

GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF THE INSPECTOR GENERAL

DISTRICT OF COLUMBIA OFFICE ON AGING
WASHINGTON SENIORS WELLNESS CENTER

REPORT OF INSPECTION

April 2015



DANIEL W. LUCAS

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.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Office of the Inspector General

Inspector General



April 1, 2015

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Executive Director
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3917 Minnesota Avenue, N.E.
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Dear Dr. Thompson and Ms. Best:

This report is part of the OIG's inspection of services and conditions at senior wellness centers funded by D.C. Office on Aging (DCOA) grants. DCOA established senior wellness centers in six of the District's eight wards that provide health and wellness programs to D.C. senior residents 60 years of age and older.¹ This report covers OIG observations during fieldwork conducted from June 2014 through July 2014 at the Washington Seniors Wellness Center (Center) in Ward 7 located at 3001 Alabama Avenue, S.E., Washington, D.C. 20019. Previously published reports on the other five senior wellness centers are on our website.

This report provides ten recommendations regarding the Center's services and DCOA's oversight. The OIG encourages the Executive Director of DCOA (ED/DCOA) to determine whether other senior wellness centers have issues similar as those described in this report and promptly address them.² In September 2012, DCOA awarded East River Family Strengthening Collaborative (East River)³ a \$332,642 grant to operate the Center during fiscal year (FY) 2013. In September 2013, DCOA renewed the East River FY 2014 grant in the amount of \$361,229.

¹ Washington Seniors Wellness Center was the District's first senior wellness center. It opened in 1985 and was renovated in 2006. 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 reports on the Hattie Holmes Senior Wellness Center on July 15, 2014, the Bernice Fonteneau Senior Wellness Center on July 21, 2014, the Congress Heights Senior Wellness Center on August 20, 2014, the Model Cities Senior Wellness Center on September 29, 2014, and the Hayes Senior Wellness Center on January 26, 2015. These reports are located at www.oig.dc.gov. After the ED/DCOA reviewed the reports, corrective actions were taken to address similar issues identified in this Center. The ED/DCOA's actions are noted accordingly in this report.

³ East River raises funds to support Washington Seniors Wellness Center and has operated the Center since 2010.

The Center is open Mondays and Wednesdays from 8:00 a.m. to 7:00 p.m., Tuesdays and Thursdays from 7:30 a.m. to 5:00 p.m., and Fridays from 8:00 a.m. to 5:00 p.m. The Center's programming is based on a three-pronged approach to wellness that addresses disease prevention, health promotion, and medication management. Seniors must register to join the Center before participating in Center activities. They also complete a fitness screening before participating in fitness classes. As of September 2014, approximately 400 seniors were registered members, and approximately 100 members attended daily. The Center offers exercise equipment and a variety of fitness classes, such as chair exercise, functional training, line dancing, tai chi, and yoga. The Center also offers nutrition and health classes, cooking demonstrations, sign language, Spanish, and social activities such as a gardening club, bowling, and tennis.

Center employees include a full-time director, full-time program coordinator, full-time administrative assistant, full-time fitness manager, part-time fitness instructor, and part-time nutritionist. Additionally, part-time contractors provide instruction and activities pertaining to fitness, health, and wellness. Senior volunteers and outside groups such as AARP (formerly American Association of Retired Persons), the American Heart Association, and Howard University's Junior Family Medicine Clerkship Group provide site visits, services, activities, workshops, and seminars at no cost to the center or through grants. Dutch Mill Catering,⁴ a DCOA grantee, manages a daily lunch program at the Center, and Seabury Resources for Aging, another DCOA grantee, provides limited transportation services to off-site Center activities,⁵ including trips to supermarkets, museums, libraries, and luncheons.

Figures 1 through 9 illustrate some of the Center's rooms and resources.

Photographs of the Center



Figure 1: Exterior



Figure 2: Reception Area

⁴ Dutch Mill Catering has provided congregate meal service on weekdays between 11:30 a.m. - 1:00 p.m. since February 2014. Congregate meal services include staff, goods, facilities, services, and supports to serve a complete mid-day meal to each participant enrolled in the program.

⁵ Seabury Resources for Aging offers transportation services for groups of 10 or more on Tuesdays and Thursdays between the hours of 10:00 a.m. and 1:00 p.m.

[Http://www.seaburyresources.org/community_services/transportation/index.html](http://www.seaburyresources.org/community_services/transportation/index.html) (last visited Aug. 7, 2014).



