK TO PREVENT THIS MALPRACTICE FROM REOCCURRING. THE PROGRAM COORDINATOR WILL REVIEW ALL EMPLOYEES FOLDERS MONTHLY AND WILL NOTIFY EMPLOYEES ON ANY DOCUMENT NEEDING AN UPDATE. EMPLOYEE #4 HEALTH CLEARANCE HAS NOW BEEN FILED IN HER EMPLOYMENT FOLDER.  SEE ATTACHMENT #2	04/25/14 AND ONGOING

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R 601	Continued From page 3  not received during the survey period.	R 601		
R 682	Sec. 702c3 Staff Training.  (3) Four hours covering cognitive impairments in an in-service training approved by a nationally recognized and creditable expert such as the Alzheimer's Disease and Related Disorder Association; and Based on record review and interview, the ALR failed to ensure that all staff had four hours of annual training covering cognitive impairments approved by a nationally recognized and creditable expert such as the Alzheimer's Disease and Related Disorder Association for three (3) of (3) employees in the sample. (Employees' #1, #2 and #3)  The finding includes:  On April 25, 2014, starting at approximately 11:15 a.m., review of Employees' #1, #2 and #3 personnel records revealed that all employees had been employed at least two years. Further review of the records failed to evidence that the employees had received training in 2013, covering cognitive impairments approved by a nationally recognized and creditable expert such as the Alzheimer's Disease and Related Disorders Association.  During an interview with the ALA on April 25, 2014, at approximately 12:30 p.m., the ALA stated, "The employees did not have the required cognitive training but we will start getting it."	R 682	EMPLOYEES #1, 2, 3 HAVE RECEIVED IN-SERVICE TRAINING ON ALZHEIMER DISEASE AND MENTAL DISORDER POST THE SURVEY. PROGRAM COORDINATOR WILL REVIEW ALL EMPLOYEE ALA EMPLOYMENT FOLDER MONTHLY FOR ANY MISSING DOCUMENTS OR DOCUMENT THAT REQUIRE UPDATE TO PREVENT THIS MALPRACTICE ACT FROM RECURRING SEE ATTACHMENT # 3.	
R 683	Sec. 702d Staff Training.  (d) On an annual basis, the ALA shall complete	R 683		

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R 683	Continued From page 4  12 additional hours of training on cognitive impairments approved by a nationally recognized organization with expertise in dementia such as the Alzheimer's Disease and Related Disorders Association. Based on record review and interview, it was determined that the ALA failed to complete 12 hours of annual training on cognitive impairment from a nationally recognized organization.  The finding includes:  On April 25, 2014, starting at approximately 11:30 a.m., review of the ALA's record failed to evidence 12 hours of training on cognitive impairment for 2013.  During an interview with ALA on April 25, 2014, starting at approximately 12:30 p.m., the ALA stated, "I don't have it but I will go on line and take the training"	R 683	THE ALA HAS COMPLETED 4 HOURS OF A IN-SERVICE ON ALZHEIMERS' DISEASE AND 8 HRS OF IN-SERVICE ON COGNITIVE DISORDER POST SURVEY. TO PREVENT THIS MALPRACTICE ACT FROM RECURRING THE PROGRAM COORDINATOR WILL REVIEW ALL EMPLOYEE CHART MONTHLY AND WILL NOTIFY EMPLOYEES OF ANY DOCUMENT ONE THAT NEEDS UPDATING ONE MONTH PRIOR TO THE EXPIRATION OF THE DOCUMENT. SEE ATTACHMENT #4	
R 821	Sec. 904e8 Medication Storage  (8) Residents who self-administer may keep and use prescription and nonprescription medications in their units as long as they keep them secured from other residents. Based on observation and interview, the ALR failed to ensure one (1) of one (1) self-medicating resident's in the sample secured their medications from other residents. (Resident #5)  The finding Includes:  On April 25, 2014, an observation of Resident #5's room at approximately 8:55 a.m., revealed multiple filled pill bottles in a plastic bag. It should	R 821	RESIDENT #5 RECEIVED ANOTHER LOCK BOX FOR HIS MEDICATIONS DURING SURVEY. A MEETING WAS HELD WITH RESIDENT #5 REGARDING NON-COMPLIANCE WITH MEDICATIONS BEING KEPT IN A LOCKED BOX SEE ATTACHMENT #5	04/26/14 AND ONGOING

