

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G245	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/14/2013
NAME OF PROVIDER OR SUPPLIER VOLUNTEERS OF AMERICA		STREET ADDRESS, CITY, STATE, ZIP CODE 1230 CONGRESS STREET, SE WASHINGTON, DC 20020		
(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
I 000	INITIAL COMMENTS An initial licensure survey was conducted on January 14, 2013, to ascertain whether the group home for individuals with intellectual disabilities (GHIID) was in compliance with Chapter 35 of Title 22, of the District of Columbia Municipal Regulations. The findings of the survey were based on interviews with administrative staff, review of the personnel records for all employees and contracted health care professionals, review of the facility's policies and procedures manual, as well as a walk through inspection of the interior and exterior of the GHPID. The survey findings revealed that the facility was in substantial compliance with Chapter 35 regulations. [Qualified mental retardation professional (QMRP) will be referred to as qualified intellectual disabilities professional (QIDP) within this report.]	I 000		
I 090	3504.1 HOUSEKEEPING The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by: Based on observation and interview, the group home for individuals with intellectual disabilities (GHIID) maintained the interior and exterior of the facility in a safe, clean, orderly, attractive, and sanitary manner, except for the following observations, for six of the six residents of the facility. (Residents #1, #2, #3, #4, #5 and #6)	I 090		

Health Regulation & Licensing Administration

Christine Decker 20 Operator
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE
2/24/13

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I 090	Continued From page 1 The findings include: Observation during the inspection of the environment on January 14, 2013, beginning at 9:24 a.m., revealed the following: 1. The food storage container located inside the refrigerator was observed to be cracked and partially broken. 2. There was a brown cabinet located inside the food pantry room that prevented the door to the pantry from opening completely. The door was observed to open half way. 3. There was grease and debris observed on the walls just above the kitchen stove. 4. There was a missing floor tile located in Bathroom #2 (B2). Caulking around the edges of B2 were chipped, exposing cracks. 5. There were torn and ripped floor mats stored underneath Resident #1's bed. According to the house manager, the mats were not being used. 6. The toilet handle located in Bathroom #1 was observed to be loose. There was also a broken shower head in Bathroom #1. 7. There were several wooden planks missing from the wooden fence located around the facility. Part of the fence located on the left side of the front entrance door was detached from its foundation. 8. The cabinet located beside the stove (left) was not aligned properly. The cabinet would not close completely.	I 090	3504.1 1. VOAC will replace the food storage container by 3/15/13 In the future, VOAC will ensure the Residential Coordinator Completes the facility checklist Regularly and any issues found will be reported to maintenance personnel for resolution By 3/15/13 2. VOAC will ensure the brown cabinet is removed by 2/28/13. 3. VOAC will ensure the grease Will be removed from the area just above the stove. VOAC will ensure the RC monitors issues like this and report to maintenance for resolution by 3/15/13	

Ann Price, Director of Operations 2/21/13

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I 090	Continued From page 2. The house manager and qualified intellectual disabilities professional (QIDP) who were present during the inspection, confirmed the above aforementioned findings. The QIDP stated that she would make maintenance aware of the problem immediately.	I 090	4. VOAC forwarded the list of concerns to the company's project manager who is in the process of completing all the issues requiring repairs.	
I 206	3509.6 PERSONNEL POLICIES Each employee, prior to employment and annually thereafter, shall provide a physician's certification that a health inventory has been performed and that the employee's health status would allow him or her to perform the required duties. This Statute is not met as evidenced by: Based on interview and record review, the group home for individuals with intellectual disabilities (GHIID) failed to ensure that all employees and health care professionals had current health certificates on file, for 6 of 16 direct support staff (Staffs #3, #5, #6, #7, #8 and #12) and 1 of 5 nurses. (Nurse #4) The findings include: On January 14, 2013, beginning at 9:19 a.m., review of the personnel records for all employees, including licensed professionals revealed the following: 1. Records for Staff #3, #5, #6, #7, #8 and #12 revealed there was no documented evidence of current physician's health inventories/certificate.	I 206	VOAC will ensure the RC report All concerns with environmental issues To the maintenance personnel for resolution 3/15/13	

Annex Pico, Director 20 Operations, 2/27/13

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I 206	Continued From page 3 2. There was no evidence of a complete physician's health inventory/certificate for Nurse #4. However, Nurse #4 did have a current chest x-ray in her files. At approximately 11:10 a.m., the quality assurance coordinator (QAC), who had facilitated the review, acknowledged the aforementioned findings. No additional information was made available for review.	I 206	5. VOAC has removed all old items And the RC will monitor for environmental and report to the residential personnel for resolution. By 3/1/13	
I 227	3510.5(d) STAFF TRAINING Each training program shall include, but not be limited to, the following: (d) Emergency procedures including first aid, cardiopulmonary resuscitation (OPR), the Heimlich maneuver, disaster plans and fire evacuation plans; This Statute is not met as evidenced by: Based on interview and record review, the group home for individuals with intellectual disabilities (GHIID) failed to have on file for review, current training in cardiopulmonary resuscitation (CPR), for one of the sixteen employees working. (Employee #12) The finding includes: On January 14, 2013, at approximately 10:23 a.m., review of the personnel records revealed there was no evidence of CPR and first aid training for direct support professional #12. At approximately 11:12 a.m., the quality assurance coordinator (QAC), who had facilitated the review, acknowledged the aforementioned findings. No additional information was made available for	I 227	6. VOAC will ensure the toilet handle and the shower heads are replaced by 3/1/13 7. VOAC will ensure the wooden fence is repaired by 3/15/13. 8. The kitchen cabinets will be Repaired by 3/15/13. VOAC will ensure all environmental issues are identified and addressed in a timely manner by 3/15/13	
			3509.6	

Completed, Director ID operations 2/27/13

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I 227	Continued From page 4 review before the survey ended later that day.	I 227	<p>VOAC will have all staff and consultant files updated by 3/15/13.</p> <p>In the future VOAC will ensure that the files are reviewed and notification of deficient files given to the individuals so they may resolve it timely.</p> <p>3/15/13</p> <p>3510.5 (d)</p> <p>VOAC will ensure all staffs are in compliance with the regulation regarding CPR and first aid.</p> <p>VOAC will ensure close monitoring of the personnel records.</p> <p>All deficient issues will be Resolved, by 3/15/13</p>	

Connie Rice, Director of Operations 2/27/13