Figure 3: Lobby



Figure 4: Informational Corridor



Figure 5: Fitness Room



Figure 6: Computer Room



Figure 7: Game Room



Figure 8: Sun Room



Figure 9: Kitchenette in Multipurpose 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 coordinate and connect seniors, persons with disabilities, and family caregivers with service and support options that promote healthy and independent living in the community.⁶ Senior wellness centers provide services that focus on health promotion and disease prevention. Programs include health and nutrition education classes, exercise, support groups, creative arts, and intergenerational programs to help seniors residing in the community maintain independence and avoid premature institutionalization.⁷

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 is efficiently and effectively serving its target population; and 3) DCOA's oversight of each wellness center.

Scope and Methodology

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.⁸ This inspection report focuses on the Center's services, the physical condition of the facility, compliance with grant requirements, and DCOA's oversight during FYs 2013 and 2014. The team conducted on-site observations; reviewed Center personnel and member files; analyzed grant documentation; and interviewed nine East River, DCOA, and Center employees. The team also issued a survey in June 2014 to Center members and received responses from 83 seniors.

⁶ [Http://dcoa.dc.gov/page/about-us-dcoa](http://dcoa.dc.gov/page/about-us-dcoa) (last visited Sept. 29, 2014).

⁷ [Http://dcoa.dc.gov/service/senior-wellness-centers](http://dcoa.dc.gov/service/senior-wellness-centers) (last visited Sept. 29, 2014).

⁸ "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).

The OIG issued a draft of this report to DCOA and East River for comment on February 13, 2014. Inspected agencies are given the opportunity to submit documentation or other evidence to the OIG showing that a problem or issue identified in a finding or recommendation has been resolved or addressed. When such evidence is accepted, the OIG considers the finding or recommendation closed with no further action required. Both DCOA and East River have agreed to all recommendations and all responses are incorporated into this report.⁹

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 where the Department of General Services (DGS) has been responsible for maintenance since October 1, 2012. A DGS contractor provides daily cleaning services. Most areas of the Center were clean, orderly, and adequately maintained during the team's six visits from June through July 2014. However, although 78% of seniors surveyed rated the Center's cleanliness as "good" or "very good," several interviewees stated that the Center needed a full-time custodian to provide cleaning throughout the day, especially in the restrooms. Employees and survey respondents complained about restroom odors and recommended using disinfectants to more thoroughly clean the Center.

The team also observed inappropriate storage of water bottles and a torn shower curtain in the men's restroom and stained ceiling tiles in both the men's and women's restrooms. The Center's cooktop is inoperable, and seniors reported that the Center was not aesthetically pleasing. Seniors recommended that the Center improve its landscaping, plant flowers and bushes, and maintain the grounds so that the Center is more inviting.

The team surveyed Center members to obtain feedback regarding security and safety and reviewed security protocols. Eighty-three percent of senior members reported that security at the Center was "good" or "very good," and Center employees said they felt safe at the Center. A contracted security guard monitors the facility and surrounding premises 4 hours each weekday afternoon, and the Center's front desk staff also monitors the Center. Interviewees reported that East River trains employees on the Center's Emergency Preparedness and Readiness Plans, which detail policies and procedures for handling emergencies and crimes. DGS completed inspections of the Center's automatic external defibrillator (AED) and seven fire extinguishers in July 2014; all were listed "in good condition."

As noted in the findings below, although staff and members generally feel safe within the Center, some employees have not received CPR and AED training; some security equipment has

⁹ 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.

not been fully functional for more than 6 years; improperly stored boxes and furniture create a safety hazard; and minimal parking spaces may limit Center accessibility.

1. Staff received no formal CPR and AED training, which could create unsafe conditions for members during a medical emergency.

Criteria:¹⁰ DCOA's grant with East River states that Center employees are required to obtain CPR certifications within 6 months of hire. D.C. Code § 44-232(a) mandates that:

A person who or entity that acquires an AED shall ensure that:

(1) Expected AED users receive training from and be certified by the American Heart Association, the American Red Cross, or an equivalent state or nationally recognized course, in cardiopulmonary resuscitation ("CPR") and in the use of an AED, and that the users maintain their certification in CPR and AED use

Fitness organizations, such as the Aerobics and Fitness Association of America, also require CPR and AED certification for fitness instructors certified to teach group fitness courses.

Condition:¹¹ Several Center employees and fitness instructors lack current CPR or AED certifications. The team reviewed CPR and AED certifications for nine staff members and found that five did not have CPR or AED certifications as of August 26, 2014; two of these five individuals were fitness instructors.

Cause:¹² One staff member stated that the cost of CPR and AED certification training was an impediment, and two others reported that they did not know CPR certification was required. A DCOA grant monitor informed the Center of this deficiency in a December 2013 site visit report and recommended that the Center submit staff licenses and certifications to DCOA by January 2014. However, the Center did not comply with the recommendation.