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R 821	Continued From page 5  be noted that the resident's room was not locked and easily accessible to all other residents in the facility.  During an interview with the ALA, on April 25, 2014, at approximately 10:00 a.m., the ALA stated, "I brought the resident a lock box but I don't know where he put it." It should be noted the ALA purchased a lock box during the survey period.  This is repeat deficiency. See report dated October 9, 2013.	R 821 CONTD FROM PAGE 5	MEETING WAS HELD WITH THE STAFF TO CHECK MEDICATION BOX DAILY AND TO DOCUMENT ON THE NEW CREATED FORM FOR MEDICATION SAFETY STORAGE SEE ATTACHMENT #6	4/29/14 AND ONGOING
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 interviews, the ALR failed to ensure the interior was in good repair.  The finding includes:  During an environmental inspection on April 25, 2014, starting at approximately 8:50 a.m., the following concerns were identified:  1. The wall beside bed #2 in upstairs Bedroom #1 was stained.  2. The wall bedside bed #2 in upstairs Bedroom #2 was stained.  3. The window covering in upstairs Bedroom #2 was missing multiple horizontal blind slats.  4. Black Mold was identified on a small wooden	R 981 AND 2.	1. THE FACILITY WAS RE-PAINTED ON 5/10/14 AND 5/17/2014 POST SURVEY. 2. WINDOW #2 BLIND WAS CHANGED POST SURVEY 4. THE WOODEN CHOPPING BOARD WAS DISCARDED DURING SURVEY. 5. THE FLY TRAP WAS DISPOSED OF DURING SURVEY 6. THE EXTERMINATOR EXTERMINATED THE FACILITY ON 4/26/2014 WHILE THE RESIDENTS WERE OUT OF THE FACILITY. EXTERMINATOR WAS AT THE FACILITY AGAIN ON 05/10/14	4/26/14 AND ONGOING

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R 981	<p>Continued From page 6</p> <p>chopping board under the drain pan in the kitchen.</p> <p>5. A fly trap (sticky tape) with multiple bed flies was observed hanging from the kitchen ceiling.</p> <p>6. Bedbugs (several dead) were identified in the the mattress cover of the box spring. Also, noted was one live bed bug on top of a medication bottle in Bedroom #3 downstairs.</p> <p>During an interview with the ALA on April 25, 2014, at approximately 12:45 p.m., the ALA indicated that the bedroom walls were in need of paint and was scheduled for next month. The ALA also stated, "The exterminator would be in the facility on April 26, 2014 to treat the facility for bedbugs." Additionally, the ALA discarded the fly trap hanging in the kitchen, and the wooden chop board.</p> <p>The walls will be painted next month. The exterminator put the fly trap in the kitchen, the chopping board was use to elevate the dish rack so the dishes would drain and the exterminator would be in the facility on April 26, 2014 to treat the facility for bed bugs.</p>	R 981	<p>TO PREVENT THESE MALPRACTICE ACTS FROM RECURRING, ALL JOYE ASSISTED LIVING FACILITY EMPLOYEES RECEIVED AN INSERVICE ON ENVIRONMENTAL CHECK OF BOTH THE EXTERIOR AND INTERIOR OF THE FACILITY AND TO REPORT ANY ABNORMAL FINDINGS TO THE PROGRAM COORDINATOR FOR REPAIRS. THE EXTERMINATOR GAVE JALS EMPLOYEES ON CHECKING FOR THE PRESENCE OF BEDBUGS. LIVE IN STAFF WAS INSTRUCTED TO NOTIFY EXTERMINATOR, ALA AND PROGRAM COORDINATOR OF ANY SIGN OF BED BUG FOR FURTHER INTERVENTION</p>	04/26/14 AND ONGOING

ERROR: undefined  
OFFENDING COMMAND:

STACK:

ATTACHMENT #2



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH  
HEALTH REGULATION AND LICENSING ADMINISTRATION

## Health Certificate for Staff

NAME: NOLA CHAMBERS SEX (Please circle one): MALE FEMALE  
DATE OF BIRTH: 6/26/55 TELEPHONE No: 240 893 0100  
ADDRESS: 805 Braeburn Dr FT. WASH DC  
Street City State Zip Code 20784  
TYPE OF PROFESSIONAL LICENSE: RN

I have examined the above-named person and certify that he/she is:

1. Free from disease in communicable form. (Please Circle One:) YES NO
2. In addition to a general physical health examination, the following test have been done:

Tuberculin Test (check one)

Date: 4/9/14

Chest X-Ray, Date: \_\_\_\_\_

[ ] Time 1:15 PMResult: NEG 4/11/14

Result: \_\_\_\_\_

Remarks:

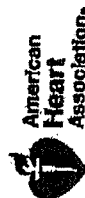
[Signature]  
Signature of Health Care Practitioner

[Signature]  
Address of Health Care Practitioner

4/9/14  
Date of Examination

301 877 2150  
Telephone No.

