

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALR-0029	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/23/2012
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NAME OF PROVIDER OR SUPPLIER TWO HEARTS AND ONE BEAT QSHC	STREET ADDRESS, CITY, STATE, ZIP CODE 3218 18TH STREET, NE WASHINGTON, DC 20018
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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 initial licensure survey was conducted on May 23, 2012, to determine compliance with Assisted Living Law "DC Code § 44-101.01." The survey findings were based on administrative record review, staff interview and observation of the facility.

R 000

No plan at this time. plan has been develop by CEO and RN/DON
An will be use according to care Plan for each individual resident delegated by RN/DON 30 days post Admission/transfer and PRN following change in health / social conditions

✓ R 056 Sec. 302e2e Initial ALR Licensure

(E) Medication management system;
Based on record review and interview, the Assistant Living Residence (ALR) failed to provide a Medication Management System., The finding includes:
On May 23, 2012, a review of the administrative records starting at approximately 9:30 a.m., revealed no evidence of a Medication Management System for review at the time of this initial licensure inspection.
During a face to face interview with the CEO on May 23, 2012 at approximately 10:00 a.m., she indicated she would develop a Medication Management System.

R 056

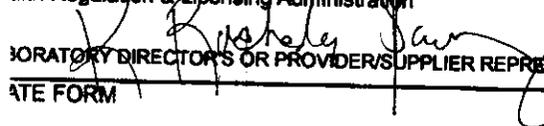
(See Medication Management Form)
Received 6/20/12
Department of Health
Health Regulation & Licensing Administration
Intermediate Care Facilities Division
800 North Capitol St., N.E.
Washington, D.C. 20002

✓ R 057 Sec. 302e2f Initial ALR Licensure

(F) Individual Service Plan policy and procedures;
Based on record review and interview, the Assistant Living Residence (ALR) failed to provide an Individualized Service Plan Policy and Procedure.
The finding includes:
On May 23, 2012, a review of the administrative records starting at approximately 9:30 a.m., revealed no documented evidence of an Individualized Service Plan Policy and Procedure for review at the time of this initial licensure inspection.
During a face to face interview with the CEO on

R 057

ISP has been written and will be delegated by RN/DON pre-Admission 30 days post PRN. All ISP shall be agreed upon by resident and/or guardian. ALR sign and dated by both parties. Completed ISP's shall be submitted to health practitioner for signature. Delegated RN shall ensure ISP's are signed within time frame. RN will keep chart every 2 weeks and monthly for missing or uncompleted documents

Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE CEO/President	(X6) DATE 6-20-2012
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R 057 Continued From page 1 R 057

May 23, 2012 at approximately 10:00 a.m., she indicated she would develop an Individualized Service Plan Policy and Procedure.

*Continue R 057 (See JSP Form)
May 24, 2012*

R 059 Sec. 302e2h Initial ALR Licensure R 059

✓ (H) Resident agreements, both financial and nonfinancial;
Based on record review and interview, the Assistant Living Residence (ALR) failed to provide a Resident Agreement, both financial and non-financial.
The finding includes:
On May 23, 2012, a review of the administrative records starting at approximately 9:30 a.m., revealed no documented evidence of a Resident Agreement, both financial and non-financial for review at the time of this initial licensure inspection.
During a face to face interview with the CEO on May 23, 2012 at approximately 10:00 a.m., she indicated she would develop a Resident Agreement, both financial and non-financial.

*Plan was developed by CEO/RN/DAW all resident agreements, both financial and nonfinancial will be agree upon by all parties and signed. Also reviewed upon any change or written notices in 45 day of financial, or removal. all parties will be notified by mail, email, ect. by CEO/president and RN/DAW
May 24, 2012*

✓ 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 interview, the Assistant Living Residence (ALR) failed to ensure the interior including ceilings of the facility was in good repair.
The finding includes:
During a tour of the ALR on May 23, 2012 at approximately 10:00 a.m., revealed the ceiling on the second floor near a resident bedroom needed to be replastered.

*Contractor has plastered and Secured Ceiling. All maintenance will be done quarterly or as needed to protect residents and staff. Staff will check on daily basis and report any repairs needed for day to day activities of resident to run smoothly without any danger
May 26, 2012*

K. Kosheda Javoy

CEO/president

6-20-2012

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R 981 Continued From page 2

During a face to face interview with the CEO on May 23, 2012 at approximately 10:30 a.m., she indicated she would repaired that area of the second floor ceiling as soon as possible.

R1021 Sec. 1008a Bedrooms.

(a) An ALR located in an existing building shall ensure that bedrooms provide at least 70 square feet of habitable space for single occupancy resident units and 100 square feet of habitable space in double occupancy resident units. Each bedroom shall have adequate dresser and closet or wardrobe space for residents' seasonal clothing and personal belongings. A secure storage space in a resident's unit shall be made available if requested by the resident. Based on observation and interview, the Assistant Living Residence (ALR) to ensure one of three resident bedrooms had a closet or wardrobe space. The finding includes:
During a tour of the ALR on May 23, 2012 at approximately 10:00 a.m., revealed one bedroom on the second floor that did not have a closet or wardrobe space for residents' seasonal clothing and personal belongings.
During a face to face interview with the CEO on May 23, 2012 at approximately 10:30 a.m., she indicated she would purchase a wardrobe unit for the second floor bedroom.

Wardrobe ~~has~~ been added for potential residents clothing and personal effects. As well as other things to make resident comfortable. All rooms will be inspected and cleaned on a daily basis by staff and CNAs for safety and all.

H. Rasheda Pavy

CEO/president

6-20-2012