Effect:¹³ Because less than half of the Center's staff are AED and CPR certified, employees may not be prepared to respond to medical emergencies.

Accountability:¹⁴ DCOA and East River are responsible for ensuring that Center employees have appropriate certifications.

Recommendations: In previously published inspection reports, the team recommended that the ED/DCOA require that all senior wellness center full-time employees and contractors hold and maintain current CPR certifications. The ED/DCOA agreed with this recommendation

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

¹¹ The "condition" is the problem, issue, or status of the activity the team evaluates.

¹² The "cause" is the action or inaction that brought about the condition the team evaluates.

¹³ The "effect" is the impact of the condition the team evaluates.

¹⁴ "Accountability" is a description of who is responsible for the condition evaluated.

in his December 2014 response to the OIG's draft report of inspection of the Hayes Senior Wellness Center. When DCOA submits documentation or other evidence showing compliance with this recommendation, the OIG will consider it closed with no further action required. The team also recommends the following:

- 1) That the ED/DCOA create a written policy requiring CPR and AED certification for wellness center employees.

Agree _____ X _____ Disagree _____

- 2) That the ED/DCOA consider funding CPR and AED training programs for grantees, employees, and contractors.

Agree _____ X _____ Disagree _____

East River Family Strengthening Collaborative (East River) February 2015 Response, As Received:

All center staff have updated CPR training, paid for by East River Strengthening Collaborative. Certifications were submitted to the OIG on 12/17/14.

2. The Center lacks an effective security and fire alarm system, adequate parking, and sufficient storage space, which may pose fire hazards and safety risks for members and staff.

Criteria: According to the National Council on Aging and the National Institute of Senior Centers, senior center facilities should provide for the safety of participants and staff.¹⁵ In accordance with D.C. Code § 10-551.01(b)(4) (2013), DGS provides: “engineering services, custodial services, security services, energy conservation, utilities management, maintenance, inspection and planning, and repairs”

Condition: The team documented interior and exterior building conditions in June and July 2014 using a structured checklist and photographed problem areas. Generally, the team found the Center in good condition, but with the security deficiencies noted below.

Inoperable Security Equipment: The Center's electronic security system is not fully functional. Protective Security Services, an East River contractor, monitors the Center's security alarm system, which consists of door and window sensors that alert the Metropolitan Police Department and the Fire and Emergency Medical Services Department (FEMS) when tripped. The security system also includes cameras and a monitor for observing exterior and interior Center areas. However, this surveillance equipment has been inoperable for approximately 6 years. The Center requested that DCOA repair the cameras and monitor in May 2013 and

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 Sept. 4, 2014).

submitted a repair request to Protective Security Services in September 2014, but neither party completed the repairs.

Limited Parking: Members expressed that the Center lacks a sufficient number of parking spaces. The parking lot's 12 spaces cannot accommodate the Center's approximately 100 daily visitors. Consequently, members illegally park in the Center's circular driveway or along steep neighborhood streets. In addition, signage for the two handicapped parking spaces is not easily visible because it is printed on the pavement rather than posted vertically on a pole.

Inadequate Storage Space: The computer room is partitioned by a divider where half of the room contains computer stations and the other half is used for Center storage and houses member lockers. The Center hazardously stacked boxes and chairs in front of member lockers, which obstructed access and posed a safety concern. Some items were too heavy to move or were unstable and could fall on a senior when moved. In addition, the Center stored boxes and furniture in the game room, which limited the utility and capacity of this space for group activities.

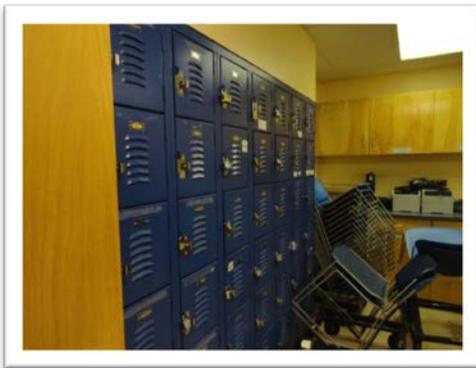


Figure 10: Member Lockers and Storage in Computer Room



Figure 11: Storage in Computer Room



Figure 12: Storage in Computer Room



Figure 13: Storage in Game Room

Cause: DGS has not added the Center to its Citywide Services Maintenance contract¹⁶ for security services, and DCOA’s capital budget does not include sufficient funding to address the Center’s security and space concerns. According to a DGS official, DGS must configure and install a new security system for each center to allow DGS’s Protective Services Division (PSD) to remotely monitor and maintain senior wellness center security systems. DCOA must allocate funding to DGS so that DGS can complete these changes, and a DCOA official reported that the agency is trying to include local funding for security system repairs and upgrades in its FY 2015 budget.

