



GOVERNMENT OF
THE DISTRICT OF
COLUMBIA

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:	Follow-up Dates(s):	Completion Date
TWINNS PLACE	541 Shepherd St., NW Washington, DC 20011-5912	06/09/2010,		
Regulation Chapter 105.04(9)	Statement of Deficiencies "ASSISTED LIVING RESIDENCE" D.C. Code § 44-101.01	Plan of Correction Renewed 7/9/10 GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002	Accommodation Of Needs 105.04 A resident shall have the right to the following: (6) To be free of physical restraints at all times; and... Based on observation and staff interview, the facility failed to ensure	

Name of Inspector
Jude Jules

Date Issued
6/27/2010

Facility Director/Designee

Date



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all Residents were provided care free from physical restraints for one of four residents residing in the facility. [Resident #1]

On 6/9/70, at approximately 3:30 p.m., Resident #1 was observed sitting in a "Geri-Chair" in the dining room eating a snack while the other residents were allowed to move freely about the facility and sit where they pleased. After he had completed his snack, the attending staff removed his plate of food and server unlocked the feeding tray. The feeding tray remained locked for the remainder of the survey.

Interview with the Assistant Living Administrator (ALA) on the same day at 3:31 p.m., revealed she had been seated and locked into the Geri-Chair to prevent him from walking around the facility due to the pressure sore on his left heel.

The tray on the Geri-Chair has a locking mechanism that can only be accessed and released by staff.

The facility failed to ensure that all residents were free from physical restraints at all times.

165.05
Representation And Resolution Of Grievances And
Complaints

(a) A resident shall have the right to the following:

(4) To have access to an internal grievance and complaint procedure for any denial of services or rights provided for under the chapter and to an external review process by an independent person or entity.

Based on staff interview and record review, the facility failed to ensure a procedure for the review of denial of services or rights was enacted for four of four residents in the facility. [Residents #1, #2, #3 and #4]

The finding includes:

Corrective action: Long-term
Safeguards for the care of the Geri-Chair
2. Conerman had a C&D blade
left to the Geri-Chair. Remove
the blade and place at a safe
time but in 80% facility
not use the chair unless
otherwise
Print in use for months ending March
They will be removed immediately after March
6-1-10

1. order from [redacted]
Due 7-13-10 regarding concern
to eliminate all past and not past
Pressure on the feet while resident was
Visit on 8-24-10 at 12:00 pm.

165.05(a)(4)

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Interview and record review with the Assistant Living Administrator (ALA) on 6/9/2010, at 5:30 p.m., revealed the creation of a written system for managing internal grievances, complaints, and/or denial of services was pending.

The ALA confirmed she was working on a final draft of the grievance policy and would have a final draft in place by this coming Friday 6/11/2010.

107201
Seating Standards

(a) An ALR shall be supervised by an ALA who shall be responsible for all personnel and services within the ALR.

Based on staff interview and record review, the facility's Assisted Living Administrator (ALA) failed to ensure effective oversight over personnel and services provided for four of four residents in the facility. [Residents #1, #2, #3 and #4]

The finding includes:

1. The ALA failed to ensure all Residents received care free from physical restraints for one of four residents residing in the facility. [105.04(6)]
2. The ALA failed to ensure the implementation of an effective system to manage the review of any denial of services or rights for four of four residents residing in the facility. [See Citation 105.05(4)]
3. The ALA failed to establish a system to ensure ongoing training for its staff to ensure the health and safety for one of the four residents in the facility. [See 107.01(d)(X)(D)]

2. *Personnel Log done
Policy was completed 6-11-10*

3. *Personnel will be transferred living rooms
or long term care immediately after June 6-11-10
Personnel is only being taken off staff
for a Section by the ALR*

*Personnel policy completed on 6-11-10
Policy was approved and
signed by staff
all new hire training will be completed
which is (17) days of time.*



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4. The ALA failed to ensure that a CPR certified staff was on duty for each shift. [See 107.01(d)(6)]
5. The ALA failed to ensure that all employees had background checks that were in compliance with District of Columbia law. [107.01(d)(9)]
6. The ALA failed to establish a system to ensure ongoing training for its staff. [107.01(d)(1)(D)]

107.01(d)(9)(D)

(6) An ALA shall:

(1) Employ staff and develop a staffing plan in accordance with the chapter and based upon the following criteria to ensure the safety and proper care of residents in the ALA:

(D) The composition and training of the employees; and...

Based on staff interview and record review the facility failed to establish a system to ensure ongoing training for its staff to ensure the health and safety of four of four residents in the facility. [Residents #1, #2, #3 and #4]

The finding includes:

Interview and record review with the Assistant Living Administrator (ALA) on 6/9/2010, at 5:44 p.m., revealed no staff training has been initiated to date.

