

DISTRICT OF COLUMBIA

DEPARTMENT OF HEALTH

PERFORMANCE OVERSIGHT HEARING

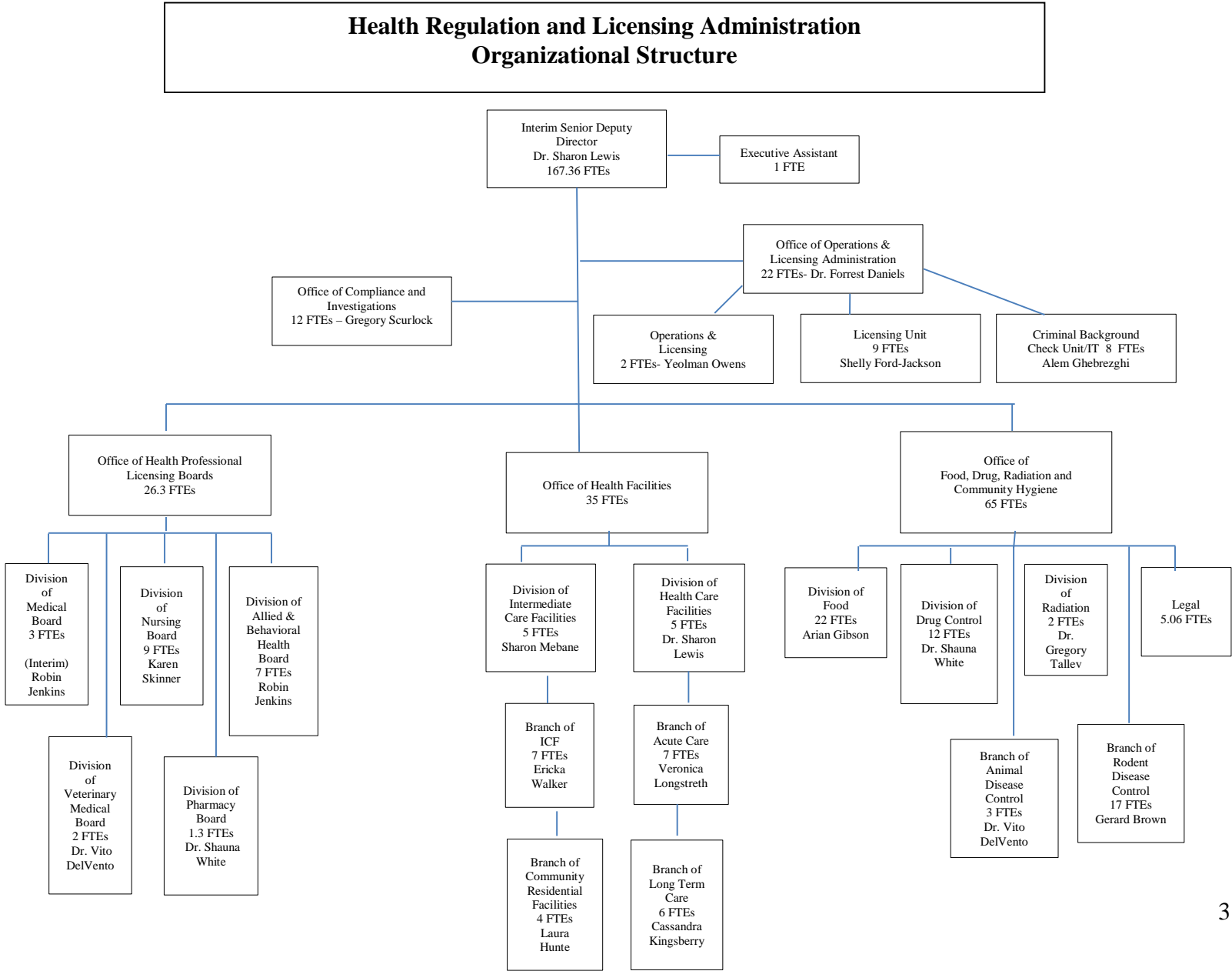
HEALTH REGULATION AND LICENSING ADMINISTRATION (HRLA)

Fiscal Year 2015

Organization and Performance Plan

Q1: Please provide a current organizational chart for HRLA. Please provide information to the activity level. In addition, please identify the number of full time equivalents at each organizational level and the employee responsible for the management of each program and activity. If applicable, please provide a narrative explanation of any organizational changes made during FY15 or to date in FY16.

See organizational chart on next page.



Q2. How many vacancies were posted during FY15? To date in FY16? Which positions? Why was the position vacated? In addition, please note how long the position was vacant, what steps have been taken to fill the position and whether or not the position has been filled?

Job ID#	Date Position became vacant	Open Date	Close Date	Position Number	Position Title	Reason Position was vacated	Vacancy status	Date filled	Steps taken to fill position
25201	5/2/14	10/4/15	10/28/14	00036020	Health Licensing Specialist CS-301-9	Resignation	Cancelled 12/20/14	N/A	Position posted to DCHR Website
26241	New	10/23/14	11/5/14	00000632	Administrative Services Manager	New position	Filled	1/26/15	Position posted to DCHR Website
JO-1504-2068 Reposted JO-1504-2158		4/1/15 4/10/15	4/6/15 4/20/15	00043682	Supervisory Health Services Program Specialist MS-601-13	Resignation	Filled	EOD 8/10/15	Position posted to DCHR Website
JO-1504-2191	12/12/14	4/14/15	4/24/15	00039466	Program Manager MS-340-40	Resignation	Filled	7/12/15	Position posted to DCHR Website

*Department of Health
FY15 Oversight Questions*

Job ID#	Date Position became vacant	Open Date	Close Date	Position Number	Position Title	Reason Position was vacated	Vacancy status	Date filled	Steps taken to fill position
JO-1506-2667 Reposted JO-1509-3362		6/16/15 9/4/15	6/26/15 9/14/15	00087477	Health Compliance Officer		Posting Cancelled 6/18/15 Posting Cancelled 9/24/15	N/A	Position posted to DCHR Website
JO-1507-2864 Reposted JO-1509-3386 Reposted JO-1511-3960	5/15	7/9/15 9/4/15 11/9/15	7/19/15 9/14/15 11/19/15	00025638	Health Licensing Specialist CS-301-9	Resignation	Position cancelled by hiring Manager on 8/22/15 Position cancelled by Hiring Manager 9//16/15	N/A	Position posted to DCHR Website
JO-1508-3058	N/A	8/4/15	8/9/15	00087177	Supervisory Sanitarian MS-688-13	N/A	Filled Promotion	9/11/15	Position posted to DCHR Website
JO-158-3126	9/5/15	8/11/15	8/21/15	00087255	Health Licensing Specialist CS-301-11	Promotion	Filled	9/6/15	Position posted to DCHR Website

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Job ID#	Date Position became vacant	Open Date	Close Date	Position Number	Position Title	Reason Position was vacated	Vacancy status	Date filled	Steps taken to fill position
JO-158-3125	9/5/15	8/11/15	8/21/15	00087256	Health Licensing Specialist CS-301-11	Promotion	Filled	9/6/15	Position posted to DCHR Website
JO-1508-3101	9/5/15	8/6/15	8/16/15	00087254	Health Licensing Specialist CS-301-9	Promotion	Filled	9/6/15	Position posted to DCHR Website
JO-1508-3187	7/11/15	8/18/15	8/22/15	00024265	Program Manager MS-340-14	Resignation	Filled	9/20/15	Position posted to DCHR Website
JO-1508-3330	New	8/31/15	9/10/15	00087301	Pharmacist CS-660-14	New	Filled	EOD 12/28/15	Position posted to DCHR Website
JO01508-3256	3/22/15	8/21/15	9/8/15	00002426	Executive Director (Bd of Medicine) (Executive Secretariat MS-14	Promotion	Not Filled To date		Position posted to DCHR Website
JO1508-3246	10/3/15	8/20/15	8/30/15	00087331	Health Licensing Specialist CS-301-11		Filled	10/4/15	Position posted to DCHR Website

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FY15 Oversight Questions*

Job ID#	Date Position became vacant	Open Date	Close Date	Position Number	Position Title	Reason Position was vacated	Vacancy status	Date filled	Steps taken to fill position
JO1508-3290	New	8/26/15	9/26/15	00087334	Nurse Specialist CS-11		Posting cancelled 9/24/15	N/A	Position posted to DCHR Website

FY 2016

Job ID#	Date Position became vacant	Open Date	Close Date	Position Number	Position Title	Reason Position was vacated	Vacancy status	Date filled	Steps taken to fill position
JO-1511-3962	New	11/12/15	11/22/15	00087632	Health Licensing Specialist CS-11	Promotion	Filled	12/27/15	Position posted to DCHR Website
JO-1511-4038 Reposted JO1512-4359	7/12/15	11/8/15 12/30/15	11/28/15 1/9/16	00020816	Food Technologist CS-12	Promotion	Open	TBD	Position posted to DCHR Website
JO-1511-4068	6/30/15	11/19/15	11/29/15	000087630	Sanitarian CS-11	Retirement	Open	TBD	Position posted to DCHR Website
JO-1511-4066	9/9/15	11/19/15	11/29/15	00087791	Nurse Specialist 1	Resigned	Open	TBD	Position posted to DCHR Website
JO-1601-4536	1/8/16	1/20/16	1/30/16	00097301	Pharmacist	Termination during probationary period	Open	TBD	Position posted to DCHR Website

Q3. Did HRLA meet the objectives set forth in the performance plan for FY15? Please provide a narrative description of what actions HRLA undertook to meet the key performance indicators and/or any reasons why such indicators were not met.

SCOPE OF SERVICES

The Health Regulation and Licensing Administration (HRLA) protects the health of the residents of the District of Columbia and those that do business here by fostering excellence in health professional practice and building quality and safety in health-systems and facilities through an effective regulatory framework. HRLA administers the District and Federal laws and regulations governing the licensure, certification and registration of health care professionals, health care facilities, pharmacies, animal and rodent control activities, food establishments (restaurants, groceries and deli's) and hygiene or other-health related establishments (spas, salons and swimming pools) to ensure the protection of the health and safety of the residents and visitors of the District of Columbia.

OBJECTIVE 1: Build quality and safety in health-systems and facilities by conducting annual licensure and federal certification inspections of health care facilities.

INITIATIVE 1.1: Conduct on-site surveys to ensure health, safety, sanitation, fire, and quality of care requirements of facilities that are licensed and/or certified.

The facility types inspected by the Health Care Facilities Division (HCFD) include: ambulatory surgical centers, end stage renal dialysis facilities, home health agencies, hospice facilities, hospitals, hospital transplant programs, maternity centers, nursing homes, communicable disease labs, tissue banks, CLIA Laboratories, and Certificate of Wavier (COW) Laboratories. In FY2015, HCFD will complete 112 inspections to identify deficiencies that may affect state licensure and/or eligibility for federal compliance under the Medicare and Medicaid programs. **Completion Date: September 30, 2015.**

Performance Assessment Key: Fully achieved. In FY2015, HCFD completed 153 inspections to identify deficiencies that may affect state licensure and/or eligibility for federal compliance under the Medicare and Medicaid programs.

OBJECTIVE 2: Build quality and safety in intermediate care facilities by conducting annual licensure and federal certification inspections of intermediate care facilities for individuals with intellectual disabilities (ICF/IIDs), along with monitoring inspections of residential facilities, home care agencies child placing agencies, and licensure oversight to nurse staffing agencies.

INITIATIVE 2.1: Conduct on-site surveys to ensure health, safety, sanitation, and quality of care requirements of healthcare facilities.

Facilities that are under the purview of the Intermediate Care Facility Division (ICFD) include intermediate care facilities for individuals with intellectual disabilities (ICF/IID) as well as community residential facilities, assisted living residences, child placing agencies, home care agencies, and nurse staffing agencies. By September 30, 2015, ICFD will complete 242 inspections and as appropriate, identify deficiencies within these facilities that may affect state licensure and/or eligibility for federal compliance under the Medicare and Medicaid programs. Additionally, ICFD will refer quality of care issues to the appropriate professional boards and commissions. **Completion Date: September 30, 2015.**

Performance Assessment Key: Fully achieved. In FY15 ICFD completed 273 inspections; 13 (5%) more than projected. This increase was primarily due to ICFD assuming, for the first time, licensure for Nurse Staffing Agencies (NSA). There are over 130 NSAs in the District and ICFD facilitated timely licensure renewal for all eligible agencies during the transition. ICFD anticipates an increase in new NSA applications in FY16. In addition to conducting facility surveys, ICFD staff were frequently called upon by the U.S. Attorney's office to testify on federal fraudulent billing cases.

OBJECTIVE 3: Protect the public health and safety of residents and visitors in the District through the prevention of food-borne outbreaks and protect the food supply through inspections.

INITIATIVE: 3.1: Inspect Food Establishments.

As a consequence of routine inspections and complaints due to food code violations and/or food borne illnesses that culminated in summary suspension/closures, HRLA/Food Safety Hygiene Inspection Service Division will work with establishments to improve their observance of the specific food code regulations which promote clean and healthy eating environments. **Completion Date: September 30, 2015.**

Performance Assessment Key: Fully achieved. In FY15, the Food Safety and Hygiene Inspection Services Division (FSHISD) inspected 771 District food establishments that were generated by consumer complaints. As a consequence of routine inspections and complaints due to food code violations and/or food borne illnesses that culminated in summary suspension/closures, the Division hosted a conference for restaurant management and the general public on specific food code regulations and actions they can take to promote clean and healthy eating environments.

INITIATIVE: 3.2: Number of Food Establishment Closures

During FY2015 the Food Safety Division will look at the closures resulting from food establishments' failure to minimize the presence of insects, rodents and other pests on the premises and the reduction of Demonstration of Knowledge (DoK)/Certified Food Protection Manager (CFPM) violations. Establishment's knowledgeable of and executing Active Managerial Controls (AMC) in place will help promote this achievement. **Completion Date: September 30, 2015.**

Performance Assessment Key: Fully achieved. For FY 2015, there were a total of 242 closures, with 90 or 37% due to failure to minimize insects, rodents or other pests, and 40 or 17% due to not having a person on-site identified as the Certified Food Protection Manager (CFPM). Establishments repeatedly closed for "failure to minimize" were enrolled in a Risk Control Program (RCP). This action triggered an increase number of inspections and required the establishment to submit documentation of corrective action taken such as increased frequency of extermination services.

OBJECTIVE 4: Build quality and safety in pharmaceutical and controlled substance facilities by conducting annual licensure inspections.

INITIATIVE 4.1: Conduct inspections in at least 90% of all registered community and hospital pharmacies located in the District to ensure compliance with District and Federal Pharmacy Law.

Elements of the inspection include physical standards, equipment and security requirements, sanitation requirements, packaging, handling and drug labeling requirements, recordkeeping requirements, misbranding and adulterated drug violations, controlled substance management,

recordkeeping and distribution requirements, proper patient counseling and drug utilization review. Where egregious errors are found that directly impact patient health and safety, the pharmacist is referred to the Board of Pharmacy. An example of this would be where a medication dispensing error is discovered. **Completion Date: September 30, 2015**

Performance Assessment Key: Fully achieved. In FY15, the Pharmaceutical Control Division (PCD) conducted routine and unannounced inspections in 100% of all registered community and hospital pharmacies located in the District of Columbia; ensuring compliance with District and Federal Pharmacy Law. Elements of the inspection included physical standards, equipment and security requirements, sanitation requirements, packaging, handling and drug labeling requirements, recordkeeping requirements, misbranding and adulterated drug violations, controlled substance management, recordkeeping and distribution requirements, proper patient counseling and drug utilization review. If errors were found that directly impacted patient health and safety and potentially occurred due to negligence, the pharmacist was referred to the Board of Pharmacy. An example of this would be where a medication dispensing error is discovered.

INITIATIVE 4.2: Conduct inspections in at least 90% of all registered controlled substance facilities located in the District to ensure compliance with District and Federal Controlled Substance Law.

These facilities include substance abuse treatment centers, researchers, animal and veterinary clinics, and ambulatory surgery centers. Elements of the inspection include recordkeeping requirements for drug order, receipt, usage, and inventory; storage and security requirements; and destruction of controlled substances. These inspections are designed to monitor for and prevent drug diversion. Where drug diversion is found, referrals are made to appropriate health licensing boards and Metropolitan Police Department. **Completion Date: September 30, 2015**

Performance Assessment Key: Fully achieved. In FY15, the Pharmaceutical Control Division (PCD) inspected 99% of all controlled substance facilities in the District of Columbia; ensuring

compliance with District and Federal Controlled Substance Law. These facilities include substance abuse treatment centers, researchers, animal and veterinary clinics, and ambulatory surgery centers. Elements of the inspection include recordkeeping requirements for drug order, receipt, usage, and inventory; storage and security requirements; and destruction of controlled substances. These inspections are designed to monitor for and prevent drug diversion. Where drug diversion is found, referrals are made to appropriate health licensing boards and Metropolitan Police Department.

OBJECTIVE 5: Conduct timely animal surveillance and disease control to protect residents and visitors.

INITIATIVE 5.1: Ensure that 100% of samples taken from rabies-suspect animals are submitted for testing upon notification of exposure. In FY2014 a total of 100% or 218 samples were taken from animals with suspected rabies and sent for testing within 48 hours of notification of exposure. In FY2015 the program will continue to provide District residents with test results and information for prevention and prophylaxis of this fatal zoonotic disease. Accurate data reporting is expected to improve the percentage of rabies-suspect animals that are tested within required timeframe. **Completion Date: September 30, 2015.**

Performance Assessment Key: Fully achieved. In FY2015, 100% of all 313 samples taken from animals with suspected rabies were sent for testing within 48 hours of notification of exposure.

OBJECTIVE 6: Protect the health and safety of residents and visitors through the reduction of rodent activity.

INITIATIVE 6.1: Inspect 50,000 premises for rodent activity

The Rodent Control Division will inspect 50,000 premises for rodent activity and will work to reduce rodent activity, enforce sanitation laws and distribute educational material. This increase in inspections represents an increase from previous inspection years and should provide an evidenced-base decrease in rodent activity. The increase is also attributed to the modification in inspection techniques allowing the inspectors effectively to capture the actual number of properties inspected. **Completion Date: September 30, 2015.**

Performance Assessment Key: Not achieved. From October 1, 2014 through September 30, 2015, the Rodent Control Division inspected 39,336 premises. This included enforcement of sanitation laws and distribution of educational material. These inspections should result in a decrease in rodent activity. The inspections are modified and techniques changed, thus allowing the inspectors to effectively capture the actual number of properties inspected.

KEY PERFORMANCE INDICATORS - Health Regulation and Licensing Administration

Measure	FY14 Actual	FY15 Goal	FYE15 Actual
Number of inspections completed by the HCFD	106	112	153
Number of inspections completed by the ICFD	233	260	273
Number of food establishment inspections generated by complaints	532	500	771
Number of food establishment closures as a result of failing to minimizing the presences of insects, rodents and other pests	164	200	90
Percentage of pharmaceutical facility inspections conducted.	90%	90%	100%
Number of rabies-suspect animals submitted for testing within the required timeframe for notification	218	300	313
Number of premises inspected for rodent activity	55,494	50,000	39,336

Q4. What are the objectives set forth in the performance plan for FY16? Please provide a narrative description of the progress HRLA has made to meet the objectives of the FY16 performance plan. Please describe any legislative goals or initiatives for FY16.

OBJECTIVE 1: Build quality, safety and compliance in health-systems and facilities by reducing harm-level deficiencies through annual licensure and federal certification inspections of health care facilities.

INITIATIVE 1.1: Ensure that 100% of all follow-up inspections of health care facilities with harm level deficiencies are completed within 30 days of the provider's alleged non-compliance.

The facilities licensed and inspected by the Health Care Facilities Division (HCFD) include: ambulatory surgical centers, end stage renal dialysis facilities, home health agencies, hospice facilities, hospitals, hospital transplant programs, maternity centers, nursing homes, outpatient physical therapy/speech pathology services, communicable disease labs, tissue banks, CLIA Laboratories, and Certificate of Wavier (COW) Laboratories. In FY2016, HCFD will complete 100% of all follow-up inspections of health care facilities with harm level deficiencies within 30 days of the provider's alleged non-compliance.

FY16 YEAR TO DATE (YTD) UPDATE: The Health Care Facilities Division has conducted five (5) facility inspections and there have been no harm-level deficiencies noted.

INITIATIVE 1.2: Conduct on-site surveys annually to evaluate quality of care, sanitation, and life safety of health care facilities that are licensed and/or certified.

The types of facilities inspected by the Health Care Facilities Division (HCFD) include: ambulatory surgical centers, end stage renal disease facilities, home health agencies, hospice facilities, hospitals, hospital transplant programs, maternity centers, nursing homes, outpatient physical therapy/speech pathology services, communicable disease labs, tissue banks, CLIA Laboratories, and Certificate of Wavier (COW) Laboratories. In FY2016, HCFD will complete 100 inspections to identify deficiencies that may affect state licensure and/or eligibility for federal compliance under the Medicare and Medicaid programs.

FY16 YTD UPDATE: The Health Care Facilities Division has conducted eighteen (18) total facility inspections to identify deficiencies that may affect state licensure and/or eligibility for federal compliance under the Medicare and Medicaid programs.

OBJECTIVE 2: Build quality, safety and compliance in intermediate care facilities through annual licensure, federal certification inspections and through abating or removing Immediate Jeopardies within 24 hours.

INITIATIVE 2.1: Ensure that 100% of all Immediate Jeopardies to health and safety that are identified at any intermediate care facility are investigated within 24 hours and abated or removed within the 24 hour timeframe.

Facilities that are under the purview of the Intermediate Care Facility Division (ICFD) include intermediate care facilities for individuals with intellectual disabilities (ICF/IID) as well as community residential facilities, assisted living residences, child placing agencies, home care agencies, and nurse staffing agencies. In FY16 ICFD will complete 235 inspections and as appropriate, identify deficiencies within these facilities that may affect state licensure and/or eligibility for federal compliance under the Medicare and Medicaid programs. Additionally, ICFD will refer quality of care issues to the appropriate professional boards and commissions and will ensure that 100% of all immediate jeopardies to health and safety that are identified at any intermediate care facility are investigated within 24 hours and abated or removed within the 24 hour timeframe.

FY16 YTD UPDATE: To date, there have been no Immediate Jeopardies identified by ICFD.

OBJECTIVE 3: To protect the public health and safety of residents and visitors in the District through the prevention of food-borne outbreaks and to protect the food supply through inspections.

INITIATIVE 3.1: Ensure that 100% of complaints are acknowledged within 48 hours of receipt and initiate an inspection of the food establishment within 5 days of receipt of complaint.

As a consequence of routine inspections and complaints due to food code violations and/or food borne illnesses that culminated in summary suspension/closures, HRLA/Food Safety & Hygiene Inspection Services Division will work with establishments to improve their observance of the specific food code regulations which promote clean and healthy eating environments. Additionally, during FY2016 the Food Safety Division will look at the closures resulting from food establishments' failure to minimize the presence of insects, rodents and other pests on the premises and the reduction of Demonstration of Knowledge (DoK)/Certified Food Protection Manager (CFPM) violations. Establishment's knowledgeable of and executing Active Managerial Controls (AMC) in place will help promote this achievement.

FY16 YTD UPDATE: The Food Safety & Hygiene Inspection Services Division ensured 100 percent of the 214 complaint generated inspections were acknowledged within 48 hours of receipt and an inspection initiated within 5 days of receipt of the complaint.

INITIATIVE 3.2: Ensure that 100% of food-borne outbreak notifications are investigated in less than 24 hours and suspect products are either embargoed or samples are collected and submitted to the public health lab for testing within that timeframe.

As a consequence of routine inspections and complaints due to food code violations and/or food borne illnesses that culminated in summary suspension/closures, HRLA/Food Safety Hygiene Inspection Service Division will work to swiftly respond to food-borne outbreaks to mitigate the potential of human exposure.

FY16 YTD UPDATE: The Food Safety & Hygiene Inspection Service Division has received no notifications of a food-borne outbreak in the District.

OBJECTIVE 4: Build quality and safety in pharmaceutical and controlled substance facilities and advance population health by conducting annual licensure inspections and develop a compliance plan for pharmacist-patient counseling

INITIATIVE 4.1: Conduct inspections in 95% of all pharmacy facilities and develop a compliance plan for pharmacist-patient counseling

Conduct inspections in at least 95% of all registered community and hospital pharmacies located in the District to ensure compliance with District and federal pharmacy or other applicable and relevant laws. Elements of the inspection include physical standards, equipment and security requirements, sanitation requirements, packaging, handling and drug labeling requirements, recordkeeping requirements, misbranding and adulterated drug violations, controlled substance management, record keeping and distribution requirements, among other activities. In FY16, the Pharmaceutical Control Division, in consultation with the Board of Pharmacy will develop a compliance plan for proper patient counseling and drug utilization review in order to better patient drug compliance, medication therapy management or other clinical activities performed by pharmacists in order to advance population health.

FY16 YTD UPDATE: Pharmaceutical Control Division has conducted 89 inspections in FY16.

INITIATIVE 4.2: Inspection of Registered Controlled Substance Facilities

Conduct inventory and security inspections for 100% of facilities with controlled substance registrations (pharmacies, veterinary clinics, substance abuse treatment centers, etc) to prevent diversion of controlled substances and initiate investigations of controlled substance facilities out of compliance within 48 hours of discovery. Prescription drug abuse and diversion continue to be a pervasive issue nationally and in the District. In order to reduce drug abuse and diversion threats, in FY16, the Pharmaceutical Control Division (PCD) will assure that 100% of all registered controlled drug substance facilities will receive an inventory and security inspection. Additionally, PCD will initiate an investigation of controlled substance facilities out of compliance within 48 hours of

discovery and will bring a facility into compliance within 10 days of completing the inspection.

