

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF THE INSPECTOR GENERAL**

**THE DISTRICT OF COLUMBIA
OFFICE ON AGING: BERNICE FONTENEAU
SENIOR WELLNESS CENTER**

REPORT OF INSPECTION

July 2014



BLANCHE L. BRUCE

INTERIM INSPECTOR GENERAL

OIG No. 14-I-0061BY

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Inspections and Evaluations Division
Mission Statement

The Inspections and Evaluations (I&E) Division of the Office of the Inspector General is dedicated to providing District of Columbia (D.C.) government decision makers with objective, thorough, and timely evaluations and recommendations that will assist them in achieving efficiency, effectiveness and economy in operations and programs. I&E's goals are to help ensure compliance with applicable laws, regulations, and policies, identify accountability, recognize excellence, and promote continuous improvement in the delivery of services to D.C. residents and others who have a vested interest in the success of the city.

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GOVERNMENT OF THE DISTRICT OF COLUMBIA
Office of the Inspector General

Inspector General



July 21, 2014

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Dear Dr. Thompson, Ms. Gomez, and Mr. Hanlon:

This report is part of an ongoing inspection of the D.C. Office on Aging (DCOA) and the services and conditions at all of the District's senior wellness centers funded by DCOA grants. DCOA established senior wellness centers that provide health and wellness programs to D.C. senior residents 60 years of age and older in six of the District's eight wards.¹ This report covers the Office of the Inspector General's (OIG) observations during fieldwork conducted from October 2013 through January 2014 at the Bernice Fonteneau Senior Wellness Center (Center) located in Ward 1 at 3531 Georgia Ave, N.W., Washington, D.C. 20010.

Since October 1, 2011,² Mary's Center for Maternal and Child Care, Inc. (Mary's Center) has managed the Center's operations and its four full-time employees.³ The Center is open

¹ The District's first senior wellness center opened in 1985. Wards 2 and 3 do not have senior wellness centers, but DCOA has proposed constructing centers in these wards.

² In September 2011, DCOA awarded Mary's Center the fiscal year (FY) 2012 grant for \$322,520 to manage the Center's programs. Mary's Center applied for and was awarded the FY 2013 Continuation Grant for \$294,591 to continue these services.

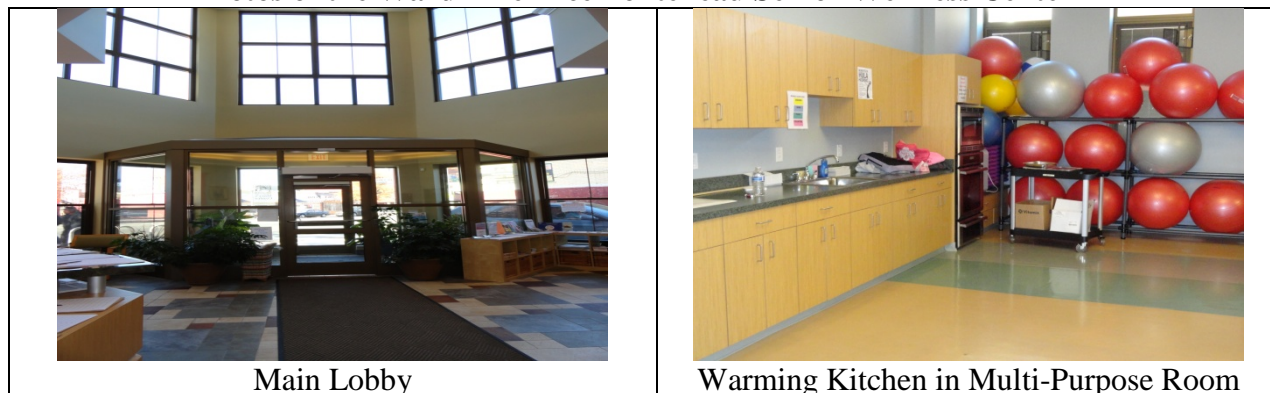
³ The full-time employees include a director, administrative assistant, fitness instructor, and nutritionist.

Monday through Friday from 8:30 a.m. to 4:30 p.m. and provides free services to District senior residents. The Center offers exercise equipment and daily fitness and nutrition classes, one-on-one fitness and nutrition counseling, and various support groups.⁴ As of November 2013, the Center had approximately 876 registered senior members and an average daily attendance of 45-65 seniors. The Department of General Services (DGS) began construction of the Center in August 2009, and it opened on March 1, 2011. DGS paid the contractor \$5,391,891 for its construction. On October 1, 2012, DGS became responsible for ensuring that the Center is safe, clean, and properly maintained.

The Center is located in a four-story, District-owned building.⁵ It contains 12,056 internal square feet and is housed on a 6,604 square foot corner lot. A DGS project staff member told the team that DCOA and the Center staff were “very involved in the management of the construction.” The interviewee stated that when construction began in 2009, DCOA was happy that the building would have four floors because it would allow DCOA to put every room they wanted in the building despite the small lot. During construction, DCOA made two substantial changes to the second floor multi-purpose room that included adding an oven and a sink for a “warming kitchen” and fitness equipment. These changes delayed construction slightly and reduced the amount of space for nonfitness activities in the multi-purpose room.

Despite the staff’s involvement in the design and construction, employees expressed concerns to the team that the Center’s design and available space are not optimal for its designated purpose. Despite being constructed less than 5 years ago, it is already too small to provide the accessibility required by its growing population. For example, seniors are occasionally denied entrance to fitness classes because the fitness room can accommodate only 20 participants per class. Likewise, only a small number of participants are allowed in the kitchen for nutrition counseling. Because the Center’s building cannot be expanded horizontally or vertically, the membership is outgrowing the Center. The Center’s four-story, vertical design means that seniors must climb several flights of steps to reach various areas in the Center or use a single elevator. Because of constant use, the elevator runs very slowly.

