



Accreditation Report
Quality Improvement Plan
& Benchmarking Data

Accreditation Report

**Quality Improvement Plan
& Benchmarking Data**

**Prepared for
Armed Forces Retirement Home -
Washington**

Accreditation Decision

Five-Year Term of Accreditation
Expiration: August 31, 2021

Organization

Armed Forces Retirement Home -
Washington
3700 North Capitol Street NW
Washington, DC 20011-8400



Five-Year Accreditation

Organizational Leadership

Steven McManus, Chief Operating Officer

Survey Dates

August 24-26, 2016

Survey Team

Patricia W. Savage, Administrative Surveyor
Adaeze Ikeotuonye, NHA, Program Surveyor
Brent B. Edgerton, M.B.A., M.S., Virtual Finance Surveyor

Programs/Services Surveyed

Continuing Care Retirement Community

Previous Survey

September 26-28, 2011
Five-Year Term of Accreditation

Survey Summary

Areas of Strength

Armed Forces Retirement Home - Washington (AFRH-W) has strengths in many areas.

- The organization's cultural competency and diversity plan is comprehensive and well communicated to staff.
- Management and direct service staff members appear to be dedicated to serving the needs of the veterans who are part of the community. They seem to truly honor the service given to the country by these veterans. The book of veteran resident stories is an example of the high regard for the residents.
- The beautiful campus located in Washington, DC, offers a variety of living options from independent living, independent living plus, assisted living, nursing, and memory care. This is a great resource to military veterans.
- The annual report that provides extensive information on the work of the advisory council, which is an advisory council of both AFRH-W and AFRH-Gulfport (AFRH-G), is very thorough and a good resource for information.
- The contractual relationships are well implemented with contract staff being fully integrated into the community. The process for ensuring that contracts deliver fully on service expectations is thorough.
- The organization demonstrates staff longevity and positive employee morale.
- The organization's grounds and buildings are well maintained, and there is seamless integration of new and older buildings.
- The program demonstrates great coordination between the resident, family representative, and the organization's staff, which begins prior to admission.
- The organization focuses on the implementation of a person-centered culture that is evidenced by experiences such as a certified nursing assistant assisting a resident with a Pokémon™ game and staff members volunteering as resident escorts to official government recognition ceremonies.
- AFRH-W conducts four focus groups per year on accessibility, and the information gathered serves as the basis of the organization's accessibility plan.
- The organization maintains a rigorous and disciplined internal control program and has positively leveraged the advantages of efficiencies of designing and utilizing an organizationwide performance improvement model between AFRH-W and AFRH-G.
- The financial audit of AFRH for the fiscal year ending September 30, 2015, was signed off by the auditing firm of Brown & Company CPAs, PLLC on November 13, 2015. This turnaround was within 43 days, which represents an incredibly short period of time. The organization is commended on the quick turnaround, which is an unusual achievement within the industry.
- AFRH-W is complimented on the quality of written documentation that is demonstrated throughout the organization.

Areas for Improvement

AFRH-W should seek improvement in the following areas.

- The organization's written ethical codes of conduct should include witnessing of legal documents by staff.
- Governance policies should address the exit process for the board. In addition, the governance policies should address board performance that includes an annual self-assessment of the entire board and a periodic self-assessment of individual board members.
- Currently, AFRH reviews a representative sampling of billing records on an annual basis, close to year end, to ensure accuracy and dates of services provided. The organization is urged to complete the review of a representative sampling of billing records at least quarterly.
- The net operating margin ratio, total excess margin ratio, and operating ratio are below the 25th quartile for multi-site communities that are accredited by CARF. AFRH utilizes a different approach for reporting and presenting its financials through a federal system. Other CARF-accredited CCRCs utilize generally accepted accounting principles (GAAP). The difference in accounting methods may affect comparisons to other CCRCs.
- AFRH is not allowed to carry any debt, and as a result of this practice, the capital structure ratios of cash to debt and the debt service coverage calculations are skewed. This results in these two ratios being rated as nonconformance when compared to other CCRCs. Based on this information, the organization does not need to develop an action plan for these two items.

Accreditation Decision

Armed Forces Retirement Home - Washington has earned a Five-Year Term of Accreditation. On balance, AFRH-W has demonstrated a high commitment to responding to the needs of the veterans it serves. The organization holds its residents in high esteem and respects the service these residents have given to the country. The staff is eager to learn and committed to providing quality services. The census challenges on this campus are being addressed with attention to developing contacts with veterans' organizations so that enlisted veterans become aware of the availability of this resource. Although the leadership in some cases has not been with AFRH for a long period of time, it is obvious there is a desire to continue to build on a strong legacy of service. Although a few opportunities for improvement have been identified in this report, it is apparent that the organization has the resources and commitment to address these areas and is encouraged to continue to use the CARF standards to further enhance the provision of its services.

Consultation

Section 1. ASPIRE to Excellence[®]

B. Governance

- It is suggested that the board develop and implement a process in which feedback could be gathered from Advisory Council members who are leaving the council.

F. Financial Planning and Management

- The management of AFRH-W may wish to consider additional means of communicating financial information to its resident population on a regular basis. Residents' feedback demonstrated that some residents were interested in having a better understanding of the financial future and direction of the community. This area might be addressed through things such as additional focus groups and/or "coffee hour" discussions.

Section 2. Care Process for the Persons Served

A. Program/Service Structure

- AFRH-W informs persons served of reasons for ineligibility of services and provides verbal recommendations for alternative services but does not provide these in writing. The community is encouraged to consider creating a list of available resources and/or maintain brochures of resources that could be readily available for distribution when necessary.
- The community makes reasonable efforts to accommodate residents' preferences and choices when indicated by persons served. It is suggested that the organization also consider proactively obtaining preferences upon admission as well as periodically.
- AFRH-W consistently assigns personnel to persons served but also acknowledges the use of agency staff when necessary. Management might want to consider developing an as-needed staffing pool.

Consultation does not indicate nonconformance to standards but is offered as a suggestion for further quality improvement.

Standards Conformance

This section of the Accreditation Report displays the specific reasons for any partial or nonconformance to standards identified as a result of the survey. The standards listed in this section are addressed in the organization's Quality Improvement Plan, which can be accessed at customerconnect.carf.org.

Below are the possible reasons for partial or nonconformance to standards, along with an explanation of why each reason is cited.

To receive the information contained in this section in an alternate format, please contact editing@carf.org.

Reason for partial or nonconformance	Is cited:
Procedure/practice not developed	When a standard element requires a procedure/practice, it is not in existence.
Policy/plan not developed	When a standard element requires a policy/plan, it is not in existence.
Policy/plan/procedure/practice not implemented	When a standard element requires a policy/plan/procedure/practice, it exists but there is no actual performance.
Policy/plan/procedure/practice recently implemented	When a standard element requires a policy/plan/procedure/practice, it exists but the actual performance has not been in place for sufficient time to establish a track record.
Policy/plan/procedure/practice not consistently implemented	When a standard element requires a policy/plan/procedure/practice, it exists but the actual performance does not occur with sufficient regularity to be deemed standard operating procedure.
Frequency inadequate	When a standard element requires that an activity occur with a specific frequency or some unspecified regularity, the performance of the activity does not occur, occurs less frequently than required, or occurs less frequently than appropriate if regularity unspecified.
Documentation inadequate	When a standard element requires documentation or that documentation contain specific information, the documentation either does not exist or does not contain the specific information.
Training inadequate	When a standard element requires that certain training occur, it either does not occur or does not occur with sufficient regularity to be deemed standard operating procedure.
Involvement by appropriate person(s) inadequate	When a standard element requires the involvement of certain persons, those persons are either not involved or not involved in a sufficient manner.
Data or information necessary to address conformance not collected and/or evaluated	When the issue addressed by the standard element has not been considered and, consequently, the information necessary to address conformance has not been collected and/or evaluated in connection with the issue addressed.
Effort not comprehensive	When a standard element requires an activity to occur, the performance of the activity is insufficient to address the full scope of the activity.
Financial ratio calculation below the median	When the standard element rating is based on the calculation of a specific financial ratio, such ratio is below the 50th percentile.
Information not communicated understandably	When a standard element requires that information be shared with certain persons, the information is either not shared or not shared in a manner that allows for comprehension by the recipient.
Noncompliance with law, regulation, or other rule	When a standard element requires compliance with a legal requirement or a process for achieving legal compliance, sufficient evidence of compliance or the compliance process is not demonstrated.
Credentials inadequate	When a standard element requires that an individual possess a specific credential or level of credential, the specific credential is not possessed, or the credential possessed is below the specified level.
Evidence of conformance inadequate	When the requirement of a standard element is not satisfied, or is inconsistently satisfied and no other reasons apply.

Standard Number	Standard Text	Reasons for Partial or Nonconformance															
		Procedure/practice not developed	Policy/plan not developed	Policy/plan/procedure/practice not implemented	Policy/plan/procedure/practice recently implemented	Policy/plan/procedure/practice not consistently implemented	Frequency inadequate	Documentation inadequate	Training inadequate	Involvement by appropriate person(s) inadequate	Data or information necessary to address conformance not collected and/or evaluated	Effort not comprehensive	Financial ratio calculation below median	Information not communicated understandably	Noncompliance with law, regulation, or other rule	Credentials inadequate	Evidence of conformance inadequate
1.A.6.a.(4)(f)	Corporate responsibility efforts include, at a minimum, the following: Written ethical codes of conduct in at least the following areas: Service delivery, including: Witnessing of legal documents.	X					X										
1.B.2.a.(3)	Governance policies address: The selection of the board, including: Exit process.		X														
1.B.2.g.(3)	Governance policies address: Board performance, including: Annual self-assessment of the entire board.		X														
1.B.2.g.(4)	Governance policies address: Board performance, including: Periodic self-assessment of individual members.		X														
1.F.7.a.	If the organization bills for services provided, a review of a representative sampling of records of the persons served is conducted: At least quarterly.					X											
1.F.13.a.(1)	The organization addresses: Margin/profitability, including: Revenue and expenses related to the persons served.											X					
1.F.13.a.(2)	The organization addresses: Margin/profitability, including: Earnings related to businesses not directly related to the persons served (ancillary revenue) and third-party sources of revenue, such as contributions, investment income, and financial support from a third party.											X					
1.F.13.a.(3)	The organization addresses: Margin/profitability, including: Expense management.											X					
1.F.13.c.(1)	The organization addresses: Capital structure to ensure: Financial flexibility.											X					
1.F.13.c.(2)	The organization addresses: Capital structure to ensure: Ability to meet the needs of persons served and other stakeholders.											X					

Benchmarking

This section of the Accreditation Report benchmarks your organization's conformance to standards. By comparing strengths and areas for improvement with various comparator groups, benchmarking encourages your organization to improve effectiveness, efficiency, satisfaction, and access. This information should also stimulate discussions among stakeholders focused on better meeting the needs and preferences of the persons served. In addition, benchmarking:

- Encourages a culture of continuous evaluation and improvement.
- Accelerates understanding of and agreement on areas for improvement.
- Helps prioritize improvement opportunities.
- Shifts internal thinking toward a focus on outcomes.
- Provides a reference to increase performance expectations.
- Motivates your team to work collaboratively to surpass benchmarks.

This report provides benchmarks (mean % of conformance) for each section of the ASPIRE to Excellence® quality framework.

* When available, benchmark comparison groups include:

- All surveyed organizations.
- All surveyed organizations in the same primary CARF customer service unit.
- Surveyed organizations with the same ownership type.
- Surveyed organizations in the same geographic region.
- Surveyed organizations with similar number of persons served annually.
- Surveyed organizations with similar staff size.

In addition, standards conformance for each organization undergoing resurvey is benchmarked against its previous survey in all standards areas.

