

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

PRINTED: 04/10/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G182	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  03/31/2009
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NAME OF PROVIDER OR SUPPLIER  INDIVIDUAL DEVELOPMENT, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 3312 4TH STREET, SE WASHINGTON, DC 20032
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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) COMPLETION DATE
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W 000	INITIAL COMMENTS  A recertification survey was conducted from March 30, 2009 through March 31, 2009. The survey was initiated using the fundamental survey process. A random sample of four clients was selected from a resident population of seven men with various disabilities. The findings of the survey were based on observations, interviews with clients and staff in the home and at one day program, as well as a review of client and administrative records, including incident reports.	W 000		
W 126	483.420(a)(4) PROTECTION OF CLIENTS RIGHTS  The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities.  This STANDARD is not met as evidenced by: Based on observation, staff interview and record review the facility failed to demonstrate that clients were being taught to manage their financial to the best of their abilities for two of four clients in the sample. (Clients #3 and #4)  The findings include:  1. Observation of the breakfast meal on March 30, 2009, at approximately 7:25AM revealed Client #3 was able to feed himself with supervision and the use of adaptive equipment. Further observation during the meal revealed Client #3 was able to make his feelings and desires known through utterances and gestures. Review of Client #3's active treatment program goals and objectives on March 31, 2009 at approximately 3:35 PM revealed that Client # 3	W 126	<i>Revised</i> GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E. 2ND FLOOR WASHINGTON, D.C. 20002  W126 This Standard will be met as evidenced by:  Review of record indicated that client #3 and client #4 has a money management assessments completed June 2007-June 2009. The assessment noted that client #3 and #4 does not recognize monetary values neither are they able to understand the concept of money. IDT recommendation is to enhance their skills by encouraging participation in personal shopping expenditures. A formal program is not warranted as determined by the IDT. QMRP will revisit the recommendations with IDT to see if a formal program is warranted, If recommended, QMRP will implement program.	4/10/2009 On-going

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE ADRS	(X6) DATE 5/8/2009
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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.

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W 126	<p>Continued From page 1</p> <p>did not have a program to enhance his money management skills. Review of Client #3's money management assessment dated June 11, 2007-June 11, 2009, on March 31, 2009 at approximately 3:45 PM revealed the client was not able to manage money and is dependent on staff to make decisions regarding his finances. Review of the client's financial records on March 31, 2009 at approximately 4:00 PM revealed that Client #3 received a personal allowance of \$70.00 monthly which is managed by the facility. Interview with the Qualified Mental Retardation Professional (QMRP), on March 31, 2009 at approximately 4:05 PM acknowledged Client #3 could benefit from a money management program. There was no evidence the facility trained the client to manage their finances to the best of their abilities.</p> <p>2. Observation of the breakfast meal on March 30, 2009, at approximately 7:45AM revealed Client #4 was able to hold his adaptive cup with hand over hand assistance and drink his beverages. Further observation during the meal revealed Client # 4 was able to make his feelings and desires known through utterances and gestures. Review of Client #4's active treatment program goals and objectives on March 31, 2009 at approximately 4:10 PM revealed that Client # 4 did not have a program to enhance his money management skills. Review of Client #4's money management assessment dated June 11, 2007-June 11, 2009, on March 31, 2009 at approximately 4:15 PM revealed the client was able to hold money when placed in his hand, however the client is dependent on staff to make decisions regarding his finances. Review of the client's financial records on March 31, 2009 at approximately 4:20 PM revealed that Client #4</p>	W 126		
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W 126	Continued From page 2 received a personal allowance of \$100.00 monthly which is managed by the facility. Interview with the QMRP on March 31, 2009 at approximately 4:25 PM acknowledged Client # 4 could benefit from a money management program. There was no evidence the facility trained the client to manage their financial to the best of their abilities.	W 126		
W 153	483.420(d)(2) STAFF TREATMENT OF CLIENTS  The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.  This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that all unusual incidents including injuries of unknown origin were reported immediately to the administrator and other officials according to District of Columbia Regulations (22 DCMR, Chapter 35, Section 3519.10) for one of four clients in the sample. (Client #5)  The finding includes:  Review of an Unusual Incident Report (UIR) dated August 29, 2008 on March 30, 2009, at approximately 6:30 AM revealed on that same date the direct care noted a small scratch on Client #5's left leg of unknown origin Interview with the Qualified Mental Retardation Professional (QMRP) on March 30, 2009, at	W 153	W153 This Standard will be met as evidenced by:  Review of record indicated that QMRP has completed investigation summary on incident involving client #5. In-service training has been completed by the Assistant Director of Residential to QMRP on incident investigation and reporting process to ensure that all incidents are reported to pertinent agencies on timely manner and that all incidents of unknown origin are thoroughly investigated to determine the cause of such injury and to provide recommendation/guidelines base on the conclusion of such incident	4/10/2009 On-going

