GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF THE INSPECTOR GENERAL

DISTRICT OF COLUMBIA OFFICE ON AGING MODEL CITIES SENIOR WELLNESS CENTER

REPORT OF INSPECTION

September 2014

BLANCHE L. BRUCE
INTERIM INSPECTOR GENERAL

OIG NO. 14-I-0064 **SEPTEMBER 2014**

Inspections and Evaluations Division

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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

September 29, 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 March 2014 through May 2014 at the Model Cities Senior Wellness Center (Center) in Ward 5 at 1901 Evarts Street, N. E., Washington, D.C. 20018.

This report presents 13 recommendations to improve safety, expand the Center's capacity to provide services, and increase DCOA's ability to adequately monitor grantees. The OIG encourages the Executive Director of DCOA (ED/DCOA) to determine whether other senior wellness centers have issues similar to those described in this report and promptly address them.[2]

In September 2013, DCOA awarded Providence Health Foundation (Providence)[3] a $320,142 grant to operate the Center during fiscal year (FY) 2014.[4] The Center is open Monday

[1] The District's first senior wellness center opened in 1985. Wards 2 and 3 do not have senior wellness centers, but DCOA has proposed constructing centers in these wards.
[2] 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 Model Cities 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 and has operated the Model Cities Senior Wellness Center since 2005.
[4] The Center opened in 1990 and was renovated in 2006 to add the fitness area.

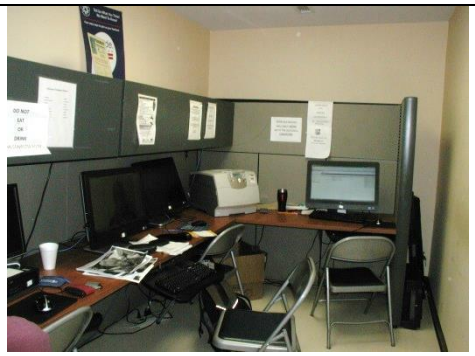
through Friday from 8:00 a.m. to 5:00 p.m. and promotes health education, fitness, and nutrition programs to identify health risks, teach necessary lifestyle changes, and improve and maintain members' health and wellness. Seniors must register to join the Center to participate in its activities. As of September 2013, 1,392 seniors were registered members, and an average of 100 members attended daily. The Center offers exercise equipment and a variety of fitness classes, such as aerobics, chair exercise, weight training, ballet, step dance, Pilates, tai chi, yoga, and Zumba. The Center also provides classes on nutrition, diabetes, cooking, Spanish, sign language, and computers; as well as social activities, such as a book club, golf, and bowling.

Center employees include: a full-time director, fitness coordinator, administrative assistant; a driver who transports members in the Center's van to activities such as trips to museums, theaters, markets, and movies; and a part-time nutritionist. Additional part-time contractors provide fitness instruction and activities. Over 70 Center members and groups—such as sororities, and members of the Joy of Motion Dance Center and the National Association for Hispanic Elderly—volunteer at the Center or provide services and activities through grants. Catholic Charities, a DCOA grantee, manages a daily lunch program at the Center, and Seabury Resources for Aging, another DCOA grantee, provides supplemental transportation services to off-site Center activities.[5]

Photographs of the Center

Front Entrance	**Lobby and Reception Area**
Multi-Purpose Room	**Kitchenette in Multi-Purpose Room**

[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 (last visited Aug. 7, 2014).

Classroom	 **Computer Room**
Exercise Equipment	**Fitness Room**
Game Room	**Terrace**

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]

[6] Http://dcoa.dc.gov/page/about-us-dcoa (last visited May 13, 2014).
[7] Http://dcoa.dc.gov/service/senior-wellness-centers (last visited May 13, 2014).

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. The OIG will issue a separate report on each senior wellness center.

Scope and Methodology

This inspection report focuses on the Center's services, the physical condition of the facility, compliance with grant requirements, and DCOA's oversight during FY 2013. The team conducted on-site observations, reviewed Center personnel and member files, analyzed grant documentation, interviewed five Center 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.[8]

The OIG issued a draft of this report to DCOA for comment on August 29, 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, orderly, and well-maintained during each of the team's six visits from March 2014 through May 2014. Ninety-three percent of seniors who completed the team's March 2014 survey rated the Center's cleanliness as "good" or "very good."

