



DEPARTMENT OF HEALTH
HEALTH REGULATION & LICENSING
ADMINISTRATION
INTERMEDIATE CARE FACILITIES DIVISION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Name of Facility:		Street Address, City, State, ZIP Code:		Survey Date:
Joye Assisted Living Services		5131 Call Place SE		03/13/09
		Washington DC 20019		Follow-up Dates(s):
Regulation Citation	Statement of Deficiencies	Ref. No.	Plan of Correction	Completion Date
Assisted Living Residence Law 13-127 Act 13-297	An annual licensure survey was conducted on March 12, 2009, to determine compliance with Assisted Living Residence Law 13-127 and Act 13-297. The following deficiencies were based on record reviews, observations and interviews. The sample sizes were four (4) resident records based on a census of four (4) and three (3) employees files based on a census of three (3).	508	COPIES OF CONTRACT WHICH INCLUDES RATES AND RESIDENTS RIGHTS AND RESPONSIBILITIES WERE OBTAINED AND PLACED IN RESIDENTS RESPECTIVE CHARTS. COPY OF RESIDENTS RIGHTS WAS PLACED IN A LOCATION VISIBLE AND EASILY READ BY STAFF AND RESIDENTS. SEE ATTACHMENT.	03/20/2009
508	<p style="text-align: center;">508 <u>Notice of Resident's Rights</u></p> <p>An ALR (Assisted Living Residence) shall place a copy of a document delineating the resident's rights, as set forth in this act, in a conspicuous location, plainly visible and easily read by residents, staff, and visitors and provide a copy to each resident and resident's surrogate upon admission and at the time of any change to the resident's status, level of care or services available to the resident.</p>			

J. Wilson / Dan of Lawrence / GTC 04/07/09
Name of Inspector Date Issued

Gloria Richardson 04/21/2009
Facility Director/Designee Date



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<p>602 (a)</p>	<p>Based on record reviews and interview, it was determined that the facility failed to provide copy of Resident's Right's to residents/surrogates.</p> <p>The Findings Include:</p> <ol style="list-style-type: none"> 1. A record review on March 12, 2009 at approximately 11 am revealed that there was no documented evidence of a copy Resident's Rights in four (4) of four (4) resident's records reviewed. 2. In a face to face interview with Director on March 12, 2009 at approximately 11:30, she stated "All residents have been provided with a copy of Resident's Rights however the copies are at the Medicaid Wavier Office at this time." <p style="text-align: center;">602 <u>Resident Agreements</u></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.</p> <p>Based on record reviews and interview, it was determined that the facility failed to provide copy of</p>	<p>508</p>	<p>ALL COPIES OF SIGNED RESIDENT RIGHTS HAVE BEEN RETRIEVED AND PLACED IN EACH RESIDENT'S RESPECTIVE FOLDER SEE ATTACHMENT</p>	<p>03/20/2009</p>
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	<p>Resident's Agreements to resident/surrogate.</p> <p>The Findings Include:</p> <p>1. A record review on March 12, 2009 at approximately 11 am revealed that there was no documented evidence of Resident Agreement in four (4) of four (4) resident's records reviewed.</p> <p>2. In a face to face interview with Director on March 12, 2009 at approximately 11:30, she stated that "all resident's have a signed Resident Agreement however the copies are at the Medicaid Wavier Office at this time."</p> <p style="text-align: center;">603 <u>Financial Agreements</u></p> <p>603 (a) (a) The written resident agreement required by section 602 shall include financial provisions which indicate the following:</p> <p>603 (1) (1) The obligation of the ALR, the resident, or the resident's surrogate as to performance of the following:</p>		<p>602a RESIDENT CONTRACTS WERE RETRIEVED FROM THE MEDICAID WAIVER OFFICE AND HAVE BEEN PLACED IN EACH RESIDENT'S FOLDER. EACH FOLDER WILL BE QAID QUATERLY BY THE ADMINISTRATOR FOR COMPLETENESS.</p> <p>SEE ATTACHMENT</p>	<p>03/20/2009</p>
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603 (1) (A)	(A) The handling of the finances of the resident;	603(1)A	SIGNED DOCUMENTS HAVE BEEN PLACED IN EACH CLIENTS FOLDER	03/20/09
603 (1) (B)	(B) The purchasing or rent of essential or desired equipment and supplies;	603(1)B	SIGNED DOCUMENTS HAVE BEEN PLACED IN EACH CLIENTS FOLDER	
603 (1) (C)	(C) The coordinating and contracting for services not covered by the resident agreement; and	603(1)C	SIGNED DOCUMENTS HAVE BEEN PLACED IN EACH CLIENTS FOLDER	
603 (1) (D)	(D) The purchasing of medications and durable medical equipment;	603(1)D	SIGNED DOCUMENT HAVE BEEN PLACED IN EACH CLIENTS FOLDER	
<p>Based on record reviews and interview, it was determined that the facility failed to provide a copy of Resident's Agreements that included financial agreements to residents/surrogates.</p> <p>The Findings Include:</p> <p>1. A record review on March 12, 2009 at approximately 11 am revealed that there was no documented evidence of Resident Agreements in four (4) of four (4) resident's records reviewed.</p>		<p>SEE ATTACHMENT</p>		



