

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G119	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2010
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NAME OF PROVIDER OR SUPPLIER INDIVIDUAL DEVELOPMENT, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 4516 EDSON PLACE, NE WASHINGTON, DC 20019
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W 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 21583 A recertification survey was conducted on October 25, 2010 through October 28, 2010. Due to systemic deficient practices identified during the 2009 recertification survey, the State Agency determined that the full survey process would be utilized. A random sample of three clients was selected from a residential population of two males and four females with various degrees of intellectual and/or developmental disabilities.</p> <p>The findings of the survey were based on observations in the home and two day programs, interviews with staff in the home and the day programs, as well as a review of the clinical, administrative, and habilitative records; including a review of the unusual incident/investigation reports.</p>	W 000	<p>GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002 11-24-10</p>	
W 120	<p>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES</p> <p>The facility must assure that outside services meet the needs of each client.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 12301 Based on observation, interview and record review, the facility failed to ensure outside services met the needs of one of three clients in the sample. (Client #2)</p> <p>The finding includes: The facility failed to ensure that Client #2's day program implemented her mealtime protocol prescribed to increase her independence in eating, as evidenced below:</p>	W 120	<p>W120 This Standard will be met as evidenced by: 1. Interview with Day program Case Manager and observation at the site showed that Client #2's adaptive equipment is at the day program placed inside a designated box to be utilized by staff during mealtime. Additional training will be provided to day program staff regarding use of adaptive equipment during mealtime. QMRP will ensure routinely follow up monitoring at the day program to ensure compliance with client #2's adaptive equipment usage during mealtime as outlined.</p>	11/12/10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE 	(X6) DATE 11/05/10
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A 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.

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W 120	<p>Continued From page 1</p> <p>On October 25, 2010 at 5:12 p.m., staff placed Client #2's dinner plate on a Dycem mat on a tray table in front of her. The client then ate independently with a built-up handle teaspoon from a high sided plate to which a plate guard was attached. During this time, a staff stood beside her provided verbal prompts, and raked the food together several times as the client prepared to scoop it. After the food on the plate was finished, staff served the client dessert in a scoop bowl. Staff then provided hand over hand (HOH) assistance to the client to drink her beverage from a cup made of hard plastic. During the meal, the client spilled some of the pureed food onto the bib that she was wearing, however was able to feed herself with minimal HOH assistance.</p> <p>Interview with the group home staff on October 25, 2010, at 5:40 p.m. revealed that Client #2 was able to feed herself with supervision and required hand over hand assistance to prevent spillage when crinking beverages. Staff indicated the client received a large portion diet due to heavy spillage during her preferred self-feeding of meals.</p> <p>On October 26, 2010 at 12:22 p.m., Client #2 was observed independently eating a pureed diet with a built-up handle teaspoon from a high sided plate, using her left hand. A Dycem mat was observed underneath the plate on a round table, which had been permanently raised approximately two inches taller with two pieces of wood. As the client ate, the instructor rotated the plate to bring the food closer to her, however, the client continued to spill food onto her bib as she ate. When the client finished eating the food in</p>	W 120		

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W 120	<p>Continued From page 2</p> <p>the high sided plate at 12:50 p.m., the instructor fed the client applesauce from a four ounce cup, and held two 2 four ounce portions of cranberry juice served in styrofoam cups for the client to drink.</p> <p>Interview with the classroom instructor on October 26, 2010 at 12:55 p.m., indicated that Client #2 did not use a plate guard, tray table, scoop bowl, any special cup at the day program. Staff also indicated that the client was unable to grasp the cup with applesauce or the styrofoam cup due to her limited use of her hands.</p> <p>Review of Client #2's occupational therapy (OT) assessment dated February 17, 2010 on October 27, 2010 at 11:15 a.m., revealed that food is placed on a bedside tray at the level of her mouth to make it easier to get the food into her mouth without leaning forward. Further review of the assessment revealed she is able to eat independently with a built up handle spoon and to hold a cup while drinking using her left hand.</p> <p>On October 26, 2010 at 1:00 p.m., review of Client #2's mealtime protocol dated May 2010 developed by the speech and language pathologist revealed "Independent with assistance from staff for eating and drinking." Recommendations for adaptive equipment included: Tray table, plate guard, and scoop bowl. The review of the client's day program individual service plan (ISP) dated October 2010 revealed that she should be provided the aforementioned equipment at mealtime. At the time of the survey, there was no evidence that this equipment had been provided at the day program to ensure Client #2's mealtime protocol was accurately implemented.</p>	W 120		