The ALA further provided that staff training was in the development stage and will be completed with their new registered nurse (RN) in July 2010.

107.01(d)(6)

(6) An ALA shall:

CPR Comp. Ref. on 6-24-10

Had a D.C. Governor's Conf. & Forum
was on June 27-2-10
304 625 3878

3. — Classes begin 7-30-10

Classes begin 7-30-10

see it & will begin on 7-2-10
during the absence of Rio & George

7-30-10

Classes begin 7-30-10

7-30-10

Classes begin

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(9) Assure that there is at least one staff member with the ALA at all times who is certified by First Aid and CPR;

Based on staff interview and record review, the Assistant Living Administrator (ALA) failed to ensure that a CPR certified staff was on duty for each shift. [Staff #1]

The findings include:

Only Staff #1 was observed to be on duty for the evening shift that began at 4:00 p.m., on 6/9/2010. Interview with the ALA on the same day at 6:00 p.m., revealed Staff #1 was the only staff scheduled for that evening. In addition, she was a recent re-hire and had only completed a month and a half of employment.

Review of the personnel records on the same day at approximately 6:05 p.m., revealed there was no evidence that Staff #1 had completed and/or obtained a CPR or First Aid certification.

Note: There was also no evidence that Staff #2 had obtained a CPR or First Aid certification as well.

The ALA failed to ensure a staffing pattern that ensured a CPR/First Aid certified staff was on duty for each shift.

(9) As ALA state:

(9) Assure that each employee has a background check pursuant to Federal and District law executed at the time of initial employment;

Based on record review and interview, the ALA failed to ensure that all employees had background checks that were in compliance with District of Columbia law, for one of four employees. [Staff #3]

The findings include:

Completed on 6-24-10
CPEA First and complete and 24-10
Cards are available for Review

Comp Ret'd on 6-24-10

Comp Ret'd on 6-24-10

Completed on 6-24-10

107.01(4)(9)

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[Reference: Licensure Citation 4701.5]

The Assisted Living Administrator (ALA) failed to ensure Staff #3's criminal background check covered all the jurisdictions where this employee lived and/or worked the past seven (7) years prior to employment. Staff #3's personnel file reflect an employment history in Maryland, but only a District of Columbia screening was on file.

Interview with the Assisted Living Administrator on 6/9/2010, at approximately 4:55 pm, confirmed the criminal background check for Staff #3 did not cover all jurisdictions where this staff lived or worked over the past seven (7) years.

(4) As ALA staff:

(1) Maintain personnel records for each employee that include documentation of criminal background checks, statements of health status, and documentation of the employer's communicable disease status;

Based on record review and interview, the ALA failed to maintain personnel records for one of four employees. [Staff #3]

The finding includes:

[See Citation 107.01(d)(8)]

Staff #3's personnel file failed to reflect a criminal background check covered where they've lived or worked over the past seven years.

(d) The staff shall:

(4) Not work unapproved without satisfactory completion of the training required by section 107.02

Based on staff interview and record review, the ALA failed to ensure

107.01(d)(11)

107.01(d)(9)

*Completed on 7-2-10
Background Check for this employee
for 7-2-10. All available for
Review.
1
Completed on 7-2-10*

Completed on 7-2-10



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<p>112049)</p> <p>that newly-hired staff did not work unsupervised without completion of training required by section 187.02, for one of four employees. [Staff #3]</p> <p>The finding includes:</p> <p>Staff #3 was observed working alone in the ALR with the four residents. Review of personnel records revealed no documented evidence that Staff #3 had completed the training required by section 187.02 prior to working unsupervised.</p> <p>11024 General Building Interior</p> <p>An ALA (Assistant Living Administrator) state:</p> <p>(g) Ensure that the interior of the facility including walls, ceilings, doors, windows, equipment, and fixtures are maintained structurally sound, sanitary, and in good repair.</p> <p>Based on an environmental inspection it was determined that the ALA failed to ensure that the interior of its facility including walls, ceilings, doors, windows, equipment, and fixtures are maintained structurally sound, sanitary, and in good repair.</p> <p>The finding includes:</p> <p>An environmental inspection was conducted on 6/9/2010, at 3:20 p.m. During the inspection, one of the electrical outlets in the living room was found broken and the covering plate removed. Parts of the electrical socket was broken off and hanging from the wall unit.</p>	<p>Had been properly trained as per department for full compliance on class begin 7-19-10 7-30-10 complete.</p> <p>Sign on 7-19-10 7-19-10 Complete on 7-30-10</p> <p>Repaired on 6-10-10</p>
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