The team surveyed Center members to obtain feedback regarding safety and reviewed training certifications to assess preparedness for medical emergencies. One-hundred percent of

[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).

senior members who responded to the team's survey reported that security at the Center was "good" or "very good," and Center employees said they felt safe at the Center. DGS inspected the Center's seven fire extinguishers and one automatic external defibrillator (AED) in January and April 2014, respectively, and verified that they were in good condition. Employees also have up-to-date cardiopulmonary resuscitation and AED training certifications. The Center's director reported that all employees were trained on the Center's Emergency and Safety Plan, which details policies and procedures for handling emergencies and crimes, and Providence's Safety and Security Director helps the Center resolve security concerns that arise.

Although staff and members generally feel safe within the Center, finding 1 below notes that the Center's security alarm system has been inoperable for more than 1 year. In addition, improperly stored boxes and furniture present safety and fire hazards, and limited parking spaces impede Center accessibility for members.

1. The Center lacks an effective security system, adequate parking, and sufficient storage space, which create fire hazards and safety risks for members and staff.

Criteria:[9] According to the National Council on Aging and the National Institute of Senior Centers, senior centers' facilities should provide for the safety of participants and staff.[10] DGS maintains all District government owned and occupied buildings. In accordance with D.C. Code § 10-551.01(b)(4) (2013), 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:[11] The team observed interior and exterior building conditions in March 2014 using a structured checklist, and photographed problem areas. It found the Center generally in good condition, but with the deficiencies noted below.

Security: The Center does not have a functioning security system that monitors exterior and interior Center areas and alerts DGS, Center employees, a monitoring company, fire stations, or police to security breaches. The current security system was installed 10 years ago, has five interior video cameras, window and door sensors, and a monitor that has been broken since January 2013. When the monitor broke, the Center director requested that DCOA and DGS repair the monitor and improve the system. DCOA arranged for DGS to assess the Center's security system in 2013, and DGS confirmed that it is out-of-date and requires a new monitor, but DGS had not repaired or replaced it as of August 2014.

A Center employee reported that in May 2014 someone vandalized the Center van used for member field trips, and, as a result, DGS provided a security guard to monitor the Center and surrounding premises. A contracted security guard is on duty during weekdays from 8:00 a.m. to

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[9] "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.
[10] National Council on Aging, "Self-Assessment Guidelines," *available at* http://www.ncoa.org/national-institute-of-senior-centers/standards-accreditation/nisc-self-assessment.html (last visited May 14, 2014).
[11] The "condition" is the problem, issue, or status of the activity the team evaluates.

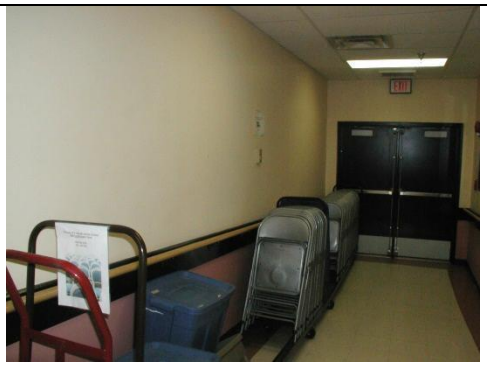
4:00 p.m., and another security guard occasionally monitors the Center at night and on weekends.[12] Metropolitan Police Department officers occasionally patrol the Center's grounds as well.

Limited Parking: The Center's 17 parking spaces cannot accommodate the number of members, leading some members to double-park cars or park away from the Center along neighboring streets. The circular driveway to the Center is often congested and blocked by cars of family members and others who are dropping off or picking up Center members. Nearby on-street parking is limited because the Center is located across the street from a school. Therefore, members often must park further from the Center on hilly streets that are too steep for some seniors to easily walk, particularly in the winter during inclement weather.

Inadequate Storage Space: Some of the Center's furniture and equipment was improperly stored, and members complained of inadequate storage space for their personal belongings. The team observed chairs and tables partially obstructing a hallway leading to an emergency exit as well as boxes and equipment haphazardly stored in the massage room and the arts and crafts room. The arts and crafts room houses members' lockers, and members complained that lockers are too small and inaccessible during arts and crafts classes.

Space Constraints at the Center

Parking Lot With Blocked Cars



Chair Storage Near Exit Door Adjacent to Fitness Room

Storage Corner in Massage Room

Member Lockers in Arts and Crafts Room

[12] The Center director was unsure of whether the night and weekend security services are on a fixed schedule.

