Becenel 11/29/12 Department of Health

Health Regulation & Licensing Administration

	intermedi	diate Care Facilities Division	CHIER
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Health	legulation & Licensin	ig Administration				
	T OF DEFICIENCIES	(X1) PROVIDER/SU	PLERICUA	(X2) MULTH	PLE CONSTRUCTION	COMPLETED
ANDPLAN	OF CORRECTION	DENTIFICATIO		A. BUILDING	3	
	· · · · ·	A0.0017		B WINE		10/15/2012
		09G237	I PROFET ADD	PESS CITY S	TATE, ZIP CODE	
NAME OF P	ROWDER OR SUPPLIER			TREET, NY		
VOLUMET	EERS OF AMERICA		WACHING	TON, DC 20	• 1012 - Contra	
TOGONI						
(14) D	SUMMARY ST	TEMENT OF DEFICIE	CIES	ID PREFIX	PROMDER'S PLAN OF COR (EACH CORRECTIVE ACTION	
PREFIX	LEACH DEFICIENC	SCIDENTIFYING NO	MATIONI	TAG	CROSS-REFERENCED TO THE	APPROPRIATE DATE
TAG	REGULATORT DIST				₹∕v∯et Bliche%∰ K≵	
1 000	INITIAL COMMEN	TS		1 000		
						11. standing Halanda († 1911) 19. standing Halanda († 1911)
	An initial licensure :	survey was condu	icted on			
	October 15, 2012, home for persons	to ascentain when	secilities		· · · · · · · · · · · · · · · · · · ·	
	(GHPID) was in co	mpliance with Ch	pter 35 of		VOAC will ensure a	
	Title 22, of the Dis	trict of Columbia	funicipal		appliances to ensur	e they are in good
	Regulations.				working order occu	rs by November 1,
	The findians at the				2012.	
	The findings of the interviews with add	ninistrative staff	eview of the			an Angeler (1997) and an
	personnel records	for all employees	and		2. Cabinet door will	be replaced by
	contracted health	care professional	review of		11/7/12	
	contracted health the facility's policie well as a walk thro	s and procedure	manual, as			
	and exterior of the	Ugn inspection of	the interior		3. A cleaning comp	any has been bired
	revealed that the f	acility was in such	santial	:. [:]	to complete the cle	
	compliance with C					e e la Fritan de Selfe de Car
					of the grease and d	ebris from the
	(Qualified mental ((QMRP) will be re	etardation profes	sional		kitchen cabinet by	11/7/12. Monitor
	disabilities profes		no this report)		regular cleaning to	avoid any building- a
		HOUSE (CLIPE) WIN	n eve report		structured cleaning	r scheduled will be
ing ing	0 3504.1 HOUSEKE	EDING		090		e 7th of November.
						e stient inderetient.
	The interior and e				4. The additional d	othing boxes will be
	maintained in a sa	ife, clean, ordeny	attractive,		4 A second se	2. At a minimum the
	and sanitary manifections of				HM will monitor th	
	DOORS,				1 · · · · · · · · · · · · · · · · · · ·	
					ensure that the ho	me is kept neat and
	· · · · · · · · · · · · · · · · · · ·				orderly.	
	This Statute is no					
	Based on observation borne for persons				5. All cracked floor	tiles will be replaced
	(GHPID) maintain				by 11/7/12. HM w	ill ensure that any
	the facility in a sal				cracked tiles are re	eported in a timely
	sanitary manner,	except for the follo	gwing		manner for repairs	al a constant such a constant d'article
	observations, for the facility. (Resident					- 1,7 - 2
	www.rl. / icanicial					
Hantitt B-	vision & Licensing Adm	oietretion			Anter	
- F SAMESSIN S & TOP	an a	CAM	RAT.	100	LINC TITLE (]	2 17 - INS) DAT
LABORATO	RY DIRECTOR'S OR PROV	NOERSUPPLIER RE	ESEMATIVE S SIC	NATURE	+ BUS- 110	9,12 (XO) DAT
STATE FO	RM			3683	4G3H11	N continuation shee
	un na statut da a Herio					
uga (Chengag) Shara (Chengag)						HHE LEAST AND
						de la perse d'All Helenes Al la maine de la Calendaria
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TATEMENT OF	DEFICIENCIES	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		A BUILDIN	PLE CONSTRUCTION	(X3) DATE Sulface COMPLETE
		09G237				10/15/20
AME OF PROV	DER OR SUPPLIER		STREET AD	DRESS OLTY S	TATE, ZIP CODE	
VOLUNTEE	RS OF AMERICA			STREET, NV		
IX41 ID PREFIX TAG	EACH DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORM	t ULL	id Prefix TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCY	TION SHOULD BE
000 IN		ITS		. 67 1		
0 h(0 T R T In P C tr S C (0 (0)	ctoper 15, 2012 ome for persons GHP:D) was in c title 22, of the Dis egulations. The findings of the terviews with ac ersonnel records ontracted health he facility's polici rell as a walk thr nd exterior of the evealed that the ompliance with (Qualified mental QMRP) will be re	survey was conducte to ascertain whether with intellectual disat ompliance with Chapt strict of Columbia Mur e survey were based immistrative staff, revi s for all employees an care professionals, re es and procedures m ough inspection of the e GHPID. The survey facility was in substar Chapter 35 regulations retardation profession efferred to as qualified isional (QIDP) within t	the group bilities er 35 of hicipal on ew of the d anual, as e interior findings httal s hal inteliectual		appliances to en working order of 2012. 2. Cabinet door 11/7/12 3. A cleaning con to complete the of the grease an kitchen cabinet regular cleaning	e a routine check of a isure they are in good cours by November 1. will be replaced by mpany has been hirer cleaning and removan d debris from the by 11/7/12. Monitor g to avoid any build or hing scheduled will be
r n a	naintained in a s nd sanitary man	EEPING exterior of each GHMf afe: clean, orderly, att ner and be free of dirt, rubbish: and obje	ractive	1 990	4. The additiona removed on11/ HM will monito	y the 7th of November al clothing boxes with 7/12. At a minimum in the environment to bome is kept neat an
E h ti s o	lased on observ ome for persons GHPID) maintair he facility in a sa anitary manner, bservations, for	ct met as evidenced to ation and interview, th s with intellectual disa hed the interior and ex- ife clean, orderly, attr except for the follow r four of the four reside s #1, #2, #3 and #4)	e group bilities (terior of active, and		by 11/7/12. HN cracked tiles are	oor tiles will be repla 1 will ensure that any e reported in a timely airs or replacement

