

Health Regulation & Licensing 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>04/09/2013</b>
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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>
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R 000 Initial Comments

An annual licensure survey was conducted on April 9, 2013, to determine compliance with Assisted Living Law " DC Code § 44-101.01". Four patient records were randomly selected based on a census of 7 patients. All employees (6) records were reviewed. The finding of the survey was based on observation, record review and interviews with patients and staff.

R 000

R 481 Sec. 604b Individualized Service Plans

(b) The ISP shall include the services to be provided, when and how often the services will be provided, and how and by whom all services will be provided and accessed.  
[ D.C. Official Code § 44-604(b ) ]

Based on record reviews and interviews, the Assistant Living Residence (ALR) failed to document on the individual service plans (ISP's) home health services being provided eight hours a day , seven days a week for two (2) of seven (7) residents in the sample. (Residents #2 and #3)

The findings include:

1. On April 9, 2013, at approximately 9:00 a.m., a review of Resident #2's record revealed an ISP dated September 1, 2012, which failed to evidence the updated information of HHA services being provided.
2. On April 9, 2013, at approximately 10:00 a.m., a review of Resident #3's record revealed an ISP last reviewed on December 2, 2012 which failed to evidence the updated information of HHA services being provided.

R 481

*Renewed 4/23/13*  
Department of Health  
Health Regulation & Licensing Administration  
Intermediate Care Facilities Division  
899 North Capitol St., N.E.  
Washington, D.C. 20002

R 481

RESIDENT #2 AND 3 ISPS 4/11/13  
HAVE BEEN UPDATED TO REFLECT AND  
EVIDENCE OF HHA SERVICES  
BEING PROVIDED. TO PREVENT  
THIS DEFICIENT PRACTICE  
FROM REOCCURRING, ALA SHALL  
REVIEW AND UPDATE ALL  
RESIDENTS RECORDS EVERY  
SIX MONTHS AND PLAN  
TO REFLECT ALL CHANGES  
SEE ATTACHMENT #1

Health Regulation & Licensing Administration

*Gabone Richard*

TITLE  
- ADMINISTRATOR

(X6) DATE

4/20/2013

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

Health Regulation & Licensing Administration

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R 481	Continued From page 1  On April 9, 2013, at approximately 8:15 a.m., during an interview with HHA # 1, he stated, "I started working with residents #2 and #3 in February 2013 helping them with activities of daily living, cleaning their rooms and bath rooms. I work Monday through Friday from 11:00 p.m. until 7:00 a.m. and someone else works on the weekends". Additional interview, revealed HHA#1 works for a licensed home care agency.  During an interview with the Assisted Living Administrator on April 9, 2013, at approximately 11:30 a.m., she stated the HHA services for resident #2 and #3 started in March 2013 and she had not updated their ISP to reflect the HHA service being provided.	R 481	SEE RESPONSE ON PAGE 1-	
R 598	Sec. 701d11 Staffing Standards.  (11) Maintain personnel records for each employee that include documentation of criminal background checks, statements of health status, and documentation of the employee's communicable disease status; Based on record review and interview, it was determined that the Assisted Living Residence (ALR) failed to document an employee's communicable disease status for one (1) of six (6) employees' in the sample. (Licensed Practical Nurse (LPN#1)  The finding include:  On April 9, 2013, at approximately 10:00 a.m., a review of LPN #1's personnel record revealed there was no documented evidence of LPN #1's communicable disease status at the time of this survey.	R 598	VERIFIED COPIES OF LPN#1 4/11/13 PHYSICAL IPPD HAS BEEN UPDATED AND PLACED IN EMPLOYEES PERMANENT RECORD.	

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R 598 Continued From page 2

During an interview with the assisted living administrator (ALA) on the same day at approximately 11:15 a.m., the ALA was informed of the aforementioned finding and the ALA indicated the information would be faxed to the surveyor. It should be noted the surveyor did not receive the information prior to the submission of this report.

R 598

TO PREVENT THIS DEFICIENT PRACTICE FROM REOCCURRING ALA SHALL REVIEW ALL EMPLOYEE RECORDS QUARTERLY AND PRN TO ENSURE ALL EMPLOYEE RECORDS ARE UPDATED.  
SEE ATTACHMENT #2

4/11/13  
AND ORIGINAL

R 602 Sec. 701f Staffing Standards.

(f) Employees shall be required on an annual basis to document freedom from tuberculosis in a communicable form.  
{ D.C. Official Code § 44-107.01 (f) }

Based on record review and interview, it was determined that the Assistant Living Administrator (ALA) failed to ensure that employees be required on an annual basis, to document freedom from tuberculosis in a communicable form for one (1) of six (6) of employees in the sample. ( Assistant Living Administrator (ALA)/ Owner )

The finding includes:

On April 9, 2013, at approximately 9:30 a.m., a review of the personnel records failed to include evidence that the ALA was free of communicable disease to include tuberculosis.

During an interview with the ALA , on the same day at approximately 11:15 a.m., the ALA was informed of the aforementioned finding and indicated she would fax the information to the surveyor. It should be noted the surveyor did not receive the information prior to the submission

R 602

R602

ALA PERMANENT RECORD HAS BEEN UPDATED TO REFLECT CURRENT ANNUAL AND PPD.  
SEE ALSO RESPONSE FOR R 598.  
SEE ATTACHMENT #3

4/11/13  
AND ORIGINAL

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R 602	Continued From page 3 of this report.	R 602			