

DC Health Regulation and Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0261	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/28/2026	
NAME OF PROVIDER OR SUPPLIER INNOVATIVE LIFE SOLUTIONS, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 5706 14TH STREET, NW, WASHINGTON, District of Columbia, 20011		
(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
10000	Initial Comments An annual licensure survey was conducted at this facility from 08/26/2026 through 08/28/2026. A sample of two persons was selected from a census of four. The findings of the survey were based on observations, interviews, and the record reviews.	10000	Please start typing your responses here:		
13900	Environmental Requirements CFR(s): 3502.9 3502.9 The CRFPID's hot water tank shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms and laundry. The hot water temperature of all fixtures used by persons residing in the home shall be maintained at a minimum one hundred degrees Fahrenheit (100°F) and not to exceed one hundred and ten degrees Fahrenheit (110°F). This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview and record review, the facility failed to ensure that hot water temperatures did not exceed 110 degrees Fahrenheit (°F) throughout the facility (kitchen sink and client bathrooms), for the four persons residing in the facility (Persons #1, #2, #3 and #4). Observations on 08/28/2025 beginning at 1:23 PM, during the environmental inspection of the facility revealed that the kitchen sink water felt hot to touch. A check of the water temperatures throughout the facility showed the following readings: -Kitchen Sink reading was 122:3°F; -Persons #3 and #4 bathroom sink 119.8°F; -Persons #1 and #2 bathroom sink reading was 121:8°F; and -Basement sink reading was 122 °F. At 1:57 PM, the Residential Coordinator (RC), who	13900			

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

DC Health Regulation and Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0261	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/28/2026	
NAME OF PROVIDER OR SUPPLIER INNOVATIVE LIFE SOLUTIONS, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 5706 14TH STREET, NW, WASHINGTON, District of Columbia, 20011		
(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	
I3900	Continued from page 1 accompanied the surveyor during the inspection confirmed the high hot water temperatures and called the maintenance technician regarding the hot water temperatures above 110°F throughout the facility. When asked what the process was when water temperatures exceeded 110 (°F), the RC stated that the staff should document and report the temperatures to me. The RC also confirmed that all staff had been trained in checking and documenting the water temperature logs. Additionally, the RC stated that she was in the process of developing a water temperature logbook because there was no water temperature logbook available when she started a couple months ago. At 4:15 PM, the maintenance staff arrived at the facility and adjusted the gauge on the hot water heater. The maintenance technician stated that he was on his way back to the facility to adjust the hot water. After waiting for at least 45 minutes, maintenance staff rechecked the hot water temperatures in the kitchen, basement and the Persons' and the hot water temperature ranged from 107°F and 108.1°F.	I3900			
I5300	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 facility failed to ensure that the interior and exterior of the facility were properly maintained in accordance with the needs of the four persons residing in the home (Persons #1, #2, #3, and #4). Observations during the environmental walkthrough of the facility on 08/28/2026 beginning at 1:06 PM with the Residential Coordinator (RC) revealed the following: -Four out of the five Client #3's clothe dresser drawers would not close. There was a black leather recliner chair located in Persons #3 and #4 bedroom that was ripped exposing the white cotton. -There were no curtains on top of the window in Persons #3 and #4 bathroom. The upstairs window	I5300			

DC Health Regulation and Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0261	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/28/2026	
NAME OF PROVIDER OR SUPPLIER INNOVATIVE LIFE SOLUTIONS, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 5706 14TH STREET, NW, WASHINGTON, District of Columbia, 20011		
(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	
I5300	Continued from page 2 of the house next door from the Persons' bathroom. -There was water leaking from underneath the sink faucet located in Persons #3 and #4 bathroom. -The doorknob on the closet in Persons # and #4 bedroom was loose. -Client #3's hospital bed was inoperable due to a shortage in the remote control according to the RC. -The blinds in Persons #3 #4 bedroom and throughout the facility were torn/broken and needed to be replaced. - A Hoyer lift was stored in the dining room area. -There was no knob on the kitchen cabinet drawer near the kitchen sink. -The fan underneath the stove was inoperable. -The microwave needed cleaning and was observed with food particles and. -The vent cover near the living room window was observed with old rust and damaged and needed to be replaced. - Client #1's mattress was sunk in the middle. -The back door ramp leading to the yard was observed with a raised wooden plank which posed a safety and trip hazard. -The basement stairs carpet was worn and dirty. This was a repeat of last year's survey (September 2025). -Cobwebs and dirt were observed on the basement window and around the washer and dryer. A repeat from September 2025. -There were multiple unused boxes piled high near the washer and dryer. A repeat from September 2025. -There were piles of old leaves locate on the left front entrance into the facility. -There was a large crack in the cement leading from the sidewalk to the front door. There were also cracks in the cement located on the right side of the facility leading to the back yard. -All the stairs leading to the basement did not have tile or some type of covering over them. The RC	I5300			