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<p>604 (b)</p>	<p>2. In a face to face interview with Director on March 12, 2009 at approximately 11:30, she stated "All resident's have a signed Resident Agreement however the copies are at the Medicaid Wavier Office at this time."</p> <p style="text-align: center;">604 <u>Individualized Service Plans</u></p> <p><i>(b) The ISP (Individualized Service Plan) shall include the services to be provided, when and how often services will be provided, and how and by whom all services will be provided and accessed.</i></p> <p>Based on record reviews and interview, it was determined that the facility failed to document all services being provided for a resident on his/her ISP.</p> <p>The Findings Include:</p>	<p>RESIDENTS AGREEMENT HAVE BEEN RETRIEVED AND PLACE IN RESIDENTS RESPECTIVE FOLDERS SEE ATTACHMENT</p>	<p>03/20/09</p>
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<p>701(d)</p>	<p>1. A record review on March 12, 2009 at approximately 12 pm revealed that the facility failed to have documented evidence on a ISP of all services being provided for one (1) of four (4) residents. (resident #3)</p> <p>(a) There was documented evidence in resident #3's record that he/she was receiving the following services:</p> <ol style="list-style-type: none"> 1. Physical therapy on Mondays, Wednesdays and Fridays. 2. Group Therapy on Tuesdays and Thursdays <p>However these services were not documented on the residents ISP dated February 10, 2009.</p> <p>2. A face to face interview with Director on March 12, 2009 at approximately 12 pm confirmed finding.</p> <p style="text-align: center;">701 <u>Staffing Standards</u></p> <p>(d) An ALA (Assisted Living Administrator) shall:</p>	<p>604B</p>	<p>AN UPDATED ISP WAS MADE AND PLACED IN RESIDENTS FOLDER.</p> <p>RESIDENTS ISP WILL BE REVIEWED QUATERLY AND AS NEEDED AND WILL INCLUDE ANY UPDATES TO RESIDENTS CARE AT THE FACILITY.</p> <p>SEE ATTACHMENT</p>	<p>03/20/2009 AND ON GOING</p>
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<p>701 (d) (8)</p>	<p>(8) Assure that each employee has a background check pursuant to federal and District law executed at the time of initial employment;</p> <p>Based on a record reviews and interview, it was determined that the agency failed to obtain a criminal background check for one (1) of three (3) employees.</p> <p>The Findings Include:</p> <ol style="list-style-type: none"> 1. A record review on March 12, 2009 at approximately 12 pm revealed that there was no documented evidence of a criminal background check in employee # 2 file. 2. In face to face interview with Director on March 12, 2009 at approximately 12:30 pm, she stated "The criminal background check for employee # 2 has been done but I'm unable to locate at this time." 	<p>701(d)(8)</p>	<p>POLICE CLEARANCE FOR EMPLOYEE # 2 HAS BEEN FILED IN THE EMPLOYEE FOLDER</p> <p>MONTHLY QA OF EMPLOYEES FOLDERS FOR UPDATES AND COMPLETENESS WILL BE CONDUCTED.</p> <p>SEE ATTACHMENT</p>	<p>03/12/09 ONGOING</p>
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702 Staff Training			
702 (b)	<i>(b) Within 7 days of employment, an ALR shall train a new member of its staff as the following:</i>		
702 (b) (6)	<i>(6) The emergency procedures and disaster drills and techniques of complying, including evacuating residents when applicable;</i>		
	<p>Based on interview, the facility failed to ensure staff were trained on emergency procedures and disaster drills, for three (3) of three (3) employees,</p> <p>The Findings Include:</p> <p>An interview with Director on March 12, 2009, at approximately 2 pm revealed that the facility had no documented evidence on training staff for emergency procedures and disaster drills.</p>	702(b)	<p>STAFF HAVE BEEN TRAINED ON EMERGENCY PROCEDURES AND DISASTER DRILLS ON ALL SHIFTS.</p> <p>DISASTER DRILLS WILL BE DONE QUATERLY (EVERY THREE MONTHS) AND DOCUMENTED IN THE FIRE SAFETY LOG.</p> <p>SEE ATTACHMENT</p> <p style="text-align: right;">03/20/09</p>