FY16 YTD UPDATE: Pharmaceutical Control Division has conducted 67 inspections of Controlled Substance Facilities in FY16.

OBJECTIVE 5: Conduct timely animal surveillance and disease control to protect residents and visitors.

INITIATIVE 5.1: Ensure that 100% of samples taken from rabies-suspect animals are submitted for testing within 48 hours upon notification of exposure. Ensure that 100% of rabies positive results are communicated to exposed individual(s) within 24 hours of receiving results from the testing laboratory.

In FY2016 the Animal Safety Division will continue to ensure that 100% of samples taken from rabies-suspect animals are submitted for testing within 48 hours upon notification of exposure. Additionally, the program will develop a communication plan to notify exposed individual(s) within 24 hours of receiving results from the testing laboratory. Accurate data reporting is expected to improve the percentage of rabies-suspect animals that are tested within required timeframe.

FY16 YTD UPDATE: Animal Safety Division received 28 rabies-suspected animals and submitted 100 percent of them for testing within 48 hours. Since none of the animals were involved with direct human exposure, there was no need to communicate with any individual(s).

OBJECTIVE 6: Protect the health and safety of the residents and visitors of the District of Columbia by reducing rodent harborage and mitigating determinants of rodent activity.

INITIATIVE 6.1: Inspect or bait for rodent activity within 48 hours of receiving a complaint.

The Rodent and Vector Control Division (RVCD) will inspect or bait a premise within 48 hours of receiving a complaint for rodents. RVCD pest controllers will inspect a premise if rodent activity is observed and the property will be baited. The property will be scheduled for an additional inspection in 30 days. If no activity is observed when a re-inspection is conducted that matter will be closed.

FY16 YTD UPDATE: The Rodent and Vector Control Division has inspected 100 percent of the 9,578 premises within 48 hours of receiving a complaint.

Q5. Please complete the attached Program and Activity Detail Worksheet for each program and activity within HRLA.

Program Title and Org. Code	Animal Services Program
Activity Title and Org. Code	4515
Responsible Individual Name	Vito DelVento, DVM
Responsible Individual Title	Executive Director/Program Manager
Number of FTEs	5.0
Activity Functions/Responsibilities	The Animal Services Program is responsible for the prevention and spread of diseases transmitted by animals to people, follow-up on disease surveillance, licensing, regulation and enforcement, field inspection services and animal sheltering services in the District.
Services within the Activity	<p>Board of Veterinary Medicine</p> <ul style="list-style-type: none"> • Licenses Veterinarians • Registers Veterinary Technicians • Registers Veterinary Euthanasia Technicians • Investigates complaints against licensees • Monthly Meetings <p>Direct Animal Services</p> <ul style="list-style-type: none"> • Conducts rabies surveillance • Conducts West Nile Virus surveillance • Conducts Tick borne disease surveillance • Investigates complaints of potentially dangerous and dangerous dogs • Provides free animal vaccinations annually in each of the 8 Wards • Provides outreach and education about responsible pet ownership and Zoonotic diseases throughout the District • Inspects and Licenses veterinary facilities • Issues dog License, license renewals, and maintains dog license database <p>Contracted Animal Services (contracted through Washington Humane Society)</p> <ul style="list-style-type: none"> • Operates DC Animal Care and Control Agency 24 hours per day, 7 days per week • Investigates reports of animal bites • Quarantines rabies-suspect domestic animals • Impounds, transports and houses domestic and wild animals • Adopts domestic animals to the public • Licenses dogs • Vaccinate domestic animals • In-field response and enforcement for animal-related issues • Responds to public safety and public health emergencies and

	concerns • Collaborates with law enforcement and other agencies on animal-related issues	
FY2015 Performance Measures	Measure	Target
	# of reported bite cases	1,200
	# of reported bite cases investigated	1,200
	# of calls responded to by animal control officers	17,000
	# of animals impounded	10,000
	# of animals returned to owners	750
	# of animals adopted	2,800
	# of animals euthanized	1,500
	# of rabies immunization of animals for which it was indicated	8,500
	# of immunizations provided through the outreach & education	1,200
	# of specimens tested for rabies	350
	# of specimens testing positive for rabies	40
	# of dog licenses processed	10,000
	# of violation notices issued	1,500
	# of citations and Notice of Infractions (NOIs) issued	50
	# of traps set to collect mosquitoes/month	128
	# of mosquito pools collected and transported for West Nile Virus (WNV) testing	250
# of mosquito pool specimens that test positive for WNV	25	
# of human specimens that test positive for WNV	<5	
FY2015 Performance Outcomes	Measure	2015 Actual
	# of reported bite cases	940
	# of reported bite cases investigated	940
	# of calls responded to by animal control officers	15,983
	# of animals impounded	9,635
	# of animals returned to owners	691
	# of animals adopted	3,476
	# of animals euthanized	1,722
	# of rabies immunization of animals for which it was indicated	7,120
	# of immunizations provided through the outreach & education	884
	# of specimens tested for rabies	318
	# of specimens testing positive for rabies	10
	# of dog licenses processed	7,666
	# of violation notices issued	1,671
	# of citations and NOIs issued	48/40
	# of traps set to collect mosquitoes/month	96
	# of mosquito pools collected and transported for WNV testing	881

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	# of mosquito pool specimens that test positive for WNV	202
FY2016 Performance Outcomes	Measure	2016 Target
	# of reported bite cases	1,000
	# of reported bite cases investigated	1,000
	# of calls responded to by animal control officers	17,000
	# of animals impounded	10,000
	# of animals returned to owners	750
	# of animals adopted	3,500
	# of animals euthanized	1,500
	# of rabies immunization of animals for which it was indicated	8,000
	# of immunizations provided through the outreach & education	1,000
	# of specimens tested for rabies	350
	# of specimens testing positive for rabies	20
	# of dog licenses processed	10,000
	# of violation notices issued	1,750
	# of citations and NOIs issued	50/50
	# of traps set to collect mosquitoes/month	96
	# of mosquito pools collected and transported for WNV testing	800
# of mosquito pool specimens that test positive for WNV	200	

Program Title and Org. Code	Intermediate Care Facilities Program
Activity Title and Org. Code	4530
Responsible Individual Name	Sharon Mebane
Responsible Individual Title	Program Manager
Number of FTEs	16
Activity Functions/Responsibilities	<p>The Intermediate Care Facilities Division (ICFD) has the regulatory oversight responsibility for seven different programs within the Health Regulation and Licensing Administration (HRLA). Specifically, the ICFD ensures that providers of Intermediate Care Facilities and Community Residence Facilities for persons with intellectual disabilities, Assisted Living Residences, Child Placing Agencies, Home Care Agencies, Community Residence Facilities for unrelated individuals that require health care services, and Nurse Staffing Agencies substantially comply with District and/or federal regulatory requirements for licensure and/or federal certification. The oversight of the aforementioned entities is conducted on at least an annual basis, but when necessary to ensure the health and safety of residents that receive services, unscheduled monitoring visits may be conducted. Additionally, the ICFD works in conjunction with OCQA/Investigation Division by conducting incident and complaint investigations.</p>
Services within the Activity	<p>Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) formerly Intermediate Care Facilities for Persons with Mental Retardation (ICF/MR)</p> <ul style="list-style-type: none"> • ICF/IID providers within the District of Columbia have agreed to comply with both federal and local regulations related to the operation of this type of facility. Inspections are conducted: (1) to initiate operation, (2) on an annual basis, (3) after receipt of a complaint, (4) as a result of identifying patterned incidents, (5) as a follow-up for failure to meet Federal conditions of participation, and (6) to monitor facilities with a history of significantly failing to comply with federal and local regulations.

Group Homes for Individuals with Intellectual Disabilities (GHIID) formerly Group Homes for Persons with Mental Retardation (GHPMR)

- GHIID inspections are conducted upon receipt of an approved application for initial licensure or the renewal of a license. GHIID providers within the District of Columbia have agreed to comply with local licensure regulations related to the operation of this type of facility. Inspections are conducted: (1) to initiate operation, (2) on an annual basis, (3) after receipt of a complaint, (4) as a result of identifying patterned incidents, (5) as a follow-up to ensure corrections of deficient practices, and (6) to monitor facilities with a history of significantly failing to comply with local regulations.

Child Placing Agencies (CPA)

- CPA inspections are conducted upon receipt of an approved application for initial licensure or the renewal of a license. CPA providers within the District of Columbia have agreed to comply with local licensure regulations related to the operation of this type of facility. Inspections are routinely conducted: (1) to initiate operation, (2) on a bi-annual basis, (3) after receipt of a complaint, (4) as a result of identifying patterned incidents, (5) as a follow-up for significant failure to meet local licensure requirements, and (6) to monitor agencies with a history of failing to comply with local licensure regulations.

Home Care Agency (HCA)

- HCA inspections are conducted upon receipt of an approved application for initial licensure or the renewal of a license. Inspections are conducted: (1) to initiate operation, (2) on an annual basis, (3) after receipt of a complaint, (4) as a result of identifying patterned incidents, (5) as a follow-up for significant failure to meet licensure requirements, and (6) to monitor agencies with a history of failing to comply with local licensure regulations.

Assisted Living Residence (ALR)

- ALR inspections are conducted upon receipt of an approved application for an initial licensure or renewal of a license. Inspections are conducted annually for licensed agencies. Follow up inspections are done, if necessary to resolve issues of non-compliance cited

	<p>during the annual inspection. Focused inspections may be conducted as a result of a complaint.</p> <p>Community Residence Facilities (CRF)</p> <ul style="list-style-type: none"> CRF inspections are conducted upon receipt of an approved application for initial licensure or the renewal of a license. CRF inspections are conducted: (1) to initiate operation (2) on an annual basis, (3) after receipt of a complaint, (4) as a result of identifying patterned incidents, (5) as a follow-up to ensure corrections of deficient practices, and (6) to monitor facilities with a history of significantly failing to comply local regulations. <p>Nurse Staffing Agency (NSA)</p> <ul style="list-style-type: none"> NSA inspections are conducted when necessary to determine compliance with (1) initial licensure regulations, and (2) renewal requirements. Additionally, onsite inspections may be conducted to investigate complaints and unusual incidents. 																				
<p>FY2015 Performance Measures</p>	<p>The Intermediate Care Facilities Division (ICFD) provided regulatory oversight for the following six entities:</p> <table border="1" data-bbox="587 1060 1427 1585"> <tr> <td>Intermediate Care Facilities</td> <td>70</td> </tr> <tr> <td>Child Placing Agencies</td> <td>24</td> </tr> <tr> <td>Community Residence Facilities for Persons with Intellectual Disabilities</td> <td>21</td> </tr> <tr> <td>Community Residence Facilities</td> <td>3</td> </tr> <tr> <td>Assisted Living Residences</td> <td>18</td> </tr> <tr> <td>Home Care Agencies</td> <td>33</td> </tr> <tr> <td>Nurse Staffing Agencies</td> <td>118</td> </tr> </table>			Intermediate Care Facilities	70	Child Placing Agencies	24	Community Residence Facilities for Persons with Intellectual Disabilities	21	Community Residence Facilities	3	Assisted Living Residences	18	Home Care Agencies	33	Nurse Staffing Agencies	118				
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<p>FY2015 Performance Outcomes</p>	<table border="1"> <thead> <tr> <th>Activities</th> <th>Target</th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td># of total inspections (Annual and Follow-Up Inspections)</td> <td>260</td> <td>298</td> </tr> <tr> <td># of inspections resulting in approval for licensure</td> <td>169</td> <td>169</td> </tr> <tr> <td># of total licenses issued</td> <td>287</td> <td>287</td> </tr> <tr> <td># of complaints received</td> <td>30</td> <td>47</td> </tr> <tr> <td># of complaints resolved</td> <td>30</td> <td>47</td> </tr> </tbody> </table>	Activities	Target	Actual	# of total inspections (Annual and Follow-Up Inspections)	260	298	# of inspections resulting in approval for licensure	169	169	# of total licenses issued	287	287	# of complaints received	30	47	# of complaints resolved	30	47		
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*Department of Health
FY15 Oversight Questions*

	# of enforcement actions initiated (include NOIs)	20	48
	# of enforcement actions completed (include NOIs)	20	46
	# of FOIAs requested	10	18
	# of FOIAs completed	10	18
	# of training sessions presented	7	6
FY2016 Performance Measures	The Intermediate Care Facilities Division (ICFD) currently (as of October 1, 2016) provides regulatory oversight for the following seven entities:		
	Intermediate Care Facilities	69	
	Child Placing Agencies	24	
	Community Residence Facilities for Persons with Intellectual Disabilities	21	
	Community Residence Facilities	3	
	Assisted Living Residences	16	
	Home Care Agencies Nurse Staffing Agencies	33 140	
FY2016 Performance Outcomes (to date)	Activities	Target	Actual (Q1)
	# of total inspections (Annual and Follow-Up Inspections)	235	83
	# of inspections resulting in approval for licensure	166	54
	# of total licenses issued	304	76
	# of complaints received	30	34
	# of complaints resolved	30	25
	# of enforcement actions initiated (include NOIs)	20	9
	# of enforcement actions completed (include NOIs)	20	8
	# of FOIAs requested	10	6
	# of FOIAs completed	10	5
	# of training sessions presented	7	3

Program Title and Org. Code	Office of Compliance and Quality Assurance
Activity Title and Org. Code	4200
Responsible Individual Name	Gregory Scurlock
Responsible Individual Title	Compliance Officer
Number of FTEs	13
Activity Functions/Responsibilities	The Office of Compliance and Quality Assurance enforces the District and federal laws and regulations governing licensed health professionals (Health Professional Boards and Advisory Committees). In addition, to determine compliance with federal participation in Medicare and Medicaid programs regarding Nursing Homes and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/ID).
Services within the Activity	<p>To provide investigative support to the Health Professional Boards and Advisory Committees predicated upon requests for investigations to be conducted. Conduct timely, thorough, and concise investigations. Investigate allegations of unlicensed activity. Prepare and personally serve subpoenas and other time sensitive documents such as: Notices of Summary Suspension, Notices of Intent to Take Disciplinary Action, Notices to Cease and Desist, and Order to Answer Notices. Provide testimony in administrative, civil and some criminal hearings and proceedings.</p> <p>Triage and record information for all incidents and complaints received regarding Nursing Homes and Intermediate Care Facilities for the Intellectual Disabilities. Provide timely and thorough investigations for those incidents and complaints that have the potential of: posing an adverse impact of a resident or residents and/or deficient practices of a health professional and/or a facility provider. Protect and remove resident(s) from immediate jeopardy situation(s). Prepare Statement of Deficiency (SOD) reports Review and approve or disapprove Plan of Correction (POC), conduct random revisits to assure compliance. Provide testimony in Informal Dispute Resolution (IDR) hearings.</p>
FY2015 Performance Measures	<p><u>Investigation Division:</u> Close 85 percent (85%) of its Health Professional Board Investigations within 45-60 days or less.</p> <p>Personally Serve 100% of all documents (e.g., Subpoenas, Summary Suspensions, Notices of Intent to Take Disciplinary Action, Orders to Answer and other official documents) in an exemplary manner and within 72 hours of request.</p> <p>Complete 90% of post-license surveys, Nurse Staffing Agency surveys and investigations of unlicensed individuals</p>

	<p>that have been initiated within 60 days or less.</p> <p>The measurement and outcomes for 2016 will remain consistent with those of 2015. There might be modifications based on staffing numbers or changes in the manner in which investigations are requested.</p> <p>All investigations requested by the boards will be appropriately triaged in a timely manner. Monthly status reports will be reviewed and the investigations tracked throughout the fiscal year.</p>
<p>FY 2015 Performance Outcomes</p>	<p><u>Investigation Division:</u></p> <p>The Investigation Division received one hundred forty-five (145) board generated investigation requests. One hundred twenty-five (125) investigations were closed. This was a closure rate of slightly over 85%. Approximately 85% of the investigations were closed within 45-60 days. Approximately 65% of those cases were closed within 45 days or less. This initiative has been fully met.</p> <p>Personally served approximately two hundred-one (201) documents, including but not limited to Subpoenas, Summary Suspensions, Notices of Intent to Take Disciplinary Action, Order to Answer and other official documents in an exemplary manner. This number represents a 100% closure rate. This initiative has been fully met.</p> <p>Proactively conducted surveys regarding one hundred seventeen (117) Dental Assistants that failed to timely renew their license. The Dental Assistants listed business addresses located in the District. All 117 investigations were initiated and were closed within 30-45 days. This represents a closure rate of 100%. The initiative was fully met.</p> <p>The Investigation Division conducted thirty (35) unlicensed investigations and closed thirty (30) investigations, which were closed within 60 days or less. This initiative has been fully met.</p> <p>There were no requests made regarding the investigation of Nurse Staffing Agencies. However, there was an increase regarding investigations of Home Health Aides. Home Health Aides Certification is a relatively new category under the jurisdiction of the Department.</p>

	<p>The measurement and outcomes for FY2016 will remain consistent with those of FY2015. There might be modifications based on staffing changes, processes, and trends.</p> <p><u>Nursing Homes :</u> All incidents and complaints were appropriately triaged in a timely manner and tracked in Permits Plus (state) and Acts/Aspen Systems (federal and local).</p> <p>Investigated one hundred three (103) on-site incidents and complaints. Closed one hundred three (103) investigations, which represents a closure rate of approximately 100%. Approximately 90% were closed within 45 days or less. Closed approximately one thousand three hundred forty-seven (1,347) administrative review investigations. This initiative was fully met.</p> <p>Successfully completed several training sessions that were provided to nursing facilities. This initiative was fully met.</p> <p>Identified several trends in nursing facilities and worked with the facilities to improve services to the residents. This initiative was fully met.</p> <p><u>Intermediate Care Facilities for Individuals with Intellectual Disabilities:</u></p> <p>There were 672 incidents appropriately triaged in a timely manner. This initiative was fully met.</p> <p>The unit investigated thirty (30) unannounced on-site investigations. One hundred percent (100%) of the on-site investigations were closed within 30-45 days. There were also 612 administrative review investigations that were closed within 30-45 days.</p> <p>All investigations were initiated in the manner prescribed by, and in accordance to federal, local and office requirements. This initiative was fully met.</p> <p>The Division hosted training on investigative and interview techniques to improve surveyor/investigator skill set. This initiative was fully met.</p>
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<p>FY2016 Performance Measures</p>	<p><u>Investigation Division:</u> Close at least 85% of its Health Professional Board Investigations within in 45 to 60 days or less.</p> <p>Serve 100% of all documents (Subpoenas, Summary Suspensions, Notices of Intent to Take Disciplinary Action, Orders to Answer and other official documents in an exemplary manner and within 48 to 72 hours of request.</p> <p>Complete at least 90% of post-license surveys and/or other surveys as identified within 30-60 days.</p> <p>Conduct investigations regarding unlicensed health professionals to be completed within thirty (30) to ninety (90) days.</p> <p>Measurement and outcomes for FY2016 will remain consistent with those of FY2015. There might be modifications based on staffing, processing, and trending.</p> <p>95% of all incidents and complaints will be triaged in a timely manner and tracked in Permits Plus and Acts/ Aspen Systems for Nursing Homes.</p> <p>85% of Nursing Home investigations will be closed in 60 to 90 days or less.</p> <p><u>Intermediate Care Facilities and Community Residential Facilities:</u></p> <p>95% of all incidents and complaints will be triaged in a timely manner and tracked in Permits Plus and Acts/ Aspen Systems for Intermediate Care Facilities.</p> <p>85% of the incident and complaint investigations will be closed in 45 to 60 days or less.</p>
<p>FY2016 Performance Outcomes (October 1, 2015 through January 15, 2016)</p>	<p><u>Investigation Division:</u> Received Board investigations – 22; closed 13, and 9 remain open Received investigations of unlicensed individuals – 3; closed 3. None remaining Received Nurse Staffing Agency complaint – none to date Received Nurse Staffing compliance investigations requests</p>

	<p>– none to date</p> <p><u>Nursing Homes:</u></p> <p>Incident Investigation: 112; closed 106 Received complaints: 19 Initiated investigations : 19 Closed: 15 investigations</p> <p>Received two thousand seven hundred forty-eight (2,748) incidents.</p> <p>Two thousand six hundred thirty-six (2,636) of the incidents received did not require any further investigation.</p> <p>One hundred twelve (112) administrative review investigations have been initiated.</p> <p>One hundred six (106) administrative review investigations have been closed.</p> <p>There are six (6) open administrative review investigations.</p> <p><u>ICF/IID</u></p> <p>ICF received two hundred sixty-eight (268) incidents Two hundred forty-five (245) Administrative Review Investigations have been closed. On site Investigations – Seven (7); closed six (6)</p>
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Program Title and Org. Code	Radiation Protection Program		
Activity Title and Org. Code	4515		
Responsible Individual Name	Gregory Talley		
Responsible Individual Title	Supervisory Health Physicist		
Number of FTEs	3		
Activity Functions/Responsibilities	The mission of the Radiation Protection Division is to minimize and/or eliminate radiation overexposure of persons to naturally occurring and man-made radiation in the District of Columbia.		
Services within the Activity	<ul style="list-style-type: none"> • Conduct compliance inspections of x-ray producing equipment. • Issue certificates of registration to users of sources of radiation, suppliers of radiation producing devices, and health physics professionals. • Respond to all incidents, along with the DC Fire HAZMAT team, involving suspected sources of radiation. • Conduct inspections of all facilities that use radioactive materials (hospitals, clinics, private practitioners). • Maintain surveillance over all shipments of radioactive waste in the District of Columbia. • Conduct radiation surveys of all Radio-Frequency ® producing structures in the District of Columbia. • Conduct reviews and determine the adequacy of health physics shielding plans for facilities housing radiation producing materials and devices in the District of Columbia. • Conduct compliance inspections of Tanning Facilities. • Issue Certificate of licensure to managers of Tanning Salons. • Issue Certificate of licensure to Tanning Facilities. 		
Performance Measures	<u>Measure</u>	<u>FY15</u>	<u>FY16 To Date</u>
	Inspections of radiation producing devices	875	89
	Issuances of Certificates of Registrations	1558	39
	Review and approval of Shielding Plans	30	8

Program Title and Org. Code	Rodent and Vector Control Program	
Activity Title and Org. Code	4515	
Responsible Individual Name	Gerard Brown	
Responsible Individual Title	Program Manager	
Number of FTEs	16	
Activity Functions/Responsibilities	The mission of the Rodent and Vector Control Division is to protect the public health and safety of the residents and visitors of the District by reducing rodent activity and other vectors through proactive surveys, inspections, baiting, enforcement, community outreach and distribution of education materials.	
Services within the Activity	<ul style="list-style-type: none"> • Responds to complaints of rodent & other vector activity • Inspects public space and private property • Baits public space and private property • Conducts outreach & education • Conducts enforcement activities 	
FY2015 Performance Outcomes	Premises inspected by Rodent Control Staff	44,900
	Number of premises baited	10,822
	Premises abated	4,365
	Notices of infraction and violation issued	208
	Abatement notices issued	53
	Community meetings attended	91
	Outreach materials distributed	37,517
	Complaints received	2,004
	Investigations conducted resulting from complaints	2,004
	Cases attended where evidence was presented	29
	Training sessions attended	49
FY2016 Performance Outcomes(to date)	Premises inspected by Rodent Control Staff	9,578
	Number of premises baited	2,069
	Premises abated	1,030
	Notices of infraction and violation issued	21
	Abatement notices issued	3
	Community meetings attended	12
	Outreach materials distributed	750
Complaints received	374	

	Investigations conducted resulting from complaints	374
	Cases attended where evidence was presented	4
	Training sessions attended	9

Program Title and Org. Code	Food Safety & Hygiene Inspection Services Program	
Activity Title and Org. Code	4515	
Responsible Individual Name	Arian R. Gibson	
Responsible Individual Title	Program Manager	
Number of FTEs	24	
Activity Functions /Responsibilities	The Food Safety & Hygiene Inspection Services Division (FSHISD) regulates food services that are provided in commission merchants, delicatessens, bakeries, candy manufacturers, grocery stores, retail markets, ice cream manufacturers, restaurants, wholesale markets, mobile vendors, hotels as well as enforcement of smoking bans at all food establishments. Responds to complaints of contaminated or suspect food poisoning. Inspects special events, such as Presidential inauguration, G-Summits, etc. Conducts outreach & education as well as enforcement activities.	
Services within the Activity	Food Establishments - Active Licenses – as of Q1 FY16	
	Establishment Type	Total
	Bakeries	34
	Delicatessens	1,086
	Food Product	605
	Grocery	183
	Restaurants	2,311
	Caterer	205
	Marine	6
	Wholesaler	2
	Hotel	62
	Schools	250
	Commission Merchant	1
	Ice Cream Merchant	5
	Mobile Vending	563
	Unlicensed Food	8
	Non Food Establishments – Active Licenses – as of Q1 FY16	
	Barber Shops, Beauty Shops	586
	Health Spa Sales	3
	Massage Establishment	30
Swimming Pools	278	

