

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/29/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G188	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/10/2008
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NAME OF PROVIDER OR SUPPLIER INNOVATIVE	STREET ADDRESS, CITY, STATE, ZIP CODE 3288 'O' ST, SE WASHINGTON, DC 20020
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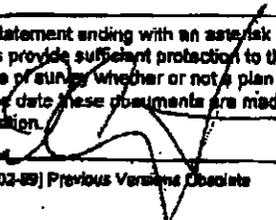
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W 000	INITIAL COMMENTS A monitoring survey to the September 28, 2007 recertification survey was conducted on January 9 and 10, 2008, to verify corrective actions identified in the facility's submitted plan of correction. The findings of this survey were based on observations at the group home, interviews with management and residential staff, and review of records both clinical and administrative to include the review of the facility's unusual incident reports.	W 000		
W 130	483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure and encourage one of the four clients residing in the facility an opportunity to exercise their rights to privacy. (Client #1 and #2) The findings include: The facility failed to ensure direct care staff protect clients' rights to privacy as evidenced below: 1. On January 9, 2008 at approximately 5:08 PM one of the direct care staff was observed to instruct Client #1 to complete her afternoon chores. Client #1 refused to complete her chores and proceeded to walk down the hallway, enter her bedroom and close the door. A few minutes	W 130	<u>W130</u> ILS will provide retraining in client's rights to all staff. ILS will ensure that all windows provide adequate privacy.	2/4/08

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ADMINISTRATION
2008 JAN 35 P 4:41

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

EXECUTIVE DIRECTOR  2/4/08
 FORM CMS-2567(02-99) Previous Versions Obsolete Exempt ID: C8H411 Facility ID: 09G188 If continuation sheet Page 1 of 4

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W 130	<p>Continued From page 1</p> <p>after entering the bedroom the Qualified Mental Retardation Professional (QMRP) was observed stand at Client #1's bedroom door, open the door and go into her bedroom. At no time prior to the QMRP entering the clients bedroom was he observed to knock on the bedroom door and/or ask could he enter her bedroom.</p> <p>Interview with the QMRP at approximately 11:00 AM on January 10, 2008 the QMRP agreed that he had not "pay attention" to Client #1's privacy before he entering her bedroom.</p> <p>Review of the personnel record revealed that the QMRP has been employed with the agency for approximately 3 months. Further review of the in-service training records revealed the privacy was a component covered in the agency's orientation for new employees. However this training was not effective.</p> <p>2. On January 9, 2008 at approximately 5:13 PM. Client #2 was observed to leave her bedroom and come into the living room with her pajamas on in preparation for bed. At the time she entered the living room the picture window curtains were tied in a knot on both windows exposing the inside of the facility. Additionally, Client #2 was exposed to passing automobiles and pedestrians walking pass the facility. At no time did the direct care staff close the curtains to ensure the client's privacy while she sat in the living room in her pajamas.</p>	W 130		2/4/08
W 331	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs.</p>	W 331		

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W 331	<p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility's attending nurse failed to ensure the coordination of services one of the client's in the sample. [Client #1].</p> <p>The finding include:</p> <p>On January 9, 2008 at approximately 3:40 PM, interview with the QMRP and the review of an unusual Incident report dated 10/28/07 revealed that, Client #1 was taken to the hospital for chest pains. Later the same afternoon, interview with the nurse at approximately 5:00 PM via telephone revealed that several medical follow up appointment were to have occurred after the client was discharged from the emergency room. Further interview with the nurse revealed that all of the follow up appointments were completed and could be located in the Client #1's medical records.</p> <p>Review of Client #1's medical records revealed a consultation for Cardiology dated 11/28/07. The consultation findings indicated that the study had been completed and that the "Report to follow". Further review of the medical records failed to evidence the facility had secured a copy of the report for the primary care physician to review its findings.</p> <p>The next morning of January 10, 2007, over a months later, the nurse contacted the Cardiologist to fax the report to the facility. Review of the report did not evidence that the primary care physician had reviewed the findings of the study and/ or had made any recommendations for further treatment.</p>	W 331	<p><u>W331</u> ILS will ensure that training is performed for nurses to ensure that the PCP is providing all adequate information for review.</p> <p>ILS will continue to use current physician books and ensure that proper documents are available to PCP. ILS will implement additional policies to ensure the follow up information is obtained in a timely manner.</p>	<p>2/4/08</p> <p>2/4/08</p>

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W 331	Continued From page 3 The was no evidence prior to the survey that the medical staff had received the Echocardiography report timely in order for the physician's to review the test findings. The facility's nursing staff failed to timely follow up on the results of Client #1's Cardiologist consultation. [See W322]	W 331		
W 454	483.470(l)(1) INFECTION CONTROL The facility must provide a sanitary environment to avoid sources and transmission of infections. This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain a sanitary environment to avoid sources and transmission of infection. The finding includes: Observation on January 9, 2007 at approximately 4:24 PM direct care staff was observed at the dining room table braiding Resident 1#s hair. At approximately 4:54 staff encouraged the resident's to come to the dining room table for dinner. Interview with QMRP revealed that the direct care staff most likely was braiding the resident's hair at the dining room table due to inadequate lighting in the living room. It should be noted that no lamp or lighting fixture was available in the living room.	W 454	<u>W454</u> ILS will provide Training to staff on Infection control and ensuring clean environment. However it should be noted that there was no meal being served and the individual wanted to sit in that chair as it is her right to make use of all areas in her home.	2/4/08