Photos of the Ward 1 Bernice Fonteneau Senior Wellness Center



⁴ [Http://www.maryscenter.org/senior-wellness](http://www.maryscenter.org/senior-wellness) (last visited Feb. 19, 2014).

⁵ The Center is clearly marked with prominent signage on the front door.



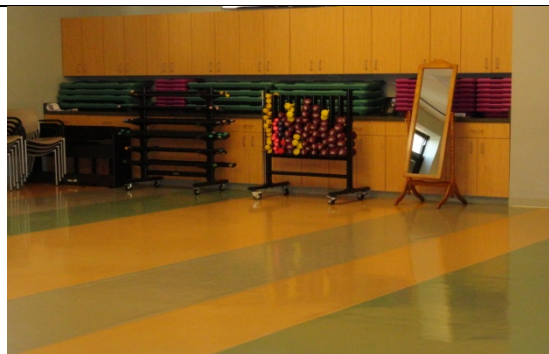
Atrium



Aerobics Class⁶



Rooftop Garden



Storage in Multi-Purpose Room



Gym



Second Floor Conference Room



Locker Room Next to Multi-Purpose Room⁷



Computer Room

⁶ This picture was taken from <http://www.maryscenter.org/senior-wellness> (last visited Feb. 19, 2014).

⁷ The team noticed that the locker room showers did have grab bars but did not have non-slip mats.

Background and Objectives

DCOA develops and carries out a comprehensive and coordinated system of health and social services, education, and employment for District residents who are 60 years of age and older. DCOA's mission is to connect seniors, persons with disabilities, and family caregivers with service and support options that promote healthy and independent living in the community.⁸ The senior wellness centers provide services that focus on health promotion and disease prevention. Programs include health and nutrition education, support groups, creative arts, and intergenerational programs. These services help seniors residing in the community maintain independence and avoid premature institutionalization.⁹

The OIG inspection team's (team) primary objectives were to assess: 1) safety, security, cleanliness, maintenance, and preparedness for medical emergencies at each wellness center; 2) whether each wellness center efficiently and effectively serves its target population; and 3) DCOA's oversight of each wellness center. The OIG will issue separate reports on each senior wellness center.

Scope and Methodology

This inspection report focuses on the Bernice Fonteneau Center's services, facility conditions, and compliance with grant requirements, as well as DCOA's oversight during fiscal year (FY) 2013. The team conducted on-site observations; reviewed Mary's Center's financial and programmatic grant documentation; conducted interviews with 21 District government and Center employees, and conducted a client survey resulting in 45 responses from District seniors from Ward 1. OIG inspections comply with standards established by the Council of the Inspectors General on Integrity and Efficiency and pay particular attention to the quality of internal control.¹⁰ This report presents 10 recommendations to: ensure that DGS provides building and security services at the senior wellness centers; ensure that EnhanceFitness¹¹ is procured and implemented; and improve DCOA's oversight of grantee performance and use of grant funds. The OIG encourages the DCOA Executive Director (ED) to determine whether other senior wellness centers have issues similar to those described in this report.

The OIG issued a draft of this report to DCOA for comment on June 17, 2014. During their review of the draft report, inspected agencies are given the opportunity to submit any documentation or other evidence to the OIG showing that a problem or issue identified in a

⁸ See <http://dcoa.dc.gov/page/about-us-dcoa> (last visited Apr. 25, 2014).

⁹ See <http://dcoa.dc.gov/service/senior-wellness-centers> (last visited Apr. 25, 2014).

¹⁰ "Internal control" is synonymous with "management control" and is defined by the Government Accountability Office (GAO) as comprising "the plans, methods, and procedures used to meet missions, goals, and objectives and, in doing so, supports performance-based management. Internal control also serves as the first line of defense in safeguarding assets and preventing and detecting errors and fraud." STANDARDS FOR INTERNAL CONTROL IN THE FEDERAL GOVERNMENT, Introduction at 4 (Nov. 1999).

¹¹ EnhanceFitness is "a low-cost, evidence-based group exercise program [that] helps older adults at all levels of fitness become more active, energized, and empowered to sustain independent lives." [Http://www.projectenhance.org/EnhanceFitness.aspx](http://www.projectenhance.org/EnhanceFitness.aspx) (last visited Feb. 12, 2014).

finding and recommendation has been resolved or addressed. When such evidence is accepted, the OIG considers that finding and recommendation closed with no further action planned.

Note: The OIG does not correct an agency's grammatical or spelling errors, but does format an agency's responses in order to maintain readability of OIG reports. Such formatting is limited to font size, type, and color, with the following exception: if an agency bolds or underlines text within its response, the OIG preserves these elements of format.

OBJECTIVES, FINDINGS, AND RECOMMENDATIONS

Objective One: Is the Center safe, secure, clean, well maintained, and well-equipped?

The team assessed the safety, security, and cleanliness of the Center during visits to the facility, through interviews with employees, and through a survey of senior members. The Center was clean during the team's five visits.¹² The team also found that the Center seemed safe for seniors,¹³ and 82% of surveyed seniors agreed with that assessment. The team observed smoke detectors and fire extinguishers throughout the building, as well as an Automated External Defibrillator (AED) on the second floor of the Center and grab bars in the locker room showers. Additionally, the team confirmed that two of the four full-time Center employees held active cardiopulmonary resuscitation (CPR) and AED certifications. The other two employees are awaiting notification from Mary's Center regarding when they can attend the next certification class, because their certifications expired in December 2013.

