

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>07/14/2011</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

R 000

An annual licensure survey was conducted July 14, 2011 to determine compliance with Assisted Living Law " DC Code § 44-101.01" The sample sizes were seven(7) residents records based on a census of seven(7) residents and three(3) employee records based on a census of three (3) employees. The deficiencies cited were based on record reviews and interviews.

R 481 Sec. 604b Individualized Service Plans

R 481

(b) The ISP shall include the services to be provided, when and how often the services will be provided, and how and by whom all services will be provided and accessed. Based on observation, interview and record review , it was determined the facility failed to document on the Individualized Service Plan (ISP) for one(1) of seven(7) resident's when , how often and by whom services will be provided. (Resident #3)

The findings include:

On July 14, 2011, a record review of resident #3's record at approximately 11:15 a.m., revealed ISP's dated September 28, 2010 and October 28, 2010 which failed to evidence when , how often and by whom day program services were to be provided.

On July 14, 2011, during a face to face interview at approximately 11:30 a.m. with the employee #1, she indicated resident #3 receives day program services five(5)days of week from 9:00 a.m. until 3:00 p.m., which started when the resident was admitted on September 28, 2010.

During a face to face interview with the Assistant

*Received 8/12/11*  
Department of Health  
Health Regulation & Licensing Administration  
Intermediate Care Facilities Division  
800 North Capitol St., N.E.  
Washington, D.C. 20002

*R481*

*THE ISP FOR RESIDENT #3 HAS BEEN UPDATED TO REFLECT THE NAME OF THE PROGRAM THE NUMBER OF DAYS OF ATTENDANCE AND THE HOURS OF ATTENDANCE. A QUALITY ASSURANCE PERSON HAS BEEN HIRED AND TRAINED TO REVIEW CLIENTS CHARTS EVERY TWO WEEKS FOR COMPLETENESS*

Health Regulation & Licensing Administration

*Gregory Richards*  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

*RN / ALA*

(X6) DATE

*08/02/2011*

Health Regulation & Licensing Administration

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R 481 Continued From page 1  
Living Administrator (ALA) on July 14, 2011 at approximately 12:15 p.m., she confirmed that the ISP did not indicated when, how often and by whom day services were to be provided were not documented on the aforementioned ISP's.

R 483 Sec. 604d Individualized Service Plans  
(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.  
Based on record reviews and interview, the facility failed to ensure four(4)of seven(7)resident's Individualized Services Plan (ISP)were reviewed by the interdisciplinary team that includes the resident's healthcare practitioner 30 days after admission, at least every six (6) months thereafter and updated more frequently if there was a significant change in the resident's condition. (Residents #2, #4, #5 and #6)

The findings include:

1. On July 14, 2011, a record review at approximately 10:10 a.m. of resident's #2's record revealed ISP's dated December 16, 2010 and January 16, 2011 . Further review of the ISP's revealed there was no documented evidence the ISP's were reviewed by the interdisciplinary team which includes the resident's healthcare practitioner.

R483

7/15/2011  
DNG/DING

ISPs FOR RESIDENTS # 2 #4, # 5 AND # 6 HAVE BEEN UPDATED AND SIGNED BY EACH CLIENT'S PHYSICIAN NO CHANGES IN ORIGINAL ADMISSION ISP. JOYE ASSISTED LIVING SERVICES ADMINISTRATOR AND QA PERSON SHALL REVIEW RESIDENTS CHARTS ONCE A MONTH AND AS NEEDED FOR UPDATES. A MONTHLY CALENDER SYSTEM HAS BEEN DESIGNED WITH RESIDENTS

