

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALR-0027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/21/2012</b>
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NAME OF PROVIDER OR SUPPLIER  <b>JOYE ASSISTED LIVING SERVICES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6417 KANSAS AVE NE WASHINGTON, DC 20017</b>
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R 000	Initial Comments  An annual licensure survey was conducted on June 21, 2012 to determine compliance with Assisted Living Law " DC Code § 44-101.01." The survey was based on clinical and administrative record reviews, staff and patient interviews. The sample size were four (4) resident records based on a census of seven (7) residents and four ( 4 )employees records based on a census of five (5) employees.	R 000	<p style="text-align: right;">Department of Health Health Regulation &amp; Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002</p> <p style="font-size: 2em; font-family: cursive;">Received 9/27/12</p>	
R 272	Sec. 503.1 Dignity.  (1) A safe, clean, comfortable, stimulating, and homelike environment allowing the resident to use personal belongings to the greatest extent possible; [ D.C. Official Code § 44-503.(1) ]  Based on observation and interview, it was determined the Assistant Living Residence (ALR) staff did not maintain a clean environment.  The finding include:  During an observation of the kitchen on June 21, 2012, at approximately 9:00 a.m., it was revealed the stove, kitchen cabinets and counter tops had grease build up.  During a face to face interview with the Assistant Living Administrator on June 21, 2012, at approximately 11:30 a.m., she indicated it appeared to her the grease build up had been there for a few days and she would ensure her staff would clean the area as soon as possible.	R 272	<p>INSERVICE WAS HELD WITH ALR STAFF REGARDING MAINTAINING A CLEAN AND UNCLUTTERED ENVIRONMENT FOR HEALTH REASONS. ALA HAS HIRED AND APPOINTED A FLOAT STAFF TO INSPECT BOTH HOUSES ON A WEEKLY BASIS TO ENSURE ENVIRONMENT IS KEPT CLEAN AND TIDY</p>	JUNE JULY 21 <sup>ST</sup> AND ONGOING
R 421	Sec. 602a Resident Agreements	R 421		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Clara R. ...* TITLE *RN-Admin* (X6) DATE *7/28/12*

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R 421	<p>Continued From page 1</p> <p>(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. The nonfinancial portions of the contract shall include the following: [ D.C. Official Code § 44-602(a) ]</p> <p>Based on record review and interview, the facility failed to Resident Agreement signed by the resident for one (1) of four (4) resident's in the sample. (Resident #1)</p> <p>The finding includes:</p> <p>On June 21, 2012 at approximately 11:00 a.m., a review of Resident #1's record revealed no documented evidence of a signed resident agreement.</p> <p>During a face to face interview with the Assistant Living Administrator on June 21, 2012, at approximately 12:00 p.m., she indicated she the resident signed the agreement at another office.</p>	R 421	<p>CONTRACT WAS SIGNED JULY AND FILED IN RESIDENT #1'S FILE. ALA AND LPN SHALL REVIEW CHARTS MONTHLY TO ENSURE RESIDENTS DOCUMENTATIONS ARE UPDATED. SEE ADDENDUM #1</p> <p>ONGOING</p>
R 483	<p>Sec. 604d Individualized Service Plans</p> <p>(d) The ISP shall be reviewed 30 days after admission and at least every 6 months thereafter. The ISP shall be updated more frequently if there is a significant change in the resident's condition. The resident and, if necessary, the surrogate shall be invited to participate in each reassessment. The review shall be conducted by an interdisciplinary team that includes the resident's healthcare practitioner, the resident, the resident's surrogate, if necessary, and the ALR. [ D.C. Official Code § 44-106.04 (d) ]</p>	R 483	