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TATEMENT	equiation & Licensin OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM	VCLIA IBER	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		09G237		B WING		10/15/2012
		030237	STREET ADD	RESS. CITY,	STATE, ZIP CODE	
			6520 1ST WASHING	STREET, N TON, DC 2	W 0012	
(X4) ID PREFIX TAG	EACH DEF.CIENC	ATEMENT OF DEFIC.ENC.ES Y MUST BE PRECEDED BY I LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE COMPL HE APPROPRIATE DAT
1 090	Continued From pa	age 1		1 090		
	The findings include:					
	Observation during	the inspection of the			6. The top dresser di	rawer in bedroom
	Observation during the inspection of the environment on October 15, 2012, beginning at				two has been replac	
	11:01 a.m., reveale	ed the following:			HM will monitor on	
					any issues and repor	
	 The food storage container located inside refrigerator was observed to be cracked and 				replacement.	
	partially broken.				7. The smell of urine	was found to be
	 The cabinet door located beside the kitchen refrigerator would not close completely. There was grease and debris observed underneath the kitchen cabinets. There was additional clothing, boxes, dressers, etc. stored inside the bedroom next to the staff's office. 				coming from the bec	
					clean the bedroom b	y 10/27/12.The
					staff has been traine	d to ensure that
					they clean all areas o	of the home on a
					daily basis to ensure	
					the home environme	nt. The bedding
					has been replaced 10	
	5. There were smathroughout the faci	all cracked floor tiles			8. The new couch is o	
					furniture for the living	
	broken in bedroom	r drawer was observed h #2.	d to be		purchased by 11/7/12	
	7. There was a str	s a strong urine smell in bed			9. New side rail pads	
	8. The couch loca	ted in the living room	was		by 11/2/12. HM will n	
	observed with several tears and rips. The sin chair was also observed with a rips in the cha				damage and report so	
	Gran was disu ODS	erved with a rips in the	e chair.		be replaced as necess	ary.
		ds located in the clien erved with rips which				
	the qualified intelle (QIDP) who were p	are facility (ICF) direc ctual disabilities profe present during the insp	ssional			
Ith Regul	ation & Licensing Admin	istration	6	8ýý ,	4G3H11	If continuation shee

