

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

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

**REPORT OF INSPECTION**

**January 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



January 26, 2015

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Dear Dr. Thompson and Dr. Obisesan:

This report is part of an ongoing inspection of the D.C. Office on Aging's (DCOA) services and conditions at its senior wellness centers funded by 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.<sup>1</sup> This report covers the Office of the Inspector General's (OIG) observations during fieldwork conducted June 2014 through August 2014 at the Hayes Senior Wellness Center (Center) in Ward 6, located at 500 K Street, N.E., Washington, D.C. 20002.

This report provides 19 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 similar issues as those described in this report and promptly address them.<sup>2</sup>

In September 2013, DCOA awarded Howard University (Howard) a \$262,607 grant to continue operating the Center during fiscal year (FY) 2014.<sup>3</sup> In September 2014, DCOA renewed Howard's grant in the amount of \$512,605 for FY 2015. The Center is open Monday through Friday from 8:30 a.m. to 4:30 p.m., and seniors must register to join the Center and

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<sup>1</sup> 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.

<sup>2</sup> Prior to this report of inspection (ROI), the OIG issued a report 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, and the Model Cities Senior Wellness Center on September 30, 2014. These reports are located at [www.oig.dc.gov](http://www.oig.dc.gov). The ED/DCOA's actions are noted accordingly in this report.

<sup>3</sup> Howard began operating the Center when it opened in 2012.

participate in its activities. The Center has exercise equipment and offers fitness classes, such as chair exercise, yoga, strength training, and boxing/self-defense. The Center also provides nutrition classes and health screenings. Center employees include a full-time director, a full-time fitness coordinator,<sup>4</sup> a full-time administrative assistant, a part-time nutritionist, one part-time administrative assistant, and one part-time activity assistant. Seabury Resources for Aging, a DCOA grantee, manages a daily lunch program at the Center and provides transportation for the Center's outings, such as trips to a farmers' market and a grocery store. The Center is co-located with DCOA in the former Hayes School building; Figures 1 through 7 on the following page illustrate some of the Center's rooms and resources.

## **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.<sup>5</sup> The senior wellness centers provide services that focus on health promotion and disease prevention. Programs include health and nutrition education, support groups, creative arts, and intergenerational programs. These services help seniors residing in the community maintain independence and avoid premature institutionalization.<sup>6</sup>

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 for each senior wellness center inspected.

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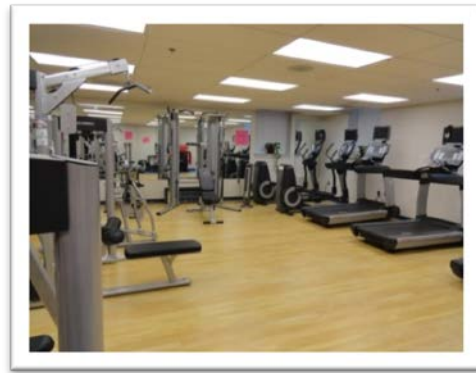
<sup>4</sup> The fitness coordinator is a contractor.

<sup>5</sup> See <http://dcoa.dc.gov/page/about-us-dcoa> (last visited Aug. 19, 2014).

<sup>6</sup> See <http://dcoa.dc.gov/service/senior-wellness-centers> (last visited Aug. 19, 2014).



**Figure 1: Lobby**



**Figure 2: Gym with Exercise Equipment**



**Figure 3: Fitness Room for Exercise Classes**



**Figure 4: Restroom and Locker Room**



**Figure 5: Multipurpose Room**



**Figure 6: Kitchen**



**Figure 7: Computer Room**

## **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.<sup>7</sup> This inspection report focuses on the Center’s services, the physical conditions of the facility, compliance with grant requirements, and DCOA’s oversight during FYs 2013 and 2014. The team conducted on-site observations, reviewed Center members’ files, analyzed grant documentation, interviewed four of the Center’s employees, and surveyed Center members.

The OIG issued a draft of this report to DCOA for comment on November 7, 2014. During their review of the draft report, 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 that finding or recommendation closed with no further action required.

**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.

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<sup>7</sup> “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). In September 2014, the GAO revised these standards; however, the new standards are effective in FY 2016.