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W 153	Continued From page 3 approximately 10:10AM revealed the injury of unknown origin was reported to the Department of Health (DOH). There was no documented evidence the facility reported the injury of unknown origin immediately to the administrator or the DOH.	W 153		
W 159	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL  Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.  This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility's Qualified Mental Retardation Professional (QMRP) failed to ensure the coordination, monitoring, and implementation of a client's habilitation and planning for four of four clients in the sample. [Clients # 1, Client # 2, Client # 3 and Client # 4]  The finding includes:  1. Cross Refer to W 209. The QMRP failed to facilitate the coordination of services to ensure a consenting family member takes part in all of Client #1's habilitation and planning.  2. Cross Refer to W 230. The QMRP failed to ensure that programmatic objectives were written to include targeted completion dates.  3. Cross Refer to W 242.1. The QMRP failed to ensure the creation of a tooth brushing program for Client # 1.  4. Cross Refer to W 242.2. The QMRP failed to	W 159	W159 This Standard will be met as evidenced by:  1. Reference W209 2. Reference W230 3. Reference W242.1 4. Reference W242.2 5. Reference W242.3 6. Reference W252 7. Reference W255.1 8. Reference W255.2	4/10/2009 On-going

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W 159	<p>Continued From page 4</p> <p>ensure Client # 3's individual program plans (IPP) included training in dental hygiene.</p> <p>5. Cross Refer to W 242.3. The QMRP failed to ensure Client # 4's IPP included training in dental hygiene.</p> <p>6. Cross Refer to W 252. The QMRP failed to create data sheets that would allow staff to accurately collect data on Client # 2's progress.</p> <p>7. Cross Refer to W 255.1. The QMRP failed to revise a programmatic objective for Client # 1 who had demonstrated mastery of the skill that was being taught.</p> <p>8. Cross Refer to W 255.2. The QMRP failed to revise an interactive skills program objective for Client # 3 who had successfully achieved the objective.</p>	W 159		
W 209	<p>483.440(c)(2) INDIVIDUAL PROGRAM PLAN</p> <p>Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure the inclusion of a consenting family member in the habilitation and health planning for one of four sampled clients. [Client #2]</p> <p>The finding includes:</p> <p>Record review on 3/31/2009 at 10:05am revealed Client #2's sister legally consented to taking part</p>	W 209	<p>W209</p> <p>This Standard will be met as evidenced by: Interview with client #2 sister indicated that she was contacted for the meeting. However, she has been sick and has been unable to attend his meetings. In future, QMRP will ensure written documentation of all contact with family members are filed inside the client's record.</p>	4/10/09 On-going

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W 209	Continued From page 5 in the habilitation and health planning for her brother on 6/7/2007. Additional record review on 3/31/2009 at 11:22am revealed the Qualified Mental Retardation Professional's notes dating back from the date of survey to 7/2008 reflect "[Client #2's] sister is his decision maker and she continues to be part of his life through phone calls, attending his meetings and visits to the group home." Further record review revealed, Client #2's annual habilitation planning meeting was held on 7/11/2008 and his sister did not take part.  On 3/31/2009 at 4:07pm the QMRP indicated Client #2's sister does not want to attend any meetings and she had never visited the home. In addition, all communication between her and Client #2's sister has been via telephone. The QMRP further added that she had no written documentation of her communication with the sister. There was no evidence presented at the time of survey to reflect the QMRP had taken measures to include Client #2's sister in any of his habilitation and planning.	W 209		
W 214	483.440(c)(3)(iii) INDIVIDUAL PROGRAM PLAN  The comprehensive functional assessment must identify the client's specific developmental and behavioral management needs.  This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure  Based on observation, staff interview, and record review the facility failed to ensure the accurate assessment of a client's ability to take part in a	W 214		

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W 214	<p>Continued From page 6</p> <p>money management program for two of four clients in the sample. (Client #1 and #2)</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>Record review revealed Client #1's was provided a programmatic goal to "increase [his] money management skills" during his 7/18/2008 annual habilitation planning meeting. The objective of the goal details, "Given verbal prompts to physical assistance, [Client #1] will point and utilize [a] communication device (Mercury) to identify correct dollar bills four times per week for 3 consecutive months." Interview with the facility's QMRP on 3/31/2009 at approximately 3:20pm revealed, Client #1 does take part in shopping trips and community outings. Based on the interview provided by the QMRP, it was not clear to what extent Client #1 was allowed to take part in any of the financial transactions that took place during those community outings. In addition, the QMRP and the facility's LPN verified on 3/31/2009 at 3:22pm that Client #1 was not provided a money management assessment and they will work to have one completed for him.</li> <li>Interview with the QMRP on 3/31/2009 at 3:21pm revealed, Client #2 takes part in shopping trips and community outings. Based on the information provided by the QMRP, it was not clear to what extent Client #2 was allowed to take part in any of the financial transactions that took place during those community outings. Record review revealed, Client #2 did not have nor was provided a money management assessment. In addition, the QMRP and the facility's LPN verified on 3/31/2009 at 3:22pm that Client #1 was not provided a money management assessment and</li> </ol>	W 214	<p>W214</p> <p>This Standard will be met as evidenced by:</p> <ol style="list-style-type: none"> <li>The money management program was developed by Speech Pathologist as a functional objective for picture identification purposes not for recognition of money. Previous money management assessment for client #2 indicated that he does not recognized, know the value or concept of money. QMRP will follow up with IDT for further review at the coming IDT meeting to make determination if client #2 required a formal monetary goal.</li> <li>As previously mentioned, review of record indicated that client #2 has a money management assessment completed June 2007- June 2009. QMRP at the next IDT meeting will present reassessment of client #2 to determine if a formal program is warranted; If deemed necessary, QMRP will establish a formal program to enhance client #2 money management skills.</li> </ol>	4/10/09 On-going
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W 214	Continued From page 7	W 214		
W 242	<p>they will work to have one completed for him.</p> <p>483.440(c)(6)(iii) INDIVIDUAL PROGRAM PLAN</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure that clients' individual program plans (IPP) included training in dental hygiene for three of four clients in the sample. (Client #1, Client # 3 and Client # 4)</p> <p>The findings include:</p> <p>1. Observation of the breakfast meal on March 30, 2009, at approximately 7:28AM revealed Client # 1's teeth were discolored and stained. Interview with the Active Treatment Specialist (ATS) on March 31, 2009, at approximately 11:22 AM revealed Client # 1 is dependant on staff for brushing his teeth and assted to be in need of a toothbrushing program. Record review on 3/31/2009 at 9:40am revealed Client #1's Dental appointment dated 4/2/2008 identified "heavy calculus deposits" and recommended "scaling" as the course of treatment. Client #1 returned to the dentist on 7/7/2008 and the course of treatment was "generalized scaling and prophylaxis". The consult went on to recommend "brush teeth 2-3x daily". On the follow-up appointment dated</p>	W 242	<p>W242 #'s 1, 2 and 3 This Standard will be met as evidenced by:</p> <p>QMRP upon review of medical records for client #1, #3 and #4. QMRP has developed a formal program for oral hygiene improvement. The recommendation was presented and approved by IDT.</p>	4/10/09 On-going

