PRINTED: 10/18/2013
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	09G237		10/04/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLUNTEERS OF AMERICA	8520 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) COMPLETION DATE
W 000	INITIAL COMMENTS	W 000		

A recertification survey was conducted from October 2, 2013 through October 4, 2013. A sample of two clients was selected from a population of four females with varying degrees of intellectual disabilities. This survey was initiated utilizing the full survey process.

The findings of the survey were based on observations in the home and two day programs, interviews with two clients, direct support staff, nursing and administrative staff, as well as a review of client and administrative records, including incident reports.

A determination was made on October 4, 2013, that the facility failed to ensure compliance with the federal condition of participation of client protections. The state agency informed the facility's director of the determination on October 4, 2013, at 2:15 p.m.

Note: The below are abbreviations that may appear throughout the body of this report

Behavior Support Plan - BSP
Department of Health - DOH
Direct Support Professional - DSP
Group Home for Individuals with Intellectual Disabilities - GHIID
Health Regulation and Licensing Administration - HRLA
Incident Management Coordinator - IMC
Individual Support Plan - ISP
Intermediate Care Facility - ICF
Licensed Practical Nurse - LPN
Qualified Intellectual Disabilities Professional - QIDP

Carmen Rice, State Director 10.23.13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

John F. Greene, Quality Assurance Coordinator 10/23/2013

y deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that ner safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued rem participation.

PRINTED: 10/18/2013
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	09G237		10/04/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLUNTEERS OF AMERICA	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) COMPLETION DATE
W 000	Continued From page 1 Residential Coordinator - RC	W 000	**W104**	
W 104	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the governing body failed to ensure effective operating direction over the facility in order to maintain clients' health and safety, for two of four clients residing in the facility. (Clients #1 and #3) The findings include: 1. Cross-refer to W154. The governing body failed to ensure that the facility implemented its policy for investigating allegations of abuse, as follows: A. Review of incident reports and investigations on October 2, 2013, beginning at 10:57 a.m., revealed that on September 26, 2013, Staff #1 informed the residential coordinator (RC #1) of an allegation that Staff #2 "hits her and calls her monkey." Later that day (October 2, 2013), at approximately 5:45 p.m., the interim program director (IPD #1) presented an investigation report, dated October 2, 2013. Based on surveyor's inquiries as to the thoroughness of the investigation, the governing body agreed that the investigation was not complete and reopened the case. B. The governing body was informed on the	W 104	VOAC appointed a new investigator to this incident to include the allegations made to the HRLA surveyors. The investigation was completed and recommendations made to the VOAC administrator. The issue concerning this deficiency was reviewed by the Incident Manager, State Director and Program Director. Thus comprehensive actions are in place to prevent it reoccurring such as: a) Retraining of 1st Street staff on reviewing the current process of incident reporting b) Review of current policy in place by Program Directors, Incident Management Coordinator and Quality Improvement staff d) VOAC has since trained staff on the BSP for the individual to ensure that the behavior of making false allegations is clearly defined and the steps to get the facts are followed as written in the BSP. e)VOAC will not allow any staff to return to work until the investigation process is completed and DDS clear the staff to return to individual contact. By 10/30/13	

Correction 10.23.13

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/18/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	09G237		10/04/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLUNTEERS OF AMERICA	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) COMPLETION DATE
W 104	Continued From page 2 evening of October 2, 2013, that Client #1 accused Staff #2 of getting frustrated at times, shaking her and calling her a monkey while the client was being interviewed by HRLA surveyors on October 2, 2013, at 3:49 p.m. Telephone interviews with an (internal) incident investigator (QIDP #2) and the IPD on October 4, 2013, at 11:40 a.m. and 12:05 p.m., respectively, revealed that facility and its administrators were unclear as to whether they should investigate allegations of abuse. Six business days after Client #1's allegations were first reported, the facility had not reopened the investigation. In addition, they stated that the allegation of abuse that Client #1 made to the survey team on October 2, 2013 was not under investigation. Review of the facility's incident management policy on October 3, 2013, at 8:30 a.m., revealed that a "complete, detailed, thorough investigation report" would follow allegations of abuse. II. Cross-refer to W155. The governing body failed to ensure that the facility implemented its policies protecting clients from further potential abuse while investigations are in progress, as follows: A. On October 2, 2013, while examining the aforementioned incident report dated September 26, 2013, at 12:00 p.m., interview with RC #1 revealed that the accused staff (Staff #2) was initially taken off the schedule, however, she had returned to work on the next evening (September 27, 2013). This was confirmed on October 2, 2013, at approximately 12:30 p.m., through interview with the IPD. He said he instructed the RC to put Staff #2 back on the schedule, even	W 104		