If continuation sheet 2 of 4

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1 090 Cont conf I 206 3509 Eact annu certi perfo woul dutie This Base hom (GHI curre	SUMMARY ST EACH DEFICIENC REGULATORY OR tinued From p firmed the abo 9.6 PERSONI h employee, p ually thereafte fication that a ormed and the ld allow him o es.	ATEMENT OF DEFICIENC CY MUST BE PRECEDED E LSC IDENTIFYING INFOR age 2 ave aforementioned f NEL POLICIES which to employment a r, shall provide a phy health inventory has at the employee 's h r her to perform the	6520 1ST WASHIN MASHIN MATION findings. and ysician's s been health status required by:	I STREET, GTON, DC PREFIX TAG I 090	VOAC will ensure that working at the first st have a current physic dated within the requ	t all staff currently treet location will can's certification uired timeframe to	(XS) OMPLE DATE
VOLUNTEERS	SUMMARY ST EACH DEFICIENC REGULATORY OR tinued From p firmed the abo 9.6 PERSONI h employee, p ually thereafte fication that a ormed and the ld allow him o es.	ATEMENT OF DEFICIENC CY MUST BE PRECEDED E LSC IDENTIFYING INFOR age 2 ave aforementioned f NEL POLICIES which to employment a r, shall provide a phy health inventory has at the employee 's h r her to perform the	6520 1ST WASHIN MASHIN MATION findings. and ysician's s been health status required by:	I STREET, GTON, DC PREFIX TAG I 090	NW 20012 PROVIDER S PLAN C (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE VOAC will ensure that working at the first st have a current physic dated within the requ	t all staff currently treet location will can's certification uired timeframe to	OMPLE
PREFIX TAG R 1 090 Cont conf I 206 3509 Eact annu certi perfo woul dutie This Base hom (GHI curre	EACH DEFICIENC REGULATORY OR tinued From p firmed the abo 9.6 PERSONI h employee, p ually thereafte fication that a ormed and the ld allow him o es.	The precedence of the preceden	findings. and ysician's s been health status required	PREFIX TAG I 090 I 206	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE VOAC will ensure that working at the first st have a current physic dated within the requ	t all staff currently treet location will can's certification uired timeframe to	OMPLE
conf I 206 3509 Eact annu certi perfo woul dutie This Base hom (GHI curre	Firmed the above of the employee, pually thereafter fication that a ormed and the allow him of es.	ve aforementioned f NEL POLICIES infor to employment a r, shall provide a phy health inventory has at the employee 's h r her to perform the of met as evidenced	and ysician 's s been nealth status required by:	1 206	working at the first st have a current physic dated within the requ	treet location will can's certification uired timeframe to	
I 206 3509 Eact annu certii perfo woul dutie This Base hom (GHI	9.6 PERSONI h employee, p ually thereafte fication that a ormed and the ld allow him o es.	NEL POLICIES rior to employment a r, shall provide a phy health inventory has at the employee's h r her to perform the of met as evidenced	and ysician 's s been nealth status required by:		working at the first st have a current physic dated within the requ	treet location will can's certification uired timeframe to	
Eact annu certi perfo woul dutie This Base hom (GHI curre	h employee, p ually thereafte fication that a ormed and the ld allow him o es.	rior to employment a r, shall provide a phy health inventory has at the employee ' s h r her to perform the of met as evidenced	ysician ' s s been nealth status required by:		working at the first st have a current physic dated within the requ	treet location will can's certification uired timeframe to	
annu certi perfo woul dutie This Base hom (GHI curre	ually thereafte fication that a ormed and the Id allow him o es.	r, shall provide a phy health inventory has at the employee 's h r her to perform the of met as evidenced	ysician ' s s been nealth status required by:		working at the first st have a current physic dated within the requ	treet location will can's certification uired timeframe to	
Base hom (GHI curre							
	e for persons PID) failed to ent health cer	not met as evidenced by: ew and record review, the grou is with intellectual disabilities of ensure that all employees had ertificates on file, for one of oport staff (DSS). (DSS #3)			remain in compliance record review of all st For those staff withou certification they will removed from the scl	taff files will occur. ut current I immediately be	
The finding inc	finding includ	es:			obtained.		
revie inclu cons certif direc the re	ew of the persuding licensed sultants, reveation ficate had exp ctor of operation eview confirm	012, beginning at 2:4 onnel records for all professional health led (DSS #3's) comj origed on July 12, 201 ons (DOA) who assist ed that DSS #3's he irred on July 12, 201;	employees, plete health 2 The sted with ealth				
1227 3510).5(d) STAFF	TRAINING		1227			
Each	n training prog ed to, the follo	ram shall include, bu wing	ut not be				
(d) E cardi	mergency pro opulmonary r	ocedures including finesuscitation (OPR),	rst aid. the				