## **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 cleaning services. The Center was clean and orderly during the team's two visits in June 2014. The team issued a survey to Center members and received responses from 63 members. The majority of respondents rated the Center's cleanliness and security favorably. Ninety-eight percent of survey respondents rated security at the Center as good or very good, and 100% rated cleanliness as good or very good. The Center is in good physical condition except for pest control and accessibility issues.

The team found that the Center was not adequately prepared for medical emergencies. Not all staff members have received required training and certification in cardiopulmonary resuscitation (CPR) or using automated external defibrillators (AEDs). Additionally, the Center's AEDs are not in prominent locations and have not received daily and monthly readiness inspections.

#### **1. Some staff members are not trained in cardiopulmonary resuscitation (CPR).**

**Criteria:**<sup>8</sup> The National Institute of Senior Centers (NISC) guidelines for senior centers recommend that all staff members are trained in first aid and CPR. In addition, D.C. Code § 44-232(a) states:

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 . . . .

**Condition:**<sup>9</sup> Of the three full-time staff members, only the fitness coordinator is CPR-certified. The Center director and administrative assistant have not completed CPR training. An interviewee explained that another part-time fitness instructor who is CPR-certified is usually at the Center to assist seniors when the other instructor is not present.

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<sup>8</sup> "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.

<sup>9</sup> The "condition" is the problem, issue, or status of the activity the team evaluates.



**Cause:**<sup>10</sup> Interviewees stated that the Center director and administrative assistant were not required to have CPR certifications, and the team observed that it was not a requirement in the position descriptions included in Howard's grant application. The team also observed that CPR certification requirements varied across DCOA's senior wellness centers. For example, position descriptions for Center directors and administrative assistants at the Model Cities and Washington Senior Wellness Centers require CPR certifications. Congress Heights Senior Wellness Center position descriptions require CPR certification for the Center director, but not the administrative assistant. The Hattie Holmes and Bernice Fonteneau Senior Wellness Centers do not list CPR training as a requirement in their position descriptions.

**Effect:**<sup>11</sup> If a fitness instructor is not present or in a different part of the building, assistance to seniors in medical emergencies may be unavailable or delayed.

**Accountability:**<sup>12</sup> DCOA is responsible for establishing requirements for Center staff.

**Recommendation:** That the Executive Director of DCOA (ED/DCOA) require that all senior wellness center full-time employees and contractors hold and maintain current CPR certifications.

Agree     X                          Disagree                     

**2. The Center's AEDs are not routinely inspected to ensure readiness nor stored in a visible location, and some employees have not received AED training.**

**Criteria:** 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.<sup>13</sup>

D.C. Code § 44-232(a) states:

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;

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<sup>10</sup> The "cause" is the action or inaction that brought about the condition the team evaluates.

<sup>11</sup> The "effect" is the impact of the condition the team evaluates.

<sup>12</sup> "Accountability" is a description of who is responsible for the condition evaluated.

<sup>13</sup> <http://www.redcross.org/prepare/location/workplace/easy-as-aed> (last visited Apr. 3, 2014).



- (2) The defibrillator is maintained and tested according to the manufacturer's operational guidelines, and written records of the maintenance and testing are maintained;
- (3) A physician licensed in the District of Columbia shall oversee all aspects of the defibrillation program, including training, coordination with the Fire and Emergency Medical Services Department ("Department"), protocol approval, AED deployment strategies, and equipment maintenance plan, and shall review each case in which the AED is used by the program . . . .

D.C. Code § 44-232(b)(1) requires AED programs to be registered with the D.C. Fire and Emergency Medical Services Department (FEMS).

The manufacturer's manual for the Center's AED recommends regular inspections to ensure readiness in the event someone suffers cardiac arrest. These inspections include daily checks to verify that the status indicator on the AED is green (which indicates it is fully functioning), monthly inspections, and annual maintenance. In addition, the American Heart Association recommends placing AEDs in visible, accessible locations.

**Condition:** Neither DCOA nor Howard maintain the Center's two AEDs in accordance with manufacturer guidelines and D.C. Code. In June 2014, a Center interviewee stated that the AEDs had not been inspected or undergone maintenance since their delivery in 2013. In June 2014, the team also observed that one AED was stored without its battery connected, which may increase the risk that staff members would be unaware of problems with the device because warning indicators would not be displayed until the battery is inserted. In August 2014, a contractor checked the AEDs, and they passed inspection.