The team did identify safety concerns related to parking at the Center and accessibility to the Center via public transportation. The Center only has three parking spaces: two are reserved for staff and one is a handicapped-accessible space. This lack of parking leaves seniors only a few metered and zoned public parking spaces near the Center to use. The closest Metro station is four blocks away, and the closest Metrobus stops are across Georgia Avenue. To use these stops, seniors must use a mid-block crosswalk that does not have a traffic light or pedestrian crosswalk sign. An interviewee explained that oncoming traffic rarely stops for seniors in the crosswalk, which creates a safety hazard for seniors crossing the street. The Center notified DCOA of the safety concerns regarding the mid-block crosswalk and, to date, there still is no crosswalk sign or traffic light.

¹² On January 28, 2013, the OIG alerted DGS of repeated sewage backups in basement level bathrooms and resulting stained floor tiles. DGS resolved the drainage issue in FY 2013, but has not replaced the stained tiles.

¹³ The team assessed the facility to ensure that there were no prominent dangers to seniors' safety such as uneven floors, and that the facility was equipped to respond to an emergency (e.g., fire extinguishers were available and emergency evacuation signs were posted).



The team also identified two findings regarding the Center's security and maintenance. As described below, DGS has not resolved several repair and maintenance issues and is not paying for certain utility expenses that are required under D.C. Code § 10-551.01.

1. DGS does not resolve building maintenance and security issues in a timely manner; some problems have persisted for several years.

Criteria:¹⁴ According to the National Council on Aging and the National Institute of Senior Centers, senior centers' facilities should provide for the health, safety, and comfort of participants and staff.¹⁵ D.C. Code § 10-551.01(b)(4) states that DGS is responsible for "[p]rovid[ing] building services for facilities owned and occupied by the District government, including engineering services, custodial services, security services, energy conservation, utilities management, maintenance, inspection and planning, and repairs and non-structural improvements"

Condition:¹⁶ During interviews and a physical inspection of the Center, the team identified several building maintenance and security issues that require attention.¹⁷ Center and DCOA employees raised these issues with DGS on multiple occasions during FY 2013, but, as of November 2013, DGS had not fully remedied them. According to a Center employee, the slow rate of repair is common when dealing with DGS. The interviewee stated that, although DGS usually responds quickly to issues initially by either assessing the issue or taking preliminary steps to fix the issue, the agency often does not complete repairs in a timely manner.

¹⁴ "Criteria" are the rules that govern the activities evaluated by the team. Examples of criteria include internal policies and procedures, District and/or federal regulations and laws, and best practices.

¹⁵ National Council on Aging, "Self-Assessment Guidelines," available at <http://www.ncoa.org/national-institute-of-senior-centers/standards-accreditation/nisc-self-assessment.html> (last visited May 12, 2014).

¹⁶ The "condition" is the problem, issue, or status of the activity the team evaluates.

¹⁷ OIG team members are not licensed or trained in engineering or building inspection; therefore, the team's purpose was to identify any obvious, empirical conditions that threaten or could threaten the Center's members' and employees' safety or comfort.

Heating Ventilation and Air Conditioning (HVAC) Problems

The Center's HVAC unit does not adequately heat or cool its four floors. Interviewees reported that the Center experiences inconsistent air temperatures throughout the building, and the team experienced this temperature variance between the floors during three site visits in December 2013. The team reviewed emails indicating that portions of the facility registered as cold as 55 degrees during January 2013 and as warm as 82 degrees in July 2013.

Apparently, the HVAC system has not functioned properly since the Center opened in March 2011. The team reviewed numerous emails alerting DGS of HVAC problems. One of the Center's employees first complained to DGS of "big fluctuations in the temperature in the building" in an email dated November 1, 2012.¹⁸ Agenda minutes of a quarterly meeting held by DCOA on the same date also mentioned the HVAC issues. The team observed 11 additional email chains among the Center, DCOA, and DGS during FYs 2013 and 2014 citing uncomfortable temperatures and requesting assistance with the HVAC system. In November 2013, a DGS manager stated that the agency was conducting an assessment of the issue. As of July 2014, a DGS contractor had assessed the HVAC system but had not provided dates for completing the repairs.

Front Door Not Secure

The front door of the facility is not always secure. The Center is open to seniors who are registered members. The Center's front door has a lock that can be deactivated by an employee from inside the building using a buzzer. However, the door's lock releases when someone inadvertently walks over the magnetic floor release (an automatic sensor located under a rug just inside the door).

The Center's lobby is small and lacks enough space for seniors to congregate or pass through without stepping on the magnetic release and unlocking the door. Center employees raised this as a safety concern during interviews because "random, curious people from the neighborhood" try to enter the building, and it is difficult to keep the entrance secure when people walk through the lobby and unintentionally step on the door release. During a visit to the Center, the team was able to enter the building without being "buzzed in."



Magnetic floor release

The team read descriptions of this security concern in email chains dated June 18, July 9, and September 8-9, 2013, from the Center to DCOA, and emails dated September 10 and 27,

¹⁸ The OIG was unable to review emails from the Center to DGS prior to 2012.

2013, from DCOA to DGS. As of November 2013, DGS had not taken any action to remedy the magnetic floor release.

The Center requested that DGS assign the Center a security guard until it resolves this issue, and DGS recently complied with this request. The guard monitors the building's entrance by ensuring that entrants are checked for identification, prevents unauthorized persons from being in the building, prevents loitering outside the building, and ensures the Center is safe and secure by periodically walking through each part of the building. DGS has not indicated whether this guard is a permanent or temporary appointment. An interviewee told the team that the guard provides an extremely necessary and valuable service to the Center, because the Center is located in an unsafe neighborhood. Thus, if DGS adjusts the magnetic floor release, the Center hopes to keep the guard because of the added safety and security benefits.