Connie Price 10-23-13

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/18/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	09G237		10/04/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLUNTEERS OF AMERICA	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) COMPLETION DATE
W 104	Continued From page 3 though Client #1 had not yet been interviewed and an investigation was underway. B. Another incident report, dated January 16, 2013, documented that a direct support staff (Staff #5) was accused of yelling at Client #3 while assisting the client with bathing. Even though the survey team was initially told Staff #5 had been placed on leave immediately, review of Staff #5's payroll summary records on October 4, 2013, at approximately 3:45 p.m., revealed that she clocked in at 2:45 p.m. on January 17, 2013, and spent an hour and fifteen minutes in the facility before clocking out at 4:00 p.m. Review of the facility's incident management policy on October 3, 3, 2013, at 8:30 a.m., revealed that employees who are alleged to have committed any form of abuse or neglect will be immediately placed on administrative leave "pending investigatory outcomes."	W 104		
W 122	483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. This CONDITION is not met as evidenced by: Based on interview and record review, the facility failed to provide clients opportunities to participate in preferred community outings [W136]; failed to ensure that clients' funds entrusted to the facility for management were spent appropriately [W140]; failed to promote visits of family members [W145]; failed to implement policies and procedures to ensure clients' health and safety [See W149]; failed to	W 122	**W122** VOAC already has an established program and system for preferred community outings of the individual concerned and for any other individuals who have a preference of community outing.(w136) VOAC has already reimbursed the individuals who paid for services. This was an error which VOAC has Quality Assurance functions and financial reviews by our	

Connie Price 10.23.13

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/18/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	09G237		10/04/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLUNTEERS OF AMERICA	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) COMPLETION DATE
W 122	Continued From page 4 report all allegations of abuse, neglect or mistreatment immediately to the Department of Health [W153]; failed to ensure thorough investigation into all allegations of abuse [W154]; failed to ensure protection from further potential abuse while an investigation was in progress [W155]; and failed to report the results of all investigations of alleged abuse to the administrator or designated representative within five working days [W156]. The effects of these systemic practices resulted in the failure of the facility to protect its clients and ensure their health and safety.	W 122	administrative offices to ensure this does not occur with any other service recipients. Quality Assurance function occur a minimum of quarterly, and there are monthly meeting with the Residential Coordinators on expenditures. (w140). By October 30,2013	
W 136	483.420(a)(11) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the opportunity to participate in social, religious, and community group activities. This STANDARD is not met as evidenced by: Based on client and staff interviews and record verification, the facility failed to provide clients opportunities to participate in preferred community outings, for one of two clients in the sample. (Client #2) The finding includes: Interview with Client #2 on October 3, 2013, beginning at 5:42 p.m., revealed that she enjoyed "going shopping...groceries," however, staff did the grocery shopping. The client also enjoyed getting books from the library "because they don't cost money." When asked if she received any	W 136	CD's phone line was reconnected on October 11, 2013. VOAC has ensured the individual's phone line is in place and is working. The Individual is making calls using her dedicated phone line. VOAC will ensure that through its QA process, all approved programs are in place and are working for the individuals. (W145). VOAC has reprimanded the staff responsible for the deficient practice and have since trained staff on the policy for reporting and investigating incidents. (W155, W156) By 10/15/13 **W136** VOAC has an established program and system for preferred community outings of the individual concerned, and for any other individuals who have a preference of community	

