

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

**DISTRICT OF COLUMBIA OFFICE ON AGING
CONGRESS HEIGHTS
SENIOR WELLNESS CENTER**

REPORT OF INSPECTION

August 2014



BLANCHE L. BRUCE

INTERIM INSPECTOR GENERAL

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



August 20, 2014

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Dear Dr. Thompson and Mr. Simmonds:

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 February 2014 through April 2014 at the Congress Heights Senior Wellness Center (Center) located in Ward 8 at 3500 Martin Luther King, Jr. Avenue, S.E., Washington, D.C. 20032.

This report presents 13 recommendations to improve facility conditions, expand services to seniors, and increase DCOA's oversight. The OIG encourages the Executive Director of DCOA (ED/DCOA) to determine whether other senior wellness centers have similar issues to those described in this report and promptly address them.²

In September 2013, DCOA awarded the Providence Health Foundation (Providence)³ a grant for \$303,918 to continue operating the Center during fiscal year (FY) 2014.⁴ The Center is

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

² Prior to this report of inspection (ROI), the OIG issued a report on the Hattie Holmes Senior Wellness Center on July 15, 2014, and the Bernice Fonteneau Senior Wellness Center on July 21, 2014. These reports are located at www.oig.dc.gov. After the ED/DCOA reviewed these two reports, corrective actions were taken to address similar issues identified in the Congress Heights Senior Wellness Center. The ED/DCOA's actions are noted accordingly in this report.

³ The Providence Health Foundation raises funds to support Providence Hospital.

⁴ Providence began operating the Center when it opened in 2002.

open Monday, Wednesday, and Friday from 8:00 a.m. to 5:00 p.m., and Tuesday and Thursday from 8:00 a.m. to 8:00 p.m. It offers fitness and nutrition programs to improve seniors' health. Seniors must register to join the Center and participate in its activities. As of October 2013, 1,085 seniors were registered members, and average daily attendance was 90 to 100. The Center has exercise equipment and offers fitness classes, such as chair exercise, tai chi, Zumba, and Pilates. The Center also provides classes and individual counseling on nutrition, health screenings, and social activities such as holiday parties. (See Appendix for a sample of center activities.) Center employees include a full-time director, a full-time fitness coordinator, a full-time administrative assistant, a part-time nutritionist, and two part-time administrative assistants. Greater Washington Family Matters (Family Matters), a DCOA grantee, manages a daily lunch program at the Center, and Seabury Resources for Aging, a DCOA contractor, provides transportation for the Center's outings, such as trips to museums.

Photographs of the Center



Mural in Lobby



Multipurpose Room



Kitchenette in Multipurpose Room



Game Room



Fitness Room



Courtyard



Restroom and Locker Room



Computer Room



Conference Room



Library/Meditation Room

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.⁵ 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

⁵ See <http://dcoa.dc.gov/page/about-us-dcoa> (last visited Apr. 25, 2014).

intergenerational programs. These services help seniors residing in the community maintain independence and avoid premature institutionalization.⁶

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 Center's services, the physical conditions of the facility, compliance with grant requirements, and DCOA's oversight during FY 2013. The team conducted on-site observations, reviewed Center members' files, analyzed grant documentation, interviewed four of the Center's employees, and surveyed Center members. 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.⁷

The OIG issued a draft of this report to DCOA for comment on July 25, 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 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 equipped for medical emergencies?

The Center is located in a District-owned facility, and the Department of General Services (DGS) has been responsible for maintenance since October 1, 2012. A DGS contractor provides daily cleaning services, and the Center was clean and orderly during the team's three visits. The team issued a survey to Center members, and the majority of respondents rated the

⁶ See <http://dcoa.dc.gov/service/senior-wellness-centers> (last visited Apr. 25, 2014).

⁷ "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).

Center's cleanliness and safety⁸ favorably. Ninety-seven percent of survey respondents rated safety at the Center as good or very good, and 96% rated cleanliness as good or very good.

The team also found that the Center was prepared for medical emergencies. Center employees have been trained in cardiopulmonary resuscitation (CPR) and first aid, and there are two automated external defibrillators (AED),⁹ which Providence Hospital inspected in October 2013. However, as noted in the findings below, the team observed several security and facility maintenance concerns, to include persistent water damage in the mechanical room and inadequate cooling in one area.

1. The Center's facility concerns include security, accessibility, overgrown grass and brush, delays in snow removal, inadequate air flow, and worn paint and carpet.