Fire and Security Alarm System Monitoring Deficiencies

The Center has fire and security alarm systems, but they are not configured to alert DGS, Center employees, a monitoring company, or police/fire stations when triggered. In addition, an interviewee reported that although security cameras record activities within the Center and along its perimeter, the monitors receiving these camera feeds are stored in a closet and no one watches them due to the inconvenient location. The Center's front desk also has monitors underneath, but they are not used because the cameras were not set up to feed images to them. Consequently, the Center only uses the security footage retrospectively when, for example, the police request to view the footage to assist with solving neighborhood crime occurring near the Center's perimeter.

The team reviewed emails, dated October 24, 2012; December 11, 2012; April 18, 2013; July 9, 2013; and September 10, 2013, in which the Center informs either DCOA or DGS about the Center's lack of electronic monitoring.

An external security company previously monitored the fire and security alarms, but that contract expired on October 15, 2012. According to a DGS/ Protective Services Division (PSD) official, PSD should have assumed responsibility for security and fire alarm systems in all senior wellness centers beginning October 1, 2012, by adding them to the Citywide Security Contract. The Citywide Security Contract provides installation, maintenance, and warranty services for all DGS/PSD monitored security equipment. The DGS official stated that, for PSD to monitor and maintain senior wellness center security alarms electronically, it would have to configure and install a new security system for each center.¹⁹ According to the same manager, DGS could, in the interim, renew the original security contract to ensure that someone monitors the alarms. DGS informed the Center on October 24, 2012, that it was in the process of working with a company to resume the monitoring services. DGS, however, had not renewed this contract as of May 19, 2014, or assumed security and fire monitoring responsibilities.

¹⁹ The Hayes Senior Wellness Center in Ward 6 was being renovated when DGS determined that the centers needed new security hardware. Thus, DGS included the required equipment in the Hayes Center and this center is the only one that PSD currently monitors. PSD provided DCOA with the estimated costs DCOA would need to cover to procure the necessary equipment for the other centers.

Cause:²⁰ DGS's system for communicating the status of repairs (SmartDGS²¹) and verifying completion and quality of repairs with Center employees is ineffective. Currently, DCOA and DGS representatives have access to SmartDGS, but Center employees, who initially request the repairs through DCOA's Facilities Services Specialist, do not.²² Consequently, only DCOA and DGS representatives receive SmartDGS notifications of repair progress and completion. The process of informing the Center that DGS has completed repairs and closed the work ticket relies entirely upon the vigilance of DCOA's Facilities Services Specialist. No other formal processes exist to ensure that Center staff has received such notification. Similarly, although the Center can complain about the status of repairs to DCOA's Facilities Services Specialist, the Center's staff has no formal mechanism to ensure DGS is aware of these concerns.

Effect:²³ Unresolved maintenance and security concerns create safety hazards for the Center's members. For example, local police and fire departments may not receive prompt notifications of an emergency. Unmonitored alarms also create a nuisance for the surrounding community. A Center employee told the team that, on one occasion, an alarm sounded for nearly 24 hours on a weekend before someone disabled it. In addition, poor front door security creates an opportunity for intruders to access the building. Finally, extreme temperature variances, which on one occasion, was a 23 degree temperature difference between floors, may be uncomfortable or dangerous for seniors.

Accountability:²⁴ DGS is responsible for providing maintenance to the Center and ensuring that corrective actions fix reported problems. The DCOA Facilities Services Specialist is responsible for submitting and monitoring Center repair requests to DGS, coordinating with the Center, and providing feedback to DGS.

Recommendations:

- 1) That the Director of DGS (D/DGS) request a comprehensive inspection of the Center and prioritize the repair of the noted defects, especially the HVAC system and the sewage stained tiles in the basement-level bathrooms.

Agree X Disagree

²⁰ The "cause" is the action or inaction that brought about the condition the team evaluates.

²¹ "The Department of General Services is pleased to provide District employees with a new, easy and convenient way to make maintenance and service requests online with the launch of SmartDGS."
<http://dgs.in.dc.gov/opm/cwp/view.asp?a=3&q=501973> (last visited Mar. 4, 2014).

²² Accessing SmartDGS requires a username and password. The username comes from the employee's D.C. government email address. Therefore, only those with a D.C. government email address are able to access SmartDGS.

²³ The "effect" is the impact of the condition the team evaluates.

²⁴ "Accountability" is a description of who is responsible for the condition evaluated.

- 2) That the D/DGS replace the current locking system for the Center's front door with one system that will better prevent the door from being accidentally unlocked and better protect the Center's members.

Agree X Disagree

- 3) That the D/DGS ensure that PSD provides security and fire alarm monitoring systems to all senior wellness centers through the Citywide Security Contract. If PSD cannot immediately comply, the D/DGS should contract with a third party to provide all centers fire and security alarm monitoring systems in the interim.

Agree X Disagree

- 4) That the ED/DCOA ensure that a formal process is in place to inform senior wellness centers of the status of DGS repairs and to obtain their feedback on the quality of repairs once completed.

Agree X Disagree

DCOA's July 2014 Response, as Received:

DCOA continues to coordinate with DGS to address the identified maintenance and repair needs at the Bernice Fonteneau Senior Wellness Center, and it is anticipated that current maintenance and repair issues will be addressed by December 31, 2014.

2. Mary's Center used grant funds to pay for services that DGS is required to provide.

Criteria: DGS is responsible for servicing District-owned government buildings. The "FY 2013 Government of the District of Columbia Fixed Cost Forecast" outlines fixed costs for each government agency, including specific costs for each senior wellness center.²⁵ Furthermore, the "Memorandum of Understanding Between the City Administrator and the Office of the Chief Financial Officer for Fiscal Year 2013 City-Wide Services" mandates that each subordinate city agency transfer specific fixed-cost funding to DGS for utilities,²⁶ janitorial services, and security.

