DCRA EXHIBIT C (2)

On January 31, 2013, [redacted], a female resident of 225 56th Pl., N.E., was interviewed alone in her room. The following is a synopsis of her interview:

- [redacted] stated that she did not receive HHA services. She was unable to state her date of birth; however, she believed she was born "sometime in 1936." When she was asked about the incontinent pads ("chuks") that were scattered across her bedroom floor, she indicated that she had placed them there herself to protect the carpet.

- [redacted] stated that she could not recall how long she had been living at this home but it had been "quite a while." She was referred to the facility by a hospital; however, she was unable to offer the name of the hospital or a contact person. She indicated she had grown children who "used to come visit but don't come no more."

- [redacted] stated that she "used to pay rent but not any more." When asked if she handled her own checks and money, she replied "I think they take it" (the check). "The landlord (Rosemary) takes it all. If I have a dollar, they want to know where I got it." She further stated that she was not given an allowance for small purchases.

- When asked about going out into the community, she replied "they don't let me out by myself; I might get hit by a car." When asked who accompanied her on outings, she replied "nobody takes me out."

- When asked about medications, [redacted] stated that "a man brings it here. I don't know what (medications) they give me. A bunch of stuff…a pink pill for stool and a little white pill…a tall girl downstairs, Mercy gives me" the medications.

- When asked about cooking meals, she replied "they don't want me to. They tell me to sit down. They cook for everybody."

- She complained that sometimes she "can't sleep because people pick on me, call me whore, prostitute." Further interview, however, revealed that someone else played loud music that contained such lyrics during night time hours. Overall, her mental status appeared confused and somewhat disoriented.

On January 31, 2013 [redacted] year old male was interviewed in his bedroom, sitting in a wheelchair. During the interview, M[redacted] HHA was observed with him. The following is a synopsis of his interview:

- [redacted] stated that he had lived at 225 56th Pl., N.E. for approximately three years. He was referred to the facility by St. Thomas Moore Nursing home and Zachary Gray was the contact person. He had 2 brothers and other family members in Atlanta, Georgia.

- [redacted] stated that he had signed lease papers to stay on a month to month basis. When asked if he had a copy of the papers, he replied no.

- stated that he received HHA services daily to assist with bathing, dressing, medication reminders, laundry, shopping, cooking, and fall prevention. A nurse came to visit him at least once a month to check vital signs and to see if there had been any changes in his medication regimen. He received monthly medications in blister packs from Morton pharmacy, which he managed independently.

- When asked about finances, Mr. n stated that Rosemary (owner) gave him $300.00 a month for purchasing basic necessities such as deodorant, toothpaste, toothbrush, clothes, groceries, a phone card for his cell phone, etc. He stated that he would like to talk with his family more often, but did not have enough money to purchase more cell phone minutes. He stated that his monthly checks had never been mailed to him directly. The checks always went to the Rosemary and she never showed him the checks. He guessed that she was the representative payee. n then stated "make no mistake, I did not authorize for Rosemary to be my representative payee." He said that he had never gone to a Social Security office with Rosemary or filled out papers making her his representative payee. Some time ago (time unknown) he called social security to inquire about his statements and was told that he did not have to worry about it because Rosemary was handling it. He believed that the total amount of his monthly check was $1,776.00, but was unsure. He stated that the rent for his room was $1,476.00 and the balance of $300.00 came to him. He then stated that he would like to manage his own finances and that he would like for his checks to come to him directly. With a worried look on his face, he said he never asked Rosemary about his checks because he was afraid of being evicted. He added that Rosemary made sure that he was away from the facility when monitors visited the home.

It should be noted that out of the eight residents interviewe and Mr. ere the only residents who showed some capacity to manage their own finances.

OC revealed diagnoses that included hypertension, hypercholesterolemia, end stage renal disease and cardiopulmonary artery disease. The RN visited every month for assessment of all systems and supervision of HHA. The HHA services were ordered for 12 hours daily, 4 days a week for months and 6hrs daily for 3 days a week for 6 months. The POC also reflected that "lives in a group home which is staffed 24/7."

s medication regimen included the following:

Medication/treatment	Route	Dose	Reason
Metoprolol	by mouth	25 mg twice daily	Hypertension
Gabapentin	by mouth	100 mg twice daily	Seizures
Plavix	by mouth	75 mg four times daily	Stroke
Seroquel	by mouth	300 mg daily	Schizophrenia
Lisinopril	by mouth	5 mg	hypertension
Pravastatin	by mouth	20 mg daily	Hyperlipidemia

Xibrom 0.09% Oph solution	Rt. eye	1 drop four times daily	Inflammation
Prednisolone	Rt. eye	1% four times daily	Severe inflammation, immunosuppression

On January 31, 2013, at approximately 1:20 p.m., there was no answer after repeated knocks at the front of the home located at 5033 North Capitol St., N.E. Moments later, there was no answer at the back door. The interior of the facility appeared to be undergoing renovations. The team left after determining that the facility was likely vacant at the time.