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W 242	<p>Continued From page 8</p> <p>2/3/2009, "moderate calculus deposits" were found and "scaling" was again the recommended course of treatment. Further record review revealed Client #1 did not have a program in place to address his oral hygiene.</p> <p>Interview with the QMRP on 3/31/2009 at 2:26pm verified Client #1 did not have a tooth brushing program in place at the time of survey. The facility failed to ensure the implementation of an oral hygiene improvement program for Client #1 despite the recommendation made by the dentist on 7/7/2008.</p> <p>2. Observation of the breakfast meal on March 30, 2009, at approximately 7:25AM revealed Client #3 was able to feed himself with supervision and the use of adaptive equipment. Further observation revealed Client # 3's teeth were discolored and stained. Interview with the ATS on March 31, 2009, at approximately 11:25 AM revealed Client # 3 was dependant on staff to brush his teeth and the client did not have a toothbrushing program. Review of Client # 3's dental consult dated July 16, 2008 on March 31, 2009, at approximately 11:30 AM revealed the client had full mouth scaling and adult prophylaxis with polishing. A recommendation was also made for Client # 3 to brush his teeth twice a day. Review of Client # 3's dental consult dated February 23, 2009, on March 31, 2009, at approximately 11:35 AM revealed the client had plaque and calculus on all teeth and needed full mouth scaling. There was no evidence of clients' individual TPP included training in dental hygiene.</p> <p>3. Observation of the breakfast meal on March 30, 2009, at approximately 7:45AM revealed</p>	W 242		

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W 242	Continued From page 9 Client #4 was able to hold his adaptive cup with hand over hand assistance and drink his beverages. Further observation revealed Client # 4's teeth were discolored and stained. Interview with the ATS on March 31, 2009, at approximately 11:40 AM revealed Client # 4 was dependant on staff to brush his teeth and did not have a toothbrushing program. Review of Client # 4's dental consult dated December 9, 2008 on March 31, 2009, at approximately 11:35 AM revealed the client had generalized scaling and adult prophylaxis with polishing. A recommendation was also made for Client # 4 to brush his teeth two to three times a day. There was no evidence the clients' individual IPP included training in dental hygiene.	W 242		
W 252	483.440(e)(1) PROGRAM DOCUMENTATION  Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.  This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure the accurate documentation of a client's oral hygiene improvement plan for one of three sampled clients. [Client #2]  The finding includes:  Record review on 3/31/2009 at 11:10am revealed Client #2's Dental consult dated 9/22/2008 identified "large deposits of plaque & calculus present on all teeth surfaces ... oral hygiene very poor." The consult further details, "full mouth	W 252	W252 This Standard will be met as evidenced by:  Client #2 Oral hygiene programs have been modified to include AM and PM documentation. Additional training will be provided to QMRP on Program implementation and changes on objective criteria as individual meet goal as established on the program.	4/10/09 On-going

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W 252	<p>Continued From page 10</p> <p>scaling (Q1, Q2, Q3, &amp; Q4) and polishing is indicated." Client #2 returned to the dentist on 12/10/2008 and the findings presented, "heavy calculus deposits in all teeth ... oral hygiene very poor." On the follow-up appointment dated 2/23/2009, the dentist provided a treatment of "generalized scaling, prophylaxis and polishing". The consult goes on to recommend "brush teeth 2-3x daily".</p> <p>Additional record review revealed Client #2 was provided a programmatic goal to "improve oral hygiene skills" during his annual habilitation planning meeting on 7/11/2008 and the goal was scheduled to be achieved by 7/2009. The February and March 2009 objective states, "Given physical assistance, [Client #2] will participate in tooth brushing on 80% of the trials recorded for six consecutive months by July 2009. The programming frequency was outlined as "daily AM/PM after each meal". Review of the data collection sheets revealed there was only one set of data recorded for each trial. It was not clear if the data was a representation of the AM or the PM trials.</p> <p>During an interview with the QMRP on 3/31/2009 at 11:35am, she verified the findings by stating, "the programs are run only in the (evenings) PM, and data was collected only five times (5x) a week." She further added that Client #2 was provided three meals on the weekends per day and two meals per day during the week. Later during the interview, she verified there was no AM data to present.</p> <p>It was not clear how the additional meals were being documented to meet the programming frequency of "daily AM/PM" and "after each</p>	W 252		

