

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0195	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/19/2013
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NAME OF PROVIDER OR SUPPLIER INNOVATIVE LIFE SOLUTIONS, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3259 'O' ST, SE WASHINGTON, DC 20020
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(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
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1 000 INITIAL COMMENTS

A licensure survey was conducted from September 18, 2013 through September 19, 2013. A sample of three residents was selected from a population of six females with varying degrees of intellectual disabilities.

The findings of the survey were based on observations in the home and two day programs, interviews with three residents, one surrogate decision maker, direct support and day program staff, nursing and administrative staff, and the review of resident and administrative records, including incident reports.

[Qualified mental retardation professional (QMRP) will be referred to as qualified intellectual disabilities professional (QIDP) within this report.]

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ILS ensured that the damaged and/or missing tiles was replaced on 10/11/13

1999 FINAL OBSERVATIONS

The following observations were made during the survey process: It is recommended that this area be reviewed and a determination be made regarding appropriate actions to prevent potential non-compliant practices:

On September 19, 2013, beginning at 11:10 a.m., the surveyor was accompanied by the house manager (Staff) #1 to conduct an inspection of the environment.

1. Damaged and/or missing tile was observed in the following areas of the facility:

(a) Several of the tiles were missing from the floor in the bedroom closet of Residents #2 and #3.

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ILS will continue to ensure the interior and exterior of the facility are maintained in a safe, clean, and orderly manner.

Health Regulation & Licensing Administration

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

Kinsaly Wick

TITLE

VP of ID services

(X8) DATE

10/11/13

STATE FORM

6600

ELIJ11

If continuation sheet 1 of 2

Health Regulation & Licensing Administration

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(b) Several long cracks were observed in the floor tiles beside Resident #1's bed.

(c) Cracks were observed in the tiles installed on the floor directly in front of the kitchen entrance door.

2. The large storage room located adjacent to the pantry was cluttered. Some of the items in the room were stored directly on the floor.

During the inspection, Staff #1 verbally confirmed that the identified concerns were present. Staff #1 further stated that the administrative office would be informed of the findings identified during the inspection and that the necessary maintenance would be requested.

ILS ensured that the following concerns were addressed:

- Replaced cracks in floor tiles with new tiles on 10/11/13
- Placed strips where tiles were missing on 10/4/13
- Built a floor shelf to store items on 10/4/13

ILS will continue to ensure the interior and exterior of the facility are maintained in a safe, clean, and orderly manner.