BLS  
Instructor



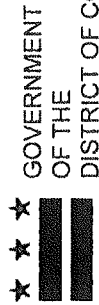
NORA CERNICHAU

This card certifies that the above individual is an American Heart Association Basic Life Support (BLS) Instructor.

January 2014  
Issue Date

January 2016  
Expiration Date

TC Alignment	Because we care, DC 13162
TC Address	Wash, D.C. 20030
TC City, State	ZIP
Instructor ID #	10070535144
ID #	Dr. Mary J. Huntley
Holder's Signature	<i>Mary J. Huntley</i>
© 2011 American Heart Association. Expiration with this card will allow its appearance. 90-1000	



License No: HHA5563  
Issue Date: 05/24/2013

DEPARTMENT OF HEALTH  
HEALTH PROFESSIONAL LICENSING ADMINISTRATION  
BOARD OF NURSING

*Be it known that*


**SYLVANUS A ONEKON**

*has met all requirements prescribed by law and regulations and is hereby  
certified as a(n)*

**HOME HEALTH AIDE**

*in accordance with D.C. Law 6-99, District of Columbia Health Occupations  
Revision Act of 1985, as amended.*

*In witness whereof, said Board caused this license to be granted and attested by the official seal of  
the District of Columbia.*

  
Interim Director, Department of Health

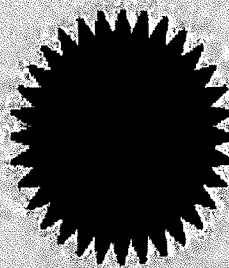
# *Certificate of Participation*

*Awarded to*

 SYLVANNUS ONEKON

*For the successful completion of*

ALR Rules/Regs/Mission Statement



10/10/2013

Gloria Richardson, RN

*Gloria Richardson*

10/10/2013



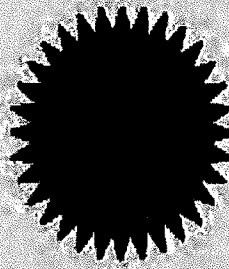
# *Certificate of Participation*

*Awarded to*

& Christy Nwolisa

*For the successful completion of*

Mission Statement/ALR Rules and Regulations



04/11/2012

Gloria Richardson, RN  
*Gloria Richardson*

04/11/2012

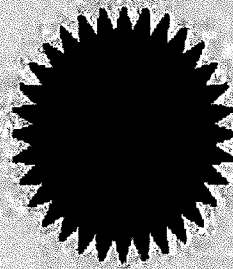
# *Certificate of Participation*

*Awarded to*

& Christy Nwolisa

*For the successful completion of*

ALR MAR/Chart Documentation/HIPPA



04/10/2012

Gloria Richardson, RN

*Gloria Richardson*

04/10/2012



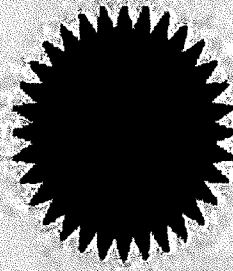
# *Certificate of Participation*

*Awarded to*

& Christy Nwolisa

*For the successful completion of*

Rights/Responsibilities/Incident Report/Emergency protocol



04/11/2012

Gloria Richardson, RN

*Gloria Richardson*

04/11/2012



ATTACHMENT #3

1502 3rd Street  
Baywood Park, CA 93402  
877-665-3311 (toll free)

## Quantum Units Education

<http://QuantumUnitsEd.com>

Affordable. Dependable. Accredited.

### CERTIFICATE OF COMPLETION IN ONLINE CONTINUING EDUCATION

#### Older Adults and Mental Health

for: 8>Contact Hours

by: cecilia Taku-Ayuk

License Type/Number:

Quantum Units Education is an Approved CE Provider for:

American Academy of Healthcare Providers in the Addictive Disorders #13-1370  
California Association for Alcohol & Drug Educators #CP40 944 H 1214  
California Association of Drinking Driver Treatment Programs #107  
California Board of Psychiatric Technicians PT #V10794  
California Board of Vocational Nursing LVN #V10793  
Florida Board of Clinical Social Work, MFT and Mental Health Counseling #50-8650  
Florida Board of Nursing - Certified Nursing Assistants #50-8650  
Illinois Registered Social Worker Continuing Education Sponsor License No. 159.001261  
The National Board for Certified Counselors ACEP#6264  
Texas Board of Examiners of Licensed Professional Counselors #694  
Texas Board of Social Work Examiners #5070

California Association of Addiction Recovery Resources #5060  
California Association of Alcoholism & Drug Abuse Counselors #2C-05-877-1015  
California Board of Behavioral Sciences PCE#3576  
California Board of Registered Nursing CEP#14537  
Connecticut Certification Board CCB #140516  
Florida Board of Nursing #50-8650  
Illinois Marriage and Family Therapist Continuing Education Sponsor License No. 168.000210  
National Association of Alcohol and Drug Abuse Counselors #546  
The National Council of Certified Dementia Practitioners  
Texas Board of Examiners for Marriage and Family Therapists #261  
United States Navy Certification Board

06/27/2014  
Issue Date

Margie Savage  
**Margie Savage**  
Authorized Agent

This certificate must be retained  
by the licensee for a period of four  
years after completion of the course.