	Food and Non-Food Inspections	FY15 Target	FY 15 Completed
	# of inspections of new food facilities	200	376
	# of routine inspections of food facilities	7,000	4,386
	# of complaint generated inspections	500	771
	# of re inspections of food facilities	2,000	2,502
	# of vendors inspected	500	326
	# of food establishment plans reviewed	200	193
	# of NOIs issued	150	0
	# of closures	100	242
	# of beauty shops and barber shops inspected	300	95
	# of swimming pools inspected	150	110
FY2016 Performance Outcomes	Food and Non-Food Inspections	FY16 Target	FY16 Completed to date
	# of inspections of new food facilities	200	202
	# of routine inspections of food facilities	7,000	892
	# of complaint generated inspections	300	214
	# of re inspections of food facilities	2,000	687
	# of vendors inspected	300	156
	# of NOIs issued	150	0
	# of closures	100	38
	# of swimming pools inspected	150	15
	# of beauty shops and barber shops inspected	300	33
	# of food establishment plans reviewed	200	93

Program Title and Org. Code	Criminal Background Check Program	
Activity Title and Org. Code	4200	
Responsible Individual Name	Alem G. Ghebrezghi	
Responsible Individual Title	Program Manager	
Number of FTEs	7	
Activity Functions/Responsibilities	<p>The Division is responsible for processing criminal background checks for health care professionals, prospective applicants of long term care facilities, and providers. Program implements the following laws and regulations: "Licensed Health Professional Criminal Background Check Amendment Act of 2006", effective March 6, 2007. 17 DCMR 85. – 1. Affordable Care Act Section 6201 (Expires 12/2014), 2. Health-Care Facility Unlicensed Personnel Criminal Background Check Act of 1998, effective April 20, 1999, as amended by the Health-Care Facility Unlicensed Personnel Criminal Background Check Amendment Act of 2002. 22 DCMR 47.</p>	
Services within the Activity	<p>Criminal Background Check Division</p> <ul style="list-style-type: none"> • Process FBI and state results and update applicant profiles through an automated process • Prepare and forward applicant positive FBI and State records for review Long Term Care employment; manage overall CBC process of prospective direct access employees of long term care facilities and providers. 	
FY2015 Performance Measures	CBC processed for Licensing	13,460
	CBC processed for Long Term Care	4,346
FY2016 To date	CBC Processed for Licensing	2,942
	CBC Processed for Long Term Care	1,011

Program Title and Org. Code	Health Care Facilities Program
Activity Title and Org. Code	4530
Responsible Individual Name	Sharon Williams Lewis DHA, RN-BSN, CPM
Responsible Individual Title	Program Manager
Number of FTEs	20
Activity Functions/Responsibilities	<p>The Health Care Facilities Division inspects, monitors, and investigates: Ambulatory Surgical Centers, Certified Home Health Agencies, End-Stage Renal Disease Facilities, Hospice, Hospitals, Laboratories (Clinical Laboratory Improvement Amendments of 1988[CLIA]), Certificate of Waiver Program (COW), Communicable Disease Laboratories, Tissue Banks, and Hospital Laboratories, Maternity Center, Nursing homes, Outpatient Physical Therapy or Speech Pathology Services, and Portable X-Ray Suppliers in the District of Columbia. The Division inspects these sites to determine compliance with local licensure health and safety regulations and federal standards for participation in Medicare and Medicaid programs under Titles XVIII and XIX of the Social Security Act. The Division also conducts Architectural Plans Review of health care facilities in the District of Columbia and inspects renovated projects and new construction.</p> <p>In addition, the Division inspects the DC Detention Facility aka (DC Jail) and the DC Youth Services Administration Detention Center – at New Beginnings Youth Development Center (located in Laurel, Maryland) and Mt. Olivet Road, NE (Washington, DC) in accordance with court mandates.</p>
Services within the Activity	<p>Ambulatory Surgical Center (ASC)</p> <ul style="list-style-type: none"> • ASC licensure inspections are conducted: (1) on an annual basis, (2) after receipt of a complaint, (3) as a result of identifying patterned incidents, (4) as a follow-up to ensure corrections of deficient practices, and (5) to monitor facilities with a history of significantly failing to comply local regulations. Recertification (health and life safety code) surveys are conducted once every three years for certified ASCs. Elements of the inspection include: <ul style="list-style-type: none"> ○ Compliance with State Licensure Law ○ Governing Body and Management – Review policies and procedures relative to operation of the center ○ Surgical Services – Equipment, environment

	<ul style="list-style-type: none">○ Review of personnel documents for current licensure, certification and staff competencies○ Quality Assessment and Performance Improvement – Review of the Ambulatory Surgical Centers (ASC) program including a review of meeting minutes○ Environment○ Medical Staff – Licensure, controlled substance credential, documentation in the clinical record○ Nursing Service – Staff competencies, documentation in the clinical record○ Medical Records – documentation of rendered care and monitoring of the patient○ Pharmaceutical Services – Reconciliation of medication, storage○ Administration of Drugs – Documentation in accordance with physician orders○ Laboratory and Radiologic Services - Documentation in accordance with physician orders○ Patient Rights – review of informed consents, discharge instructions○ Infection Control - Observation of Infection Control Practices and policy review○ Patient Admission, Assessment and Discharge – documentation review○ Inspection of the facility’s structure and physical environment are conducted for life safety and adaptability○ Personnel Records review including criminal background checks, staff training, licenses, and certifications. <p>Certified Home Health Agencies (HHA)</p> <ul style="list-style-type: none">● Certified Home Health Agencies in the District of Columbia comply with Federal Conditions of Participation. Inspections are conducted: (1) every 36.9 months, (2) for complaint investigations, and (3) for validation surveys (The Centers for Medicare and Medicaid Services [CMS] notifies the State Agency [HRLA] of the certified HHA to be surveyed within 60 days of its accreditation organization inspection. Subsequently, CMS develops a reasonable estimate of an accreditation organization’s performance and to assess the ongoing acceptability of the accreditation as an alternative to routine survey and certification activities). Elements of the survey inspection include:
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	<ul style="list-style-type: none"> ○ Review of personnel records including criminal background checks, health certificates, employment qualifications, professional licenses, certifications competencies and in-service education ○ Review how the HHA performs the comprehensive assessment of patients, incorporating the OASIS (Outcome and Assessment Information Set) items. ○ Review how the HHA determines the appropriate care, services, and treatments for patients to achieve desired health outcomes ○ Review how the HHA delivers care to patients and measures needed and desired patient outcomes ○ Review how the HHA uses OBQM(Outcome based Quality Management) and OBQI Outcome based Quality Improvement) reports available from the OASIS (Outcome and Assessment Information Set) data; ○ Conduct home visits; ○ Observation of patient care in the home; ○ Interview staff and patients; ○ Review documentation of aide training and/or competency evaluations; ○ Review the facility’s policies and procedures ○ Conduct the exit conference with the administrator, director, supervisor and other staff invited <p>End Stage Renal Disease (ESRD) [Dialysis Facilities]</p> <ul style="list-style-type: none"> ● ESRD facilities in the District of Columbia comply with Federal Conditions of Participation. Inspections are conducted: (1) every 3.5 years, (2) after receipt of a complaint, and (3) for 10% of facilities identified by CMS as Tier 2 who are in the lowest 20th percentile of an outcomes list for the District of Columbia. Elements of the inspection includes: <ul style="list-style-type: none"> ○ Observe the components of the water treatment and distribution system to ensure that they are compatible and do not contain toxic elements. ○ Review of medical records. ○ Review of personnel records including criminal background check, health certificates, employment qualifications, professional licenses, certifications, competencies and in-service education.
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	<ul style="list-style-type: none">○ Observation of the medication administration to ensure compliance with physician’s orders.○ Interviews with patients.○ Review of the Quality Assurance/Improvement Program.○ Observation of the staff providing treatment, monitoring patients (taking vital signs, performing safety checks, monitoring the general condition of the patient), giving medications and solutions, and monitoring equipment.○ Observation and inspections of the facility’s structure and physical environment are conducted for safety and adaptability.○ Observation of the cleanliness and infection control and prevention practices of the facility.○ Observation of the safety and emergency preparedness of the facility.○ Observation of the set-up of the patient treatment area.○ Observation of the patient/staff coverage, care, and relationships.○ Observation of the reprocessing area for clean and sanitary conditions, and supplies.○ Observe that dialyzer labels (including at least the patient’s name, the number of previous uses, and the date of the last reprocessing) are properly applied, legible, and complete.○ Interviews of staff.○ Conduct the exit conference with the administrator, director, supervisor and other staff invited. <p>Hospice</p> <ul style="list-style-type: none">● Hospice agencies in the District of Columbia comply with Federal Conditions of Participation. Inspections are conducted: (1) every 36 months for non-deemed facilities and (2) for complaint investigations. Elements of the survey inspection include:<ul style="list-style-type: none">○ Review of personnel records to include criminal background checks, health certificates, employment qualifications, professional licenses, certifications, competencies and in-service education.○ Review the information in the State files relating to the disclosure of information statement made by the hospice facility. This information is checked for accuracy with the information
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	<ul style="list-style-type: none">○ obtained during the course of the survey.○ Review a representative sample of clinical records.○ Review the patient Plan of Care to ensure care is directed at managing pain and other uncomfortable symptoms and is revised and updated as necessary to reflect both the patient's current status and the family/caregiver's needs.○ Review all covered services to ensure they are available as necessary to meet the needs of the patient.○ Review any specific patient's complaints concerning the hospice's delivery of items and services with the hospice to be sure that there are no misunderstandings and that the patient's plan of care is being followed.○ Conduct home visits for patients selected from a sample of the patient population. These visits are conducted to ensure services are provided as outlined in the patient's plan of care and are provided by the appropriate personnel.○ Conduct the exit conference with the hospice administrator, director, supervisor and other staff invited by the hospice; <p>Hospitals</p> <ul style="list-style-type: none">● Hospital facilities within the District of Columbia comply with both Federal Conditions of Participation and local regulations. Inspections are conducted: (1) on an annual basis for licensure, (2) after receipt of a complaint, (3) for validation surveys (The CMS notifies the State Agency [HRLA] of the accredited hospitals to be surveyed within 60 days of its accreditation organization inspection. Subsequently, CMS develops a reasonable estimate of an accreditation organization's performance and to assess the ongoing acceptability of the accreditation as an alternative to routine survey and certification activities), and (4) for compliance to ensure implemented plan of correction and Conditions of Participation of the Code of Federal Regulations. Elements of the licensure/recertification survey inspection includes:<ul style="list-style-type: none">○ Observation of care and services provided to the patients.○ Interviews with the patients and their family.○ Interviews with staff.
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	<ul style="list-style-type: none">○ A review of personnel records including criminal background checks, health certificates, employment qualifications, professional licenses, certifications, competencies and in-service education.○ A review of medical records.○ Inspection of the physical environment, including dietary services.○ Observation of patient treatments (e.g., intravenous therapy, tube feeding, wound dressing changes).○ A review of the policies and procedures that should reflect current standards of practice and reflect the facility's current practice.○ Conduct the exit conference with the administrator, director, supervisor and other staff invited. <p>Hospital Organ Transplant Program (Required to conduct complaint investigations)</p> <ul style="list-style-type: none">● Hospital organ transplant programs in the District of Columbia comply with Federal Conditions of Participation. All organ transplant programs must be located in a hospital that has a Medicare provider agreement. In addition to meeting the transplant Conditions of Participation, the transplant program must also comply with the hospital Conditions of Participation.● Types of organ transplant programs:<ul style="list-style-type: none">○ Heart○ Lung○ Heart/lung – The program must be located in a hospital with an existing Medicare-approved heart and Medicare-approved lung program.○ Liver○ Intestine - The program must be located in a hospital with a Medicare-approved liver program. This program includes multivisceral and combined liver-intestine transplants○ Kidney; and○ Pancreas – The program must be located in a hospital with a Medicare-approved kidney program. This program includes combined kidney/pancreas transplants.● Elements of the survey inspection include:
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	<ul style="list-style-type: none">○ Review the Transplant Program Quarterly Report (TPQR) prior to going onsite. This information is reviewed to verify that a transplant program meets various Federal Regulatory requirements (such as notifications to CMS, key personnel and outcomes).○ Review complaint allegations.○ Observe the areas where pre- and post-operative transplant care is provided. These observations provide information about the structure of the transplant program, staffing and overall patient care delivery.○ Observe patient or donor care (either for individuals that are currently admitted, or that are coming in for a follow-up visit during the scheduled time frame of the survey).○ Review of the medical records to include the following types of patients:<ul style="list-style-type: none">A. Waiting list patients.B. Sample of patients removed from the transplant program's waiting list.C. Sample of patients removed from the waiting list for reasons other than death or transplantation.D. Sample of persons evaluated for transplant that were not placed on the waiting list (if applicable).E. Transplant Recipient.F. Transplant recipients in whom the program's recovery team was sent to recover the organ for a recipient at that transplant program.G. Living organ donors.○ Patient and Living Donor interviews○ Staff interviews○ Review of personnel records focused on areas related to transplantation including qualifications, current licensure and/or certification in the state of practice (if applicable), and orientation and training related to transplantation.○ Review Transplant Program's Policies and Procedures Manual.○ Review the patient education materials for compliance with the relevant areas of the regulation.○ Review the hospital's contracts that are relevant
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	<p>for transplantation.</p> <ul style="list-style-type: none">○ Review the transplant program’s Quality Assessment and Performance Improvement (QAPI) program and the analysis of any adverse actions that have occurred in the transplant program to ensure that it meets the requirements of the Guidelines.○ Conduct the exit conference with the administrator, director, supervisor and other staff invited. <p>*Effective March 20, 2014 the CMS transitioned all transplant recertification surveys to a National Contractor – Administrative Information letter #13-20 entitled <i>Transplant. Laboratory Services</i></p> <p>Clinical Laboratory Improvement Amendments of 1988 (CLIA), Section 353 of the Public Health Safety Act. Survey and Certification Activities include the following but not limited to:</p> <ul style="list-style-type: none">● Inspections are conducted: (1) for initials, (2) recertification, (3) follow-up surveys for providers with condition level deficiencies, (4) validation surveys of an accredited laboratory, (5) special project inspections (as per the CMS notification), and (6) complaint investigations of clinical laboratories that are subject to CLIA requirements. Elements of Survey Activities include but not limited to:<ul style="list-style-type: none">○ Survey selection and scheduling of CLIA laboratories.○ Pre-survey activities review of past survey reports, changes in the laboratories’ scope of practice.○ Conduct entrance and exit interviews.○ Record review to qualify personnel education and experience in accordance with CLIA guidelines.○ Observe of Pre-analytical (specimen collection), Analytical (testing) and Post-analytical (result reporting) Phases of testing.○ Staff interview.○ Review of Proficiency Testing Activities.○ Provide Technical Assistance.○ Record review to determine compliance with Facility Administration, Quality System Assessment (general, pre-analytic, analytic and post analytic systems).○ Document Deficiencies following principles of documentation.○ Review and accept of plans of correction;○ Follow the federal enforcement actions as applicable; and
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	<ul style="list-style-type: none">○ Complete of Survey certification kits and uploading in the Federal computer system <p>In addition - Elements of CLIA Certification activities include but not limited to:</p> <ul style="list-style-type: none">○ Provide consultation to the general public, health care professionals, providers, manufacturers and government officials in the District of Columbia in addressing problems/issues, and provide general information related to clinical laboratories;○ Perform data processing that include: entering of initial CLIA applications, updating demographic information, updating specialty information, uploading survey kits, termination and reactivation of CLIA certificates, etc., and providing information to providers regarding their CLIA certificate status via telephone and email.○ Monitor the participation and successful performance in Centers for Medicare and Medicaid Services (CMS) approved proficiency testing program of all moderate and high complexity testing laboratories holding Compliance Certificate. Provide technical assistance when laboratories fail to achieve satisfactory performance and document in written reports citing the violations of the applicable law. This task requires a monthly review of proficiency testing results of approximately 30 laboratories.○ Financial Management.● Completion of workload target; and ongoing staff training activities. <p>Certificate of Waiver Program (COW)</p> <ul style="list-style-type: none">● The Certificate of Waiver program is a federal laboratory program wherein 2% of the laboratories are surveyed per year. These laboratories perform only tests that are determined by FDA or CDC to be so simple (e.g., glucose) that there is little risk of error. These visits are announced, information gathering and are designed to help educate the laboratories on sound laboratory practices in accordance with CMS requirements. <p>Elements of Inspection include, but are not limited to:</p> <ul style="list-style-type: none">○ Determine if personnel conduct quality testing in a manner which protects patient safety.○ Determine the laboratory's regulatory compliance with applicable requirements.
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	<ul style="list-style-type: none">○ Determine if the laboratory is only conducting the more simple tests that are appropriate for a certificate of waiver for that facility.○ The surveyor will provide technical assistance to include education and assistance to the laboratories to help them achieve more accurate, reliable and timely test results. <p>Communicable Disease Laboratories</p> <ul style="list-style-type: none">● Inspections are conducted: On an annual basis, communicable disease laboratories are inspected in the District of Columbia (independent and hospital-based), Virginia, and Maryland (that receive specimens from the District of Columbia), to approve laboratories to accept specimens for communicable disease testing in accordance with Title 22B DCMR Chapter 2. Elements of Inspection include but not limited to:<ul style="list-style-type: none">○ Survey selection and scheduling;○ Process applications for licensure;○ Pre-survey activities;○ Verify that all testing for communicable disease is conducted under a current CLIA certificate for non-waived testing;○ Review the laboratory's policies and procedures for reporting communicable disease;○ Review documentation to determine each reportable disease is reported timely in accordance with Title 22B DCMR , Chapter 2;○ Review of the laboratory's Quality Assurance Documentation;○ Provide Technical Assistance;○ Document of Deficiencies following principles of documentation;○ Review and accept Plans of Correction; and○ Issue of licenses <p>Tissue Banks</p> <ul style="list-style-type: none">● Conduct annual inspections of Tissue Banks to be licensed as a Human Tissue Bank for procuring, removing, and disposing of portions of bodies of dead humans for the purposes of reconstructive medicine and surgery, and research and teaching in reconstructive medicine and surgery as required under Stat. 534, P.L. 87-653 para.3 of the District of Columbia Tissue Bank Act.
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Hospital Laboratory Surveys

- Conduct annual inspections and complaint investigations of hospital based clinical and surgical pathology laboratories and on and off campus Point of Care Testing (POCT) sites and blood donor stations, associated with the hospital to determine compliance with Title 22B DCMR, Chapter 20.

Maternity Centers (MC)

- MC providers within the District of Columbia comply with local licensure regulations related to the operation of this type of facility. Inspections are conducted: (1) annually for licensure and (2) after receipt of a complaint. Follow up inspections are conducted as required to resolve issues of non-compliance cited during the annual inspection.

Nursing Homes - Skilled Nursing Facilities (SNF) and Nursing Facilities (NF)

SNF/NF facilities within the District of Columbia comply with both Federal Conditions of Participation and local regulations. Surveys are conducted 1) on an annual basis for recertification and licensure, 2) after receipt of a complaint, 3) for verification of compliance – unannounced onsite mandatory revisits are conducted when a facility is determined to have substandard quality of care, immediate jeopardy and/or harm level deficiencies during a recertification and/or complaint survey.

Elements of the recertification and licensure survey inspection includes:

The District of Columbia utilizes the Quality Indicator Survey (QIS) to conduct unannounced recertification and licensure surveys of Skilled Nursing Facilities. The QIS is a computer assisted survey process that uses customized software on tablet personal computers (PCs) to guide surveyors through a structured investigation. The initial stage of the survey process focuses on quality of care and quality of life and includes interviews of 40 randomly selected residents who reside in the nursing home [family interviews for those unable to participate]. Record reviews, staff interviews and observations are conducted for the 40 sampled residents. Additionally, 30 records of recently admitted residents are reviewed for issues such as re-hospitalization,

functional loss, unintended weight variation and death. A full investigation is conducted during the second half of the survey process based on quality of life and care indicators that exceed acceptable thresholds on a random sample of residents assigned by automation. Investigations are analyzed to determine whether noncompliance with Federal and State requirements exists.

The following tasks are conducted with every survey:

- **Kitchen/Food Service Inspection** – identify practices that might indicate potential for food borne illness
- **Infection Control** – Ensure practices are consistent with preventing the onset and spread of infection; ensure staff demonstrates practices and processes consistent with infection prevention and prevention of cross-contamination.
- **Medication Administration Observation** – minimum of 25 random medication administration observations of several staff on various units and different shifts with multiple routes of administration (oral, enteral, intravenous, intramuscular, topical, optical etc.)
- **Medication Storage** – Ensure medications are stored under sanitary conditions, the proper temperature and secured.
- **Dining Observation** – Foods are palatable; services to include meal assistance; timely and sanitary provision of meals.
- **Quality Assessment and Assurance Review** – to determine if the QA&A committee identifies quality deficiencies and deals with them.
- **Liability Notices and Beneficiary Appeal Rights Review** – to determine that resident rights are maintained.
- **Resident Council Representative Review** – to ensure residents receive quality care and that

	<p>residents are apprised of their rights and are encouraged to convene in an organized group.</p> <ul style="list-style-type: none">• Environmental Observations – to ensure evidence of a safe, clean functional setting. <p>The following tasks are conducted with every survey as required:</p> <ul style="list-style-type: none">○ Abuse Prohibition○ Admission, Transfer and Discharge Rights○ Sufficient Nurse Staffing Review○ Personal Funds Review <p>Outpatient Physical Therapy or Speech Pathology Services (OPT/SPS)</p> <ul style="list-style-type: none">• OPT/SPS recertification inspections are conducted bi-annually. Follow up inspections are done, as required, to resolve issues of non-compliance cited during the bi-annual inspection. Focus inspections may be conducted as a result of a complaint. No licensure survey is required. Elements of the recertification survey include:<ul style="list-style-type: none">○ Compliance with Federal, State and local laws.○ Administrative Management includes a review of Governing Body, Administrator, facility policies, and patient care policies.○ Plan of Care and Physician Involvement includes a review of Medical History and Prior Treatment, Plan of Care and Emergency Care.○ Physical Therapy Services includes a review of adequate program, facilities, and equipment.○ Personnel Qualified to Provide Physical Therapy Services and Supportive Personnel.○ Speech Pathology Services includes a review of Adequate Program, Facilities and Equipment and Personnel Qualified to Provide Speech Pathology Services.○ Rehabilitation Program includes a review of qualifications of Staff and arrangements for Social or Vocational Adjustment Services, arrangements for Physical Therapy and Speech Pathology Services to
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	<p>be performed by persons other than salaried staff.</p> <ul style="list-style-type: none">○ Rehabilitation Agency Personnel and Contract Provisions.○ Clinical Records review includes protection of Clinical Record Information, Content, and Completion of Records and Centralization of Reports.○ Records are reviewed to determine compliance with established policies and procedures addressing third party contractor agreements; personnel records to include criminal background, health certificates, employment qualifications, and professional licenses and certifications; patients' rights and responsibilities; admission, discharge and transfers; and etc.;○ Review of agency's complaints and investigations are completed to ensure an effective and adequate incident management system; and;○ Home visits are conducted for patients selected from a sample of the patient population. These visits are conducted to ensure services are provided as outlined in the patient's plan of care and are provided by the appropriate personnel. <p>Portable X-Ray Suppliers (There are no providers at this time)</p> <ul style="list-style-type: none">● The HRLA certifies portable x-ray suppliers. The supplier of portable x-ray services is surveyed to determine compliance with all applicable Federal, State, and local laws and regulations. Federal regulations include 42CFR 486.100 to 486.108 Conditions of Participation. This program is surveyed in conjunction with HRLA's Health Physicist. <p>Other</p> <p>Architectural Plans Review</p> <ul style="list-style-type: none">● Review architectural plans are for health care facilities that are regulated by HCFD. Staff conducts comprehensive reviews of plans to ensure they conform to the Guidelines for Design and Construction of Health Care Facilities by The American Institute of Architects, Academy of Architecture for Health. In addition, HCFD staff provides assistance to other DC Government departments by reviewing plans for compliance with health care design standards e.g. clinics in the DC
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	<p>Public Schools.</p> <p><i>Correctional Facilities</i> DC Detention Facility (DC Jail)</p> <ul style="list-style-type: none">○ The HRLA has no regulatory authority governing the management of District of Columbia Correctional facilities; however, through the Jail Improvement Act of 2003, HRLA is authorized to conduct three (3) inspections per year of the environmental conditions at the Central Detention facility also known as DC Jail.○ The following areas are reviewed at each inspection: cellblocks, pipe chase, bathing facilities – Showers/tub areas, Mop Closet, Day rooms, Gyms, Laundry, Clothing & Issuance, Storage area, Loading dock, and the facility grounds. In addition, the temperature control, ventilation and sanitation are reviewed. Dietary services and infection control practices in the medical unit are observed. <p>DC Department of Youth Rehabilitation Services</p> <p>The HRLA has no regulatory authority governing the management of the District of Columbia Youth Services facilities; however, through a Memorandum of Understanding between the Department of Health, the Department of Youth Rehabilitation Services and the Executive Office of the Mayor, HRLA conducts three (3) inspections per year of the environmental and sanitation conditions at New Beginnings Youth Development Center (located in Laurel, Maryland) and Youth Services Center (located on Mt. Olivet Road, NE., Washington, DC). DYRS is no longer required to submit reports to the special arbiter as of August 2015 for the environmental portion of the survey process. The facilities have shown consistent improvement.</p> <p>The following areas are reviewed at each inspection:</p> <ul style="list-style-type: none">● Residential areas, pipe chase, bathing facilities – Showers/tub areas, Mop Closet, Day rooms, Gyms, Laundry, Clothing & Issuance, Storage area, and the facility grounds, temperature control, ventilation and sanitation are reviewed. Dietary services and infection control practices are observed.
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FY2015 Performance Measures	Health Care Facilities Division		
	Ambulatory Surgical Centers	5	
	Certified Home Health Agencies	27	
	End Stage Renal Disease (ESRD)	21	
	Hospice	4	
	Hospitals	14	
	Hospital Organ Transplant	4	
	Maternity Centers	1	
	Nursing Homes	19	
	Outpatient Physical Therapy or Speech Pathology Services	2	
	Portable X-Ray Suppliers	1	
	Laboratories		
	Clinical Laboratory Improvement Amendments of 1988 (CLIA)	501 [Total]	
	Certificate of Waiver (COW)	354	
	Communicable Disease Laboratories	19	
	Tissue banks	1 (7 within hospital settings)	
	Hospital Laboratories	11	
	Correctional Facilities <i>Inspected (3) times a year</i>		
	DC Detention Center	1	
	Department of Youth Rehabilitation Services (2 locations – New Beginnings and Youth Services Center)	2	
FY2015 Performance Outcomes	#of total inspections (annual, follow-up and walk through inspections) Target and Actual FY 2015		
		Target	Actual
	#of total inspections (annual, follow-up and walk through inspections)	150	156
	# of inspections resulting in approval for licensure	59	58
	# of total licenses issued	59	58
	# of total certification surveys completed	70	85
	# of complaints received	30	31
	# of complaints resolved	30	31
	# of enforcement actions initiated	19	
	# of enforcement actions resolved	19	21
	# of FOIAs requested	5	4

