

Received 11/29/12

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

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G237	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/15/2012
NAME OF PROVIDER OR SUPPLIER VOLUNTEERS OF AMERICA		STREET ADDRESS, CITY, STATE, ZIP CODE 6520 1ST STREET, NW WASHINGTON, DC 20012	

(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
1.000	<p>INITIAL COMMENTS</p> <p>An initial licensure survey was conducted on October 15, 2012, to ascertain whether the group home for persons with intellectual disabilities (GHPID) was in compliance with Chapter 35 of Title 22, of the District of Columbia Municipal Regulations.</p> <p>The findings of the survey were based on interviews with administrative staff, review of the personnel records for all employees and contracted health care professionals, review of the facility's policies and procedures manual, as well as a walk through inspection of the interior and exterior of the GHPID. The survey findings revealed that the facility was in substantial compliance with Chapter 35 regulations.</p> <p>[Qualified mental retardation professional (QMRP) will be referred to as qualified intellectual disabilities professional (QIDP) within this report.]</p>	1.000	<p>VOAC will ensure a routine check of air appliances to ensure they are in good working order occurs by November 1, 2012.</p> <p>2. Cabinet door will be replaced by 11/7/12</p> <p>3. A cleaning company has been hired to complete the cleaning and removal of the grease and debris from the kitchen cabinet by 11/7/12. Monitor regular cleaning to avoid any building-structured cleaning scheduled will be implemented by the 7th of November.</p>	
1.099	<p>3504.1 HOUSEKEEPING</p> <p>The interior and exterior of each QMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors.</p> <p>This Statute is not met as evidenced by: Based on observation and interview, the group home for persons with intellectual disabilities (GHPID) maintained the interior and exterior of the facility in a safe, clean, orderly, attractive, and sanitary manner, except for the following observations, for four of the four residents of the facility. (Residents #1, #2, #3 and #4)</p>	1.099	<p>4. The additional clothing boxes will be removed on 11/7/12. At a minimum the HM will monitor the environment to ensure that the home is kept neat and orderly.</p> <p>5. All cracked floor tiles will be replaced by 11/7/12. HM will ensure that any cracked tiles are reported in a timely manner for repairs or replacement</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Ann Price* TITLE: *Director of Ops.* DATE: *11.29.12*

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1000 INITIAL COMMENTS

An initial licensure survey was conducted on October 15, 2012, to ascertain whether the group home for persons with intellectual disabilities (GHPID) was in compliance with Chapter 35 of Title 22, of the District of Columbia Municipal Regulations.

The findings of the survey were based on interviews with administrative staff, review of the personnel records for all employees and contracted health care professionals, review of the facility's policies and procedures manual, as well as a walk through inspection of the interior and exterior of the GHPID. The survey findings revealed that the facility was in substantial compliance with Chapter 35 regulations.

[Qualified mental retardation professional (QMRP) will be referred to as qualified intellectual disabilities professional (QIDP) within this report.]

1090 3504.1 HOUSEKEEPING

The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors.

This Statute is not met as evidenced by:
Based on observation and interview, the group home for persons with intellectual disabilities (GHPID) maintained the interior and exterior of the facility in a safe, clean, orderly, attractive, and sanitary manner, except for the following observations, for four of the four residents of the facility (Residents #1, #2, #3 and #4):

1000

VOAC will ensure a routine check of all appliances to ensure they are in good working order occurs by November 1, 2012.

2. Cabinet door will be replaced by 11/7/12

3. A cleaning company has been hired to complete the cleaning and removal of the grease and debris from the kitchen cabinet by 11/7/12. Monitor regular cleaning to avoid any building structured cleaning scheduled will be implemented by the 7th of November

4. The additional clothing boxes will be removed on 11/7/12. At a minimum, HM will monitor the environment to ensure that the home is kept neat and orderly.

5. All cracked floor tiles will be replaced by 11/7/12. HM will ensure that any cracked tiles are reported in a timely manner for repairs or replacement.