Cause:[13] DGS did not add the centers to its Citywide Services Maintenance Contract in FY 2013 so the centers could receive security services, and DCOA's capital budget did not include sufficient funding to address the Center's security and space concerns. DGS assumed responsibility for security and fire alarm systems in all senior wellness centers beginning October 1, 2012. 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 monitor and maintain senior wellness center security alarms remotely. DGS officials stated that DCOA must allocate funding to DGS so that it can retrofit the senior wellness centers' existing security systems and make them compatible with the citywide security monitoring system that PSD maintains. The Hayes Senior Wellness Center in Ward 6 was being renovated when DGS determined that the centers needed new security hardware. Thus, DGS included the required equipment in the Hayes Center, which is the only Center that PSD currently monitors. DCOA reported that it is trying to include local funding for the system upgrades in its FY 2015 agency budget.

A Center employee stated that DCOA has not addressed the Center's storage issues because the Center has not yet submitted a request for larger storage lockers. In regard to parking, DCOA 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:[14] An inoperative security system limits the Center's ability to protect its members and property. Furthermore, having an on-site security guard is likely not as cost-effective as monitoring the system remotely. Storing furniture and equipment in the path of emergency exits creates a fire hazard, and inadequate parking may deter existing and potential members from attending the Center.

Accountability:[15] DGS is responsible for ensuring that the security system is repaired or replaced. DCOA is responsible for communicating facility repair needs to DGS and allocating funding to DGS for completion of the repairs.

Recommendations:

1. That the Director of DGS (D/DGS) install a functional security system with internal and external cameras and then relieve the on-site security guards from service.

   Agree _____X_____ Disagree _____

2. That the ED/DCOA collaborate with the D/DGS to determine whether the Center can house additional lockers and storage space and whether the Center's parking lot can be expanded to accommodate more vehicles.

   Agree _____X_____ Disagree _____

[13] The "cause" is the action or inaction that brought about the condition the team evaluates.
[14] The "effect" is the impact of the condition the team evaluates.
[15] "Accountability" is a description of who is responsible for the condition evaluated.

DGS's September 2014 Response, as Received:

DGS agrees to facilitate the installation of a suitable security system at this location and to work with DCOA to identify necessary funding to upgrade or replace the security system at this location. DGS does not agree that a security system will necessarily eliminate the need for on-site security guards and will work with DCOA to evaluate and determine the need for on-site security guards at the facility after installation of a functional security system.

DCOA's September 2014 Response, as Received

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

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

The team found that Center membership has increased and employees serve members well by offering a variety of programs that enhance health, wellness, and fitness. In FY 2013, Center membership increased by 10% to 1,392 members, and the Center attracted 25 new male members and 61 "baby boomer"[16] seniors to meet one of its program objectives. Recruitment outreach activities— including a Health and Fitness Expo, Seabury Community Day, and an AARP (formerly, the American Association of Retired Persons) Drive Alive class—helped attract new members. The Center conducted 96 health promotion programs during FY 2013, which far exceeded the 24 health promotion programs required by the grant. Eighty-one percent of members who responded to a center-issued survey in FY 2013 reported that attending the Center helped them adopt healthier lifestyles.

Member Survey

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

- 92% were retired;
- 81% attended the Center 3-5 days per week; and
- 75% routinely attended fitness activities, such as aerobics classes, or visited the gym.

The majority of respondents indicated that they are pleased with the Center's services and that they enjoy socializing with other seniors. Ninety-nine percent of respondents stated that attending the Center has improved their lives, and they enjoy its fitness and other activities, such as the book club, dance groups, and outings. In addition, respondents described Center staff as helpful, knowledgeable, and attentive to their needs. The table below shows how survey

[16] A "baby boomer" is defined as an individual born between 1946 and 1964. One of Providence's grant objectives was to place special emphasis on marketing to male and baby boomer seniors. The Center focused on recruiting employed baby boomers born between 1946 and 1951.

respondents rated various aspects of the Center. The amount of space at the Center earned the lowest ratings.