	# of EOM responses	10	3
	# of training sessions presented	3	8
	# of architectural plans reviewed	10	25
	# Walk thru Inspections	10	27
	# DC Jail Inspections	3	2
	# DYRS Inspections	3	1
	# of consultations and technical assistance provided	3,500	3,500
FY2016 Performance Measures	Health Care Facilities Division		
	Ambulatory Surgical Centers		6
	Certified Home Health Agencies		27
	End Stage Renal Disease (ESRD)		21
	Hospices		4
	Hospitals		14
	Maternity Centers		1
	Nursing Homes		19
	Outpatient Physical Therapy or Speech Pathology Services		2
	Portable X-Ray Suppliers		0
	Laboratories		
	Clinical Laboratory Improvement Amendments of 1988 (CLIA)		513 [Total]
	Certificate of Waiver (COW)		368
	Communicable Disease Laboratories		17
	Tissue banks		1 (7 within hospital settings)
	Hospital Laboratories		11
	Correctional Facilities Inspected (3) times a year		
	DC Detention Center aka DC Jail		1
	Youth Services (2 locations – New Beginnings and Mt. Olivet)		1

FY2016 Performance Outcomes (to date)	#of total inspections (annual, follow-up and walk through inspections) Target and Actual Year to Date FY 2016		
		Target	Actual
	#of total inspections (annual, follow-up and walk through inspections)	115	18
	# of inspections resulting in approval for licensure	58	18
	# of total licenses issued	58	18
	# of total certification surveys completed	57	14
	# of complaints received	15	7
	# of complaints resolved	15	7
	# of enforcement actions initiated	19	5
	# of enforcement actions resolved	19	3
	# of FOIAs requested	5	8
	# of EOM responses	10	4
	# of training sessions presented	3	0
	# of architectural plans reviewed	12	11
	# Walk thru inspections	20	9
	# DC Jail Inspections	3	0
	# DYRS Inspection	3	0
# of consultations and technical assistance provided	3,500	450	

Program Title and Org. Code	Pharmacy Control Program
Activity Title and Org. Code	4515
Responsible Individual Name	Shauna White, PharmD, RPh
Responsible Individual Title	Program Manager
Number of FTEs	12.5
Activity Functions/Responsibilities	<p>The Pharmaceutical Control Division (PCD) licenses, inspects, and regulates pharmacies, pharmaceutical manufacturers, distributors, and suppliers. PCD also administers the District’s controlled substances registration program for prescribers and facilities manufacturing, distributing or dispensing controlled substances and the DC Medical Marijuana Program.</p> <p>Licenses and regulates community pharmacies, hospital pharmacies, substance abuse treatment programs, researchers, local wholesalers, distributors, long term care facilities, animal clinics, dialysis centers and ambulatory surgical centers, medical marijuana dispensaries and cultivation centers. This Division conducts investigation and inspection of facilities for compliance with federal and local laws and regulations.</p> <ul style="list-style-type: none"> • Community Pharmacies located within the District based on District and Federal Pharmacy Law. Inspections are conducted yearly, on receipt of a complaint, and/or as follow up to an unsatisfactory annual inspection. • Hospital and Institutional Pharmacies located within the District based on District and Federal Pharmacy Law. Inspections are conducted yearly, on receipt of a complaint, and/or as follow up to an unsatisfactory annual inspection. • Facilities with Controlled Substance Licenses located within the District based on District and Federal Controlled Substance Law. Inspections are conducted yearly, on receipt of a complaint, on receipt of information regarding theft or loss, and/or as follow up to an unsatisfactory annual inspection. Facilities inspected include: <ul style="list-style-type: none"> ○ Substance Abuse Facilities (Methadone Clinics) ○ Researchers/Teachers ○ Animal Clinics/Veterinary Clinics ○ Medical Examiner

	<ul style="list-style-type: none"> ○ Ambulatory Surgery Centers ○ Renal Dialysis Clinics <ul style="list-style-type: none"> ● Medical Marijuana facilities routinely every six to eight weeks, on receipt of a compliant, and/or as a follow up to an unsatisfactory inspection.
Services within the Activity	<p>License and Registration with Inspection</p> <ul style="list-style-type: none"> ● In District Pharmacy - 159 <ul style="list-style-type: none"> ○ Institutional/Hospital - 14 ○ Community – 141 ● Animal Clinics - 18 ● Substance Abuse Facilities - 6 ● In District Distributors/Wholesalers - 6 ● Ambulatory Surgery Centers - 3 ● Researchers/Teachers - 59 ● Medical Examiner - 2 ● Fire/EMS - 1 ● Medical Marijuana Dispensaries - 5 ● Medical Marijuana Cultivation Centers -7 ● Other - 3 <p>License and Registration without Inspection</p> <ul style="list-style-type: none"> ● Hearing Aid Devices - 19 ● Out of District Pharmacies - 690 ● Out of District Pharmacies Controlled Substances - 409 ● Out of District Manufacturers/Wholesalers – 1,185 <p>Controlled Substance Practitioners – 9,722</p>

FY2015 Performance Measures		Total Licensed /Registered	Target # Inspections	Inspections
	Pharmacy	161	149	161
Institutional/Hospital	14	14	14	
Community	147	135	147	
Animal Clinics/Vet	18	18	18	
Substance Abuse Facilities	5	5	5	
Dialysis Centers	0	0	0	
Distributors/Wholesalers	6	5	5	
Ambulatory Surgery Centers	3	3	3	
Researchers/Teachers	54	54	54	
Medical Examiner/EMS/Other	6	6	7	
MMP Dispensaries	5	28	31	
MMP Cultivation Center	7	28	53	
<ul style="list-style-type: none"> • In FY15, the Division revised Controlled Substance regulations to include novel psychoactive substances as Schedule I drugs. These include bath salts, synthetic cannabinoids, and other dangerous substances that cause irreparable harm to end users. • In September FY15 the PCD circulated proposed draft regulations for a Prescription Drug Monitoring Program. The proposed rule was finalized in FY16. • In FY15, 2 Pharmacist Inspectors participated in a national training for non-sterile compounding of medications for inspectors in North Carolina • In FY15, the Division issued registration for four Medical Marijuana Cultivation Centers. • In FY15, the Division issued registration for two Medical Marijuana Dispensaries. • In FY15, Medical Marijuana Cultivation Centers and Dispensaries were visited every 6 to 8 weeks to ensure compliance and address any concerns. The facilities with new registrations were inspected prior to opening and within a month after opening. 				

	<ul style="list-style-type: none"> In FY15 the Division served as an Advanced Practice Pharmacy Experiential site for 7th Year Pharmacy Students from Howard University. 			
FY2016 Performance Outcomes	Facility Type	Total Licensed /Registered	Target # Inspected	YTD Inspected
	Pharmacy	159	159	26
	Institutional/ Hospital	14	14	5
	Community	145	145	21
	Animal Clinics/Vet	18	18	0
	Substance Abuse Facilities	6	6	0
	Dialysis Centers	0	0	0
	Distributors/ Wholesalers	6	6	0
	Ambulatory Surgery Centers	3	3	0
	Researchers/ Teachers	59	59	15
	Fire/EMS/Other	6	6	0
	MMP Dispensary	5	20	12
	MMP Cultivation Center	7	28	10

	<ul style="list-style-type: none">• In FY16, the Division will implement a Prescription Drug Monitoring Program, based on the published rules.• In FY16, the Division will work as part of a task force with the National Association of Boards of Pharmacy to ensure that each jurisdiction will conduct pharmacy inspections that provide for minimum standards across all jurisdictions. This will be helpful when evaluating applications for non-resident pharmacies. <p>In FY16, the Division will review and update regulations to address changes in practice with respect to sterile and non-sterile compounding of medications. In FY16, the Division will review laws and regulations to update where appropriate based on the publication of the FDA Drug Quality and Safety Act.</p> <ul style="list-style-type: none">• In FY16, the Division will develop a fine schedule for the Medical Marijuana Program Cultivation Centers and Dispensaries.
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Inspections and Investigations

Q6. The Office of Compliance and Quality Assurance is designed to investigate incidents that arise at specific health care facilities. Please provide an update on the Office of Compliance and Quality Assurance:

- **How many investigations have been initiated in FY15 and to date in FY16? How many investigations have been completed?**

Nursing Homes

In FY15, there were one thousand three hundred forty-seven (1,347) Administrative Review Investigations and one hundred-three (103) on-site investigations initiated of District of Columbia nursing homes. One hundred percent (100%) of the cases were closed.

Intermediate Care Facilities

In FY15, six hundred seventy-two (672) Administrative Review Investigations were initiated of Intermediate Care Facilities. All were closed.

There were thirty (30) on-site investigations initiated of Intermediate Care Facilities and 100 percent of them were closed.

What, if any, problems have arisen during this last year of operation?

There have been no problems that have arisen during this last year of operation.

Q7. Please provide a chart that describes all facility inspections, including medical marijuana, restaurant, and other inspections by the food division, done by HRLA in FY15 and to date in FY16 broken down by division. Please include the following information:

- **Description of the oversight of each division;**
- **Type of inspection;**
- **Type of facility;**
- **Reason for the inspection; and**
- **Outcomes that resulted from each inspection (i.e. fine, closure, etc.).**

Veterinary Care Facility

The Animal Division inspects, monitors, and investigates veterinary care facilities in the District of Columbia. The Animal Division ensures that these sites comply with District licensure health and safety regulations as a measure to promote improved delivery of veterinary care, the Division conducts annual on-site inspections to evaluate the delivery of quality care to residents/patients in the veterinary care facilities that come under its purview. The inspection includes a review of health, safety, surgery suite, kenneling, sanitation, fire, and quality of care requirements. If deficiencies are noted, revisits are conducted, or monitoring is initiated to ensure that correction plans are implemented.

Type Of Inspection	Facility Type	Reason For The Inspection	Outcomes That Resulted From Each Inspection
Licensure	Veterinary Facility	Annual	No Deficiencies – 21 facilities

Intermediate Care Facilities Division

The Intermediate Care Facilities Division (ICFD) has the regulatory oversight responsibility for intermediate care facilities for persons with intellectual disabilities (ICF/ID), community residence facilities for individuals with intellectual disabilities, child placing agencies, home care agencies, assisted living residences, community residence facilities for unrelated individuals that require health care services, and nurse staffing agencies. The oversight of the aforementioned entities is conducted on at least an annual basis, and when necessary to ensure the health and safety of residents that receives services. Unscheduled monitoring visits may be conducted as necessary. Additionally, the ICFD works in conjunction with HRLA’s, Office of Compliance and Quality Assurance and Investigation by conducting incident and complaint investigations. The table below describes more detailed information related to the survey activities conducted by the ICFD.

<u>Type Of Inspection</u>	<u>Facility Type</u>	<u>Reason For The Inspection</u>	<u>Outcomes That Resulted From Each Inspection</u>
Licensure, Federal Certification, Investigations and Monitoring Visits	Intermediate Care Facilities for Individuals with Intellectual Disabilities	Annual Licensure and Federal Certification, Follow-up and Monitoring visits, and investigations to ensure compliance	<p>70 facilities - Annual Certification Surveys: 63 with (w/) deficiencies</p> <p>70 facilities - Licensure Surveys: 65 w/deficiencies</p> <p>10 facilities - Monitor Visits: 7 w/deficiencies</p> <p>6 facilities – Onsite Investigations: 3 w/deficiencies</p> <p>As a result of inspection activity, the provider entity may receive the following: a Statement of Deficiencies (SOD), Civil Penalties, Restricted Licenses, Provisional Licenses, and Revocations. Additionally, the receipt of an acceptable Plan of Correction (POC) to abate identified deficient practices is required for all noted citations.</p>

<u>Type Of Inspection</u>	<u>Facility Type</u>	<u>Reason For The Inspection</u>	<u>Outcomes That Resulted From Each Inspection</u>
Licensure Inspections, Investigations and Monitoring Visits	Community Residence Facilities (Group Homes for Individuals with Intellectual Disabilities)	Annual Licensure, Follow-up and Monitoring visits, and investigations to ensure compliance	<p>21 facilities - Licensure Surveys: 19 w/deficiencies</p> <p>3 facilities - Monitor Visits: 3 w/deficiencies</p> <p>3 facilities – Onsite Investigations: 3 w/deficiencies</p> <p>As a result of inspection activity, the provider entity may receive the following: a Statement of Deficiencies (SOD), Civil Penalties, Restricted Licenses, Provisional Licenses, and Revocations. Additionally, the receipt of an acceptable Plan of Correction (POC) to abate identified deficient practices is required for all noted citations.</p>
Licensure Inspections, Investigations and Monitoring Visits	Community Residence Facilities (Group Homes for the elderly, physically disabled)	Annual Licensure, Follow-up and Monitoring visits, and investigations to ensure compliance	<p>3 facilities - Licensure Surveys: 2 w/deficiencies</p> <p>1 facility – Onsite Investigations: 0 w/deficiencies</p> <p>As a result of inspection activity, the provider entity may receive the following: a Statement of Deficiencies (SOD), Civil Penalties, Restricted Licenses, Provisional Licenses, and Revocations. Additionally, the receipt of an acceptable Plan of Correction (POC) to abate identified deficient practices is required for all noted citations.</p>

<u>Type Of Inspection</u>	<u>Facility Type</u>	<u>Reason For The Inspection</u>	<u>Outcomes That Resulted From Each Inspection</u>
Licensure Inspections, Investigations and Monitoring Visits	Home Care Agencies	Annual Licensure, Follow-up and Monitoring visits, and investigations to ensure compliance	<p>33 facilities - Licensure Surveys: 24 w/deficiencies</p> <p>1 facility - Monitor Visits: 0 w/deficiencies</p> <p>8 facilities – Onsite Investigations: 6 w/deficiencies</p> <p>As a result of inspection activity, the provider entity may receive the following: a Statement of Deficiencies (SOD), Civil Penalties, Restricted Licenses, Provisional Licenses, and Revocations. Additionally, the receipt of an acceptable Plan of Correction (POC) to abate identified deficient practices is required for all noted citations.</p>
Licensure Inspections, Investigations and Monitoring Visits	Assisted Living Residence	Annual Licensure, Follow-up and Monitoring visits, and investigations to ensure compliance	<p>18 facilities - Licensure Surveys: 14 w/deficiencies</p> <p>2 facilities - Monitor Visits: 1 w/deficiencies</p> <p>As a result of inspection activity, the provider entity may receive the following: a Statement of Deficiencies (SOD), Civil Penalties, Restricted Licenses, Provisional Licenses, and Revocations. Additionally, the receipt of an acceptable Plan of Correction (POC) to abate identified deficient practices is required for all noted citations.</p>

<u>Type Of Inspection</u>	<u>Facility Type</u>	<u>Reason For The Inspection</u>	<u>Outcomes That Resulted From Each Inspection</u>
Licensure Inspections, Investigations and Monitoring Visits	Child Placing Agencies	Annual Licensure, Follow-up and Monitoring visits, and investigations to ensure compliance	<p>24 facilities - Licensure Surveys: 14 w/deficiencies</p> <p>1 facility – Onsite Investigations: 1 w/deficiencies</p> <p>As a result of inspection activity, the provider entity may receive the following: a Statement of Deficiencies (SOD), Civil Penalties, Restricted Licenses, Provisional Licenses, and Revocations. Additionally, the receipt of an acceptable Plan of Correction (POC) to abate identified deficient practices is required for all noted citations.</p>
Licensure Inspections, Investigations and Monitoring Visits	Nurse Staffing Agencies (NSAs)	Licensure (as needed), Follow-up and Monitoring visits, and investigations to ensure compliance	<p>As a result of inspection activity, the provider entity may receive the following: a Statement of Deficiencies (SOD), Civil Penalties, Restricted Licenses, Provisional Licenses, and Revocations. Additionally, the receipt of an acceptable Plan of Correction (POC) to abate identified deficient practices is required for all noted citations.</p> <p>The majority of NSAs are located out-of-the District of Columbia; therefore, routine/annual inspections are not conducted. Local NSAs, contracted by home care agencies and assisted living residences, are reviewed as part of the home care and assisted</p>

<u>Type Of Inspection</u>	<u>Facility Type</u>	<u>Reason For The Inspection</u>	<u>Outcomes That Resulted From Each Inspection</u>
			<p>living survey process. ICFD also investigates complaints and refer deficient practices of health professionals to their respective Licensing Boards.</p> <p>3 facilities - Investigations: 3 w/no deficiencies (1 referred to Office of Inspector General)</p>

Food Safety & Hygiene Inspection Services

The Food Safety & Hygiene Inspection Services Division (FSHISD) regulates food services that are provided in commission merchants, delicatessens, bakeries, candy manufacturers, grocery stores, retail markets, ice cream manufacturers, restaurants, wholesale markets, mobile vendors, and hotels as well as enforcement of smoking ban at all food establishments.

Type Of Inspection	Facility Type	Reason For The Inspection	Outcomes That Resulted From Each Inspection
Routine	Bakeries, Barber Shops, Beauty Salons, including Electrolysis, Braiding, Esthetics, Nails, Bedding Manufacturers, Caterers, Commission Merchant, Delicatessens, Food Product, Grocery, Health Spa, Hotels, Ice Cream Manufacturers, Marine – Retail, Massage, Mobile Vendors, Restaurants, Schools (DCPS, Private, Charter), Swimming Pools, Wholesalers	Risk-based level cycle. Please reference DC Municipal Regulations 25-A DCMR 4400.2 for detailed description of risk-based levels.	FY15: 4,239 facilities inspected, resulting in 93 closures. FY15: Nine (9) establishments were enrolled in the risk control plan program. FY16 Q1: 1,146 routine inspections and 8 closures. FY16: Q1 (Oct 1 – Dec 31) One (1) establishment has been enrolled in the risk control plan program.
Re-inspection	all - see above	Follow-up	FY15: 2,399 facilities were re-inspected, yielding 48 closures. FY16 Q1: 698 re-inspections and 5 closures.
Complaints	all - see above	* code violations * unusual/unsanitary conditions to obtain license to operate	FY15: 710 facilities inspected due to complaints, resulting in 60 closures. FY16 Q1: 271 complaint initiated inspections and 7 resulting closures.

Type Of Inspection	Facility Type	Reason For The Inspection	Outcomes That Resulted From Each Inspection
Pre-operational	all - see above	To obtain license to operate	FY15: 440 facilities received pre-operational inspection; resulting in 97 facilities denied approval. FY16 Q1: 137 pre-operational inspections conducted yielding 29 denials.
Other	all - see above	Not regularly scheduled based on risk based level cycle - such as Fire, Restoration, Document Survey, Federal Request, Special Events, etc.	

Health Care Facilities Division

The Health Care Facilities Division (HCFD) inspects, monitors, and investigates health care facilities in the District of Columbia. Facilities include hospitals, nursing homes, certified home health agencies, end-stage renal disease facilities, hospice, maternity center, laboratories (CLIA, certificate of waiver, communicable disease, and tissue banks), ambulatory surgical centers, ambulatory surgical centers, portable x-ray supplies, outpatient physical therapy or speech pathology providers, Department of Corrections, and Department of Youth Services. HCFD ensures that these sites comply with District licensure health and safety regulations and federal standards for participation in Medicare and Medicaid under Titles XVIII and XIX of the Social Security Act. As a measure to promote improved delivery of health care, the Divisions conduct regular on-site surveys to evaluate the delivery of quality care to residents/patients in the health care facilities that come under its purview. The inspection includes a review of health, safety, sanitation, fire, and quality of care requirements. The HCFD identifies deficiencies that may affect state licensure or eligibility for federal reimbursements under the Medicare and Medicaid programs. The facility is required to submit a correction plan. Revisits are conducted, or monitoring is initiated to ensure that correction plans are implemented.

<u>Type Of Inspection</u>	<u>Facility Type</u>	<u>Reason For The Inspection</u>	<u>Outcomes That Resulted From Each Inspection</u>
Licensure, (No Federal Validation Survey this Fiscal Year) and Complaint Investigations	Hospitals	Annual Licensure survey and Complaint Investigations	<p>14 facilities - Annual Licensure Survey 14 facilities with deficiencies</p> <p>As a result of inspection activity, the provider may receive the following: a Statement of Deficiencies (SOD), Civil Penalties, Restricted Licenses, and Provisional Licenses. Additionally, the receipt of an acceptable Plan of Correction (POC) to abate identified deficient practices is required for all noted citations.</p>
Federal Certification /Recertification Surveys and Complaint Investigations	Certified Home Health Agencies	Federal Certification Surveys	<p>8 facilities - Certification/Recertification Surveys. 8 facilities with deficiencies (10 surveys conducted with two facilities requiring a revisits survey).</p> <p>As a result of inspection activity, the provider may receive the following: a Statement of Deficiencies (SOD). Additionally, the receipt of an acceptable Plan of Correction (POC) to abate identified deficient practices is required for all noted citations.</p>
Federal Recertification and Complaint Investigations	Hospice	Federal Recertification Survey	2 facilities- Recertification Survey- 2 facilities with deficiencies

<u>Type Of Inspection</u>	<u>Facility Type</u>	<u>Reason For The Inspection</u>	<u>Outcomes That Resulted From Each Inspection</u>
			<p>As a result of inspection activity, the provider may receive the following: a Statement of Deficiencies (SOD). Additionally, the receipt of an acceptable Plan of Correction (POC) to abate identified deficient practices is required for all noted citations.</p> <p>Two of the two facilities received deficiencies due to failure to consistent follow-up/document bereavement visits with families. One of the two facilities failed to have current documented contracts in place for patient care (inpatient hospice and respite care).</p>
Federal Recertification	Portable X-Ray Program	Federal Recertification	Facility Terminated Services January 2015
Federal Recertification and Complaint Investigations	End Stage Renal Disease (Dialysis)	Federal Certification Surveys and Complaint Investigations	<p>7 facilities- Recertification Surveys- 7 with deficiencies</p> <p>As a result of inspection activity, the provider may receive the following: a Statement of Deficiencies (SOD). Additionally, the receipt of an acceptable Plan of Correction (POC) to abate identified deficient practices is required for all noted citations.</p>

Type Of Inspection	Facility Type	Reason For The Inspection	Outcomes That Resulted From Each Inspection
Federal Recertification, Federal Focused, State Licensure and Complaint surveys	Nursing Homes	Federal recertification, Federal Revisit, Federal Focused – Minimum Data Set; State Licensure and Complaint surveys	<p>During FY 2015: 19 of 19 nursing homes were identified with deficiencies</p> <p>During FY 2016 Five (5) recertification and licensure surveys have been completed in FY 2016.</p> <p>There are 19 nursing homes in the District of Columbia.</p>
Federal Certification,	CLIA Certified Laboratories that perform non-waived testing	Federal Certification, Follow-up and Validation Surveys as required by the federal regulation	<p>2/12 laboratories had condition level deficiencies requiring onsite follow-up surveys.</p> <p>8/12 laboratories had standard level deficiencies requiring off-site follow-up</p> <p>2/12 laboratories were in compliance with no deficiency.</p>

Type Of Inspection	Facility Type	Reason For The Inspection	Outcomes That Resulted From Each Inspection
Certificate of Waiver Project for laboratories with Certificate of waiver Certificate	CLIA certified laboratories that perform waived testing	Educational survey to assess compliance with CLIA Certificate of Waiver regulation	5/7 laboratories had deficiencies that required onsite follow-up inspections 2/7 laboratories were in compliance
Licensure Inspections Licensure Inspections	Communicable Disease Testing Laboratories	Annual Licensure inspection to determine compliance	1/16 laboratories was non-compliant with the reporting requirement. 1/1 Tissue bank was in compliance with no deficiency
	Free standing (non-hospital based) Tissue banks	Annual Licensure inspection to determine compliance	

Facility	Facility Type	Census Type/Reason for Inspection	Outcomes
Premier Surgery Center	Ambulatory Surgical Center	Annual recertification and licensure inspection	A statement of deficiencies was issued and a plan of correction (POC) submitted by the provider.
Endoscopy Center of Washington	Ambulatory Surgical Center	Annual licensure inspection	A statement of deficiencies was issued and a plan of correction (POC) submitted by the provider.
Medstar Surgery Center	Ambulatory Surgical Center	Annual licensure inspection	A statement of deficiencies was issued and a plan of correction (POC) submitted by the provider.
Washington Surgi Center	Ambulatory Surgical Center	Annual licensure inspection	A statement of deficiencies was

			issued and a plan of correction (POC) submitted by the provider.
Kaiser Capitol Hill Outpatient Procedure Suite	Ambulatory Surgical Center	Annual licensure inspection	A statement of deficiencies was issued and a plan of correction (POC) submitted by the provider.
Community of Hope	Maternity Center	Annual licensure inspection	A statement of deficiencies was issued and a plan of correction (POC) submitted by the provider.
Suburban National Rehabilitation	Outpatient Physical Therapy/Speech Pathology Services	Recertification Survey	The facility was determined to be in substantial compliance.