Comment Due 10.23.13

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/18/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING / B. WING	(X3) DATE SURVEY COMPLETED
	09G237		10/04/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLUNTEERS OF AMERICA	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) COMPLETION DATE
W 136	Continued From page 5 special therapy services, Client #2 replied "I wish I could. I'd go swimming." She asked if there were "pools for handicapped, like an inside pool," and she replied "no" when asked if she had ever been to a swimming pool. [Note: The client used a wheelchair for mobility and was dependent on staff assistance for accessing community resources.] On October 4, 2013, beginning at 10:32 a.m., interview with the residential coordinator (RC #1) revealed that she routinely did the grocery shopping alone and did not bring clients with her. When asked about community outings to libraries, the RC indicated Client #2 had not been to a library "in a while" but thought perhaps she went with day program staff. She did not recall the client ever going to swimming pools. Review of Client #2's monthly Community Participation Summary charts on October 4, 2013, at 10:57 a.m., revealed no documented outings to grocery stores, libraries or swimming pools. Client #2's day program records did not reflect any library outings. It should be noted that there were fewer than four documented outings during each of the following months: January, February, April and September 2013. There was no evidence that the facility provided Client #2 with opportunities to participate in grocery shopping, visit community libraries or explore accessible community swimming pools.	W 136	outing. The assigned QIDP will continue to monitor individuals' preferences to ensure all programs are implemented. The assigned QIDP and Residential Coordinator will explore opportunities for the request the individual made to the surveyors, such as swimming. Evidence of exploring opportunities will be reflected progress notes. Furthermore, the QIDP and Residential Coordinator will also ensure that the individuals' community outings reflect activities of their choice. The assigned Residential Coordinator will ensure community outings will be organized at least once per week and will take into considerations the individuals' choices. The assigned QIDP will also ensure Day programs allow the individuals to participate in activities of choice. VOAC QAC will make day program visits periodically to ensure this is done. By October 30, 2013	
W 140	483.420(b)(1)(i) CLIENT FINANCES The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on	W 140		

Comm Rec 10.23.13

PRINTED: 10/18/2013
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	09G237		10/04/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLUNTEERS OF AMERICA	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) COMPLETION DATE
W 140	Continued From page 6 behalf of clients. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that clients' funds entrusted to the facility for management were spent appropriately, for two of four clients residing in the facility. (Clients #1 and #3) The finding includes: Review of Client # 1's financial records on October 4, 2013, beginning at approximately 4:45 p.m., revealed that the client had paid $64.60 for a hospital bill with a check dated February 1, 2013. Similarly, review of Client #3's financial records on October 4, 2013, at approximately 5:00 p.m., revealed that a check dated February 1, 2013, for $31.29 paid towards a hospital bill. When asked about the hospital payments on October 4, 2013, at approximately 5:15 p.m., the facility's director of intellectual disability operations stated that the clients should not have paid for medical bills. Further interview revealed that the residential coordinator (RC) #1 had paid the hospital bills without knowing that the clients were not required to pay medical bills. She further indicated that this had not been discussed during orientation training. The director of intellectual disability operations then stated that the clients would be reimbursed.	W 140	**W140** The Administrative Assistant has coordinated reimbursement to the individuals who paid for services. This was an error which State Director has tasked the Administrative Assistant and Residential Coordinators to review all individuals to ensure this does not occur with any other service recipient. VOAC will again in-service RC to ensure they understand what individuals' funds can be used for. By 10/30/13	
W 145	483.420(c)(3) COMMUNICATION WITH CLIENTS, PARENTS & The facility must promote visits by individuals with a relationship to the client (such as family, close	W 145		