The team also observed that staff cannot easily access the AEDs. The AEDs are stored in the fitness coordinator's office and the Center director's office rather than being mounted on a wall in a conspicuous location. DCOA requested that DGS mount the AEDs in a centrally located area in July 2013, but no one has fulfilled this request. Additionally, although the fitness instructors are AED-certified, the Center director and administrative assistant are not.

Further, a DCOA interviewee stated that DCOA has not engaged a physician to oversee the Center's AEDs, and he/she did not know whether the former DCOA manager who had obtained the AEDs had in fact registered them with FEMS.

**Cause:** A Center interviewee was not aware that the AED manual recommends frequent inspections and stated that the AEDs do not require inspections or maintenance. He/she added that one of the AEDs is stored without the battery placed in it to lengthen the battery life. Additionally, the Center's position descriptions do not require AED certification.

The team also noted that the DCOA staff member responsible for ensuring that the AEDs are inspected does not have a background related to a medical field or emergency preparedness

and is not AED-certified. DCOA's oversight of the AEDs at the senior wellness centers appears to be inconsistent; the former DCOA communications director initially overseeing this function is no longer with the agency and although oversight transferred to the current communications director, he/she is not familiar with AEDs.

**Effect:** The team is concerned that the AEDs may not function properly if routine inspections and maintenance are not completed, or the AED will be difficult to locate in the event someone at the wellness center suffers cardiac arrest. Additionally, staff members may not be adequately prepared to use the AED.

**Accountability:** DCOA managers are responsible for ensuring that senior wellness centers have AEDs that are properly maintained and readily accessible.

**Recommendations:**

- 1) That the ED/DCOA ensure that all senior wellness centers conduct routine inspections of their AEDs in accordance with manufactures' guidelines and maintain logs of these routine inspections, and that a contractor conduct annual inspections and maintenance of these AEDs.

Agree     X     Disagree \_\_\_\_\_

- 2) That the ED/DCOA ensure that all senior wellness centers have AEDs in readily accessible locations.

Agree     X     Disagree \_\_\_\_\_

- 3) That the ED/DCOA ensure that all senior wellness center employees and contractors hold and maintain current AED certifications.

Agree     X     Disagree \_\_\_\_\_

- 4) That the ED/DCOA, in accordance with D.C. Code § 44-232(a)(3), obtain physician oversight for all AEDs in DCOA facilities.

Agree     X     Disagree \_\_\_\_\_

- 5) That the ED/DCOA ensure that the DCOA employee responsible for DCOA's AED program receives adequate training in this area.

Agree     X     Disagree \_\_\_\_\_

- 6) That the ED/DCOA register DCOA's AEDs with FEMS in accordance with D.C. Code § 44-232(b)(1).

Agree     X     Disagree \_\_\_\_\_



**Member Survey Results<sup>15</sup>**

Item	Respondents' Ratings				Total Respondents Who Rated Item	Respondents Marking "No Opinion"
	Very Good	Good	Fair	Poor		
Exercise classes	88% (50)	11% (6)	2% (1)	0% (0)	57	2
Staff members' customer service	83% (48)	16% (9)	2% (1)	0% (0)	58	1
Cleanliness	82% (51)	18% (11)	0% (0)	0% (0)	62	0
Exercise equipment	79% (45)	18% (10)	2% (1)	2% (1)	57	1
Security at the Center	77% (47)	21% (13)	2% (1)	0% (0)	61	0
Accessibility to seniors with disabilities	56% (28)	38% (19)	4% (2)	2% (1)	50	8
Availability of transportation for Center trips	51% (23)	49% (22)	0% (0)	0% (0)	45	11
Nutrition programs	48% (23)	42% (20)	6% (3)	4% (2)	48	10
Social activities	48% (23)	48% (23)	4% (2)	0% (0)	48	9
Other health programs	47% (22)	49% (23)	4% (2)	0.0% (0)	47	12
Hours of operation	43% (25)	43% (25)	12% (7)	2% (1)	58	1
Availability of transportation between home and the Center	40% (12)	43% (13)	13% (4)	3% (1)	30	23
Amount of space at the Center	33% (20)	35% (21)	27% (16)	5% (3)	60	2
Quality of meals	30% (13)	47% (20)	21% (9)	2% (1)	43	15