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Health R	legulation & Licensin	g Administration				······
	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULT A BUILDIN B WING		(X3) DATE SURVEY COMPLETED
		09G237				10/15/2012
NAME OF P	ROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY,	STATE, ZIP CODE	
VOLUNT	VOLUNTEERS OF AMERICA			STREET, N TON, DC 2		
(X4) ID PREFIX TAG	EACH DEFICIENCY	TEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE COMPLETE
227	Continued From pa	nge 3		227		
	Heimlich maneuver evacuation plans;	r, disaster plans and	fire			
	Based on interview home for persons w (GHPID) failed to h training in cardiopul	met as evidenced by and record review, ti vith intellectual disabl ave on file for review Imonary resuscitatior mployees. (Employe	he group ilities , current h (CPR)		DSS #3- will have all health cer	
	The finding include:	,		will be current and on file by 1		
	On October 15, 201	12, beginning at 2:41	p.m.,		The HM and HR department w	
	review of the personnel records revealed that direct support staff (DSS #3's) cardiopulmonary				complete regular audit of all pe	ersonnel
					file to ensure compliance with	the
	resuscitation (CPR) certification had ex September 20, 2012. The director of c (DOA) who assisted with the review co that DSS #3's health certificate had ex September 20, 2012.	erations		regulation.		
					All staff CPR will be completed	by
					11/7/12.	
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If continuation sheet 4 of 4

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDERSUPPLIE IDENTIFICATION NU		(X2) MULTIPL A. BUILDING B. WING			LETED
	09G237				10/	15/2012 ·
			DRESS. CITY, STA STREET, NW STON, DC 200			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
R 000 INITIAL COMMENT	ſS		R 000			
October 15, 2012, t home for persons w (GHPID) was in cor	survey was conducte o ascertain whether vith intellectual disab npliance with Chapte ict of Columbia Mun	the group ilities er 35 of				
interviews with adm personnel records f contracted health ca the facility's policies well as a walk throu and exterior of the (revealed that the fa	survey were based of inistrative staff, revie or all employees and are professionals, re and procedures ma igh inspection of the GHPID. The survey f cility was in substant apter 35 regulations	ew of the d view of inual, as interior indings ial	· · · · · · · · · · · · · · · · · · ·			•
(QMRP) will be refe	tardation profession rred to as qualified in onal (QIDP) within th	ntellectual				
			15			
Health Regulation & Licensing Adminis		TATIVES SIG	NATURE AND	no tan Title	nna	(X6) DATE :
STATE FORM			6899 AC	WI TUCE / Jully	r n ys	10.161