Benchmark Comparison Groups

Primary area of accreditation: CARF-CCAC

Ownership type: Government Entity

Geographic region: US-Northeast

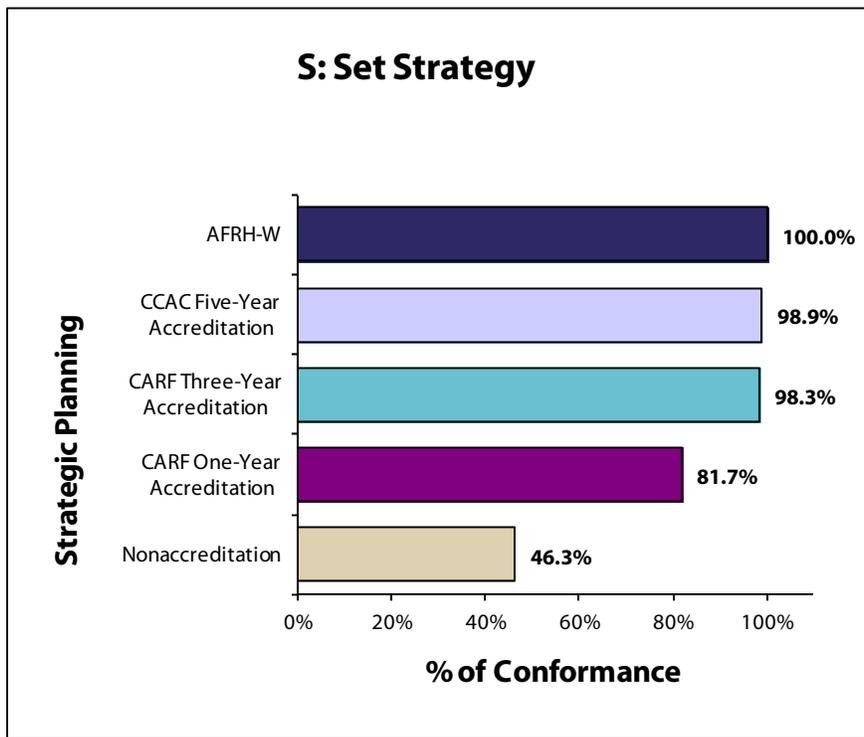
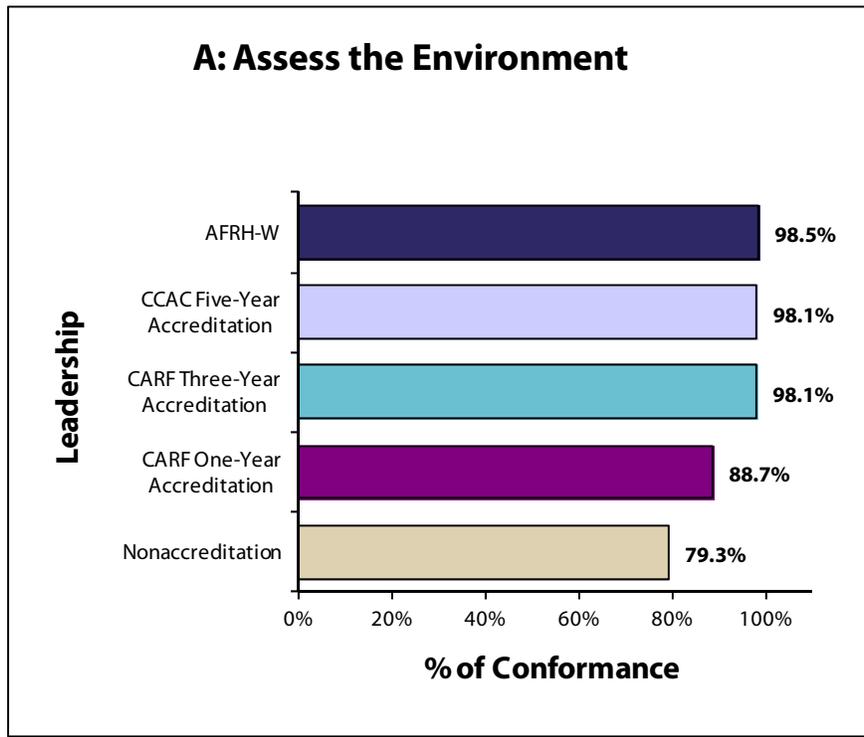
Staff size (FTEs): 100-499

Persons served annually: 100-499

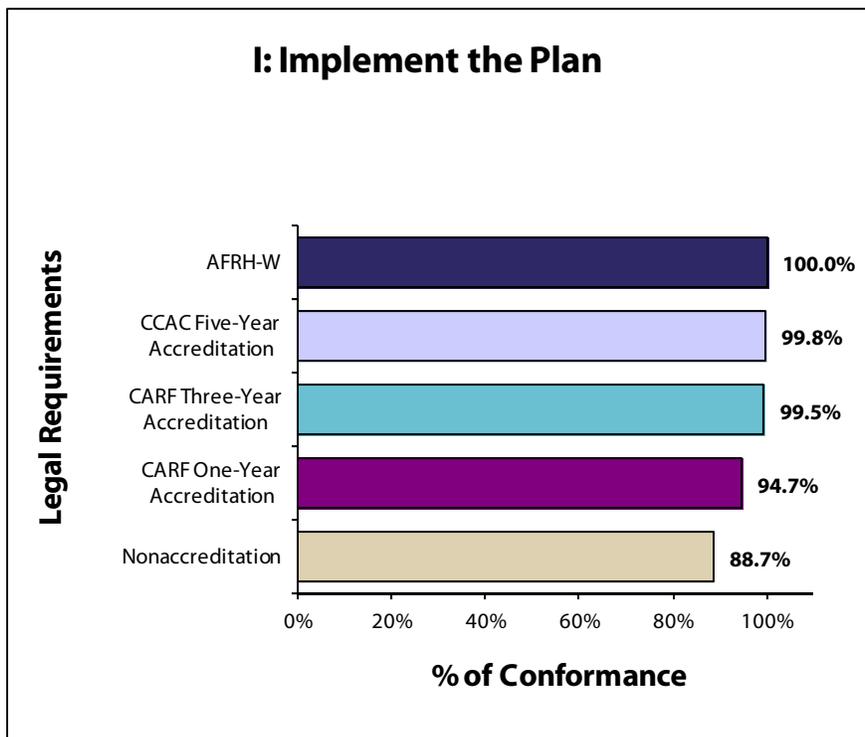
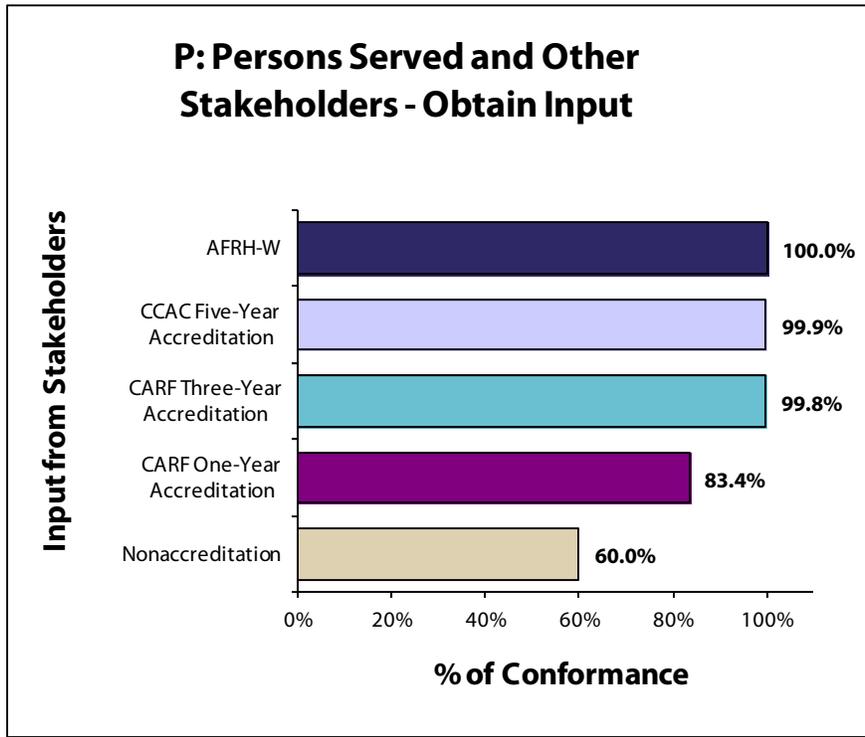
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* Excluding Governance.

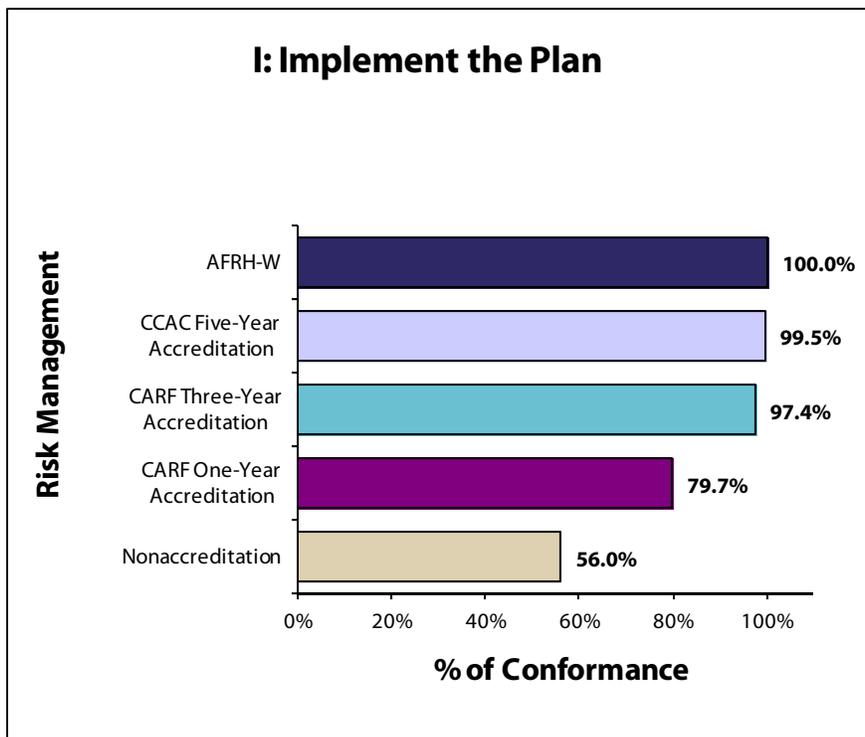
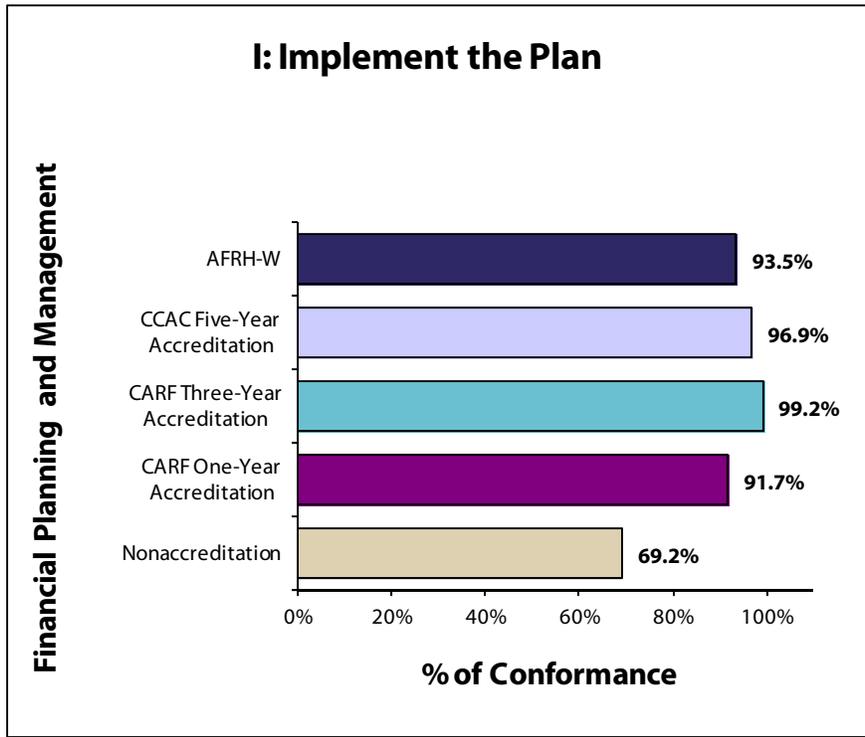
All surveyed organizations