Member Survey Results[17]

Survey Items	Respondents' Ratings				Total Respondents Who Rated Item	Respondents Marking "No Opinion"
	Very Good	Good	Fair	Poor		
Exercise classes	**87%** (71)	**12%** (10)	**1%** (1)	**0%** (0)	82	(1)
Staff members' customer service	**79%** (65)	**17%** (14)	**4%** (3)	**0%** (0)	82	(0)
Hours of operation	**75%** (59)	**22%** (17)	**4%** (3)	**0%** (0)	79	(0)
Exercise equipment	**73%** (58)	**23%** (18)	**3%** (2)	**1%** (1)	79	(4)
Availability of transportation for Center trips	**70%** (52)	**22%** (16)	**8%** (6)	**0%** (0)	74	(6)
Social activities	**66%** (51)	**30%** (23)	**1%** (1)	**3%** (2)	77	(2)
Cleanliness	**64%** (54)	**29%** (24)	**7%** (6)	**0%** (0)	84	(0)
Safety at the Center	**64%** (52)	**36%** (29)	**0%** (0)	**0%** (0)	81	(0)
Availability of transportation between home and the Center	**64%** (35)	**33%** (18)	**4%** (2)	**0%** (0)	55	(27)
Accessibility to seniors with disabilities	**53%** (40)	**35%** (26)	**11%** (8)	**1%** (1)	75	(5)
Other health programs	**50%** (34)	**43%** (29)	**6%** (4)	**2%** (1)	68	(9)
Nutrition programs	**47%** (33)	**43%** (30)	**9%** (6)	**1%** (1)	70	(9)
Quality of meals	**28%** (19)	**40%** (27)	**28%** (19)	**4%** (3)	68	(14)
Amount of space at the Center	**20%** (15)	**34%** (26)	**32%** (24)	**14%** (11)	76	(0)

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

Findings 2, 3, and 4 in this report also are 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 Model Cities Senior Wellness Center are included.[18]

2. Inadequate space prevents the Center from expanding services to meet members' needs.

Center membership has substantially increased since the Center's 2006 renovation; however, the facility does not have adequate space for activities for the current number of members. For example, the Center has one fitness room that houses both fitness equipment and classes; therefore, seniors cannot use fitness equipment while certain fitness classes are in session. Similarly, seniors who wish to exercise in a particular class are not allowed to participate if the fitness class has reached the 25 participant maximum. The Center also experiences space constraints within its multi-purpose room. Activities, such as presentations by outside speakers, nutrition classes, and cooking demonstrations, are limited to available times in the multi-purpose room, which is the only space for large groups at the Center and is also used for lunch.

During a previous inspection at the Hattie Holmes Senior Wellness Center, 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) modifying senior wellness centers' hours of operation to better accommodate seniors. The ED/DCOA agreed with these recommendations in his July 2014 response to the OIG's draft report of inspection, noting that DCOA will apply for additional funding so that senior wellness centers can increase their hours of operation on weekdays and provide services on Saturdays beginning in FY 2015. The team recommends that the ED/DCOA confer with DGS regarding space utilization concerns within this Center as well.

3. 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 updated medical clearance forms from their physicians indicating any limitations on exercise. While the Center requests that members submit updated medical clearance forms annually and following extended absences due to illness, it does not have an efficient process for identifying expired forms, identifying members who return after illness, and restricting member participation in fitness activities when up-to-date forms are not on file. The team reviewed 21 files of members who participated in fitness activities on May 20, 2014; only 7 files contained updated medical clearance forms, and 1 file did not contain a form. Of particular concern was that 3 of 20 clearance forms on file contained medical information limiting the extent of members' participation in fitness activities, and one of these forms was outdated.

[18] These reports are located at www.oig.dc.gov.

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 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 an evidence-based fitness program and software to track members' fitness.**

The Center did not implement an evidence-based fitness program, which is designed to monitor and improve seniors' fitness, in accordance with DCOA's grant requirements. Interviewees explained that DCOA did not provide funding to purchase an evidence-based fitness license and accompanying software to track participants' fitness outcomes. Center staff members report that elements of an evidence-based program, EnhanceFitness (e.g., including cardiovascular, balance, flexibility, and strengthening exercises), are incorporated in exercise classes, but the Center cannot report fitness data beyond surveying members regarding improvements in health and health habits. A Center interviewee explained that he/she tracks changes, such as individual member's weight, body fat percentage, and attainment of fitness goals, but only reports the number of program participants to DCOA.

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. When DCOA submits documentation showing the outcome of this assessment and any corresponding modifications to senior wellness center grant requirements, or verifies procurement of an evidence-based license and program software for the centers, the OIG will consider this recommendation closed with no further action required.

