

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  ALR-0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B WING: _____	(X3) DATE SURVEY COMPLETED  C 04/06/2016
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NAME OF PROVIDER OR SUPPLIER  JOYE ASSISTED LIVING SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE [REDACTED]
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(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) COMPLETE DATE
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R 000	<p>Initial Comments</p> <p>On April 6, 2016, the Department of Health/Health Regulation and Licensing Administration/Intermediate Care Facilities Division received an inspection report dated March 30, 2016, from the Department of Health Care Finance (DHCF,) regarding their recent environmental findings at Joye Assisted Living. The result of their inspection revealed the facility had numerous environmental concerns identified that required immediate attention.</p> <p>Additionally, on April 6, 2016, a former employee contacted this office to make a complaint regarding the environmental status of the home and to report that there were unlicensed personnel working in the home. The complainant further alleged that the home was without adequate food and the residents received meals not in accordance to the menus.</p> <p>Based on the information received, the DOH/HLRA conducted a investigation on April 6, 2016, to determine compliance with Assisted Living Law "DC Code 44-101.01". At the time of the investigation, no environmental concerns were identified. The home appeared clean and there was adequate food in the house to comply with the daily menus. An investigation of the facility's employee credentials revealed licensure deficiencies as reflected in this report.</p> <p>The findings were based on observations, record review, staff and administrative interviews.</p> <p>Note: Listed below are abbreviations used throughout the body of the report.</p> <p>ALA- Assisted Living Administrator</p>	R 000	<p><i>Received 7/26/16 CM</i></p>	
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Health Regulation & Licensing Administration  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Gloria Riccarda* ADMINISTRATOR TITLE

7/18/2016 (X6) DATE

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R 000	Continued From page 1  ALR -Assisted Living Residence CNA-Certified Nursing Assistant DHCF- Department of Health Care Finance DOH/HRLA- Department of Health/Health Regulation Licensing HHA- Home Health Aide PPD --- Purified Protein Derivative TME --- Trained Medication Employee	R 000		
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R 598	Sec. 701d11 Staffing Standards.  (11) Maintain personnel records for each employee that include documentation of criminal background checks, statements of health status, and documentation of the employee's communicable disease status; Based on record review and interview, the ALR failed to document three (3) of six (6) employee's communicable disease status (Employees #3, #5 and #6), and failed to document criminal background checks for two (2) of six (6) employees. (Employee #3 and #5)	R 598		
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The findings include:

1. On April 6, 2016, beginning at 3:25 p.m., a review of Employee #3's personnel record revealed no documented evidence of his/her communicable disease or health status. The record also failed to document that a background check had been completed.
2. On April 6, 2016, beginning at 3:25 p.m. review of Employee #5's personnel record revealed there was no documented evidence of his/her communicable disease or health status. The record also failed to document that a background check had been completed.

*R598 #1 AND #2*

*EMPLOYEE #3, #5 CRIMINAL AND BACKGROUND CHECK AND HEALTH RECORD HAS BEEN REPLACED IN THE IN-HOUSE FOLDER ALR ADMINISTRATOR WILL REVIEW EMPLOYEES FOLDER MONTHLY TO ENSURE ALL NEEDED DOCUMENTS ARE IN EMPLOYEE IN-HOUSE CHRT*

*4/8/16*

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R 598 Continued From page 2

3. On April 6, 2016, beginning at 3:30 p.m. review of Employee #6's personnel record revealed no documented evidence of a current PPD. The record also failed to evidence a current health certification.

During a face to face interview with the facility Administrator on April 6, 2016, at 5:00 p.m., it was verified that the personnel records for Employee #3, #5 and #6 failed to include health clearances and criminal background clearances.

R 598

*Continued from page 2 of 5  
EMPLOYEES HAVE BEEN INSTRUCTED  
NOT TO REMOVE ANY  
IMPORTANT DOCUMENTS  
FROM THE INHOUSE FOLDER*

*R598*

*SEE RESPONSE TO  
PAGE 2 OF 5.*

R 602 Sec. 701f Staffing Standards.

(f) Employees shall be required on an annual basis to document freedom from tuberculosis in a communicable form.

Based on interview and record review, the ALR failed to ensure that all employees was annually tested free from tuberculosis (TB) in a communicable form, for four (6) of six (6) staff. (HHA #1, HHA#2, HHA#3 and CNA #1)

The finding includes:

On April 6, 2016, beginning at 3:25 p.m., a review of personnel records revealed there was no documented evidence of current PPD [TB] skin test for the above employees.

R 602

*R602*

*All employee records 4/8/16  
have been updated and  
to include current TB records  
current PPD for ALL  
EMPLOYEES OF JOYE  
ASSISTED LIVING SERVICES  
SEE ALSO RESPONSE TO  
R598 # 1, 2, 3.*

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R 602 Continued From page 3 R 602

In an interview with the ALA at 5:00 p.m. he/she indicated they would follow up with the staff and provide evidence that the staff was free from tuberculosis in a communicable form. It should be noted the surveyor did not received the information prior to the submission of this report.

R 605 Sec. 701g2 Staffing Standards. R 605

(2) Possess current and appropriate licensure and certifications as required by law; Based on interview and record review, the ALA failed to ensure that all staff possessed appropriate certification and appropriate licenses prior to employment for two (2) of six (6) staff records reviewed (Employees HHA #3 and HHA #4).

The finding include:

1. On April 6, 2016, at 3 37 p.m., HHA #3's personnel file was reviewed and did not reveal a HHA certification.
2. On April 6, 2016, at 3:40 p.m., HHA #4's personnel file was reviewed and did not revealed a HHA certification.

During an interview with the ALA at 5:10 p.m. the ALA indicated that he/she would check with the HHAs to determine the status of their certification. It should be noted that the surveyor did not received the information prior to the submission of this report.

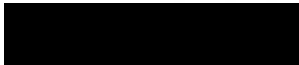
R606

EMPLOYEES # 3 AND #4 HAD THE OLD HHA LICENSES. ALR ADMINISTRATOR HAD CHECKED ON THE BOARD OF NURSING WEBSITE TO VERIFY RE LICENSURE HAD BEEN APPLIED BY THE ABOVE NAMED EMPLOYEES. BOTH LICENSE VERIFICATIONS HAVE BEEN PLACE IN THEIR RESPECTIVE RECORD

4/8/16  
AND  
D. J. G. / J. A.

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