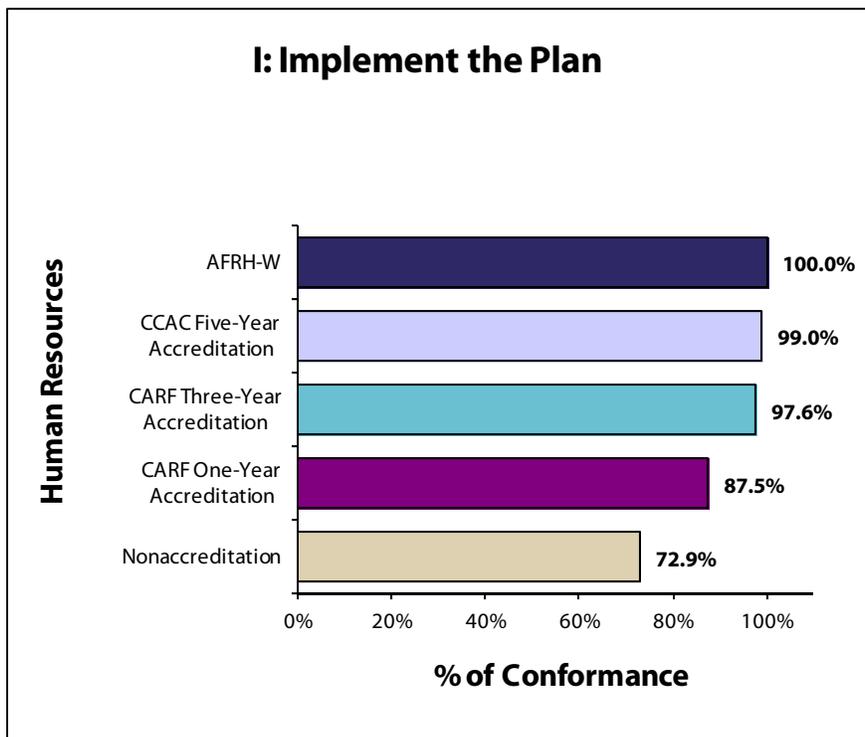
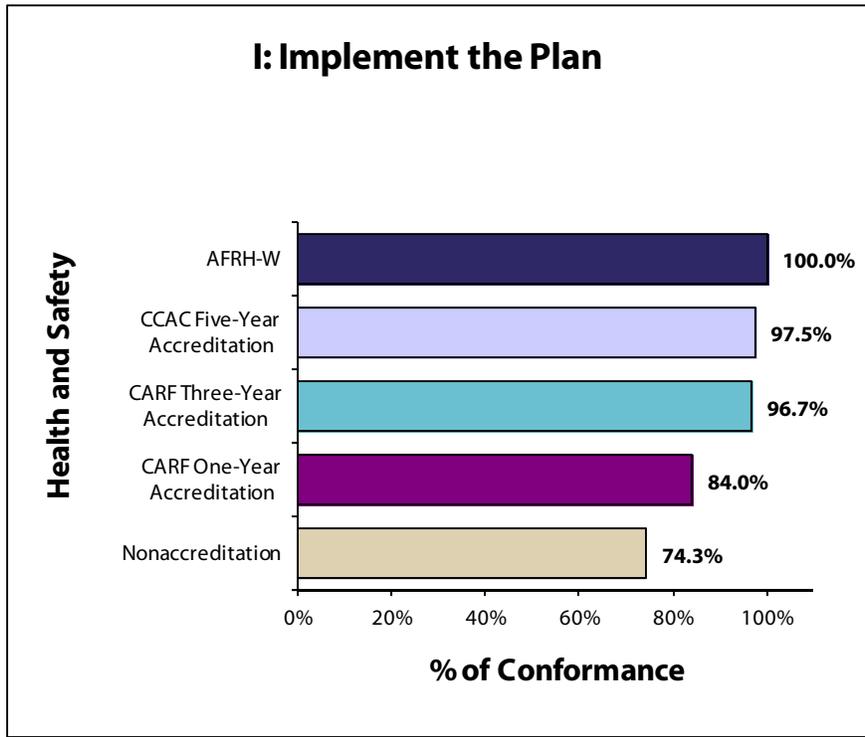
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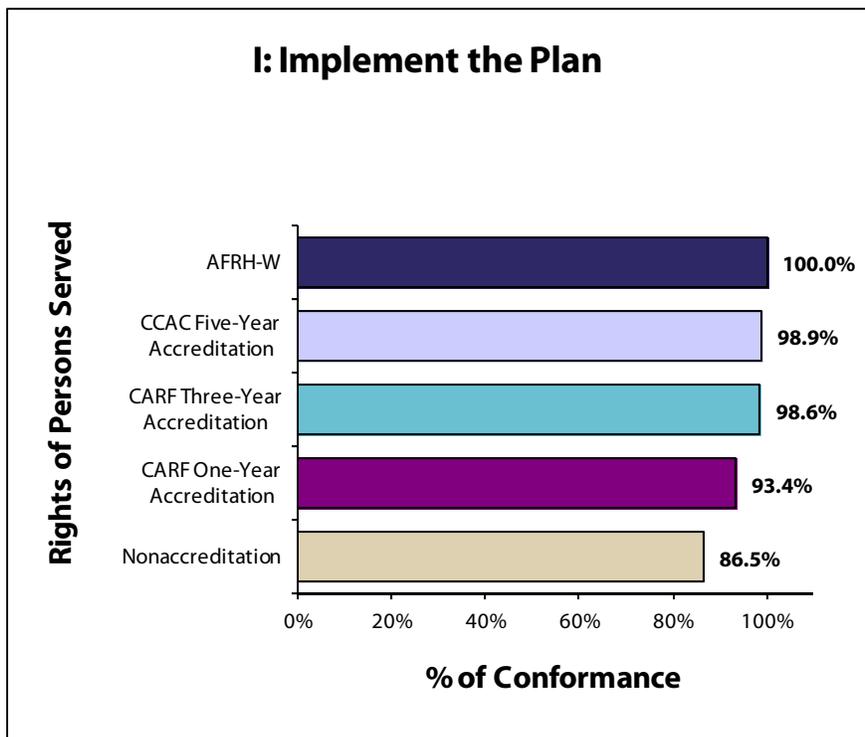
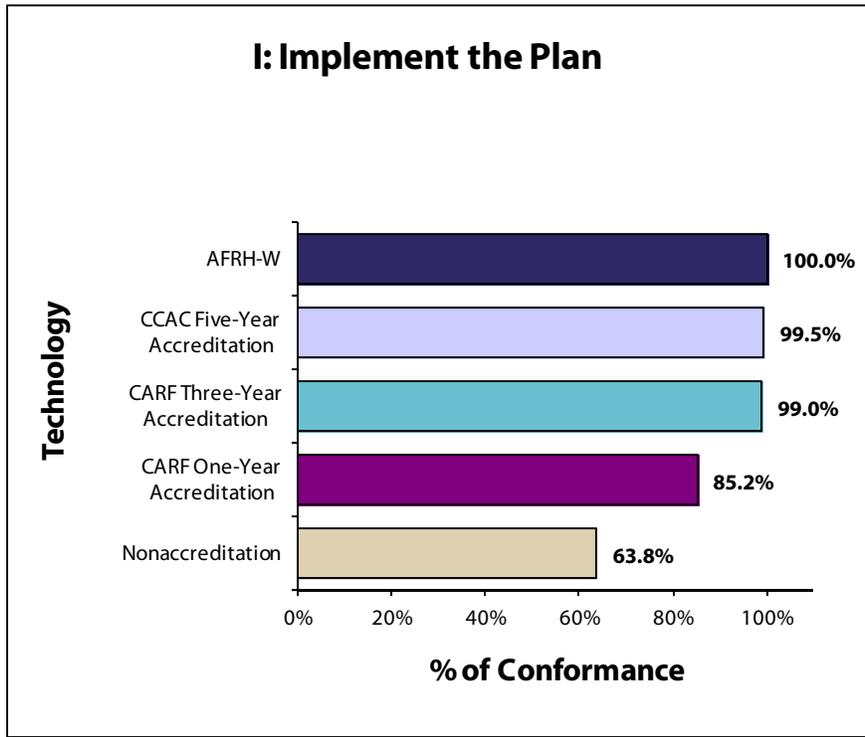
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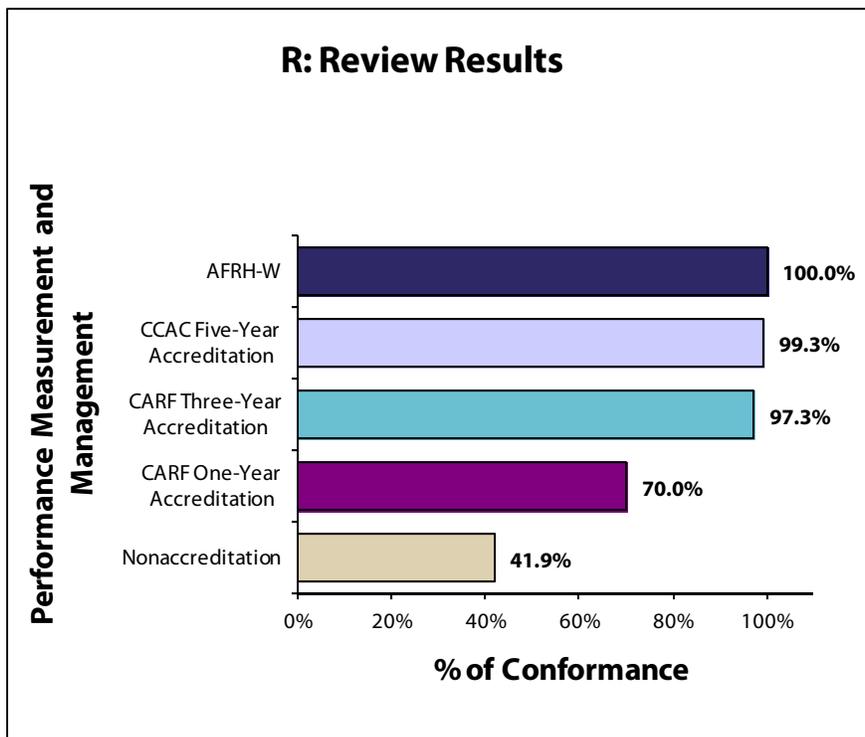
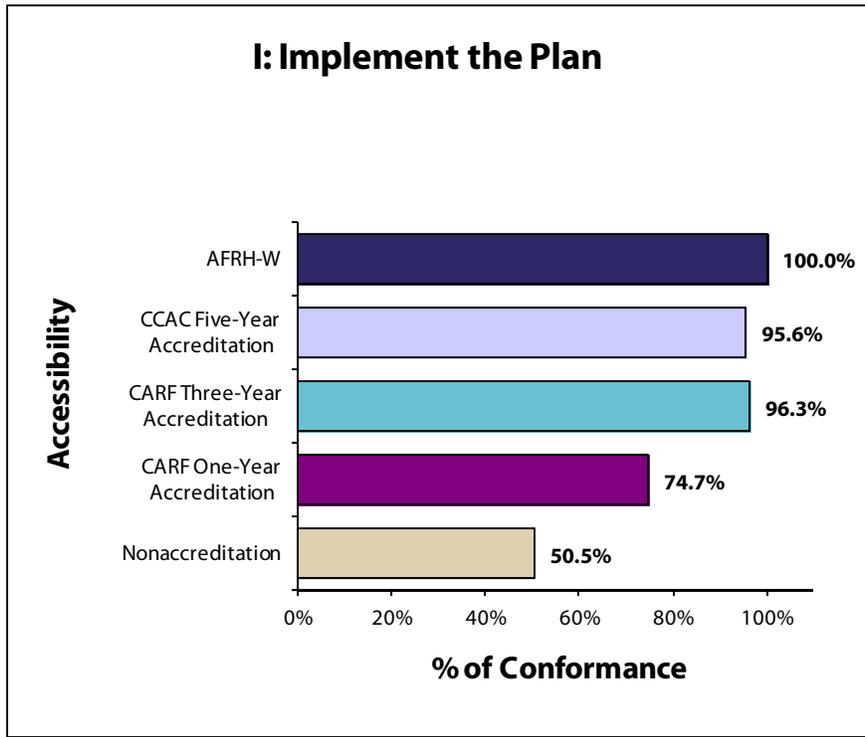
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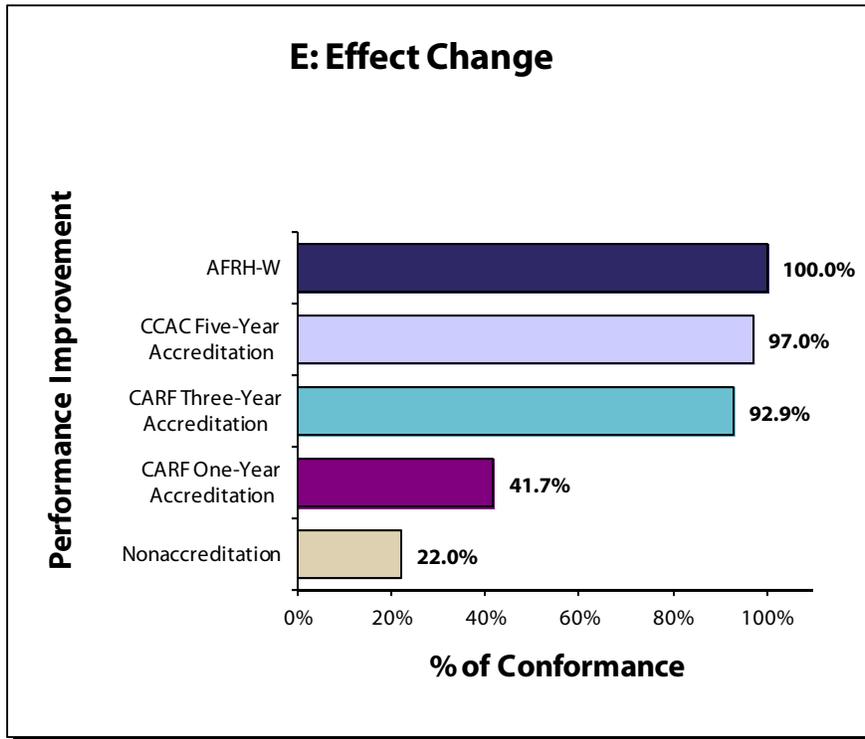