Pharmaceutical Control Division

The Pharmaceutical Control Division (PCD) licenses, regulates, and inspects community and hospital pharmacies in the District, non-resident pharmacies that provide medications to residents of the District, wholesale distributors, and drug manufacturers. The Division registers, regulates, and inspects medical marijuana dispensaries and cultivation centers. The Division regulates and issues controlled substance registrations for health care practitioners (prescribers), pharmacies, substance abuse treatment programs, researchers, local wholesalers, distributors, animal clinics, dialysis centers and ambulatory surgical centers. This Division conducts investigation and inspection of facilities for compliance with federal and local laws and regulations.

335 inspections were conducted by the Pharmaceutical Control Inspector in FY15. The majority of inspections were conducted as part of the routine unannounced site visits. Several pharmacies received Notices of Infractions (NOI), mostly for lack of required documentation for controlled substances and failure to store expired medications separately from current inventory. Total fines issued for FY15 from PCD were \$511,000. The fines issued for FY16 YTD are \$9,000.

Type Of Inspection	Facility Type	Reason For The Inspection	Outcomes That Resulted From Each Inspection
Routine unannounced licensure inspection	In-State Wholesaler/Distributor	Annual compliance inspection.	FY15: 6 Facilities inspected, no Notice of Infractions issued FY16 Q1: No Facilities inspected
Routine unannounced licensure inspection	Substance Abuse Facility	Annual compliance inspection.	FY15: 5 Facilities inspected, no Notice of Infractions issued FY16 Q1: No Facilities Inspected

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FY15 Oversight Questions*

Type Of Inspection	Facility Type	Reason For The Inspection	Outcomes That Resulted From Each Inspection
Routine unannounced licensure inspection	Researchers/Teachers	Annual compliance inspection.	FY15: 54 Facilities inspected, no Notice of Infractions issued FY16 Q1: 15 Facilities inspected, no Notice of Infractions issued
Routine unannounced licensure inspection	Animal Clinics/Vets	Annual compliance inspection.	FY15: 18 Facilities inspected, 1 Notice of Infraction issued FY16 Q1: No facilities inspected
Regular unannounced licensure inspection	Medical Examiner/Fire/EMS	Annual compliance inspection.	FY15: 6 Facilities inspected, no Notice of Infractions issued FY16 Q1: No Facilities inspected

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FY15 Oversight Questions*

Type Of Inspection	Facility Type	Reason For The Inspection	Outcomes That Resulted From Each Inspection
Routine unannounced licensure inspection	Ambulatory Surgery Centers	Annual compliance inspection.	FY15: 3 Facilities inspected, no Notice of Infractions issued FY16 Q1: No Facilities inspected
Routine unannounced licensure inspection	Community and Hospital Pharmacy	Annual compliance inspection, follow up, or complaint.	FY15: 161 Facilities inspected, 149 Notice of Infractions issued FY16 Q1: 26 Facilities inspected, 4 Notice of Infractions issued
Routine Inspection	MMP Dispensaries	Ensure compliance with current regulations.	FY15: 5 Facilities inspected FY16 Q1: 5 Facilities inspected
Routine Inspection	MMP Cultivation Centers	Ensure compliance with current regulations.	FY15: 7 Facilities inspected FY16 Q1: 7 Facilities inspected

Radiation Protection Division

The mission of the Radiation Protection Division is to minimize and/or eliminate radiation overexposure of persons to naturally occurring and man-made radiation in the District of Columbia.

Type Of Inspection	Facility Type	Reason For The Inspection	Outcomes That Resulted From Each Inspection
Routine	Medical and Dental Facility	Compliance Testing	<p>No Significant Items Of Non-Compliance were noted in FY15 and FY16</p> <p>FY15: 875 x-ray tubes inspected for compliance</p> <p>Mammography- 27 Units C-Arm- 38 Units Radiographic-115 Fluoroscopic-69 Dexa- 10 Units Cardio Cath-29 Units Special Procedure/ Stereotactic- 14 Units Dental-527 Units Analytical- 2 Units CT- 32 Units MRI-12 Units</p> <p>FY16 Q1: As of January 20, 2016, inspected 114 x-ray tubes.</p> <p>Mammography-1 Unit Radiographic-11 Units Dental- 94 Units Fluoroscopic-2 Dexa-1 Special Procedure/ Stereotactic-3 CT-2 Units</p>

Q8. Please provide an update to civil fines levied on facilities in FY15 and to date in FY16 broken down by division. Please provide the name and type of each facility, a description of the infraction, the amount of the penalty/fine, and the status of payment.

Notice of Infractions (NOIs)

According to Title 16 DCMR when a facility is issued a civil infraction fine (aka NOI) it must be paid in 15 days from the date of the court's final order. Respondents are actually given 20 days to compensate for the time it takes to serve an order. In addition a respondent may enter into payment arrangements with the Office of Administrative Hearings which would extend the time for payment.

If a respondent does not pay a civil infractions fine: (1) The licensee is in violation of the *Clean Hands before receiving a License or Permit Act of 1996* and cannot renew a license [DC Official Code § 47-2862 (a)] ; (2) the Office of Administrative Hearings finds the respondent in default and the amount of the civil fine doubles (Title 1 DCMR §2805) and/ or (3) A decision of an administrative law judge (ALJ) finding that the respondent committed an infraction may notify the respondent that if the respondent fails to pay the fine, penalty, or costs within fifteen (15) days of the date of service of the decision, the respondent's license or permit shall be suspended until the respondent pays the fine, penalty, or costs. (Title 16 DCMR§ 3113.6)

Animal Services issued no Notice of Infractions for FY15.

The **Food Safety & Hygiene Investigation Services Division** was granted approval to issue civil fines on November 13, 2015. The Division drafted its first NOI in December, 2015. The 12 NOIs are currently under review by the Office of General Counsel before formal issuance.

Intermediate Care Facilities Division

Facility	Facility Type	Facility Address	Authorized Fine Sought	Citation	Description of Infractions	Status
Lutheran Social Services of NCS, Inc.	CPA	4406 Georgia Avenue, NW	\$1,000	29 DCMR§164 0.3(c)	Failed to ensure that records reviewed 1 of 17 foster family records reviewed had current medical reports for 5 individuals residing in the home.	Open Case
National Children's Center	CRF-35	203 Sheridan Street, NW	\$1,000	22 DMCR§350 9.6, 4701.5	Failed to have current health certificates and criminal background checks for DCS	12/15/2015 Final Order - Payment due 1/5/2016
My Own Place	ICF/IID	4141 Anacostia Avenue, NE	\$11,500	22 DCMR§350 0.2, 3509.6. 3519.10,352 1.3, 3523.1, and 4701.5	Failed to ensure health care services; failure to provide adequate oversight; failure to ensure client protection; upon admission, an updated assessment was conducted and clearly identified the repositioning needs during the use of a wheelchair for resident, failed to ensure FBI background	Open Case

					checks were obtained prior to their start of employment for staff.	
Community Multi-Services, Inc.	ICF/IID	6217 16th Street, NW	\$1,000	22 DCMR§352 10.3, 3520.3	Failed to ensure that staff received effective training, nurse failed to monitor resident's bowel management tracking logs to prevent deterioration or loss of function	Paid 9/15/2015
Volunteers of America Chesapeake	ICF/IID	431 53rd Street, SE	\$1,000	22 DMCMR§3 523.1	Failed to observe and protect each resident's right in accordance with Title 7 Chapter 13 of the DC Code. Title 6 Chapter 19 and other applicable District laws when the GHIID employed a pharmacist that was not licensed as required by DC law to conduct pharmacy reviews.	Paid 11/5/2015

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Capitol Care, Inc.	CRF-35	2820 Hartford Street, SE	\$500	22 DCMR§350 8.1	Failed to ensure that nursing staff were licensed to practice nursing services in DC.	Paid 11/5/2015
Community Multi-Services, Inc.	ICF/IID	6300 9th Street, NW	\$1,000	22 DCMR§352 2.4	Failed to ensure that irregularities in the residents' drug regimen were reported to the prescribing physician.	Open Case
Marjul Homes, Inc.	ICF/IID	4910 Arkansas Avenue, NW	\$6,000	22 DCMR§352 0.3	Failed to ensure the primary care physician addressed the recommendation from the specialist.	Paid 9/2/2015
1330 OPOC, LLC t/a Residences at Thomas Circle	ALR	1330 Massachusetts Avenue, NW	\$2,000	ALR 44-110.02	Failed to comply with the Life Safety Code.	Open Case
International Families, Inc.	CPA	5 Thomas Circle, NW	\$5,000	29 DCMR§160 6.1, 1611.1(j), 1611.1(k), 1611.1(l)	Failed to establish an accounting system; failed to maintain personnel records.	12/14/2015 DOH responded to Respondent's plea of Admit with Explanation.
Innovative Life Solutions, Inc.	ICF/IID	114 Division Avenue, NE	\$1,000	22 DCMR§352 3.1	Failed to ensure resident's rights.	Open Case
Metro Homes	ICF/IID	5701 14th Street, NW	\$3,000	22 DCMR§352 3.1	Failed to ensure residents rights.	Paid 11/5/2015

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FY15 Oversight Questions*

Grand Oaks Assisted Living	ALR	5901 MacArthur Blvd., NW	\$1,000	22 DCMR§44-105.04(1)	Failed to ensure resident received supportive care to reduce and eliminate frequent falls.	Paid 9/3/2015
Joye Assisted Living Services	ALR	6417 Kansas Avenue, NE	\$3,000	44-104.04(d)	Failed to ensure that employee(s) had a comprehensive background check prior to employment.	Open Case
Ward & Ward	CRF-35	221 Van Buren Street, NW	\$500	22 DCMR§351 9.10	Failed to ensure that incidents were reported immediately to DOH/HRLA.	Order 12/16/2015 Order to Show Cause
PSI III, Inc.	CPA	770 M Street, SE	\$2,000	22 DCMR§161 1.1(j)	Failed to maintain personnel records.	Paid 12/18/2015
Metro Homes	ICF/IID	1433 Northgate Road, NW	\$1,000	22 DCMR§352 3.1	Failed to affirm and protect client's rights.	Paid 11/5/2015
RCM of Washington	ICF/IID	2420 T Street, SE	\$500	22 DCMR§351 0.4	Failed to ensure that each training program agenda was maintained in the GHIID and available for review by regulatory agencies.	Paid 11/5/2015

Metro Homes, Inc.	ICF/IID	929 55th Street, NE	\$7,500	22 DCMR§470 1.2, 3509.6, 3523.1	Failed to ensure employees had a criminal background checks and health certificates and failed to maintain adaptive equipment.	1/21/2015 Provider filed an Admit with Explanation; 2/18/2015 DOH responded to Petitioner's Plea of Admit with Explanation. NO further order.
Metro Homes, Inc.	ICF/IID	929 55th Street, NE	\$500	22 DCMR§350 8.1	Failed to provide adequate administrative support and maintain adaptive equipment needs.	Paid 11/5/2015
Alliance Home Health Care and Equipment	HCA	7826 Eastern Avenue, NW	\$500	22 DCMR§390 7.11	Failed to ensure that each employee agency identification prior to entering the home of a patient.	Paid 7/3/2015
Symbral Foundation	ICF/IID	4422 20th Street, NE	\$500	22 DCMR§350 8.1	Failed to provide adequate administrative support.	Paid 6/30/2015
Human Touch	HCA	1416 9th Street, NW	\$1,000	22 DCMR§391 7.2(c)	Failed to ensure that patient needs are met in accordance with the plan of care.	Paid 8/27/2015

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FY15 Oversight Questions*

TLC d/b/a Amedisys Home Health	HCA	1100 H Street, NW	\$2,000	22 DCMR§391 7.2(i)	Nurse failed to ensure that patients received evaluation of patient instruction related to wound care management.	Paid 7/7/2015
1330 OPOC, LLC t/a Residences at Thomas Circle	ALR	1330 Massachusetts Avenue, NW	\$3,500	22 DCMR§44-106.07(a)(1) , 44-107.02(c)(3), and 4701.5	Failed provide 24 hour supervision and oversight; and failed to ensure appropriate staff training.	Paid 3/20/2015
RCM of Washington	ICF/IID	2420 T Street, SE	\$2,000	22 DCMR§352 1.3	Failed to implement resident's training and service goals.	Paid 11/5/2015
Marjul Homes, Inc.	ICF/IID	5706 14th Street, NW	\$500	22 DCMR§351 7.11	Failed to implement residents ISP.	Paid 9/2/2015
Ward & Ward	ICF/IID	7011 9th Street, NW	\$1,000	22 DCMR§351 9.10	Failed to ensure that incidents were reported immediately to DOH/HRLA.	Open Case
Wholistic Services, Inc.	ICF/IID	78 53rd Place, SE	\$1,000	22 DCMR§352 0.3	Nurse failed to ensure that residents received timely medical services.	Paid 4/14/2015
KBC Nursing Agency & Home Care, Inc.	HCA	7506 Georgia Avenue, NW	\$1,000	22 DCMR§44-3917.2(c)	Nurse failed to provide daily wound care for patient.	Paid 4/10/2015
Behavior Research Associates, Inc.	ICF/IID	5051 Lee Street, SE	\$2,000	22 DCMR§352 3.1	Failed to observe and protect resident's right to receive	Paid 7/1/2015

					medications as ordered by the physician.	
Wholistic Services, Inc.	ICF/IID	1314 Perry Street, NE	\$1,000	22 DCMR§352 0.3	Failed to ensure that the nursing staff accurately administered all medication in accordance with the physician orders.	Paid 3/9/2015
Volunteers of America Chesapeake	ICF/IID	4515 Edson Place, SE	\$1,000	22 DCMR§352 0.3	Nurse failed to implement infectious control procedures.	Paid 7/1/2015
DC Health Care	ICF/IID	6508 Eastern Avenue, NE	\$1,000	22 DCMR§352 3.1	Failed to ensure resident's right to privacy during a nursing treatment.	Court Action Pending
Boys Town of Washington DC	CPA	4801 Sargent Road, NE	\$500	29 DCMR§161 1.1(c)	Failed to obtain at least 3 letters of reference for 4 personnel reviews for staff	Paid 6/16/2015
National Children's Center	CRF-35	1501 Gallatin Street, NE	\$500	22 DCMR§350 9.6	Failed to ensure that each employee had passed health examination.	Paid 7/13/2015
Volunteers of America Chesapeake	ICF/IID	4515 Edson Place, SE	\$1,500	22 DCMR§350 5.5 and 3509.6	Failed to conduct simulative fire drills at least four times a year for each shift and failed to ensure that each employee had health certificates.	Paid 1/29/2015

Community Multi-Services, Inc.	ICF/IID	2836 Myrtle Avenue, NE	\$3,000	22 DCMR§352 0.3	Failed to maintain accurate physician orders and medication administration records.	Paid 1/26/2015
Multi-Therapeutic Services, Inc.	ICF/IID	39 Peabody Street, NE	\$5,000	22 DCMR§352 0.3 and 3523.1	Failed to maintain medication administration records and failed to monitor water temperature.	Open Case
DC Health Care	ICF/IID	25 Madison Street, NE	\$500	22 DCMF§350 8.1	Failed to provide adequate QIDP oversight in accordance with his ISP.	Open Case
Ward & Ward	CRF-35	302 S Street, NE	\$500	22 DCMR§350 2.2(c)	Failed to ensure that the resident's modified diet had been reviewed at least quarterly by a dietician.	Open Case
RCM of Washington	ICF/IID	3312 4th Street, SE	\$2,000	22 DCMR§352 0.3 and 3520.7	Nursing staff failed to maintain resident's medication administration record and administer medication according to physician orders.	Final Order 1/5/2015 Provider should pay NOI by 2/10/2015 in the amount of \$500.00

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FY15 Oversight Questions*

Capitol Care, Inc.	CRF-35	2820 Hartford Street, SE	\$1,500	22 DCMR§3504.1, 3504.3 and 3504.8	Failed to ensure residents safety on van, and failed to maintain a safe and sanitary environment.	Paid 12/11/2015
Innovative Life Solutions, Inc.	ICF/IID	3112 Walnut Street, NE	\$2,000	22 DCMR§3523.1	Nursing Staff failed to ensure effective health care management.	Open Case
Marjul Homes, Inc.	ICF/IID	1639 Roxanna Road, NW	\$1,000	22 DCMR§3523.2	Failed to repair the hot water heater timely to ensure resident's health and safety during their baths/shower.	Open Case

Pharmaceutical Control Division

<u>NOI #</u>	<u>Name of Facility</u>	<u>Type of Facility</u>	<u>Description of Infraction</u>	<u>Fine</u>	<u>Status</u>
D101123	CVS Pharmacy #1335	Pharmacy	DCOC 47-2885.10(a)(3)/ 22-B DCMR 1901.6 - Storing misbranded drugs with currently dated products	\$2,000	Final
D101123	CVS Pharmacy #1335	Pharmacy	DCOC 47-2885.13(a)/ 22-B DCMR 1901.6 - Storing expired drugs with currently dated products	\$2,000	Final
D101123	CVS Pharmacy #1335	Pharmacy	22-B DCMR 1502.1/ 21 CFR 1304.21(a) - Failure of registrant to maintain inventories as required by federal law. Inaccurate counts on biennial inventory	\$2,000	Final
D101102	CVS Pharmacy #2204	Pharmacy	22-B DCMR 1909.2-1909.5 - Failure to maintain required equipment consistent with the pharmacy scope of practice - balance not calibrated in the last 6 months	\$500	Final
D101102	CVS Pharmacy #2204	Pharmacy	22-B DCMR 1306.3 - Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	\$2,000	Final
D101102	CVS Pharmacy #2204	Pharmacy	22-B DCMR 1908.2 - Failure to keep pharmacy clean and sanitary; dusty shelves	\$2,000	Final
D101102	CVS Pharmacy #2204	Pharmacy	22-B DCMR 1306.3 - Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	\$2,000	Final
D101107	CVS Pharmacy #1341	Pharmacy	22-B DCMR 1909.2-1909.5 - Failure to maintain required equipment references with in pharmacy scope of practice - Balance not calibrated in the last 6 months	\$500	Final
D101116	Kaiser Permanente Northwest DC	Pharmacy	DCOC 47-2885.10(a)(3)/ 22-B DCMR 1901.6 - Storing misbranded and expired drugs with currently dated products	\$2,000	Pending
D101116	Kaiser Permanente Northwest DC	Pharmacy	22-B DCMR 1306.3 - Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	\$2,000	Pending

D101121	Grubbs Care Pharmacy	Pharmacy	22-B DCMR 1909.2-1909.5 - Failure to maintain required equipment consistent with the pharmacy scope of practice - balance not calibrated in the last 6 months	\$500	Final
D101120	Fort Lincoln Pharmacy and Medical Equipment	Pharmacy	DCOC 47-2885.10(a)(3)/ 22-B DCMR 1901.6 - Storing misbranded drugs with currently dated products	\$2,000	Final
D101140	CVS Pharmacy #1343	Pharmacy	DCOC 48-801.03 - Failure to post top 100 drugs pricing poster	\$500	Final
D101140	CVS Pharmacy #1343	Pharmacy	22-B DCMR 1909.2-1909.5 - Failure to maintain required equipment consistent with the pharmacy scope of practice - balance not calibrated in the last 6 months	\$500	Final
D101140	CVS Pharmacy #1343	Pharmacy	22-B DCMR 1306.3 - Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	\$2,000	Final
D101106	CVS Pharmacy #1334	Pharmacy	22-B DCMR 1909.2-1909.5 - Failure to maintain required equipment consistent with the pharmacy scope of practice - balance not calibrated in the last 6 months	\$500	Final
D101106	CVS Pharmacy #1334	Pharmacy	22-B DCMR 1502.1/ 21 CFR 1304.21(a) - Failure of registrant to maintain inventories as required by federal law. Discrepancies in CS inventory	\$2,000	Final
D101106	CVS Pharmacy #1334	Pharmacy	DCOC 47-2885.13(a) - Storing expired drugs with currently dated drugs	\$2,000	Final
D101122	Giant Pharmacy #0375	Pharmacy	22-B DCMR 1909.2-1909.5 - Failure to maintain required equipment consistent with the pharmacy scope of practice - balance not calibrated in the last 6 months	\$500	Final
D101122	Giant Pharmacy #0375	Pharmacy	22-B DCMR 1306.3 - Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	\$2,000	Final
D101122	Giant Pharmacy #0375	Pharmacy	22-B DCMR 1306.2 - CSII Prescription filled more than 30 days after prescription was issued	\$2,000	Final
D101125	CVS Pharmacy #7218	Pharmacy	22-B DCMR 1907.4(g) - Failure of Pharmacy to have hot water	\$1,000	Pending

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D101125	CVS Pharmacy #7218	Pharmacy	22-B DCMR 1909.2-1909.5 - Failure to maintain required equipment consistent with the pharmacy scope of practice - balance not calibrated in the last 6 months	\$500	Pending
D101125	CVS Pharmacy #7218	Pharmacy	22-B DCMR 1908.2 - Failure to keep pharmacy clean and sanitary; dusty shelves	\$2,000	Pending
D101125	CVS Pharmacy #7218	Pharmacy	DCOC 47-2885.12/ 22-B DCMR 1912 - Failure to dispense drug in a suitable container appropriately labeled	\$2,000	Pending
D101125	CVS Pharmacy #7218	Pharmacy	22-B DCMR 1306.3 - Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	\$2,000	Pending
D101144	Medstar Surgery Center	Controlled Substance	22-B DCMR 1502.1 - Failure to keep records maintain inventories in conformance with the requirements of 21 CFR 1304 - biennial inventory not complete within 2 years	\$2,000	Pending
D101134	CVS Pharmacy #1362	Pharmacy	DCOC 47-2885.14/ 22-B DCMR 1912 - Failure to dispense a drug except to a hospital inpatient in a suitable container	\$1,000	Pending
D101134	CVS Pharmacy #1362	Pharmacy	DCOC 47-2885.13(a)/ 22-B DCMR 1901.6 - Storing expired drugs with currently dated drugs	\$2,000	Pending
D101126	CarePlus CVS Pharmacy	Pharmacy	DCOC 47-2885.13(a)/ 22-B DCMR 1901.6 - Storing expired drugs with currently dated drugs	\$2,000	Final
D101129	Walgreens Pharmacy D101129	Pharmacy	22-B DCMR 1909.2-1909.5 - Failure to maintain required equipment consistent with the pharmacy scope of practice - balance not calibrated in the last 6 months	\$500	Pending
D101148	CVS Pharmacy #2104	Pharmacy	22-B DCMR 1909.2-1909.5 - Failure to maintain required equipment consistent with the pharmacy scope of practice - balance not calibrated in the last 6 months	\$500	Pending
D101148	CVS Pharmacy #2104	Pharmacy	22-B DCMR 1908.2 - Failure to keep pharmacy clean and sanitary; dusty shelves	\$2,000	Pending
D101148	CVS Pharmacy #2104	Pharmacy	DCOC 47-2885.13(a)/ 22-B DCMR 1911.11 - Failure to store all drugs and devices in a proper and safe manner in an appropriate container	\$2,000	Pending