Although members rated the Center's existing programs highly, the Center has not implemented all programs included in its grant application, such as nutrition counseling and mental health screening and referrals. During interviews and observations, the team found that the Center is not providing some services specified in its FYs 2013 and 2014 grant applications and that its nutrition services are insufficient. In addition, the Center does not use volunteers to expand the Center's staffing and services, and some Center members have not completed liability waivers that release the District of Columbia government and Howard University from liability for damages resulting from participation in Center activities. The team also identified three issues that were also observed in its inspections at other senior wellness centers: limited space for expansion; lack of Enhance Fitness classes; and members exercising without up-to-date

<sup>15</sup> Note: Survey items are arranged in order of highest positive rating. Percentages may not total 100% due to rounding.

medical clearance forms. Corrective actions that the ED/DCOA has already taken to address these concerns are included in the discussion below.<sup>16</sup>

**3. The Center is not providing health screenings, referrals, and other services as outlined in its grant.**

*Criteria:* Howard's FYs 2013 and 2014 grant applications include the following program objectives:

Develop and administer a program on early identification of mood disorders such as depression and provide appropriate referrals . . . .

Develop and administer a program to reduce fall risk, optimize bone integrity by facilitating the identification and treatment of osteoporosis to reduce consequential fractures . . . .

Develop a program to reduce risk factors associated with alcohol and drug abuse, and HIV infection . . . .

Medication Management and Polypharmacy: Develop and administer programs on medication management to combat polypharmacy through medication reduction while optimizing medical care . . . .

Mandated Screening: Mandated screening will occur at the recommended frequency – screening for ... HIV/AIDS and STD, will occur twice per year . . . .

Legal Clinic: Develop a legal clinic to assist seniors with legal concerns, including but not limited to: advanced directives, durable power of attorney and general legal counseling.<sup>17</sup>

*Condition:* A Center interviewee stated that the Center had not yet developed programs to address these objectives. He/she stated that the Center did not have a screening and referral program for mood disorders, such as depression. This interviewee stated that the Center has had lectures on fall prevention, but has not offered other required programs on identifying and treating osteoporosis. The Center previously had a pharmacist provide medication management lectures and answer seniors' questions, but he/she was on leave from December 2013 to August 2014. The interviewee added that the Center does not have a program to reduce risk factors for alcohol abuse, drug abuse, and HIV infection. The Center last provided HIV testing in October 2012. This interviewee added that the Center has not yet established a legal clinic.

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<sup>16</sup> These reports are located at [www.oig.dc.gov](http://www.oig.dc.gov).

<sup>17</sup> FY 2013 Grant Application at 4 (emphasis omitted).

Additionally, although the Center provides health lectures on a variety of topics, it offers few presentations in the summer because most Howard faculty members are not available.

**Cause:** The FY 2013 grant application explains that other Howard departments were supposed to provide these various programs as in-kind support to the Center, which has not occurred to the degree called for in the grant. A Howard interviewee stated that it has been challenging to attend to the changing priorities of the Center, and that Howard managers were initially focused on starting the Center and establishing basic programs.

A DCOA interviewee stated that he/she was unaware that the Center was not providing many of the programs described in its grant applications. Consequently, the team is concerned that DCOA is not providing proper grant monitoring and cannot hold the Center accountable for noncompliance with grant terms and conditions. (See finding 10 on page 18 for additional information on grant monitoring deficiencies.)

**Effect:** The team is concerned that seniors who attend the Center may not receive necessary services because the Center is not providing all screenings, referrals, and assistance specified in Howard's grant application. The Center may not be aware of which seniors require particular services due to the lack of screening. Additionally, an interviewee stated that some seniors indicated in Center-conducted surveys that they are depressed, but the Center has not followed up with them, and he/she does not know how to address mental health concerns.<sup>18</sup>

**Accountability:** Howard is responsible for providing services described in its grant application, and DCOA is responsible for determining whether Howard is providing adequate services.

**Recommendations:**

- 1) That the ED/DCOA ensure that Howard provides all programs described in its grant application, including obtaining assistance from organizations other than the grantee, if necessary.