On January 31, 2013, inspectors arrived at the home located 4910 1st St., N.W. At the time of the inspection, there were two residents and two HHAs in the home.

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On January 31, 2013, [redacted], a 56 year old male resident of 4910 1st St., N.W., was interviewed in his bedroom, lying in his bed. At the time of the interview, [redacted]'s HHA was with him. The following is a synopsis of his interview:

- [redacted]ll stated that he had lived there for approximately four years. He was referred to the facility by a social worker from the VA hospital (could not recall the name). He stated that he had 7 sisters and brothers; one brother came to see him "sometimes." In the past, [redacted] worked at the VA hospital as a cook and used to serve in the military. It was noted that he repeated that statement after each question, throughout the interview process.

- [redacted] was not able to articulate what type of services he received from his HHA. He did state however, that the HHA cooked and prepared his food. He was unable to recall the name of the HHA's, who was present at that moment.

- [redacted]ated that he took his own medications, including insulin injections, with reminders from his HHA. The medications were mailed to him and they were kept on top of his dresser. HHA assisted him with setting up the glucometer but he performed his own finger sticks.

- [redacted]l stated that his money was deposited into his bank account and Rosemary (owner) took money out for rent. There was no current bank statement available for review. When asked if he had gone to a social security office with Rosemary to sign papers authorizing her to be his representative payee, he replied that he was not sure.

- [redacted]ll stated he had a food stamp card which the HHA used for purchasing groceries. He stated that it was hard for him to ambulate due to severe back pain.

Salome Ngoh, HHA for [redacted]ll, was interviewed on January 31, 2013, at approximately 1:40 p.m. The following is a synopsis of her interview:

- Ms. Ngoh stated that she worked for T&N Reliable home care agency. She had been working with [redacted] or approximately 2 years. She stated that she did not know how [redacted] was referred to the facility.

- Ms. Ngoh stated that her duties and responsibilities consisted of preparing food, cleaning the room, bathroom, laundry, medication reminders (such as checking his own blood sugar levels), making appointments, escorting him on medical appointments and assisting with other activities of daily living. An RN visited at least once a month to supervise her and to assess vital signs and [redacted]ll's medication regimen.

- Ms. Ngoh stated that [redacted]ull was a diabetic. She confirmed that she purchased his food with a food stamp card and th[redacted] performed his own finger sticks and took his own insulin. She helped maintain records of his blood sugar readings.

Review of M[redacted] POC revealed diagnoses that included hypertension, unsteady gait, history of stroke and back pain. The POC reflected that an RN visited every month for assessment of all systems and supervision of HHA. HHA services were ordered for 8 hours daily, 7 days a week for 6 months. The POC also reflected th[redacted] "lives in a group home and it is staffed 24 hours a day. There is a phone in the home to call in case of emergency."

[redacted] medication regimen included the following:

Medication/treatment	Route	Dose	Reason
Hctz	by mouth	12.5 mg daily	Hypertension
Amlodipine	by month	10 mg daily	Hypertension
Thiamine	by mouth	100 mg daily	RDA
Atenolol	by mouth	50 mg daily	Hypertension
Insulin Glargine	by mouth	25 units subcut every morning	Diabetes
Tramadol	by mouth	50 mg three times a day	Pain
Clonidine Patch	Topical	0.2 mg every Friday	Blood Pressure

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On January 31, 2013, at approximately 1:35 p.m., [redacted], a male resident of 4910 1st St., N.E., was interviewed while sitting in the living room. His HHA was present at the time. The following is a synopsis of his interview:

- [redacted] stated that he had lived there for approximately 8 months. He stated that he spent approximately 3 months in St. Thomas Moore Nursing and Rehabilitation Center.

Upon his discharge from St. Thomas Moore, he spent approximately "2 weeks at another place before they brought me here." [illegible]n stated that he had family in Florida.

- At first, [illegible] stated that he did not receive any help or care at this facility. He stated that he could cook. Moments later, however, he stated that "a lady cooks" his meals. His HHA, a male, who was present at that moment confirmed that another HHA, a female (Salome Ngoh) cooked meals f[illegible].