Criteria:¹⁰ 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.¹¹ DGS maintains all District government owned and occupied buildings. In accordance with D.C. Code § 10-551.01(b)(4) (LEXIS through D.C. Act 20-306), DGS is responsible for providing: "engineering services, custodial services, security services, energy conservation, utilities management, maintenance, inspection and planning, and repairs and non-structural improvements[.]"

Condition:¹² The team observed interior and exterior building conditions in March and June 2014 using a structured checklist and photographed problem areas.¹³ The team found that the Center was generally in good condition, with the identified deficiencies noted below.

Security: The Center was burglarized in December 2010 and January 2011 when thieves threw bricks through the Center's windows. In June 2013, someone threw a brick through a window but did not enter the building, and in April 2014, a member's car was broken into in the middle of the day while parked in front of the Center. The Center has a security alarm system and a security guard on Tuesdays and Thursdays from 3:00-8:00 p.m., because the Center is open in the evening on these days; however, two staff members stated that the Center should have a full-time guard and cameras with monitors to help deter crime.

⁸ 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).

⁹ An AED is a medical device that analyzes the heart's rhythm and delivers an electrical shock during cardiac arrest to help the heart re-establish an effective rhythm. <http://www.redcross.org/prepare/location/workplace/easy-as-aed> (last visited June 12, 2014).

¹⁰ "Criteria" are the rules that govern the activities that the team evaluates. Examples of criteria include internal policies and procedures, District and/or federal regulations and laws, and best practices.

¹¹ NATIONAL COUNCIL ON AGING AND THE NATIONAL INSTITUTE OF SENIOR CENTERS, NCOA/NISC SELF-ASSESSMENT AND ACCREDITATION MANUAL, "FACILITIES AND OPERATIONS" 1 (undated).

¹² The "condition" is the problem, issue, or status of the activity the team evaluates.

¹³ The team assessed Center conditions on March 7, 2014, March 11, 2014, and June 5, 2014. 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 could threaten the safety, comfort, or effectiveness of the Center.

Accessibility: Center staff members cited accessibility issues, including a need for higher toilets that are easier for seniors to use and grab bars in restroom stalls. They also stated that the Center's front door is difficult for seniors in wheelchairs to open and restroom doors are too heavy for seniors with disabilities to open without difficulty.


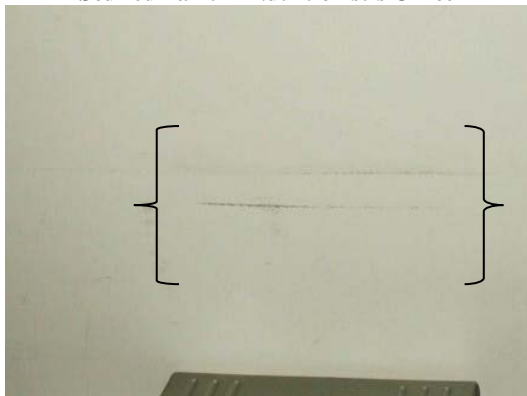




Air Conditioning: Interviewees and Center members reported that the game room where members play pool and cards is too warm and needs better air circulation. One interviewee stated that DGS installed a separate air conditioning unit for this room, but it is insufficient for the number of people who use the room.

Groundskeeping and Snow Removal: The team observed that DGS had not completely mowed the Center's lawn and did not provide timely and thorough snow removal. In June 2014, the area behind the Center had grass over 2 feet high and overgrown brush. A Center staff member stated that the hill behind the Center had yet to be mowed in 2014. A work ticket from May 2013 requesting mowing stated that the grass was over 18 inches tall. In addition, there has not been timely and thorough snow removal. The Center follows the District of Columbia government regarding closures for inclement weather and is required to open when the District government opens, but interviewees reported that snow and ice removal was not complete by the time the Center was required to open following a snowstorm in early March 2014. A Center interviewee stated, however, that following another snowstorm that month, DGS promptly removed the snow.

Facility Damage: As shown below, the Center's facility defects include worn and damaged walls, carpet, and ceilings throughout. The awning over the entrance has a section missing, which was damaged by a truck. A July 2013 DGS facilities assessment recommends replacing the Center's carpet and repainting its walls and ceiling.¹⁴ The team's initial visit in March 2014 found water-stained ceiling tiles in the nutritionist's office and water dripping from the edges of the roof rather than flowing into drainpipes. The Center director reported that DGS had successfully addressed these issues by repairing the roof, clearing the drains, and replacing damaged ceiling tiles in May 2014.