Agree     X                          Disagree                     

- 2) That the ED/DCOA ensure that Howard promptly refers for mental health services seniors who have already indicated a need for those services and develop a mental health screening and referral program.

Agree     X                          Disagree                     

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<sup>18</sup> The Center, not the OIG, issued this survey.

**4. The Center does not provide nutrition counseling, and the nutritionist provides fewer hours of service than DCOA funds.**

**Criteria:** Howard's FYs 2013 and 2014 grant applications state that nutrition counseling will be provided and that one of the Center's objectives is to "[d]evelop a program on health risk assessment and screening that will include . . . adequacy of nutritional well-being."<sup>19</sup> The FY 2013 grant budgeted \$13,000 to fund 25% of a full-time equivalent (FTE) nutritionist position, which equates to 10 hours per week. The FY 2014 budget includes \$12,750 to fund 17% of an FTE for a nutritionist, which would equate to approximately 7 hours per week. Howard's FY 2013 grant application notes that the Center nutritionist was supposed to implement the "Healthy Eating for Successful Living in Older Adults" program, with classes meeting 2.5 hours per week for 6 weeks and an intended class size of 8 to 12 participants.

**Condition:** The nutritionist spends little time at the Center, and the Center does not provide nutrition counseling. The nutritionist is only at the Center for 1.5 hours per week. He/she did not provide services in July, August, and September 2014.<sup>20</sup> The nutritionist does not provide individual nutrition counseling, and the Center does not have an alternate contractor to provide this service. When the nutritionist was at the Center, he/she provided nutrition lectures, cooking demonstrations, and guided trips to grocery stores to advise seniors about selecting healthy food in line with the "Healthy Eating for Successful Living in Older Adults Program." However, he/she modified this program to provide shorter classes to maintain seniors' interest and offers weekly classes of 1 hour and 15 minutes in 12-week cycles.

**Cause:** The team did not receive sufficient explanations regarding why the Center is not providing agreed-to nutrition services. A Center employee believed that nutrition counseling was not part of the grant proposal, even though Howard's grant applications specifically state that the Center will provide nutrition counseling. In July 2014, the Center submitted a revised budget for FY 2014 to DCOA based on actual spending to date. The budget for the nutritionist remained unchanged at \$12,750, despite the lack of nutrition services provided.

DCOA site visit reports do not note deficiencies in nutrition services or concerns regarding the hours of service provided compared to DCOA funds provided.

**Effect:** The team is concerned that seniors who may need nutrition counseling to improve their health are not receiving this service. The limited hours of nutrition education that the Center provides may be inadequate to inform and motivate seniors regarding healthy eating habits and does not allow for multiple nutrition education sessions per week to accommodate seniors who normally attend an exercise class during the time currently scheduled for nutrition activities.

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<sup>19</sup> FY 2013 Grant Application at 4.

<sup>20</sup> During this time, the YMCA provided food demonstrations.



**Accountability:** Howard is responsible for ensuring that it provides services in accordance with its grant application, and DCOA grant monitors are responsible for determining whether grantees are providing adequate services in accordance with their grants.

**Recommendations:**

- 1) That the ED/DCOA ensure that the grantee operating the Center provide nutrition counseling services and adequate hours of nutrition services each week.

Agree \_\_\_\_\_ X \_\_\_\_\_ Disagree \_\_\_\_\_

- 2) That the ED/DCOA ensure that grantee employees who are paid partially with grant funds, including the Center's nutritionist, provide services commensurate with the level of DCOA funding.

Agree \_\_\_\_\_ X \_\_\_\_\_ Disagree \_\_\_\_\_

- 3) That the ED/DCOA determine whether Howard used grant funds for unallowable costs, particularly for the nutritionist's salary, and seek to recover any overpayments.

Agree \_\_\_\_\_ X \_\_\_\_\_ Disagree \_\_\_\_\_

**5. The Center does not use volunteers to bolster staffing and services.**

**Criteria:** The National Institute of Senior Centers (NISC) recommends that senior centers use volunteers to build the centers' capacity by performing functions in place of paid staff.<sup>21</sup> Howard's FY 2014 grant application states that Howard University student volunteers would support some of the Center's activities.<sup>22</sup>

**Condition:** A Center interviewee stated that the Center does not use volunteers.

**Cause:** A Center employee stated that he/she advised seniors who had expressed interest in volunteering to contact Howard's volunteer services department and complete Howard's screening process. This employee did not know why the seniors did not complete this process, but speculated that they did not realize that volunteers had to meet certain requirements.