DC Health Regulation and Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0261	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/28/2026
NAME OF PROVIDER OR SUPPLIER INNOVATIVE LIFE SOLUTIONS, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 5706 14TH STREET, NW, WASHINGTON, District of Columbia, 20011	
(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
I5300	Continued from page 3 stated that the maintenance staff was in the process of repairing steps. The RC who was present during the environmental walkthrough acknowledged the findings and indicated that she would update maintenance staff. Based on observations and interviews, the facility failed to ensure that the interior and exterior of the facility were properly maintained in accordance with the needs of the four persons residing in the home (Persons #1, #2, #3, and #4). Findings included: Observations during the environmental walkthrough of the facility on 08/28/2026 beginning at 1:06 PM with the Residential Coordinator (RC) revealed the following: -Four out of the five Client #3's clothe dresser drawers would not close. There was a black leather recliner chair located in Persons #3 and #4 bedroom that was ripped exposing the white cotton. -There were no curtains on top of the window in Persons #3 and #4 bathroom. The upstairs window of the house next door from the Persons' bathroom. -There was water leaking from underneath the sink faucet located in Persons #3 and #4 bathroom. -The doorknob on the closet in Persons # and #4 bedroom was loose. -Client #3's hospital bed was inoperable due to a shortage in the remote control according to the RC. -The blinds in Persons #3 #4 bedroom and throughout the facility were torn/broken and needed to be replaced. - A Hoyer lift was stored in the dining room area. -There was no knob on the kitchen cabinet drawer	I5300		

DC Health Regulation and Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0261	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/28/2026
NAME OF PROVIDER OR SUPPLIER INNOVATIVE LIFE SOLUTIONS, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 5706 14TH STREET, NW, WASHINGTON, District of Columbia, 20011	
(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
I5300	Continued from page 4 near the kitchen sink. -The fan underneath the stove was inoperable. -The microwave needed cleaning and was observed with food particles and. -The vent cover near the living room window was observed with old rust and damaged and needed to be replaced. - Client #1's mattress sunk in the middle. -The back door ramp leading to the yard was observed with a raised wooden plank which posed a safety and trip hazard. -The basement stairs carpet was worn and dirty. This was a repeat of last year's survey (September 2025). -Cobwebs and dirt were observed on the basement window and around the washer and dryer. A repeat from September 2025. -There were multiple unused boxes piled high near the washer and dryer. A repeat from September 2025. -There were piles of old leaves locate on the left front entrance into the facility. -There was a large crack in the cement leading from the sidewalk to the front door. There were also cracks in the cement located on the right side of the facility leading to the back yard. -All the stairs leading to the basement did not have tile or some type of covering over them. The RC stated that the maintenance staff was in the process of repairing steps. The RC who was present during the environmental walkthrough acknowledged the findings and indicated that she would update maintenance staff	I5300		

DC Health Regulation and Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0261	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/28/2026
NAME OF PROVIDER OR SUPPLIER INNOVATIVE LIFE SOLUTIONS, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 5706 14TH STREET, NW, WASHINGTON, District of Columbia, 20011	
(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
17920	PERSONNEL CFR(s): 3512.12 3512.12 Each employee, within ninety (90) days prior to employment and annually thereafter, shall provide certification from a physician attesting that he or she is fit to perform the required duties of the job and is free from any active communicable disease. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure that three of the seven Direct Support Professionals (DSPs) observed working in the facility obtained a health certificate/clearance from a physician at least annually, showing they were free from communicable diseases (DSP #3, #4, and #7). During the entrance conference on 08/26/2026 at 1:41 PM, the surveyor requested the personnel records of all the DSPs working in the facility. Observations conducted from 08/26/2026 through 08/28/2026 revealed that DSPs #5 and #7 provided direct care services to the Persons. On 08/28/2026 beginning at 12:28 PM, a review of the facility provided personnel records showed no documented evidence of any current health certificates in DSPs #5 and #7 files indicating that they were free from any active communicable disease. During an interview at 12:35 PM, the Residential Coordinator acknowledged that the health certificates for DSPs #5 and #7 were not current to reflect that they were free of communicable disease.	17920		
17930	PERSONNEL CFR(s): 3512.13 3512.13 The CRFPID shall comply with and shall not employ a worker who does not comply with District of Columbia standards on criminal background checks as set out in D.C. Law 14-98, the Health-Care Facility Unlicensed Personnel Criminal Background Check Amendment Act of 2002 and implementing regulations, 22B DCMR Chapter 47. The CRFPID shall obtain enough information from each applicant to comply with criminal background check requirements even if	17930		