Cont Rec 10.23.13

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/18/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	09G237		10/04/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLUNTEERS OF AMERICA	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) COMPLETION DATE
W 145	Continued From page 7 friends, legal guardians and advocates) at any reasonable hour, without prior notice, consistent with the right of that client's and other clients' privacy, unless the interdisciplinary team determines that the visit would not be appropriate. This STANDARD is not met as evidenced by: Based on interviews and record verification, the facility failed to promote visits of family members, for one of two clients in the sample. (Client #2) The finding includes: Interview with Client #2 on October 8, 2013, beginning at 5:42 p.m., revealed that she had several family members who live in the Washington D.C. area. When asked if they visit, she indicated that one of her sisters sometimes came to visit. When asked about telephone contact with family, the client stated that her telephone no longer worked. On October 4, 2013, at approximately 10:50 a.m., the residential coordinator (RC #1) was asked about Client #2's family. The RC confirmed there were siblings living in the area. The client went to visit one sister for Easter this year and went to a birthday party for another sister. She further stated that all contacts with family were documented in the client's program book. On October 4, 2013, at 3:38 p.m., review of Client #2's family contact records revealed there were four contacts with the family documented during the 9-month period of January 1, 2013 - October 3, 2013, as follows: March 31, 2013 - went to sister's house for	W 145	**W145** On October 11, 2013 the Residential Coordinator along with the IT Dept., has ensured the individual's phone line is in place and is working. The Individual is making calls using her dedicated phone line. The assigned QIDP will ensure that through its QA process, all approved programs are in place and are working for the individuals. The assigned QIDP will further ensure through its internal QA process that family visits and family contact on a whole are encouraged and takes place. The QIDP will monitor the records to ensure those visits are documented as they occur. The Residential Coordinator has ensured the telephone line is back in operation and the individual started to use her phone. The assigned QIDP will review ISP to ensure programs approved by the IDT are implemented. By 10/30/13	

Christine 10-28-13

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/18/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	09G237		10/04/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLUNTEERS OF AMERICA	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) COMPLETION DATE
W 145	Continued From page 8 Easter; May 4, 2013 - attended sister's birthday party at a restaurant; July 23, 2013 - telephone call; and, August 4, 2013 - sister came to visit. There were no documented contacts with Client #2's family in January, February, April, June or September 2013. According to Client #2's social work assessment, dated December 3, 2012, Client #2 had "a separate telephone line to maintain contact with (family) but... requires prompting and encouragement to maintain contact with her siblings." The social worker recommended that the facility "...encourage and support family involvement and coordinate a visitation schedule with <client's name> family so that she will be able to see her family more often." Client #2's Psychological Evaluation, dated November 17, 2012, also recommended to "encourage as much family involvement as possible." Follow-up interview with the RC on October 4, 2013, at 3:40 p.m., confirmed that Client #2's phone located in her bedroom had been inoperable "for a few months." At the time of the survey, there was no evidence that the facility had coordinated a visitation schedule with Client #2's family or facilitated frequent communications with her family, as recommended by the interdisciplinary team.	W 145		
W 148	483.420(c)(6) COMMUNICATION WITH CLIENTS, PARENTS & The facility must notify promptly the client's parents or guardian of any significant incidents, or	W 148		

Comp Rec 10-22-13

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/18/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	09G237		10/04/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLUNTEERS OF AMERICA	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) COMPLETION DATE
W 148	Continued From page 9 changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to notify guardians of all significant incidents, for one of four clients residing in the facility. (Client #1) The finding includes: [Cross-refer to W155] Review of incident reports and investigations on October 2, 2013, beginning at 10:57 a.m., revealed an incident dated September 26, 2013. According to the incident report, Staff #1 informed the residential coordinator (RC) #1 that on September 24, 2013, she overheard Client #1 tell a nurse (LPN #1) that Staff #2 "hits her and calls her monkey." Continued review of the incident report showed no evidence that the client's sister had been notified of the allegations. On October 2, 2013, at 5:40 p.m., interview with the residential coordinator (RC) #1 confirmed that Client #1's sister was not notified of the aforementioned incident. In an attempt to interview family members, the surveyor telephoned Client #1's sister on October 4, 2013, at approximately 12:00 p.m. The sister, however, did not return the message before the survey ended.	W 148	148 VOAC has identified the contributing factors to this, which basically stems from lack of communication, and staff still following practices and protocols set forth by the previous provider or simply not following VOAC policy. VOAC will continue to adhere to the DDS policy on Incident report and investigations. VOAC will ensure thorough investigations are conducted and individuals' family members are notified according to the policy. In terms of further system improvement, the information will be reviewed at the Incident Review Committee and Quality Assurance staff for compliance with all guidelines. Any discovered deficient practices will be addressed accordingly to include in-service trainings, discipline and/or review of policy and procedures. By 10/30/13	
W 149	483.420(d)(1) STAFF TREATMENT OF CLIENTS	W 149		