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W 159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 21583 Based observation, interview, and record review, the facility failed to ensure the Qualified Mental Retardation Professional (QMRP) coordinated, integrated, and monitored services, for two of three clients in the sample. (Clients #1 and #3)</p> <p>The findings include:</p> <p>1. The QMRP failed to collaborate with the day program to ensure strategies identified in Client #3's behavior support plan (BSP), as evidenced below:</p> <p>On October 25, 2010, at 7:15 p.m., observation of the evening medication administration revealed Client #3 was observed to slap his face at least five times without interventions from the facility's licensed practical nurse (LPN) and registered nurse (RN).</p> <p>On October 27, 2010, at 11:11 a.m., review of Client #2's BSP dated December 12, 2009 revealed that the client has targeted behaviors that included physical aggression (hitting staff) and self-injurious behavior (face slapping). Further review revealed that when the client exhibits SIB behaviors, staff should tell the client to stop the behavior.</p> <p>Interview with the day program case manager</p>	W 159	<p>W 159 This Standard will be met as evidenced by:</p> <p>2. The license Psychologist at home and day program will coordinate the proactive measures strategies outlined on Client #3's behavior support plan to ensure similar strategies are utilized at home and at the day program. Additional training will be provided to all staff (including nurses) at both sites to ensure continuity of care. QMRP will conduct routine monitoring to ensure intervention is utilized as outlined on the BSP.</p>	11/12/10
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W 159	<p>Continued From page 4</p> <p>(CM) on October 26, 2010, at approximately 11:35 a.m., revealed Client #3 had a BSP to address his maladaptive behaviors of physical aggression and self-injurious behavior (head slapping) which was completed by the day program's psychologist.</p> <p>Review of the day program's BSP dated September 30, 2010, confirmed the CM interview. Further review of the BSP revealed that when Client #3 is engaged in head slapping, staff should stand behind him and block his attempts at slapping his head while redirecting him to an activity which he ordinarily will readily do.</p> <p>Further discussion with the QMRP on October 26, 2010 at approximately 3:30 p.m., acknowledged that different strategies were being implemented by the day program and the facility to address Client #1's SIB (head slapping).</p> <p>2. [Cross Refer to W193]. The QMRP failed to ensure all staff were trained on Client #3's BSP.</p> <p>3. [Cross refer to W242]. The QMRP failed to ensure the individual program plan (IPP) included training in activities of dental hygiene, for Client #1.</p>	W 159		
W 193	<p>483.430(e)(3) STAFF TRAINING PROGRAM</p> <p>Staff must be able to demonstrate the skills and techniques necessary to administer interventions to manage the inappropriate behavior of clients.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 21583 Based on observation, interview, and record review, the facility failed to ensure staff were</p>	W 193		

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W 193	<p>Continued From page 5</p> <p>adequately trained to appropriately implement interventions outlined in Client #3's Behavior Support Plan (BSP).</p> <p>The finding includes:</p> <p>The facility failed to ensure interventions outlined in Client #3's BSP were correctly implemented, as evidenced below:</p> <p>On October 25, 2010, at 5:03 p.m., observation of the evening medication administration revealed the Registered Nurse (RN) gently placed her hands on top of Client #3's hands for approximately 5 to 10 seconds prior to giving him his medication. The licensed practical nurse (LPN) was observed to immediately redirect the RN to remove her hands from Client #3's hand while she (LPN) attempted to administer the medication.</p> <p>Approximately 20 seconds later, the RN stated that Client #3 has a behavior of physical aggression (striking staff) and that was why she placed her hands gently on top of his. Continued observations of the evening medication administration at 7:15 p.m., revealed Client #3 was observed to slap his face at least five times without interventions from the LPN/RN.</p> <p>Interview with the facility's RN again on October 27, 2010, at approximately 4:20 p.m., revealed that she had briefly reviewed Client #3's behavior support plan (BSP), but had not received any formal training on the BSP. Interview with the LPN on the same day at approximately 5:00 p.m., revealed that she was aware of Client #3's maladaptive behaviors, but had not received any formal training on his BSP.</p>	W 193	<p>W193</p> <p>This Standard will be met as evidenced by:</p> <p>Review of record indicated that all staff has previously received training on client #3 Behavior Support Plan. QMRP will provide a refresher course to all staff to ensure staff demonstrate competency in all areas of training as provided.</p>	11/12/10