DC Health Regulation and Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0261		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/28/2026	
NAME OF PROVIDER OR SUPPLIER INNOVATIVE LIFE SOLUTIONS, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 5706 14TH STREET, NW, WASHINGTON, District of Columbia, 20011			
(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
I7930	Continued from page 6 obtaining such information is in addition to information obtained in compliance with Subsection 3512.14. In addition, each CRFPID shall comply with background checks in accordance with applicable federal law and shall not employ a person who has a history of the following: (a) Child abuse or abuse of someone under his or her care and supervision, including misappropriation of property; (b) Neglect; (c) Exploitation; (d) Conviction for a sexual offense or violent crime; or (e) A conviction for criminal violation(s) that would indicate behavior potentially harmful to persons. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observations, interview, and record reviews, the facility failed to obtain a criminal background check as required for one Residential Coordinator (RC) and two of the eight non-licensed employees (Direct Support Professionals) observed working in the facility (DSPs #5, #8 and Residential Coordinator). Observations conducted from 08/26/2026 through 08/28/2026, showed the RC and DSP #5 providing direct care to the persons residing in the facility. On 08/28/2026 beginning at 12:28 PM, a review of the facility provided personnel records showed no evidence that a livescan fingerprint procedure was obtained, followed by written notification from the Department of Health stating that the RC, DSPs #5 and #8 was eligible for hire. The RC at 11:15 AM, when asked if she had gone for a livescan fingerprinting, stated that she would reach back out to the office to see if there were additional documents regarding the background checks for herself, DSPs #5 and #8. There was no additional information given to the survey by the time the survey concluded.			I7930			

DC Health Regulation and Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0261	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/28/2026
NAME OF PROVIDER OR SUPPLIER INNOVATIVE LIFE SOLUTIONS, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 5706 14TH STREET, NW, WASHINGTON, District of Columbia, 20011	
(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
I8110	QUALIFIED INTELLECTUAL DISABILITIES PRO(QIDP) CFR(s): 3514.1 3514.1 The QIDP shall oversee the initial admission assessments of persons, participate in the development of the ISP and monitor, integrate and coordinate services. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview and record review, the Qualified Intellectual Disabilities Professional (QIDP) failed to coordinate with the nursing staff to ensure each person self-medication program was implemented, for one of the two persons in the sample (Person #2). A review of Client #2's Individual Program Plan (IPP) dated 01/09/2026 indicated the following objective: "Daily, [client name] will recite the purpose of taking Lipitor every evening for hypercholesterolemia with 100% of the opportunities presented for 12 months." The IPP showed the following action steps: 1. The Trained Medication Employee (TME)/nurse will inform [client name] that it is time to take her pm medications. 2. The TME/nurse will ask [client name] to recite the purpose of her taking Lipitor 10 mg (1 tablet) every evening for hypercholesterolemia. 3. Staff will provide any support needed for [client name] to successfully achieve the goal. Observations on 08/27/2026 at 6:12 PM, showed Client #2 retrieved a cup of water after washing her hands, and walked downstairs to the basement to receive her evening medications. The Licensed Practical Nurse (LPN) prepared and handed the Persons medications which included Lipitor 10 mg which Client #2 consumed the medications and drank her water independently. At no time did the LPN ask Client #2 to recite the purpose of taking Lipitor. The LPN at 6:17 PM, when asked if Client #2 had a self-medication program, stated, "No, I just have her take her to rinse her mouth out using the prescribed mouth wash independently with supervision." During an interview on 08/28/2028 at 12:50 PM, the Registered Nurse (RN) also stated that Client #2 did not have a self-medication program. When the	I8110		