Health Regulation & Licensing Administration

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

TITLE

STATE FORM

1999

403H11

If continuation sheet

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I 090	<p>Continued From page 1</p> <p>The findings include:</p> <p>Observation during the inspection of the environment on October 15, 2012, beginning at 11:01 a.m., revealed the following:</p> <ol style="list-style-type: none"> 1. The food storage container located inside the refrigerator was observed to be cracked and partially broken. 2. The cabinet door located beside the kitchen refrigerator would not close completely. 3. There was grease and debris observed underneath the kitchen cabinets. 4. There was additional clothing, boxes, dressers, etc. stored inside the bedroom next to the staff's office 5. There were small cracked floor tiles throughout the facility. 6. The top dresser drawer was observed to be broken in bedroom #2. 7. There was a strong urine smell in bedroom #2 8. The couch located in the living room was observed with several tears and rips. The single chair was also observed with a rips in the chair. 9. The side rail pads located in the clients' bedroom were observed with rips which exposed the white cushion. <p>The intermediate care facility (ICF) director and the qualified intellectual disabilities professional (QIDP) who were present during the inspection,</p>	I 090	<ol style="list-style-type: none"> 6. The top dresser drawer in bedroom two has been replaced on 10/19/12. HM will monitor on a weekly basis for any issues and report for repair or replacement. 7. The smell of urine was found to be coming from the bedroom, staff will clean the bedroom by 10/27/12. The staff has been trained to ensure that they clean all areas of the home on a daily basis to ensure good sanitation of the home environment. The bedding has been replaced 10/16/12. 8. The new couch is on order, new furniture for the living room will be purchased by 11/7/12 9. New side rail pads will be purchased by 11/2/12. HM will monitor for any damage and report so that the pads can be replaced as necessary. 	

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1090	Continued From page 2 confirmed the above aforementioned findings.	1090		
1206	3509.6 PERSONNEL POLICIES Each employee, prior to employment and annually thereafter, shall provide a physician's certification that a health inventory has been performed and that the employee's health status would allow him or her to perform the required duties. This Statute is not met as evidenced by: Based on interview and record review, the group home for persons with intellectual disabilities (GHPID) failed to ensure that all employees had current health certificates on file, for one of eleven direct support staff (DSS). (DSS #3) The finding includes: On October 15, 2012, beginning at 2:41 p.m., review of the personnel records for all employees, including licensed professional health consultants, revealed (DSS #3's) complete health certificate had expired on July 12, 2012. The director of operations (DOA) who assisted with the review confirmed that DSS #3's health certificate had expired on July 12, 2012.	1206	VOAC will ensure that all staff currently working at the first street location will have a current physician's certification dated within the required timeframe to remain in compliance. A secondary record review of all staff files will occur. For those staff without current certification they will immediately be removed from the schedule until such is obtained.	
1227	3510.5(d) STAFF TRAINING Each training program shall include, but not be limited to, the following: (d) Emergency procedures including first aid, cardiopulmonary resuscitation (OPR), the	1227		

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I 227	<p>Continued From page 3</p> <p>Heimlich maneuver, disaster plans and fire evacuation plans;</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the group home for persons with intellectual disabilities (GHPID) failed to have on file for review, current training in cardiopulmonary resuscitation (CPR) for one of eleven employees. (Employee #11)</p> <p>The finding includes:</p> <p>On October 15, 2012, beginning at 2:41 p.m., review of the personnel records revealed that direct support staff (DSS #3's) cardiopulmonary resuscitation (CPR) certification had expired on September 20, 2012. The director of operations (DOA) who assisted with the review confirmed that DSS #3's health certificate had expired on September 20, 2012.</p>	I 227	<p>DSS #3- will have all health certificate will be current and on file by 11/7/12.</p> <p>The HM and HR department will complete regular audit of all personnel file to ensure compliance with the regulation.</p> <p>All staff CPR will be completed by 11/7/12.</p>

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[Qualified mental retardation professional (QMRP) will be referred to as qualified intellectual disabilities professional (QIDP) within this report.]

Health Regulation & Licensing Administration

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

Conrad P. Lee TITLE: Director ID ops DATE: 10.26.12

STATE FORM

6885

4G3H11

If continuation sheet: 1 of 1