ERROR: undefined  
OFFENDING COMMAND:

STACK:

ATTACHMENT # 4



awards this certificate of completion to

**Gloria Richardson**

3101 Cheverly Avenue Cheverly, MD 20785

for satisfactory completion of

**CARES® Dementia Basics™ 4-Hour Online Training Program (Now  
including access to Alzheimer's Association essentiALZ™ Certification  
Exam)**

For 4.0 clock hours of Dementia Care Training

May 2, 2014

For more information about Alzheimer's disease and other forms of dementia, visit [www.alz.org](http://www.alz.org) or  
contact the Alzheimer's Association 24-hour hotline at 1-800-272-3900.

ATTACHMENT #5



**JALS**- A home where care begins with Respect

**JOYE Assisted Living Services**

**5131 Call Place, S.E., Washington, DC. 20019**

**202-758-0309**

**04/26/2014**

Dear Mr. Clement, based on repeated citations of medications not in a locked box, the TME at this facility will check your medication box daily to ensure that this facility is compliance with Health Regulation Rules and Regulations that all residents who are self- medicated should have his/her medications locked for safety reasons, in the event that you are non-compliant with this Rule and Regulation, this facility will store your medication in the medication cabinet but if you insist on keeping your medications yourself without the locked box, this facility will issue you a thirty days discharge notice with a right to appeal.

Please see attached citations.

Thanks in advance in your assistance to keeping us compliant with this regulation.

Sincerely,

**Gloria Richardson, RN/ Administrator .**

Paul Clement Received in-service on  
Medications being placed in a locked  
Medication box and understand that all  
my medications have to be kept in a  
locked box at all times.

Gloria Richards RN 4/26/14

PAUL CLEMENT

SIGNATURE: 

ERROR: undefined  
OFFENDING COMMAND:

STACK:

ATTACHMENT #6



## **JOYE ASSISTED LIVING SERVICES POST SURVEY IN-SERVICE**

**04/26/2014**

### **TOPIC OF DISCUSSION.**

- 1. MEDICATION SAFETY:** All medications belonging to residents who are able to self- administer his/her medications will be stored in a locked box per rules and regulations for safety purpose to prevent other residents from tampering with these medications.
- 2. TME staff** to check locked Medication box daily to ensure that resident is compliant with keeping medication box locked for safety of other residents. Staff to sign the Medication safety form daily.
- 3. BED BUGS:** Room Checks daily- Check all beds when made and Living room furniture daily, report any evidence of bed bug to ALA for further intervention. Follow instructions given by Pest Control Company. Notify ALA of any resident complaining of itching or with redness on his/her skin for intervention.
- 4. PHYSICIAN VISIT FORM:** The Facility's Physician visit form should be filled out by the Physician for every visit made for the resident health documentation and any recommendations made should be followed up by the Facility's ALA for continuation of care. If the Physician is refusing to fill out the form please notify the ALA for further action.
- 5. All staff** are mandated to complete the Alzheimers' and other disease of Mental health in-service annually, the program coordinator will review each employee folder once a month for completeness of all required documents, it is your responsibility to submit all missing document in a timely manner no later than 3 days of being notified, all staff not compliant with timely submission of missing document will be terminated.

**SERVICE NOTES**

inspection and provided treatment  
for bedbugs  
14 DAYS full up 5/10/14

**PAYMENT RECORD**

AMOUNT PAID 800.00  
☐ CASH ☒ CHECK NO. 3573  
☐ VS ☐ MC ☐ AMEX  
 CC# \_\_\_\_\_ EXP. \_\_\_\_\_

**CUSTOMER SIGNATURE**

X Gladys Richard

I hereby acknowledge the satisfactory completion of all services rendered, and agree to pay the cost of services as specified above.

**ACCOUNT INFORMATION**

JOYE Assistant Living  
 5131 Call PL SE  
 Washington D.C.  
 20019  
 202 758 0309

4-26-14  
 9:00  
 12:00

**MATERIAL/PRODUCT**
**QTY**
**UOM**
**%**

1	Tempo SC	1/2	gal	0.057
2	Tempo Dust	6	oz	7%
3				
4				
5				

**SERVICE**
**DESCRIPTION**
**PRICE**

Bedbugs

\$ 800

## Resident Name: \_\_\_\_\_ Month: \_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_