10.23.13

PRINTED: 10/18/2013
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	09G237		10/04/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLUNTEERS OF AMERICA	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) COMPLETION DATE
W 149	Continued From page 10 The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to implement its policies and procedures to ensure the clients' health and safety, for two of four clients residing in the facility. (Clients #1 and #3) The findings include: I. Cross-refer to W153. The facility failed to implement its established policy for reporting allegations of abuse, as follows: A. On October 2, 2013, beginning at 10:57 a.m., review of an incident report dated September 26, 2013, revealed that Staff #1 informed the residential coordinator (RC) #1 that on September 24, 2013, she overheard Client #1 tell a nurse (LPN #1) that Staff #2 "hits her and calls her monkey." Neither Staff #1 nor LPN #1 reported the allegations timely. In addition, the incident was not reported to HRLA. B. On October 4, 2013, at approximately 9:00 a.m., review of Client #1's behavior data revealed that on April 20, 2013, staff wrote that the client "called her mother and lied that she was not fed." There was no evidence that her allegation of mistreatment (food withheld) was reported to the facility's administrator or to HRLA. C. On October 2, 2013, at 11:26 a.m., review of an incident report dated January 16, 2013, revealed that a direct support staff (Staff #4)	W 149	**W149** The assigned Incident Manager will ensure that all allegations of abuse or neglect are reported and investigated according to the DOH regulations and DDS policy. VOAC has already conducted retraining of staff on timeliness of reporting an incident. The Interim Director and Assigned QIDP further conducted BSP training to address the confusion as to what should be done in the event of suspicion that the individual is exhibiting the behavior of "making false allegations." By 10/22/13 VOAC will ensure that after the process outlined in the BSP is followed and the individual continue to assert that the allegation is true, then VOAC will report the incident within the time required by the policy to all required agencies. By 10/25/13	

Connie Pree 10.23.13

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/18/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	09G237		10/04/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLUNTEERS OF AMERICA	0520 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) COMPLETION DATE
W 149	Continued From page 11 accused another staff (Staff #5) of yelling at Client #3. HRLA received telephonic notification two days after the allegation was made. Review of the facility's incident management policy on October 3, 2013, at 8:30 a.m., revealed "each staff member who was present during the alleged abuse or neglect shall immediately prepare an incident report describing what he/she saw or heard... employee failure to report and/or document reportable incidents is subject to corrective action, up to and including termination." II. Cross-refer to W154. The facility failed to implement its established policy for investigating allegations of abuse, as follows: A. On October 2, 2013, beginning at 10:57 a.m., review of an incident report dated September 26, 2013, revealed that Staff #1 informed RC #1 that on September 24, 2013, she overheard Client #1 tell a nurse (LPN #1) that Staff #2 "hits her and calls her monkey." Also on October 2, 2013, at approximately 5:45 p.m., the IPD presented an investigation report, dated October 2, 2013. Based on surveyors' inquiries as to the thoroughness of the investigation, the IPD agreed that the investigation was not complete and reopened the case. B. The IPD was informed on October 2, 2013, that Client #1 accused Staff #2 of getting frustrated at times, shaking her and calling her a monkey while the client was being interviewed by HRLA surveyors earlier that day. As of October 4, 2013, the investigation into her September 26, 2013 allegations continued and the allegations the client made on October 2, 2013 were not being investigated.	W 149	The investigator was assigned to research all allegations made by the individual to the HRLA surveyors. VOAC asked the investigator to look at all allegation of verbal abuse to include those which were previously cited in the incident of September 26, 2013. VOAC will continue to monitor the practices to ensure compliance to regulations and policies, as evidenced by documentation of such in policy review meetings, internal leadership meetings, and quality assurance activities. The assigned QIDP and Incident Manager will report and investigate all allegations, unless evidence of a behavior of making false allegation is documented after the staff would have followed the BSP outlined process. VOAC will ensure this process is strictly followed, as evidenced by the mandatory review of documentation performed by the QIDP and QAC. By 10/30/13	