A Center employee stated that he/she informed DCOA of the Center’s storage challenges, and the Center is making efforts to more efficiently utilize current space. In regard to parking, a DCOA official acknowledged that the Center has adequate space on its grounds to expand the parking lot, but there is no available funding for this project.

Effect: Inoperative security equipment limits the Center’s ability to protect its members and property. Storing boxes, furniture, and equipment in classrooms reduces class sizes and creates safety hazards. Inadequate parking may deter existing and potential members from attending the Center.

Accountability: The Center is responsible for communicating facility issues to DCOA when they arise. DCOA is responsible for communicating those needs to DGS and allocating funding to DGS for completion of the repairs.

Recommendation: That the ED/DCOA collaborate with the Director of DGS (D/DGS) to: (1) allocate sufficient funding for security and facility repairs; (2) install a functional security system with internal and external cameras; (3) determine whether the Center’s parking lot can be expanded to accommodate more vehicles; and (4) assess how the Center’s rooms can be reconfigured to increase storage space.

Agree _____ X _____ Disagree _____

East River’s February 2015 Response, As Received:

Security Equipment is fully operational as of February 26, 2015. The fire alarm system has been repaired and serviced by DGS as of January 7, 2015. Additional boxes, chairs and computers have been removed from the center however, space remains an issue.

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

The Center’s outreach efforts increased membership in FYs 2013 and 2014. Center staff conducted community outreach to neighborhoods, churches, and civic associations and attracted 101 new members in FY 2013. Thirty-eight of the new members were within its target “baby

¹⁶ This contract provides installation, maintenance, and warranty services for all DGS-monitored security equipment.

boomer”¹⁷ demographic. In FY 2014, membership increased to 420 members. The Center hired a new director, community outreach coordinator, and fitness instructor who helped implement a new fitness program, garden club, Spanish club, and sign language class. The Center also conducted health promotion programs for 146 unduplicated seniors¹⁸ during FY 2013, which exceeded the 125 unduplicated seniors required by the grant.

Member Survey¹⁹

In June 2014, the team issued a survey to Center members to obtain feedback on the quality of services provided and demographic information. Eighty-three members completed the survey, of whom:

- 98% were retired;
- 67% attended the Center 3-5 days per week;
- 87% routinely attended fitness activities, such as functional training, or visited the gym; and
- 73% attended health and nutrition activities, including classes, cooking demonstrations, and wellness information sessions.

The majority of respondents commented that the Center is in a good location, and they enjoy socializing with other seniors and participating in activities. Ninety-nine percent of respondents stated that attending the Center has improved their lives, and they enjoy fitness and nutrition programs as well as health dialogue classes. In addition, a majority of respondents described Center staff as helpful and friendly.

Some respondents had less favorable opinions and reported that the Center does not value seniors or understand seniors’ needs. When asked how the Center’s facility or services can be improved, members reported the Center should add more activities and classes, improve how some programs are scheduled, expand fitness and nutrition services, arrange more outings, and add more than one transportation van for each outing. The table below shows how survey respondents rated various aspects of the Center. The amount of space at the Center and transportation for Center trips earned the least favorable ratings.

¹⁷ DCOA defines a “baby boomer” as an individual born between 1946 and 1964. The Center focuses on providing services for employed baby boomers.

¹⁸ Seniors who attended health programs during the fiscal year are counted one time. For example, if a senior attends multiple health programs, he/she is only counted once.

¹⁹ The survey consisted of 15 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.

Member Survey Results²⁰

Respondents' Ratings							
SurveyItem	Very Good	Good	Fair	Poor	Total Respondents Who Rated Item	Respondents Marking "No Opinion"	Total Response Count
Exercise classes	75% (61)	20% (16)	5% (4)	0% (0)	81	2	83
Nutrition programs	71% (52)	25% (18)	1% (1)	3% (2)	73	8	81
Hours of operation	59% (47)	38% (30)	1% (1)	3% (2)	80	1	81
Staff members' customer service	54% (41)	28% (21)	14% (11)	4% (3)	76	1	77
Exercise equipment	53% (43)	42% (34)	5% (4)	0% (0)	81	2	83
Quality of meals	51% (26)	33% (17)	16% (8)	0% (0)	51	31	82
Other health programs	48% (30)	30% (19)	13% (8)	10% (6)	63	13	76
Security at the Center	41% (30)	42% (31)	16% (12)	1% (1)	74	5	79
Availability of transportation between home and the Center	40% (17)	37% (16)	7% (3)	16% (7)	43	37	80
Cleanliness	35% (29)	43% (36)	19% (16)	2% (2)	83	0	83
Accessibility to seniors with disabilities	32% (24)	37% (28)	21% (16)	9% (7)	75	6	81
Social activities	30% (22)	40% (29)	22% (16)	8% (6)	73	5	78
Availability of transportation for Center trips	25% (17)	35% (24)	28% (19)	12% (8)	68	12	80
Amount of space at the Center	22% (17)	33% (25)	21% (16)	24% (18)	76	2	78

²⁰ Note: Survey items are arranged in order of highest positive (very good) ratings. Survey percentages may not total 100% due to rounding.

