

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 12/11/2017
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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	Initial Comments An annual survey was conducted on December 11, 2017, to determine compliance with the Assisted Living Law "DC Code § 44-101.01." The Assisted Living Residence (ALR) provides care for seven (7) residents and employs eight (8) employees to include professional and administrative staff. Seven (7) resident records and eight (8) employee records were reviewed. The findings of the survey were based on observations, record reviews, and interviews with residents and employees. Note: Listed below are abbreviations used throughout the body of the report. ALA -- Assisted Living Administrator ALR -- Assisted Living Residence TME -- Trained Medication Employee mg -- milligram ° -- degrees F -- Fahrenheit TV -- television	R 000		
R 272	Sec. 503.1 Dignity. (1) A safe, clean, comfortable, stimulating, and homelike environment allowing the resident to use personal belongings to the greatest extent possible; Based on observation and interview, the ALR staff failed to ensure hydrogen peroxide was stored safely away from seven (7) of seven (7) residents (Residents #1, 2, 3, 4, 5, 6, and 7). Findings included: Observation on 12/11/17 at 10:30 AM showed that hydrogen peroxide was left unsecured in the	R 272	TME REMOVED THE HYDROGEN PEROXIDE IN THE VACANT FIRST BEDROOM DURING THE SURVEY TO THE LOCKED MEDICATION CABINET TO PREVENT THIS ACT FROM RECURRING. THE ALA GAVE AN INSERVICE TO ALL STAFF. SEE PG 2 OF 4	12/11/17 AND ONGOING

Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Gloria Richards</i>	TITLE ADMINISTRATOR	(X6) DATE 01/15/2018
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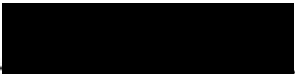
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R 272	Continued From page 1 first floor bedroom. This bedroom was vacant and located near a common area accessible to all residents. During an interview on 12/11/17 at 11:31 AM, the TME stated that the hydrogen peroxide belonged to a discharged resident. The TME then stated that she would ensure that the hydrogen peroxide was removed. At the time of the survey, the provider corrected this deficient practice by removing the hydrogen peroxide from the reach of residents.	R 272 R272	CONTINUED FROM PG 1 OF 4 ON STORAGE OF CHEMICALS IN THE APPROPRIATE STORAGE AREA FOR THE SAFETY OF ALL THE RESIDENTS. HOUSE MANAGER AND STAFF WILL CHECK ALL AREAS IN THE FACILITY DAILY TO ENSURE ALL CHEMICALS ARE STORED IN THE DESIGNATED AREA IN THE FACILITY	
R 811	Sec. 904b Medication Storage (b) The storage area shall be kept locked when not in use. Based on observation and interview, the ALA failed to ensure a resident, who self-administers his/her medications, safely secured the medicines from other residents. (Resident #5) Findings included: Observation on 12/11/17 at 10:30 AM showed that Resident #5's bedroom was unlocked. Upon entering the bedroom, the surveyors noted an unlocked toolbox which contained a bottle of Motrin 800mg tablets on the TV stand. During an interview on 12/11/17 at 10:40 AM, the TME stated that Resident #5 forgot to lock the toolbox. The TME then removed the Motrin and stored it in a secured area. At the time of the survey, the ALA failed to ensure that Resident #5 safely stored his/her medication.	R 811 R811	RESIDENT #5'S MEDICATIONS WERE REMOVED AND STORED IN THE FACILITY'S LOCKED MEDICATION CABINET DURING THE SURVEY. ALA CONDUCTED ANOTHER MEDICATION ASSESSMENT FOR RESIDENT #5. RESIDENT #5 NEEDS SUPERVISION FOR MEDICATION ADMINISTRATION DUE TO NON-COMPLIANCE WITH STORAGE. RESIDENT #5 WILL HAVE ACCESS TO HIS MEDICATIONS DURING THE SCHEDULED TIME OF HIS MEDICATION ADMINISTRATION TIME / LPN WILL CHECK AND ENSURE THAT ALL OF RESIDENT #5'S MEDICATIONS IS RETURNED BACK TO THE LOCKED MEDICATION CABINET AFTER EACH USE DAILY.	

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NAME OF PROVIDER OR SUPPLIER JOYE ASSISTED LIVING SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE <div style="background-color: black; width: 150px; height: 20px; margin: 5px 0;"></div>		
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R 811	Continued From page 2 Post survey on 12/12/17 at 2:00 PM, the ALA provided documented evidence that Resident #5 had been reassessed. The reassessment showed that the resident was unable to secure medications safely and that the ALR staff will now store medicines for Resident #5 to self-administer.	R 811		
R 981	Sec. 1004a General Building Interior (a) An ALR shall ensure that the interior of its facility including walls, ceilings, doors, windows, equipment, and fixtures are maintained structurally sound, sanitary, and in good repair. Based on observations and interview, the ALR failed to maintain sanitary conditions in the kitchen. Findings included: Observation of the kitchen on 12/11/17 at 3:30 PM showed a live roach crawling on top of the medication refrigerator. During an interview on 12/11/17 at 3:45 AM, the ALA stated that she would have the exterminator treat the kitchen. At the time of the survey, the ALR failed to ensure that the kitchen was maintained in a sanitary condition. Post survey on 12/12/17 at 2:00 PM, the ALA provided an invoice that indicated the kitchen was treated by an exterminator on 12/12/17 at 11:00 AM.	R 981 <i>R981</i>	<i>ALA CONTACTED THE EXTERMINATOR TO EXTERMINATE THE ENTIRE FACILITY. EXTERMINATION WAS DONE POST SURVEY BY THE CONTRACTED PEST COMPANY. JOB-SERVICE WAS PROVIDED TO ALL STAFF REGARDING CLEANING OF THE FACILITY AND PROPER STORAGE OF ALL FOOD ITEMS TO PREVENT INFESTATION OF PESTS. ALL STAFF TO CHECK ALL AREAS OF THE FACILITY DAILY FOR ANY SIGNS OF INFESTATION. STAFF TO NOTIFY CONTRACTED PEST COMPANY OF ANY SIGNS OF PESTS. CONTRACTED PEST COMPANY WILL CONTINUE WITH PEST EXTERMINATION MONTHLY.</i>	<i>12/12/17 AND ONGOING</i>
R1003	Sec. 1006c Bathrooms.	R1003		

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R1003	Continued From page 3 (c) An ALR shall insure that the temperature of the hot water at all taps to which residents have access is controlled by the use of thermostatically controlled mixing valves or by other means, including control at the source, so that the water temperature does not exceed 110 degrees Fahrenheit. Based on observation and interview, the ALR failed to ensure that the hot water temperature did not exceed 110°F in two (2) of three (3) bathrooms within the facility. Finding included: Observation on 12/11/17 at 1:30 PM showed hot water temperatures measured as listed below: - first floor bathroom: 112°F; and - second floor bathroom closest to stairs: 112°F. During an interview on 12/11/17 at 1:40 PM, the ALA stated that she would adjust the water temperature down to 110°F. Follow-up observation on 12/11/17 at 3:30 p.m. showed that the hot water temperatures in both the first and second floor bathrooms measured at 110°F. At the time of the survey, the ALR failed to ensure that the hot water temperature did not exceed 110° F in two of the three facility bathrooms.	R1003 R1003	WATER TEMPERATURE WAS TURNED DOWN DURING SURVEY TO 110°F. MAINTENANCE PERSON WILL CHECK WATER TEMPERATURE WEEKLY TO ENSURE WATER TEMPERATURE IS MAINTAINED AT 110°F	12/11/17 ADD D. N. G. D. G.
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