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

PRINTED: 04/10/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G192	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  03/31/2009
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NAME OF PROVIDER OR SUPPLIER  INDIVIDUAL DEVELOPMENT, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 3312 4TH STREET, SE WASHINGTON, DC 20032
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W 252	Continued From page 11	W 252		
W 255	meal". The facility failed to ensure that data was collected in the frequency required by the program objective.  483.440(f)(1)(i) PROGRAM MONITORING & CHANGE  The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan.  This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to implement an effective change to a client's communication program after he had demonstrated a mastery of the skill outlined in his programmatic plan for one of four clients in the sample (Client #1) and the facility failed to revise as necessary an interactive skills program objective a client had successfully completed in the individual program plan (IPP) for one of four clients in the sample. (Client # 3)  The findings include:  1. Record review on 3/31/2009 at approximately 10:10am revealed, Client #1's Individual Service Plan dated 7/18/2008 lists a programmatic goal (4.1) to "improve his functional communication skills". The Objective for that goal read, "On a daily basis, given assistance as needed, [Client #1] will use his communication device (Mercury Voice Output), to engage in a reciprocal conversation act with persons in his environment for 4 of 5 days per week for six consecutive	W 255	W255 #'s 1 and 2 This Standard will be met as evidenced by:  Client #1 Speech program has been amended to indicate mastery of current criteria as set forth.  Client # 3 interactive programs have been modified base on his mastery of current criteria. As previously mentioned, QMRP will receive additional training on program implementation, objective criteria and changes as warranted when individual met criteria set forth on the individual program plan.	4/10/09 On-going

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

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>09G192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/31/2009</b>
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W 255	<p>Continued From page 12</p> <p>months as measured by Active Treatment Documentation". Further record review revealed, the written program that was being implemented read, "Given physical assistance, [Client #1] will use his TECH 8 communication device (Level 1) to communicate with persons in his environment with 80% accuracy per session as measured by Active Treatment Documentation."</p> <p>Review of the data collection sheets revealed, Client #1 performed at the physical assistance (PA) level for the month of 7/2008, and 8/2008. His ability increased in the month of 10/2008 and 11/2008 to the touch prompt (TP) level. Client #1 achieved the PA level during the first two months of the program, but the program was not revised despite his ability to take part in the program at the TP level as documented.</p> <p>Interview with the facility's Qualified Mental Retardation Professional (QMRP) on 3/31/2008 at approximately 3:40pm verified the communication program was the same and had not changed since it was written in 7/2008. The facility failed to ensure Client #1's communication program was revised despite his achievement of the targeted skill level identified in the plan.</p> <p>2. Observation of an active treatment activity on March 30, 2009 from approximately 6:45 PM - 7:00 PM revealed Client #3 independently placed a red colored piece of puzzle and than a blue colored piece of puzzle into their appropriate round slots and smiled. Further observation revealed that when the ATS praised Client #3, the client continued to place other puzzle pieces into their appropriate round slots independently. Review of Client #3's IPP program data on March 31, 2009 at approximately 9:15 AM revealed a</p>	W 255		

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

PRINTED: 04/10/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G192	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  03/31/2009
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W 255	Continued From page 13 goal " to increase interactive skills during leisure activities" and the objective stated " given hand over hand assistance, [Client # 3] will participate in a table top activity for ten minutes on 80% of the trials recorded per month for six consecutive months". Review of Client #3's IPP program data from October 2008 through March 2009 on March 31, 2009 at approximately 9:25 AM revealed Client # 3 completed the objective October 2008 though December 2008 at the verbal prompts and hand over hand at more than 80% for ten to fifteen minutes. Further review revealed in January 2009, Client # 3 completed the objective at more than 80% for ten to twenty minutes and from February 2009, to March 30, 2009, Client # 3 completed the objective at 100% for twenty to thirty minutes. In an interview with the QMRP on March 31, 2009 at approximately 1:15 PM it was acknowledged Client # 3 had met the IPP objective and the program objective needed to be revised. There was no evidence the facility revised an interactive skills program objective the client had successfully completed.	W 255		
W 331	483.460(c) NURSING SERVICES  The facility must provide clients with nursing services in accordance with their needs.  This STANDARD is not met as evidenced by: Based on staff interview and record review the facility failed to ensure clients were provided with nursing services in accordance with their needs for one of four clients in the sample. (Client #2)  The finding includes:  Cross Refer to W368. The facility's nursing services failed to ensure that all medication was	W 331	W331 This Standard will be met as evidenced by: Interview with the nurse indicated that medication was administered but nurse failed to sign the MAR. LPN Staff will be in-serviced on procedures regarding the administration/documentation of medication as ordered by physician RN Supervisor will randomly check and monitor client record to ensure ongoing compliance with this standard.	4/29/09 On-going

