



GOVERNMENT OF  
THE DISTRICT OF  
COLUMBIA

CRFMR  
Rev. 9/02

**DEPARTMENT OF HEALTH  
HEALTH REGULATION & LICENSING  
ADMINISTRATION**

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202-442-5888

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<b>Name of Facility:</b>  Joye		<b>Street Address, City, State, ZIP Code:</b>  5131 Call Place Wash., DC		<b>Survey Date:</b> 04/26/10 <b>Follow-up Dates(s):</b>	
<b>Regulation Citation</b>	<b>Statement of Deficiencies</b>	<b>Ref. No.</b>	<b>Plan of Correction</b>	<b>Completion Date</b>	
Assisted Living Law "DC Code § 44-101.01"	An annual licensure survey was conducted on April 26, 2010, to determine compliance with Assisted Living Law "DC Code § 44-101.01" The following deficiencies were based on record reviews, observations and interviews. The sample sizes were five (5) resident records based on a census of five (5) residents and five (5) employee records based on a census of five (5) employees.  <p style="text-align: center;">§ 44-105.08 <u>Notice of Resident's Rights</u></p>		<p><i>Received 5/21/10</i></p> <p>GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002</p>		

*C. McKee for Sherena Walker*  
Name of Inspector

*4/29/2010*  
Date Issued

*Gloria Richardson RW*  
Facility Director/Designee

*5/10/2010*  
Date



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§ 44-508.08

*An Assisted Living Residence (ALR) shall place a copy of a document delineating the resident's rights, as set forth in this chapter, in a conspicuous location, plainly visible and easily read by residents, staff, and visitors and provide a copy to each resident and resident's surrogate upon admission and at the time of any change to the resident's status, level of care, or services available to the resident.*

Based on a record review and interview, it was revealed that the facility failed to provide a Notice of Resident's Rights to the resident and resident's surrogate upon admission for two (2) of five (5) residents. (Resident # 2 and 5)

The finding includes:

A record review on April 26, 2010 from approximately 11:00 am until 12:30 p.m. of resident's #2 and 5 record revealed that there was no documented evidence that a Notice of Resident's Rights was provided to the residents or resident's surrogate upon admission.

During a face-to-face interview with the CEO/ Administrator on April 26, 2010 at approximately 1:00 p.m. it was revealed that a Notice of Resident's Rights was provide to resident's surrogate.

NOTICE OF RIGHTS AND RESPONSIBILITIES HAS BEEN INCLUDED IN ALL ADMISSION PACKAGES BOTH OLD AND NEW. RESIDENT # 2 & 5 NOW HAS A SIGNED COPY OF THE RIGHTS AND RESPONSIBILITIES. THE ADMINISTRATOR SHALL REVIEW EACH RESIDENT'S CHART FOR COMPLETENESS DURING QA ONCE A MONTH.

04/30/2010  
AND  
ONGOING



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§ 44-105.09

Abuse, Neglect, and Exploitation

§ 44-105.09 (c)

*An ALR shall post signs that set forth the reporting requirement of this section conspicuously in the employee public areas of the ALR.*

Based on an observation and interview, it was revealed that the facility failed to post signs that set forth the reporting requirement of this section conspicuously in the employee public areas of the ALR.

The finding includes:

An observation on April 26, 2010 at approximately 10:15 a.m. revealed that there were no signs posted in the facility setting forth the reporting requirements of this section.

During a face-to-face interview with the CEO/Administrator on April 26, 2010 at approximately 11:00 a.m., the finding was acknowledged.

SIGNS OF A STEPS IN REPORTING ABUSE AND NEGLECT HAVE BEEN POSTED IN A CONSPICUOUS EMPLOYEE AND RESIDENT PUBLIC AREAS BOTH FIRST AND SECOND FLOORS. STAFF SHALL ENSURE THAT THESE SIGNS STAY UP DURING ROUNDS IN A CONTINUOUS BASIS

04/28/2010  
AND  
ONGOING

§ 44-106.02

Resident Agreements



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§ 44-106.02 (a)

*A written contract must be provided to the resident prior to admission and signed by the resident or surrogate, if necessary, and a representative of the ALR.*

Based on a record review and interview, it was revealed that the facility failed to provide a written

contract to the resident or resident surrogate for one (1) of five (5) residents'.  
(Resident #5)

The finding includes:

A record review on April 26, 2010 at approximately 12:30 p.m. of resident #5 record revealed that there was no documented evidence a resident agreement in the resident record.

During a face to face interview with the CEO/Administrator on April 26, 2010 at approximately 1p.m., it was revealed that a resident agreement had been provided to the resident's surrogate on admission (11/28/09) to sign and return to the facility however at the time of this survey the resident agreement had not been returned to the facility.

§ 44-106.04  
Individualized Service Plans

RESIDENT #5 NOW  
HAS A SIGNED CONTRACT  
IN HER RECORD FOLDER  
ADMINISTRATOR SHALL  
ENSURE THAT CONTRACT  
IS OBTAINED AND PLACED  
IN ADMISSION PACKAGE  
DURING THE PRE-ADMISSION  
PROCESS. RESIDENTS SHALL  
NOT BE ADMITTED WITHOUT  
A SIGNED CONTRACT.  
ADMINISTRATOR SHALL  
REVIEW CHARTS MONTHLY  
FOR COMPLETENESS.