- [illegible] stated that his legal guardian and a nurse ("Sandy") from the VA hospital "handle the medications." When asked, he did not know why he was prescribed medications. When his HHA said the medications were only recently prescribed, following a hospital visit on January 3, 2013 [illegible] stated that he did not recall why he had gone to the hospital. He added that he was often forgetful.

- [illegible]n stated that his money was handled by the legal guardian, who paid rent on his behalf to the owner, Rosemary. Prior to approximately 9 months ago, he used to receive $543 every month. He stated that he could not recall the last time he had spending money and he did not receive an allowance.

Sal Lebbie, HHA fo[illegible]n, was interviewed on January 31, 2013, at approximately 1:45 p.m. The following is a synopsis of his interview:

- Mr. Lebbie stated that he worked for KBC Nursing Agency. He said [illegible] went to the hospital on January 3, 2013, because he was not feeling well. At the time, he was not taking aspirin. Daily aspirins were initiated during that hospitalization for pain management.

- Mr. Lebbie stated that his duties and responsibilities consisted of making sure that Mr. [illegible] took his medications, ask him if he remembered to apply ointment to his legs, taking him to medical appointments. and applying ear drops 2 or 3 times weekly to prevent build-up of wax in M[illegible]s ears. He confirmed that Salome Ngoh did the cooking. He added that he called the legal guardian if there was any need and provided contact information for the guardian: [illegible], o[illegible]. Mr. Lebbie added that the guardian had recently given him $30.00 for spending money.

L[illegible] was interviewed by telephone on March 5, 2013, at 12:20 p.m. The following is a synopsis of his interview:

- [illegible] confirmed that in December 2010, he was appointed by a court to serve as Mr. [illegible] legal guardian. His Maryland Medicaid ended and he was being discharged from the St. Thomas Moore nursing home. He described how the owner of Senior Dwelling, Ms. Ogbenna, offered to take [illegible] in and assist him with obtaining District supports such as food stamps and Medicaid-funded home care services. According to [illegible]n's case notes, Ms. Ogbenna referred to the home at 4910 1st St., N.W., as "an Assisted Living Facility" when he was admitted on January 24, 2012.

- ı confirmed that ı had been hospitalized. He was discharged from the hospital on January 3, 2013. with new prescriptions for an anti-depressant and aspirin for pain management. stated that ı was incorrect in his recollection; he came directly from the nursing home to his current residence. He confirmed however, that had family in Florida. He also confirmed that his memory was unreliable. In his opinion however, n was oriented to time and place.

- According to n, Ms. Ogbenna threatened to evict i were to remove her as the representative payee with Social Security and take on that responsibility himself. He questioned Ms. Ogbenna's refusal to give n a monthly personal allowance. It was his understanding that should receive $70.00 a month. At this point, the only spending money he received was $30.00 from wallet. In addition, according to n, the St. Thomas Moore nursing home had, unknown to him, given his client's $1,500.00 burial fund to Senior Dwelling upon transfere. When ı isked for the burial fund to reinvest on behalf, Ms. Ogbenna allegedly stated "we don't have it."

n was an year old male with diagnoses that included debility NOS, hearing loss NOS, malignant hypertensive heart disease without heart failure, and dermatophytosis of nail. Mı s POC dated December 8, 2012, reflected that an RN visited once or twice per month for assessment of all systems, including vital signs and response to medication, review diet and instruct on medications, assess medication and diet compliance and supervision of personal care aides (PCAs). PCA services were ordered for 6 hours daily, 7 days a week for 6 months to assist with personal care and activities of daily living, including "complete bath, care for hair and nails, oral hygiene, foot care, assist with dressing and grooming, make bed and change linens. Assist with feeding, encourage fluids, change and reposition, straighten patient's room and PCA may accompany patient to doctor appointment." The POC also stated that ved "alone in his apartment...has an aunt who...visits once a week... has right sided weakness as a result of past CVA...has abnormal gait...and is unable to independently perform his ADL and IADL... oriented, forgetful" and had a court appointed legal guardian. It was noted that his POC indicated that he was not prescribed medications.

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Mercy Udeh, Resident Director for 223-225 56th PL, N.E., was interviewed on January 31, 2013, at 11:05 a.m. and again at approximately 12:20 p.m. The following is a synopsis of her interview:

- Ms. Udeh stated that she had been an employee of Senior Dwelling since "mid-2012." She reported directly to the owner, Rosemary Ogbenna. Initially she stated no health certificate had been sought at time of hire. However, prior to the team's departure, she stated that she had indeed obtained a physical when she was hired.