D101148	CVS Pharmacy #2104	Pharmacy	22-B DCMR 1502.1/ 21 CFR 1304.21(a) & 22 DCMR 1502.1 / 21 CFR 1305.12/ 21 CFR 1305.13(e) - Failure of registrant to maintain inventories as required by federal law. Discrepancies in CS inventory and failure to execute DEA 222 form	\$2,000	Pending
D101118	CVS Pharmacy #1366	Pharmacy	22-B DCMR 1909.2-1909.5 - Failure to maintain required equipment consistent with the pharmacy scope of practice - balance not calibrated in the last 6 months	\$500	Pending
D101118	CVS Pharmacy #1366	Pharmacy	22-B DCMR 1301.6 - Failure to document the pharmacist name initials or any changes to the prescription order.	\$2,000	Pending
D101104	CVS Pharmacy #2847	Pharmacy	22-B DCMR 1907.4(i)/ 22-B DCMR 1907.5 - Failure to maintain pharmacy storage area. Refrigerator temperature not within required range	\$1,000	Pending
D101104	CVS Pharmacy #2847	Pharmacy	DCOC 47-2885.10(a)(3)/ 22-B DCMR 1901.5 - Storing misbranded drugs with currently dated drugs	\$2,000	Pending
D101104	CVS Pharmacy #2847	Pharmacy	22-B DCMR 1502.1/ 21 CFR 1304.21(a) & 22 DCMR 1502.1 / 21 CFR 1305.12/ 21 CFR 1305.13(e) - Failure of registrant to maintain inventories as required by federal law. Discrepancies in CS inventory and failure to execute DEA 222 form	\$2,000	Pending
D101104	CVS Pharmacy #2847	Pharmacy	DCOC 47-2885.13(a)/ 22-B DCMR 1901.6 - Storing expired drugs with currently dated drugs	\$2,000	Pending
D101130	CVS Pharmacy #1842	Pharmacy	DCOC 18-803.03(a) - Failure to prominently display sign regarding drug substitution	\$500	Pending
D101130	CVS Pharmacy #1842	Pharmacy	22-B DCMR 1908.2 - Failure to keep pharmacy clean and sanitary; dusty shelves	\$2,000	Pending
D101130	CVS Pharmacy #1842	Pharmacy	22 DCMR 1502.1/ 21 CFR 1305.12/ 21 CFR 1305.13(e) - Failure to execute DEA 222 Forms as required by law	\$2,000	Pending
D101130	CVS Pharmacy #1842	Pharmacy	DCOC 47-2885.13(a)/ 22-B DCMR 1901.6 - Storing expired drugs with currently dated drugs	\$2,000	Pending
D101117	Flexcare Pharmacy	Pharmacy	22-B DCMR 1909.2-1909.5 - Failure to maintain required equipment consistent with the pharmacy scope of practice - balance not calibrated in the	\$500	Pending

			last 6 months		
D101117	Flexcare Pharmacy	Pharmacy	22-B DCMR 1502.1/ 21 CFR 1304.21 (a) - Failure of registrant to keep records maintain inventories and file reports as required by federal law	\$2,000	Pending
D101117	Flexcare Pharmacy	Pharmacy	DCOC 47-2885.13(a)/ 22-B DCMR 1901.6 - Storing expired drugs with currently dated drugs	\$2,000	Pending
D101095	GoodCare I Pharmacy	Pharmacy	22-B DCMR 1502.1/ 21 CFR 1304.21(a) & 22 DCMR 1502.1 / 21 CFR 1305.12/ 21 CFR 1305.13(e) - Failure of registrant to maintain inventories as required by federal law. Discrepancies in CS inventory and failure to execute DEA 222 form	\$4,000	Pending
D101095	GoodCare I Pharmacy	Pharmacy	22-B DCMR 1306.3 - Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	\$2,000	Pending
D101095	GoodCare I Pharmacy	Pharmacy	DCOC 47-2885.13(a)/ 22-B DCMR 1901.6 - Storing expired drugs with currently dated drugs	\$2,000	Pending
D101143	CVS Pharmacy #2817	Pharmacy	DCOC 47-288.5.10(a)(3)/ 22-B DCMR 1901.6 - Storing misbranded drugs with currently dated products	\$2,000	Pending
D101143	CVS Pharmacy #2817	Pharmacy	22-B DCMR 1502.1/ 21 CFR 1304.21(a) & 22 DCMR 1502.1 / 21 CFR 1305.12/ 21 CFR 1305.13(e) - Failure of registrant to maintain inventories as required by federal law. Discrepancies in CS inventory and failure to execute DEA 222 form	\$2,000	Pending
D101143	CVS Pharmacy #2817	Pharmacy	22-B DCMR 1306.3 - Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	\$2,000	Pending
D101143	CVS Pharmacy #2817	Pharmacy	DCOC 47-2885.13(a)/ 22-B DCMR 1901.6 - Storing expired drugs with currently dated drugs	\$2,000	Pending
D101142	Sterling Pharmacy	Pharmacy	DCOC 47-288.5.10(a)(3)/ 22-B DCMR 1901.6 - Storing misbranded drugs with currently dated products	\$2,000	Pending

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D101142	Sterling Pharmacy	Pharmacy	22-B DCMR 1306.3 - Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	\$2,000	Pending
D101142	Sterling Pharmacy	Pharmacy	22 DCMR 1502.1/ 21 CFR 1305.12/ 21 CFR 1305.13(e) - Failure to execute DEA 222 Forms as required by law	\$2,000	Pending
D101098	Super Pharmacy	Pharmacy	22-B DCMR 1306.3 - Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	\$2,000	Final
D101098	Super Pharmacy	Pharmacy	DCOC 47-2885.13(a)/ 22-B DCMR 1901.6 - Storing expired drugs with currently dated drugs	\$2,000	Final
D101133	CVS Pharmacy #1347	Pharmacy	DCOC 47-288.5.10(a)(3)/ 22-B DCMR 1901.6 - Storing misbranded drugs with currently dated products	\$2,000	Pending
D101133	CVS Pharmacy #1347	Pharmacy	22 DCMR 1502.1/ 21 CFR 1305.12/ 21 CFR 1305.13(e) - Failure to execute DEA 222 Forms as required by law	\$2,000	Pending
D101171	Rodmans Pharmacy	Pharmacy	22-B DCMR 1909.2-1909.5 - Failure to maintain required equipment consistent with the pharmacy scope of practice - balance not calibrated in the last 6 months	\$500	Final
D101157	Mortons Pharmacy	Pharmacy	DCOC 47-2885.09(c)(4)/ 22-B DCMR 1910.8 - Failure to keep the pharmacy areas under the control or in the possession of the pharmacist on duty or the proprietor	\$1,000	Pending
D101157	Mortons Pharmacy	Pharmacy	22-B DCMR 1909.2-1909.5 - Failure to maintain required equipment consistent with the pharmacy scope of practice - balance not calibrated in the last 6 months	\$500	Pending
D101157	Mortons Pharmacy	Pharmacy	22-B DCMR 1910.9 - Displaying or storing the prohibited drugs in an area accessible to the public. Filled Prescriptions in waiting area behind the counter can be accessed by the public	\$500	Pending

D101157	Mortons Pharmacy	Pharmacy	22-B DCMR 1502.1/ 21 CFR 1304.11 - Failure of registrants to keep records maintain inventories and file reports as required by federal law. Incomplete biennial inventory	\$2,000	Pending
D101157	Mortons Pharmacy	Pharmacy	DCOC 47-2885.15(a)/ 22-B DCMR 1911.9 - Failure to keep a log of compounded drugs	\$2,000	Pending
D101157	Mortons Pharmacy	Pharmacy	DCOC 47-2885.13(a)/ 22-B DCMR 1901.6 - Storing expired drugs with currently dated drugs	\$2,000	Pending
D101157	Mortons Pharmacy	Pharmacy	22-B DCMR 1900.4 - Failure to maintain written policies and procedures regarding sanitation	\$2,000	Pending
D101201	Providence Hospital	Pharmacy	22-B DCMR 1502.1/ 21 CFR 1304.11 - Failure of registrants to keep records maintain inventories and file reports as required by federal law. Incomplete biennial inventory	\$2,000	Pending
D101201	Providence Hospital	Pharmacy	DCOC 47-2885.15(a)/ 22-B DCMR 1911.9 - Failure to keep a log of compounded drugs	\$2,000	Pending
D101158	A Community Walgreens Pharmacy	Pharmacy	22-B DCMR 1907.4(g) - Failure of Pharmacy to have hot water	\$500	Final
D101158	A Community Walgreens Pharmacy	Pharmacy	22-B DCMR 1306.3 - Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	\$2,000	Final
D101158	A Community Walgreens Pharmacy	Pharmacy	DCOC 47-2885.13(a)/ 22-B DCMR 1901.6 - Storing expired drugs with currently dated drugs	\$2,000	Final
D101156	Capitol Hill Pharmacy	Pharmacy	22-B DCMR 1502.1/ 21 CFR 1304.21(a) - Failure of registrant to maintain inventories as required by federal law. Discrepancies in CS inventory	\$2,000	Pending
D101156	Capitol Hill Pharmacy	Pharmacy	DCOC 47-2885.15(a)/ 22-B DCMR 1911.9 - Failure to keep a log of compounded drugs	\$2,000	Pending
D101154	Mortons Pharmacy	Pharmacy	DCOC 47-2885.10(a)(3) - Storing misbranded drugs with currently dated drugs	\$2,000	Pending
D101154	Mortons Pharmacy	Pharmacy	22-B DCMR 1306.3 - Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	\$2,000	Pending

D101154	Mortons Pharmacy	Pharmacy	22-B DCMR 1502.1/ 21 CFR 1304.21 (a) - Failure of registrant to keep records maintain inventories and file reports as required by federal law - discrepancies in CS inventory	\$2,000	Pending
D101154	Mortons Pharmacy	Pharmacy	DCOC 47-2885.13(a)/ 22-B DCMR 1901.6 - Storing expired drugs with currently dated drugs	\$2,000	Pending
D101190	Giant Pharmacy #378	Pharmacy	22-B DCMR 1306.3 - Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	\$2,000	Final
D101190	Giant Pharmacy #378	Pharmacy	DCOC 47-2885.13(a)/ 22-B DCMR 1901.6 - Storing expired drugs with currently dated drugs	\$2,000	Final
D101175	CVS Pharmacy #0022	Pharmacy	DCOC 48-801.03 - Failure to post top 100 drugs pricing poster	\$500	Final
D101175	CVS Pharmacy #0022	Pharmacy	22-B DCMR 1909.2-1909.5 - Failure to maintain required equipment consistent with the pharmacy scope of practice - balance not calibrated in the last 6 months	\$500	Final
D101175	CVS Pharmacy #0022	Pharmacy	22-B DCMR 1908.2 - Failure to keep pharmacy clean and sanitary; dusty shelves	\$2,000	Final
D101175	CVS Pharmacy #0022	Pharmacy	DCOC 47-2885.13(a)/ 22-B DCMR 1901.6 - Storing expired drugs with currently dated products	\$2,000	Final
D101169	New Hampshire Pharmacy	Pharmacy	DCOC 49-801.03 - Failure to post top 100 drugs pricing poster	\$500	Final
D101170	New Hampshire Pharmacy	Pharmacy	22-B DCMR 1907.4(i)/ 22-B DCMR 1907.5 - Failure to maintain pharmacy storage area. Refrigerator temperature not within required range	\$1,000	Final
D101138	Safeway Pharmacy #1395	Pharmacy	22-B DCMR 1901.3 - Failure to conspicuously post Certificate of Occupancy	\$500	Pending
D101138	Shepard Pharmacy	Pharmacy	22-B DCMR 1306.3 - Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	\$2,000	Pending
D101174	Shepard Pharmacy	Pharmacy	DCOC 47-2885.13(a)/ 22-B DCMR 1901.6 - Storing expired drugs with currently dated products	\$2,000	Pending

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D101136	Morgan Care Pharmacy	Pharmacy	22-B DCMR 1502.1/ 21 CFR 1304.21(a) - Failure of registrant to maintain inventories as required by federal law. Discrepancies in CS inventory	\$2,000	Final
D101194	Metro Care Pharmacy	Pharmacy	22-B DCMR 1502.1/ 21 CFR 1304.21(a) - Failure of registrant to maintain inventories as required by federal law. Discrepancies in CS inventory	\$2,000	Pending
D101194	Rite Aid Pharmacy #4957	Pharmacy	22-B DCMR 1306.3 - Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	\$2,000	Pending
D101164	Rite Aid Pharmacy #4957	Pharmacy	DCOC 47-2885.13(a)/ 22-B DCMR 1901.6 - Storing expired drugs with currently dated products	\$2,000	Pending
D101160	Alpha Peoples Drug	Pharmacy	22-B DCMR 1306.3 - Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	\$2,000	Pending
D101160	Good Care I Pharmacy	Pharmacy	DCOC 48-803.03(a) - Failure to post top 100 drugs pricing poster	\$500	Pending
D101178	Good Care I Pharmacy	Pharmacy	22-B DCMR 1502.1/ 21 CFR 1304.21(a) - Failure of registrant to maintain inventories as required by federal law. Discrepancies in CS inventory	\$2,000	Pending
D101178	CVS Pharmacy #1360	Pharmacy	22-B DCMR 1902.8 - Failure to notify the director within 30 days of a change in PIC	\$1,000	Final
D101178	CVS Pharmacy #1360	Pharmacy	22-B DCMR 1306.3 - Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	\$2,000	Final
D101178	CVS Pharmacy #1360	Pharmacy	22-B DCMR 1502.1/ 21 CFR 1304.21(a) - Failure of registrant to maintain inventories as required by federal law. Discrepancies in CS inventory	\$2,000	Final
D101193	CVS Pharmacy #1360	Pharmacy	DCOC 47-2885.13(a)/ 22-B DCMR 1901.6 - Storing expired drugs with currently dated products	\$2,000	Final

D101152	CVS Pharmacy #1345	Pharmacy	DCOC 47-2885.10(a)(3)/ 22-B DCMR 1901.6 - Storing misbranded drugs with currently dated products	\$2,000	Final
D101186	CVS Pharmacy #1351	Pharmacy	DCOC 47-2885.13(a)/ 22-B DCMR 1901.6 - Storing expired drugs with currently dated products	\$2,000	Final
D101187	CVS Pharmacy #2490	Pharmacy	DCOC 47-2885.13(a)/ 22-B DCMR 1901.6 - Storing expired drugs with currently dated products	\$2,000	Final
D101187	A Community Walgreens Pharmacy	Pharmacy	22-B DCMR 1306.3 - Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	\$2,000	Pending
D101184	A Community Walgreens Pharmacy	Pharmacy	22-B DCMR 1502.1/ 21 CFR 1304.21(a) - Failure of registrant to maintain inventories as required by federal law. Discrepancies in CS inventory	\$2,000	Pending
D101176	CVS Pharmacy #1334	Pharmacy	DCOC 47-2885.13(a)/ 22-B DCMR 1907.4(i)/ 22-B DCMR 1907.5 - Failure to maintain the pharmacy storage area temperature compatible with the proper storage of drugs with a temperature of 36 to 46 F	\$1,000	Final
D101196	Tschiffely Pharmacy	Pharmacy	DCOC 47-2885.13(a)/ 22-B DCMR 1901.6 - Storing expired drugs with currently dated products	\$2,000	Pending
D101196	CVS Pharmacy #7074	Pharmacy	22-B DCMR 1907.4(g) - Failure of Pharmacy to have hot water	\$1,000	Final
D101196	CVS Pharmacy #7074	Pharmacy	DCOC 47-2885.10(a)(3)/ 22-B DCMR 1901.6 - Storing misbranded drugs with currently dated products	\$2,000	Final
D101196	CVS Pharmacy #7074	Pharmacy	22-B DCMR 1306.3 - Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	\$2,000	Final
D101189	CVS Pharmacy #7074	Pharmacy	DCOC 47-2885.13(a)/ 22-B DCMR 1901.6 - Storing expired drugs with currently dated products	\$2,000	Final
D101189	CVS Pharmacy #2834	Pharmacy	DCOC 47-2885.10(a)(3)/ 22-B DCMR 1901.6 - Storing misbranded drugs with currently dated products	\$2,000	Final
D101173	CVS Pharmacy #2834	Pharmacy	DCOC 47-2885.13(a)/ 22-B DCMR 1901.6 - Storing expired drugs with currently dated products	\$2,000	Final

D101173	Med Star Pharmacy #10	Pharmacy	DCOC 47-2885.10(a)(3)/ 22-B DCMR 1901.6 - Storing misbranded drugs with currently dated products	\$2,000	Final
D101177	Med Star Pharmacy #10	Pharmacy	DCOC 47-2885.13(a)/ 22-B DCMR 1901.6 - Storing expired drugs with currently dated products	\$2,000	Pending
D101151	Flexcare Pharmacy	Pharmacy	DCOC 47-2885.13(a)/ 22-B DCMR 1901.6 - Storing expired drugs with currently dated products	\$2,000	Pending
D101150	CVS Pharmacy #1366	Pharmacy	DCOC 47-2885.13(a)/ 22-B DCMR 1901.6 - Storing expired drugs with currently dated products	\$2,000	Final
D101172	CVS Pharmacy #1335	Pharmacy	DCOC 47-2885.13(a)/ 22-B DCMR 1901.6 - Storing expired drugs with currently dated products	\$2,000	Final
D101172	CVS Pharmacy #1364	Pharmacy	DCOC 48-803.03(a) - Failure to post top 100 drugs pricing poster	\$500	Final
D101172	CVS Pharmacy #1364	Pharmacy	22-B DCMR 1908.2 & 22-B DCMR 1908.6 - Failure to keep the pharmacy clean and in a sanitary conditions dusty shelves and dirty bathroom sink	\$2,000	Final
D101172	CVS Pharmacy #1364	Pharmacy	DCOC 47-2885.10(a)(3)/ 22-B DCMR 1901.6 - Storing misbranded drugs with currently dated products	\$2,000	Final
D101180	CVS Pharmacy #1364	Pharmacy	DCOC 47-2885.13(a)/ 22-B DCMR 1901.6 - Storing expired drugs with currently dated medication	\$4,000	Final
D101180	Safeway Pharmacy #2737	Pharmacy	22-B DCMR 1306.3 - Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	\$2,000	Pending
D101155	Safeway Pharmacy #2737	Pharmacy	22-B DCMR 1306.2 - CSII Prescription filled more than 30 days after prescription was issued	\$2,000	Pending
D101155	CVS Pharmacy #1360	Pharmacy	22-B DCMR 19074(i)- Failure to have a refrigeration facilities exclusively for cold food storage	\$1,000	Final
D101155	CVS Pharmacy #1360	Pharmacy	22-B DCMR 1908.2 - Failure to keep pharmacy clean and sanitary; dusty shelves	\$4,000	Final
D101155	CVS Pharmacy #1360	Pharmacy	22-B DCMR 1502.1 - Failure to keep records maintain inventories in conformance with the requirements of 21 CFR 1304 - inaccurate biennial inventory quantities and failure to execute DEA 222 forms	\$2,000	Final

D101155	CVS Pharmacy #1360	Pharmacy	22-B DCMR 1306.3 - Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	\$4,000	Final
D101217	CVS Pharmacy #1360	Pharmacy	DCOC 47.2885.13(a)/22-B DCMR 1901.6 - Storing expired drugs with currently dated products	\$4,000	Final
D101217	CVS Pharmacy #1363	Pharmacy	DCOC 47-288.5.10(a)(3)/ 22-B DCMR 1901.6 - Storing misbranded drugs with currently dated products	\$2,000	Final
D101217	CVS Pharmacy #1363	Pharmacy	22-B DCMR 1306.3 - Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	\$2,000	Final
D101183	CVS Pharmacy #1363	Pharmacy	DCOC 47.2885.13(a)/22-B DCMR 1901.6 - Storing expired drugs with currently dated products	\$2,000	Final
D101167	Super Pharmacy	Pharmacy	DCOC 47.2885.13(a)/22-B DCMR 1901.6 - Storing expired drugs with currently dated products	\$2,000	Final
D101167	Good Care II Pharmacy	Pharmacy	22-B DCMR 1902.8 - Failure to notify the director within 30 days of a change in PIC	\$1,000	Pending
D101149	Good Care II Pharmacy	Pharmacy	22-B DCMR 1502.1/ 21 CFR 1304.21(a)- Failure of registrant to keep records maintain inventories and file reports as required by federal law-copy 2 of DEA 222 form no sent to DEA	\$2,000	Final
D101165	Premier Surgery Center	Pharmacy	22-B DCMR 1502.1 - Failure to have biennial inventory	\$2,000	Final
D101165	Harris Teeter #231	Pharmacy	22-B DCMR 1902.8 - Failure to notify the director within 30 days of a change in PIC	\$1,000	Pending
D101165	Harris Teeter #231	Pharmacy	DCOC 47.2885.13(a)/22-B DCMR 1901.6 - Storing misbranded drugs with currently dated products	\$2,000	Pending
D101165	Harris Teeter #231	Pharmacy	22-B DCMR 1306.3 - Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	\$2,000	Pending
D101165	Harris Teeter #231	Pharmacy	DCOC 47.2885.13(a)/22-B DCMR 1901.6 - Storing expired drugs with currently dated products	\$2,000	Pending

D101188	Safeway Pharmacy #4528	Pharmacy	DCOC 47.2885.13(a)/22-B DCMR 1901.6 - Storing expired drugs with currently dated products	\$2,000	Pending
D101162	AHF Pharmacy	Pharmacy	22-B DCMR 1909.2-1909.5 - Failure to maintain required equipment consistent with the pharmacy scope of practice - balance not calibrated in the last 6 months	\$500	Pending
D101162	AHF Pharmacy	Pharmacy	DCOC 47-2885.10(a)(3)/ 22-B DCMR 1901.6 - Storing misbranded drugs with currently dated products	\$2,000	Pending
D101162	AHF Pharmacy	Pharmacy	22-B DCMR 1502.1/ 21 CFR 1304.11 - Failure of registrants to keep records maintain inventories and file reports as required by federal law. No biennial inventory and failure to execute DEA 222 forms	\$2,000	Pending
D101162	AHF Pharmacy	Pharmacy	22-B DCMR 1306.3 - Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	\$2,000	Pending
D101162	AHF Pharmacy	Pharmacy	DCOC-47.2885.15(a)/ 22-B DCMR 1911.9 - Failure to keep required log of compounded or repacked drugs	\$2,000	Pending
D101163	CVS Pharmacy #1333	Pharmacy	DCOC 47-02883.13(a)/ 22-B DCMR 1901.6 -Storing expired drugs with currently dated products	\$2,000	Final
D101159	Walgreens Pharmacy #11408	Pharmacy	22-B DCMR 1306.3 - Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	\$2,000	Final
D101166	Genoa Healthcare Pharmacy	Pharmacy	22-B DCMR 1306.3 - Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	\$2,000	Final
D101166	CVS Pharmacy #2527	Pharmacy	DCOC 47.2885.13(a)/ 22-B 1911.11- Failure to store all drugs and devices in a proper and safe manner in an appropriate and safe manner to ensure accurate identification	\$2,000	Final
D101215	CVS Pharmacy #2527	Pharmacy	DCOC 47-2882.13(a)/ 22-B 1901.6 - Storing expired drugs with currently dated products	\$2,000	Final

D101153	CVS Pharmacy #2075	Pharmacy	22-B DCMR 1502.1/ 21 CFR 1304.21(a) - Failure of registrant to keep records, maintain inventories and file reports as required by federal law - discrepancies in CS Inventory	\$2,000	Final
D101153	Foer's at Sibley Pharmacy	Pharmacy	22-B DCMR 1909.2-1909.5 - Failure to maintain required equipment consistent with the pharmacy scope of practice - balance not calibrated in the last 6 months	\$500	Pending
D101153	Foer's at Sibley Pharmacy	Pharmacy	22-B DCMR 1908.2 - Failure to keep pharmacy clean and sanitary; dusty shelves	\$2,000	Pending
D101210	Costco #1120 Pharmacy	Pharmacy	22-B DCMR 1908.2 - Failure to keep pharmacy clean and sanitary; dusty shelves	\$2,000	Pending
D101209	Safeway Pharmacy #2737	Pharmacy	22-B DCMR 1908.2 - Failure to keep pharmacy clean and sanitary; dusty shelves	\$2,000	Final
D101211	CVS Pharmacy #2174	Pharmacy	22-B DCMR 1908.2 - Failure to keep pharmacy clean and sanitary; dusty shelves	\$2,000	Final
D101216	CVS Pharmacy #2104	Pharmacy	22-B DCMR 1908.4 - Failure to keep equipment clean and in operating condition dirt and rust around scale	\$2,000	Final
D101216	Rite Aid Pharmacy #3351	Pharmacy	DCOC 47-2885.10(a)(3)/ 22-B DCMR 1901.5 - Storing misbranded drugs with currently dated drugs	\$2,000	Pending
D101216	Rite Aid Pharmacy #3351	Pharmacy	DCOC 47-2885.13(a)/ 22-B DCMR 1901.6 - Storing expired drugs with currently dated products	\$2,000	Pending
D101198	State Pharmacy	Pharmacy	22-B DCMR 1909.2-1909.5 - Failure to maintain required equipment consistent with the pharmacy scope of practice - balance not calibrated in the last 6 months	\$500	Pending
D101198	State Pharmacy	Pharmacy	DCOC 47-2885.10(a)(3)/ 22-B DCMR 1901.6 - Storing misbranded drugs with currently dated products	\$2,000	Pending
D101198	State Pharmacy	Pharmacy	DCOC 47-2885.13(a)/ 22-B DCMR 1901.6 - Storing expired drugs with currently dated products	\$2,000	Pending
D101161	CVS Pharmacy #7174	Pharmacy	22-B DCMR 1908.2 - Failure to keep pharmacy clean and sanitary; dusty shelves	\$2,000	Final
D101161	CVS Pharmacy #7174	Pharmacy	22-B DCMR 1502.1/ 21 CFR 1304.21(a) - Failure of registrant to keep records, maintain inventories and file reports as required by federal law - discrepancies in CS Inventory	\$2,000	Final

