

Health Regulation & Licensing Administration FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR0022	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/14/2011

NAME OF PROVIDER OR SUPPLIER AGAPE HEALTH SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4904 7TH STREET 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
R 000	Initial Comments An annual licensure survey was conducted on December 14, 2011 and December 15, 2011 to determine compliance with the Assisted Living Law " DC Code § 44-101.01 " The following deficiencies were based on observation, record reviews and interviews. The sample sizes were seven (7) resident records based on a census of seven (7) residents and three (3) employee records based on a census of three (3) employees.	R 000		
R 710	Sec. 802 4 Medical, Rehabilitation, Psychosocial Assess. (4) Confirmation that the applicant is free from communicable TB and from other active, infectious, and reportable communicable diseases; Based on a record review and interview, it was determined the facility failed to confirm two (2) of seven(7) resident's were free from communicable Tuberculosis (TB) (Residents #2 and #3) The findings include: 1. On December 15, 2011, a review of resident #2's records at approximately 10:00 a.m. revealed there was no documented evidence that the resident was free from communicable TB. On December 15, 2011 the agency's Administrator was interviewed at approximately 11:00 a.m., and confirmed that the patients did not have a PPD. The Administrator indicated that a current PPD status for the patient would be obtained. 3. On December 15, 2011, a review of resident #3's records at approximately 10:15 a.m.	R 710	<p><i>Received 1-6-12</i> Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002</p> <p>At the time of survey records for patient #2 and #3 revealed no documentation of result of PPD status. Patient # 2 is schedule to have PPD placed at the doctor's office on 1/09/2012. Result will be faxed to DOH by the end of the week of 1/13/2012.</p> <p>A request for a release of Medical Record has been sent to the Chest Clinic division of Department of Health for patient #3 Chest X-ray result done in 2009. Waiting to Chest Clinic to send result. Will fax result to HRLA before the end of week of 1/13/2012</p> <p>Delegated RN shall review all residents charts to ensure that needed/ pertinent informations are completed prior to admission, every two weeks and monthly as needed.</p> <p>If any error is noted, Administrator/RN to follow-up with the MD to assure that all documents are completed properly</p>	<i>12/26/11 - ongoing</i>

Health Regulation & Licensing Administration

Arden Chalken

TITLE *Administrator*

(X6) DATE *1/5/2012*

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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R 710 Continued From page 1 R 710

revealed there was no documented evidence that the resident was free from communicable TB.

On December 15, 2011 the agency's Administrator was interviewed at approximately 11:00 a.m., and confirmed that the patients did not have a PPD. The Administrator indicated that a current PPD status for the patient would be obtained.

R 981 Sec. 1004a General Building Interior R 981

(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 observation and staff interview, the facility failed to ensure the facilities common areas were maintain in good repair.

The finding includes:
During an environmental inspection on December 14, 2011, at approximately 11:00 a.m., the following deficiencies were observed:

1. In the second floor hallway there was a crack in the ceiling.
 3. In the second floor hallway leading up the stairs there is a noticeable hole in the wall.
- At approximately 12:15 p.m. the above cited concerns were discussed with the facility owner who explained she had made plans to abate the above cited deficiencies.

12/26/11 / ongoing

Since surveyed the observed crack on the second floor ceiling and the noticeable hole on the second floor hallway leading up the stair has been repaired.
See Attachment #2

Staff will continue to conduct weekly environmental checks through out the facility. Any observed deficiencies will be reported to the Administrator for immediate resolution/repair.