Condition: Mary's Center's monthly invoices show that it used grant funds to pay for elevator maintenance during the first quarter of FY 2013 and monthly private trash collection services throughout FY 2013. Interviewees stated that Mary's Center continued paying for trash collection services with grant funds because DGS was not providing such services as required. Although the D.C. Code clearly states that DGS must provide these building services, DCOA,

²⁵Examples of fixed costs include costs for trash collection, plumbing, HVAC use and maintenance, electricity, water/sewer, natural gas, and landscaping. FY2013 Fixed Cost Forecast line item 87 outlines the specific costs for the Ward 1 Senior Wellness Center located at 3531 Georgia Ave.

²⁶ "Utilities" include electricity, natural gas, water/sewer, heating fuel, and trash collection and are managed by the DGS Sustainability and Energy Division.

DGS, and Center employees had differing understandings regarding which entity completes and pays for them.

Cause: Confusion about which entity must provide building services arose because prior to FY 2013, DCOA held this responsibility instead of DGS, and grantees allocated funding for these expenses in their grant budget. In 2012, the D/DGS reportedly assessed the status of District-owned assets and was concerned that DCOA was maintaining its own facilities. The DCOA and DGS Directors agreed to turn over this responsibility to DGS as of October 1, 2012, but they did not formally communicate this decision to DGS and DCOA employees. Interviewees noted that an MOU between DGS and DCOA should have been developed to delineate DGS's building services responsibilities.

Effect: Because Mary's Center has been using grant funds to pay for fixed costs maintenance repairs, it has less money to allocate toward the Center's health and wellness activities. This funding issue may be occurring at other senior wellness centers.

Accountability: Effective October 1, 2012, DGS became responsible for providing building services at DCOA's senior wellness centers.

Recommendations:

- 1) That D/DGS and ED/DCOA immediately execute an MOU outlining the specific building services, as defined in D.C. Code § 10-551.01(b)(4), that DGS will provide at each senior wellness center located in a District-owned government building.

Agree X Disagree

- 2) That the ED/DCOA ensure that each senior wellness center grantee receives a copy of the executed MOU.

Agree X Disagree

- 3) That the Office of Finance and Resource Management (OFRM) review each cost category of the Fixed Cost Forecast and determine whether appropriate funding for services was transferred to DGS to provide building services and rectify any misappropriations.

Agree X Disagree

DCOA's July 2014 Response, as Received:

DCOA will provide a copy of the MOU established with DGS for FY15 to grantees of DCOA senior wellness centers.

Objective Two: Does the Center efficiently and effectively serve its target population?

As of November 2013, the Center had approximately 876 registered senior members and an average daily attendance of 45-65 seniors. The Center provides routine classes such as: health counseling; nutrition counseling; reflexology; chair aerobics; chair yoga; computer training; meditation; crocheting; tai chi; massage; strength training; quilting; cooking demonstrations; and Glee Club meetings.

Client Survey

In December 2013, the team issued a survey to the Center's members to obtain feedback on the quality of services provided.²⁷ Forty-five members completed the survey and rated the Center very favorably. The results of the survey follow:

- 81% of the seniors were retired;
- 85% attended the Center 3-5 days per week;
- 72% routinely attended fitness activities such as aerobics classes or visited the gym;
- 89% highly agreed/agreed²⁸ that the activities met their needs;
- 82% highly agreed/agreed that staff members are responsive;
- 80% highly agreed/agreed that the hours of operation are expansive enough; and
- 78% highly agreed/agreed that the fitness equipment is sufficient.

Additional client survey results are shown in the following chart.

DCOA Ward 1 Client Survey	
Rating Scale of 1 to 5 (1 = Highly Disagree; 2 = Disagree; 3 = Neutral; 4 = Agree; 5 = Highly Agree)	
Survey Item	Rating Average
a. The transportation available is sufficient.	3.50
b. The fitness equipment is sufficient.	4.13
c. The hours of operations are expansive enough to meet my needs.	4.27
d. The Center is safe.	4.27
e. The staff members are responsive to my questions and concerns.	4.29
f. The wellness programs meet my needs.	4.29
g. The Center's resources are easily accessible to physically impaired seniors	4.36
h. The furniture/accommodations are adequate.	4.43
i. The facility is adequately maintained.	4.40
j. The facility is clean.	4.45

²⁷ The survey consisted of 14 open-ended and multiple choice questions that covered: seniors' demographic information; how they learned of Center services; their extent of participation; satisfaction with the facility, staff, transportation, and services; and other general comments regarding the Center and staff.

²⁸ Survey respondents selected from the following answer choices: highly agree, agree, neutral, disagree, and highly disagree.

Seniors did note concerns about the Center's available transportation. Of the 45 completed surveys, 22% of respondents disagreed that "the transportation available is sufficient." Likewise, when asked what could be improved at the Center, one senior responded, "Transportation for people that want to come to this center and have some difficulty walking."

In December 2013, the Center began using DCOA's transportation contractor, Seabury Resources for Aging (Seabury), for senior member transportation to and from Center field trips. A Center employee noted that the company only provides transportation for field trips on Tuesdays and Thursdays between 10:00 a.m. and 1:00 p.m., and the van only accommodates 16-20 passengers. In January 2014, Seabury reported it would be hiring more drivers and increasing the number of hours available for field trips during the next 2 months. However, as of April 2014, transportation was still limited to 6 hours per week.²⁹ The Center uses grant funds to supplement Seabury's services,³⁰ but transportation to and from the Center is not available.