Connie Pree 10.23.13

PRINTED: 10/18/2013
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	09G237		10/04/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLUNTEERS OF AMERICA	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) COMPLETION DATE
W 149	Continued From page 12 Review of the facility's incident management policy on October 3, 8, 2013, at 8:30 a.m., revealed that a "complete, detailed, thorough investigative report" would follow allegations of abuse. III. Cross-refer to W165. The facility failed to implement its established policy for protecting clients while investigating allegations of abuse, as follows: A. On October 2, 2013, at 12:00 p.m., interview with RC #1 revealed that Staff #2 was initially taken off the schedule, on September 26, 2013 after Client #1 's allegations of abuse were made known. Staff #2, however, reported for work on the next evening (September 27, 2013), while the investigation was still in progress. Interview with the IPD on October 2, 2013, at approximately 12:30 p.m., confirmed that Staff #2 was brought back on September 27, 2013. B. On October 2, 2013, at 11:26 a.m., review of an incident report dated January 16, 2013, revealed that a direct support staff (Staff #5) had been accused of yelling at Client #3 while assisting the client with bathing. On October 4, 2013, at approximately 3:45 p.m., review of Staff #5's payroll summary records revealed that on January 17, 2013, the staff worked an hour and fifteen minutes in the facility. Review of the facility's incident management policy on October 3, 8, 2013, at 8:30 a.m., revealed that employees who are alleged to have committed any form of abuse or neglect will be immediately placed on administrative leave "pending investigatory outcomes."	W 149		

Comm Rec 10.23.13

PRINTED: 10/18/2013
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	09G237		10/04/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLUNTEERS OF AMERICA	8520 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) COMPLETION DATE
W 153	483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. This STANDARD is not met as evidenced by: Based on interview and review record, the facility failed to ensure that all allegations of abuse were reported immediately to the administrator and the Department of Health, Health Regulation and Licensing Administration (HRLA), for two of four clients residing in the facility. (Clients #1 and #3) The findings include: I. On October 2, 2013, beginning at 10:57 a.m., review of an incident report dated September 26, 2013, revealed that Staff #1 had informed the residential coordinator (RC) #1 that on September 24, 2013, she overheard Client #1 tell a nurse (LPN #1) that Staff #2 "hits her and calls her monkey." On October 2, 2013, at 4:48 p.m., interview with the residential coordinator (RC) #1 revealed that the incident had not been reported to HRLA. II. On October 4, 2013, at approximately 9:00 a.m., review of Client #1's behavior data revealed that on April 20, 2013, staff wrote that the client "called her mother and lied that she was not fed." There was no evidence that her allegation of mistreatment (food withheld) was reported to the facility's administrator or to HRLA.	W 153	W153 See W149	

Connie Rice 10.23.13

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/18/2013
FORM APPROVED
OMB NO. 0938-0391

(X1) STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	09G237		10/04/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLUNTEERS OF AMERICA	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) COMPLETION DATE
W 153	Continued From page 14 On October 4, 2013, interview with RC #1 at 4:30 p.m. confirmed that the "behavior" had not been reported as an incident and to her knowledge it had not been further investigated. It should be noted that on October 2, 2013, at 12:45 p.m., review of Client #1's BSP, dated July 1, 2013, had revealed that it addressed a targeted behavior of making false allegations. According to the BSP, the client should be interviewed immediately and if she insists that the allegation is true and her answers to a list of query questions suggest that the allegation might be true, then an investigation is required and referrals should be made. There was no documented evidence, however, that Client #1 was interviewed on the day she made the allegation that staff had not fed her. III. On October 2, 2013, at 11:26 a.m., review of an incident report dated January 16, 2013, revealed that a direct support staff (Staff #4) accused another staff (Staff #5) of yelling at Client #3 while Staff #5 was assisting the client with bathing. The allegation was reported to HRLA two days later, via telephone voice mail, on January 18, 2013, at 4:50 p.m. At the time of the survey, the facility failed to ensure that all allegations of abuse or mistreatment were reported immediately to the administrator and HRLA.	W 153		
W 154	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.	W 154		