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D101214	Sterling Pharmacy	Pharmacy	22-B DCMR 1909.2- 1909.5 - Failure to maintain required equipment and references consistent with the pharmacy's scope of practice	\$500	Final
D101214	Sterling Pharmacy	Pharmacy	22-B DCMR 1306.3 - Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	\$2,000	Final
D101195	CVS Pharmacy #1338	Pharmacy	22-B DCMR 1306.3 - Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	\$2,000	Final
D101195	CVS Pharmacy #1338	Pharmacy	DCOC 47-2885.13(a)/ 22-B DCMR 1901.6 - Storing expired drugs with currently dated products	\$2,000	Final
D101185	CVS Pharmacy #1841	Pharmacy	22-B DCMR 1908.2 - Failure to keep pharmacy clean and sanitary; dusty shelves	\$2,000	Pending
D101219	H Street Pharmacy and Wellness Center	Pharmacy	22-B DCMR 1306.3 - Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	\$2,000	Pending
D101219	H Street Pharmacy and Wellness Center	Pharmacy	DCOC 47-2885.13(a)/ 22-B DCMR 1901.6 - Storing expired drugs with currently dated products	\$2,000	Pending
D101218	CVS Pharmacy #2330	Pharmacy	DCOC 47-2885.13(a)/ 22-B DCMR 1901.6 - Storing expired drugs with currently dated products	\$2,000	Pending
D101218	CVS Pharmacy #2330	Pharmacy	22-B DCMR 1502.1/ 21 CFR 1304.21(a) - Failure of registrant to keep records, maintain inventories and file reports as required by federal law - discrepancies in CS Inventory	\$2,000	Pending
D101226	CVS Pharmacy #1340	Pharmacy	22-B DCMR 1908.2 - Failure to keep pharmacy clean and sanitary; dusty shelves	\$2,000	Pending
D101226	CVS Pharmacy #1340	Pharmacy	22-B DCMR 1908.8 - Failure to Keep pharmacy plumbing facility in good repair - sink faucet was punctured	\$2,000	Pending
D101226	CVS Pharmacy #1340	Pharmacy	DCOC 47-2885.10(a)(3)/ 22-B DCMR 1901.6 - Storing misbranded drugs with currently dated products	\$2,000	Pending

D101226	CVS Pharmacy #1340	Pharmacy	22-B DCMR 1306.3 - Failure to cancel out CSII Prescription by drawing a line through the entire prescription order with date dispensed and initials of person who dispensed the drug	\$2,000	Pending
D101226	CVS Pharmacy #1340	Pharmacy	DCOC 47-2885.13(a)/ 22-B DCMR 1901.6 - Storing expired drugs with currently dated products	\$2,000	Pending
D101226	CVS Pharmacy #1340	Pharmacy	22-B DCMR 1502.1/ 21 CFR 1304.21(a) - Failure to keep records and maintain inventories required by federal law -discrepancies in CS audit	\$2,000	Pending
D101225	Neighborhood Pharmacy	Pharmacy	22-B DCMR 1902.8 - Failure to notify the director within 30 days of a change in PIC	\$1,000	Pending
D101225	Neighborhood Pharmacy	Pharmacy	22-B DCMR 1502.1/ 21 CFR 1304.21(a) - Failure to keep records and maintain inventories required by federal law -discrepancies in CS audit	\$2,000	Pending
D101224	State Pharmacy	Pharmacy	22-B DCMR 1909.2-1909.5 - Failure to maintain required equipment consistent with the pharmacy scope of practice - balance not calibrated in the last 6 months	\$500	Pending
D101224	State Pharmacy	Pharmacy	DCOC 47-2885.10(a)(3)/ 22-B DCMR 1901.6 - Storing misbranded drugs with currently dated products	\$2,000	Pending
D101223	Goodcare I Pharmacy	Pharmacy	22 DCMR 1502.1/ 21 CFR 1305.12/ 21 CFR 1305.13(e) - Failure to execute DEA 222 Forms as required by law	\$2,000	Pending
D101258	H Street Pharmacy and Wellness Center	Pharmacy	DCOC 47-2885.13(a)/ 22 DCMR 1911.11 - Failure to store all drugs and devices in proper and safe manner, in an appropriate container to ensure accurate identification with DC and Federal laws.	\$2,000	Pending
D101258	H Street Pharmacy and Wellness Center	Pharmacy	22-B DCMR 1901.6 - Storing expired drugs with currently dated products	\$2,000	Pending
D101197	Columbia Heights Pharmacy	Pharmacy	22-B DCMR 1909.2-1909.5 - Failure to have balance calibrated	\$500	Pending
D101197	Columbia Heights Pharmacy	Pharmacy	22-B DCMR 1901.6 - Storing misbranded drugs with currently dated products	\$2,000	Pending
D101197	Columbia Heights Pharmacy	Pharmacy	22-B DCMR 1502.1/ 21 CFR 1304.11 - Failure of registrant to keep records maintain inventories and file reports are required by federal law - discrepancies in CS inventory	\$2,000	Pending

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D101197	Columbia Heights Pharmacy	Pharmacy	22-B DCMR 1901.6 - Storing expired drugs with currently dated products	\$2,000	Pending
D101206	CVS Pharmacy #1348	Pharmacy		\$2,000	Pending
D101205	CVS Pharmacy #2834	Pharmacy	22-B DCMR 1908.2 - Failure to keep pharmacy clean and sanitary; dusty shelves	\$2,000	Pending
D101204	CVS Pharmacy #1355	Pharmacy	22-B DCMR 1909.2-1909.5 - Failure to maintain required equipment consistent with the pharmacy scope of practice - balance not calibrated in the last 6 months	\$500	Pending
D101221	CVS Pharmacy #1365	Pharmacy		\$2,000	Pending
D101207	Collins Hospital for Animals	Controlled Substance	22-B DCMR 1502.1 - Failure to complete biennial inventory	\$2,000	Pending
D101222	Safeway Pharmacy #2912	Pharmacy	22-B DCMR 1901.6 - Storing expired drugs with currently dated products	\$2,000	Pending
D101227	Sibley Memorial Hospital	Pharmacy	22-B DCMR 1901.8 - Failure to report thefts, suspected diversions and significant losses of drug inventory	\$2,000	Pending
D101179	Psychiatric Institute of Washington	Pharmacy	22-B DCMR 1502.1/ 21 CFR 1304.11- Failure of registrant to keep records maintain inventories and file reports as required by federal law - incomplete biennial inventory	\$2,000	Pending
D101203	CVS Pharmacy #2817	Pharmacy	22-B DCMR 1908.2 & 22-B DCMR 1908.4 - Failure to keep the pharmacy clean and failure to keep equipment clean	\$2,000	Pending
D101203	CVS Pharmacy #2817	Pharmacy	DCOC 47-2885.13(a)/ 22-B DCMR 1901.6 - Storing expired medication with currently dated products	\$4,000	Pending
D101266	CVS Pharmacy #1342	Pharmacy	22-B DCMR 1908.2/22-B DCMR 1908.4- Failure to keep pharmacy clean and in sanitary condition dusty shelves. Dirty sink. And dusty scale.	\$2,000	Pending
D101246	Harris Teeter #352	Pharmacy	22-B DCMR 1908.2-Failure to keep_pharmacy clean and in sanitary condition: dusty shelves and dirty sink.	\$2,000	Pending
D101262	CVS Pharmacy #1353	Pharmacy	22-B DCMR 1901.6-Storing expired drugs with currently dated products	\$4,000	Pending
D101247	CVS Pharmacy #0021	Pharmacy	22-B DCMR 1908.2-Failure to keep pharmacy clean and in a sanitary condition: dusty shelves	\$2,000	Pending
D101249	Safeway Pharmacy #4270	Pharmacy	22-B DCMR 1908.2-Failure to keep pharmacy cleans (i.e. dusty shelves).	\$4,000	Pending
D101249	Safeway Pharmacy #4270	Pharmacy	22-B DCMR 1901.6-Storing expired drugs with currently dated products	\$4,000	Pending

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D101245	Walgreens Pharmacy 10311	Pharmacy	22-B DCMR 1908.2-Failure to keep pharmacy cleans (dusty shelves).	\$2,000	Pending
D101263	Rite Aid Pharmacy #4822	Pharmacy	22-B DCMR 1907.4(g)-Failure of pharmacy to have hot water.(80° F)	\$1,000	Pending
D101263	Rite Aid Pharmacy #4822	Pharmacy	22-B DCMR 1908.2-Failure to keep pharmacy clean and sanitary condition.(dusty shelves)	\$2,000	Pending
D101248	Safeway Pharmacy #2912	Pharmacy	22-B DCMR 1907.4(g)-Failure of Pharmacy to have hot water (92°F)	\$1,000	Pending
D101261	Cathedral Pharmacy	Pharmacy	22-B DCMR 1907(i)-Failure to have refrigeration facilities exclusively for cold storage drug storage. Water bottle found in refrigerator.	\$1,000	Pending
D101261	Cathedral Pharmacy	Pharmacy	22-B DCMR 1502.1/ 21 CFR1304.21 (a)-Failure of registrant to keep records. Maintain inventories and file reports as required by federal law. Discrepancy in the inventory of Morphine Sulfate ER 30mg	\$2,000	Pending
D101261	Cathedral Pharmacy	Pharmacy	22-B DCMR 1901.6-Storing expired drugs with currently dated products	\$2,000	Pending
D101265	CVS Pharmacy #1334	Pharmacy	22-B DCMR 1908.2-Failure to keep pharmacy clean and in a sanitary condition (dusty shelves).	\$2,000	Pending
D101229	CVS Pharmacy #1345	Pharmacy	22-B DCMR 1908.2-Failure to keep pharmacy clean and in a sanitary condition; Dusty shelves	\$2,000	Pending
D101229	CVS Pharmacy #1345	Pharmacy	22-B DCMR 1901.6-Storing expired drugs with currently dated products.	\$2,000	Pending
D101230	CVS Pharmacy #2527	Pharmacy	22-DCMR 1908.2-Failure to maintain clean and sanitary restroom facilities.	\$2,000	Pending
D101228	CVS Pharmacy #1363	Pharmacy	22-B DCMR 1908.2-Failure to keep pharmacy clean and in a sanitary condition (i.e. dusty shelves)	\$2,000	Pending
D101233	Capitol Hill Care Pharmacy	Pharmacy	DCOC 47-2885.09(a)/ 22-B DCMR 1901.2- Pharmacy open without Pharmacist being on duty	\$2,000	Pending
D101231	Harris Teeter Pharmacy #231	Pharmacy	22-B DCMR 1912.4- Failure to label prepackaged or repackaged container with label containing required information; no expiration date on the vial	\$1,000	Pending
D101256	CVS Pharmacy #7174	Pharmacy	22-B DCMR 1901.6-Storing expired drugs with currently dated products	\$2,000	Final

D101257	CVS Pharmacy #1842	Pharmacy	22-B DCMR 1909.2-Failure to maintain required equipment and references consistent with the pharmacy's scope of practice. The public safety: and as required by law. Balance not calibrated in the last six months last date of calibration was 5-22-2014	\$500	Pending
D101257	CVS Pharmacy #1842	Pharmacy	22-B DCMR 1901.6-Storing expired drugs with currently dated product	\$2,000	Pending
D101259	GW Medical Faculty Ass. Pharmacy	Pharmacy	22-B DCMR 1908.2-Failure to keep pharmacy clean and in a sanitary condition 2 Dusty shelves Date of Infraction 1-15-2015 Time of Infraction 11am Previous	\$2,000	Pending
D101259	GW Medical Faculty Ass. Pharmacy	Pharmacy	22-B DCMR 1901.6-Storing expired drugs with currently dated products	\$2,000	Pending
D101255	Walgreens Pharmacy #11408	Pharmacy	22-B DCMR 1908.2-Failure to keep pharmacy clean: Dusty shelves	\$2,000	Pending
D101255	Walgreens Pharmacy #11408	Pharmacy	22-B DCMR 1901.6-Selling dispensing expired drug; or storing expired drugs with currently dated products.	\$2,000	Pending
D101220	CVS Pharmacy #7074	Pharmacy	DCOC 47-2885.13 (a)/22-B DCMR 1901.6- Failure to keep pharmacy plumbing facilities in good repair. Hot water in compounding area failed to reached 110 degrees Fahrenheit	\$2,000	Pending
D101244	CVS Pharmacy #4546	Pharmacy	DCOC 47-2885.13(a) /22-B DCMR 1901.6-Storing expired drugs with currently dated products	\$2,000	Pending
D101260	Cathedral Pharmacy	Pharmacy	22-B DCMR 1908.2-Failure to keep pharmacy in a clean and sanitary condition (dusty shelves)	\$2,000	Pending
D101260	Cathedral Pharmacy	Pharmacy	22-B DCMR 1901.6-Storing expired drugs with currently dated products.	\$2,000	Pending
D101250	Chevy Chase Pharmacy	Pharmacy	DCOC 47-2885.13(a)/22-B DCMR 1901.6-Storing expired drugs with currently dated products	\$2,000	Pending
D101254	CVS Pharmacy #1347	Pharmacy	22-B DCMR 1907 .4(g)-Failure of pharmacy to have a hot water.(95°F)	\$1,000	Final
D101254	CVS Pharmacy #1347	Pharmacy	22-B DCMR 1908.2-Failure to keep pharmacy clean and in sanitary condition: dusty shelves.	\$2,000	Pending
D101254	CVS Pharmacy #1347	Pharmacy	22-B DCMR 1908.4-Failure to keep equipment clean and in good operation condition.	\$2,000	Pending
D101252	Giant Pharmacy #378	Pharmacy	22-B DCMR 1908.2-Failure to keep pharmacy clean and in a sanitary	\$2,000	Pending

			condition(dusty shelves)		
D101309	Mortons Pharmacy	Pharmacy	22-B DCMR 1907.4 (g) - Failure of pharmacy to have hot water. The pharmacy hot water peaked at 60 degrees Fahrenheit	\$1,000	Pending
D101309	Mortons Pharmacy	Pharmacy	22-B DCMR 1907.4(i)-Failure to have refrigeration facilities exclusively for cold storage drug storage. The pharmacy had a soda stored in the same refrigerator with medication.	\$1,000	Pending
D101309	Mortons Pharmacy	Pharmacy	DCOC 47-2885.13 (a)/ 22-B DCMR 1901.6-Storing expired drugs with currently dated products.	\$2,000	Pending
D101314	Sterling Pharmacy	Pharmacy	22-B DCMR 1908.2-Failure to keep pharmacy clean and in a sanitary condition (i.e. dusty shelves)	\$2,000	Pending
D101312	CVS Pharmacy #1349	Pharmacy	22-B DCMR 1901.6-Storing expired drugs with currently dated products	\$2,000	Final
D101243	Safeway Pharmacy #4202	Pharmacy	22-B DCMR 1901.6-Selling or dispensing expired drugs; or storing expired drugs with currently dated products.	\$2,000	Pending
D101236	CVS Pharmacy #2733	Pharmacy	22-B DCMR 1901.6-Storing expired drugs with currently dated products.	\$2,000	Final
D101239	CVS Pharmacy #1351	Pharmacy	22-B DCMR 1901.6-Storing expired drugs with currently dated products	\$2,000	Final
D101232	CVS Pharmacy #1344	Pharmacy	22-B DCMR 1901.6-Storing expired drugs with currently dated products	\$8,000	Final
D101232	CVS Pharmacy #1344	Pharmacy	DCOC 47-2885.13(a)/ 22—B DCMR 1901.6-Storing expired drugs with currently dated products	\$4,000	Pending
D101232	CVS Pharmacy #1344	Pharmacy	22-B DCMR 1306.3-Failure to cancel out CS II prescription by drawing a line through the entire prescription order, with date dispensed and initials of person who dispensed the drug.	\$2,000	Pending
D101311	Nations Care Pharmacy	Pharmacy	22-B DCMR 1908.2- Failure to keep pharmacy free of infestation by infested rodents, birds, insects or other vermin. The pharmacy had rodent droppings in a cabinet adjacent to the compounding and dispensing area.	\$2,000	Pending

D101311	Nations Care Pharmacy	Pharmacy	22-B DCMR 1502.1 /21 CFR 1304.21 (a)-Failure of registrant to keep records, maintain inventories and file reports as required by federal law. The pharmacy audit reflected a shortage of 1.130 tablets of Oxycodone/APAP 5/325mg.	\$2,000	Pending
D101308	35 K St Pharmacy	Pharmacy	22-B DCMR 1909.2- 1909.5-Failure to maintain required equipment and references consistent with the pharmacy's scope of practice, the public's safety; and as required by law. The pharmacy scale was last calibrated on 5/14/2014.	\$500	Pending
D101316	CVS Pharmacy #1364	Pharmacy	22-B DCMR 1909.2/ 1909.5 - Failure to maintain required equipment. Scale not calibrated within six months. Last calibrated (5/17/2014).	\$500	Final
D101316	CVS Pharmacy #1364	Pharmacy	22-B DCMR 1908.2/ 22-B DCMR 1908.4- Failure to keep pharmacy clean and in a sanitary condition (dusty shelves). Failure to keep equipment clean and in good operating condition.	\$2,000	Pending
D101319	CVS Pharmacy #2378	Pharmacy	22-B DCMR 1907.4 - Failure of pharmacy to have hot water (77F).	\$1,000	Final
D101319	CVS Pharmacy #2378	Pharmacy	22-B DCMR 1909.2- 1909.5- Scale not calibrated in six months (9/17/2014).	\$500	Pending
D101321	CVS Pharmacy #7218	Pharmacy	22-B DCOC 48-801.03- Failure to post top 100 drugs pricing poster.	\$500	Final
D101321	CVS Pharmacy #7218	Pharmacy	22-B DCMR 1909.2- 1909.5- Scale not calibrated in six months (8/4/204)	\$500	Pending
D101320	CVS Pharmacy #1337	Pharmacy	22-B DCMR 1909.2-1909.5 Scale not calibrated in six months (9/17/2014)	\$500	Final
D101238	CVS Pharmacy #2330	Pharmacy	22-B DCMR 1908.2- Failure to keep pharmacy clean and in sanitary condition (dusty shelves).	\$2,000	Final
D101238	CVS Pharmacy #2330	Pharmacy	22-B DCOC 47-2885.13(a) 22-B DCMR 1901.6- Storing expired drugs with currently dated products.	\$2,000	Pending
D101240	Target Pharmacy #2259	Pharmacy	DCOC 47-2885.10(a) (3)/22-B DCMR 1901.6- Storing misbranded drugs with currently dated products. No expiration date on medication bottle.	\$2,000	Pending
D101322	CVS Pharmacy #2817	Pharmacy	22-B DCMR 1908.2- Failure to keep pharmacy clean and in a sanitary condition (dusty shelves).	\$2,000	Final

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D101322	CVS Pharmacy #2817	Pharmacy	22-B DCMR 1901.6 Storing expired drugs with currently dated products.	\$2,000	Pending
D101237	CVS Pharmacy #2204	Pharmacy	22-B DCMR 1909.2-1909.5- Balance not calibrated in 6 months the last calibration date (2/12/2014).	\$500	Final
D101237	CVS Pharmacy #2204	Pharmacy	22-B DCMR 1901.6 Storing expired drugs with currently dated products.	\$2,000	Pending
D101235	CVS Pharmacy #1347	Pharmacy	22-B DCMR 1912.4- Failure to label container with required information (the vial is missing drug name and strength).	\$1,000	Final
D101235	CVS Pharmacy #1347	Pharmacy	22-B DCMR 1901.6 Storing expired drugs with currently dated products.	\$4,000	Pending
D101317	Reliance Pharmacy	Pharmacy	22-B DCMR 1909.2 Failure to maintain required equipment and references consistent with the pharmacy's scope of practice. Balance not calibrated in the last 6 months. last calibration 9-16-2014	\$500	Pending
D101317	Reliance Pharmacy	Pharmacy	22-B DCMR 1907.4 Failure to have refrigeration facilities exclusively for cold drug storage. Milk in medication refrigerator.	\$1,000	Pending
D101315	Capitol Hill Care Pharmacy	Pharmacy	22-B DCMR 1502.1 Failure of registrant to execute DEA 222 forms and mail DEA 222 Form Copy 2 to DEA after execution. Failure of registrant to maintain accurate inventories of controlled substances	\$2,000	Pending
D101326	Georgetown Veterinary Hospital	Pharmacy	22-B DCMR 1502.1/ 21 CFR 1304.11 (e)(6)-Failure of registrant to keep records, maintain inventories and file reports as required by federal law	\$2,000	Pending
D101324	Harris Teeter Pharmacy #282	Pharmacy	22-B DCMR 1907.4(g)-Failure of pharmacy to have hot water.(97°F)	\$1,000	Pending
D101234	CVS Pharmacy #1338	Pharmacy	22-B DCMR 1908.4 -Failure to keep equipment clean and in good operation condition (dusty equipment)	\$2,000	Final
D101323	CVS Pharmacy #1841	Pharmacy	22-B DCMR 1907.4(g)-Failure of pharmacy to have hot water(93°F)	\$1,000	Final
D101323	CVS Pharmacy #1841	Pharmacy	22-B DCMR 1909.2-1909.5-Failure to maintain required equipment scale not calibrated with in the last six months (calibrated date is 9-4-2014)	\$500	Pending
D101323	CVS Pharmacy #1841	Pharmacy	22-B DCMR 1908.2- Failure to keep pharmacy clean and in a sanitary condition (dusty shelves).	\$2,000	Pending

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D101325	Safeway Pharmacy #4832	Pharmacy	22-B DCMR 1908.8-Failure of pharmacy to have hot water. Failure to keep pharmacy plumbing facilities in good repair.	\$1,000	Final
D101325	Safeway Pharmacy #4832	Pharmacy	22-B DCMR 1908.2-Failure to keep pharmacy clean and in a sanitary condition:(dusty shelves)	\$2,000	Final
D101241	Walgreen Pharmacy #16049	Pharmacy	22-B DCMR 1306.3-Failure to cancel out CSII prescription by drawing the line through the entire prescription order with the date dispensed and initials of person who dispensed the drug	\$2,000	Pending
D101242	CVS Pharmacy #5674	Pharmacy	17 DCMR 6509.3-Unregistered pharmacy intern on duty : Ms. Yewondwosen not registered as an intern	\$2,000	Pending
D101329	New Hampshire Pharmacy	Pharmacy	22-B DCMR 1901.6- Selling or dispensing expired drugs or storing expired drugs with currently dated products	\$2,000	Pending
D101328	Safeway Pharmacy #1395	Pharmacy	22-B DCMR 1908.8-Failure to keep pharmacy plumbing facilities in good repair	\$2,000	Final
D101327	CVS Pharmacy #1362	Pharmacy	22-B DCMR 1901.6-Storing expired drugs with currently dated products	\$2,000	Pending
D101310	CVS Pharmacy #1346	Pharmacy	22-B DCMR 1910.5/22-B DCMR 1910.7/47-2885.09(c) (3)-Failure to have doors capable of being locked; to securely lock the pharmacy; or to restrict pharmacy access to authorized persons.	\$1,000	Pending
D101310	CVS Pharmacy #1346	Pharmacy	22-B DCMR 1908.2-Failure to keep pharmacy clean and in a sanitary condition; i.e. trash on the floor, top section of refrigerator lining debris.	\$2,000	Pending

Health Care Facilities Division

No fines/citations were issued to D. C. hospitals in FY15 or to-date in FY16. The table below reflects fines/citations imposed on nursing homes.

Name of Facility	Type of Facility	Description of Infraction	Citation	Fine	Date Issued	STATUS
Deanwood Rehabilitation and Wellness	Skilled Nursing Facility (SNF)	Failed to comply with the Act of 42 CRF Par 483, Subpart B, Sections 483.1 to 483.75	22 DCMR§3200.1,3206.3, 3207.2, 3207.11, 3210.4, 3211.1, 3211.5, 3217.3, 3219.1, 3220.2, 3234.1. 32453.10, 3246.5, 3254.5 and 3256.1	\$9,500.00		Pending
Deanwood Rehabilitation and Wellness	SNF	As noted above	Civil Monetary Penalty (CMP)	\$131,722.50	7/1/15	Paid
Knollwood HSC	SNF	Failed to ensure that the physician had a current DC license and current DC Controlled substance registration and failed to operate and provide services in compliance with all applicable laws, regulations and codes.	22 DCMR§3207.2 and 3209.2	\$2,000.00	9/1/2015	Pending
Deanwood Rehabilitation and Wellness	SNF	Sufficient nursing time was not given to consistently act on elevated blood glucose levels in accordance with Plan of Care (POC) and failed to	22 DCMR§3211.1	\$2,000.00	9/1/2015	Pending

		document the amount of insulin administered for a resident and sufficient nursing time was not given to consistently record resident blood glucose test results on the Medication Administration Record (MAR) or clinical record.				
Forest Hills of DC	SNF	The charge nurse failed to consult with the RN to ensure that a comprehensive assessment was conducted for a resident with a change in respiratory status and failed to meet the minimum daily average of direct nursing care per resident per day.	22 DCMR§3210.3 and 3211.5	\$2,000.00	9/1/2015	Pending
Bridgepoint Sub-acute and Rehabilitation Nursing Facility	SNF	Failed to prepare food under sanitary conditions, failed to maintain area free of accident hazards, failed to maintain clinical records, failed to maintain resident's call system (call bell in bathroom), failed to provide housekeeping and maintenance services, failed to maintain an effective pest control system, failed to maintain essential equipment, failed to ensure staff development offered nurses training related to respiratory care, the Director of Nursing (DON) failed to ensure	22 DCMR§3219.1 3231.1,3234.1 3245.10, 3256.1, 3257.3, 3258.13, 3214.1, 3208.5, 3211.5, 3215.3 3207.1, 3210.4, and 3211.1	\$15,000.00	11/6/2015	Pending

		<p>that nurses assigned to provide ventilator services were qualified, failed to comply with minimum staff levels, the Medical Director failed to review the total program of care as it relates to weights, labs, wound status, pain and visual function, failed to notify the physician when a ventilator dependent resident demonstrated a compromise in respiratory and failed to initiate a care plan with goals and approaches for visual function, pressure ulcers, failed to notify the physician when there was a change in resident's condition, failed to follow POC, failed to assess and monitor the status of resident who exhibited acute changes.</p>				
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Total Civil Fines: \$30, 500 [FY 2015]

Total CMP Fines: \$131,722.50 [FY 2015]

Civil Monetary Penalty Federal Fines (CMPs)

Civil Monetary Penalties (CMPs) are federal fines imposed on providers that participate in the Centers for Medicare and Medicaid Services (CMS) programs. In 42 CFR 488.442(a) (1) payment for a Civil Monetary penalty issued to a nursing home is due in accordance with [the requirement for Independent Informal Dispute Resolution (IIDR), see below, § 488.431] CMS-imposed penalties and 15 days after the State initiates collection for State-imposed penalties. According to 42 CFR 488.442(a) (2) a Civil Monetary penalty is due 15 days after receipt of a written request from the provider to waive a hearing.

