



GOVERNMENT OF  
THE DISTRICT OF  
COLUMBIA

DEPARTMENT OF HEALTH  
HEALTH REGULATION & LICENSING  
ADMINISTRATION

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CRFMR  
Rev. 9/02

*Received 3/29/10*

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<p>Name of Facility:  Twins Place</p>	<p>Street Address, City, State, ZIP Code:  4917 Foote St., NE Wash., DC 20018</p>	<p>Survey Date: 11/20/09</p> <p>Follow-up Dates(s):</p>		
<p>Regulation Citation  Assisted Living Residence Law 13-127 Act 13-297</p>	<p>Statement of Deficiencies  An annual licensure survey was conducted at your facility on November 20, 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 a interview. The sample sizes were five (5) resident cords based on a census of five (5) and four (4) employee records based on a census of four (4). There were also some deficiencies noted during this survey with Title 17, Chapter 61 Trained Medication Employees which will be referred to the Board of Nursing.</p>	<p>Ref. No.</p>	<p>Plan of Correction</p>	<p>Completion Date</p>

*Shirley Miller*  
Name of Inspector

*12/22/09*  
Date Issued

*Francis J. Johnson*  
Facility Director/Designee

*3-29-10*  
Date

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

44-105.08

NOTICE OF RESIDENT'S RIGHTS

44-105.08

*An ALR shall place a copy of a document delineating the resident's rights, as set forth in this chapter, 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 changes to the resident's status, level of care, or services available to the resident.*

Based on an observation and interview, it was determined the facility failed to place a copy of a document delineating the resident's rights, as set forth in this chapter, in a conspicuous location, plainly visible and easily read by residents, staff, and visitors.

The findings include:

An observation on November 20, 2009 at approximately 10:00 a.m. revealed that the facility failed to place a copy of a document delineating the resident's rights, as set forth in this chapter, in a conspicuous location, plainly visible and easily read by residents, staff, and visitors.

*A updated copy of Residents  
Rights has been distributed  
to some employees on 1-15-2010*

*Revised  
1-15-2010*

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During a face-to-face interview with employee #4 on November 20, 2009 at approximately 10:15 a.m., she acknowledged the finding.

Based on record reviews and interviews, it was determined that the facility failed to 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 for two (2) of five (5) resident's. (Resident #1&2)

The findings include:

1. A record review of Resident #1's record on November 20, 2009 at approximately 11:40 a.m. revealed that there was no documented evidence in the record that the facility provided a copy of the resident's rights to the resident or the resident's surrogate.

During a face-to-face interview with Employee #4 on November 20, 2009 at approximately 2 p.m., she acknowledged the finding.

*Resident's & update copy on*

*1-15-2010*

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

44-105.08

NOTICE OF RESIDENT'S RIGHTS

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Based on an observation and interview, it was determined the facility failed to place a copy of a document delineating the resident's rights, as set forth in this chapter, in a conspicuous location, plainly visible and easily read by residents, staff, and visitors.

The findings include:

An observation on November 20, 2009 at approximately 10:00 a.m. revealed that the facility failed to place a copy of a document delineating the resident's rights, as set forth in this chapter, in a conspicuous location, plainly visible and easily read by residents, staff, and visitors.

*Effective 3/10 Resident Rights have been posted in facility*



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During a face-to-face interview with employee #4 on November 20, 2009 at approximately 10:15 a.m., she acknowledged the finding.

Based on record reviews and interviews, it was determined that the facility failed to 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 for two (2) of five (5) resident's. (Resident #1&2).

The findings include:

1. A record review of Resident #1's record on November 20, 2009 at approximately 11:40 a.m. revealed that there was no documented evidence in the record that the facility provided a copy of the resident's rights to the resident or the resident's surrogate.

During a face-to-face interview with Employee #4 on November 20, 2009 at approximately 2 p.m., she acknowledged the finding.

*Effective 3-2-10  
Resident Rights  
has been posted  
Placed in All Resident  
Records.*



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2. A record review of Resident #2's record on November 20, 2009 at approximately 12:15 p.m. revealed that there was no documented evidence in the record that the facility provided a copy of the resident's rights to the resident or the resident's surrogate.

During a face-to-face interview with Employee #4 on November 20, 2009 at approximately 2 p.m., she acknowledged the finding.

44-1064

**INDIVIDUALIZED SERVICE PLANS**

*An ISP shall be developed following the completion of the "post move-in" assessment.*

Based on a record review and interview, it was determined that the facility failed to develop an ISP following the post move-in assessment for (2) of five (5) residents'. (Resident's #2 &3)

The findings include:

*Effective 3-2-10 Resident Rights has been posted*

44-106.4  
(a) (2)

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1. A record review of Resident #2's record on November 20, 2009 at approximately 11:40 a.m. revealed that Resident #2 was admitted to the facility on March 27, 2009.

