

DC Health Regulation and Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-134		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/21/2026	
NAME OF PROVIDER OR SUPPLIER COMP CARE II				STREET ADDRESS, CITY, STATE, ZIP CODE 1321 EMERSON STREET NW, WASHINGTON, District of Columbia, 20011			
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10000	Initial Comments A licensure survey was conducted at this facility from 08/18/2026 through 08/21/2026. A sample of three persons was selected from a census of five. The findings of the survey were based on observations, interviews, and record review.			10000	Please start typing your responses here:		
15300	Housekeeping CFR(s): 3503.3 3503.3 The interior and exterior of each CRFPID shall be maintained in a safe, clean, orderly, attractive, and sanitary manner, and be free of clutter, accumulations of dirt, rubbish, and objectionable odors. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observations and interviews, the Community Residential Facility for Persons with Intellectual Disabilities (CRFPID) failed to ensure the environment was properly maintained in accordance with the needs, for two of two persons residing in the facility (Persons #1 and #2). Findings included: On 08/21/2026 beginning at 2:05 PM, the House Manager (HM) accompanied the surveyor during the environmental walk-through of the facility. The following concerns were identified: 1. The oven had an accumulation of grease and food stains. 2. Greasy stains were observed on the kitchen wall above the stove and under the range hood. 3. The blinds throughout the house had an accumulation of dust. Additionally, the blind in Person #2's bathroom and the blind in the upstairs hallway were broken.			15300			

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE
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I5300	Continued from page 1 4. There were drywalls, peeling paint and cracks in the walls throughout the facility. After the completion of the environmental Walk through, the House Manager acknowledged the findings and stated that the facility will address the concerns.	I5300					
I5500	Housekeeping CFR(s): 3503.5 3503.5 Each CRFPID shall be free of insects, rodents and vermin. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observations and staff interviews, the Community Residence Facility for Persons with Intellectual Disabilities (CRFPID) failed to maintain the environment free of roaches to ensure the health and safety of two Persons (Person #1 and #2). Findings included: On 08/18/2026 at 8:00 AM, a live roach was observed on the kitchen counter. When the surveyor brought this to the attention of the Licensed Practical Nurse (LPN), the LPN stated that pest control had recently serviced the facility. At 6:09 PM, another live roach was observed on the kitchen wall. On 08/20/2026 at 11:37 AM, an additional live roach was observed on the active treatment table in the living room. On 08/20/2026 at 12:15 PM, an interview with the House Manager (HM) revealed that the facility's pest control service previously checked for pests and provided treatments quarterly. She stated that when staff began reporting roaches, the service frequency was changed to monthly. She further stated that the schedule would be changed to every two weeks.	I5500					
I5700	Housekeeping CFR(s): 3503.7 3503.7 No cleaning agent, bleach, insecticide or any other poisonous, dangerous, or flammable material shall be accessible to a person where access to such substance is contraindicated in the person's ISP.	I5700					

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I5700	Continued from page 2 This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observations and interviews, the Community Residence Facility for Persons with Intellectual Disabilities (CRFPID) failed to properly store a bed bug treatment agent for the two persons residing in the facility (Persons #1 and #2). Findings included: Observations during the environmental walk through of the facility on 08/21/2026, beginning at 2:05 PM, with the House Manager revealed a bed bug treatment agent was in an unlocked cabinet in a spare bedroom. During an interview, the House Manager acknowledged the finding and stated that the item will be removed and properly stored.	I5700		
I6440	Meals And Dining CFR(s): 3504.3 3504.3 Menus shall be developed with consideration of average portion sizes for menu items, person preferences, shall be developed on a weekly basis, shall provide a variety of food choices at each meal, and shall be available to persons during mealtimes and otherwise. Each menu shall vary from week to week and adjusted for seasonal changes. Menus shall be available for each person's review. Mealtime protocols containing personal dietary needs shall not be displayed publicly. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observations, interviews and record reviews, the Community Residence Facility for Persons with Intellectual Disabilities (CRFPID) failed to ensure each client was provided with a variety of foods and that substitutions were made with foods of similar nutritional value for two of two persons residing in the facility (Persons #1 and #2). Findings included: 1. On 08/18/2026, beginning at 7:43 AM, breakfast observations showed that Persons #1 and #2 were served eggs, bread, cereal, juice and water. A review of the breakfast menu for 08/18/2026,	I6440		