¹⁴ This facilities assessment estimated that painting and re-carpeting would cost \$21,096.

Photographs of Unresolved Facility Issues at the Center

Worn and Damaged Walls, Ceiling, and Carpet	
<p>Marks on Game Room Wall</p> 	<p>Scuffed Paint in Nutritionist's Office</p> 
<p>Crack in Women's Restroom Ceiling</p> 	<p>Stained Carpet in Administrative Office</p> 
Exterior Issues	
<p>Overgrown Area Behind Center</p> 	<p>Awning Damaged by Truck</p> 

Cause:¹⁵ Interviewees provided various explanations for the conditions noted. A DCOA employee stated that DCOA requested that DGS test air flow in the game room during the busiest hours to determine what capacity the air conditioner for that room should have, but DGS has not conducted this test. A DGS manager explained that although the facilities assessment found that the Center was in need of repainting and new carpet, these issues have not been addressed yet because they are a lower priority than other facility needs. A DGS groundskeeper told the Center director that the Center was not on the mowing schedule, and a DCOA employee requested but did not receive a mowing schedule from DGS for the senior wellness centers. A DCOA interviewee stated that Center employees did not raise the issues regarding the lack of security cameras or the need for a full-time guard, and DCOA is waiting for the Office of Disability Rights to evaluate the Center's accessibility.

Effect:¹⁶ Incomplete maintenance and poor groundskeeping may create unhealthy and unsafe conditions for Center employees, members, and visitors, and lead to costly repairs and defects should they persist. The Center's building defects may contribute to an uninviting atmosphere and hurt the Center's ability to attract and retain members.

Accountability:¹⁷ DCOA managers are responsible for ensuring that maintenance issues are communicated to DGS. DGS managers are responsible for ensuring that repairs and maintenance at the Center are completed timely.

Recommendations:

- 1) That the Director of DGS (D/DGS) create a plan of action and a schedule to correct the Center's facility defects and address security concerns.

Agree X Disagree

- 2) That the Director of the Office of Disability Rights complete accessibility assessments of all senior wellness centers and that the ED/DCOA and D/DGS implement any resulting recommendations.

Agree X Disagree

DCOA's August 2014 Response, as Received:

DCOA will follow up with DGS and the Office on Disability Rights on the recommendations noted above.

¹⁵ The "cause" is the action or inaction that brought about the condition the team evaluates.

¹⁶ The "effect" is the impact of the condition the team evaluates.

¹⁷ "Accountability" is a description of who is responsible for the condition evaluated.

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

The team found that the Center is serving its members well through a variety of programs to enhance wellness and fitness, and reported key accomplishments in several areas. According to the Center's September 2013 Comprehensive Uniform Reporting Tool (CURT) report,¹⁸ the Center gained 136 new members in FY 2013, including men and baby boomers, which were populations the Center targeted for membership growth. The Center reported that it provided 90,057 units of service¹⁹ in FY 2013, which significantly exceeded the 44,534 units of service that DCOA funded in its grant award.

The Center met its goal of offering a variety of daily fitness classes targeting members at various levels of fitness. Instructors focused on helping members improve different components of fitness, such as cardiovascular health, strength, flexibility, and balance. The Center had a goal of providing 24 health and nutrition programs and actually provided 148 sessions in FY 2013 in a variety of areas, such as nutrition education, vision screenings, and a diabetes support group.

Member Survey

In March 2014, the team issued a survey to Center members to obtain demographic information and feedback on the quality of services provided. The team analyzed responses from 104 members and found that:

- 87% of respondents were retired;
- 85% attended the Center 3-5 days per week; and
- 78% routinely attended fitness activities, such as aerobics classes, or visited the fitness room.

Respondents are pleased with the Center's staff and services, and 95% of respondents reported that attending the Center has improved their lives. In response to an open-ended question asking what they liked best about the Center, members frequently wrote that they most enjoyed socializing with other seniors at the Center. The table below shows how survey respondents rated various aspects of the Center. Staff members' customer service earned the highest ratings, while the amount of space at the Center received the lowest ratings.

¹⁸ CURT reports are the principle reporting documents that grantees submit to provide information on progress with execution of the grant.

¹⁹ A "unit of service" consists of one senior attending the Center for 1 hour.