Another area of concern that respondents reported was that the Center's "track system" limits member access to health and nutrition programs. The track system groups members into one of four fitness tracks that are based on graduated levels of physical ability. Each track has a designated schedule of days and meeting times for nutrition and fitness courses, and employees and members stated that this system can be restrictive. For example, sometimes members cannot attend specialty health dialogues or nutrition classes because they are offered at a time that conflicts with their track classes.

Members also were dissatisfied with the availability of a variety of nutrition and health programs at the Center. Findings 4, 5, and 6 in this report address inadequate monitoring of medical clearance forms; noncompliance with implementing a grant-required fitness program; inadequate space; and limited language interpretation services. 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 are noted in this report.

3. The Center has not maximized use of its existing space so that it can accommodate a greater variety of programs throughout the day.

Criteria: Dutch Mill Catering, a DCOA grantee, has been providing congregate meal service at the Center since February 2014. The grant requires congregate meal service on weekdays between 11:00 a.m. and 1:00 p.m., and approximately 50 participants are served daily. The congregate caterer plans and coordinates special nutrition and health education programs and offers two or more activities daily to meet the 4-hour congregate service grant requirement. East River's grant with DCOA requires that the Center nutritionist conduct nutrition, health, and cooking demonstration classes throughout the week and provide counseling and support groups that focus on positive behavior changes among members. The grant also requires that a health dialogue contractor provide lectures, class discussions, and guest speakers who assist participants with developing healthier lifestyles and taking charge of their wellness.

Condition: Staff competes for timeframes to host activities in the Center's multipurpose room, and some programs are no longer offered due to inefficient scheduling.

Concurrent activities in the multipurpose room: The Center scheduled the nutritionist's weekly activities and the congregate caterer's daily activities in the multipurpose room simultaneously from February 2014 through August 2014. Interviewees reported that this arrangement is not effective. Prior to and following lunch service, the congregate caterer remains in the multipurpose room to distribute handouts, conduct nutrition-related games and exercises, and coordinate meal service for the following day. The nutritionist simultaneously conducts cooking demonstrations and nutrition classes within the multipurpose room and provides nutrition counseling to seniors regarding their health concerns.

Members and interviewees complained that holding these activities concurrently in the multipurpose room is distracting and members have no confidentiality when discussing their health concerns with the nutritionist. On occasion, the nutritionist uses the health dialogue classroom for cooking demonstrations due to other scheduling conflicts and to prevent

overlapping activities in the multipurpose room. However, this arrangement is not ideal because the health dialogue room lacks a kitchen and running water. In addition, nutrition activities sometimes last longer than anticipated, and this delays the start time for the next activity scheduled in the health dialogue room. The Center addressed these concerns in December 2014 by scheduling all cooking demonstrations in the multipurpose room and nutrition classes in the health dialogue classroom.

Lack in variety of nutrition activities: Employees and members were displeased with the decrease in specialty nutrition programs, guest speakers, and health dialogue classes in FY 2014. Previously, the nutritionist scheduled guest speakers to present lectures on nutrition topics and implemented specialty nutrition programs, such as Pounds Away, Healthy Cooking, Salad Socials, and Sugar High. Due to difficulty scheduling locations for classes and speaker availability, several of these programs stopped in September 2013, and the Center did not schedule nutrition guest speakers for approximately 1 year. The Center also reduced the number of health dialogue classes from six per week to four per week. These programs were very popular among seniors, and survey respondents suggested reinstating them. The team learned that the Healthy Cooking and Sugar High courses resumed in September 2014 and January 2015, respectively.

Cause: The Center did not maximize use of its health dialogue classroom and game room when scheduling nutrition and wellness activities. The Center reported that the health dialogue classroom is unoccupied each morning and most afternoons, and the game room is available daily. Prior to implementing the congregate meals program, the nutritionist conducted most nutrition activities in the multipurpose room because he/she required use of the kitchen or the room's meeting area for speakers. However, when the congregate meals program began, the caterer received priority use of the multipurpose room for his/her activities. The team observed that the caterer only needs multipurpose room and kitchen access between 11:00 a.m. and 1:00 p.m. for lunch service. The game room or health dialogue classroom can accommodate the caterer's pre- and post-lunch activities. The nutritionist could resume use of the multipurpose room for cooking demonstrations, specialty classes, or lectures.