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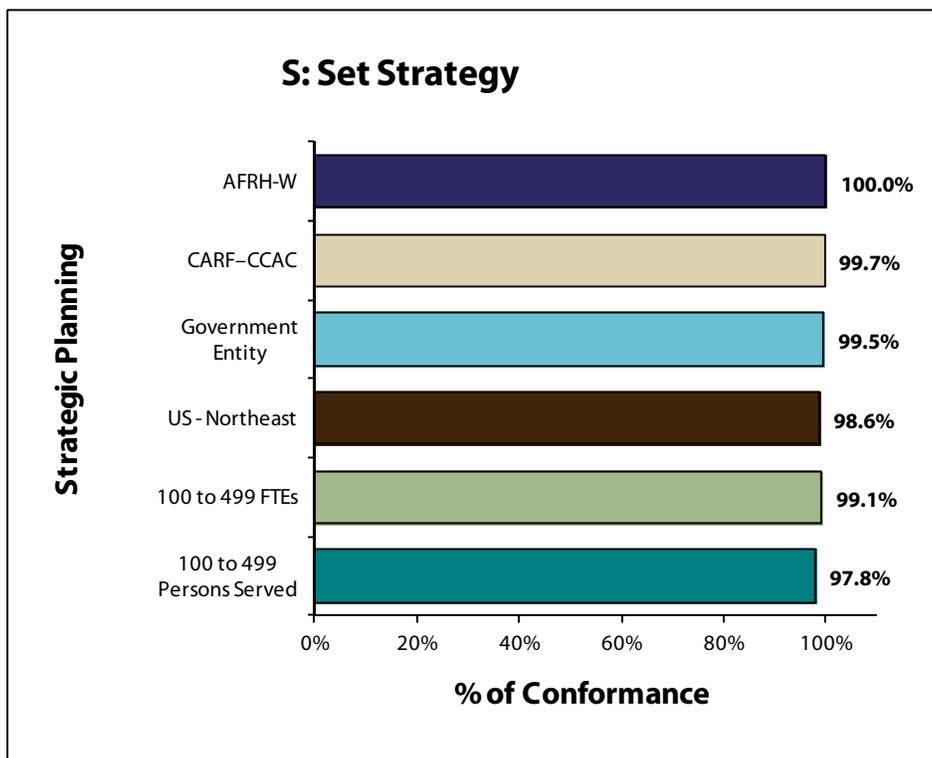
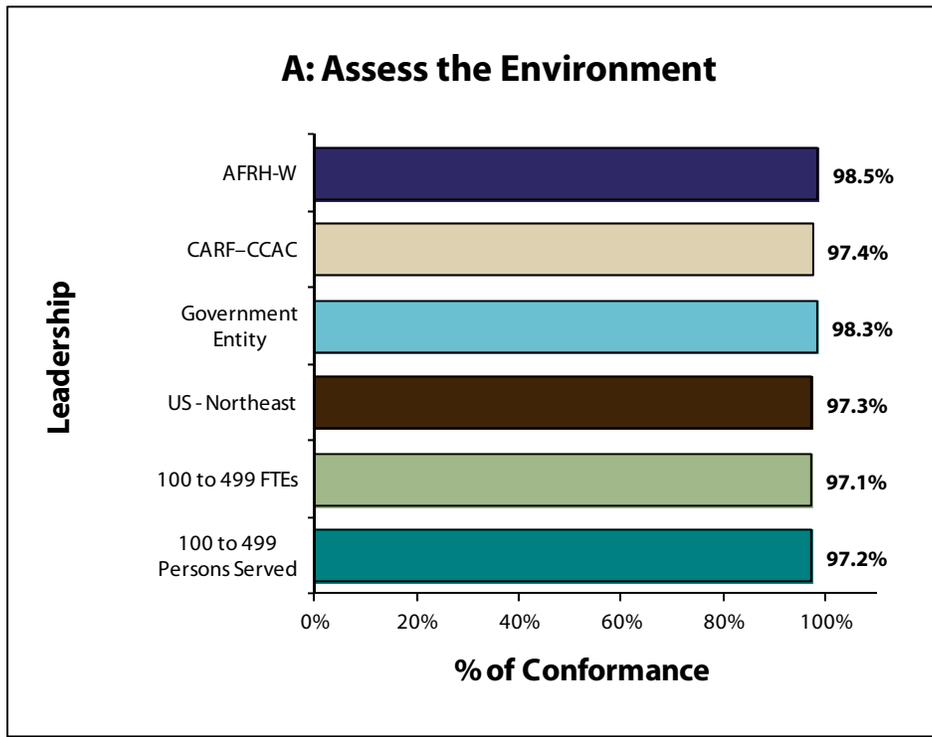
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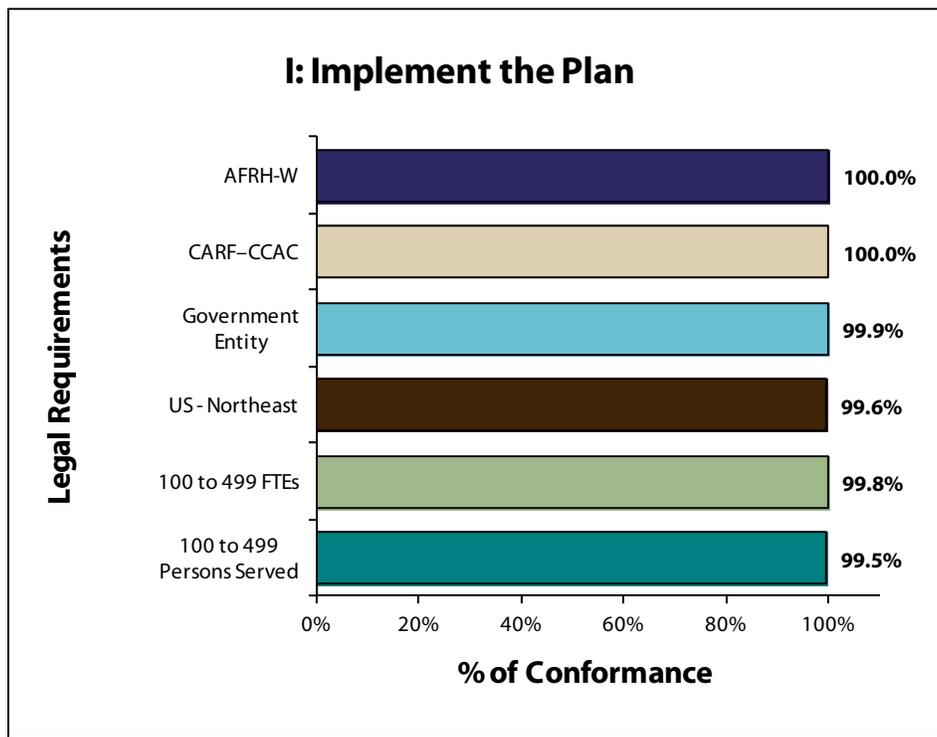
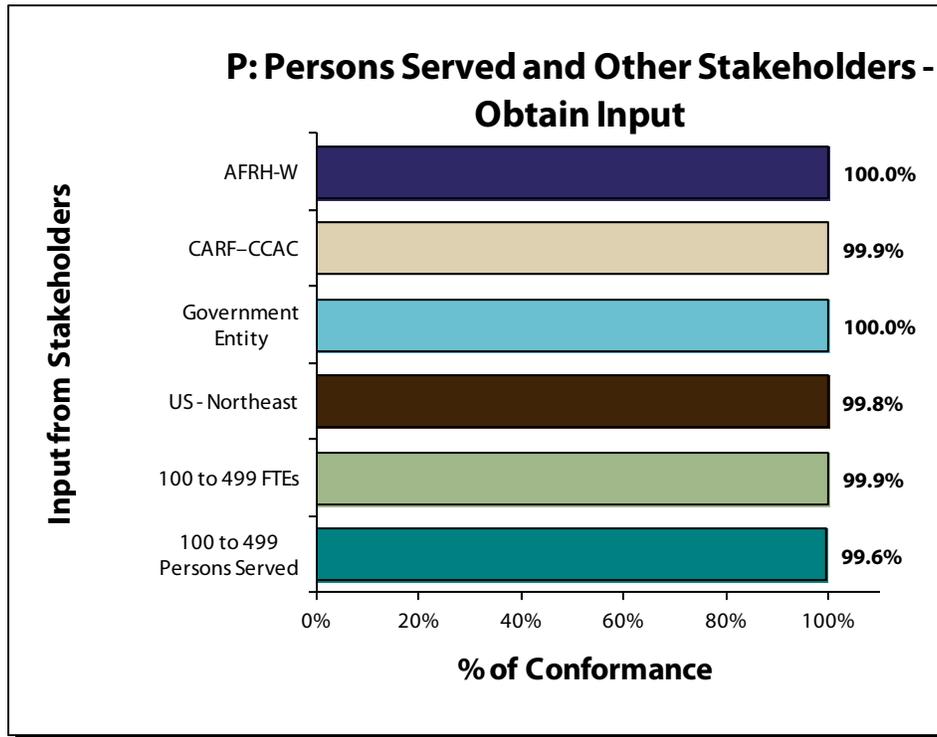
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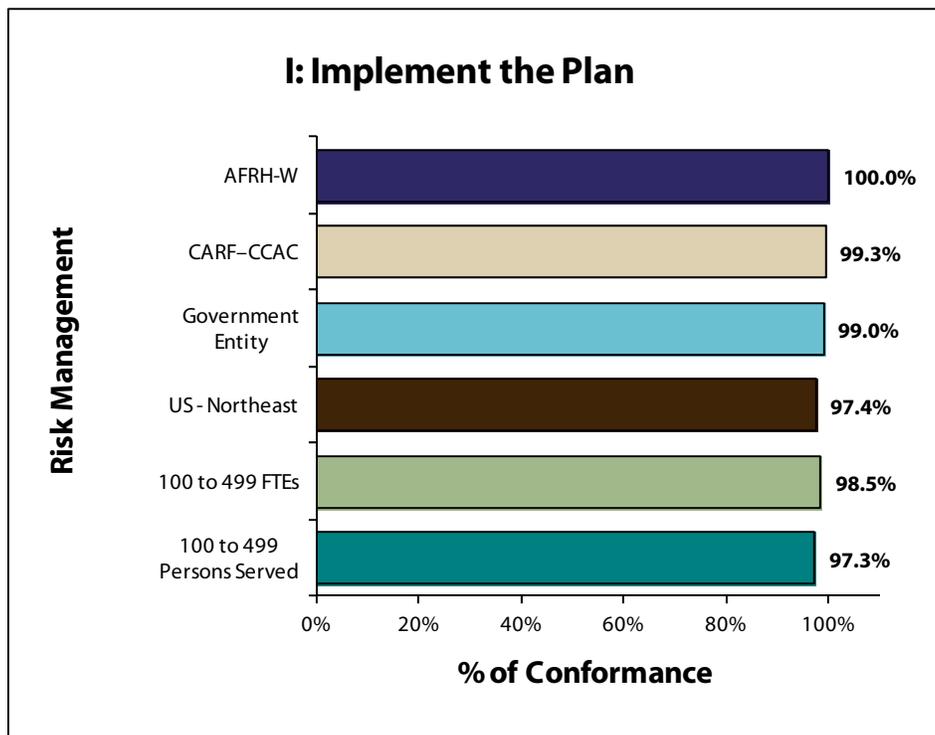
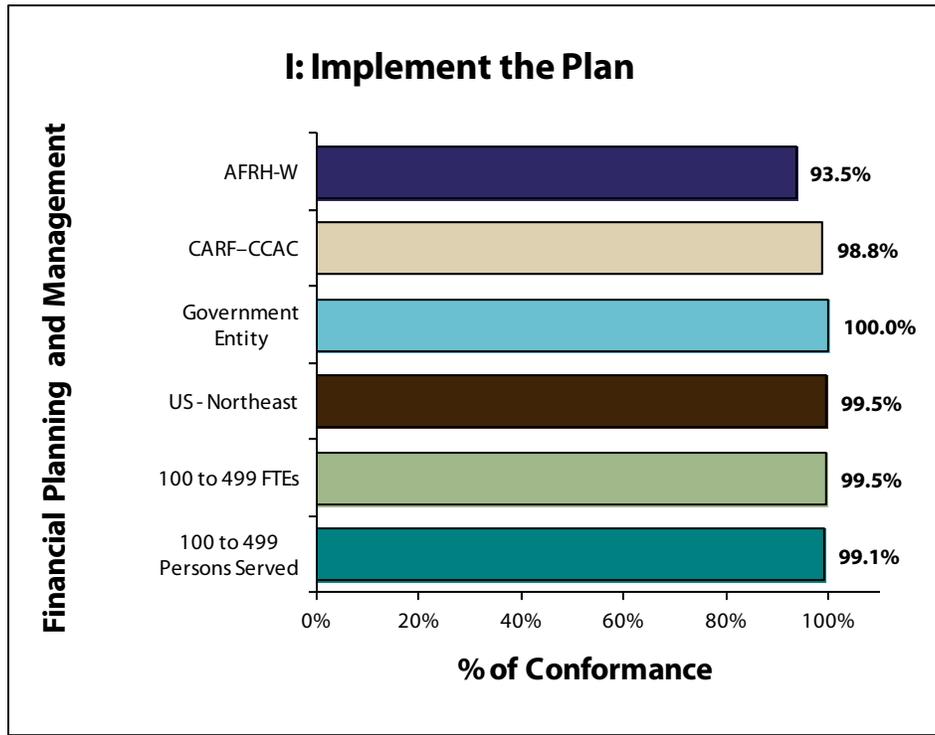
Other benchmarks