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R 483	Continued From page 2  Further review of the record revealed there was no documented evidence the ISP was reviewed at least every six (6) months by the interdisciplinary team which includes the resident's healthcare practitioner.  During a face to face interview with the Assistant Living Administrator (ALA) on July 14, 2011 at approximately 10:45 a.m., she indicated the aforementioned ISP had been by reviewed by the interdisciplinary team which included the resident's healthcare practitioner and the ISP's had been reviewed in six (6) months as required by the regulation. At the time of this interview, the ALA indicated she had a copy of the reviewed ISP's at home and would bring them to the DOH/HRLA office on July 15, 2011.  It should be noted the ALA had not brought or sent the copies of the reviewed ISP's to the DOH/HRLA office by the time this report was written.  2. On July 14, 2011, a record review of resident's #4's record at approximately 11:30 a.m. revealed the resident was admitted on December 16, 2010. Further review of the record revealed there was no documented evidence of an ISP in the resident's record at the time of this survey.  During a face to face interview with the ALA on July 14, 2011 at approximately 12:30 p.m., she indicated resident #4 had an ISP's developed however they were at her home and she would send them to the DOH/HRLA office for surveyor to review on July 15, 2011.  On July 18, 2011, (post survey), a review of resident's #4's documents ( faxed to the office by	R 483	NAME ADD ISP DVE DATES TO PREVENT MISSED ISP FOR ANY RESIDENT SEE ATTACHMENT #1 A SECOND PAGE FOR ISP REVIEW DATES AND SIGNATURE HAS BEEN CREATED TO REFLECT NO CHANGES. A NEW ISP SHALL BE CREATED IF THERE IS ANY CHANGES IN THE PREVIOUS ISP	7/15/11 AND ORIGINAL	

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R 483	<p>Continued From page 3</p> <p>the ALA on July 15, 2011) at approximately 11:00 a.m. revealed ISP's dated October 16, 2010 and December 16, 2010. There was no documented evidence the ISP was reviewed in six (6) months (June 2011).</p> <p>3. On July 14, 2011, a record review of resident's #5's record at approximately 11:50 a.m. revealed the resident was admitted on October 6, 2010. Further review of the record revealed ISP's dated October 6, 2010 and November 6, 2010. There was no documented evidence of the ISP was reviewed in six (6) months (May 2011) in the resident's record at the time of this survey.</p> <p>During a face to face interview with the Assistant Living Administrator (ALA) on July 14, 2011 at approximately 12:30 p.m., she indicated she had a copy of the reviewed ISP's at home and would bring them to the DOH/HRLA office on July 15, 2011.</p> <p>It should be noted the ALA had not brought or sent the copies of the reviewed ISP's to the DOH/HRLA office by the time this report was written.</p> <p>4. On July 14, 2011, a record review of resident's #6's record at approximately 11:50 a.m. revealed an ISP dated November 8, 2010. There was no documented evidence the ISP was reviewed by the resident's health care practitioner.</p> <p>During a face to face interview with the Assistant Living Administrator (ALA) on July 14, 2011 at approximately 12:30 p.m., she indicated she had a copy of the reviewed ISP's at home and would bring them to the DOH/HRLA office on July 15, 2011.</p>	R 483	<p>SEE CORRECTION FOR RESIDENT # 2, 4, 5 AND 6 ATTACHMENT #1 SEE PG # 3</p>	
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R 483 Continued From page 4

R 483

It should be noted the ALA had not brought or sent the copies of the reviewed ISP's to the DOH/HRLA office by the time this report was written.

R 704 Sec. 802a Medical, Rehabilitation, Psychosocial Assess.

R 704

(a) A medical, rehabilitation, and psychosocial assessment of the resident shall be completed within 30 days prior to admission. Based on record review and interview, it was determined the facility failed to ensure two (2) of seven(7) resident's had a completed medical, rehabilitation and psychosocial assessment within 30 days prior to admission. (Resident #5, #6 )

The findings include:

1. On July 14, 2011, a record review of resident #5's record at approximately 11:50 a.m. revealed an incomplete medical, rehabilitation and psychosocial assessment.

*R704 RESIDENT #5 ADMISSION 7/16/11 ASSESSMENT BY A PHYSICIAN HAS BEEN COMPLETED AND PLACED IN THE RESIDENTS FOLDER. INSERVICE WAS HELD WITH JOYE ASSISTED LIVING STAFF ON DOCUMENTS THAT CAN/CANNOT BE THROWN OUT OF A RESIDENTS CHART. JOYE ASSISTED LIVING ALA AND ONE PERSON SHALL REVIEW ALL CHARTS MONTHLY FOR COMPLETENESS*

During a face to face interview with Assistant Living Administrator (ALA) on July 14, 2011 at approximately 12:30 p.m., she indicated the resident had a completed medical, rehabilitation or psychosocial assessment which was at her home and she would bring the completed copy to the DOH/HRLA office on July 15, 2011 for the surveyor to review.