A Center employee reported that the Center reduced the number of health dialogue sessions so that other senior wellness programs could be scheduled during those timeframes. Another employee reported that the Center stopped offering specialty nutrition classes and speakers because speakers were not available at the requested times, or Center rooms were not available.

Effect: Member interest and participation in nutrition and wellness programs decreased because the quality and variety of these programs declined. For example, when stationed in the health dialogue classroom, the nutritionist had to prepare simpler meals (e.g., salads and dishes that did not involve cooking) because he/she did not have access to a kitchen or stove. Seniors lost interest, and participation declined.

Accountability: The Center Director must assure appropriate scheduling of nutrition and wellness activities so that members can attend program offerings.

Recommendation: That the ED/DCOA ensure that the Center assesses and updates its schedule of nutrition, health, and wellness activities so that a variety of activities are available during morning and afternoon sessions.

Agree _____ X _____ Disagree _____

East River's February 2015 Response, As Received:

Adjustments have been made to better utilize the space so as not to interfere with programs. The healthy cooking demonstrations are conducted twice per month. The 2nd and 4th Wednesday of each month at 2:00 p.m. The kitchen area is utilized and no other programming is held in that area during this time. More efforts have been made to ensure that programs are not overlapping in the same space so that programs are not disrupted. The center schedule is more carefully planned to maximize the available rooms allowing for more seniors to participate in programming. All adjustments were made by August/September 2014. WSWC also reviews and adjusts schedule on an as needed basis to continue to meet the needs of the seniors.

4. Center staff members allow seniors to exercise without updated medical clearance forms even though their physicians may have imposed limits on certain activities.

DCOA and the Center have not implemented a written policy requiring Center members to obtain medical clearance forms from their physicians indicating exercise limitations. However, the Center requests that members submit a clearance form at registration and submit updated forms annually or upon return from extended absences due to illness. The team reviewed the files of 25 members who participated in fitness activities on June 16, 2014, and found that:

- 9 forms were less than 1 year old;
- 5 forms were between 1 and 2 years old;
- 10 were over 2 years old; and
- 1 file lacked a medical clearance form.

Eleven of the 25 clearance forms listed physical restrictions (e.g., low impact aerobics only, no strenuous activities, and avoidance of back strain and heavy exercise) that limit the extent of members' participation in certain fitness activities. Of particular concern, however, was that 10 of these 11 clearance forms were over 1 year old, and, hence, a member's physical restrictions could have significantly changed without the Center receiving proper notification.

The team previously recommended that the ED/DCOA ensure that each 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 (HHSWC) and planned to establish policies to implement them by September 30, 2014. The OIG has not received

documentation or other evidence showing compliance with these recommendations. When DCOA submits this information, the OIG will consider the recommendations closed with no further action required.

East River's February 2015 Response, As Received:

We are now reviewing records on each senior and are requiring that seniors submit updated medical clearance forms. We hope to have updated medical clearances on all seniors within three months.

5. The Center is not using EnhanceFitness to track members' fitness performance.

The Center did not implement EnhanceFitness, an evidence-based fitness program designed to monitor and improve seniors' fitness, in accordance with DCOA's FYs 2013 and 2014 grant requirements. DCOA did not purchase the EnhanceFitness license and its corresponding IT software, WellWare, and this prevented the Center from implementing the program. Center fitness instructors reported that they offer similar evidence-based fitness training and courses that focus on balance, stability, range of motion, cardiovascular conditioning, and resistance, but they cannot report fitness data beyond surveying members regarding improvements in health and health habits because they lack EnhanceFitness software.

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 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 and responded 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. In November 2014, DCOA and East River used funding to purchase an EnhanceFitness license and WellWare software, and Center staff are scheduled for training in January 2015. When DCOA submits documentation verifying that senior wellness centers have fully implemented EnhanceFitness, the OIG will consider this recommendation closed with no further action required.

East River's February 2015 Response, As Received:

EnhanceFitness will be reinstated as of March 2015. DCOA has renewed the licenses and the training has been completed as of February 2015.