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W 193	Continued From page 6 Review of Client #3's BSP dated December 12, 2009 reviewed on October 27, 2010 at 11:11 a.m., revealed that the client has targeted behaviors that included physical aggression (hitting staff) and self-injurious behavior (face slapping). Further review revealed that when the client exhibits SIB behaviors, staff should tell the client to stop the behavior. Further review of the BSP revealed staff should document on the data collection form each time Client #3 exhibits any targeted behaviors. At the time of the survey, there was no evidence that staff demonstrated competency in implementation of Client #3's BSP.	W 193		
W 242	483.440(c)(6)(iii) INDIVIDUAL PROGRAM PLAN The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them. This STANDARD is not met as evidenced by: Surveyor: 12301 Based on observation, staff interview and record review, the facility failed to ensure each client's individual program plan (IPP) included training in activities of dental hygiene, for one of the three clients in the sample. (Client #1) The finding includes:	W 242	W242 This Standard will be met as evidenced by: QMRP upon review of medical records for client #1 has developed a formal program for oral hygiene improvement. The recommendation was presented and approved by IDT.	11/12/10

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W 242	<p>Continued From page 7</p> <p>Observation of Client #1 on October 25, 2010 at 4:01 p.m. revealed that he was wheelchair dependent. Interview with staff on October 25, 2010 at 5:59 p.m. revealed that the client required physical assistance to meet his daily needs in toothbrushing, grooming, dressing, bathing, and eating.</p> <p>Interview with the LPN on October 27, 2010 at 3:55 p.m. revealed the had been to the dentist several times since his admission to the group home, however had received no treatment services.</p> <p>Review of Client #1's medical record on October 27, 2010 at 1:10 p.m. revealed a nursing recommendation that recommended the client brush his teeth two to three times times a day. Further discussion with the LPN revealed that the client had a potential for poor oral hygiene and should have his teeth brushed three times a day. Interview with the QMRP on October 28, 2010 at approximately 10:30 a.m.; however, confirmed that Client #1 did not have a training program to address his dental hygiene.</p> <p>There was no evidence the facility ensured the client's IPP included training in activities of dental hygiene to the extent of his capability.</p>	W 242		
W 249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p>	W 249		

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W 249	<p>Continued From page 8</p> <p>This STANDARD is not met as evidenced by: Surveyor: 12301 Based on observation, interview, and record review, the facility failed to ensure continuous active treatment was implemented in accordance with the interdisciplinary team (IDT) recommendations for one of three clients in the sample. (Client #3)</p> <p>The finding includes:</p> <p>[Cross refer to W193] The facility failed to ensure interventions identified in Client #3's behavior support plan were consistently implemented, as evidenced below:</p> <p>On October 25, 2010, at 7:15 p.m., during the medication administration, Client #3 was observed to slap his face at least five times without interventions from the LPN/RN. During the client's face slapping behavior, nursing staff were not observed to redirect the client.</p> <p>On October 27, 2010, at approximately 4:22 p.m. and 5:03 p.m. respectively, interview with both the RN and the LPN revealed that they had briefly reviewed Client #3's BSP, however had not been formally trained on how to implement it.</p> <p>Review of Client #3's BSP dated December 12, 2009, reviewed on October 27, 2010 at 11:11 a.m., revealed that the client's targeted behaviors included physical aggression (hitting staff) and self-injurious behavior (face slapping). Further review revealed that when the client exhibited SIB behaviors, staff should tell the client to stop the</p>	W 249	<p>W249 This Standard will be met as evidenced by: Cross Reference W193</p>	11/12/10

