

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/11/2010
NAME OF PROVIDER OR SUPPLIER JOYE ASSISTED LIVING SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 6417 KANSAS AVE NE WASHINGTON, DC 20017		
(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	Initial Comments An initial licensure survey was conducted on August 11, 2010, to determine compliance with Assisted Living Law " DC Code § 44-101.01 " The following deficiencies were based on record reviews, and interviews. The sample sizes were five (5) employee records based on a census of five.	R 000	<i>Received 9/8/10 DOH - TRC - ICRO</i>	
R 669	Sec. 702b Staff Training. (b) Within 7 days of employment, an ALR shall train a new member of its staff as to the following: Based on record review and interview, it was determined that the failed failed to ensure that within 7 days of hire, each employee received orientation training for three of five staff. (Employees #1, #2 and #5) The finding includes: A record review on August 11, 2010, at approximately 12:00 p.m., revealed Employees #1, #2, and #5 did not have proof that they had received orientation training within 7 days of hire. The Manager acknowledged the findings on August 11, 2010 at approximately 3:15 p.m.	R 669	Employees #1,2 and 5 have since received orientation. Administrator- [redacted] shall ensure that all current and future employees of JOYE Assisted Living Services receive orientation within 7 days of hire and documented in the orientation check- list. All doors of the facility have since been painted and are without chips. Staff [redacted] shall inspect the Assisted Living Facility building Q monthly for any other defaults or future repairs and shall notify the handyman and ALR Administrator as soon for repairs. Documentation of any future repairs shall be placed in the appropriate folder.	8/11/2010 on going
R 971	Sec. 1003a General Building Exterior (a) An ALR shall ensure that the exterior of its facility, including walkways, yards, porches, chimney, gutters, downspouts, paintable surfaces, and accessory buildings are maintained structurally sound, sanitary, and in good repair. Based on observation and interview, it was determined that the facility failed to ensure that the exterior of its building was maintained structurally sound, and in good repair	R 971		8/13/2010 and on going

Health Regulation Administration

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

Gloria Richardson [Signature]

TITLE

ADMINISTRATOR

(X6) DATE

9/2/2010

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R 971	Continued From page 1 The findings include: An environmental inspection of the exterior of the building on August 11, 2010 at approximately 2:30 p.m., revealed that the upper and lower exit doors had chipping and peeling paint around the door moldings. The findings were acknowledged by the Administrator on August 11, 2010, at approximately 3:30 p.m.	R 971	See page 1	see page 1

Gloria Richards RA - Administrator

9/2/2010