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

PRINTED: 04/10/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  08G192	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  03/31/2009
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W 331	Continued From page 14 given in compliance with the physician's orders as evidenced by:  Review of Client # 2's Medication Administration Record (MAR) dated March 2009, on March 30, 2009 at approximately 9:00 AM revealed a transcription order for Cipro HCL 0.3% Ophthalmic, two drops given three times a day in the right eye for bacterial conjunctivitis for seven days. Further review of the MAR revealed Cipro HCL 0.3% Ophthalmic two drops was not administered on March 24, 2009, at 12 noon and on March 23, 2009 at 8:00 PM. Review of Client # 2's physician's order sheet (POS) dated March 17, 2009 on March 30, 2009 at approximately 9:15 AM revealed an order to administer Cipro HCL 0.3% Ophthalmic, two drops three times a day in the right eye for bacterial conjunctivitis for seven days. In an interview with the Licensed Practical Nurse (LPN) # 1 on March 30, 2009, at approximately 9:30 AM it was acknowledged that Client # 2's prescribed Cipro HCL 0.3% Ophthalmic drops was not administered on on March 24, 2009 at 12 noon and on March 23, 2009 at 8:00 PM in the right eye for bacterial conjunctivitis. There was no evidence that the physician was informed the medication was not given in compliance with the physician's orders.	W 331		
W-368	483.460(k)(1) DRUG ADMINISTRATION  The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.  This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that all drugs were administered in compliance with the physician's	W 368	W368 This Standard will be met as evidenced by:  1. Cross Reference W331	4/29/09 On-going

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

PRINTED: 04/10/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G192	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  03/31/2009
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W 368	Continued From page 15 orders for one of four clients in the sample. (Client # 2)  The finding includes:  Review of Client # 2's Medication Administration Record (MAR) dated March 2009, on March 30, 2009 at approximately 9:00 AM revealed a transcription order for Cipro HCL 0.3% Ophthalmic, two drops given three times a day in the right eye for bacterial conjunctivitis for seven days. Further review of the MAR revealed Cipro HCL 0.3% Ophthalmic drops was not administered on March 24, 2009 at 12 noon and on March 23, 2009 at 8:00 PM. Review of Client # 2's physician's order sheet (POS) dated March 17, 2009 on March 30, 2009 at approximately 9:15 AM revealed an order to administer Cipro HCL 0.3% Ophthalmic, two drops three times a day in the right eye for bacterial conjunctivitis for seven days. In an interview with the Licensed Practical Nurse (LPN) # 1 on March 30, 2009, at approximately 9:30 AM it was acknowledged that Client # 2's prescribed Cipro HCL 0.3% Ophthalmic drops was not administered on on March 24, 2009 at 12 noon and on March 23, 2009 at 8:00 PM in the right eye for bacterial conjunctivitis. There was no evidence that the physician was informed the medication was not given in compliance with the physician's orders.	W 368		
W 436	483.470(g)(2) SPACE AND EQUIPMENT  The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.	W 436		

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G192	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  03/31/2009
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W 436	Continued From page 16  This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that clients adaptive equipment was maintained in good repair and taught clients to use and to make informed choices about the use of the devices identified by the interdisciplinary team as needed by the client for five of seven clients in the facility. (Clients #1, #2, #3, #5 and #7)  The findings included:  1. Observation of Client #1's wheelchair on March 30, 2009 at approximately 6:10 AM revealed the foot on the wheelchair was torn. In an interview the Qualified Mental Retardation-Professional (QMRP) on March 30, 2009 at approximately 8:40 AM it was acknowledged Client #1's foot was torn on his wheelchair. Record review on March 31, 2009 at approximately 8:30 AM revealed Client #1 had not been trained or assessed on his ability to take care of his wheelchair. There was no evidence that the adaptive equipment was maintained in good repair.  2. Observation of Client #2's wheelchair on March 30, 2009 at approximately 6:15 AM revealed the foot on the wheelchair was torn. In an interview with the QMRP on March 30, 2009 at approximately 8:45 AM it was acknowledged Client #2's foot was torn on his wheelchair. Record review on March 31, 2009 at approximately 8:35 AM revealed Client #2 had not been trained or assessed on his ability to take care of his wheelchair. There was no evidence that the adaptive equipment was maintained in good repair.	W 436	W436 #'s 1, 2, 3, 4, 5 and #6. This Standard will be met as evidenced by:  1. Client #1 footrest has been repaired.  2. Client #2 wheelchairs have been repaired.  3. Client #7 wheelchair has been repaired.  4. A new bed pads has been ordered for client #1's rail.  5. Client #4 bed rail pads have been replaced.  6. A client #6 bed rail pad has been replaced.  QMRP and Home manager will receive additional training on Adaptive Equipment repairs and maintenance. The QMRP and home manager will establish and implement an effective system to ensure that adaptive equipment are maintained in good condition at all time. In addition, QMRP/home manager will complete a periodic audit of Adaptive equipment book to ensure compliance with all equipment repairs	4/29/09 On-going

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

PRINTED: 04/10/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G192	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  03/31/2009
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W 436	<p>Continued From page 17</p> <p>3. Observation of Client #7's wheelchair on March 30, 2009 at approximately 6:35 AM revealed the left wheel was not functioning properly on the wheelchair. In an interview with the QMRP on March 31, 2009 at approximately 9:05 AM it was acknowledged Client #7's left wheel on his wheelchair was not functioning properly. Further interview with the QMRP revealed Client #7 was unable to attend his day program for one week because his wheelchair needed to be repaired. Record review on March 31, 2009 at approximately 9:30: AM revealed Client #7 had not been trained or assessed on his ability to take care of his wheelchair. Review of an invoice dated March 17, 2009, on March 31, 2009, at approximately 12:30 PM revealed Client #7's wheelchair had been assessed for repairs on that same date. There was no evidence that the adaptive equipment was maintained in good repair.</p> <p>[ Note: The QMRP contacted a wheelchair vendor on March 31, 2009 at approximately 2:30 PM who stated the part for Client #7's wheelchair was on route from UPS.]</p> <p>4. Observation of Client #1's bed rail pads on March 30, 2009 at approximately 6:40 AM revealed the bed rail pads were torn. In an interview with the House Manager (HM) on March 30, 2009 at approximately 11:10 AM it was acknowledged Client #1's bed rail pads were torn. There was no evidence the bed rail pads were maintained in good repair.</p> <p>5. Observation of Client #4's bed rail pads on March 30, 2009 at approximately 6:42 AM revealed the bed rail pads were torn. In an</p>	W 436		