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I6440	Continued from page 3 showed that the persons should have received turkey sausage, toast, raisin bran, juice, and milk or water. At 8:20 AM, Direct Support Professional (DSP) #1 stated that the items listed on the breakfast menu were not available. 2. On 08/18/2026 at approximately 7:15 AM, DSP #1 was observed taking a hamburger from the refrigerator to cook. Observation at Person #2's day program showed the person was drinking his ensure. When asked what Person #2 had for lunch, the 1:1 staff (DSP #3) stated that person #2 had a hamburger and fries. A review of the lunch menu for 08/18/2026, showed that the client should have received chicken salad, bread, sweet pickles, potato chips, peaches, and a beverage. Continued observations during dinner beginning at 5:48 PM, showed that Person #1 was served a hamburger, potato salad, broccoli, juice and water. Person #2 was served a hamburger, potato tots, juice and water. A review of the dinner menu for 08/18/2026, showed that the persons should have received country steak, mashed potatoes, glazed carrots, dinner roll, cherry pie and a beverage. On 08/19/2026, at 1:40 AM, observations during lunch showed that Person #2 was served hamburger and potato tots again. A review of the lunch menu for 08/19/2026, showed that Person #2 should have received a peanut butter and jelly sandwich, carrot and celery sticks, a banana and a beverage. During an interview on 08/20/2026 at 12:20 PM, the House Manager stated that she was not sure why the clients were not served a variety of foods or provided appropriate nutritional substitutions.			I6440			
I6810	BEDROOMS CFR(s): 3505.11 3505.11 Each person shall have privacy in his or her sleeping and living unit. This LICENSURE REQUIREMENT is NOT MET as			I6810			

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I6810	Continued from page 4 evidenced by: Based on observations, interviews and record reviews, the Community Residence Facility for Persons with Intellectual Disabilities (CRFPID) failed to ensure privacy during personal care needs, for two of two persons residing in the facility (Persons #1 and #2). Findings included: 1. On 08/18/2026 at 7:02 AM, Direct Support Professional (DSP) #1 informed the surveyor that she was providing personal hygiene care. At 7:05 AM, Person #1 was observed walking in her bedroom wearing only underwear, with the bedroom door fully open. DSP #1 was also observed in Person #1's bedroom. At 7:07 AM, DSP #1 partially closed the bedroom door. Person #2 and DSP #2 were observed within close proximity at this time. During an interview at 7:25 AM, DSP #1 acknowledged that the bedroom door should have been closed to ensure Person #1's privacy. 2. On 08/20/2026 at 3:55 PM, Person #2 was observed sitting on the toilet with his pants down, exposing his legs and buttocks, while the bathroom door was partially open. During this time, Person #1 and staff were observed within close proximity. During an interview at 4:01 PM regarding person privacy during personal care needs, DSP #5 stated that the bathroom door should have been closed to ensure Person #2's privacy.	I6810			
I7690	MANAGEMENT OF OPERATIONS CFR(s): 3511.9 3511.9 Each CRFPID shall maintain a full and complete accounting of each person's personal funds entrusted to the facility on behalf of the person. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on interviews and record reviews, the Community Residence Facility for Persons with Intellectual Disabilities (CRFPID) failed to provide evidence or receipts that justified the withdrawals/expenditures from each person's personal account, for two of two persons in the sample (Persons #1 and #2).	I7690			

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17690	Continued from page 5 Findings included: An Interview with the Qualified Intellectual Disabilities Professional (QIDP) on 08/18/2026 at 9:50 AM, revealed that the facility assisted the persons with maintaining their finances. A review of each person's financial records revealed the following: On 08/21/2026, beginning at 12:08 PM, a review of Person #1's bank statements revealed that \$400.00 was withdrawn on 02/20/2026 from the person's account. Further review showed that no receipts were available to justify the withdrawal. Similarly, a review of Person #2's bank statements revealed that \$400.00 was withdrawn on 02/20/2026 and \$500.00 was withdrawn on 03/18/2026, totaling \$900.00. Further review showed that there were receipts to justify \$604.37, but no receipts were available to justify the remaining \$295.63. During an interview at 2:00 PM, the House Manager (HM) and QIDP confirmed the findings and acknowledged that there were no receipts in the record to account for the unverified amounts.	17690			
18310	DIRECT CARE STAFF RATIOS CFR(s): 3516.1 3516.1 Each CRFPID shall ensure that adequate qualified staff is on-site to manage and fulfill the needs of persons supported. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on interviews, observations and record reviews, the Community Residence Facility for Persons with Intellectual Disabilities (CRFPID) failed to ensure there was a sufficient number of staff on duty to make certain chore activities did not interfere with established one to one (1:1) duties and responsibilities, for one of two persons residing in the facility (Person #2). Findings included: A review of Person #2's Behavior Support Plan (BSP) dated 04/09/2026 indicated that the person required 24 hour 1:1 staff supervision "due to vision loss, fall risk status (especially when attempting to get off bed and use bathroom as before the vision loss), and loss of balance while standing or walking."	18310			

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18310	Continued from page 6 On 08/18/2026, beginning at 4:39 PM, evening observations showed that Person #2 was left alone in the television room while his 1:1 staff, Direct Support Professional (DSP #5) was in the kitchen cooking dinner for the persons. On 08/20/2026 at 3:55 PM, Person #2 was observed alone in the bathroom while his 1:1 staff, DSP #5 went outside into the backyard for approximately 2 minutes. During an interview on 08/20/2026 at 4:45 PM, the Qualified Intellectual Disabilities Professional (QIDP) stated that Person #2 should not have been left alone and acknowledged that the person required 1:1 support within arm's length at all times.	18310		
18960	HABILITATION AND TRAINING CFR(s): 3520.6 3520.6 The ISP shall include an assessment of the strengths and weaknesses of the person; the preferences of the person; goals and objectives and their target dates; necessary services including, but not limited to, medical, therapeutic, nursing, assistive technology, specialized staffing; and the frequency of services. The ISP shall also include appropriate supports and competency building, skill development, aimed at teaching the person to increase his or her skills and self-reliance which may include, but may not be limited to, the following: (a) Eating and drinking (including table manners, use of adaptive equipment, and use of appropriate utensils); (b) Toileting (including use of equipment); (c) Personal hygiene (including washing, bathing, shampooing, brushing teeth, and menstrual care); (d) Dressing (including purchasing, selecting, and access to clothing); (e) Grooming (including shaving, combing and brushing hair, and caring for nails); (f) Health care (including skills related to nutrition, use and self-administration of medication, first aid,	18960		

