Health Regulation & Licensing Administration								
STATEMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
		ALR-0027	B. WING		10/16/2023			
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	ATE, ZIP CODE				
JOYE AS	SISTED LIVING SERVI	CES	SAS AVE NE					
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE			
	conducted during the 10/13/2023, and 10/ compliance with the (ALR) regulations, T and Medicine) Chap was 5, and there we professional and adr sample consisted of The findings of the s observations made t with staff and reside administrative record	nual licensure survey was e period of 10/12/2023, 16/2023, to determine Assisted Living Residence itle 22-B DCMR (Public Health ter 101. The resident census re 5 personnel including ministrative staff. The survey 5 residents. urvey were based on hroughout the ALR, interviews nts, and review of clinical and ds, including incidents. One (I) lischarge, and the file for one reviewed.	R 000	Please start typing your responses	s here:			
	10116.15f A healthca statement as to when communicable disea tuberculosis. Based on observation reviews, the Assisted to ensure all staff han healthcare practition free from communica tuberculosis, for one providing services to Findings included: On 10/12/2023 at 3:1 observed entering th contractor revealed t	are practitioner's written ther the employee bears any ses, including communicable ns, interviews and record d Living Residence (ALR) failed d a written statement from a er confirming that they were able diseases, including of the onsite contractors Resident #1 (Contractor #1).						
Health Regulation & Licensing Administration ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE								
Leon		•			(X6) DATE 10/31/2023			
-~~ N				DON/Administrator	10/31/2023			

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STATEMENT OF DEFICIENCIES ( AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A, BUILDING:		(X3) DATE SURVEY COMPLETED	
		ALR-0027	ALR-0027 B. WING 10/		/16/2023		
	PROVIDER OR SUPPLIER	ICES 6417 KAN	RESS, CITY, ST SAS AVE NE TON, DC 2				
(X4) ID PREFIX TAG	EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLET DATE	
R 281	The Assisted Living that the Home Heal another agency and #1. On 10/13/2023 at 3 personnel records as provide any written practitioner certifyin from communicable screening. During an interview ALA confirmed that send the written stat practitioner certifyin from communicable screening. The ALA indicated t contractor, the facili ensuring that the co their written statement practitioner certifyin communicable disea screening. At the time of surver personnel records fa signed statement fro each contractor was diseases. 10118.2b2 Private E 10118.2b2 A copy license, or other aut	ge 1 Administrator (ALA) confirmed th Aide (HHA) was employed by d assigned to work with Resident the Aide (HHA) was employed by d assigned to work with Resident the contract was free the bowed that the agency failed to statements from a healthcare g that the contractor was free disease, and or a tuberculin on 10/16/23 at 10:10 am, the the contracting agency failed to tements from a healthcare g that the contractor was free disease, and or a tuberculin hat when the agency sends a ty staff will be responsible for ntractor has available a copy of ents from a healthcare g that they are free from ase and has had a tuberculin y, the Assisted Living Residence ailed to show evidence of a om a healthcare practitioner that the free from communicable Duty Healthcare Professionals y of the registration, certification, horization required for the healthcare professional to	R 281	The ALA acknowledge the the surveyor. The ALA sent to the contractor's agency r the facility's policy and prod and the Department of Hea and Regulations regarding documentation needed fror contractor prior to the provi services at the facility, the r documents include: Curren License, CPR card, Annual and TB test result. All of the staff were instructed on the requirement for all outside of that enter into the facility ar request for the CPR/First A evidence of Licensure from of Nursing and a copy of th TB/Physical form prior to th of services and if the contra not have the required docur contractor should be sent b The contracting agency wa via email that the facility ref CPR/First Aid, License, Tra Records and the Annual Physical/PPD test prior to s Aide to the facility and failu the aide will be sent back u of the required documents contractors is received by t The ALA will review all con- documents monthly to ensu- required documents are in in-house folder and that the updated and current.	t an email egarding cedures lith Rules n a sion of required t HHA Physical e facility contractors nd to id, DC Board e facility contractors nd to id, DC Board e Annual e provision actor does ments, the back home. s notified quires the ining sending an re to do so, ntil receipt for he facility. tractors' ure that all the	10/16/2 and ongoing	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X A; BUILDING:			(X3) DATE SURVEY COMPLETED	