**Effect:** The Center is not utilizing volunteers to expand its capacity. The team notes that using volunteers for clerical duties may allow staff members to focus on more substantive work, such as establishing new programs, and that volunteers may be able to assist the Center to

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<sup>21</sup> See NATIONAL COUNCIL ON AGING AND THE NATIONAL INSTITUTE OF SENIOR CENTERS, NCOA/NISC SELF-ASSESSMENT AND ACCREDITATION MANUAL, "ADMINISTRATION AND HUMAN RESOURCES" 5 (undated).

<sup>22</sup> *Id.* at 2.

organize additional events and programs required by the grant. Directors of senior centers in Maryland and Virginia stated that volunteers are very important and allow their centers to perform outreach, complete administrative tasks, and offer additional activities, such as a volunteer-led biking club.

**Accountability:** Howard managers are responsible for ensuring that the Center engages volunteers.

**Recommendation:** That the ED/DCOA ensure that the Center recruits potential volunteers and assists them in completing grantee requirements to become volunteers.

Agree     X     Disagree                     

**6. Some members who exercise have not completed liability waivers to release the District of Columbia government and Howard from liability.**

**Criteria:** The Center requires new members to complete liability waivers that release the District of Columbia government and Howard from liability for damages resulting from participation in Center activities.<sup>23</sup> Other District senior wellness centers require members to complete similar liability waivers.

**Condition:** During June 2014, the team reviewed membership files for 18 seniors exercising at the Center on a specific day and found that 4 had not completed liability waivers. One of these members had a note in his/her file noting that he/she did not want to sign the liability waiver.

**Cause:** A Center employee stated that when the Center opened in 2012, he/she was not aware of the liability waiver requirement and, therefore, the Center did not initially require seniors to complete these waivers when they joined. He/she stated that some members had refused to sign the waivers, and that DCOA instructed the Center to note this refusal in the members' files but did not provide additional guidance on this issue.

**Effect:** If a member who has not signed a liability waiver is injured at the Center, the District may be liable.

**Accountability:** DCOA managers are responsible for providing policy guidance to the Center, and the Center is responsible for ensuring that members complete liability waivers.

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<sup>23</sup> Members are also required to submit separate medical clearance forms signed by a physician indicating that they are able to exercise. The team found that some members do not have up-to-date medical clearance forms (see finding 7 on page 16).

***Recommendations:***

- 1) That the ED/DCOA develop a written policy requiring Center members to complete liability waivers in order to exercise or use exercise equipment at the Center.

Agree     X                          Disagree \_\_\_\_\_

- 2) That the ED/DCOA ensure that the Center reviews the files of all active members to determine which members must sign liability waivers to continue exercising or using exercise equipment at the Center.

Agree     X                          Disagree \_\_\_\_\_

**7. Center staff members allow seniors with outdated medical clearance forms 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 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 June 2014, the team reviewed the files of 18 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, 9 members' most recent forms were over a year old. A Center staff member stated that he/she had repeatedly informed seniors that they need to submit new medical clearance forms every year, but many have not. The team notes that without updated forms, 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 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 planned 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.

**8. The Center is not maximizing its existing space and may need additional space in the future.**

Center staff members and seniors stated that the Center is outgrowing its current space because its membership and participation in Center activities are increasing. The Center logged

760 visits from seniors in October 2013 and 983 visits from seniors as of June 2014, the most recent month for which data were available. An interviewee stated that demand for fitness classes has started to exceed the capacity of some classes and that the Center may be able to add morning fitness classes to its schedule. Another interviewee stated that the Center has not added more morning classes because members are not interested in classes during these times. However, the director of another DCOA senior wellness center stated that his/her Center has the highest attendance during morning hours. The team also observed that the Center may be able to offer additional presentations on various topics in the kitchen/food demonstration area when the area is not needed for the lunch program or cooking demonstrations. The ED/DCOA stated that DCOA is considering moving some of its offices to another office building to make more room for the Center in the building it shares with DCOA. In addition, DCOA plans to increase the capacity of the senior wellness centers by funding expanded hours starting in October 2014.