Comm Rec 10 23. 13

PRINTED: 10/18/2013
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING / B. WING	(X3) DATE SURVEY COMPLETED
	09G237		10/04/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLUNTEERS OF AMERICA	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) COMPLETION DATE
W 154	Continued From page 15 This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to thoroughly investigate all allegations of abuse (verbal) or mistreatment, for one of four clients residing in the facility. (Client #1) The findings include: 1. Review of the incident reports and investigations on October 2, 2013, beginning at 10:57 a.m., revealed that on September 26, 2013, Staff #1 informed the residential coordinator (RC #1) that she overheard Client #1 telling a nurse (LPN #1) in the facility (on September 24, 2013) that Staff #2 "hits her and calls her monkey." Later that day (October 2, 2013), at approximately 5:45 p.m., the interim program director (IPD #1) presented an investigation report, dated October 2, 2013, for the aforementioned incident. A. Review of the investigation report revealed that it failed to address the allegation of verbal abuse. On October 3, 2013, beginning at 2:21 p.m., interview with incident manager coordinator (IMC #1) revealed that she did not address whether or not Staff #2 had called Client #1 a monkey. She had been investigating another incident from the same date involving the client sustaining a swollen lip after bumping it on a Hoyer lift. IMC #1 explained that when she began reviewing the next incident report, the one that referred to "monkey," she "stopped reading when I saw the word 'hit' and I knew I would have to investigate for abuse." She then indicated that she was not aware of the name calling allegation until the HRLA survey team was asking about it on	W 154	**W154** VOAC assigned a different investigator to look at the allegations of verbal abuse to include the allegations made during the September 26th 2013 incident and the allegations made to HRLA surveyors. VOAC received the investigations findings with recommendations. VOAC counseled the IMC on ensuring comprehensiveness of investigation to include all allegations. VOAC will ensure through its internal QA process that all allegations are investigated in compliance with DOH regulations and DDS policies. VOAC will ensure that BSPs are followed and staff training and monitoring of the data collection using the internal QA process.	

Comp Rec 10.23.13

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/18/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	09G237		10/04/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLUNTEERS OF AMERICA	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) COMPLETION DATE
W 154	Continued From page 16 October 2, 2013. When queried further, she again stated that she had not read through the entire incident report and, therefore had not asked about "monkey." B. Continued review of the investigation report revealed no evidence that Staff #3, who worked the same shift as Staff #2 (overnight), had been interviewed. When asked during the October 3, 2013 interview if she had interviewed Staff #3, IMC #1 confirmed that she had not done so, adding that she did not know if Staff #3 was still on leave. On October 3, 2013, at 12:52 p.m., review of Staff #3's payroll summary records revealed that she had worked from 12:00 a.m. - 8:00 a.m. on September 24, 25, 26, and 27, 2013 (and on 12 other nights earlier that month). II. On October 4, 2013, at approximately 9:00 a.m., review of Client #1's behavior data revealed that on April 20, 2013, staff wrote that the client "called her mother and lied that she was not fed." There was no evidence that her allegation of mistreatment (food withheld) had been investigated. On October 4, 2013, interview with RC #1 at 4:30 p.m. confirmed that to her knowledge, the "behavior" had not been further investigated. It should be noted that on October 2, 2013, at 12:45 p.m., review of Client #1's BSP, dated July 1, 2013, had revealed that it addressed a targeted behavior of making false allegations. According to the BSP, the staff was required to interview the client immediately and if the client insists that the allegation was true and the client's	W 154	VOAC will further ensure through investigation of allegations to include interview of the individual making the allegation by following the BSP and the incident investigation policy. By 10/15/13	