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W 249	Continued From page 9 behavior.	W 249		
W 252	<p>483.440(e)(1) PROGRAM DOCUMENTATION</p> <p>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 21583 Based on observation, staff interview, and record review, the facility failed to ensure that each client's Individual Program Plan (IPP) objectives was documented consistently and accurately for one of three clients included in the sample. (Client #3)</p> <p>The finding includes:</p> <p>[Cross refer W193]. On October 25, 2010, at 7:15 p.m., observation of the evening medication administration revealed Client #3 slapped his face at least five times without interventions from the licensed practical nurse (LPN) and registered nurse (RN).</p> <p>On October 27, 2010, at approximately 4:22 p.m. and 5:03 p.m. respectively, interview with both the RN and the LPN revealed that they observed Client #3 slapping his face. Further interview with the RN and the LPN revealed they did not document the client's behavior.</p>	W 252	<p>W252 This Standard will be met as evidenced by:</p> <p>Cross Reference W193 Cross Reference W249</p> <p>In addition, training will be provided to all staff on BSP, Active Treatment Program implementation/ documentation. QMRP will continue to provide routine monitoring of program to ensure staff is in compliance with training as provided.</p>	11/12/10

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W 252	<p>Continued From page 10</p> <p>On October 27, 2010, approximately 5:10 p.m., a telephone interview was conducted with the qualified mental retardation professional (QMRP). According to the QMRP, the facility's nursing staff had not received training on Client #3's BSP. Further interview revealed that there was no system to track Client #3's targeted behaviors exhibited when he was with the nursing staff.</p> <p>On October 27, 2010 at 11:11 a.m., review of Client #3's BSP dated December 12, 2009, revealed the following objective:</p> <p>-[Client #3] will decrease episodes of SIB (face slapping) to 0 incidents per month for twelve consecutive months.</p> <p>According to the BSP, staff should document on the data collection form each time Client #3 exhibits any targeted behaviors. Review of the data collection sheets on the same day at approximately 11:20 a.m. did not reflect Client #3's face slapping which was observed on October 25, 2010.</p> <p>At the time of the survey, there was no evidence that data had been collected in accordance with the BSP.</p>	W 252		
W 262	<p>483.440(f)(3)(i) PROGRAM MONITORING & CHANGE</p> <p>The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</p> <p>This STANDARD is not met as evidenced by:</p>	W 262		

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W 262	<p>Continued From page 11</p> <p>Surveyor: 21583</p> <p>Based on observation, interview and record review the facility failed to provide evidence that restrictive measures had been reviewed and/or approved by the Human Rights Committee (HRC) for three of three clients included in the sample. (Clients #1, #2, and #3)</p> <p>The findings include:</p> <p>The facility failed to provide evidence that its HRC monitored and approved the use of adaptive equipment for Clients #1, #2, and #3, as evidenced below:</p> <p>a. On October 25, 2010 at 5:43 p.m., Client #1 was observed being fed a pureed diet from a three section plate with a coated spoon. The client was observed to receive his beverages from a spout cup.</p> <p>b. On October 25, 2010 at 5:12 p.m., Client #2 was observed to eat a pureed diet from a high sided plate with a plate guard using a built up handle spoon. She was also observed to use a Dycem mat on a tray table and to eat from a scoop bowl.</p> <p>c. On October 25, 2010, at 6:20 p.m., Client #3 was observed to receive his dinner meal which consisted of pureed in a divided plate. He was also observed to be given an unbreakable teaspoon and a beverage with a straw.</p> <p>Interview with the licensed practical nurse (LPN) who was observing the meal revealed that Client #3 was blind, edentulous, and was at risk for choking and aspiration. Further interview with the LPN revealed that the client required the above</p>	W 262	<p>W262</p> <p>This Standard will be met as evidenced by:</p> <p>Client #1, #2, and #3 is schedule to be presented for adaptive mealtime equipment review at the next HRC review. QMRP will ensure annual presentation of adaptive feeding equipment to HRC to ensure compliance with individual right as set forth.</p>	11/14/10
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G119	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2010
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NAME OF PROVIDER OR SUPPLIER INDIVIDUAL DEVELOPMENT, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 4515 EDSON PLACE, NE WASHINGTON, DC 20019
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W 262	<p>Continued From page 12 aforementioned feeding equipment to assist him with his independence.</p> <p>Interview with the facility's Residential Director and the QMRP on October 28, 2010, at approximately 12:00 p.m. revealed that the HRC had reviewed and approved the use of the adaptive equipment for the client, however the minutes of the meeting were not available.</p> <p>Review of the facility's HRC minutes from October 2009 to October 2010 on October 27, 2010, at 3:10 p.m., failed to provide evidence that the feeding equipment had been reviewed and approved to ensure Client #3's rights were protected.</p> <p>At the time of the survey, the facility failed to provide evidence that the HRC had reviewed and approved the use of the adaptive feeding equipment for the clients.</p>	W 262		
W 356	<p>483.460(g)(2) COMPREHENSIVE DENTAL TREATMENT</p> <p>The facility must ensure comprehensive dental treatment services that include dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 12301 Based on interview and record review, the facility failed to ensure timely treatment services for the maintenance of dental health for one of three clients in the sample. (Client #1)</p> <p>The finding includes:</p>	W 356		

