

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 09/04/2020
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NAME OF PROVIDER OR SUPPLIER JOYE ASSISTED LIVING SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 6417 KANSAS AVE NE WASHINGTON, DC 20017
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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>An annual survey was conducted on 09/02/2020 through 09/04/2020, to determine compliance with the Assisted Living Law (DC Official Code § 44-101.01 et seq) and the Assisted Living Residence (ALR) emergency and proposed regulations. The ALR provided care for eight residents and employed six personnel to include professional and administrative staff. In addition, three Home Health Aides (HHAs) from one Home Care Agency (HCA) were providing services in the ALR. A random sample of four resident records and eight employee records were selected for review. The findings of the survey were based on observation throughout the facility, clinical and administrative record review, review of the emergency preparedness program and resident and staff interviews.</p> <p>The survey findings determined that the ALR was in substantial compliance with DC Code 44-101.01; and practices related to the emergency and proposed regulations.</p>	R 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____