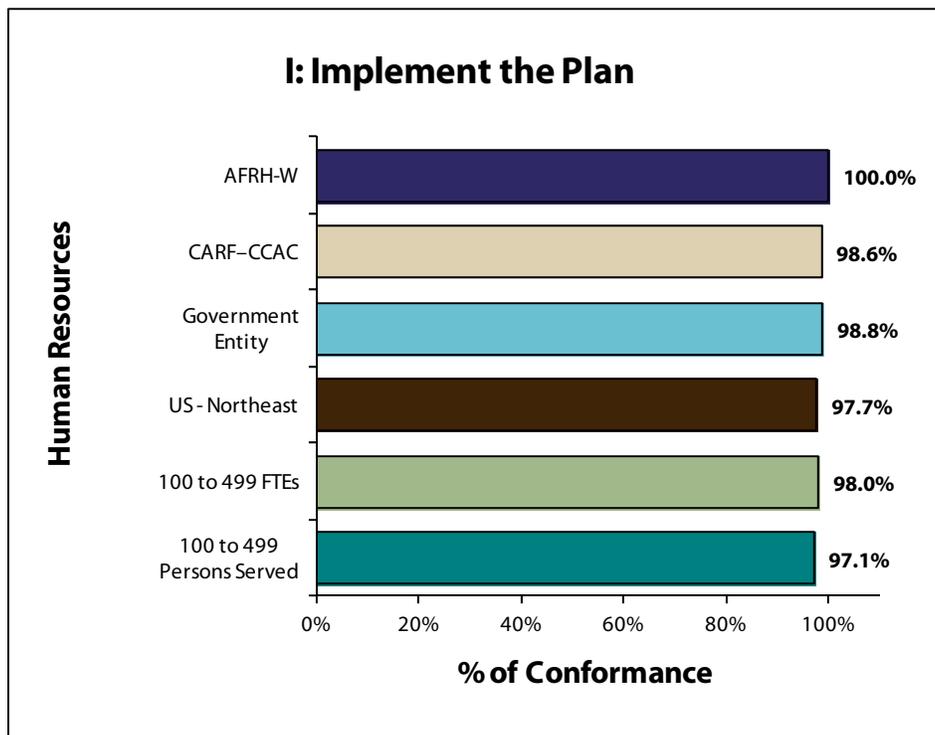
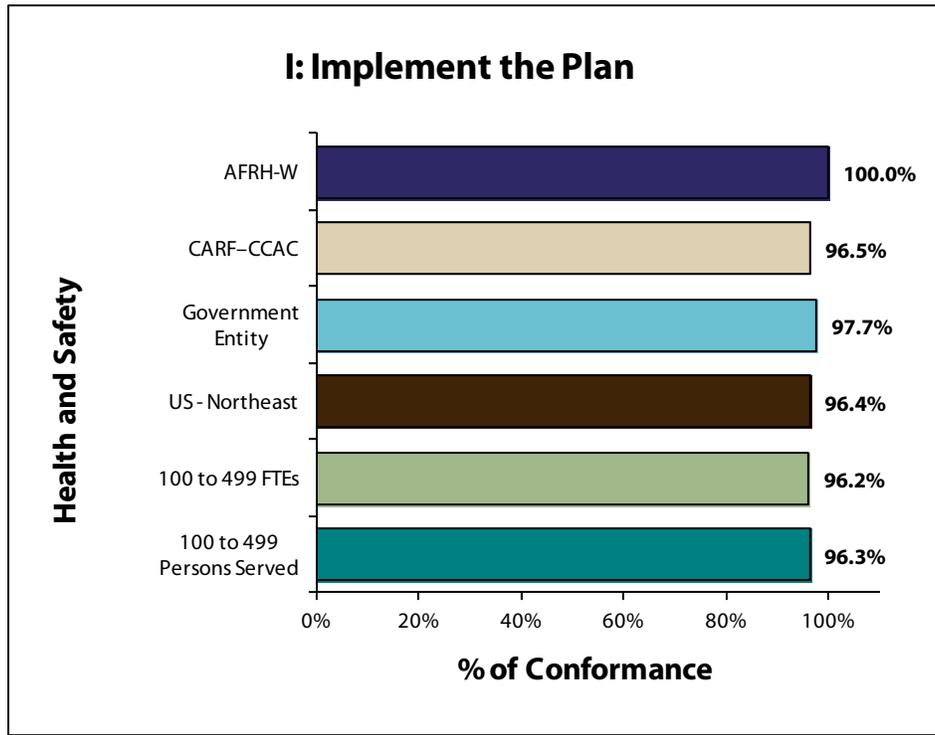
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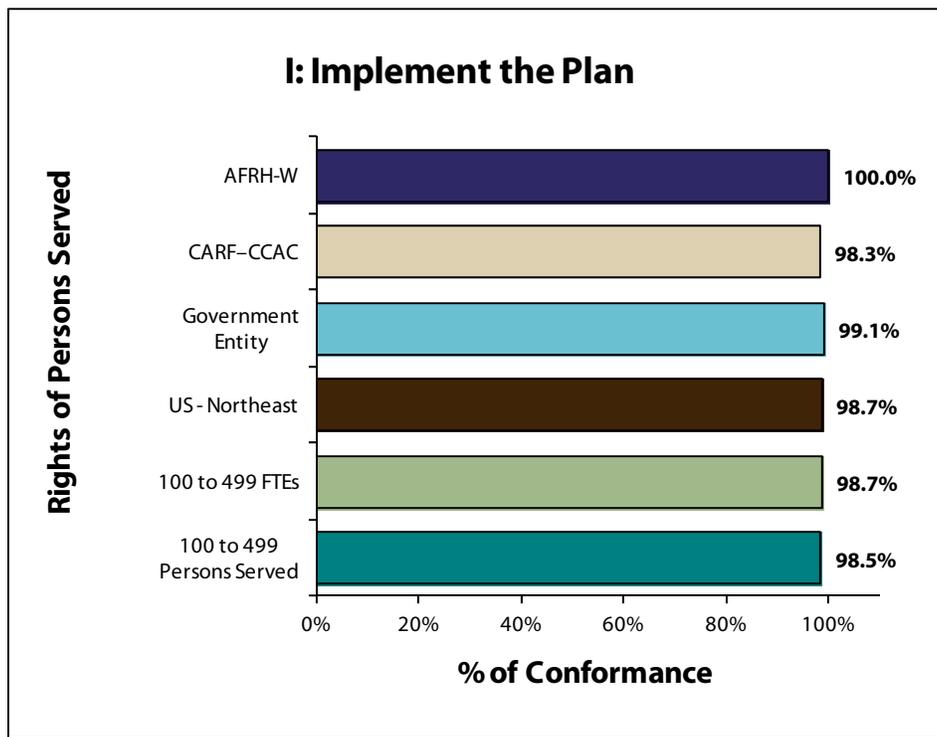
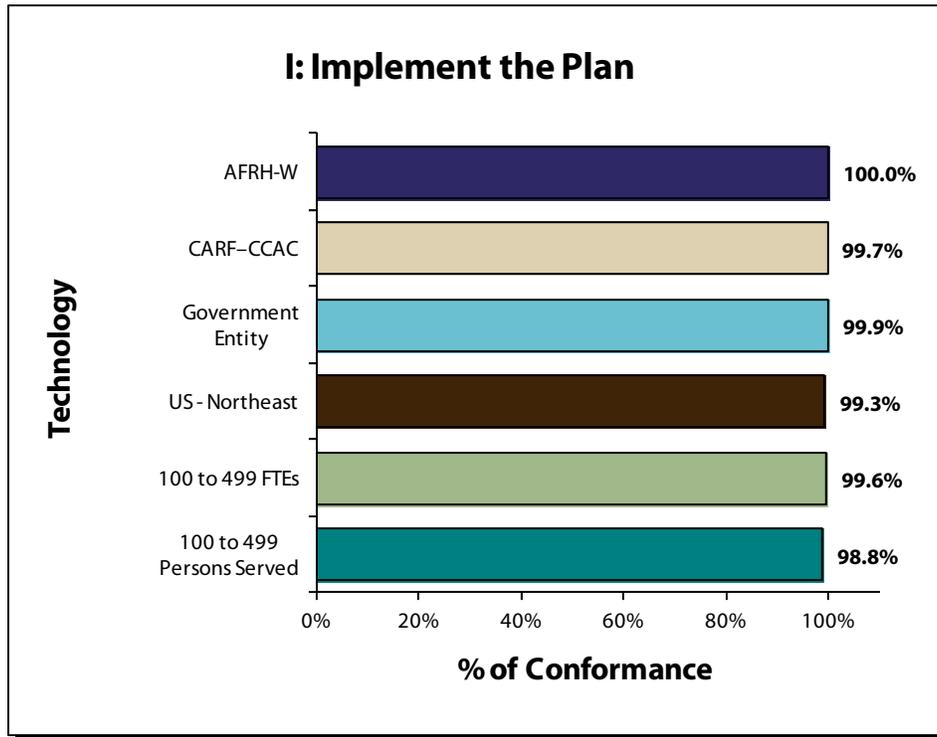
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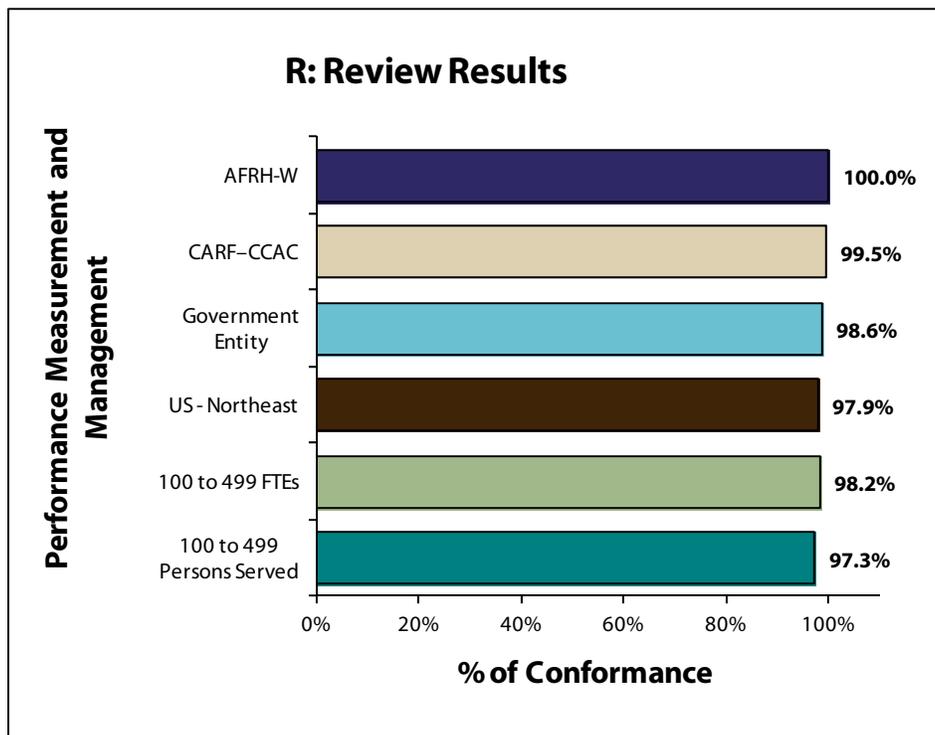
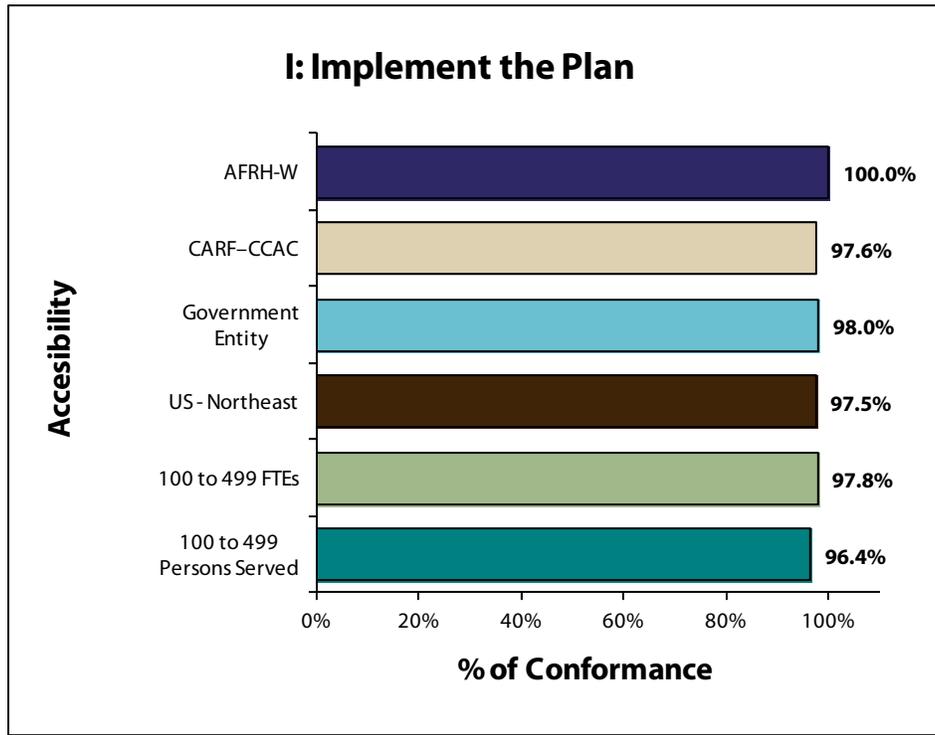
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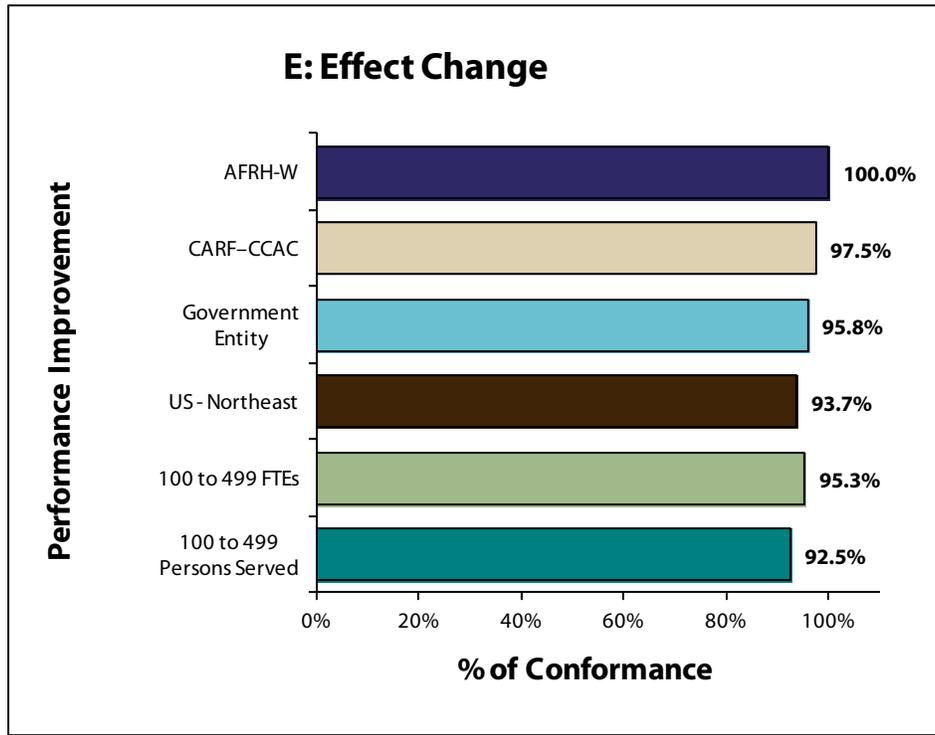