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<p>901 (1)</p>	<p>The Findings Include:</p> <ol style="list-style-type: none"> 1. A record review on March 12, 2009 at approximately 12 pm revealed that two (2) of four (4) clients did not have results of TB test in record. (resident #1 and 2) 2. A face to face interview with Director on March 12, 2009 at approximately 12:30 pm confirmed findings. <p style="text-align: center;">901 <u>Responsibilities of the ALR personnel in medication management</u></p> <p><i>An ALA shall ensure that an initial assessment identifies whether a resident:</i></p> <p>(1) <i>Is capable of self-administering his or her own medication;</i></p> <p>Based on record review and interview, it was determined that the facility failed to address if resident was capable of self medicating on the initial assessment for one (1) of four (4) residents.</p>	<p>TB TEST (CHEST X-RAY) PERFORMED PRIOR TO ADMISSION TO THE FACILITY HAVE BEEN PLACED IN EACH RESIDENT'S FOLDER YEARLY TB TEST WILL BE OBTAINED FROM EACH RESIDENT'S PRIMARY PHYSICIAN. SEE ATTACHMENT</p>	<p>03/20/09</p>
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802 <u>Medical, Rehabilitation, and Psychosocial Assessments</u>			
802 (c)	(c) The assessment shall be based on an examination by the prospective resident's primary, licensed healthcare practitioner within 30 days prior to admission. The following information obtained from the examination shall include at least the following:		
802 (c) (4)	(4) Confirmation that the applicant is free from communicable TB and from other active, infectious, and reportable communicable disease; Based on record reviews and interview, it was determined that the facility failed to ensure that two (2) of four (4) resident were free of communicable TB.	802(c) 4	COPIES OF THE RESIDENTS CHEST X-RAY PERFORMED BY THE PHYSICIAN PRIOR TO ADMISSION TO THE FACILITY HAS BEEN PLACED IN EACH RESIDENTS FOLDER TB TEST WILL BE PERFORMED YEARLY BY PMD 3/23/09



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<p>1002 (1)</p>	<p>The Finding Include:</p> <ol style="list-style-type: none"> 1. A record review for resident # 3 on March 12, 2009 at approximately 12 pm revealed that the resident self-medicates. 2. A face to face interview with Director on March 12, 2009 at approximately at 12:30 pm confirmed findings. <p style="text-align: center;">1002 <u>Fire Safety</u></p> <p><i>An ALR shall comply with the Life Safety Code of the National Fire Protection Association, NFPA 101, 1997 edition as follows:</i></p> <ol style="list-style-type: none"> 1. <i>An ALR shall be in compliance with Chapter 22, New Residential Board and Care Occupancies, Life Safety Code of the National Fire Protection Association;</i> 	<p>901</p>	<p>RESIDENT # 3 HAS A SIGNED SELF MEDICATION ASSESSMENT AND SHARED RESPONSIBILITY DOCUMENTATION IN HIS FOLDER SEE ATTACHMENT</p>	<p>03/14/2009 AND ON GOING</p>
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	<p>Based on observations on March 12, 2009 at approximately 12:30 pm, it was determined that the facility failed to maintain Life Safety Code of the National Fire Protection Association as evident by the facility not having proof that the annual checks were conducted on the fire extinguishers, sprinkler system, or smoke detectors by a licensed company.</p> <p>The facility had no documented evidence to verify the frequency of fire drills conducted on various shifts.</p>	<p>1002(1)</p>	<p>COPY OF THE CONTRACT WITH GUARDIAN FIRE COMPANY HAS BEEN OBTAINED AND PLACED IN THE FIRE SAFETY FOLDER GUARDIAN FIRE COMPANY WILL PERFORM YEARLY REQUIRED CHECK WHEN DUE ON 04/27/2009.</p> <p>FIRE DRILL HAS BEEN PERFORMED ON EACH SHIFT AND WILL BE DONE QUATERLY</p> <p>SEE ATTACHMENT FROM PAGE 8</p>	<p>03/20/09</p>
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