It should be noted there was no document evidence of a completed medical, rehabilitation and psychosocial assessment brought or sent to the DOH/HRLA office by the ALA at the time this report was written.

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R 704	Continued From page 5  2. On July 14, 2011, a record review of resident #6's record at approximately 12:00 p.m. revealed an incomplete medical, rehabilitation and psychosocial assessment.  During a face to face interview with Assistant Living Administrator (ALA) on July 14, 2011 at approximately 12:30 p.m., she indicated the resident had a completed medical, rehabilitation or psychosocial assessment which was at her home and she would bring the completed copy to the DOH/HRLA office on July 15, 2011 for the surveyor to review.  It should be noted there was no document evidence of a completed medical, rehabilitation and psychosocial assessment brought or sent to the DOH/HRLA office by the ALA at the time this report written.	R 704	<b>SEE ATTACHMENT #2.</b>
R 710	Sec. 802 4 Medical, Rehabilitation, Psychosocial Assess.  (4) Confirmation that the applicant is free from communicable TB and from other active, infectious, and reportable communicable diseases; Based on a record review and interview, it was determined the facility failed to confirm three(3) of seven (7) resident's were free from communicable TB. (Resident's #1, #2 and #5)  The findings include:  1. On July 14, 2011, a record review of resident #1's records at approximately 9:45 a.m. revealed there was no documented evidence that the resident was free from communicable TB.	R 710	<b>RESIDENT # 1, 2, 5. 7/15/11 CHARTS HAVE BEEN UPDATED WITH MISSING DOCUMENTS. JOYE ASSISTED LIVING SERVICES ADMINISTRATOR AND QA PERSON SHALL REVIEW ALL RESIDENTS CHARTS A MONTHLY AND PRN FOR ANY MISSING DOCUMENTS SEE ATTACHMENT #3</b>

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R 710 Continued From page 6

R 710

During a face to face interview with Assistant Living Administrator (ALA) on July 14, 2011 at approximately 10:30 a.m., she indicated the resident had a recent chest X-ray. She also indicated she had a copy of the chest X-ray at her home and would bring the recent chest X-ray to the DOH/HRLA office on July 15, 2011 for the surveyor to review.

It should be noted there was no document evidence of recent chest X-ray for resident #1 brought or sent to the DOH/HRLA office by the ALA at the time this report was written.

2. On July 14, 2011, a record review of the aforementioned resident #2's records from at approximately 10:10 a.m. revealed there was no documented evidence that the resident was free from communicable TB.

During a face to face interview with Assistant Living Administrator (ALA) on July 14, 2011 at approximately 10:30 p.m., she indicated the resident had a recent PPD test in which she had a copy of the test at her home and she would bring the recent PPD test to the DOH/HRLA office on July 15, 2011 for the surveyor to review.

It should be noted there was no document evidence of a recent PPD test for resident #2 brought or sent to the DOH/HRLA office by the ALA at the time this report was written

3. On July 14, 2011, a record review of resident #5's records from at approximately 11:50 a.m. revealed there was no documented evidence that the resident was free from communicable TB.

SEE ATTACHMENT #3

Health Regulation & Licensing Administration

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R 710 Continued From page 7

During a face to face interview with Assistant Living Administrator (ALA) on July 14, 2011 at approximately 12:30 am., she indicated the resident had a recent PPD test in which she had a copy of the test at her home and she would bring the recent PPD test to the DOH/HRLA office on July 15, 2011 for the surveyor to review.

It should be noted there was no document evidence of a recent PPD test for resident #5 brought or sent to the DOH/HRLA office by the ALA at the time this report was written

R 710

SEE ATTACHMENT  
# 3.