Comm Rec 10.22.13

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/18/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G237	A. BUILDING _____ B. WING _____	10/04/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLUNTEERS OF AMERICA	6520 18T 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) COMPLETION DATE
W 154	Continued From page 17 answers to a list of query questions suggest that the allegation might be true, then an investigation and referrals were required. There was no documented evidence, however, that Client #1 was interviewed on the day she made the allegation that staff had not fed her. The facility failed to show evidence that Client #1's allegations of physical abuse, verbal abuse or mistreatment were thoroughly investigated.	W 154		
W 155	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must prevent further potential abuse while the investigation is in progress. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that all clients were protected from further potential abuse while investigations were in progress, for one of four clients residing in the facility. (Client #1) The finding includes: Review of incident reports and investigations on October 2, 2013, beginning at 10:57 a.m., revealed an incident dated September 26, 2013. According to the incident report, Staff #1 informed the residential coordinator (RC) #1 that on September 24, 2013, she overheard Client #1 tell a nurse (LPN #1) that Staff #2 "hits her and calls her monkey." On October 2, 2013, at 12:00 p.m., interview with RC #1 revealed that Staff #2 was initially taken off the schedule, on September 26, 2013. The	W 156	W155 See w154 See w 149	

Connie Price 10.23.13

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/18/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	09G237		10/04/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLUNTEERS OF AMERICA	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) COMPLETION DATE
W 155	Continued From page 18 incident management coordinator (IMC) #1, however, informed her to place Staff #2 back on the schedule. Staff #2 then reported for work on the next evening (September 27, 2013), while the investigation was still in progress. Interview with the interim program director (IPD) #1 on October 2, 2013, at approximately 12:30 p.m., revealed that the investigation report for the aforementioned incident had not been completed. The IPD confirmed that Staff #2 had been placed on leave for one day. He further clarified that Staff #2 was brought back on September 27, 2013, because Client #1 had a target behavior of making false allegations. On October 2, 2013, at 12:45 p.m., review of Client #1's BSP, dated July 1, 2013, confirmed that it addressed her making false allegations, including allegations of abuse or mistreatment. According to the BSP, the staff was required to interview the client immediately and if the client insists that the allegation was true and the client's answers to a list of query questions suggest that the allegation might be true, then an investigation and referrals were required. There was no evidence, however, that Client #1 was interviewed on the day she made the allegations to assess the validity of her accusations. On October 2, 2013, at approximately 3:00 p.m., review of written interview statements revealed that the first interviews conducted with Client #1 and Staff #2 were dated September 30, 2013. On October 2, 2013, at 6:20 p.m., the IPD informed the survey team that Staff #2 "is placed on leave immediately pending the outcome of further investigation..." On October 3, 2013, at 12:50 p.m., review of Staff #2's payroll summary	W 155		

Come Pre 10.23.13

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/18/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	09G237		10/04/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLUNTEERS OF AMERICA	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) COMPLETION DATE
W 155	Continued From page 19 records confirmed that she had worked in the facility while the investigation was ongoing (on September 27, 2013, September 30, 2013 and October 1, 2013, the 10:00 p.m. - 6:00 a.m. shift). It should be noted that during an interview on October 2, 2013, at 3:49 p.m., Client #1 informed the survey team that Staff #2 gets frustrated and shakes her, then tells her to tell her mother. She also described Staff #2 as "mean and aggressive... evil." When asked if anyone had verbally abused her, Client #1 stated that Staff #2 called "me a monkey." At the time of the survey, there was no evidence that the facility implemented its policy to prevent further potential abuse of its clients, while investigations were being conducted.	W 155		
W 156	483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to report the results of investigations into allegations of abuse or neglect to the administrator or designated representative within five working days of the incident, for one of four clients residing in the facility. (Client #3) The finding includes: Review of incident reports and investigations on	W 156	**W156** VOAC assigned a different investigator to look at the allegations of verbal abuse to include the	

Connie Price 10.23.13