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

NAME OF PROVIDER OR SUPPLIER
TWO HEARTS AND ONE BEAT QSHC

STREET ADDRESS, CITY, STATE, ZIP CODE
3218 18TH STREET, NE
WASHINGTON, DC 20018

PROVIDER/SUPPLIER IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION
A. BUILDING
B. WING
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER
TWO HEARTS AND ONE BEAT QSHC

STREET ADDRESS, CITY, STATE, ZIP CODE
3218 18TH STREET, NE
WASHINGTON, DC 20018

Summary Statement of Deficiencies

(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

ID PREFIX TAG
R 000 Initial Comments

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 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 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 May 23, 2012 at approximately 10:00 a.m., she indicated she would develop a Medication Management System.

Health Regulation & Licensing Administration
899 North Capitol St. N.E.
Washington, D.C. 20002

No plan at this time. Plan has been developed by CEO and RN/ON.
Plan will be as indicated in the care plan for each individual resident.
Delegated by RN/ON 30 days post admission/inpatient and RN following change in health/soc conditions.

Medication Management Form

Received 6/20/12

Department of Health
Health Regulation & Licensing Administration
Intermediate Care Facilities Division
899 North Capitol St., N.E.
Washington, D.C. 20002

May 24, 2012

ISP has been written and will be delegated by RN/ON pre-admission.
30 days post PNA. All ISPs shall be agreed upon by resident and/or guardian. ALR sign and date by both parties. Completed ISPs shall be submitted to health district for signature. Delegated to health practitioner for signature. Due to undersigned within 24 hours of admission. RN will keep chart every 2 weeks and monthly for missing or incomplete documentation.

Title: CEO President
Date: 6-20-2012

If continuation sheet: 1 of 3

FS2X11
## Statement of Deficiencies and Plan of Correction

### Name of Provider or Supplier
- **Two Hearts and One Beat (QBHC)**

### Address
- 3218 18TH STREET, NE
- WASHINGTON, DC 20018

### Provider/Supplier Identification Number
- ALR-0029

### Multiple Construction Identification Number
- (X1) PROVIDER/SUPPLIER/CNA
- A BUILDING
- B WING

### Date Survey Completed
- 05/23/2012

### Summary Statement of Deficiencies

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

### Provider’s Plan of Correction

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**R 059 Sec. 302e2h Initial ALR Licensure**

- (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.

### 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 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. Shaft will check on daily basis and report any repairs needed.crew to run smoothly without any danger.

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**CEO/President**

**0-20-2012**
## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

### NAME OF PROVIDER OR SUPPLIER

**TWO HEARTS AND ONE BEAT QSHC**

**STREET ADDRESS, CITY, STATE, ZIP CODE**

3218 18TH STREET, NE

WASHINGTON, DC 20018

### PROVIDER'S PLAN OF CORRECTION

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

### 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 the 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.

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**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 & all.**