

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G145		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/27/2026	
NAME OF PROVIDER OR SUPPLIER INNOVATIVE LIFE SOLUTIONS				STREET ADDRESS, CITY, STATE, ZIP CODE 4910 ARKANSAS AVENUE, NW , WASHINGTON, District of Columbia, 20012			
(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) COMPLETION DATE
E0000	Initial Comments An emergency preparedness survey was conducted at this facility from August 25, 2026, through August 27, 2026. The survey findings determined that the facility was in substantial compliance with the requirements of Emergency Preparedness Requirements for Medicare and Medicaid Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). No deficiencies were cited.			E0000	Please start typing your responses here:		
W0000	INITIAL COMMENTS A recertification survey was conducted at this facility from August 25, 2026, through August 27, 2026. A sample of two clients was selected from a census of three. The survey was conducted utilizing the focused fundamental survey process. The findings of the survey were based on observations, interviews, and record reviews.			W0000			
W0152	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(1)(iii) The facility must prohibit the employment of individuals with a conviction or prior employment history of child or client abuse, neglect or mistreatment. This STANDARD is NOT MET as evidenced by: Based on observations, interviews, and record reviews, the facility failed to provide documentation obtained from the Department verifying that each unlicensed personnel had completed criminal background checks and was eligible for employment as required, for one of the Direct Support Professionals in the sample (DSP #7). Findings Included: On August 26, 2026, at 5:58 AM, DSP #7 was			W0152			

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE
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W0152	Continued from page 1 observed in the facility providing services, including assisting clients, preparing and serving meals, and observing clients during mealtime. On August 27, 2026, at 11:28 AM, a review of the facility's personnel records revealed there was no documented evidence that the Department had completed background checks to verify employment eligibility for DSP #7." At 1:10 PM, when asked, the House Manager stated she was contacting Human Resources to obtain the missing documentation. During the exit meeting at 3:30 PM, the surveyor stated that the required documentation was needed, and management, including the House Manager, agreed to provide it; however, the documentation was not received.	W0152			
W0191	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(2) For employees who work with clients, training must focus on skills and competencies directed toward clients' behavioral needs. This STANDARD is NOT MET as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure that staff received training focused on the skills and competencies necessary to implement each client's Behavior Support Plan (BSP), for one of the three clients residing in the facility (Client #3). Findings Included: A review of Client #3's BSP documented targeted behaviors including agitation, physical aggression, and frequent toilet flushing. The BSP also documented proactive strategies directing staff to avoid serving breakfast foods the client dislikes, including pancakes and waffles. On 08/26/2026 at 6:46 AM, during a breakfast observation, Direct Support Professional (DSP #7) approached Client #3, who was sitting on the couch, and stated, 'I know you do not like pancakes, and I know you like waffles, so I prepared a waffle for you.' At 7:04 AM, when served waffles and sausage for breakfast, Client #3 refused the meal, walked to the kitchen cabinet, selected a box of Cheerios, and	W0191			

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W0191	Continued from page 2 handed it to DSP #7. DSP #7 poured the cereal into a bowl and served it dry, stating the client does not like milk. Client #3 ate the dry cereal. At 8:03 AM, DSP #7 stated during an interview that Client #3 liked waffles, which was inconsistent with the BSP directive documenting that the client disliked both pancakes and waffles. When asked whether she had received training on Client #3's BSP, DSP #7 stated that she had been trained. A review of the training record showed that DSPs, including DSP #7, had received training on Client #3's BSP; however, observations demonstrated that DSP #7 did not implement part of the proactive strategies required by the BSP.	W0191			
W0192	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(2) For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs. This STANDARD is NOT MET as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure that staff received training focused on the skills and competencies necessary to implement each client's diet menu, for all three clients residing in the facility (Clients #1, #2, and #3). Findings Included: A review of the Physician Order Sheets and nutritional assessments showed that Client #1 was prescribed a high-fiber, 1500 kcal diet; Client #2 an 1800 kcal diet with no concentrated sweets; and Client #3 an 1800 kcal diet for weight gain. On 08/25/2026 at 5:20 PM, during a dinner observation, Direct Support Professional (DSP #2) stated he was following the portion sizes listed on the menu while preparing sloppy joe, brown rice, and mixed vegetables. Client #1 received four scoops of sloppy joe, four scoops of brown rice, and six scoops of mixed vegetables, which were puréed and divided between dinner and the next-day lunch. Client #2 received two scoops of sloppy joe, one scoop of brown rice, and two and a half scoops of mixed vegetables. Client #3 received one scoop each of sloppy joe, brown rice, and mixed vegetables for dinner. DSP #2 also stated that the DSP preparing dinner was responsible for preparing meals for the following day, and that next-day lunch portions for Clients #1 and #3 were determined to	W0192			

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W0192	Continued from page 3 use container size until filled. At 6:16 PM, when asked, DSP #2 provided the menu available for DSPs to follow, which listed Regular, Puréed, Double Portion, Diabetic/Low Cholesterol, and 1200 kcal diets; menus for the prescribed 1500 kcal and 1800 kcal diets were not present. During an interview on 08/27/2026 at 2:04 PM, conducted on speakerphone with the House Manager (HM) and the Qualified Intellectual Disabilities Professional (QIDP) present, DSP #3 acknowledged the findings. The HM and QIDP stated they learned of the issue after discussing with DSPs how dinner had been prepared on the date of the surveyor's observation and instructed staff to follow the menu. At 2:21 PM, the QIDP showed the surveyor an electronic copy of menus that included portion sizes for the prescribed 1500 kcal and 1800 kcal diets; however, she stated she was waiting for the nutritionist to send the signed training attendance sheet, and no nutrition training documentation was presented.	W0192			
W0252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is NOT MET as evidenced by: Based on observations, interviews, and record reviews, the facility failed to document each client's behavior as they occurred, as outlined in the client's Behavior Support Plan (BSP) (Client #3). Findings Included: A review of Client #3's BSP documented that the client has aggressive behavior, including inappropriate touching without permission, and requires staff to document these behaviors as they occur. A review of the training signing sheet documented that the psychologist provided training to Direct Support Professionals (DSPs) on Client #3's BSP. On 08/26/2026 at 8:04 AM, DSP #7 arrived at the home and stood in the dining area speaking with Client #1. Client #3 approached DSP #7, placed his right hand on her chest above the breast and his left	W0252			