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W 356	<p>Continued From page 13</p> <p>On October 25, 2010 at 6:40 p.m., interview with the qualified mental retardation professional (QMRP) revealed that Client #1 was admitted to the facility as an interagency transfer on February 1, 2010.</p> <p>On October 25, 2010 at 7:25 p.m., reconciliation of the medication administration with the physician's orders revealed that Client #1 was prescribed an antiseptic mouth cleanser (Oral peroxidin) 10 % solution, Glyoxide 10 % twice daily.</p> <p>Interview with the LPN on October 27, 2010 at 3:55 p.m. revealed that the Gly-Oxide® may be used routinely to improve oral hygiene as an aid to regular brushing. Continued interview with the LPN revealed that prior to the client's transfer to the group home, the client had been to the dentist several times, however the medicaid approval had not been received.</p> <p>Record review on October 27, 2010 at at 1:10 p.m. revealed a recommendation by the primary care physician that the client be provided a dental consultation every 6 months. Further record review revealed Client #1's last dental scaling had been performed on December 9, 2008. The client went to the dentist after his admission to his present group home, however had received no treatment. The consultation reports revealed the following:</p> <p>May 4, 2010: Reason for referral: Follow-up visit - scaling. Current treatment: perio-evaluation, prophylaxis, bleeding index. Finding: Patient unable to take Panorex. Patient needs scaling. Will submit preauthorization for medical approval.</p>	W 356	<p>W356 This Standard will be met as evidenced by:</p> <p>Client #1 received a gross debridement from the dentist on 11/8/10. In addition, QMRP has developed oral hygiene program to ensure client #1 receive good oral hygiene care through brushing of individual #1 teeth after each meal to ensure good maintenance of teeth when there is lapse between dental visit. In future, Medical personnel will follow up with DDS for additional assistance when Medicaid approval is delayed.</p>	11/12/10
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OMB NO. 0938-0391

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W 356	Continued From page 14 Will call to reschedule once returned.	W 356		
W9999	<p>FINAL OBSERVATIONS</p> <p>Surveyor: 12301 The following observation were made during the survey process. It is recommended that this area be reviewed and a determination be made regarding appropriate action to prevent potential non-compliant practices:</p> <p>1. On October 25, 2010 at 5:38 p.m., staff provided hand over hand assistance to Client #2 to drink her beverage from hard plastic type drinking cup. Interview with the group home staff on October 25, 2010 at 5:40 p.m. revealed that Client #2 required hand over hand assistance to prevent spillage when drinking beverages. On October 26, 2010 at 12:50 p.m., the day program instructor held two 2 four ounce portions of cranberry juice served in styrofoam cups for the client to drink after her meal. The DP instructor revealed that the client was not able to grasp a disposable cup and that the beverage was presented in this manner to prevent the client from spilling it.</p> <p>On October 27, 2010 at 4:39 p.m., review of the mealtimes protocol dated May 2010 and the speech and language assessment dated October 3, 2010 revealed the client should receive liquids after completion of her meal to prevent regurgitation. Further review of the client's speech and language assessment dated October 3, 2010 revealed the client had significant spillage of beverages during meals, however it failed to</p>	W9999		

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W9999	Continued From page 15 specify the most optimum type of drinking utensil to minimize the client's spillage. At the time of the survey, however, there was no evidence that a standard protocol had been established for an optimum type of drinking utensil(s) for the client, to ensure beverages were presented to her in the same manner in all settings.	W9999		