The team previously recommended that the ED/DCOA evaluate and implement solutions to better use space at senior wellness center facilities. The ED/DCOA agreed with this recommendation 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 in order 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.

**9. The Center is not using the EnhanceFitness program to improve and 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 EnhanceFitness licenses and associated WellWare software for the senior wellness centers. Consequently, the Center cannot use this software to measure changes in members' fitness. A Center interviewee stated that the Center's chair exercise class is similar to EnhanceFitness in that it is designed for less mobile seniors, but it may be useful to have a nationally tested program with metrics to measure improvements in fitness.

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 would: 1) assess the feasibility of purchasing the license and software; 2) decide whether to incorporate mandatory use of this or similar software into DCOA grant agreements; and 3) consider other programs and fitness software.

***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 Howard's compliance with the terms of its FYs 2013 and 2014 grants 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. This issue was also identified during the team's inspections of other senior wellness centers, and the ED/DCOA is implementing the corrective actions discussed on page 20.

**10. DCOA's grant monitoring is inadequate, and the Center has provided little data to DCOA regarding its performance.**

*Criteria:* 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.<sup>[24]</sup>

This manual also states, "DCOA shall issue a site visit report following a formal site visit, making findings and recommendations and requesting corrective action, as necessary."<sup>25</sup>

DCOA's FY 2014 Notice of Grant Agreement to Howard notes that DCOA will only make payments if DCOA determines that the grantee is making satisfactory progress and the grantee's reports are complete and up-to-date. DCOA reserves the right to suspend payment if required reports or invoices are deficient or untimely, or if performance of grant activities is not evident.

DCOA's Grants Policy Manual (p. 49) requires that the Center's inventory list include "a description of the equipment, the manufacturer's serial number, model number, or other identification number, source of the purchase, date of purchase, cost, percentage of DCOA grant funds used in the purchase of the equipment, condition of the equipment, and information on disposition if equipment is disposed or sold."

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<sup>24</sup> DISTRICT OF COLUMBIA OFFICE ON AGING, GRANTS POLICY MANUAL, 32 (Dec. 2006).

<sup>25</sup> *Id.* at 42.

**Condition:**

**Limited Data on Services:** The Center does not provide sufficient data for DCOA grant monitors to assess the Center's performance.

The Center did not complete any Comprehensive Uniform Reporting Tool (CURT) reports for FY 2013, and did not consistently submit them timely during FY 2014. For example, the July 2014 DCOA site visit report states that the Center had not submitted CURT reports for May and June 2014.

In addition, the Center's FY 2014 CURT reports do not provide information on progress toward most of the objectives in the grant application. The Center reported on only 1 of 28 grant application outcome measures: the number of exercise sessions. The CURT reports only include the number of "duplicated participants"<sup>26</sup> for programs such as physical fitness activities, computer classes, crochet/jewelry making classes, massage therapy, and nutrition lectures.

The team is particularly concerned about the lack of information on the Center's progress toward meeting its grant objectives because the Center is not required to provide DCOA a report on the amount of time seniors spend at the Center. Other senior wellness centers report units of service to DCOA: one unit of service equals one senior attending a senior wellness center for 1 hour. Unlike other District senior wellness centers, Hayes Senior Wellness Center's grant payments are not tied to units of service provided.

**Delays in Financial Reporting:** The Center's May and June 2014 financial reports were also overdue at the time of DCOA's July 2014 site visit. DCOA pays the Center on an actual cost reimbursement basis, and the Center is required to submit monthly financial reports and supporting documents to DCOA. Delays in submitting financial reports hinder DCOA's ability to verify expenses for reimbursement.

**Deficient Grant Monitoring:** Although DCOA grant monitors completed site visit reports in FYs 2013 and FY 2014, these monitoring efforts did not adequately address services provided at the Center. The July 2014 site visit report lists several programs provided at the Center and rates the item "performance objectives are on target" as 4 out of 5, with a note that the Center needs to submit CURT reports. Although the team found that the Center is not providing many programs outlined in its grant application (see finding 3 on page 11 for more information), this deficiency is not noted in any of the site visit forms. DCOA's site visit reports do not cite specific grant objectives that the monitor evaluated.