Member Survey Results²⁰

Item	Respondents' Ratings				Total Respondents Who Rated Item	Respondents Marking "No Opinion"
	Very Good	Good	Fair	Poor		
Staff members' customer service	79% (79)	18% (18)	2% (2)	1% (1)	100	(1)
Nutrition programs	76% (74)	20% (20)	3% (3)	1% (1)	98	(3)
Exercise classes	73% (74)	27% (27)	1% (1)	0% (0)	102	(0)
Safety at the Center	65% (64)	32% (32)	3% (3)	0% (0)	99	(0)
Hours of operation	60% (58)	30% (29)	7% (7)	2% (2)	98	(1)
Accessibility to seniors with disabilities	60% (59)	33% (32)	7% (7)	0% (0)	96	(1)
Exercise equipment	60% (59)	36% (36)	4% (4)	0% (0)	99	(0)
Cleanliness	56% (56)	40% (40)	4% (4)	0% (0)	100	(0)
Other health programs	50% (44)	44% (39)	3% (3)	2% (2)	88	(8)
Availability of transportation between home and the Center	50% (40)	33% (26)	11% (9)	6% (5)	80	(17)
Social activities	50% (47)	47% (45)	1% (1)	2% (2)	95	(1)
Availability of transportation for Center trips	43% (42)	40% (39)	11% (11)	6% (6)	98	(3)
Quality of meals	37% (32)	43% (37)	13% (11)	8% (7)	87	(14)
Amount of space at the Center	37% (33)	38% (34)	21% (19)	3% (3)	89	(1)

²⁰ Note: Survey items are arranged in order of highest positive rating. Percentages may not total 100% due to rounding.

During interviews and observations, the team found that barriers—such as limited hours of operation and insufficient space designated for exercise—constrain the Center’s ability to meet seniors’ needs; the Center does not ensure that members who exercise have up-to-date medical clearance forms; and the Center does not use EnhanceFitness²¹ software to track seniors’ fitness levels. These three findings were also identified in the team’s inspection reports on other senior wellness centers, and corrective actions that the ED/DCOA has already taken to address these concerns within the Congress Heights center are included below.²²

2. Limited space and hours hinder the Center’s ability to expand services to meet members’ needs.

Center staff members stated that they are unable to increase fitness programs due to lack of space, as the Center has one fitness room that houses both exercise equipment and fitness classes. Some fitness classes are taught in the multipurpose room, but the Center does not have flexibility in its schedule to provide additional classes in that room. The multipurpose room is not ideal for some fitness classes because the linoleum floor catches seniors’ feet and makes them stumble, which presents a fall hazard. An interviewee noted that sometimes broken fitness equipment is not promptly removed from the fitness room, which wastes space. In addition, members can only use the Center’s exercise equipment for 30 minutes during busy times. The Center is open until 8 p.m. on Tuesdays and Thursdays, and some members expressed interest in adding Saturday hours. DCOA has proposed modernizing the senior wellness centers to add more space as well as expanding hours, both of which will require additional funding. Extending the Center’s hours may help to further attract and retain new members who are employed.

The team previously recommended that the ED/DCOA: 1) evaluate and implement solutions to better use space at senior wellness center facilities; and 2) work with the centers to determine if and how the hours of operation should be modified to accommodate working seniors. The ED/DCOA agreed with these recommendations in his July 2014 response to the OIG’s draft report of inspection of the Hattie Holmes Senior Wellness Center. He noted that DCOA will apply for additional funding to senior wellness centers to increase their hours of operation on weekdays and provide services on Saturdays beginning in FY 2015. When DCOA submits documentation or other evidence showing compliance with these recommendations, the OIG will consider the recommendations closed with no further action required.

3. Center staff members allow seniors with outdated medical clearances to exercise even though their physicians may have imposed limits on such activities. This lack of oversight puts seniors at risk of injury.

DCOA does not have a written policy requiring Center members to submit updated medical clearance forms from their physicians indicating limitations on exercise. While the

²¹ 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).

²² These reports are located at www.oig.dc.gov.

Center requests that members submit updated medical clearance forms annually, it permits members to exercise even if they do not have up-to-date forms. In March 2014, the team reviewed the files of 13 members who had exercised at the Center on the day of the file review and found that although all of them had medical clearance forms, 5 members' most recent forms were over a year old. Center staff members stated that they did not strictly enforce the annual renewal requirement because it was not a DCOA requirement and many physicians' offices charge fees to complete forms, which poses a financial burden on members with limited incomes. The team notes that without updated forms, however, fitness instructors may be unaware of members' current exercise restrictions and may not properly monitor or assist members.