Service-Related Objectives and Performance Goals

The Center, in conjunction with DCOA, established the following service-related objectives and performance goals:

1. continue use of intergenerational volunteers;
2. conduct three outreach activities per month;
3. increase member enrollment by 6.5% per month;
4. increase access to healthcare information for seniors;
5. increase by 10% the number of members participating in health promotion activities with special emphasis on nutrition;
6. provide diverse exercise programs that will increase by 10% the number of members participating in exercise activities;
7. provide diverse programming that will increase by 10% the number of members participating in programs that will improve their quality of life; and
8. use EnhanceFitness to track the fitness program's overall success and its impact on each senior's health and quality of life.

Based on on-site observations, client survey results, and document reviews of the Center's self-generated Comprehensive Uniform Reporting Tool (CURT) Reports, the team determined that during FY 2013, the Center met goals 1 and 2 and partially met goals 5 through 7.³¹ The Center did not, however, meet goal 8 related to EnhanceFitness, which is detailed in the finding below.

²⁹ According to a Center employee, as of April 25, 2014, the company (via DCOA) had in place formal policy and procedures that requires transportation for seniors to and from social service and medical appointments as well as for groups trips of 10 or more seniors from 1 location. A Center representative planned to look into providing individual transport to and from the Center for seniors.

³⁰ The Mary's Center van only holds 13 passengers.

³¹ The Center could not meet goal 3 due to the lack of space described previously. The team could not adequately assess whether the Center met goal 4 because the goal lacked a measurable standard.

3. The Center is not using EnhanceFitness software as required to track senior health outcomes and the fitness program's effectiveness.

Criteria: DCOA mandates the use of evidence-based programming,³² and the Center's grant award letter states that, "[w]ellness [c]enter grantees are reminded that the [EnhanceFitness] Program must be incorporated in to [sic] the core service delivery schedule and certified staff must conduct classes and data collection to assess participants' progress and program effectiveness at the centers." Additionally, Mary's Center's FY 2013 program objectives stated the Center would "continue to use EnhanceFitness and their measures [to] track program's impact on health and quality of life."

Condition: Neither Mary's Center nor DCOA procured the required licensure to use EnhanceFitness and its corresponding IT software, WellWare. An interviewee stated that the fitness instructor currently uses manual EnhanceFitness assessment and evaluation forms to record fitness data for each senior (e.g., the number of push-ups, sit-ups, and chair raises that a senior completed on a given date). However, lacking the formal EnhanceFitness computer software prevents the Center staff from efficiently encapsulating fitness data and assessing seniors' overall progress or decline within an evidence-based program, as required by the grant. A Center employee noted that the Center can only evaluate the successfulness of the fitness programs by asking seniors how they are improving and conducting biannual fitness assessments that measure each senior's overall fitness improvement or decline.

Cause: Interviewees noted that initially Mary's Center and DCOA employees were not clear on who would procure the EnhanceFitness licensure. Separate interviewees then referenced a conversation between Mary's Center and DCOA regarding procuring the EnhanceFitness licensure and stated that DCOA had not officially agreed to procure the licensure. When asked during the inspection, the ED/DCOA stated that DCOA should purchase the EnhanceFitness license, but cited a lack of funding as a possible reason for why it was not previously procured.³³

Effect: Currently, the Center cannot empirically assess the fitness program's effectiveness or demonstrate whether senior health has improved. Although the fitness instructor collects data such as the number of push-ups, sit-ups, and chair raises a senior completes on a given day, this information is not synthesized to demonstrate how the program impacted seniors' health. Obtaining EnhanceFitness and the WellWare software would allow the Center to report health outcomes (e.g., percentages of participants who experienced increased mobility or endurance), and not just outputs (e.g., the number of push-ups participants complete).

³² "[E]vidence-based prevention programs closely replicate specific interventions that have been tested through randomized-controlled clinical trials with the results published in peer-reviewed journals."
[Http://www.aoa.gov/AoARoot/Press_Room/Products_Materials/pdf/fs_EvidenceBased.pdf](http://www.aoa.gov/AoARoot/Press_Room/Products_Materials/pdf/fs_EvidenceBased.pdf) (last visited Feb. 19, 2014).

³³ The inspection team confirmed, however, that DCOA did not expend its entire operating budget during FY 2013 and had surplus funds at the end of the fiscal year.

Accountability: DCOA's grant award letters require that senior wellness centers use EnhanceFitness to assess participant progress and program effectiveness. DCOA is responsible for funding and verifying implementation of EnhanceFitness.

Recommendation:

That the ED/DCOA procure and renew an EnhanceFitness license and WellWare software agreement for each senior wellness center and provide the necessary training to implement EnhanceFitness so long as use of this evidence-based program remains a DCOA grant requirement.

Agree _____ Disagree _____ **X**

DCOA's July 2014 Response, as Received:

DCOA will research the feasibility of purchasing the Enhance Fitness License and WellWare software and decide whether to incorporate mandatory use of this or similar software into DCOA grant requirements. However, DCOA will also consider other programs and fitness software and may not be bound to the recommended products only.

Objective Three: Does DCOA provide sufficient oversight of the Center?

The oversight that DCOA grant monitors provide to senior wellness center grantees plays an important role in ensuring grant compliance. DCOA's Grants Policy Manual states, "DCOA monitors each program, function or activity under the grant to ensure that grantees are complying with applicable Federal and DC requirements and that performance goals are being achieved. DCOA monitors progress through oral and written communications, review of information through regular reports or specific requests, on-site visits, and formal audits."³⁴ Grantees must submit various reports and information including:

- (1) monthly CURT reports;³⁵
- (2) units of service reports submitted through Customer Service Tracking and Reporting Service (CSTARS);³⁶ and

³⁴ D.C. Office on Aging Grant Policy Manual at 32 (Dec. 2006).

