

Health Regulation & Licensing Administration

PRINTED: 11/20/2012
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G239	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/15/2012
NAME OF PROVIDER OR SUPPLIER VOLUNTEERS OF AMERICA		STREET ADDRESS, CITY, STATE, ZIP CODE 4515 EDSON PLACE, NE WASHINGTON, DC 20019		
(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 November 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		
1 090	<p>3504.1 HOUSEKEEPING</p> <p>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.</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 five of the five residents of the facility. (Residents #1, #2, #3, #4 and #5)</p>	1 090	<p>3504.1 VOAC completed the necessary repairs on the kitchen faucet on 11/17/12. VOAC has put an environmental check system in place and RC and QIDP will monitor all equipment and report any needed repair to the Quality Assurance Coordinator for resolution. Quality assurance Coordinator will at a minimum review all environmental issues quarterly beginning 11/26/12</p>	

Health Regulation & Licensing Administration

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

Compu Paul

TITLE *Director of Operations*

(X6) DATE 11.27.12

STATE FORM

5899

109L11

If continuation sheet 1 of 3

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G239	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/15/2012
NAME OF PROVIDER OR SUPPLIER VOLUNTEERS OF AMERICA		STREET ADDRESS, CITY, STATE, ZIP CODE 4515 EDSON PLACE, NE WASHINGTON, DC 20019		
(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
I 090	Continued From page 1 The finding includes: Observation during the inspection of the environment on November 15, 2012, beginning at 11:54 a.m., revealed the kitchen faucet was detached from the foundation. The entire faucet was observed to move each time the water was turned on. The GHPID director and the qualified intellectual disabilities professional (QIDP), who were present during the inspection, confirmed the above aforementioned finding. The QIDP stated that she would make maintenance aware of the problem immediately.	I 090		
I 206	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 and health care professionals had current health certificates on file, for 3 of 12 direct support staff (Staff #7, #8 and #10), 3 of 7 nurses (Nurse #1, #2 and #5) and 1 of 10 consultants. (Consultant #6) The findings include: On November 15, 2012, beginning at 9:08 a.m., review of the personnel records for all employees,	I 206	3509.6 VOAC has completed an audit of the files for this home and is in the process of having all the necessary credentials and documentation in place for each staff cited. In addition, VOAC will at a minimum perform quarterly record reviews to ensure all staff is current with all necessary credentials for their personnel files. VOAC has put a system in place to ensure all staff is current with necessary credentials for their personnel files and overall compliance. VOAC will be implementing an electronic system for maintaining and reporting on personnel and training records beginning in December 2012. All staff will be current for this home by 11/30/12.	

Health Regulation & Licensing Administration
STATE FORM

Conne P. P. P.

5899

109L11

If continuation sheet 2 of 3

Director of 2D operations

11-27-12

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G239	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/15/2012
NAME OF PROVIDER OR SUPPLIER VOLUNTEERS OF AMERICA		STREET ADDRESS, CITY, STATE, ZIP CODE 4515 EDSON PLACE, NE WASHINGTON, DC 20019		
(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
I 206	Continued From page 2 including licensed professional health consultants, revealed the following: 1. Records for Staff #7, #8 and #10 revealed there was no documented evidence of current physician's health inventory/certificate. 2. There was no evidence of a complete physician's health inventory/certificate for Nurse #5. She did, however, have documentation of a current chest x-ray. There was no documented evidence of a current health inventory/certificates for Nurse #1 and #2. 3. There was no evidence of a current physician's health inventory/certificate on file for the pharmacist (Consultant #6). At approximately 12:30 p.m., the qualified intellectual disabilities professional (QIDP), who had facilitated the review, acknowledged the aforementioned findings. No additional information was made available for review before the survey ended later that day a approximately 1:30 p.m.	I 206		

Ann Price

Director of ID Operations 11.27.12