Health Regulation Administration

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1 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 12301 A licensure survey was conducted from October 25, 2010 to October 28, 2010. A random sampling of three residents was selected from a current residential population of two males and four females with various levels of mental retardation and disabilities.</p> <p>The findings of the survey were based on observations at the group home and two day programs, interviews with residents and staff, and the review of clinical and administrative records, including incident reports.</p>	1 000		
1 180	<p>3508.1 ADMINISTRATIVE SUPPORT</p> <p>Each GHMRP shall provide adequate administrative support to efficiently meet the needs of the residents as required by their Habilitation plans.</p> <p>This Statute is not met as evidenced by: Surveyor: 12301 Based on observation, interview, and record review, the Group Home for Mentally Retarded Persons (GHMRP) failed to ensure the Qualified Mental Retardation Professional (QMRP) coordinated, integrated, and monitored services, for two of three residents in the sample. (Residents #1 and #3)</p> <p>The findings include:</p> <p>1. The QMRP failed to collaborate with the day program to ensure strategies identified in Resident #3's behavior support plan (BSP), as evidenced below:</p> <p>On October 25, 2010, at 7:15 p.m., observation of</p>	1 180	<p>3508.1</p> <p>This Statute will be met as evidenced by: Cross reference W159 Cross reference W193 Cross reference W252</p>	11/12/10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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I 180	<p>Continued From page 1</p> <p>the evening medication administration revealed Resident #3 was observed to slap his face at least five times without interventions from the GHMRP's licensed practical nurse (LPN) and registered nurse (RN).</p> <p>On October 27, 2010, at 11:11 a.m., review of Resident #2's BSP dated December 12, 2009 revealed that the resident has targeted behaviors that included physical aggression (hitting staff) and self-injurious behavior (face slapping). Further review revealed that when the resident exhibits SIB behaviors, staff should tell the resident to stop the behavior.</p> <p>Interview with the day program case manager (CM) on October 26, 2010, at approximately 11:35 a.m., revealed Resident #3 had a BSP to address his maladaptive behaviors of physical aggression and self-injurious behavior (head slapping) which was completed by the day program's psychologist.</p> <p>Review of the day program's BSP dated September 30, 2010, confirmed the CM interview. Further review of the BSP revealed that when Resident #3 is engaged in head slapping, staff should stand behind him and block his attempts at slapping his head while redirecting him to an activity which he ordinarily will readily do.</p> <p>Further discussion with the QMRP on October 26, 2010 at approximately 3:30 p.m., acknowledged that different strategies were being implemented by the day program and the GHMRP to address Resident #1's SIB (head slapping).</p> <p>2. [Cross Refer to 10229]. The QMRP failed to ensure all staff were trained on Resident #3's</p>	I 180		

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1180	Continued From page 2 BSP. 3. [Cross refer to I0432]. The QMRP failed to ensure the individual program plan (IPP) included training in activities of dental hygiene, for Resident #1.	1180		
1227	3510.5(d) STAFF TRAINING Each training program shall include, but not be limited to, the following: (d) Emergency procedures including first aid, cardiopulmonary resuscitation (OPR), the Heimlich maneuver, disaster plans and fire evacuation plans; This Statute is not met as evidenced by: Surveyor: 12301 Based on staff interview and record review, the Group Home for Mentally Retarded Persons (GHMRP) failed to ensure one of seven nurses working in the GHMRP had current training to implement emergency measures. (Nurse #4) The findings include: During the entrance conference on October 25, 2010 at 6:40 p.m., the Qualified Mental Retardation Professional (QMRP) was requested to obtain the training records for staff working in the GHMRP. Record review on October 27, 2010 at 4:17 p.m. revealed the GHMRP failed to provide evidence that one licensed practical nurse (Nurse #4) had a current certification on Cardiopulmonary Resuscitation (CPR).	1227	3510.5(d) This Statute will be met as evidenced by: Employee CPR is now current and has been placed on file. Human Resources department will continue to track monitor status of all employees' CPR to ensure annual training in accordance with policy	11/12/10