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R 483	Continued From page 2  Based on record reviews and interview, the Assisted Living Residence (ALR) failed to ensure four (4) of four (4) resident's Individualized Services Plan's (ISP's) were reviewed by the interdisciplinary team that includes the resident, the resident's surrogate, healthcare practitioner, thirty days after admission and at least every six (6) months. (Resident #1, # 2, #3 and #4)  The findings include:  On June 21, 2012, a review of the Resident #1, #2, #3, and #4's ISP's starting at approximately 11:30 a.m. revealed there was documented evidence the ISP had been reviewed by the interdisciplinary team on the dates indicated on the ISP's. It should be noted there was a photo copy of a signature however there was no documented evidence of an original signature from the interdisciplinary team.  During a face to face interview with Assistant Living Administrator on June 21, 2012 at approximately 12:00 p.m., she indicated she would ensure that all signatures are original on the date the ISP's are reviewed and not photo copied.	R 483	<b>ALA HAS NOTIFIED 7/23/12 RESIDENTS PHYSICIANS, AND RESIDENTS GUARDIANS AND RESIDENTS THAT ISPS SHALL BE CONDUCTED IN THE PHYSICIANS OFFICE WHEN ISP IS DUE OR IF THERE'S ANY SIGNIFICANT CHANGES. ISP MEETING COULD ALSO BE HELD AT THE FACILITY WITH ORIGINALS SIGNED AND COPIES GIVEN TO THOSE ATTENDING RESIDENTS IN HOUSE CHART</b>	
R 592	Sec. 701d5 Staffing Standards.  (5) Assign duties to each staff member consistent with his or her level of education, preparation, and experience; [ D.C. Official Code § 44-107(d)(5) ]  Based on observation, interview and record review, it was determined the Assistive Living Administrator (ALA) assigned duties to a staff member who failed to have education, proper preparation and experience in the duty assigned.	R 592		

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R 592	Continued From page 3  The finding include:  During an observation of the kitchen on June 21, 2012 at approximately 10:00 a.m., revealed an open can of peaches in the refrigerator and a large open bag of sugar sitting on the floor.  During a face to face meeting with Employee #4 on June 21, 2012, at approximately 10:10 a.m., she stated "I just open those peaches this morning for breakfast". Additionally, she indicated that's where they store the sugar.  During a record review of Employee #4's personnel record on June 21, 2012, at approximately 11:00 a.m., revealed the employee was hired on March 5, 2011. There was no documented evidence of food handler's education being provided. (It should be noted after the inspection the ALA faxed a copy of a "certification of completion of a food handlers course from the District of Columbia" for Employee #4 completed on June 25, 2012 )	R 592	ALL STAFFS HAVE BEEN TRAINED ON THE RULES AND REGULATIONS OF FOOD HANDLING AND PREVENTION OF FOOD POISONING ALA SHALL CONDUCTED ALL FUTURE HIRING AND ENSURE THAT FUTURE (ALL) EMPLOYEES HAVE ALL NECESSARY TRAININGS CERTIFICATIONS PRIOR TO THE FIRST DAY OF WORK ALA AND ASSISTANT SHALL QA ALL EMPLOYEE CHARTS MONTHLY FOR UPDATES	6/22/11	
R 678	Sec. 702b9 Staff Training.  (9) Infection control. Based on observation and interview, it was determined the Assistant Living Residence (ALR) had not provided infection control training to its employees.  The finding Include:  During an observation on June 21, 2012 starting at approximately 9:00 a.m. revealed a milk container filled with used insulin needles and used finger stick probes sitting on dinning table.	R 678			

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R 678	<p>Continued From page 4</p> <p>The fingerstick machines were observed also being stored in the middle of dinning table. In addition, Employee #3 (HHA) was walking around the facility wearing gloves.</p> <p>During a face to face interview with Employee #4 (HHA) on June 21, 2012 at approximately 9:10 a.m., she indicated a resident did their fingerstick and that's why the milk jug (used needle container) was on the table, further indicating it's usually stored under a chair that sits against the wall in the dinning room. Employee #4 (HHA) also indicated the fingerstick machines are stored on the table so the resident's could have easy access to them.</p> <p>During a face to face interview with Employee #3 (HHA) on June 21, 2012, at approximately 11:00 a.m., she indicated she was taking care of the trash and she did not remove her gloves prior to walking into the kitchen.</p> <p>There was no evidence that staff had been trained in infection control.</p>	R 678	<p>EMPLOYEES #3 AND #4 6/23/12 HAVE BOTH RECEIVED AND ANOTHER IN-SERVICE AND ON BOTH INFECTION CONTROL AND PROPER STORAGE OF SHARPS AND NEEDLES, ACCUCHECK MACHINES AND FOOD ITEMS. FLAT STAFF SHALL MAKE VISITS TO FACILITY @ WEEKLY AND PRN TO ENSURE THAT EMPLOYEES #3 AND #4 FOLLOW THESE GUIDELINES AND SHALL DOCUMENT ANY DEFICIENCIES FOR DISCIPLINARY ACTIONS AND OR TERMINATION SEE ADDENDUM #2</p>
R 705	<p>Sec. 802b Medical, Rehabilitation, Psychosocial Assess.</p> <p>(b) The ALR shall maintain resident information obtained from a standardized physician's statement approved by the Mayor. The information shall include a description of the applicant's current physical condition and medical status relevant to defining care needs, and the applicant's psychological and cognitive status, if so indicated during the medical assessment. [ D.C. Official Code § 44-108.02 (b) ]</p> <p>Based on record review and interview, the facility failed to ensure resident's medical, rehabilitation</p>	R 705	

