STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HFD120089	A. BUILDING: _____ B. WING _____	07/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INNOVATIVE LIFE SOLUTIONS	3043 BLADENSBURG ROAD, NE WASHINGTON, DC 20018

(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
I 000	Initial Comments An annual relicensure survey was conducted at this facility from July 16, 2026, through July 20, 2026. A sample of three persons was selected from a census of five. The survey findings were based on observations, interviews, and record reviews.	I 000	Please start typing your responses here:	
I6470	3504.6 Meals And Dining 3504.6 Any modified diet shall be planned, prepared, and served by staff members who have received instruction and training on modified diets from a licensed dietitian. Subsequent training can be conducted by a licensed health professional trained by a licensed dietitian. This Statute is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure that staff were properly trained to implement each person's prescribed modified diet in accordance with the person's assessed dietary needs for two of the three persons in the sample (Persons #2 and #3). Findings included: The review of Person #2's records revealed a swallow study dated 09/24/2025 that recommended a bite-sized diet texture and thin liquids, and a nutritional assessment completed on 02/12/2026 that documented a bite-sized diet. Further review of Person #2's Health Care Management Plan (HCMP) dated 03/04/2026, and the Physician Order Sheet (POS) dated July 2026, both prescribed a chopped diet texture. The review of Person #3's records revealed a	I6470		

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I6470	Continued From page 1 swallow study dated 09/24/2025 that recommended a bite-sized diet texture and thin liquids, and a nutritional assessment completed on 03/03/2026 that documented a bite-sized diet. Further review of Person #2's Health Care Management Plan (HCMP) dated 03/04/2026, and the Physician Order Sheet (POS) dated July 2026, both prescribed a chopped diet texture. Observations during snack time on 07/16/2026 at 4:33 PM showed that Persons #2 and #3 independently selected whole chocolate peanut butter protein bars. The bars, approximately four inches in length, were served whole rather than modified to the prescribed diet texture, and both persons ate them. During an interview on 07/20/2026 at 3:10 PM, Direct Support Professional (DSP) #3 acknowledged that Persons #2 and #3 were prescribed chopped diets, but do not like their snack bars chopped. DSP #3 further reported that the concern had been discussed with management, and it was believed that serving the bar's whole was an accepted practice. A review of the facility's staff training records revealed that DSP #3 had received nutrition training on Person #2's dietary texture requirements on 05/28/2026 and on Person #3's dietary texture requirements on 05/01/2025.	I6470		
I8110	3514.1 QUALIFIED INTELLECTUAL DISABILITIES PRO(QIDP) 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.	I8110		

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I8110	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and record reviews, the Qualified Intellectual Disability Professional (QIDP) failed to coordinate and monitor the implementation of a person's identified support needs, including the documentation and implementation of gait belt services, for one of the three persons in the sample (Person #1). Findings included: The review of Person #1's annual Physical Therapy evaluation note dated 03/06/2026 revealed a recommendation to use a gait belt during ambulation and to develop an ambulation protocol. Observations on 07/16/2026 at 4:08 PM showed Person #1 returning from the day program wearing a gait belt, with DSP #2 following behind holding the gait belt. Continued observation through 4:56 PM showed that Person #1 remained wearing the gait belt while seated on the couch and during ambulation to the bathroom and bedroom, with DSP #2 maintaining continuous assistance by holding the gait belt. Further observations on 07/17/2026 at 8:38 AM showed Person #1 ambulating from the dining area to the couch while wearing the gait belt, with DSP #1 holding the gait belt from behind and to the side as the person left for the day program. The review of Person #1's Physician Order Sheet (POS), Individual Service Plan (ISP), and Health Care Management Plan (HCMP) showed no	I8110		

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I8110	Continued From page 3 documentation authorizing or directing the use of a gait belt or an ambulation protocol. The Registered Nurse (RN), during an interview on 07/20/2026 at 12:50 PM, indicated that she was unaware when the gait belt was obtained or its history of use. Per the RN, Person #1 has been using the gait belt "for a while" but could not provide an ambulation protocol or documentation supporting its use in the ISP or POS. The QIDP, who was present during the interview, acknowledged the findings and did not provide additional documentation.	I8110		
I9000	3520.10 HABILITATION AND TRAINING 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. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure staff consistently implemented the Individual Program Plan (IPP) as written by documenting the specific tasks completed and the level of assistance provided for one of the three persons in the sample (Person #2). Findings included: On 07/16/2026 at 1:22 PM, a review of Person #2's IPP, dated 02/25/2026, revealed an objective for the person to participate in kitchen activities, independently or with minimal prompting, at least 3 times per week, including handing needed items to staff, washing dishes, and setting the	I9000		

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I9000	Continued From page 4 table. Per the IPP, staff were to encourage participation, document the specific tasks completed, and the level of assistance provided. The associated program data collection form also required documentation of the tasks completed and the level of staff support. Observations on 07/16/2026 at 4:45 PM showed Person #2 assisting the staff with setting the table after being prompted by staff. On 07/20/2026 at 11:15 AM, the review of Person #2's Program Data collection records for 07/11/2026 through 07/20/2026 revealed that all the entries were marked "Yes." Further review showed no documentation of the specific kitchen tasks completed or the level of staff assistance provided, as required by the IPP and program data collection form. The Qualified Intellectual Disability Professional (QIDP), in an interview on 07/20/2026 at 4:13 PM, acknowledged the findings.	I9000		