		ALR-0027	B. WING			
		6417 KAN	RESS, CITY, STA SAS AVE NE			
	SISTED LIVING SERVI	WASHING	TON, DC 2	0017		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
	District of Columbia. Based on observation reviews, the Assistent to ensure each Hom maintained current at with the Assisted Live credentials, for one of (Contractor #1). Findings included: On 10/12/2023 at 3.1 observed entering the contractor revealed to the facility. During an Assisted Living Adm the Home Health Aio another agency and #1. During an interview of asked for the person were no personnel fill the contracted HHA's contracting agency he license and other recorrequests. At the time of the sur Residence facility fail	ervices being rendered in the	R 296	The ALA acknowledge the find the surveyor. The ALA sent an to the contractor's agency rega the facility's policy and procedu and the Department of Health and Regulations regarding documentation needed from a contractor prior to the provisior services at the facility, the requ documents include: Current HH License, CPR card, Annual Ph and TB test result. All of the face staff were instructed on the requirement for all outside contractors that enter into the f and to request for the CPR/First evidence of Licensure from DC Board of Nursing and a copy o Annual TB/Physical form prior provision of services and if the contractor does not have the required documents, the contra should be sent back home. The contracting agency was notified email that the facility requires t CPR/First Aid, License, Trainin Records and the Annual Physical/PPD test prior to send Aide to the facility and failure to so, the aide will be sent back u receipt of the required docume contractors is received by the f The ALA will review all contract documents monthly to ensure f required documents are in the in-house folder and that they a updated and current.	email urding ures Rules n of uired HA ysical cility acility st Aid, f the to the actor e d via he ug ding an o do ntil nts for acility. tors' that all	10/16/2 and ongoing

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:			(3) DATE SURVEY COMPLETED	
		ALR-0027	B. WING		10/	/16/2023
ME OF PR	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	ATE, ZIP CODE		
OYE AS	SISTED LIVING SERV	CES	NSAS AVE NE GTON, DC 2			
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R 000	Initial Comments		R 000			
	conducted during the 10/13/2023, and 10/ compliance with the (ALR) regulations, T and Medicine) Chap was 5, and there we professional and adu sample consisted of The findings of the s observations made t with staff and reside administrative record	urvey were based on hroughout the ALR, interviews nts, and review of clinical and ds, including incidents. One (I) lischarge, and the file for one		Please start typing your	responses here:	
	certifications as requ Based on observatio reviews, the Assisted to ensure each Hom maintained current a with the Assisted Liv	nt and appropriate licensure and ired by law. ns, interviews and record d Living Residence (ALR) failed		See the response for F	296 on page 3	10/16/2 and ongoing
	Findings included:					
	observed entering th contractor revealed t the facility. During ar Assisted Living Admi	6 pm, Contractor #1 was e facility. When asked, the hat he was not employed by i interview at 3:33 pm, the nistrator (ALA) confirmed that e (HHA) was employed by assigned to work with				

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International Control of the survey in a solution of th	Health Regulation & Licensing Administration							
NAME OF PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         JOYE ASSISTED LIVING SERVICES       6417 KANSAS AVE NE WASHINGTON, DC 20017         (XA) ID PREFIX TAG       SUMMARY STATEMENT OF DEFICIENCES OR LSC IDENTIFYING INFORMATION)       ID PREFIX PREFIX       PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       (KS) COMPLETE DEFICIENCY)         R 605       Continued From page 1 Resident #1.       R 605       See the Response for R296 on page 3 and ongoing       10/16/23 and ongoing         During an interview on 10/16/23 at 10:10 am, when asked for the personnel folders, the ALA said there were no personnel files maintained in the facility for the contracted HHA's. The ALA stated that the contracting agency has failed to send the HHA's license and other required documents after several requests.       See the im of the survey, the Assisted Living Residence facility failed to ensure that personnel records included a current Home Health Aide	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA							