6. Additional fitness space and language service access would improve the quality and accessibility of Center services.

Inadequate fitness space: Members complained that the facility does not have adequate space for fitness activities. The Center has one fitness room that houses both fitness equipment and classes, and seniors are allowed to use fitness equipment while certain fitness classes are in session. The instructor limits fitness class sizes to 20 participants or less so that other members

can also access fitness equipment during scheduled class times. Some members felt that their safety is reduced during class because the instructor's attention is divided between class members and members exercising on their own. A member also complained that some seniors exercising on their own monopolize equipment and prevent class members from accessing fitness equipment.



Figure 14: Fitness Room

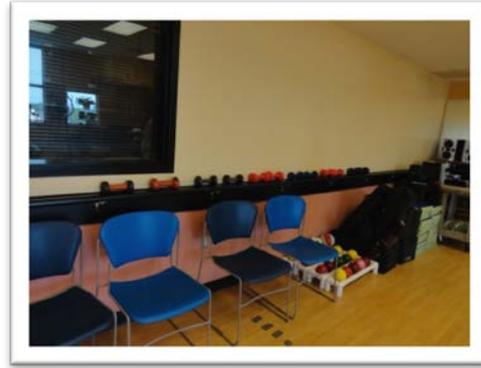


Figure 15: Fitness Room

Lack of Language Interpretation Services: DCOA has not ensured grantee compliance with the District's language access requirements, which may impact the Center's ability to attract and retain non-English speaking members. The D.C. Office of Human Rights (OHR) manages the District's Language Access Program, and District agencies should post language identification signs that state in 20 different languages that Language Line over-the-telephone interpretation services are available and that customers requiring assistance should point to their language. The team observed that the Center did not post language identification signs; did not have materials for seniors in languages other than English; and did not offer language interpretation services for members or visitors who speak another language. Employees also were not aware of the District's Language Line.

During a previous inspection at the HHSWC, the team recommended that the ED/DCOA address issues similar to these by: 1) ensuring that DCOA works with the Center and DGS to evaluate and implement possible solutions to better use its space, and 2) consulting with OHR to ensure compliance with the District's Language Access requirements. The ED/DCOA agreed with these recommendations in his July 2014 response to the OIG's draft report of inspection of HHSWC, noting that DCOA will collaborate with DGS to evaluate current and future space needs of the HHSWC and will look at the options it has to resolve the challenge, which may include re-evaluating the current layout to maximize use of that facility's space. The team recommends that DCOA and DGS take similar measures within this Center.

Finally, DCOA agreed to transmit a circular reminding all wellness centers to comply with the District's Language Access requirements. When DCOA submits documentation or other evidence showing compliance with these recommendations, the OIG will consider the recommendations closed with no further action required.

Objective Three: Does DCOA provide sufficient oversight of the wellness center?

DCOA's Grant Policy Manual states that a DCOA grant monitor may conduct site visits to assess compliance with grant terms and must issue formal site visit reports documenting any findings and corrective actions. The team found that DCOA had completed site visit reports at only one senior wellness center in FY 2013 due to staffing turnover in its grants monitor position. In FY 2014, DCOA addressed this lack of oversight by hiring new grant monitors who completed formal, site visit reports for this Center in December 2013, May 2014, July 2014, and September 2014.

The team found that the Center did not complete mandatory monthly Comprehensive Uniform Reporting Tool (CURT) reports that document services that grantees provided, and DCOA has no written policy or procedure regarding reporting elder abuse, neglect, and exploitation. The latter finding is also identified in the team's inspection reports on other senior wellness centers,²¹ and corrective actions that the ED/DCOA has already taken to address this issue are included within this senior wellness center report.

7. DCOA authorized payments without receiving monthly CURT reports that verify services were provided in accordance with grant terms.

Criteria: DCOA's Grant Policy Manual and Notification of Grant Award mandate that grantees complete monthly CURT reports that track performance and achievement of grant goals and objectives. Prior to paying monthly invoices for services, a DCOA grant monitor must review the CURT report and verify that services were provided in accordance with grant terms. If the grantee does not submit a CURT report, DCOA can suspend payment because these reports are an instrumental component of verifying that services were rendered to clients.

Condition: DCOA made payments to East River, despite East River's failure to submit required monthly CURT reports for the 4-month period of March through June 2014. DCOA's grant monitor requested reports for 2 months and informed the Center of this deficiency in two site visit reports issued in May 2014 and July 2014. The site visit reports stated that the CURT reports were not completed in a timely manner, and they "must be submitted immediately."

Cause: Turnover in Center personnel and a review of alternate supporting documents influenced DCOA's decision to not withhold payment for services. Center employees reported that the former Center director resigned in February 2014, and an East River employee served as interim Center director from February 2014 through June 2014. During this period, the interim director managed the Center while maintaining his/her other responsibilities as an East River employee. The interim director stated that as a result of multi-tasking both positions, he/she failed to submit the CURT reports. DCOA reported that it reviewed sign-in sheets and Monthly Financial Reports (M-1s)²² in lieu of missing CURT reports to verify that program costs were

²¹ These reports are located at www.oig.dc.gov.