The team previously recommended that the ED/DCOA ensure that the Center: 1) implements a written policy and procedure for routinely documenting and monitoring members' compliance with medical clearance form requirements; 2) implements a notification system that alerts staff of medical forms that expired or are pending expiration; and 3) posts a written policy that prohibits members from exercising if they do not submit updated medical clearance forms. The ED/DCOA agreed with these recommendations in his July 2014 response to the OIG's draft report of inspection of the Hattie Holmes Senior Wellness Center and plans to establish policies to implement them by September 30, 2014. When DCOA submits documentation or other evidence showing compliance with these recommendations, the OIG will consider the recommendations closed with no further action required.

4. The Center is not using EnhanceFitness software to track members' fitness.

For FY 2013, DCOA required senior wellness centers to use EnhanceFitness, a program designed to improve seniors' fitness and collect data on participants' progress. DCOA, however, did not purchase an EnhanceFitness license and its WellWare software for the senior wellness centers. Consequently, the Center cannot use WellWare software to measure changes in members' fitness. A Center fitness instructor who previously received EnhanceFitness training provides Enhance Fitness classes at the Center, but manually tracks each member's annual health assessment data.

The team previously recommended that the ED/DCOA procure and renew an EnhanceFitness license and WellWare software agreement for each senior wellness center so long as use of this evidence-based program remains a DCOA grant requirement. The ED/DCOA disagreed with this recommendation in his July 2014 response to the OIG's draft report of inspection of the Bernice Fonteneau Senior Wellness Center. However, he reported that DCOA will: assess the feasibility of purchasing the license and software; decide whether to incorporate mandatory use of this or similar software into DCOA grant agreements; and consider other programs and fitness software.

Area of Concern²³

The Center does not have a social worker on-site to connect seniors with needed services. A Center employee reported that member accessibility to social worker services was deficient throughout FY 2013 and a portion of FY 2014. This interviewee stated that from September 2012 through December 2013, the Center had difficulty scheduling meetings for members with social workers at Family Matters,²⁴ and no social workers were available to meet with Center members. A Family Matters staff member stated that social workers were not available because a hiring freeze prevented the organization from filling two vacant social worker positions. The vacancies were filled in December 2013 and since April 2014, Family Matters reportedly has been responsive to the Center's requests for social worker appointments.

Although social worker accessibility improved recently, the team believes that having a social worker with regular hours at the Center may help members more easily obtain assistance with issues – such as housing and health insurance – which in turn may improve their quality of life and prolong their ability to live independently. In addition, an assigned social worker could better coordinate services for seniors who are served by both the Center and the lead agency. In January 2014, DCOA issued a white paper proposing to expand funding to senior wellness centers to include social workers to help seniors who have recently experienced life-altering circumstances, such as the death of a loved one, and to connect seniors to other services.²⁵ Seniors who participated in a DCOA needs assessment also recommended that all senior wellness centers have social workers to assist with case management services.²⁶ The team recommends that the ED/DCOA make efforts to: 1) evaluate whether additional funds are needed and available to ensure that social workers have regularly scheduled hours at each senior wellness center in accordance with the report on modernizing the senior wellness centers; 2) ensure that the lead agencies' grants require social workers with regularly scheduled hours at the senior wellness centers if DCOA determines that the lead agencies should provide such services; and 3) evaluate whether the lead agencies are adequately meeting their responsibilities as ADRCs and take any corrective action necessary.

²³ An "area of concern" is an issue that warrants management's attention but does not rise to the level of a finding.

²⁴ Family Matters is a non-profit organization that receives a DCOA grant to serve as the "lead agency," e.g., the primary provider of senior services for Ward 8. A lead agency's responsibilities include performing as an Aging and Disability Resource Center (ADRC) for the ward with social workers available to help ensure seniors receive needed services to allow them to continue to live in the community.

²⁵ DISTRICT OF COLUMBIA OFFICE ON AGING, MODERNIZATION OF THE DISTRICT'S SENIOR WELLNESS CENTERS, 8-9 (Jan. 20, 2014).

²⁶ DISTRICT OF COLUMBIA OFFICE ON AGING, SENIOR NEEDS ASSESSMENT INITIAL DATA COLLECTION: FINAL REPORT, 85 (Sept. 5, 2012). This report also states: "Case management services include the assessment of need and the coordination, implementation, and monitoring of a service plan designed to mobilize resources and services to meet the needs of the client, achieve positive health outcomes, and maintain relationships with family and friends." *Id.* at 84.

