

Health Regulation 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>04/01/2011</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 March 31, 2011 through April 1, 2011 to determine compliance with the Assisted Living Law " DC Code § 44-101.01 " The following deficiencies were based on record reviews and interviews. The sample sizes were three (3) resident records, and three (3) employee records. The facility was found to be in substantial compliance at the time of this inspection.	R 000	Received 4/19/11 Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 800 North Capitol St., N.E. Washington, D.C. 20002	
R 473	Sec. 604a3 Individualized Service Plans  (3) The ISP shall be written by a healthcare practitioner using information from the assessment. Based on record review and interview, the Assisted Living Residence (ALR) failed to have the resident's Individualized Service Plan (ISP) written by a healthcare practitioner for one (1) of three (3) resident's in the sample. (Resident #1)  The finding includes:  On March 31, 2011, at approximately 3:05 p.m., a record review of Resident #1's record revealed an ISP dated December 4, 2010. Review of the ISP revealed no evidence that the ISP had been written by a healthcare practitioner.  A face to face interview with the Administrator/CEO on March 31, 2011, at approximately 3:07 p.m. revealed she had a Health Care Practitioner that made home visits. According to the Administrator/CEO, she had flagged the document so that when the Health Care Practitioner made her next visit she would sign the ISP.  At the time of the survey, the ALR failed to ensure	R 473	ALL RESIDENTS ISPS SHALL BE DEVELOPED AND WRITTEN BY THE DELEGATED RN DURING THE PRE-ADMISSION, ADMISSION, 30 DAYS POST ADMISSION, 6 MONTHS AND PRN FOLLOWING A CHANGE IN HEALTH / SOCIAL CONDITIONS.  ALL ISPS SHALL BE AGREED UPON BY THE RESIDENT AND OR GUARDIAN, ALR AND SIGNED AND DATED BY BOTH PARTIES. THE COMPLETED ISPS SHALL BE SUBMITTED TO THE HEALTH PRACTITIONER FOR SIGNATURE	4/4/2011 AND DSCG/06

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Gloria Richardson* TITLE *RA/ADMN* (X6) DATE *04/11/2011*

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R 473	Continued From page 1 Resident #1's ISP was written by a Health Care Practitioner.	R 473	THE DELEGATED RN SHALL ENSURE THAT THE ISP IS SIGNED WITHIN THE TIME FRAME	4/4/2011 AND 04/01/2011
R 782	Sec. 901.1 Responsibilities Of The ALR Personnel  (1) Is capable of self-administering his or her own medications; Based on interview and record review, the Assisted Living Resident (ALR) failed to perform an initial assessment to identify that three (3) of the three (3) residents included in the sample was capable of self-administering medications. (Resident's #1, #2, and #3).  The findings include:  Interview with the Administrator/CEO on April 1, 2011 at approximately 3:58 p.m., was conducted to ascertain information regarding if the residents had been assessed to self-administer medication. Further interview with the Administrator/CEO revealed she had not completed self medication assessments, but did have a tool to assess the residents.  At the time of the survey, there was no documented evidence that the ALR performed an initial self-administering medication assessment for Resident's #1, #2, and #3.	R 782	DELEGATED RN SHALL QA ALL CHARTS EVERY 2 WEEKS AND MONTHLY FOR ANY MISSING AND OR INCOMPLETE DOCUMENTS SEE ATTACHMENT #1  ALL RESIDENTS HAVE BEEN REASSESSED USING THE SELF MEDICATION ASSESSMENT TOOL (FORM) AND HAS BEEN PLACED IN THEIR RESPECTIVE CHARTS. ALL NEW RESIDENTS SHALL BE ASSESSED DURING ADMISSION FOR MEDICATION SELF ASSESSMENT. THIS DOCUMENT SHALL BE PLACED BEHIND THE MAR BY THE DELEGATED RN. SEE ATTACHMENT #2	4/2/2011 AND 04/01/2011

*Richard R. Administrator*

04/08/2011

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R 000	INITIAL COMMENTS  An annual licensure survey was conducted March 31, 2011 through April 1, 2011 to determine compliance with the Assisted Living Law " DC Code § 44-101.01 " The following deficiencies were based on record reviews and interviews. The sample sizes were three (3) resident records, and three (3) employee records. The facility was found to be in substantial compliance at the time of this inspection.	R 000		
R 125	4701.5 BACKGROUND CHECK REQUIREMENT  The criminal background check shall disclose the criminal history of the prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check.  This Statute is not met as evidenced by: Based on the review of personnel records, the agency failed to ensure criminal background checks for all jurisdictions in which the employees had worked or resided within the seven (7) years prior to the check, for one (1) of the three (3) staff employed. (Employee #1)  The finding includes:  Review of personnel records on April 1, 2011 beginning at approximately 2:17 p.m., revealed that Employee #1 was hired on December 4, 2010. Further review of the record revealed the resident had a background check from the District of Columbia dated November 10, 2010. At the time of the survey, a background check had not been obtained for this employee (7) years prior for all jurisdictions within which the	R 125	EMPLOYEE # 1 HAS HAD A GLOBAL POLICE CLEARANCE DONE AND HAS BEEN PLACE IN HER EMPLOYEE FOLDER ALL NEW EMPLOYEES SHALL OBTAIN A GLOBAL POLICE CLEARANCE <del>30</del> 30 DAYS PRIOR TO EMPLOYMENT. ALL GLOBAL POLICE CLEARANCES SHALL NOT BE MORE THAN 30 DAYS PRIOR TO APPLICATION.	4/5/2011 AND DNG/DJG

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Claudia Richardson RN/Admin TITLE: RN/Admin (X6) DATE: 4/11/2011

STATE FORM 6899 DEP211 If continuation sheet 1 of 2

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R 125	Continued From page 1 employee worked or resided.	R 125	ADMINISTRATOR SHALL ENSURE THAT ALL APPLICATION DOCUMENTS ARE COMPLETE PRIOR TO EMPLOYEES FIRST DAY OF WORK. SEE ATTACHMENT #3	

*Gloria Richard*

RN (ADMINISTRATOR

4/11/2011