The consequences for facilities that have not entered into a financial agreement with CMS to pay its CMP or have elected not to pay the CMP are subject to further enforcement actions (e.g. termination proceedings).

Q9. Please provide the number of Catheter-Associated Urinary Tract Infections (“CAUTI”), Central Line Associated Blood Stream Infections (“CLABSI”), and any other Hospital Acquired Infection that HRLA tracks for each Washington D.C. area hospital in FY14, FY15, and FY16 to date.

CAUTIs are not required by law to be reported to DOH; therefore, data on these rates are not available. Right now only CLABSIs and Methicillin Resistant Staphylococcus Aureus (MRSA) cases are reportable for acute care hospital facilities. The chart below contains raw numbers and Standardized Infection Ratio (SIR) trend data for CLABSIs for calendar years 2012, 2013 and 2014. Data for calendar years 2015 and 2016 is neither complete nor available for analysis or public dissemination.

CLABSI by DC Acute Care Facility[^]									
FACILITY	Year								
	2012			2013			2014		
	# of cases	# of expected cases	SIR	# of cases	# of expected cases	SIR	# of cases	# of expected cases	SIR
Children's National Medical Center	17	50.819	0.335	11	51.521	0.214	6	55.588	0.108
George Washington University Hospital	30	25.753	1.165	51	31.505	1.619	37	29.670	1.247
Howard University Hospital	25	9.3150	2.684	7	7.2520	0.965	8	6.5790	1.216
MedStar Georgetown University Hospital	21	29.119	0.721	11	26.469	0.416	22	27.406	0.803
MedStar Washington Hospital Center	25	39.594	0.631	22	38.880	0.566	31	56.844	0.545
Providence Hospital	7	6.8380	1.204	8	7.2840	1.098	11	8.2270	1.337
Sibley Memorial Hospital	5	5.5370	0.903	11	5.3110	2.071	6	6.9880	0.859
United Medical Center	2	2.2400	0.957	0	2.4830	0.084	0	2.540	0.079

[^]NHSN data current as of January 19, 2016 and reported for a 12-month period unless specified otherwise

*Data only reported for a 3-month period during the specified year

Q10. How many professional licenses were issued in FY15 and to date in FY16? Please provide information for each health profession and a breakdown by new and renewal license type.

License Issued Report FY15		License Issued Report FY16	
New	Renewed	New	Renewed
10,703	34,514	2,560	9,996

Boards	License Type	Licenses Issued FY 2015		License Report For FY 2016	
		New	Renewed	New	Renewed
MEDICINE	MEDICINE AND SURGERY	808	8925	193	0
	OSTEOPATHY AND SURGERY	38	187	6	0
	PHYSICIAN ASSISTANT	89	555	34	0
	ACUPUNCTURIST	21	144	12	0
	ANESTHESIOLOGIST ASSISTANT	9	35	4	0
	NATUROPATH PHYSICIAN	8	34	2	0
	SURGICAL ASSISTANT	15	100	5	0
	POLYSOMNOGRAPHIC TECHNOLOGIST	16	54	5	0
	POLYSOMNOGRAPHIC TECHNICIAN	0	0	0	0
	POLYSOMNOGRAPHIC TRAINEE	4	0	1	0
	MEDICAL TRAINING LICENSE I(A)	491	742	37	0
	MEDICAL TRAINING LICENSE I(B)	129	254	5	0
	MEDICAL TRAINING LICENSE II	20	11	1	0
	MEDICAL TRAINING REGISTRANT	173	0	50	0
Total		1,821	11,041	355	0
CHIROPRACTIC	CHIROPRACTOR	17	79	4	0
	ANCILLARY PROCEDURES – PT	13	56	4	0
Total		30	135	8	0
MARRIAGE AND FAMILY THERAPY	LICENSED MARRIAGE AND FAMILY THERAPIST	7	129	2	0
Total		7	129	2	0
AUDIOLOGY	SPEECH-LANGUAGE PATHOLOGIST	123	507	31	0
	AUDIOLOGIST	20	84	2	0
Total		143	591	33	0
NURSING HOME ADMIN	NURSING HOME ADMINISTRATOR		0		0

*Department of Health
FY15 Oversight Questions*

Total					
Nursing	LICENSED PRACTICAL NURSE	165	2209	42	12
	REGISTERED NURSE	3614	42	680	790
	REGISTERED NURSE ANESTHETIST	24	4	12	15
	NURSE PRACTITIONER	242	4	68	66
	CERTIFIED NURSE MIDWIFE	18	0	3	5
	CLINICAL NURSE SPECIALIST	6	0	5	7
	TRAINED MEDICATION EMPLOYEE	406	308	160	761
	NURSE STAFFING AGENCY	21	126	4	26
	HOME HEALTH AIDE	659	3749	224	3590
Total		5,155	6,442	1,198	5,272
PODIATRIST	PODIATRIST	12	0	5	26
Total		12	0	5	26
DENTISTRY	DENTIST	89	0	27	1211
	DENTAL HYGIENIST	34	0	11	481
	LOCAL ANESTHESIA AND NITROUS OXIDE	4	0	0	481
	LOCAL ANESTHESIA	18	0	5	0
	DENTAL ASSISTANT	95	0	40	905
Total		240	0	83	3,078
PHARMACY	PHARMACIST	202	1576	36	0
	PHARMACIST INTERN	298	0	37	0
	PHARMACEUTICAL DETAILERS	217	5	51	245
	VACCINATION AND IMMUNIZATION AGENT	107	350	29	0
Total		824	1,931	153	245
SOCIAL WORK	SOCIAL WORK ASSOCIATE	6	77	1	0
	GRADUATE SOCIAL WORKER	322	1071	79	0
	INDEPENDENT SOCIAL WORKER		52		0
	IND CLINICAL SOCIAL WORKER	266	2753	83	0
Total		594	3,953	163	0
DANCE THERAPY	DANCE THERAPIST	0		0	
Total					
RECREATION THERAPY	RECREATION THERAPIST	8	0	0	10
Total		8	0	0	10
PROFESSIONAL COUNSELING	LICENSED PROFESSIONAL COUNSELOR	122	861	23	0
	CERTIFIED ADDICTION COUNSELOR I	6	103	1	0
	CERTIFIED ADDICTION COUNSELOR II	20	160	2	0

*Department of Health
FY15 Oversight Questions*

Total		148	1,124	26	0
RESPIRATORY CARE	RESPIRATORY CARE PRACTITIONER	58	663	27	1
Total		58	663	27	1
MASSAGE THERAPY	MASSAGE THERAPIST	106	629	28	2
Total		106	629	28	2
PHYSICAL THERAPY	PHYSICAL THERAPIST	117	863	52	0
	PHYSICAL THERAPIST ASSISTANT	15	46	5	0
Total		132	909	57	0
PSYCHOLOGY	PSYCHOLOGIST	66	1	19	1,103
	PSYCHOLOGY ASSOCIATE	28	0	15	9
Total		94	1	34	1,112
OCCUPATIONAL THERAPY	OCCUPATIONAL THERAPIST	81	462	24	0
	OCCUPATION THERAPY ASSISTANT	15	5	5	0
Total		96	467	29	0
DIETETICS and NUTRITION	DIETICIAN	75	64	25	164
	NUTRITIONIST	12	8	1	21
Total		87	72	26	185
OPTOMETRY	OPTOMETRIST	24	0	11	31
	DIAGNOSTIC PHARMACY AGENT	24	0	12	21
	THERAPEUTIC PHARMACY AGENT	24	0	13	23
Total		72	0	36	75
Pharmaceutical Control	CONTROLLED SUBSTANCE	752	6,096	186	7,034
	CONTROLLED SUBSTANCE – NP	189	21	64	274
	CONTROLLED SUBSTANCE – PA	84	310	37	431
Total		1,025	6,427	287	7,739
VETERINARY	VETERINARIAN	51	0	10	175
Total		51	0	10	175
Grand Total		<u>10,703</u>	<u>34,514</u>	<u>2,560</u>	<u>9,996</u>

Q11. How many fines were assessed against health professionals during in FY15 and to date in FY16?

Please indicate:

The total amount of all fines;

The number and amount of fines for each board; and

A brief description of the offense determining the fine.

FY2015 Fines Against Health Professionals

Total Amount	Number of Fines	Board	Description
\$18,950	9	Medicine	<ul style="list-style-type: none"> • Supervision of unlicensed professionals • Poor record keeping • Failure to report criminal activity • Malpractice • Failure to update physician profile • Failure to inform Board of another state's action • Failure to comply with continuing education requirements
\$12,150	27	Pharmacy	<ul style="list-style-type: none"> • Complaint to the Board-Refusal to and or/ delayed the transfer of prescription to another pharmacy • Failure to complete continuing education • Failure to disclose a previous arrest/conviction on application
\$12,152	30	Allied & Behavioral Health	<ul style="list-style-type: none"> • BABH issued 30 fines for unlicensed practice, supervision of unlicensed professionals, not reporting criminal activity, and failure to comply with continuing education requirements
\$0	0	Veterinary Medicine	
\$5,200	1	Dentistry	<ul style="list-style-type: none"> • Standard of care issues
\$2,600	15	Nursing	<ul style="list-style-type: none"> • Continuing education non-compliance

FY2016 Fines Against Health Professionals

Total Amount	Number of Fines	Board	Description
\$0	0	Medicine	
\$2,150	5	Pharmacy	<ul style="list-style-type: none"> • Failure to disclose a previous arrest/conviction on application • Unlicensed Practice
\$9,338	15	Allied & Behavioral Health	<ul style="list-style-type: none"> • BABH issued 15 fines for unlicensed practice, supervision of unlicensed professionals, not reporting criminal activity, and failure to comply with continuing education requirements
\$0	0	Veterinary Medicine	
\$3,200	1	Dentistry	<ul style="list-style-type: none"> • Standard of care issues
\$3,100	11	Nursing	<ul style="list-style-type: none"> • Discipline/ Continuing education non-compliance

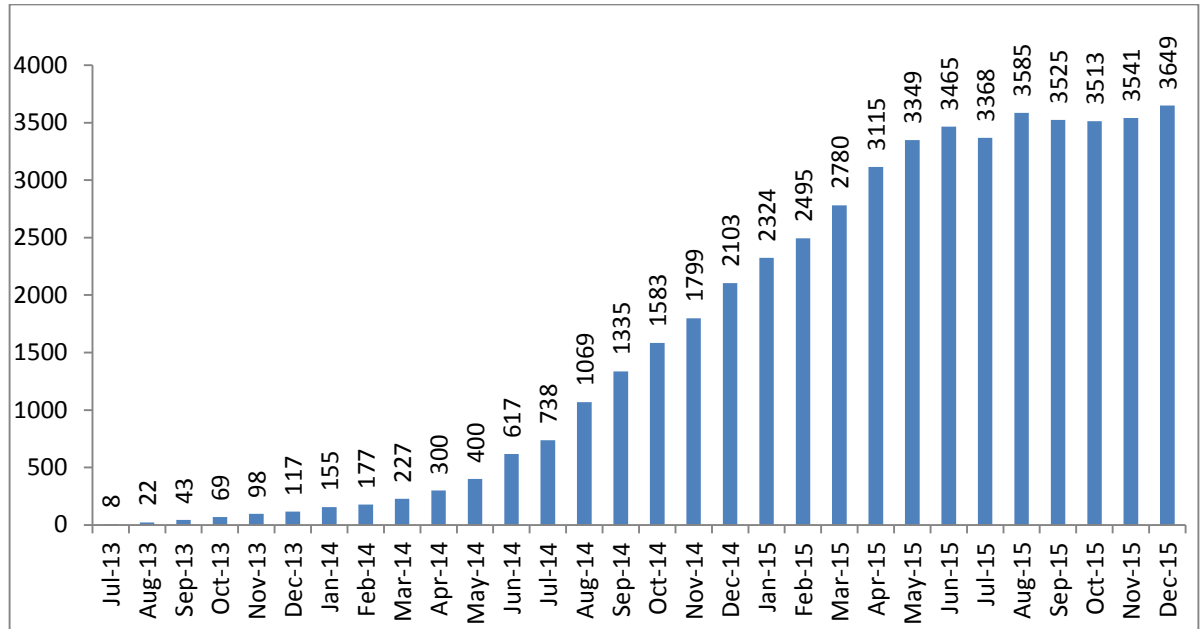
Q12. Does the Department of Health have any proposed legislation that would allow participating in the NGI Rap Back Program?

The Department of Health is currently exploring the feasibility of pursuing the Next Generation Identification (NGI) Rap Back Program. The development of any proposed legislation has been placed on-hold until further notice.

Medical Marijuana

Q13. Please provide a graph charting the growth of number of patients in the medical marijuana program.

Medical Marijuana Program Patient Growth



Q14. How many applications have been received in FY16 to date? Is the program shrinking or growing? Why?

The Health Regulation and Licensing Administration (HRLA) has received 962 applications in FY16 (October 1, 2015 until January 20, 2016). The Medical Marijuana Program is growing, averaging 276 applicants per month over the past 12 calendar months. After a patient is issued a Medical Marijuana card HRLA does not have the ability to determine if they actually acquire Medical Marijuana monthly or intermittently. Additionally, HRLA would not know if a patient no longer participated in the program because they no longer reside in the District or obtain marijuana from other sources such as home growth.

Q15. What is the average time it takes to process a patient application for medical marijuana?

It typically takes three to five business days to process a patient application for Medical Marijuana if the application has all the required documentation. Delays in processing time occur for various reasons. For example, a physician recommendation may not been submitted or updated, the patient may submit an out-of-state driver's license, a P.O. Box number or an expired lease or rental agreement as proof of residency. Such documentation fails to establish sufficient proof of District residency.

Q16. Please provide the Department of Health's projections for growth in the Medical Marijuana Program.

The Department of Health expects the Program to continue to grow; averaging 266 applications per month over the past 12 calendar months.

Q17. The District has the highest prices in the country, with \$25 grams being common and patients paying upwards of \$27 per gram of most costly strains. What steps are being taken by the Department of Health to encourage the availability of affordable medicine and to bring the district prices in line with the national average?

The Department of Health does not regulate medical marijuana dispensary prices. These prices are determined by the dispensaries, independent of the Department of Health.

A sliding fee is statutorily authorized by D.C. Official Code § 7-1671.05(10) which requires each dispensary to devote a percentage of its gross revenue to provide medical marijuana to qualifying patients on a sliding scale. The dispensary percentage is set by regulation as 2%; the regulations define patients qualifying for the sliding scale as those having income equal or less than 200% of the Federal Poverty Level; a qualifying patient can buy for 20% off of the dispensary's regular retail price. See 22C DCMR § 6300.

The issue of DC high prices is a function of market forces separate and apart from the sliding scale.

Nursing Homes

Q18. Please provide numbers on how many D.C. nursing homes were cited for deficiencies in FY13, FY14, FY15, and FY16 to date. Please provide a description of the deficiency.

There are 19 nursing homes in the District of Columbia. Each of the 19 nursing homes were cited with deficiencies during fiscal years 13, 14 and 15. For FY 2016, a total of five (5) annual recertification and licensure surveys have been conducted, specifically BridgePoint Subacute & Rehab Hadley, United Medical Nursing Center, Transitions Healthcare Capitol City and Stoddard Baptist Nursing Home. Each of the facilities surveyed during FY 2016 were cited with deficiencies.

	Nursing Home	Ward	Cited for Deficiencies (Y) Yes			
			FY13	FY14	FY15	FY16
1.	BridgePoint Subacute and Rehabilitation at Capitol Hill	6	Y	Y	Y	Y
2.	Carroll Manor Nursing and Rehabilitation Center	5	Y	Y	Y	Y
3.	Deanwood Rehabilitation and Wellness Center	7	Y	Y	Y	Y
4.	BridgePoint Subacute and Rehabilitation - Hadley	8	Y	Y	Y	Y
5.	Brinton Woods Health & Rehabilitation Center of Washington DC	8	Y	Y	Y	Y
6.	Unique Residential Care Center	2	Y	Y	Y	Y
7.	Jeanne Jugan Residence	5	Y	Y	Y	Y
8.	Knollwood HSC	6	Y	Y	Y	Y
9.	Lisner Louise Home	3	Y	Y	Y	Y
10.	Ingleside Presbyterian Retirement Home	3	Y	Y	Y	Y
11.	Brinton Woods Health and Rehabilitation Center at Dupont Circle	2	Y	Y	Y	Y
12.	Sibley Memorial Hospital -The Renaissance Unit	3	Y	Y	Y	Y
13.	Stoddard Baptist Nursing Home	1	Y	Y	Y	Y
14.	Forest Hills of DC	3	Y	Y	Y	Y
15.	The Washington Home	3	Y	Y	Y	Y
16.	Health and Rehabilitation Center at Thomas Circle	2	Y	Y	Y	Y
17.	Washington Center for Aging Services	5	Y	Y	Y	Y
18.	Transitions Healthcare Capitol City	8	Y	Y	Y	Y
19.	United Medical Nursing Center	8	Y	Y	Y	Y

Below are the seventeen (17) most frequently cited deficiencies for the period of 2013 to January 2016. The citations are categorized by Federal Regulatory Groups for Long Term Care Facilities.

CITATION TAG	DEFICIENCY CATEGORY	DEFICIENCY DESCRIPTION
<u>Resident Rights</u>		
F157		Notification of changes – failure to notify physician and/or responsible party regarding changes in resident status.
<u>Quality of Life</u>		
F241		Dignity – failure to maintain resident privacy – failure to knock before entering, providing medical services (medications, examinations) in common areas in site of others, labeling of clothing indiscreetly.
F253		Housekeeping and maintenance – damaged cabinetry, clogged faucets, inoperable sink harpers, marred, scarred surfaces, damaged blinds and curtains, broken light fixtures.
F309		Provide care and services for highest well being – failure to assess and monitor changes in status; administer treatments as prescribed, adequately manage pain, follow physician orders.
F314		Treatment and services to prevent/heal pressure ulcer – failure to assess and monitor skin status, implement measures for wound prevention and proper management wounds.
F323		Accident hazards, supervision and devices – failure to provide safe smoking practices, fall prevention measures, excessive hot water temperature, environmental safety.
F328		Treatment and care for special needs – failure adequately manage ventilator dependent residents, meet the needs of residents with respiratory disorders and effectively manage enteral nutrition
F329		Free from unnecessary drugs – failure to reduce the use of psychotropic medications; administration of medications that were discontinued or not prescribed.
<u>Dietary Services</u>		
F371		Food procurement, storage/preparation/serve under sanitary conditions – foods stored beyond expiration date or stored in a manner that may not prevent cross contamination.

<u>Physician Services</u>		
F386		Physician visits – failed to review the total program of care for residents.
<u>Pharmacy Services</u>		
F431		Medication storage – failure to ensure refrigerated medications are stored at proper temperatures and annotate open date for multiuse medications.
<u>Infection Control</u>		
F441		Infection Control – failure to practice accepted standards of infection control practices such as hand hygiene, tracking of infections, wound treatments that resulted in cross contamination.
<u>Physical Environment</u>		
F456		Essential equipment in safe operating condition – Glucometers and electronic vital sign assessment devices that were not calibrated, weight scales inaccurate, inadequate dish machine and wash machine temperatures.
<u>Administration</u>		
F514		Resident records – complete accurate and accessible – failure to accurately transcribe orders, failure to document resident status and progress, specialty consultation records and diagnostic records not accessible on active clinical record.
<u>Resident Assessment</u>		
F272		Comprehensive assessment – failure to accurately code Minimum Data Set [MDS] assessment
F279		Develop comprehensive care plans – failure to develop care plan to meet the individual needs of residents.
F280		Revise care plans – failure to modify care plans according to resident status

Q19. Please provide numbers on how many D.C. nursing homes were cited for repeat deficiencies (cited for the same deficiency in consecutive years).

A total of 19 nursing homes in the District of Columbia were identified with at least one (1) repeat deficiency for the review period of FY 2013 through FY 15 and/or present.

Q20. Please detail potential penalties for failure to correct repeat deficiencies.

Potential penalties for nursing homes who fail to meet substantial compliance are levied in the form of **Civil Monetary Penalties** [CMPs] and **Notice of Infractions** [NOIs].

Civil Monetary Penalties

Pursuant to 42 CFR Part 488, The Centers for Medicare & Medicaid Services [CMS] imposes and collects **Civil Monetary Penalties** [CMP] when nursing homes are not in compliance with federal participation requirements in accordance with Section 6111 of the Affordable Care Act 2010 [CMS Survey & Certification Letter 11-16 NH]. CMS utilizes State Operations Manual Chapter 7, Sections §7510 – 7530 to determine the basis for imposing CMPs. Examples for the imposition of a CMP includes but are not limited to circumstances such as when an immediate jeopardy exists, when substandard quality of care is identified or when noncompliance results in a negative outcome.

In the District of Columbia, for the period of Fiscal Years 2013 – 2015 a total of **\$599,137.50** was collected in CMP fines associated with nursing home recertification surveys.

Notice of Infraction

Pursuant to Title 16 of the District of Columbia Municipal Regulations [DCMR], Chapter 36, Section §3607, civil infraction fines are levied against providers that fail to comply with nursing home regulatory requirements. The District of Columbia has the ability to increase the fine for **repeated noncompliance**, which is a potential penalty for failure to correct repeat deficiencies.

A total of **\$30,500.00** was collected in Notice of Infraction fines [NOIs] associated with nursing home licensure surveys conducted during FY 2015.

Assisted Living Residences

Q21. Please provide a list of complaints and fines associated with Grand Oaks Assisted Living Facility.

Date Rec'd	Complainant	Allegation(s)	Investigation initiated	Case Disposition	Enforcement Action Taken	Date Closed
May 21, 2011	WS	Property Destruction Staff not wearing identification badges Family heirloom lost Closet rail broken HRLA to contact his principle in NYC to sign a lease to move.	5/23/2011-5/25/2011 with annual survey	Unable to substantiate Not in our jurisdiction	None	May 25, 2011
August 29, 2013	CS	Electrical Fire	9/7/2013-9/19/2013	Substantiated	None	September 19, 2013
January 30, 2014	JC	Medication Administration Errors	2/3/2014 desk investigation Follow-up 5/19/2014-06/04/2014 in conjunction with annual survey	Partially Substantiated	None	June 4, 2014
August 29, 2013	CS	Electrical Fire	9/7/2013-9/19/2013	Substantiated	None	September 19, 2013

April 28, 2014	W	Spoiled Food	4/28/2014 and 5/8/2014	Unsubstantiated	None	May 8, 2014
March 24, 2014	AR	Inability to contact Grand Oaks nurse on site during evenings and weekends; Resident's Rights to Self –Medicate Medication Administration Errors	05/07/2014-06/04/2014 in conjunction with annual survey 05/07/2014-06/04/2014 in conjunction with annual survey 05/07/2014-06/04/2014 in conjunction with annual survey	Unsubstantiated, lack of sufficient evidence Substantiated, deficiencies cited Substantiated, deficiencies cited and referred to BON	None	June 4, 2014
November 18, 2014	JG	Residents' requested to Involuntarily Discharge a resident due to unsanitary conditions	11/20/15 desk investigation 4/27/2015-5/8/2015 follow-up in conjunction with annual survey Revisit- 8/6/2015	Unsubstantiated, Lack of sufficient evidence	NOI issued - #D101012 for \$1,000.00-unrelated to complaint	August 6, 2015
October 26, 2015	SR	Residents' requested to Involuntarily Discharge a resident due to unsanitary conditions	Resident died 11/18/2015	Environmental concerns will continue to be monitored during the survey process	None	November 18, 2015

Additional Questions

Q22. What has HRLA identified as areas of importance for the remainder of FY16 and for FY17?

Streamlining Application Processing

This will entail exploring the feasibility of establishing online applications and payment methods for all health professional and non-professional applicants to the District of Columbia. For example, the Food Safety & Hygiene Inspection Services Division (FSHISD) understands the challenges faced by those working in the food services industry to find time to conduct business or submit plans for review during DOH service hours. An online application portal will result in a more efficient operation and yield an improved customer experience.

Conduct Off-hour (night/weekend) Inspections

There is a critical need to inspect food establishments that are not open during the Department of Health's normal tour of duty hours of 8:15am – 4:45pm, Monday – Friday.

Based on current information, there are approximately 500 licensed businesses that operate outside of the Department's normal office hours. These businesses include but are not limited to, night clubs, farmers markets and food establishments that only offer evening/dinner service. Due to the nature of these establishments generally opening at or after 5:00 p.m. or only on weekends, it is challenging for an inspection to be conducted during the standard tour of duty hours.

Acquire and Utilize Technology

The Administration will seek to equip facility surveyors with portable tablets to aide in conducting their off-site inspections.