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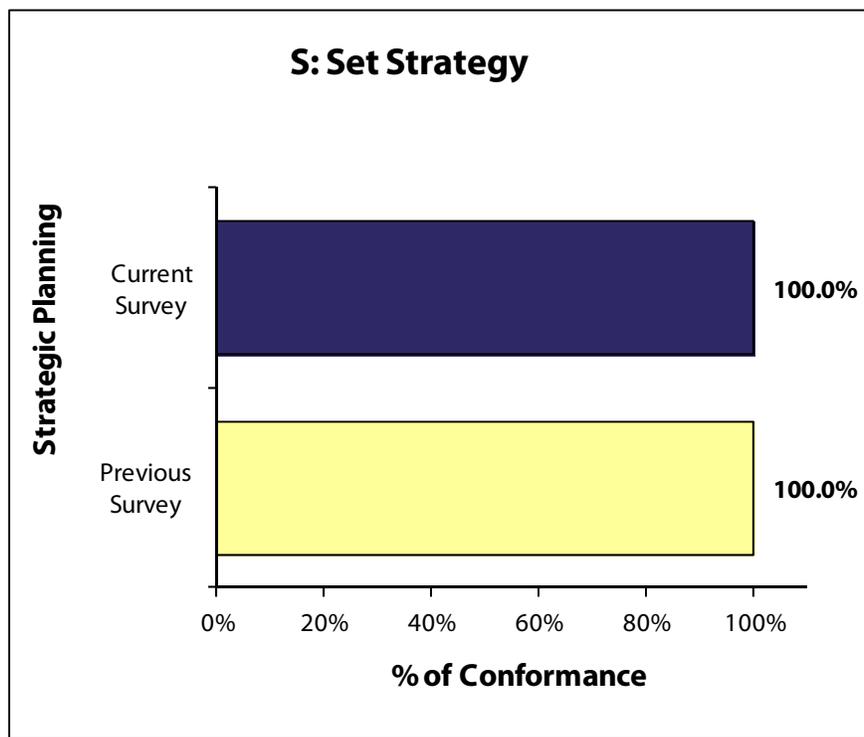
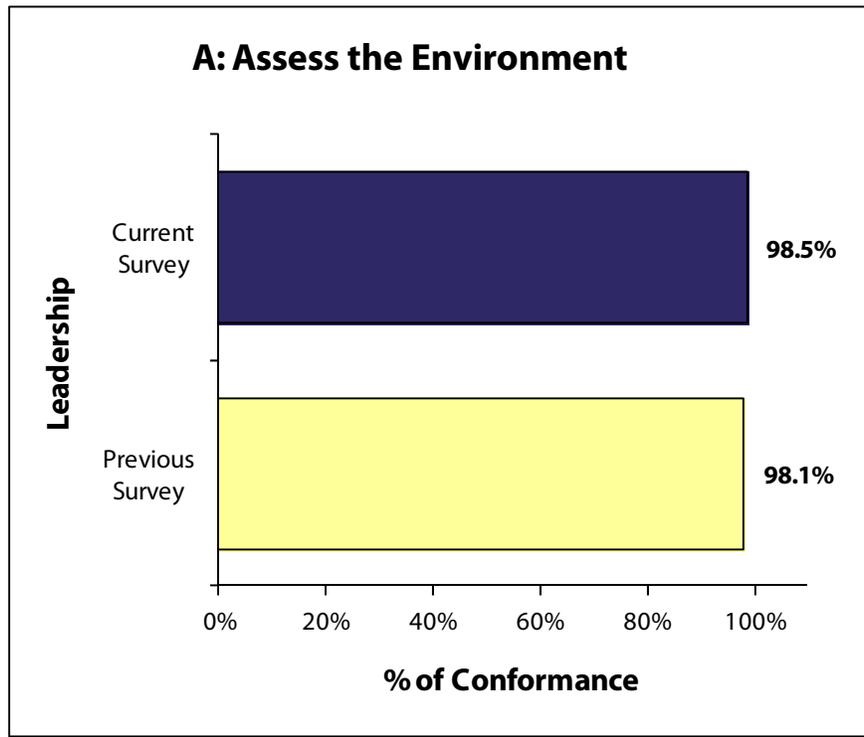
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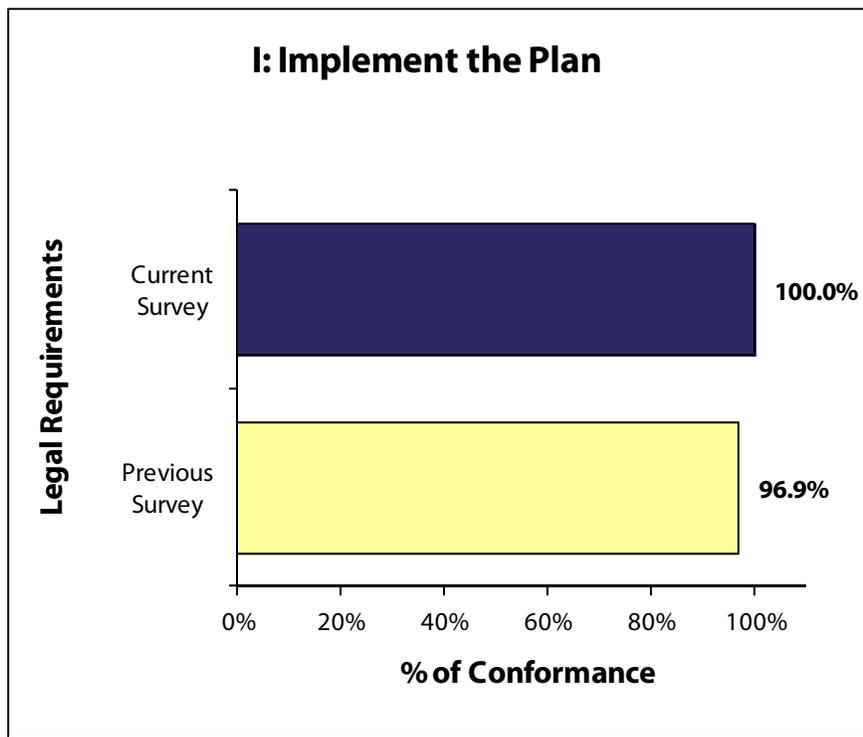
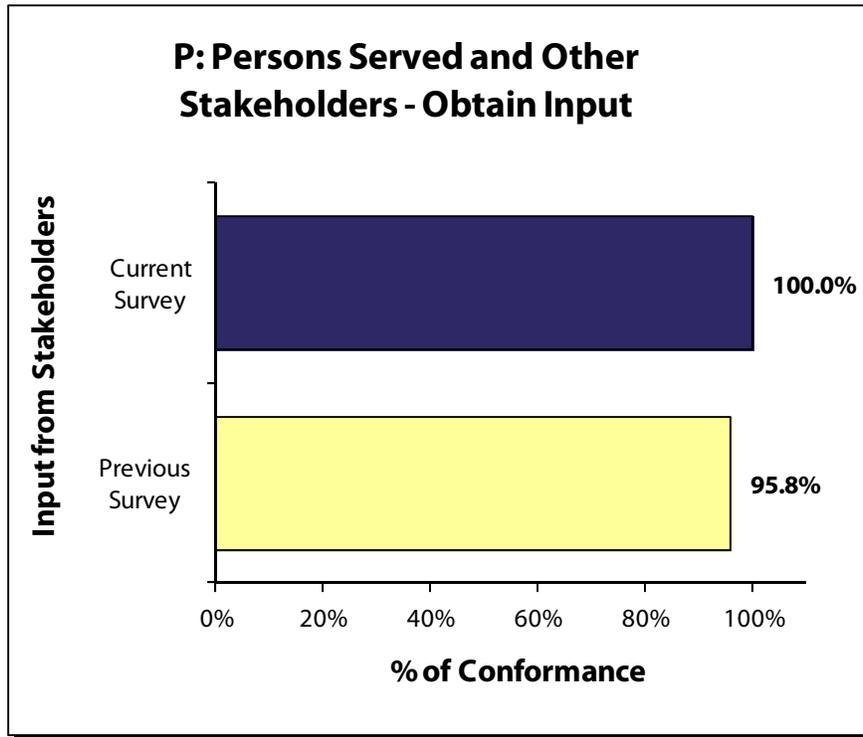
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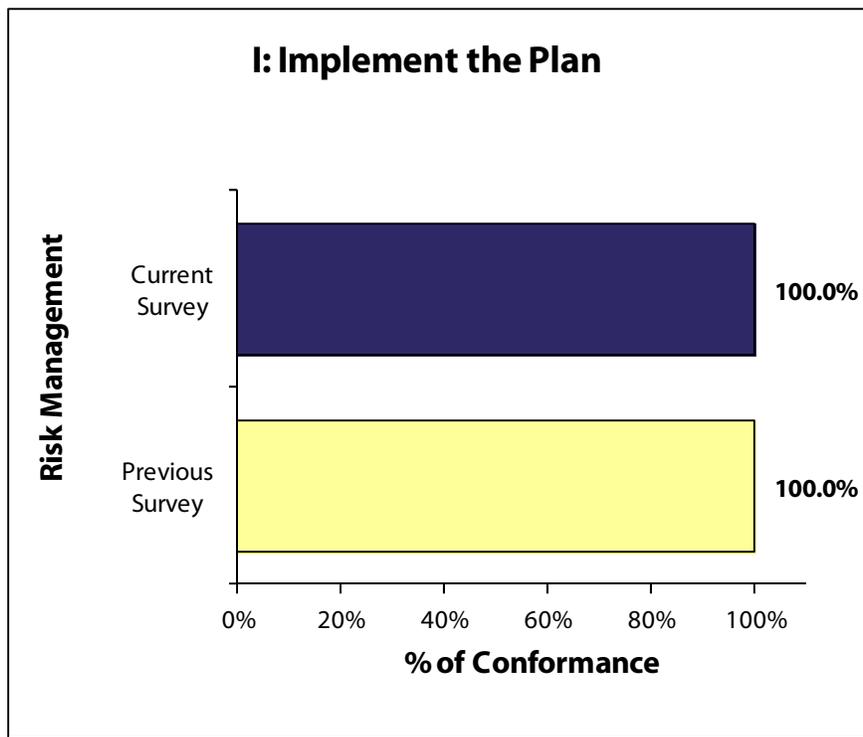
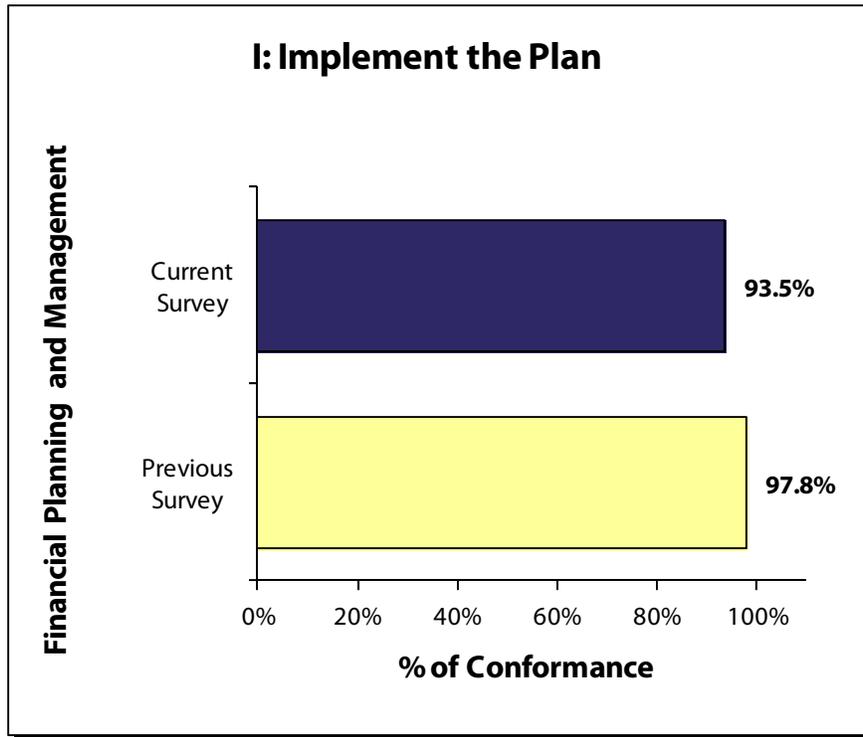
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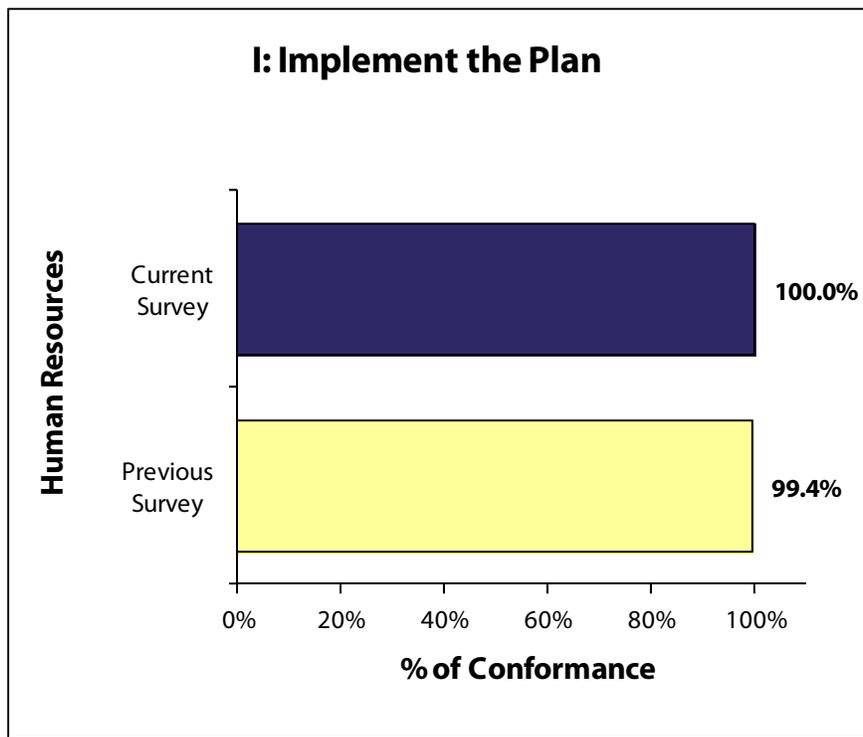