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

In accordance with the grant agreement, DCOA's grant monitors are responsible for reviewing monthly reports from grantees, conducting annual site visits, and maintaining contact with grantees to assess performance in meeting grant requirements. DCOA may suspend, discontinue, or terminate a grant in whole or in part if the grantee has materially failed to comply with the terms and conditions of the grant or carry out its objectives.

The team found that DCOA did not adequately assess Providence's compliance with the terms of its FY 2013 grant to operate the Center. The team also found that neither DCOA nor the Center has a policy regarding how Center staff members are to handle suspected elder abuse, neglect, and exploitation. These concerns were also identified during the team's inspections of other senior wellness centers, and corrective actions that the ED/DCOA implemented are included below.

5. DCOA did not determine Providence's grant compliance in FY 2013.

The team found that DCOA did not sufficiently monitor grant compliance or conduct an annual formal site visit at the Center in FY 2013. A DCOA interviewee stated that DCOA planned to conduct quarterly site visits in FY 2014. Although a DCOA grant monitor conducted a first quarter FY 2014 site visit in December 2013, the Center director did not receive a report from this visit because the grant monitor resigned from DCOA before completing it. DCOA completed a second quarter site visit report in May 2014, but did not send a copy to the Center director. DCOA lacks clear policies and procedures regarding how grant monitors are to evaluate grantees' performance, and a senior DCOA official reported that DCOA needs a robust information technology (IT) system that measures grantees' performance outcomes. Currently, the system only measures outputs (e.g., the number of participants who attended a nutrition education class) rather than outcomes (e.g., how a participant's nutrition awareness and health improved after participating in nutrition education classes).

The team also noted deficiencies in the Center's reporting that DCOA's grant monitors did not address with the Center. Specifically, the Center did not report how many members it had at the beginning of FY 2013 to provide a baseline to measure its success in meeting its objective of a 10% increase in membership. A Center staff member explained that this information was not reported because the Center did not have accurate membership data at the beginning of FY 2013 due to duplicate member records and inactive members, which the Center removed from its membership records during FY 2013. Additionally, although Providence's grant application included objectives for tracking members' specific health behaviors—such as increased fruit and vegetable intake and physical activity as well as members' weight and fall risks—the Center did not report its progress in these areas to DCOA.

The team recommended in other senior wellness center reports that the ED/DCOA ensure that: 1) DCOA implements an effective system for grant monitoring with written policies and procedures to include how often site visits are to occur; 2) there is adequate staffing for monitoring senior wellness center grants based on the number of site visits required; and 3) DCOA obtain an IT system to track senior wellness centers' outcomes. The ED/DCOA agreed

with these recommendations in his July 2014 response to the OIG's draft report of inspection of the Hattie Holmes Senior Wellness Center. The response notes that DCOA has worked to resolve staffing shortages, conducted one to two site visits at each senior wellness center in the first half of FY 2014, and plans to conduct site visits for all senior wellness centers in the third and fourth quarters of FY 2014. The ED/DCOA also reported that DCOA will incorporate the quarterly site visit requirement in its Grants Policy Manual. DCOA also noted that it monitors grants through various reports submitted by grantees. DCOA plans to continue to improve its data collection mechanism to better monitor grantees' performance, and is hiring an employee who will track senior wellness centers' performance outcomes. When DCOA submits documentation or other evidence showing compliance with these recommendations, the OIG will consider the recommendations closed with no further action required.

6. The Center has no written policy and procedure on reporting elder abuse, neglect, and exploitation.

Neither DCOA nor the Center has written guidelines for reporting elder abuse, neglect, and exploitation, and Center staff members have not received training in this area. The team is concerned that because of these deficiencies, Center staff members may not recognize and report signs of elder abuse, neglect, and exploitation to Adult Protective Services (APS).²⁷ Consequently, potential cases may not be investigated, leaving seniors unprotected.

The team previously recommended that the ED/DCOA: 1) create a written policy and procedure for DCOA grantees to report suspected elder abuse, neglect, and exploitation; and 2) implement an ongoing training program for grantees, employees, and contractors on procedures for identifying and reporting suspected elder abuse, neglect, and exploitation. The ED/DCOA agreed with these recommendations in his July 2014 response to the OIG's draft report of inspection of the Hattie Holmes Senior Wellness Center and reported that DCOA continues to coordinate with APS to establish training for District employees on mandatory reporting requirements. This response also noted that DCOA continues to provide information to its grantees on mandatory reporting requirements. The agency is in the process of establishing written policies and procedures for DCOA employees and grantees to report suspected elder abuse, neglect, and exploitation and will implement a related training program. When DCOA submits documentation or other evidence showing compliance with these recommendations, the OIG will consider the recommendations closed with no further action required.