³⁵ According to the Grants Policy Manual, DCOA CURT reports are "the principle reporting document[s] that grantees submit to provide information on progress in the grant." In these reports, grantees must:

provide descriptive information on the current activities conducted, monthly and year-to-date client or units of service counts for each objective under the grant; a summary of the grant finances showing monthly and year-to-date DCOA and grantee share expenses, with explanations of significant variances; and information on outreach activities and any deviations from the approved personnel roster.

- (3) monthly M-1 Financial Reports, quarterly (Qs), and year-to-date (Ys) reports evidencing their actual costs expended if grantees are not using a unit of service billing system.³⁷

DCOA officials require these reports to ensure that the grantee is properly using grant funds and making progress in carrying out its project or program, and that DCOA is meeting federal and other data collection and reporting requirements.

DCOA assigns employees to monitor these reports and other aspects of grant compliance. DCOA assigned one of its nutritionists to be the FY 2013 senior wellness center grant monitor. This nutritionist also monitored other DCOA grants and performed nutritionist-related responsibilities. When this employee resigned from DCOA in July 2013, DCOA added oversight of the senior wellness center grants to other employees' duties and responsibilities until the vacancy was filled in October 2013.

The team determined that DCOA's oversight of the Center has been deficient. Specifically, the team issued a Priority Compliance Form to DCOA related to an unlicensed nutritionist practicing at the Center. In addition, the team found that although the Center submitted each of the required reports (described above) during FY 2013, DCOA did not sufficiently verify the contents of these reports.

Summary of Priority Compliance Form³⁸

The team issued a priority compliance form to the ED/ DCOA on December 31, 2013, after learning that the Center disregarded DCOA's Grant Monitor's guidance to not hire an unlicensed Registered Dietician, by hiring an employee to work as the nutritionist even though she did not possess a license to practice nutrition in the District. Practicing without a valid District license violates both D.C. Code § 3-1210.03 and Mary's Center's requirements for the nutritionist position.³⁹ The ED/DCOA mandated that the employee cease providing services at the Center until she was licensed. After issuing this form, the team learned of unlicensed practitioners at the Congress Heights Senior Wellness Center and the Hayes Senior Wellness Center⁴⁰ and issued a second Priority Compliance Form to DCOA on January 10, 2014. The

³⁶ According to an interviewee, one unit of service represents 1 hour of time a senior spends at the Center. Prior to CSTARS, DCOA required grantees to submit monthly units of service data through the Client Service Information System (CSIS) or Universal Participant Tracking System (UPT) electronic systems.

³⁷ M-1s are actual cost reimbursement forms that reimburse grantees for total allowable costs incurred in the previous month. Qs and Ys are financial closeout reports that list cumulative expenses incurred during those timeframes.

³⁸ The OIG issues Priority Compliance Forms when an issue arises during an inspection that requires immediate attention from agency management. It may be a problem of safety, health, or security.

³⁹ The D.C. Code prohibits a person from "us[ing] or imply[ing] the use of the words or terms 'dietitian/nutritionist,' 'licensed dietitian,' 'licensed nutritionist,' 'dietitian,' 'nutritionist,' 'L.D.N.,' 'L.D.,' 'L.N.,' or any similar title or description of services . . ." unless he/she is licensed to practice in the District of Columbia. D.C. Code § 3-1210.03(f) (2001); *see also* D.C. Code § 3-1207.01 (2001).

⁴⁰ The team accessed the Department of Health's online professional license search function found at <http://app.hpla.doh.dc.gov/weblookup/> to verify that, as of January 8, 2014, the employees were not licensed in the District.

ED/DCOA also informed these nutritionists they may not work until they obtained a valid District nutrition license.⁴¹

4. DCOA did not determine whether Mary's Center appropriately used grant funds and met grant requirements.

Criteria: The Center's FY 2013 "Notification of Grant Award" (NGA) notified Mary's Center that "[DCOA's] [l]iaison with Grantee will be through the Grants Monitor ... who shall monitor Grantee's performance pursuant to the terms of the Grant Award on an ongoing basis throughout the grant period." Additionally, the grant award letter outlines the following requirements to which Mary's Center must adhere during the grant award period:⁴²

- Grantees must submit original source documentation for review by Office on Aging staff for all unit services
- All records, both programmatic and financial, relating to your grant must be available . . . for review by both District and Federal officials at all times and be retained for a period of three years.

Condition: DCOA did not provide adequate programmatic grant monitoring or ensure that Mary's Center met its FY 2013 grant requirements. The Center bills DCOA monthly for "units of service" that the Center delivers. The invoices that the Center submits do not provide details regarding specific services each senior received.

The Center uses its monthly CURT reports⁴³ to justify its monthly unit-of-service invoices.⁴⁴ The CURT reports, along with the information the Center enters into CSTARS, specify how many seniors participated in each type of activity, but do not specify how many times each senior participated or how many hours each activity lasted. Because the reports do not indicate the number of units generated by each type of activity, the reports alone are insufficient to validate the Center's monthly unit-of-service invoices.

Although the Center gathers additional documentation to support invoices and CURT reports (e.g., attendance sheets documenting how many hours each senior spent at the Center or Center-sponsored activities), it does not submit this documentation to DCOA for review. A DCOA employee indicated that programmatic grant monitors are supposed to review source documentation supporting each of the unit invoices during site visits to "ensure they're programmatic fulfilling their duties." The team determined that DCOA's programmatic grant monitors did not request this information or conduct site visits during FY 2013 to review it.