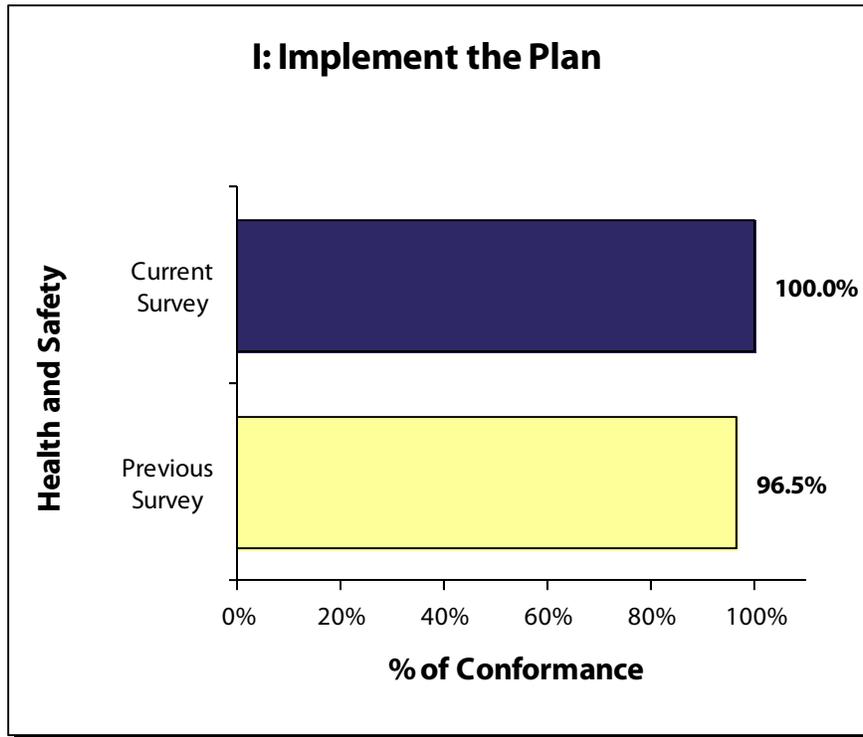
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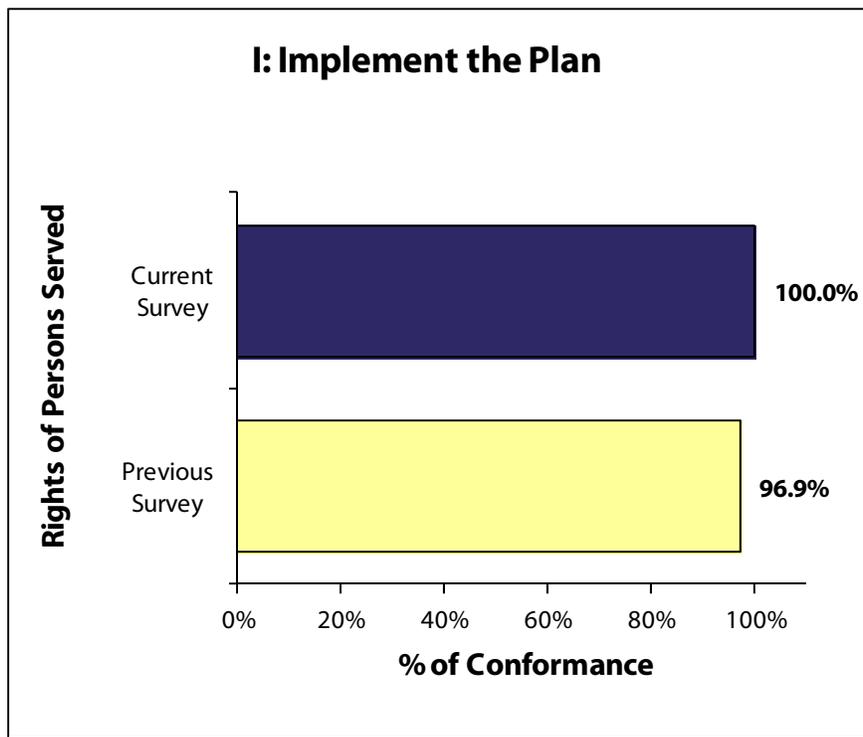
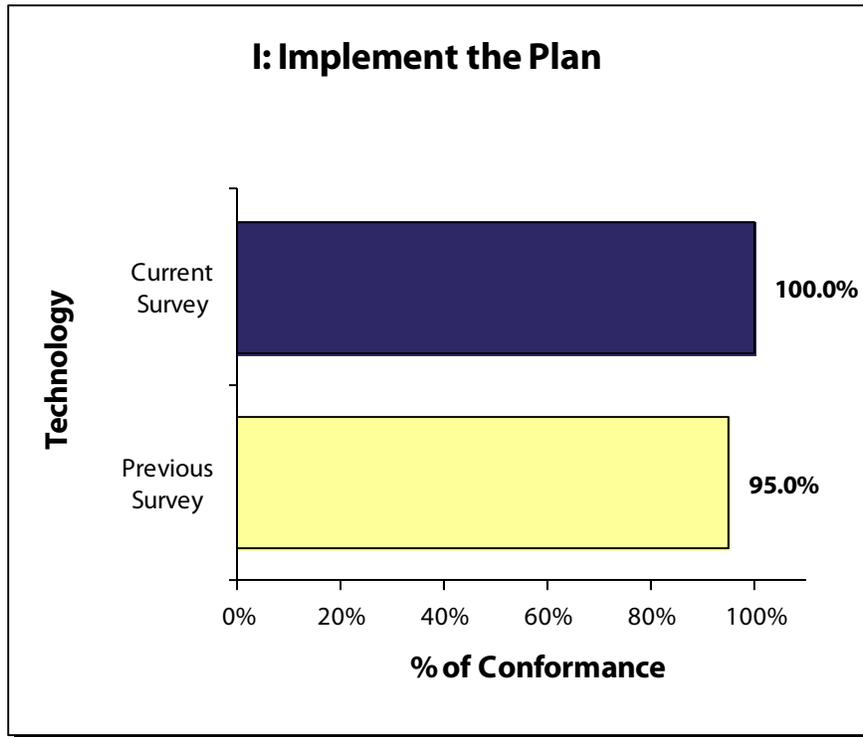
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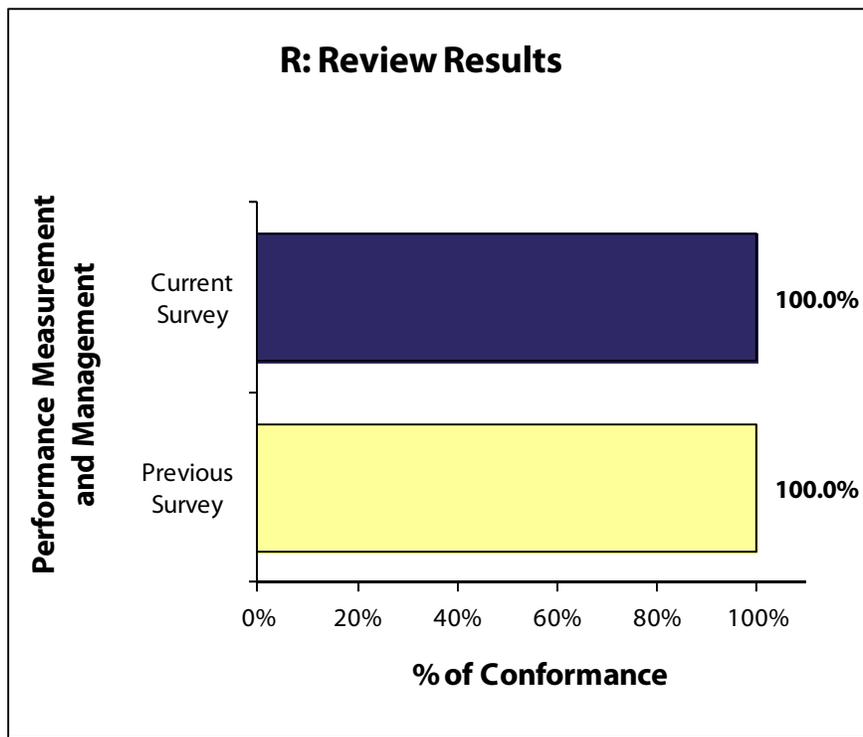
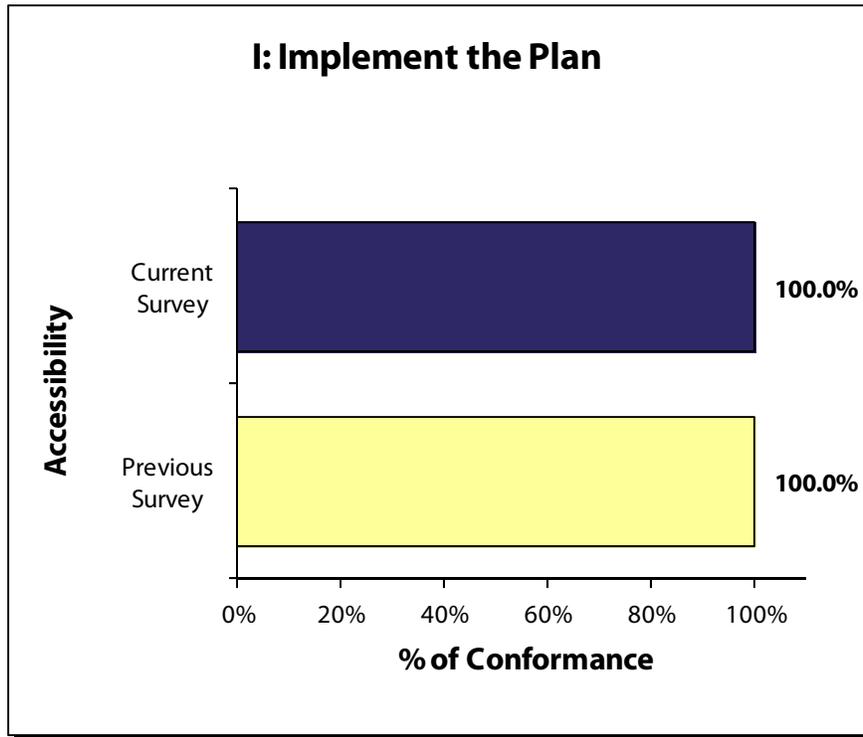
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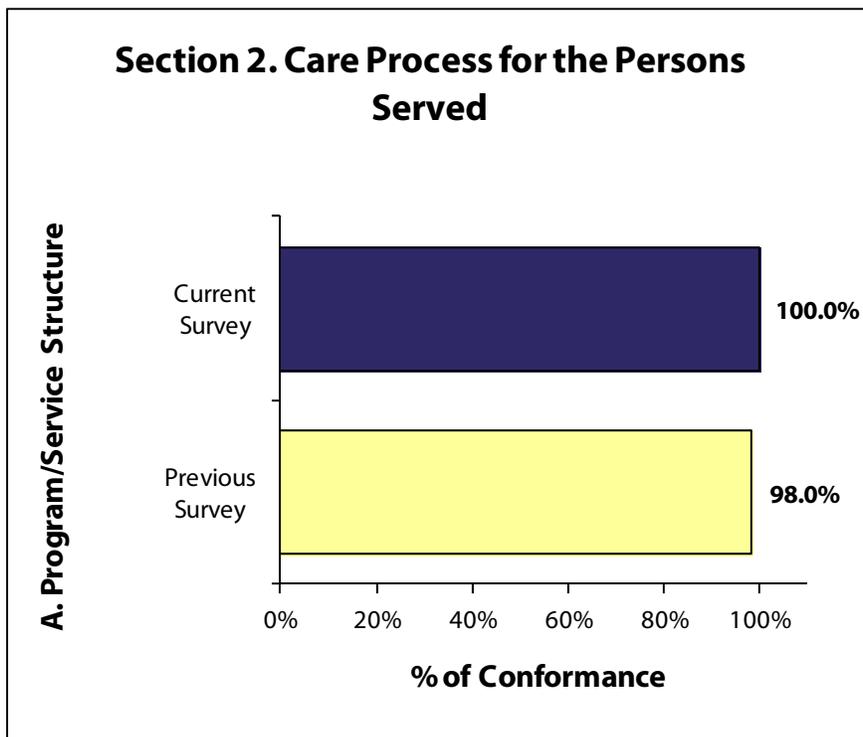
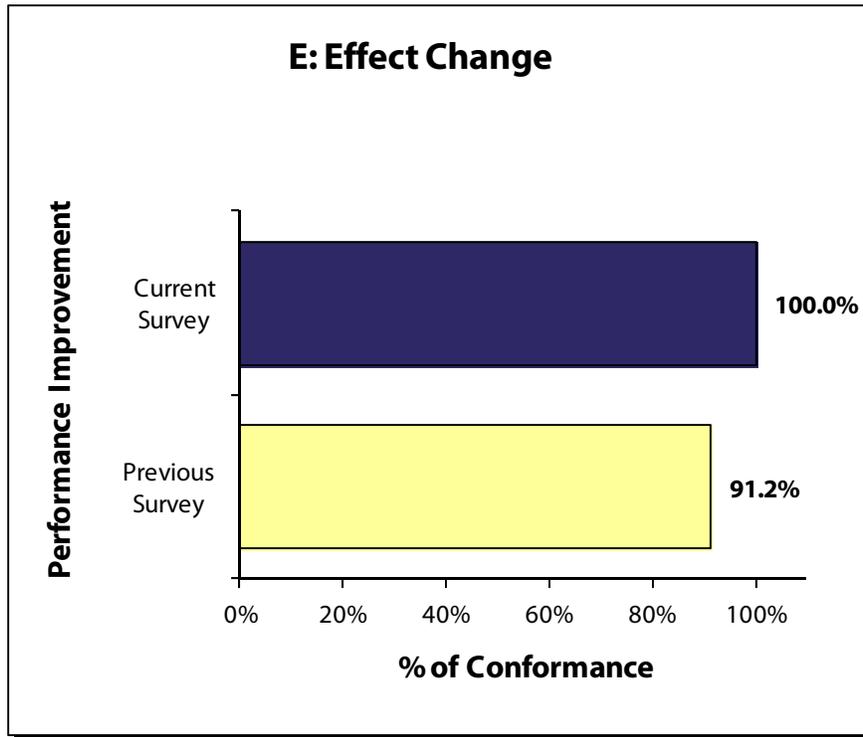