Conclusion

The Center appears to be serving seniors well given its available resources. The team noted some unresolved facilities issues, but the building seemed generally well-maintained. It was clean and orderly during the team's visits, and seniors reported they felt safe. The team's

²⁷ Adult Protective Services "investigates reports of alleged cases of abuse, neglect, and exploitation by third parties, and self-neglect of vulnerable adults 18 years of age or older. APS provides protective services to reduce or eliminate the risk of abuse, neglect, self-neglect, and exploitation." [Http://dhs.dc.gov/service/adult-protective-services](http://dhs.dc.gov/service/adult-protective-services) (last visited May 29, 2014).

survey indicated that members were pleased with the Center's programs and staff. DCOA is aware that the Center's current facility size and hours limit its ability to increase services to seniors. Although DCOA holds quarterly roundtable discussions at each senior wellness center to communicate new initiatives and obtain feedback on how to improve services, it has not provided the Center with sufficient formal oversight, including grants monitoring and written policies in areas such as elder abuse and neglect and medical clearance forms. The team also noted that social workers have not been consistently available to assist Center members.

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,



Blanche L. Bruce
Interim Inspector General

BLB/klb

cc: See **Distribution List**

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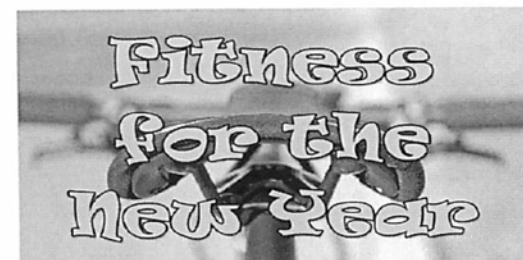
Appendix: Sample Calendar of Center Activities

CONGRESS HEIGHTS SENIOR WELLNESS CENTER 3500 M. L. K. JR. AVE., SE WASHINGTON DC 20032 (202) 563-7225					
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<p>***** SCHEDULE IS SUBJECT TO CHANGE *****</p> <p>J</p>			<p>1</p> <p>CENTER CLOSED</p> <p>Happy New Year!</p>	<p>2 9:00 Morning Fellowship 9:30 Chair Yoga 10:30 Afro Jazz 12:20 Choir 1:30 Tai-Chi 1:30 Pokeno 2:30 CHAT w/Nat: Nutrition Bingo National Buffet Day 3-4 Water Aerobic 6PM Fitness w/Charlene</p>	<p>3 9:00 Morning Fellowship 9:30 Fitness w/Kojak 10:00 Crochet 10:30 Pilates 11:00 Line Dancing 12:30 CHAT W/Nat: Lunch & Learn: National Spaghetti Day 1:00pm BINGO</p>
A	<p>6 9:00 Morning Fellowship 9:30 Senior Tabata Boot camp 10:30 Pilyo (Pilates/Yoga Mix) 10:45 ERGO: Keeping Moving in 2014 w/ Dr. Henderson 1:15 Pokeno</p>	<p>7 9:00 Morning Fellowship 9:30 Enhanced Fitness 10:30-2:30 Sunshine Club 10:45 Chat w/Nat: A Slice of Haven – National Pizza Week 11:00 Blood Pressure 1:00 ZUMBA 3-4 Water Aerobics 6:00pm Fitness w/Erica</p>	<p>8 9:00 Morning Fellowship 9:30 Instr. Choice 9:30 Old Skool Dancing 11:15 Pilates 1:00 Inspiration Hour 2:00 – Ask the Trainer- Gym Knowledge</p>	<p>9 9:00 Morning Fellowship 9:30 Chair Yoga 10:30 Afro Jazz 12:20 Choir 1:30 Tai-Chi 1:30 Pokeno 2:30 CHAT w/Nat: Nutrition Wheel Focus on Fiber 3-4 Water Aerobic 6PM Fitness w/Charlene</p>	<p>10 9:00 Morning Fellowship 9:30 Fitness w/Kojak 10:00 Crochet 10:30 Pilates 11:00 Line Dancing 1:00pm BINGO</p>
	<p>13 9:00 Morning Fellowship 9:30 Senior Tabata Boot camp 10:30 Pilyo 10:45 GWU Memory Loss Research Lecture 1:15 Pokeno 1:30 Chair Fitness Class w/ Regina</p> 	<p>14 9:00 Morning Fellowship 9:30 Enhanced Fitness 11:00 Blood Pressure 11:00 Trip to DC Walmart 1:30 ZUMBA 3-45 Water Aerobics 6:00pm Fitness w/Regina</p>	<p>15 9:00 Morning Fellowship 9:30 On The Ball 9:30 Old Skool Dancing 10:30 Advisory Board Meeting 10:45 Elder Abuse 101 11:15 Pilates 1:00 Inspiration Hour</p>	<p>16 9:00 Morning Fellowship 9:30 Chair Yoga 10:30 Afro Jazz 11:00 Trip to Museum 12:20 Choir 1:30 Tai-Chi 1:30 Pokeno 6PM Fitness w/Charlene</p>	<p>17 9:00 Morning Fellowship 9:30 Fitness w/Kojak 10:00 Crochet 10:30 Pilates 11:00 Line Dancing 11:00 L.C.E. Senior Medicare Patrol</p>
2014					