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18960	Continued from page 7 care and use of prosthetic and orthotic devices, preventive health care, and safety); (g) Communication (including language development and usage, signing, use of the telephone, letter writing, and availability and utilization of communications media, such as books, newspapers, magazines, radio, television, telephone, and such specialized equipment as may be required); (h) Interpersonal and social skills; (i) Home management (including maintenance of clothing, shopping, meal planning and preparation, and housekeeping); (j) Employment and work adjustment and appropriate day programs; (k) Mobility (including ambulation, transportation, mapping and orientation, and use of mobility equipment); (1) Time management (including use of leisure time and scheduling activities); (m) Financial management (including budgeting and banking, management of benefits); (n) Academic and pre-academic skills (including development of attention span, discrimination, association, memory, numbers, time, and spatial concepts); (o) Motor and perceptual skills (including balance, posture, and gross and fine motor skills); (p) Problem-solving and decision-making (including opportunities to experience consequences of decisions); (q) Sexuality education; (r) Opportunity for social, recreational and religious			18960			

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18960	Continued from page 8 activities utilizing community resources; (s) Behavior management, which shall be consistent with applicable federal and District laws and regulations; (t) Skill building in support of self-determination and self-advocacy; and (u) Personal skills essential for privacy and independence are appropriate for each person. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observations, interviews, and record reviews, the facility failed to afford each client the opportunity to participate in self-medication to the extent of their abilities for two of two persons residing in the facility (Persons #1 and #2). Findings included: 1. A review of Person #1's Individual Program Plan (IPP) dated August 2026, showed the person had a training objective that indicated the person will participate in a self-medication program with gestural assistance. According to the objective, the person will complete the steps of self-administering her medications 60% of recorded trials per month for 12 consecutive months. The programs objectives listed that Person #1 will: - wash her hands - fill a glass of water - Identify medications to be punched - hold cup under medicine to be punched - punch medication into cup Observations on 08/18/2026 beginning at 8:02 AM, showed the Licensed Practical Nurse (LPN) retrieved Person #1's medications from the medication cabinet and poured a glass of water for the person.			18960			

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I8960	Continued from page 9 The LPN then dispensed hand sanitizer into the person's hand. After Person #1 sanitized her hands, the person punched medications into the medication cup with hand over hand assistance from the LPN. On 08/20/2026 at 3:30 PM, the LPN confirmed that the person was not encouraged to complete all steps of the program. The LPN then stated that Person #1 was not encouraged to pour her own water because the container was heavy. 2. On 08/20/2026 at 12:50 PM, a review of Person #2's Self-Administration of Medication (SAM) assessment tool dated 04/24/2025, showed that no self-medication program had been recommended for the client. Observations on 08/18/2026, beginning at 7:36 AM, showed the LPN prepared and spoon-fed Person #2's medications without any participation from the client. At 3:19 PM, Person #2 was observed participating in tabletop activities. When the person heard the surveyors voice, he said her name. At 5:45 PM, Person #2 brought his plate to the dining room table with assistance from Direct Support Professional (DSP) #5 and was then observed eating dinner independently after staff setup. During an interview at approximately 8:00 AM, the LPN stated that Person #2 was not recommended for a self-medication program because he was blind.	I8960			
I9150	MEDICATIONS CFR(s): 3521.5 3521.5 All drugs shall be administered in accordance with physician orders. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure that each person's prescribed medications were administered in accordance with the physician's orders for one of two persons residing in the facility (Persons #2). Findings included: A review of Person #2's Physician Order sheet (POS) dated 08/01/ 2026, revealed that Levothyroxine 75mcg was scheduled to be administered at 6:30 AM.	I9150			

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I9150	Continued from page 10 Observations on 08/18/2026 at 7:47 AM, showed that the Licensed Practical Nurse (LPN) administered Person #1's medication mixed with applesauce. During an interview on 08/20/2026 at 2:38 PM, the LPN acknowledged that the medication was administered later than the ordered 6:30 AM time. Further review of Person #2's POS showed an order to administer Levothyroxine 30 minutes before breakfast. However, observations on 08/18/2026, showed Person #2 completed his breakfast at 8:09 AM. During an interview at 8:34 AM, Direct Support Professional stated that she did not check the time before serving Person #2's breakfast. When asked how long the person took to eat, the DSP stated approximately 15 to 20 minutes.			I9150			