Further review of the record revealed that there was no documented evidence that an ISP was developed for Resident #2 following the completion of the "post move-in" assessment.

During a face-to-face interview with Employee #4 on November 20, 2009 at approximately 2 p.m., she acknowledged the finding.

2. A record review of Resident #3's record on November 20, 2009 at approximately 12:30 p.m. revealed that Resident #3 was admitted to the facility on March 27, 2009.

Further review of the record revealed that there was no documented evidence that an ISP was developed for Resident #3 following the completion of the "post move-in" assessment.

During a face-to-face interview with Employee #4 on November 20, 2009 at approximately 2 p.m., she acknowledged the finding.

3-2-10  
ISP for Resident #2  
has been completed  
RN will OK Every 30-45 Days

3-2-10  
ISP for Resident #3  
has been completed

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44-106.4  
(a) (3)

*The Individualized Service Plan (ISP) shall be written by a healthcare practitioner using information from the assessment.*

Based on record reviews and interviews, it was determined that facility failed to have a healthcare practitioner write the ISP for five (5) of five (5) resident's. (Resident's #1,2,3,4,5)

The findings include:

1. A record review of Resident #1's record on November 20, 2009 at approximately 11:40 a.m. revealed an ISP dated February 9, 2009. There was no documented evidence in the record that the ISP was written by a health practitioner.

During a face-to-face interview with Employee #4 on November 20, 2009 at approximately 2 p.m., she acknowledged the finding.

2. A record review of Resident #2's record on November 20, 2009 at approximately 12:15 p.m. revealed an ISP dated February 2009. There was no documented evidence in the record that the ISP was written by a health practitioner.

3-2-10 Isp has been giving to practitioner for Signature on next visit

3-2-10 Isp has been given to practitioner for Signature on next visit

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During a face-to-face interview with Employee #4 on November 20, 2009 at approximately 2 p.m., she acknowledged the finding.

3. A record review of Resident #3's record on November 20, 2009 at approximately 12:30 p.m. revealed an ISP dated February 17, 2009. There was no documented evidence in the record that the ISP was written by a health practitioner.

During a face-to-face interview with Employee #4 on November 20, 2009 at approximately 2 p.m., she acknowledged the finding.

4. A record review of Resident #4's record on November 20, 2009 at approximately 1:00 p.m. revealed an ISP dated February 1, 2009. There was no documented evidence in the record that the ISP was written by a health practitioner.

During a face-to-face interview with Employee #4 on November 20, 2009 at approximately 2 p.m., she acknowledged the finding.

5. A record review of Resident #5's record on November 20, 2009 at approximately 1:30 p.m. revealed an ISP dated February 1, 2009. There was no documented evidence in the record that the ISP was written by a health practitioner.

3-2-10 Isp has been given to practitioner for signature on next visit

3-2-10 Isp has been given to practitioners for signature on next visit

3-2-10 Isp has been given to practitioner for signature on next visit

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During a face-to-face interview with Employee #4 on November 20, 2009 at approximately 2 p.m., she acknowledged the finding.

*The ISP shall be reviewed 30 days after admission and at least every 6 months thereafter...*

7(d)

Based on a record review and interview, it was determined that the facility failed to review ISP's 30 days after admission for two (2) of five (5) Resident's. (Resident's #2 & #3)

The findings include:

- 1. A record review of Resident #2's record on November 20, 2009 at approximately 12:15 p.m. revealed that Resident #2 was admitted to the facility on March 27, 2009.

Further review of the record revealed that there was no documented evidence that an ISP was developed for Resident #2 30 days after admission.

During a face-to-face interview with Employee #4 on November 20, 2009 at approximately 2 p.m., she acknowledged the finding.

3-2-10 ISP has been passed on to practitioner for signature

I have developed ISP's 30 days after Resident's admission to facility.

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2. A record review of Resident #3's record on November 20, 2009 at approximately 12:30 p.m. revealed that Resident #3 was admitted to the facility on March 27, 2009.

Further review of the record revealed that there was no documented evidence that an ISP was developed for Resident #3 30 days after admission.

During a face-to-face interview with Employee #4 on November 20, 2009 at approximately 2 p.m., she acknowledged the finding.

Based on record reviews and an interview, it was determined that the facility failed to review ISP's every 6 months for five (5) of five (5) resident's.

The findings include:

1. A record review of Resident #1's record on November 20, 2009 at approximately 11:40 a.m. revealed the most recent ISP in the record was dated February 9, 2009.

Further review of the record revealed that there was no documented evidence of the ISP reviewed six months after admission.

During a face-to-face interview with Employee #4 on

3-2-10 ISP has been  
passed on to practitioner  
for signature

Effective 3-2-10 -ISP has  
been passed on to  
practitioner for signature

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November 20, 2009 at approximately 2 p.m., she acknowledged the finding.