PART OF SENIOR SERVICE NETWORK SUPPORTED BY DCOA / MANAGED BY PROVIDENCE HOSPITAL

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
SHARE PICK UP FRIDAY 24  PART OF SENIOR SERVICE NETWORK SUPPORTED BY DCOA MANAGED BY PROVIDENCE HOSPITAL	20  <i>I Have A Dream</i> <i>Martin Luther King, Jr. Day</i> HOLIDAY CENTER CLOSED	21 9:00 Morning Fellowship 9:30 Enhanced Fitness 10:45 Chat w/Nat: Get To the Heart of Weight Loss 11:00 Blood Pressure 1:30 ZUMBA 3-45 Water Aerobics 6:00pm Fitness w/Regina	22 9:00 Morning Fellowship 9:30 Instr. Choice 9:30 Old Skool Dancing 11:00: MEN'S GROUP  11:15 Pilates 1:00 Inspiration Hour 2:15 MOVIE-TBA 	23 9:00 Morning Fellowship 9:30 Chair Yoga 10:30 Afro Jazz 12:20 Choir 1:30 Tai-Chi 1:30 Pokeno 2:30 Chat w/Nat: Nutrition Wheel – National Pie Day 6PM Fitness w/Charlene	24 SHARE PICK UP 9:00 Morning Fellowship 9:30 Fitness w/Kojak 10:00 Crochet 10:30 Pilates 11:00 Line Dancing 12:30 Chat w/Nat – lunch & Learn: National Peanut Butter Day 1:00 Birthday Party 
  PROVIDENCE HOSPITAL	27 9:00 Morning Fellowship 9:30 Senior Tabata Boot camp 10:30 Pilyo (Pilates/Yoga Mix) 10:45 Assembly Meeting 1:15 Pokeno 1:30 Chair Fitness Class w/ Regina 	28 9:00 Morning Fellowship 9:30 Enhanced Fitness 10:45 Chat w/Nat: Break the Fast National Blueberry Pancake Day 11:00 Blood Pressure 1:30 ZUMBA 3-45 Water Aerobics 6:00pm Fitness w/Erica	29 9:00 Morning Fellowship 9:30 Harrington Casino Trip Cost \$30.00 9:30 On The Ball 9:30 Old Skool Dancing 10:45 Puzzles and Fun 11:15 Pilates 1:00 Inspiration Hour 2:00 – Ask The Trainer – Weight Training	30 9:00 Morning Fellowship 9:30 Chair Yoga 10:30 Afro Jazz 12:20 Choir 1:30 Tai-Chi 1:30 Pokeno 2:30 Chat w/Nat: Look to the Future – National Glaucoma Awareness Month 6PM Fitness w/Charlene	31 SHARE PICK UP 9:00 Morning Fellowship 9:30 Fitness w/Kojak 10:00 Crochet 10:30 Pilates 11:00 Line Dancing 2:00 Chat w/Nat: Game Day Bash – Super Bowl Party – Coking Demo

JANUARY



CONGRESS HEIGHTS SENIOR WELLNESS CENTER 3500 M. L. K. JR. AVE., SE WASHINGTON DC 20032 (202 563-7225)