11/25/2015 00:13 FAX

Health Regulation Administration

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1227	Continued From page 3 Interview with the residential manager on October 28, 2010 at 10:17 a.m. revealed the CPR certification for Nurse #4 was not available for review.	1227		
1229	3510.5(f) STAFF TRAINING Each training program shall include, but not be limited to, the following: (f) Specialty areas related to the GHMRP and the residents to be served including, but not limited to, behavior management, sexuality, nutrition, recreation, total communications, and assistive technologies; This Statute is not met as evidenced by: Surveyor: 12301 Based on observation, interview, and record review, the Group Home for Mentally Retarded Persons (GHMRP) failed to ensure staff were adequately trained to appropriately implement interventions outlined in Resident #3's Behavior Support Plan (BSP). The finding includes: The GHMRP failed to ensure the nursing staff were trained on interventions outlined in Resident #3's BSP, as evidenced below: On October 25, 2010, at 5:03 p.m., observation of the evening medication administration revealed the Registered Nurse (RN) gently placed her hands on top of Resident #3's hands for approximately 5 to 10 seconds prior to giving him his medication. The licensed practical nurse (LPN) was observed to immediately redirect the RN to remove her hands from the resident's hand	1229	3510.5(f) This Statute will be met as evidenced by: Cross reference W193	11/12/10

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1229	<p>Continued From page 4</p> <p>while she (LPN) attempted to administer the medication.</p> <p>Approximately 20 seconds later, the RN stated that the resident has a behavior of physical aggression (striking staff) and that was why she placed her hands gently on top of his. Continued observations of the evening medication administration at 7:15 p.m., revealed the resident was observed to slap his face at least five times without interventions from the LPN/RN.</p> <p>Interview with the GHMRP's RN again on October 27, 2010, at approximately 4:20 p.m., revealed that she had briefly reviewed Resident #3's behavior support plan (BSP), but had not received any formal training on the BSP.</p> <p>Interview with the LPN on the same day at approximately 5:00 p.m., revealed that she was aware of the resident's maladaptive behaviors, but had not received any formal training on his BSP.</p> <p>Review of Resident #3's BSP dated December 12, 2009 reviewed on October 27, 2010 at 11:11 a.m., revealed that the resident has targeted behaviors that included physical aggression (hitting staff) and self-injurious behavior (face slapping). Further review revealed that when the resident exhibits SIB behaviors, staff should tell the resident to stop the behavior. Further review of the BSP revealed staff should document on the data collection form each time the resident exhibits any targeted behaviors.</p> <p>At the time of the survey, there was no evidence that staff demonstrated competency in implementation of Resident #3's BSP.</p>	1229		
1261	3512.2 RECORDKEEPING: GENERAL PROVISIONS	1261		

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1261	Continued From page 5 Each record shall be kept in a centralized file and made available at all times for inspection and review by personnel of authorized regulatory agencies. This Statute is not met as evidenced by: Surveyor: 12301 Based on interview and record review, the Group Home for Persons with Mental Retardation (GHMRP) failed to make available for review minutes of the specially constituted committee (Human Rights Committee), for three of three residents in the sample (Residents #1, #2, and #3) The finding includes: On October 25, 2010, at 6:40 p.m., the qualified mental retardation professional agreed to make available for review the records required to conduct the licensure survey. Review of the GHMRP's records on October 27, 2010 at 4:50 p.m. revealed the minutes of the specially constituted committee approving the use of adaptive eating equipment were not available for Residents #1, #2, and #3. No additional information was presented before the survey ended on October 28, 2010.	1261	3512.2 This Statute will be met as evidenced by: Cross reference W262 QMRP will maintain a copy of Human Rights Committee Review minutes on file at the group home site to ensure timely presentation of record.	11/14/10
1405	3520.7 PROFESSION SERVICES: GENERAL PROVISIONS Professional services shall be provided by programs operated by the GHMRP or personnel employed by the GHMRP or by arrangements between the GHMRP and other service providers, including both public and private agencies and individual practitioners.	1405	3520.7 This Statute will be met as evidenced by: Cross reference W356	11/13/10

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STATEMENT OF DEFICIENCIES
PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

HFD03-0036

(X2) MULTIPLE CONSTRUCTION

A. BUILDING _____

B. WING _____

(X3) DATE SURVEY
COMPLETED

10/28/2010

NAME OF PROVIDER OR SUPPLIER

INDIVIDUAL DEVELOPMENT, INC.