DC Health Regulation and Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0261		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/28/2026	
NAME OF PROVIDER OR SUPPLIER INNOVATIVE LIFE SOLUTIONS, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 5706 14TH STREET, NW, WASHINGTON, District of Columbia, 20011			
(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		
I8110	Continued from page 8 surveyor shared that the client had an IPP objective to recite the purpose of Lipitor during the evening, the RN indicated that she would follow-up with the LPN and the Qualified Intellectual Disabilities Professional (QIDP), and that she was under the impression that the Direct Support Professionals (DSPs) were responsible for implementing the self-medication program. The QIDP in an interview at 3:30 PM, regarding Client #2's self-medication program stated that the program should be implemented by the evening nurse. When asked if the nursing staff including the RN were aware that the nurse was to implement the self-medication program during the evening, the QIDP said, "No". A review of the facility's in-service training records at 3:33 PM revealed that on 08/14/2026, the Direct Support Professionals (DSP) received training on Client #2 IPPs goals and objectives. However, the LPN was not a part of the training. At 3:40 PM, the QIDP said during an interview that the LPN had not been made aware of Client #2's self-medication program.	I8110					
I8250	STAFF TRAINING CFR(s): 3515.5 3515.5 Orientation training shall also cover the following in accordance with each employee's responsibilities and the CRFPID's goals: (a) Prevention of abuse, neglect and exploitation; (b) Compliance with the policies and procedures of the CRFPID, including a review and discussion of relevance of them; (c) Compliance with applicable District and Federal laws and regulations; (d) Confidentiality requirements, including a review of HIPAA; (e) Responding to emergencies, including reporting responsibilities, fire safety, vehicle safety evacuation procedures, disaster plans, first aid, CPR and any other emergency protocols;	I8250					

DC Health Regulation and Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0261	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/28/2026	
NAME OF PROVIDER OR SUPPLIER INNOVATIVE LIFE SOLUTIONS, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 5706 14TH STREET, NW, WASHINGTON, District of Columbia, 20011		
(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	
I8250	Continued from page 9 (f) Providing personal care to persons; (g) Nutrition; (h) Meal preparation and food storage; (i) Mealtime protocols; U) Behavior management; (k) Persons rights; (1) Community integration and inclusion; (m) Communication skills and techniques; (n) Adaptive Equipment and assistive technologies; (o) Transfer and mobility procedures; (p) Behavior supports; (q) Sexuality, as indicated by the needs of the person; (r) Infection control and universal precautions for staff and persons; (s) Specialty areas related to the specific needs of the person; (t) Implementing ISPs; and (u) Training of the person in activ1ties of daily living, including the maintenance of oral health and hygiene. This LICENSURE REQUIREMENT is NOT MET as evidenced by:	I8250			

DC Health Regulation and Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0261	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/28/2026	
NAME OF PROVIDER OR SUPPLIER INNOVATIVE LIFE SOLUTIONS, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 5706 14TH STREET, NW, WASHINGTON, District of Columbia, 20011		
(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	
18250	Continued from page 10 Based on interview, and record review, the facility failed to ensure that each Direct Support Professionals (DSP #8) received initial and ongoing training regarding each client Behavior Support Plan (BSP), for one of two persons in the sample (Person #1). A review of Client #1's BSP dated 06/04/2026 revealed that the client had a targeted behavior of Verbal Aggression, defined as screaming, yelling and cursing at staff and peers. The review of an incident report dated 08/09/2026 at 3:30 PM, revealed that Direct Support Professional (DSP) #8 while sitting at the dining room table going through notes heard the telephone ring, and proceeded to the living room to pick up the phone. Per the report, Client #1 who was sitting on the couch in the living room rushed to pick up the telephone to answer the call, but DSP #8 stopped the client from answering the telephone and told the client, "that's not her responsibility." According to the incident report, Client #1 became angry and exhibited verbally aggressive behaviors. The Qualified Intellectual Disabilities Professional (QIDP) during an interview on 08/26/2026 at 3:04 PM, regarding the incident, stated that DSP #8 stopped Client #1 from answering the house phone, and Client #1 became angry and started exhibiting verbal aggressive behaviors towards the DSP. DSP #8 then called the Residential Coordinator (RC) to help calm the client down. When asked, the QIDP stated that Client #1 was very capable of answering the telephone and DSP #8 should not have stopped her from doing so. The QIDP when asked if DSP #8 had received training on Persons rights and dignity and on Client #1's Behavior Support Plan (BSP) prior to working at this facility, the stated, "No". Per the QIDP, DSP #8 was later trained on the Persons rights which included Persons' answering the telephone and the BSP after the incident. On 08/28/2026 at 3:20 PM, a review of the facility's in-service training record confirmed that DSP #8 received initial training on 08/26/2026 regarding Client #1's BSP.	18250			
19000	HABILITATION AND TRAINING CFR(s): 3520.10 3520.10 The CRFPID shall develop an IPP for each person to implement the ISP. All training shall be implemented as prescribed by the ISP.	19000			