JOYE ASSISTED LIVING SERVICES       6417 KANSAS AVE NE WASHINGTON, DC 20017         (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)       (%)         R 605       Continued From page 1 Resident #1.       R 605       See the Response for R296 on page 3 and ongoing       10/16/23 and ongoing         During an interview on 10/16/23 at 10:10 am, when asked for the personnel folders, the ALA said there were no personnel files maintained in the facility for the contracted HHA's. The ALA stated that the contracting agency has failed to send the HHA's license and other required documents after several requests.       See the time of the survey, the Assisted Living Residence facility failed to ensure that personnel records included a current Home Health Aide       Identify the time of the survey in the facility for the contracting agency has failed to ensure that personnel records included a current Home Health Aide       Identify the facility failed to ensure that personnel records included a current Home Health Aide			ALR-0027	B, WING		10/ <sup>,</sup>	16/2023	
JOYE ASSISTED LIVING SERVICES       WASHINGTON, DC 20017         (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         R 605       Continued From page 1 Resident #1.       R 605       See the Response for R296 on page 3 10/16/23 and ongoing       10/16/23 and ongoing         During an interview on 10/16/23 at 10:10 am, when asked for the personnel folders, the ALA said there were no personnel folders, the ALA said there were no personnel folders atted that the contracted HHA's. The ALA stated that the contracting agency has failed to send the HHA's license and other required documents after several requests.       At the time of the survey, the Assisted Living Residence facility failed to ensure that personnel records included a current Home Health Aide       At the time of the survey, the Assisted Living	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	ATE, ZIP CODE			
PREFIX TAG       (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX TAG       (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       COMPLETE DATE         R 605       Continued From page 1 Resident #1.       R 605       See the Response for R296 on page 3 and ongoing       10/16/23 and ongoing         During an interview on 10/16/23 at 10:10 am, when asked for the personnel folders, the ALA said there were no personnel files maintained in the facility for the contracted HHA's. The ALA stated that the contracting agency has failed to send the HHA's license and other required documents after several requests.       R 605       See the Response for R296 on page 3       10/16/23 and ongoing         At the time of the survey, the Assisted Living Residence facility failed to ensure that personnel records included a current Home Health Aide       At the time of the survey, the Assisted Living       It is a current to the approach of the survey in the approach of the survey in the approach of the survey is a current to the personnel records included a current Home Health Aide       It is a current to the approach of the survey in the approach of the survey is a current to the personnel included a current Home Health Aide       It is a current to the approach of the survey in the approach of the approach of the survey in the approach of the survey i	JOYE AS	SISTED LIVING SERVI	ICES -					
Resident #1.       See the Response for R296 on page 3       10/16/23 and ongoing         During an interview on 10/16/23 at 10:10 am, when asked for the personnel folders, the ALA said there were no personnel files maintained in the facility for the contracted HHA's. The ALA stated that the contracting agency has failed to send the HHA's license and other required documents after several requests.       See the Response for R296 on page 3       10/16/23 and ongoing         At the time of the survey, the Assisted Living Residence facility failed to ensure that personnel records included a current Home Health Aide       At the time of the survey the Assisted Living Residence facility failed to ensure that personnel records included a current Home Health Aide       Item Provide the Provide the provide the personnel records included a current Home Health Aide       Item Provide the	PREFIX	(EACH DEFICIENCY MUST	BE PRECEDED BY FULL REGULATORY	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	(X5) COMPLETE DATE	
ealth Regulation & Licensing Administration		Resident #1. During an interview a asked for the person were no personnel fit the contracted HHA' contracting agency h license and other red requests. At the time of the sun Residence facility fai records included a c certification.	on 10/16/23 at 10:10 am, when inel folders, the ALA said there iles maintained in the facility for s. The ALA stated that the mas failed to send the HHA's quired documents after several rvey, the Assisted Living iled to ensure that personnel urrent Home Health Aide	R 605	See the Response for R296 on pa	age 3	and	