April Brent, Social Worker for St. Thomas Moore Nursing Home in Maryland was interviewed by telephone on March 5, 2013, beginning at 2:42 p.m. The following is a synopsis of her interview:

- According to Ms. Brent, Ms. Ogbenna came to St. Thomas Moore soliciting business for her "group home." She stated that Ms. Ogbenna provided her with applications and brochures. Ms. Ogbenna reportedly stated that she served persons who were mostly independent and that she could provide "some medication management." Ms. Brent defined medication management as making sure that prescriptions were filled, residents were taking the prescribed medications and that they were not taking expired medications. Following Ms. Ogbenna's visit, Ms. Brent determined that Senior Dwelling was licensed as a rooming house.

Terry Onderick, Social Worker for the Geriatric Care Unit of the VA hospital in Washington D.C., was interviewed by telephone on March 5, 2013, beginning at 3:10 p.m. The following is a synopsis of his interview:

- Mr. Onderick stated that he was not familiar with Senior Dwelling. He often referred his patients to "independent living apartments." When asked to describe services and supports typically needed for patients seeking placement in assisted living residences (ALRs), he said the individual typically would be largely independent yet need "supervision and medication management." When asked to expand on this, Mr. Onderick said an ALR would be appropriate for persons who might "wander off, who need reminders to take their medications, or need help with meal preparation."

Vera Oberg, Director of Nursing for T&N Reliable home care agency was interviewed by telephone on March 7, 2013, beginning at 11:47a.m. The following is a synopsis of her interview:

- Ms. Oberg stated that when she first visited the home, she thought "this doesn't like a regular apartment or home." She was later told, however, that the home was for "independent living" residents. The residents went shopping with their HHAs. Residents rented their rooms, which they cleaned with assistance from their HHAs. When asked who provided supports after the shift ended and the HHA left the home, she replied that Ms. Ogbenna had informed her "she has a sitter... contact her for anything." When asked if the residents could function independently without their HHA present, she replied of course not; that's why they live in that facility.

- Ms. Oberg confirmed that one of their HHAs assisted [redacted]. In describing "medication management," Ms. Oberg stated that the HHA can pick up prescriptions from a pharmacy and bring them to the home. The HHA, was not however, allowed to administer medications. She then referred the investigators to Rosemary, saying she could better tell us what happened with medication management within the home. She then added that she had not visited the home since [redacted] me there.

CONCLUSION

The allegations that Senior Dwelling was operating beyond the scope of a rooming house, including the provision of health-related services was substantiated , based on the findings of this preliminary investigation, as follows:

- The owner of Senior Dwelling, Rosemary Ogbenna, reportedly did not present her business to community health care providers as "rooming house." Instead, she presented her business to at least one nursing home and two home care agencies as "group homes" with 24 hour staffing.

- According to [redacted]'s case notes, Ms. Ogbenna said the home at 4910 1st St., N.W., was "an Assisted Living" facility. A social worker at the VA hospital said assisted living residents required "supervision and medication management" [redacted] view of the DOH/HRLA professional license online database failed to show evidence that Ms. Udeh was licensed to dispense or administer medications in the District of Columbia.

- [redacted] expressed his strong disapproval and insisted that he never authorized her to become his representative payee [redacted] gan's legal guardian, M [redacted] was told that [redacted] an would be evicted if [redacted] in where to remove Ms. Ogbenna as the representative payee and take on that responsibility himself. Out of the eight clients interviewed, only Mr. [redacted] indicated that he received a monthly personal allowance. Also, Mr. [redacted] n alleged that [redacted] i's $1,500.00 burial fund was inappropriately given to Ms. Ogbenna by the St. Thomas Moore nursing home in January 2012. When he asked for the burial fund to reinvest on M [redacted] 's behalf, Ms. Ogbenna allegedly told him "we don't have it."

- One client [redacted] n stated that she was not allowed to leave the house for safety reasons. She alleged that she did not receive HHA services and that nobody ever escorted her for community outings. Furthermore, she stated that she was not allowed to prepare meals or wash dishes. This was consistent with other interviews at the homes operating at 223-225 56th Pl., N.E.

Further investigation of the business practices at Senior Dwelling is needed to examine possible fraud and/or violation of residents' human and civil rights. However, such further investigation exceeds HRLA's authority. A referral to the Office of Inspector General is strongly recommended.