

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0005	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/22/2010
NAME OF PROVIDER OR SUPPLIER JOYE ASSISTED LIVING SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 5131 CALL PLACE SE WASHINGTON, DC 20019		
(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
R 000	<p>Initial Comments</p> <p>An investigation was conducted at this facility on July 22, 2010, following a complaint sent to the Department of Health on June 22, 2010. The complaint was received from an attorney/guardian through the Department of Mental Health. In the complaint, the attorney/guardian was informed by an by a day program employee at which her resident attends, was being treated very roughly, shouted at and being forced to leave her residence to attend the day program by employees of the Assistant Living.</p> <p>The attorney/guardian also indicated that she a had witnessed a staff at the Assistant Living acting aggressively, being heavy handed, shouting, and getting into heated arguments with other resident ' s at the Assisted Living residence.</p> <p>Through record review and staff interviews, this allegation of misconduct could not substantiate. Further record review of the resident ' s record revealed two documents entitled " Superior Court of the District Of Columbia Probate Division. " The first dated May 12, 2009 and the second dated May 6, 2010. The attorney/guardian documented " As guardian, I rate the ward ' s living arrangements as good. "</p> <p>During an interview with the owner on July 22, 2010, at approximately 11:30 a.m., revealed sometime in June of this year (date unknown), the driver for the Day Program had reported one of her staff members to his supervisor, for misconduct when he came to transport the resident to the Day Program.</p> <p>An attempt was made to contact the attorney/guardian by phone on July 28, 2010 at</p>	R 000		

Health Regulation Administration

TITLE

(X6) DATE

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

STATE FORM

6899

QXUS11

If continuation sheet 1 of 2

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R 000	Continued From page 1 approximately 11:30 am however her receptionist indicated that she was out of the country. At which time, a message was left on her voice mail. At the time of this investigation, the facility was in compliance with Assisted Living Law " DC Code § 44-101.01 "	R 000		