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

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NAME OF PROVIDER OR SUPPLIER  INDIVIDUAL DEVELOPMENT, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 3312 4TH STREET, SE WASHINGTON, DC 20032
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W 436	Continued From page 18 interview with the HM on March 30, 2009 at approximately 11:15 AM it was acknowledged Client #4's bed rail pads were torn. There was no evidence the bed rail pad were maintained in good repair.  6. Observation of Client #5's bed on March 30, 2009 at approximately 6:43 AM revealed the bed rail pads were torn. In an interview with the HM on March 30, 2009 at approximately 11:20 AM it was acknowledged Client #5's bed rail pad were torn. There was no evidence the bed rail pads were maintained in good repair.	W 436		
W 484	483.480(d)(3) DINING AREAS AND SERVICE  The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client.  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure dining supplies were provided to meet the developmental needs for one of three clients in the sample. (Client #3)  The finding includes:  During breakfast observation on March 30, 2009, at approximately 7:30 AM revealed Client # 3 was observed wearing a bib while eating his meal. Further observation revealed that the end of the bib was placed underneath the divided plate and was used as a place mat. In an interview with Active Treatment Specialist (ATS) on March 30, 2009, at approximately 7:40 AM, it was acknowledged that this practice was not appropriate and the divided plate was	W 484	W484 This Standard will be met as evidenced by:  Review of adaptive equipment shows that client # 3 has a Dycem mat as ordered for mealtime support. QMRP will follow up with staff training to reinforce the proper use of adaptive meal equipment during mealtime. In addition, QMRP will periodically continue to monitor meals at the home to ensure compliance with the proper use of adaptive equipment.	4/29/09 On-going

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

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G192	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  03/31/2009
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NAME OF PROVIDER OR SUPPLIER  INDIVIDUAL DEVELOPMENT, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 3312 4TH STREET, SE WASHINGTON, DC 20032
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W 484	Continued From page 19 immediately removed from the bib and placed on a Dycem mat. There was no evidence that appropriate dining supplies had been provided for the client.	W 484		

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD03-0050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  03/31/2009
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1000	INITIAL COMMENTS  A recertification survey was conducted from March 30, 2009 through March 31, 2009. The survey was initiated using the fundamental survey process. A random sample of four residents was selected from a resident population of seven men with various disabilities. The findings of the survey were based on observations, interviews with residents and staff in the home and at one day program, as well as a review of resident and administrative records, including incident reports.	1000		
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 staff interview, the GHMRP failed to ensure blinds are kept in good repair.  The findings include:  1. An environmental walk-through was conducted on March 31, 2009 at approximately 8:17AM and revealed the blinds in Client #5's bedroom were broken an interview the Qualified Mental Retardation Professional (QMRP) on March 31, 2009 at approximately 4:30 PM it was acknowledged the blinds in Client #5's bedroom were broken. Further interview revealed the blinds were going to be replaced on April 1, 2009. There was no evidence the blinds were kept in good repair.  2. An environmental walk-through was conducted on March 31, 2009 at approximately	1022	3501.5  This Statute will be met as evidenced by: 1. The facility maintenance crew has replaced blinds on client #5's bedroom window.  2. The facility maintenance crew has replaced blinds in large hallway.  QMRP/Home manager will provide a periodic checklist of home equipment and follow up with maintenance personnel for timely repair of facility equipments.	3/30/09 On-going

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD03-0050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  03/31/2009
NAME OF PROVIDER OR SUPPLIER  INDIVIDUAL DEVELOPMENT, INC.		STREET ADDRESS, CITY, STATE, ZIP CODE 3312 4TH STREET, SE WASHINGTON, DC 20032		
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1022	Continued From page 1  8:19 AM and revealed the blinds in the large hallway shower room were broken. In an interview the Qualified Mental QMRP on March 31, 2009 at approximately 4:32 PM it was acknowledged the blinds in large hallway shower room were broken. Further interview revealed the blinds were going to be replaced on April 1, 2009. There was no evidence the blinds were kept in good repair.	1022		
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 observation and interview, the GHMRP failed to ensure the interior of the GHMRP was maintained in a safe manner.  The findings include:  1. An environmental walk-through was conducted on March 31, 2009 at approximately 8:16 AM and revealed the lampshade on the right side of the foyer was torn. In an interview the Qualified Mental Retardation Professional (QMRP) on March 31, 2009 at approximately 4:29 PM it was acknowledged the the lampshade on the night side of the foyer was torn. There was no evidence the lampshade on the night side of the foyer was maintained in a safe manner.  2. An environmental walk-through was conducted on March 31, 2009 at approximately 8:19 AM and revealed the ceramic tiles along the base board	1090	3504.1  This Statute will be met as evidenced by: (1). The lamp shade on the right side of the foyer has been replaced. 2. The ceramic tiles along the baseboard in the large hallway have been replaced. 3. The plastic chair on client #4 room is use by staff when providing support for client #4 in his room. The chair has been discarded. 4. The splintered on the window sill in client #5's bedroom has been repaired.	3/30/09 On-going