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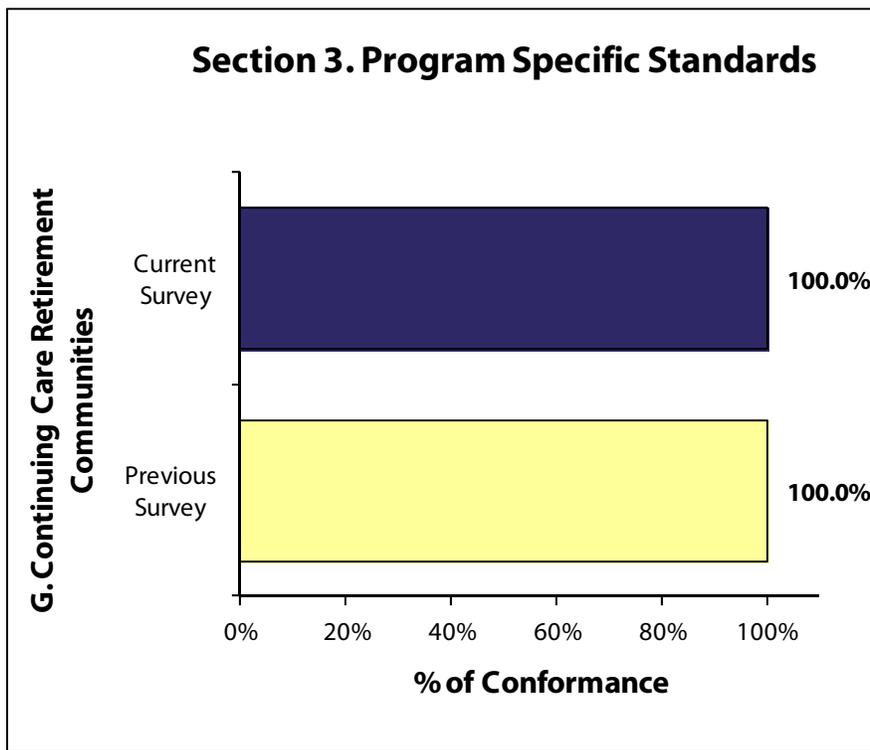
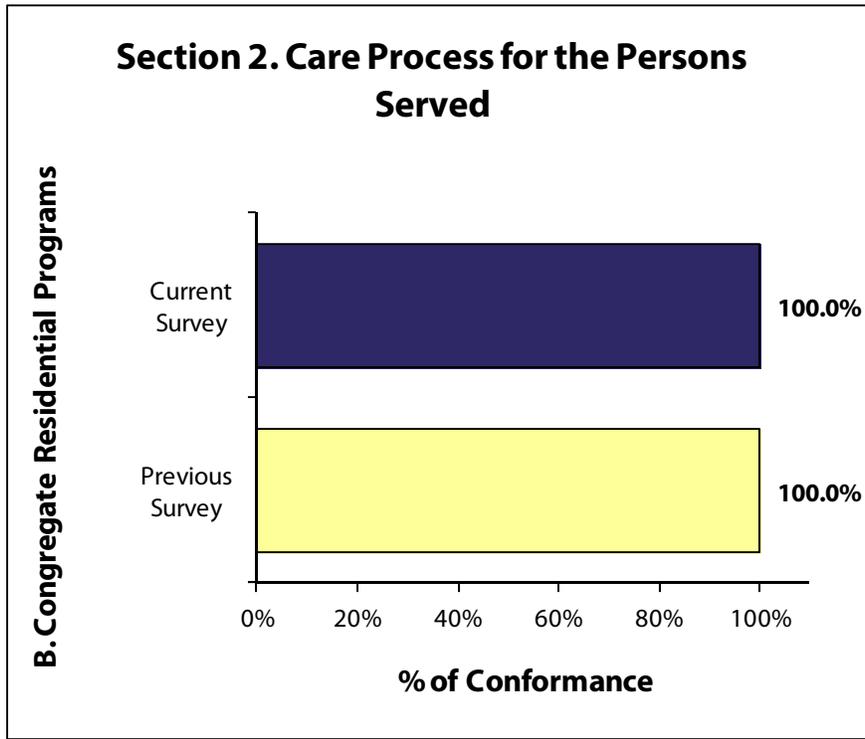
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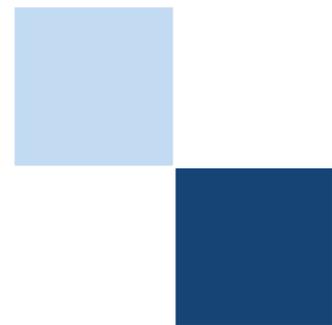
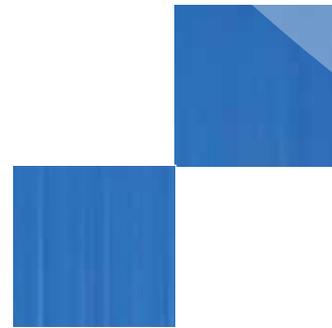
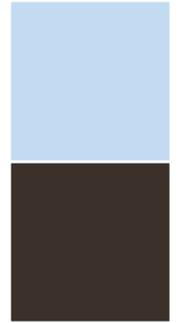
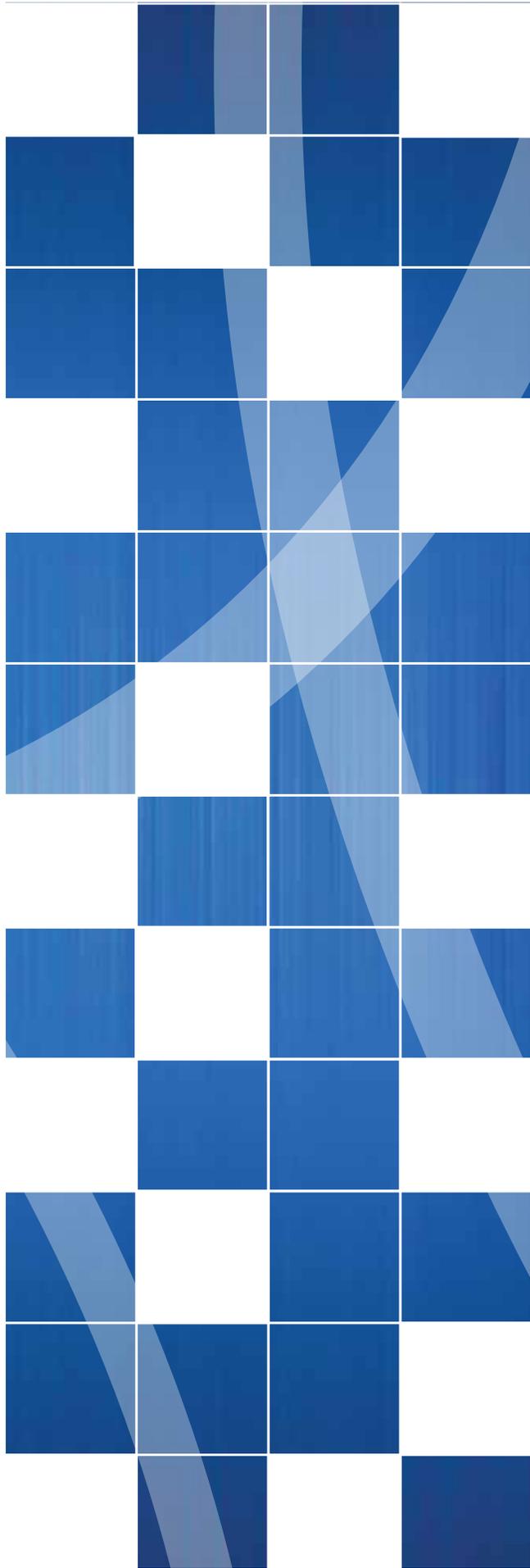
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Previous survey — continued



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