⁴¹ The nutritionist employed at the Congress Heights Senior Wellness Center has since received a valid District nutrition license.

⁴² The NGA imposes additional requirements of Mary's Center, but they are not relevant to this finding.

⁴³ The Center also submits Monthly Financial Report M-1s (M-1s) and Quarterly and Year-to-Date Reports (Qs and Ys). Both of these reports lack any detail regarding what "wellness" activities were performed for that cost.

⁴⁴ The Center Director, along with agreement from DCOA, sets the six objectives that the Center uses as program performance measures in their monthly CURT reports; these objectives do not correspond to the Center's grant program performance measures.

Cause: According to a DCOA employee, DCOA does not require the Center to submit documentation with invoices to support the claimed number of units of service. This statement conflicts with both the FY 2013 Notification of Grant Award Letter, which requires grantees to submit source documentation by the 15th of each month, and the Grants Policy Manual, which states, “Grantees provide copies of source documentation to DCOA at the time they submit rosters to the Client Service Information System.”

Employees also reported that senior wellness center programmatic grant monitors did not review the source documentation because they manage multiple DCOA grants and did not have sufficient time to do so. One DCOA employee noted that he/she wanted to visit facilities more often, but his/her workload made that difficult. Another DCOA employee stated that one person should oversee all of the senior wellness centers and should not divide his/her time with other duties. He/she believes that overseeing the senior wellness centers is “extremely involved” due to how many different types and levels of activity generate a unit of service. A DCOA manager indicated that DCOA planned to hire an additional employee whose primary responsibility would be monitoring all senior wellness center grants, but it had not done so as of November 2013.

Effect: Because senior wellness center grantees do not have a dedicated programmatic grant monitor, DCOA cannot verify that grantees properly use grant funds and meet grant requirements. Without proper verification, the Center could potentially bill DCOA for activities that do not meet grant requirements, or were never provided.

Accountability: Grant monitors are responsible for providing comprehensive grant administration and oversight, which includes verifying that grantees comply with program goals and expend grant funds in accordance with financial requirements.

Recommendations:

- 1) That the ED/DCOA assess the feasibility of having a full-time employee dedicated solely to monitoring senior wellness center grants.

Agree X Disagree

- 2) That the ED/DCOA establish specific content requirements for monthly reports and source documentation submitted by senior wellness centers that will better demonstrate how many units of service billed to DCOA support each type of activity generated, ensure that grantees are aware of these requirements, and ensure that a programmatic grant monitor reviews and validates the documentation before issuing payment for service.

Agree X Disagree

DCOA's July 2014 Response, as Received:

DCOA has undertaken efforts to resolve staffing shortages that have resulted in the absence of site visits in FY 2013. As of FY14 DCOA has increased its staff and is in a better position to monitor the grantees. For FY15 DCOA will consider the feasibility of employing a full time employee dedicated solely to monitoring senior wellness center grants.

In addition, DCOA consistently monitors all grantees through the M-1s (a monthly report of their expenses), a monthly Comprehensive Uniform Reporting Tool (CURT) report, the quarterly Q & Y Report (for financial, units delivered and contributions). These reports enable DCOA to monitor the grantee's level of performance, units of service delivered before making reimbursements. However, DCOA will continue to improve its data collection mechanism to have more robust and complete information on the performance of the grantees. DCOA currently is in a process of hiring a data architect to facilitate the tracking of the senior wellness centers' performance outcomes which will support DCOA to be more effective in monitoring them.

CONCLUSION

The team identified four findings related to unresolved building maintenance concerns, use of grant funds for services that should be already provided, non-use of evidence-based programs to monitor health outcomes, and insufficient grant monitoring. The Center appears to be serving seniors well, despite some obstacles created by the physical structure of the building and lack of space for expansion. The District spent over \$5 million for the Center's construction less than 5 years ago. Although the team found the Center to be generally clean, bright, and well-maintained, the fact that the physical design of the Center does not seem to be well-suited to serve seniors and did not sufficiently plan for potential growth in clientele is troubling. Specifically, the Center's vertical design and use of only one elevator made traveling throughout the building a slow process, and the lack of space to expand has impacted the Center's ability to serve all potential clients. In addition, the lack of parking and the distance from the Metro, combined with the lack of transportation provided to the Center, keeps some seniors from being able to access the Center fully.

The team's survey indicated that members are generally happy with the Center's staff and available services. Despite the team's finding related to the Center not using EnhanceFitness software to track members' health progress, the team generally commends the Center for providing a wide array of health and fitness activities for its members.

Finally, the team found that DCOA should improve its grant monitoring of the Center. The lack of facility visits by a DCOA grant monitor is a significant concern. Although the team found no reason to believe that the Center charged DCOA for services it did not render, without proper monitoring, the potential for such charges exists. The team believes that DCOA should increase its efforts to monitor the Center so that it can ensure grant funds are being used for activities that benefit the District's senior residents. The OIG will continue to inspect each of the District's senior wellness centers. In the interim, the OIG encourages the ED/DCOA to determine whether other senior wellness centers have similar issues to those described in this report and address them proactively.

This report contains findings and recommendations that DCOA should address. Compliance forms will be sent to DCOA for this report, and I&E will coordinate with DCOA on verifying compliance with the recommendations in this report over an established period. In some instances, follow-up activities by and additional reports from the OIG may be required.

If you have questions about the draft report or compliance process, please contact [REDACTED]
[REDACTED], Director of Planning and Inspections, on [REDACTED]

Sincerely,

A handwritten signature in blue ink, appearing to read "Blanche L. Bruce".

Blanche L. Bruce

Interim Inspector General

BLB/rmh

cc: See **Distribution List**

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