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W0252	Continued from page 4 hand on her shoulder, and bent slightly forward so that his face was close to hers. DSP #7 stated, 'Let's go to your couch so you can sit,' and gently released him. As they walked toward the couch, Client #3 again placed his right hand on her chest while walking behind her. On 08/27/2026 at 1:46 PM, a review of DSP behavior data collection records for the period 08/18/2026-08/27/2026 showed no documented behaviors for Client #3. At 1:53 PM, during a phone interview while the Qualified Intellectual Disabilities Professional (QIDP) was present, DSP #7 stated that the behaviors were not documented because she considered them to be the client's normal way of communicating. The QIDP then acknowledged that the behaviors should have been documented and stated that staff would be retrained.	W0252			
W0383	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) Only authorized persons may have access to the keys to the drug storage area. This STANDARD is NOT MET as evidenced by: Based on observation and interview, the facility's nursing services failed to establish and maintain a system that unauthorized personnel from accessing the key used to lock the medication cabinet, for three of the three clients residing in the facility. (Clients #1, #2, and #3). Findings Included: Observations on 08/25/2026 at 6:31 PM, during a medication pass showed DSP #2 retrieved a red binder from the top of a kitchen cabinet. The binder contained multiple keys. Direct Support Professional (DSP #2) selected one key and gave it to Licensed Practical Nurse (LPN #1), who then opened the medication cabinet and retrieved medications. On 08/26/2026 at 6:10 AM, during a morning medication pass observation, LPN #2 retrieved the same key from the same binder in the same unsecured location, opened the medication cabinet, and obtained the morning medications for clients. At 7:06 AM, when these observations were shared with the Registered Nurse (RN), she stated that the key was required to be kept with licensed personnel and acknowledged that it should have been secured and maintained by the nurse or trained medication	W0383			

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W0383	Continued from page 5 employee. She stated she would correct the issue.	W0383			
W0472	MEAL SERVICES CFR(s): 483.480(b)(2)(i) Food must be served in appropriate quantity. This STANDARD is NOT MET as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure that each client's modified diet was provided in accordance with the menu for three of the clients residing in the facility (Client #1, #2, and #3). Findings Included: A review of the Physician Order Sheets and nutritional assessments showed that Client #1 was prescribed a high-fiber, 1500 kcal diet; Client #2 an 1800 kcal diet with no concentrated sweets; and Client #3 an 1800 kcal diet for weight gain. On 08/25/2026 at 5:20 PM, during a dinner observation, Direct Support Professional (DSP #2) stated he was following the portion sizes listed on the menu. Client #1 received four scoops of sloppy joe, four scoops of brown rice, and six scoops of mixed vegetables, which were puréed and divided between dinner and the next-day lunch. Client #2 received two scoops of sloppy joe, one scoop of brown rice, and two and a half scoops of mixed vegetables. Client #3 received one scoop each of sloppy joe, brown rice, and mixed vegetables for dinner. DSP #2 stated that next-day lunch portions for Clients #1 and #3 were determined by filling the container rather than using measured scoops. At 6:16 PM, DSP #2 provided the menu available for DSPs to follow, which listed Regular, Puréed, Double Portion, Diabetic/Low Cholesterol, and 1200 kcal diets; menus reflecting the prescribed 1500 kcal and 1800 kcal diets were not present. During an interview on 08/27/2026 at 2:04 PM, conducted on speakerphone with the House Manager (HM) and the Qualified Intellectual Disabilities Professional (QIDP) present, DSP #3 acknowledged the findings.	W0472			

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W0472	Continued from page 6 At 2:21 PM, the HM and the QIDP stated that the facility had begun the correction process after learning of the issue when discussing with DSPs how dinner had been prepared on the date of the surveyor's observation and reported that staff were being instructed to follow the menu that included the prescribed 1500 kcal and 1800 kcal diets.			W0472			
W0478	MENUS CFR(s): 483.480(c)(1)(ii) Menus must provide a variety of foods at each meal. This STANDARD is NOT MET as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure each client was provided with a variety of foods, specifically fruit offerings, at each meal, for all three clients residing in the facility (Clients #1, #2, and #3). Findings Included: During a dinner observation on 08/25/2026 beginning at 5:20 PM, Direct Support Professionals (DSP #3) prepared the meal and Clients #1, #2, and #3 were served sloppy joe, brown rice, mixed vegetables, and water. The menu DSP #3 stated he followed showed that dinner required a fruit component, which was not offered. During a breakfast observation on 08/26/2026 at 6:46 AM, DSP #7 prepared breakfast. Client #1 received pancakes, turkey bacon, jelly, and milk, and Client #3 received sausage, waffles, and a hash brown and later chose dry Cheerios. The menu DSP #7 stated he followed showed that breakfast required fruit or fruit juice, which was not offered. During an interview on 08/27/2026 at 2:04 PM, with the House Manager (HM) and Qualified Intellectual Disabilities Professional (QIDP) present, DSP #3 stated he prepared and served the food available at the facility. At 2:18 PM, the HM and QIDP acknowledged the findings.			W0478			