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD03-0050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  03/31/2009
NAME OF PROVIDER OR SUPPLIER  INDIVIDUAL DEVELOPMENT, INC.		STREET ADDRESS, CITY, STATE, ZIP CODE 3312 4TH STREET, SE WASHINGTON, DC 20032		
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1090	Continued From page 2  In the large hallway shower room were loose. In an interview the Qualified Mental QMRP on March 31, 2009 at approximately 4:31 PM it was acknowledged the ceramic tiles along the base board in the large hallway shower room were loose. There was no evidence the ceramic tiles along the baseboard was maintained in a safe manner.  3. An environmental walk-through was conducted on March 31, 2009 at approximately 8:56 AM and revealed the back of the plastic chair was cracked in Client #4's bedroom. In an interview the QMRP on March 31, 2009 at approximately 4:32 PM it was acknowledged the back of the plastic chair was cracked in Client #4's bedroom. There was no evidence the plastic chair was maintained in a safe manner.  4. An environmental walk-through was conducted on March 31, 2009 at approximately 8:58 AM and revealed splintered wood on the window sill in Client #5's bedroom. In an interview the QMRP on March 31, 2009 at approximately 4:33 PM it was acknowledged that there was splintered wood on the window sill in Client #5's bedroom. There was no evidence the window sill was maintained in a safe manner.	1090		
1192	3508.8(c) ADMINISTRATIVE SUPPORT  Each GHMRP licensee shall carry or ensure that the premise carries the following insurance in at least the following amounts:  (c) Professional Liability  This Statute is not met as evidenced by:	1192	3508.8 This Statute will be met as evidenced by: The RN's and LPN are part of the Provider's staff. They are not contract/ consultants. All of the people above are covered under the Provider liability insurance. An individual Liability insurance has not been required.	3/30/09 (on-going)

Health Regulation Administration

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I 192	Continued From page 3  Based on interview and record review, the GHMRP failed to have on file for review professional liability insurance for five of sixteen professionals. (RN #1, RN #2, RN #3, LPN #1 and LPN #2)  The finding includes:  Review of personnel records on March 31, 2009, at approximately 12:49 PM, revealed the GHMRP failed to provide evidence of professional liability insurance for five nursing staff. In an interview the QMRP on March 31, 2009, at approximately 12:58 PM it was acknowledged RN #1, RN #2, RN #3, LPN #1 and LPN #2 did not have professional liability insurance certificates on file. There was no evidence the facility had professional liability insurances on file for all professionals. (RN #1, RN #2, RN #3, LPN #1 and LPN #2)	I 192		
I 206	3509.6 PERSONNEL POLICIES  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.  This Statute is not met as evidenced by: Based on staff interview and record review, the GHMRP failed to ensure its staff received annual health screenings for one of twenty-one Active Treatment Specialists (ATS #2), three of five nursing staff (RN #3, LPN #1 and LPN #2) and	I 206	3509.6 #'s 1, 2 and 3 This Statute will be met as evidenced by: Employees updated Health Certificates have been placed on file. QMRP/Facility Management will ensure that documentation of all employees' health status is maintained in accordance with policy and procedure/22 DCMR, Chapter 35.	4/2/09 Cn-going

Health Regulation Administration

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I 206	Continued From page 4 one of evelen consultants (Psychiatrist).  The findings include:  1. Review of personnel records on March 31, 2009, at approximately 12:45 PM, revealed the GHMRP failed to provide evidence of physical examinations for ATS #2. In an interview with the Qualified Mental Retardation Professional (QMRP) on March 31, 2009, at approximately 12:50 PM it was acknowledged ATS #2 did not have annual health screening on file. There was no documented evidence all staff had annual health screening on file.  2. Review of personnel records on March 31, 2009, at approximately 12:46 PM, revealed the GHMRP failed to provide evidence of a physical examination for one consultant (Psychiatrist). In an interview with the QMRP on March 31, 2009, at approximately 12:51 PM it was acknowledged the Psychiatrist did not have an annual health screening on file. There was no documented evidence all staff had annual health screenings on file.  3. Review of personnel records on March 31, 2009, at approximately 12:47 PM, revealed the GHMRP failed to provide evidence of a physical examination for three nursing staff (RN #3, LPN #1 and LPN # 2). In an interview the QMRP on March 31, 2009, at approximately 12:52 PM it was acknowledged RN #3, LPN #1 and LPN # 2 did not have an annual health screenings on file. There was no documented evidence all staff had annual health screenings on file.	I 206		
I 260	3512.1 RECORDKEEPING: GENERAL PROVISIONS	I 260	3512.1.  This Statute will be met as evidenced by:  Cross Reference W252	4/10/09 On-going