Additionally, the team found that the July 2014 site visit form assigns the Center a 5 out of 5 numerical rating regarding its inventory list; however, the list contains significant deficiencies. For example, the inventory list lacks information such as equipment serial numbers

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<sup>26</sup> For purposes of the CURT reports, a "duplicated participant" is a term used to count the number of times a senior at the Center participates in an activity. For example, a senior who exercises two times at the Center would be counted as two duplicated participants.

and prices for treadmills and computers; and lists a van that the Center reportedly did not actually purchase and provides no information regarding the van's location. Howard included a similar inventory list in its FY 2014 grant application, which DCOA approved without first determining whether the information contained on the list was current and accurate. The team is concerned that significant inaccuracies and omissions regarding major assets may impede accountability for these items.

**Cause:** A Center employee stated that DCOA provided inadequate guidance on grant reporting requirements and had not provided a grants manual. A DCOA interviewee stated that he/she was aware of the Center's difficulties in providing data to DCOA, and that he/she has informed the Center director that Howard needs clearly stated, measurable program objectives for FY 2015 as well as a plan to collect data related to its objectives. The team observed that Howard's FY 2013 grant application listed 28 outcome measures; however, in its FY 2014 grant application, Howard did not report data on those FY 2013 outcomes or include them for FY 2014.

In August 2014, a DCOA interviewee stated that he/she had been unaware that the Center has not achieved many of its FYs 2013 and 2014 grant objectives, and that the current grant monitor had joined DCOA in March 2014. He/she added that DCOA did not have written instructions for the grant monitoring site visit form and that DCOA had not provided formal training to the new grant monitor. The current grant monitor is the third grant monitor responsible for the Center since October 2012.

**Effect:** Because DCOA had not detected gaps in services provided by the Center and flaws with its inventory list, it has been unable to hold the Center accountable for correcting these issues. The Center currently is not providing many of the programs listed in its grant agreement (see finding 3 on page 11), and DCOA has not addressed this deficiency. Ineffective inventory oversight may lead to misuse or theft of Center equipment and other assets.

**Accountability:** Howard is responsible for carrying out the terms of the grant, and DCOA managers are responsible for holding grantees accountable.

**DCOA's response to previous recommendations:** 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.

***New recommendations:***

- 1) That the ED/DCOA ensure that appropriate corrective actions are enforced when senior wellness center grantees fail to submit comprehensive performance data timely.

Agree     X                          Disagree \_\_\_\_\_

- 2) That the ED/DCOA ensure that senior wellness center grantees submit inventory lists that comply with requirements in the Grants Policy Manual.

Agree     X                          Disagree \_\_\_\_\_

- 3) That the ED/DCOA develop detailed written policies for evaluating a) grantee performance against grant requirements and b) inventory list accuracy, and ensure that grant monitors are adequately trained on these policies and their responsibilities.

Agree     X                          Disagree \_\_\_\_\_

**11. 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. As a result, Center staff members may not recognize and report signs of elder abuse, neglect, and exploitation to Adult Protective Services (APS),<sup>27</sup> and potential cases may not be investigated.

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

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<sup>27</sup> 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).

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 provides a variety of programs with which seniors attending the Center are very pleased, particularly the fitness programs. In addition, the facilities are attractive, clean, and secure. Although the Center offers many benefits to seniors, it also has significant deficiencies. The Center has not provided some services, such as nutrition counseling, which were required in its FYs 2013 and 2014 grants, and DCOA has failed to detect and address these deficiencies due to inadequate grant monitoring. In addition, the Center lacks adequate data on its performance. The Center also is not adequately prepared for medical emergencies regarding AED and CPR readiness and staff training, lacks liability waivers for some members, and does not use the services of volunteers. DCOA is working to address the Center's limited capacity and is aware of other issues affecting the Center and other senior wellness centers, such as a lack of policies on elder abuse and neglect, obtaining updated medical clearance forms, and procuring EnhanceFitness or a similar program.

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 report or compliance process, please contact [REDACTED], Director of Planning and Inspections, on [REDACTED].

Sincerely,



Daniel W. Lucas  
Inspector General

DWL/klb

cc: See **Distribution List**

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