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R 705	<p>Continued From page 5</p> <p>and psychosocial assessments were on a standardized form for Assisted Living facilities approved by the Mayor for one (1) of four (4) resident's in the sample. (Resident #1)</p> <p>The finding includes:</p> <p>On June 21, 2012, at approximately 11:30 a.m., a review of Resident #1 record revealed no documented evidence of the residents medical, rehabilitation and psychosocial assessments on a form approved by the Mayor.</p> <p>During a face to face interview on June 21, 2012, at approximately 12:30 p.m. with the Assistant Living Administrator, she indicated she would have the aforementioned information documented on the form approved by the Mayor.</p>	R 705	<p>THE UPDATED AND APPROPRIATE FORMS HAS BEEN FILLED OUT BY RESIDENT # 1 PHYSICIAN. APPROPRIATE FORMS APPROVED BY THE MAYOR FOR ALRS SHALL BE GIVEN TO ALL FUTURE RESIDENTS PHYSICIAN ALL RESIDENTS IN HOUSE CHARTS SHALL BE QAD MONTHLY BY ALA AND OR ASSISTANT SEE ADDENDUM # 3.</p> <p>6/24/12 AND ON GOING</p>
R 803	<p>Sec. 903.3 On-Site Review.</p> <p>(3) Assess the resident's ability to continue to self-administer his or her medications. [44-109.03(3)]</p> <p>Based on record review and interview, the Assisted Living Residence (ALR) failed to assess the resident's ability to self-administer every forty-five days. (Resident #1)</p> <p>The finding includes:</p> <p>On June 21, 2012, at approximately 11:45 a.m., a review of Resident #1's record revealed an ISP dated November 10, 2011, and January 5, 2012, which indicated the resident self-medicates. Additionally, there was a self-medicate assessment conducted on December 5, 2011. However, there was no documented evidence a</p>	R 803	

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R 803	Continued From page 6  self-medicate assessment had been conducted every 45 days as required.  During a face to face interview with Assistant Living Administrator on June 21, 2012, at approximately 12:15 p.m., she indicated she was unaware the self medicated assessment needed to conducted every forty-five days.	R 803	ALA HAS UPDATED ALL 6/21/12 SELF MEDICATION ASSESSMENT AND AND SHALL ADHERE TO THE Ongoing RULES AND REGULATIONS OF UPDATING ALL SELF MEDICATION ASSESSMENTS @ 45 DAYS	
R 981	Sec. 1004a General Building Interior  (a) An ALR shall ensure that the interior of its facility including walls, ceilings, doors, windows, equipment, and fixtures are maintained structurally sound, sanitary, and in good repair. [ D.C. Official Code § 44-1004 (a) ]  Based on observation and interview, the Assistant Living Residence (ALR) failed to ensure the interior stair railing was in good repair.  The finding includes:  During a tour of the ALR on June 21, 2012, at approximately 10:00 a.m., revealed a loose stair railing.  During a face to face interview with the ALA on June 21, 2012, at approximately 11:30 a.m., she indicated she would have the stair railing repaired as soon as possible.	R 981	STAIR RAILING HAS BEEN REPAIRED. ALR STAFFS SHALL REPORT ANY AND ALL MALFUNCTIONING ITEMS TO ALA AND ALR MAINTENANCE PERSONELL FOR TIMELY REPAIRS TO PREVENT ANY INJURY AND OR INCIDENCE	JUNE 21 <sup>ST</sup> AND Ongoing