04/29/2010  
AND  
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§ 44-106.04 (a) (1)

An Individualized Service Plan (ISP) shall be developed for each resident prior to admission.

Based on record reviews and an interview, it was revealed that the facility failed to developed an ISP prior to admission for two (2) of five (5) resident's. (Resident #1 and 5)

The finding includes:

During record reviews on April 26, 2010 from approximately 10:30 a.m. to 12 p.m. of resident #1 and 5 records it was revealed that there was no document evidence of an ISP prior to admission in either resident's record.

During a face-to-face interview with the CEO/Administrator on April 26, 2010 at approximately 1:00, the findings were acknowledged.

RESIDENTS #1 AND #5 NOW HAVE PREAMMISSION ISPS IN THEIR RESPECTIVE CHART. ADMINISTRATOR SHALL ENSURE THAT PREAMMISSION ISP IS DOCUMENTED AND SIGNED BY THE PRIMARY PHYSICIAN PRIOR TO ADMISSION

05/03/2010 AND ONGOING

§ 44-106.04 Individualized Service Plans

§ 44-106.04 (a) (2)

An ISP shall be developed following the completion of the "post move-in" assessment.



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Based on record review and interview, it was revealed that the facility failed to develop an ISP following the "post move-in" assessment for one (1) of five residents'. (Resident #4)

The finding includes:

A record review on April 26, 2010 at approximately 11:30 a.m. of resident #4 record revealed that there was no documented evidence of a post-move ISP.

During a face-to-face interview with the CEO/Administrator on April 26, 2010 at approximately 11:45 a.m., the finding was acknowledged.

**§ 44-106.04**  
**Individualized Service Plans**

**§ 44-106.04**  
**(d)**

***The ISP shall be reviewed 30 days after admission and at least 6 months thereafter.***

Based on a record review and interview, it was revealed that the facility failed to review an ISP for one (1) of five (5) residents 30 days after admission. (Resident #4)

The finding includes:

A record review on April 26, 2010 at approximately 11:30 a.m. of resident #4 record revealed that there was no documented evidence of a review of his ISP 30 days after admission.

During a face-to-face interview with the CEO/Administrator on April 26, 2010 at approximately 11:45 a.m., the finding was

30 DAY POST MOVE IN  
ISP HAS BEEN DONE AND  
PLACED IN RESIDENT #4'S  
CHART. ADMINISTRATOR  
SHALL ENSURE THAT A LOG  
IS KEPT IN THE FACILITY  
OF DATES OF ISPS THAT  
ARE DUE TO PREVENT  
OVERSIGHT. LOG SHALL  
BE REVIEWED WEEKLY BY  
ALR STAFFS AND ADMINISTRATOR

05/03/2010  
AND  
ON-GOING

SEE CORRECTION PLAN  
§44-106.4 (a)(2)

5/03/2010  
AND  
ON-GOING



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acknowledged.

§ 44-109.01

Responsibilities of the ALR Personnel in Medication Management

An Assisted Living Administrator (ALA) shall ensure that an initial assessment identifies whether a resident:

§ 44-109.01 (1)

Is capable of self-administering his or her own medication.

Based on a record review and interview, it was revealed that the facility failed to perform an initial assessment to identify that one (1) of five (5) residents' was capable of self-administering medications. ( Resident #1)

The finding includes:

A record review on April 26, 2010 at approximately 10:30 a.m. of resident #1 record revealed that there was no documented evidence of a self-medicating assessment in record.

During a face-to-face interview with the CEO/Administrator on April 26, 2010 at approximately 10:50 a.m., it was revealed that resident #1 self medicates and that and self-medication assessment had been performed but was not available for review at the time of this survey.

RESIDENT #1 NOW HAS A SIGNED COPY OF THE MEDICATION SELF ADMINISTRATION ASSESSMENT IN HIS CHART. ADMINISTRATOR SHALL ENSURE THAT THIS DOCUMENTATION IS PLACED IN ALL THE CHARTS OF RESIDENTS THAT SELF ADMINISTER HIS/HER MEDICATIONS. ADMINISTRATOR SHALL REVIEW CHARTS MONTHLY DURING THE QA PROCESS

04/28/2010 AND QA-GONG



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§ 44-109.04

Medication Storage

§ 44-109.04  
(e) (1)

*All medications shall be kept in their original packaging and shall be properly labeled and identified.*

Based on an observation and interview, it was determined that the facility failed to store medication in their original package for five (5) of five (5) resident's.

The finding includes:

An observation of the medication cabinet on April 26, 2010 at approximately 10:00 a.m. revealed that all resident's medication had been removed for their original packages and place in individual's weekly pillboxes.

During a face-to-face interview with the CEO/Administrator on April 26, 2010 at approximately 1:30p.m., the finding was acknowledged.

MEDICATIONS SHALL BE KEPT IN THEIR ORIGINAL CONTAINERS AND NOT IN PT LABELLED PILL BOXES. ALA HAS MADE ARRANGEMENT TO HAVE ALL MEDICATION PRESCRIPTIONS TO BE TRANSFERRED TO GRUBB PHARMACY SO THAT MEDICATIONS ARE DELIVERED IN BUBBLE PACKS FOR SAFETY

05/06/2010  
AND  
ONGOING



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