DC Health Regulation and Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0261		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/28/2026	
NAME OF PROVIDER OR SUPPLIER INNOVATIVE LIFE SOLUTIONS, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 5706 14TH STREET, NW, WASHINGTON, District of Columbia, 20011			
(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
I9000	Continued from page 11 This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that each person's active treatment program (i.e. self-medication program) was implemented as recommended, for one of two persons in the sample (Person #2). 1. The Trained Medication Employee (TME)/nurse will inform [client name] that it is time to take her pm medications. 2. The TME/nurse will ask [client name] to recite the purpose of her taking Lipitor 10 mg (1 tablet) every evening for hypercholesterolemia. 3. Staff will provide any support needed for [client name] to successfully achieve the goal. Observations on 08/27/2026 at 6:12 PM, showed Client #2 retrieved a cup of water after washing her hands, and walked downstairs to the basement to receive her evening medications. The Licensed Practical Nurse (LPN) prepared and handed the Persons medications which included Lipitor 10 mg which Client #2 consumed the medications and drank her water independently. At no time did the LPN ask Client #2 to recite the purpose of taking Lipitor. The LPN at 6:17 PM, when asked if Client #2 had a self-medication program, stated, "No, I just have her take her to rinse her mouth out using the prescribed mouth wash independently with supervision." During an interview on 08/28/2028 at 12:50 PM, the Registered Nurse (RN) also stated that Client #2 did not have a self-medication program. When the surveyor shared that the client had an IPP objective to recite the purpose of Lipitor during the evening, the RN indicated that she would follow up with the LPN and the Qualified Intellectual Disabilities Professional (QIDP), and that she was under the impression that the Direct Support Professionals (DSPs) were responsible for implementing the self-medication program. The QIDP in an interview at 3:30 PM, regarding Client #2's self-medication program stated that the program should be implemented by the evening nurse. When asked if the nursing staff including the RN were aware that the nurse was to implement the self-medication program during the evening, the QIDP said, "No".			I9000			

DC Health Regulation and Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0261	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/28/2026	
NAME OF PROVIDER OR SUPPLIER INNOVATIVE LIFE SOLUTIONS, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 5706 14TH STREET, NW, WASHINGTON, District of Columbia, 20011		
(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	
19000	Continued from page 12	19000			
19780	A review of the facility's in-service training records at 3:33 PM revealed that on 08/14/2026, the Direct Support Professionals (DSP) received training on Client #2 IPPs goals and objectives. However, the LPN was not a part of the training. At 3:40 PM, the QIDP said during an interview that the LPN had not been made aware of Client #2's self-medication program. EMERGENCIES CFR(s): 3523.18 3523.18 Each CRFPID shall conduct fire drills in order to test the effectiveness of the plan at least once every three months for each shift. An actual evacuation must be documented during at least one drill, each year on each shift. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on interview and record review, the facility failed to hold quarterly evacuation drills, for five of five shifts of duty reviewed. (Weekday morning 8:00 AM to 4:00 PM, evening 4:00 PM to 12:00 AM and overnight 12:00 PM to 8:00 AM and Weekend morning 8:00 AM to 8:00 PM and Evening 8:00 PM to 8:00 AM), for four of four Persons residing in the facility (Persons #1, #2, #3 and #4). During an interview on 08/26/2026 at 12:14 PM, the Residential Coordinator (RC) indicated that the facility has five designated shifts (8:00 AM to 4:00 PM; 4:00 PM to 12:00 AM; 12:00 AM to 8:00 AM), Monday through Friday and (8:00 AM to 8:00 PM and 8:00 PM to 8:00 AM) on the weekend (Saturday/Sunday). On 08/27/2026, beginning at 12:16 PM, a review of the facility's fire drill records, revealed the following: - There were no drills conducted during the weekday morning shift (8:00 AM to 4:00 PM) from October 2025 through March 2026. -There were no drills conducted during the weekday evening shift (4:00 PM to 12:00 PM) from October 2025 through March 2026. - There were no drills held during the weekday overnight shift 12:00 AM to 8:00 AM) from October 2025 through March 2026.	19780			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0261	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/28/2026	
NAME OF PROVIDER OR SUPPLIER INNOVATIVE LIFE SOLUTIONS, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 5706 14TH STREET, NW, WASHINGTON, District of Columbia, 20011		
(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	
19780	Continued from page 13 - There were no drills held during the weekend morning shift (8:00 AM to 8:00 PM) from October 2025 through March 2026. - There were no drills held during the weekend evening shift (8:00 PM to 8:00 AM) July 2026 through March 2026. The RC at 12:38 PM after reviewing the fire drill reports acknowledged the findings. The RC stated that she would contact the office to see if additional fire drill records were stored there. There was no additional fire drills made available for review by the time the survey ended on 08/28/206.	19780			