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R 000	INITIAL COMMENTS A licensure monitoring survey to the September 26, 2007 recertification survey was conducted on January 9 and 10, 2008, to verify corrective actions identified in the facility's submitted plan of correction. The findings of this survey were based on observations at the group home, interviews with management and residential staff, and review of records both clinical and administrative to include the review of the facility's unusual incident reports.	R 000			
R 125	4701.5 BACKGROUND CHECK REQUIREMENT The criminal background check shall disclose the criminal history of the prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check. This Statute is not met as evidenced by: Based on the review of records, the GHMRP failed to ensure criminal background checks disclosed the criminal history of any prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check. The finding includes: Review of the personnel records on January 10, 2008 at 11:30 PM revealed that the GHMRP failed to provide evidence that ensured criminal background checks were on file for two direct	R 125	R125 ILS will ensure that the background checks are made available in the home for review.	2/4/08	

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
STATE FORM

TITLE

(X6) DATE

[Signature]
DIRECTOR

2/3/08

6889

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If continuation sheet 1 of 2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G184	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/10/2008
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R 125	Continued From page 1 care staff (██████████).	R 125		

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1 000	INITIAL COMMENTS A licensure monitoring survey to the September 26, 2007 recertification survey was conducted on January 9 and 10, 2008, to verify corrective actions identified in the facility's submitted plan of correction. The findings of this survey were based on observations at the group home, interviews with management and residential staff, and review of records both clinical and administrative to include the review of the facility's unusual incident reports.	1-000		
1 010	3501.1 ENVIRONMENTAL REQ / USE OF SPACE Each GHMRP shall provide a home-like atmosphere in a setting that is the least restrictive of the resident's rights, but yet will allow the resident to function safely and effectively. This Statute is not met as evidenced by: Based on observation and staff interview the facility failed to ensure an atmosphere which allow the client to function safely and effectively. The findings include: During an onsite inspection on January 9, 2008 at approximately 4:30 PM of the GHMRP environmental conditions revealed the following: The facility failed to have any lighting (i.e. lamp and or lighting fixture) in the living room area for the client usage and for their safe movement.	1 010	<u>1010</u> ILS will ensure that adequate lighting is maintained in the home. Additional lamps will be purchased for the living room area.	2/4/08

Health Regulation Administration

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STATE FORM

TITLE

(X6) DATE

COH411

If continuation sheet 1 of 5

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1022	Continued From page 1	1022		
1022	3501.5 ENVIRONMENTAL REQ / USE OF SPACE Each window shall be supplied with curtains, shades or blinds, which are kept clean, and in good repair. This Statute is not met as evidenced by: Based on observation and interview, the GHMRP failed to ensure blinds and curtains at each window. The finding includes: On January 9, 2008 at approximately 4:30 PM curtains in the living room were tied in a knot. The windows had no covering and exposed the inside of the group home. Residents #1 was observed to go into her bedroom. Upon her return to the living room, she had changed into her pajamas. The resident then took a seat on the couch in front of the window. The entire time the client was seated in the living room at no time was the direct care staff observed to untie and close the curtains.	1022	<u>1022</u> ILS will provide training on client's rights and privacy. ILS will further purchase blinds that provide adequate privacy for the individuals.	2/4/08
1090	3504.1 HOUSEKEEPING The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by: Based on observations, the GHMRP failed to maintain a safe, clean, orderly, attractive facility free from dirt and rubbish.	1090	<u>1090</u> SEE 1010 ILS will ensure that a screen is purchased by the living room door.	2/15/08

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1090	Continued From page 2 The finding includes: During the environmental inspection conducted on January 10, 2008 at approximately 10:30 AM, the GHMRP failed to ensure the following: Internal There was no lamp in the living room area in order to provide adequate lighting for the residents. External The facility's front storm door was without a screen and/or glass to protect residents from the sharp metal edges of the storm door frame.	1090			
1203	3509.3 PERSONNEL POLICIES Each supervisor shall discuss the contents of job descriptions with each employee at the beginning employment and at least annually thereafter. This Statute is not met as evidenced by: Based on record review, the GHMRP failed to have on file for review current job descriptions for all employees annually. The finding includes: Review of the personnel files conducted on January 10, 2008 at 11:20 AM, revealed that GHMRP failed to provide evidence of current signed job descriptions for one direct care staff	1203	<u>1203</u> All individuals have current orientation packages. ILS will ensure that copies of job descriptions, which are maintained at the main office, are made available to surveyors at the time of the survey.	2/4/08	
1204	3509.4 PERSONNEL POLICIES	1204			

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1204	<p>Continued From page 3</p> <p>Each employee shall be given a copy of his or her job description to review and sign at the beginning of employment.</p> <p>This Statute is not met as evidenced by: Based on record review, the GHMRP failed to have on file for review current job descriptions for all new employees.</p> <p>The finding include:</p> <p>Review of the personnel files on January 10, 2008, the GHMRP failed to provide current job descriptions for one new employees who had been employed for less that six month. (MS).</p>	1204	<p><u>1204</u> SEE 1203</p>	2/4/08
1206	<p>3509.6 PERSONNEL POLICIES</p> <p>Each employee, prior to employment and annually thereafter, shall provide a physician 's certification that a health inventory has been performed and that the employee 's health status would allow him or her to perform the required duties.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that each employee, prior to employment and annually thereafter, provided evidence of a physician's certification that documented a health inventory had been performed and that the employee's health status would allow him or her to perform their required duties.</p> <p>The findings include:</p>	1206	<p><u>1206</u> ILS will ensure that current health certificates are maintained and/or filed for all new staff and that this information is made available at the time of the survey.</p>	2/4/08