2. A record review of Resident #2's record on November 11, 2009 at approximately 12:15 a.m. revealed the most recent ISP in record was dated February 2009.

Further review of the record revealed that there was no documented evidence of the ISP reviewed six months after admission.

During a face-to-face interview with Employee #4 on November 20, 2009 at approximately 2 p.m., she acknowledged the finding.

3. A record review of Resident #3's record on November 11, 2009 at approximately 12:30 p.m. revealed the most recent ISP in record was dated February 17, 2009.

Further review of the record revealed that there was no documented evidence of the ISP reviewed six months after admission.

During a face-to-face interview with Employee #4 on November 20, 2009 at approximately 2 p.m., she acknowledged the finding.

Effective 3-2-10 Isp has been passed on to practitioner for signature

Effective 3-2-10 Isp has been passed on to practitioner for signature

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4. A record review of Resident's #4's record on November 20, 2009 at approximately 1:30 p.m. revealed the most recent ISP in record was dated February 1, 2009.

Further review of the record revealed that there was no documented evidence of the ISP reviewed six months after admission.

During a face-to-face interview with employee #4 on November 20, 2009 at approximately 2 p.m., she acknowledged the finding.

5. A record review of Resident #5's record on November 20, 2009 at approximately 1:30 p.m. revealed the most recent ISP in record was dated February 1, 2009.

Further review of the record revealed that there was no documented evidence of the ISP reviewed six months after admission.

During a face-to-face interview with Employee #4 on November 20, 2009 at approximately 2 p.m., she acknowledged the finding.

Effective 3-2-10 ISP has been passed on to practitioner for signature  
ISP was developed and signed by RN Every 30-45 days

Effective 3-2-10 ISP has been passed on to practitioner for signature

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

44-107.01  
STAFFING STANDARDS

Assure that there is at least one staff member with the ALR, at all times who is certified in first-aid and CPR.

Based on record review, it was determined that the ALR, failed to ensure that 2 of 4 staff were certified in first aid and CPR.

The findings include:

Review of the ALR personnel files on November 20, 2009, at approximately 10:30 a.m. revealed staff #3 and #4 did not have CPR or First Aid cards in the personnel records.

44-107.02  
Staff Training

(b) Within 7 days of employment, and ALR shall train a new member of its staff and to the following

- (1) Their specific duties and assignments;
- (2) The purpose and philosophy of the ALR;

44-107.01  
(d) (6)

3-2-10 Employees duties and assignments have been completed

ALL Staff has been Trained in ALL classes listed.

RN will check all New Employee Files Every 30-45 Days TO ENSURE Training has been Provided.

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44-107.02 (b)

- (3) *The services provided;*
- (4) *The daily routines;*
- (5) *The rights of residents;*
- (6) *The emergency procedures and disaster drills and techniques of complying, including evacuating residents when applicable;*
- (7) *Elementary body mechanics, including proper lifting and place transfer;*
- (8) *Choking precautions and airway obstructions, including the Heimlich Maneuver; and*
- (9) *Infection control*

Based on record review, it was determined that the ALR failed to ensure that 4 of 4 staff met the criteria for all staff training.

The findings include:

Review of four (4) personnel records on November 20, 2009, at approximately 10:40 am., revealed (4) staff files did not have all but not limited to parts of staff orientation in their files.

Effective 3-2-10 has been placed in files  
Effective 3-2-10 has been posted  
Effective 3-2-10 IS posted

3-2-10  
Employee training has been completed



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

44-109.04

MEDICATION STORAGE

**44-109.04 (d)**  
*The key to the storage area shall be kept on the person of the employee on duty who is responsible for administering medications.*

Based on an observation and interview, it was determined that the facility failed to ensure that the key to the storage area was kept with the employee who was responsible for administering medications.

The findings include:

An observation on November 20, 2009 at approximately 11:00 a.m. revealed that the key to the storage area was left in a lock desk drawer.

Further observation revealed that Employee #4 did not have access to the key and was unable to unlock the medication storage area.

During a face-to-face interview with Employee #4 on November 20, 2009 at approximately 11:30 a.m., revealed she does not give medication. She admitted that the owner of the facility is the person who administers

NO STAFF will have access to key  
TO medication RW. IF Not qualified TO  
Administer medication.



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  
the medications to all the residents.

44-110.04

**GENERAL BUILDING INTERIOR**

*(a) An ALR shall ensure that the interior of its facility including walls, ceiling, doors windows, equipment, and fixtures are maintained structurally sound, sanitary and good repair.*

Based on inspection of the facility on November 20, 2009 at approximately 10:00a.m., it was determined that the facility had the following deficiencies.

44-110.04 (a)

The findings include:

1. The electric cooking grill had excessive grease on it and was in need of cleaning.
  - 2 The basement bathroom hot and cold water knobs were broken on the sink.
- The house care staff acknowledged these deficiencies.

3-2-10 Has been disguardad.

3-2-10 Has been replaced