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

DCOA's Grant Policy Manual states: "DCOA monitors each program, function or activity under the grant to ensure that grantees are complying with applicable Federal and DC requirements and that performance goals are being achieved. DCOA monitors progress through oral and written communications, review of information through regular reports or specific

requests, on-site visits, and formal audits."[19] The grant mandates that Providence submit monthly Comprehensive Uniform Reporting Tool (CURT) reports, which document achievement of performance goals, to the DCOA grant monitor for review. Providence submitted monthly CURT reports, but the team noted that the reports primarily contained quantitative data on numbers of participants and activities and did not provide sufficient information regarding program successes or failures. For example, the reports detailed the number of participants served but did not measure how participation improved members' health, fitness, knowledge, or quality of life. The CURT reports also lacked information regarding the Center's progress with achieving its mandatory performance outcome measure of tracking members' specific health behaviors, such as increased fruit and vegetable intake, physical activity, members' weight, and fall risks.

The findings below discuss DCOA's inconsistent grant monitoring oversight and lack of a written policy and training for senior wellness center employees on reporting elder abuse, neglect, and exploitation issues.

5. DCOA did not adequately determine whether the Center complied with the terms of its FY 2013 grant.

DCOA has not provided consistent grant monitoring oversight. 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. A Center employee reported that the grant monitor completed a FY 2013 site visit in September 2013, but did not provide a written report. In FY 2014, DCOA hired a new grant monitor and implemented a quarterly site visit requirement to improve oversight. The grant monitor did not complete site visits for the first two quarters of FY 2014, but did complete third quarter site visits in May 2014 and June 2014 and provided the Center director a report. According to a DCOA manager, staff turnover during the first two quarters of FY 2014 limited DCOA's oversight of the senior wellness centers.

The team recommended in previous reports about other centers 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 information technology system that allows it 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 and plans to conduct site visits for all senior wellness centers in the third and fourth quarters of FY 2014. The team confirmed that DCOA completed site visits and reports for all senior wellness centers in the third quarter of FY 2014.

[19] D.C. OFFICE ON AGING GRANTS POLICY MANUAL 32 (Dec. 2013).

Also, the ED/DCOA reported that DCOA will incorporate the quarterly site visit requirement in its Grant Policy Manual. DCOA plans to continue to improve its data collection mechanism to better monitor grantees' performance, and hire an employee to 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 or procedure regarding reporting elder abuse, neglect, and exploitation.**

According to D.C. Code § 7-1903(a)(1) (LexisNexis current through D.C. Act 20-306), when certain individuals, including licensed health professionals,[20] 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 in accordance with subsection (c) of this section."[21] 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 Adult Protective Services (APS), which investigates such incidents. In addition, Center employees have not received formal training on how to report senior mistreatment. Without training and a 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.

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 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.

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

[21] 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).

Conclusion

The Center appears to be serving seniors well given its available resources. It was clean, orderly, bright, and inviting during the team's visits, and seniors stated that they felt safe within the facility. Members were pleased with the Center's programs and staff, and active member enrollment increased by 10% in FY 2013. The Center offers a variety of programming to ensure that seniors are motivated to attend and participate in Center activities, and in FY 2013, most members who completed a Center-issued survey reported that attending the Center helped them practice healthier lifestyles. Moreover, the Center successfully enlists volunteers and community groups to provide assistance as instructors, receptionists, custodians, and general helpers to ensure that the Center runs efficiently. Finally, Center staff maintains rapport and consistently collaborates with seniors on programs and activities, and seniors say they feel valued as an integral part of the Center's family atmosphere.

The team identified six findings related to unresolved building safety and security concerns, space limitations that constrain member participation, absence of an evidenced-based fitness program and software, lack of procedures for documenting medical clearance forms, minimal grant monitoring, and lack of a policy and procedure for reporting suspected elder mistreatment. Inadequate security and a lack of space were the most prominent concerns among members and staff. The inoperative security system does not protect Center members and staff, or deter vandalism, and space limitations for classes and activities may prevent the Center from increasing its membership. Limited space restricts the availability and number of services 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 senior services; however, it may take a significant amount of time and funding to implement this option.

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 Ms. Leslie Mazyck, Director of Planning and Inspections, on (202) 727-9912.

Sincerely,

Blanche L. Bruce
Interim Inspector General

BLB/tcn

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