²² The Center submits Monthly Financial Reports (M-1s) on a cost-reimbursement basis for allowable costs.

incurred. A new Center director was hired in June 2014. This individual submitted the missing CURT reports and all subsequent reports timely.

Effect: If DCOA pays grantees without reviewing and verifying monthly CURT report information, the agency risks paying for services that were not authorized under the grant or were not actually rendered. While M-1s and sign-in sheets help illustrate services provided, they do not sufficiently detail grantee performance in fulfilling grant objectives, outcomes, and requirements. Because East River received multiple payments without submitting CURT reports as required by the grant, DCOA may give grantees the impression that completing CURT reports is optional.

Accountability: DCOA is responsible for holding grantees accountable for compliance with grant requirements by reviewing documentation that validates provision of services. East River and the Center must adhere to grant reporting requirements, objectives attainment, and service provision.

Recommendation: That the ED/DCOA ensure that DCOA grant monitors supervise grantee adherence to reporting requirements and penalize noncompliant grantees in accordance with terms cited in DCOA's grants manual and the Notification of Grant Award.

Agree _____ X _____ Disagree _____

East River's February 2015 Response, As Received:

All CURT reports have been submitted in a timely manner since August 2014 to be in compliance with DCOA requirements.

8. The Center has no written policy or procedure regarding reporting elder abuse, neglect, and exploitation.

According to D.C. Code § 7-1903(a)(1) (Lexis current through laws effective as of May 19, 2014), when certain individuals, including licensed health professionals,²³ have "substantial cause to believe that an adult is in need of protective services because of abuse, neglect, or exploitation by another, he or she shall immediately report this belief"²⁴ Further, D.C. Code § 7-1903(a)(2) states: "Any person may voluntarily report an alleged case of abuse, neglect, self-neglect, or exploitation when he or she has reason to believe that an adult is in need of protective services." Neither DCOA nor the Center has a written policy for Center staff members regarding how to identify and report elder abuse, neglect, and exploitation to the District's Department of Human Services, Adult Protective Services (APS), which investigates such incidents. In addition, Center employees have not received formal DCOA or Center training on how to report alleged elder abuse, neglect, and exploitation. Without training and a

²³ D.C. Code § 3-1205.01 includes nutritionists as licensed health professionals; therefore, the Center's nutritionist is considered a mandated reporter.

²⁴ Subsection (c) provides, *inter alia*, that the report may be made orally or in writing, and submitted to the appropriate District executive branch agency. D.C. Code § 7-1903(c).

written policy to provide consistent guidelines, Center staff members may not recognize and report signs of elder abuse, neglect, and exploitation. Consequently, these cases may not receive investigation and intervention to protect seniors.

During a previous inspection at the HHSWC, the team 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 HHSWC and reported that DCOA continues to coordinate with APS to establish training for District employees on mandatory reporting requirements. That response also noted that DCOA continues to provide information to its grantees on mandatory reporting requirements. The agency is 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

Seniors appear to benefit from Center services, programs, and activities. Overall, the Center was orderly and maintained during the team's visits, and seniors stated that they felt safe within the facility. Most members reported that they enjoyed the camaraderie, fellowship, and the Center's convenient location. Members were pleased with the Center's fitness programs, and active member enrollment increased by 9% in FY 2013. While most members who completed a Center-issued survey reported that attending the Center helped them practice healthier lifestyles, the Center's variety of nutrition and wellness programs diminished in FY 2013. Some members reported that they do not feel valued as an integral part of the Center and the Center does not consistently collaborate with seniors when selecting new programs and activities. A Center employee reported that he/she is aware of these concerns and is working to improve its rapport and communication with seniors.

Inadequate security, insufficient space, and lack of variety in activities were the most prominent concerns among members and staff. The inoperative security system does not assist in protecting Center members and staff, or deter vandalism, and space limitations for classes and activities may prevent the Center from increasing its membership. Limited space and inefficient scheduling restrict the availability and number of programs that the Center can offer. During a July 2014 town hall meeting, the ED/DCOA stated that DCOA and DGS were exploring the feasibility of placing two new senior wellness centers in each District ward in order to expand availability of senior services; however, it may take a significant amount of time and funding to implement this option.

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 report or compliance process, please contact Edward Farley, Assistant Inspector General for Inspections and Evaluations, on (202) 727-2540.

Sincerely,



Daniel W. Lucas
Inspector General

DWL/tcn

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