STREET ADDRESS, CITY, STATE, ZIP CODE

4515 EDSON PLACE, NE
WASHINGTON, DC 20019

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DEFICIENCY)

(X5)
COMPLETE
DATE

1405

Continued From page 6

1405

This Statute is not met as evidenced by:
Surveyor: 12301
Based on interview and record review, the facility failed to ensure that professional services were provided in accordance with the needs of one of three residents in sample. (Resident #1)

The finding includes:

The facility failed to ensure that the dental provider met the needs of Resident #1 as evidenced below:

On October 25, 2010 at 6:40 p.m., interview with the qualified mental retardation professional (QMRP) revealed that Resident #1 was admitted to the facility as an interagency transfer on February 1, 2010.

On October 25, 2010 at 7:25 p.m., reconciliation of the medication administration with the physician's orders revealed that Resident #1 was prescribed an antiseptic mouth cleanser (Oral peroxide) 10 % solution, Glyoxide 10 % twice daily.

Interview with the LPN on October 27, 2010 at 3:55 p.m. revealed that the Gly-Oxide® may be used routinely to improve oral hygiene as an aid to regular brushing. Continued interview with the LPN revealed that prior to the resident's transfer to the group home, the resident had been to the dentist several times, however the medicaid approval had not been received.

Record review on October 27, 2010 at 1:10 p.m. revealed a recommendation by the primary care physician that the resident be provided a dental consultation every 6 months. Further

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I 405	Continued From page 7 record review revealed Resident #1's last dental scaling had been performed on December 9, 2008. The resident went to the dentist after his's admission to his present group home, however had received no treatment. The consultation reports revealed the following: May 4, 2010: Reason for referral: Follow-up visit - scaling. Current treatment: perio-evaluation, prophylaxis, bleeding index. Finding: Patient unable to take Panorex. Patient needs scaling. Will submit preauthorization for medical approval. Will call to reschedule once returned. At the time of the survey, there was no evidence that the Resident #1 had received dental treatment services in accordance with his needs.	I 405		
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I 432	3521.7(c) HABILITATION AND TRAINING The habilitation and training of residents by the GHMRI shall include, when appropriate, but not be limited to, the following areas: (c) Personal hygiene (including washing, bathing, shampooing, brushing teeth, and menstrual care); This Statute is not met as evidenced by: Surveyor: 12301 Based on observation, staff interview and record review, the Group Home for Persons with Mental Retardation (GHMRP) failed to ensure the habilitation and training of residents included include, when appropriate, but not be limited to, the following area for one of the three residents in the sample. (Resident #1) The finding is:	I 432	3521.7(c) This Statute will be met as evidenced by: 1. Reference W252 2. reference W369.	11/12/10
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Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0036	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2010
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NAME OF PROVIDER OR SUPPLIER INDIVIDUAL DEVELOPMENT, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 4515 EDSON PLACE, NE WASHINGTON, DC 20019
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
1432	<p>Continued From page 8</p> <p>(c) Personal hygiene (including.....brushing teeth....)</p> <p>The GHMRP to ensure Resident #3's individual program plan (IPP) included training in activities of dental hygiene, as evidenced below:</p> <p>Observation of Resident #1 on October 25, 2010 at 4:01 p.m. revealed that he was wheelchair dependent. Interview with staff on October 25, 2010 at 5:59 p.m. revealed that the resident required physical assistance to meet his daily needs in toothbrushing, grooming, dressing, bathing, and eating.</p> <p>Interview with the LPN on October 27, 2010 at 3:55 p.m. revealed the had been to the dentist several times since his admission to the group home, however had received no treatment services.</p> <p>Review of Resident #1's medical record on October 27, 2010 at 1:10 p.m. revealed a nursing recommendation that the resident brush his teeth two to three times times a day. Further discussion with the LPN revealed that the resident had a potential for poor oral hygiene and should have his teeth brushed three times a day. Interview with the QMRP on October 28, 2010 at approximately 10:30 a.m.; however, confirmed that Resident #1 did not have a training program to address his dental hygiene.</p> <p>There was no evidence the GHMRP ensured the resident's IPP included training in activities of dental hygiene, to the extent of his capability</p>	1432		