Health Regulation Administration

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I 260	<p>Continued From page 5</p> <p>Each Residence Director shall maintain current and accurate records and reports as required by this section.</p> <p>This Statute is not met as evidenced by: Each Residence Director shall maintain current and accurate records and reports as required by this section.</p> <p>Based on staff interview and record review, the facility failed to ensure the accurate documentation of a resident's oral hygiene improvement plan for one of three sampled residents. [Resident #2]</p> <p>The finding includes:</p> <p>Cross Refer to W252. Record review on 3/31/2009 at 11:10am revealed Resident #2's Dental appointment dated 9/22/2008 identified "large deposits of plaque &amp; calculus present on all teeth surfaces ... oral hygiene very poor." The consult further details, "full mouth scaling (Q1, Q2, Q3, &amp; Q4) and polishing is indicated." Resident #2 returned to the dentist on 12/10/2008 and the findings presented, "heavy calculus deposits in all teeth ... oral hygiene very poor." On the follow-up appointment dated 2/23/2009, the dentist provided a treatment of "generalized scaling, prophylaxis and polishing". The consult goes on to recommend "brush teeth 2-3x daily".</p> <p>Additional record review revealed Resident #2 was provided a programmatic goal to "improve oral hygiene skills" during his annual habilitation planning meeting on 7/11/2008 and the goal was scheduled to be achieved by 7/2009. The February and March 2009 objective states, "Given physical assistance, [Resident #2] will participate in tooth brushing on 80% of the trials</p>	I 260		

Health Regulation Administration

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I 260	Continued From page 6  recorded for six consecutive months by July 2009. The programming frequency was outlined as "daily AM/PM after each meal". Review of the data collection sheets revealed there was only one set of data recorded for each trial. It was not clear if the data was a representation of the AM or the PM trials.  During an interview with the QMRP on 3/31/2009 at 11:35am, she verified the finding by stating, "the programs are run only in the (evenings) PM, and data was collected only five times (5x) a week." She further added that Resident #2 was provided three meals on the weekends per day and two meals per day during the week. Later during the interview, she verified there was no AM data to present.  It was not clear how the additional meals were being documented to meet the programming frequency of "daily AM/PM" and "after each meal". The facility failed to ensure that data was collected in the frequency required by the program objective.	I 260		
I 424	3521.5(a) HABILITATION AND TRAINING  Each GHMRP shall make modifications to the resident 's program at least every six (6) months or when the client  (a) Has successfully completed an objective or objectives identified in the Individual Habilitation Plan;  This Statute is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to make modifications to the resident's program after the resident had demonstrated a mastery of the skill outlined in his	I 424	3521.5  This Statute will be met as evidenced by:  Cross Reference W255 #1, 2 and 3	4/10/09 On-going

Health Regulation Administration

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I 424	Continued From page 7  programmatic plan for one of two residents in the sample. (Resident #1 and Resident #3 )  The finding includes:  1. Record review on 3/31/2009 at approximately 10:10am revealed, Resident #1's Individual Service Plan dated 7/18/2008 lists a programmatic goal (4.1) to "improve his functional communication skills". The Objective for that goal read, "On a daily basis, given assistance as needed, [Resident #1] will use his communication device (Mercury Voice Output), to engage in a reciprocal conversation act with persons in his environment for 4 of 5 days per week for six consecutive months as measured by Active Treatment Documentation". Further record review revealed, the written program that was being implemented read, "Given physical assistance, [Resident #1] will use his TECH 8 communication device (Level 1) to communicate with persons in his environment with 80% accuracy per session as measured by Active Treatment Documentation." Review of the data collection sheets revealed, Resident #1 performed at the physical assistance (PA) level for the month of 7/2008, and 8/2008. His ability increased in the month of 10/2008 and 11/2008 to the touch prompt (TP) level. Resident #1 achieved the PA level during the first two months of the program, but the program was not revised despite his ability to take part in the program at the TP level as documented. Interview with the facility's QMRP on 3/31/2008 at approximately 3:40pm verified the communication program was the same and had not changed since it was written in 7/2008. The facility failed to ensure Resident #1's communication program was revised despite his achievement of the targeted	I 424		

Health Regulation Administration  
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If continuation sheet 8 of 16

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD03-0050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  03/31/2009
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1424	Continued From page 8 skill level identified in the plan.  2. Observation of an active treatment activity on March 30, 2009 from approximately 6:45 PM - 7:00 PM revealed Client #3 independently placed a red colored piece of puzzle and than a blue colored piece of puzzle into their appropriate round slots and smiled. Further observation revealed that when the Active Treatment Specialist (ATS) praised Client #3, the client continued to place other puzzle pieces into their appropriate round slots independently. Review of Client #3's IPP program data on March 31, 2009 at approximately 9:15 AM revealed a goal " to increase interactive skills during leisure activities" and the objective stated " given hand over hand assistance, [Client # 3] will participate in a table top activity for ten minutes on 80% of the trials recorded per month for six consecutive months". Review of Client #3's IPP program data from October 2008 through March 2009 on March 31, 2009 at approximately 9:25 AM revealed Client # 3 completed the objective October 2008 though December 2008 at the verbal prompts and hand over hand at more than 80% for ten to fifteen minutes. Further review revealed in January 2009, Client # 3 completed the objective at more than 80% for ten to twenty minutes and from February 2009, to March 30, 2009, Client # 3 completed the objective at 100% for twenty to thirty minutes. In an interview with the QMRP on March 31, 2009 at approximately 1:15 PM it was acknowledged Client # 3 had met the IPP objective and the program objective needed to be revised. There was no evidence the facility revised the interactive skills program objective the client had successfully completed.	1424	3521.7  This Stature will be met as evidenced by:  Cross Reference W255 #1, 2 and 3	4/10/09 On-going
1432	3521.7(c) HABILITATION AND TRAINING	1432		

Health Regulation Administration

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1432	<p>Continued From page 9</p> <p>The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas:</p> <p>(c) Personal hygiene (including washing, bathing, shampooing, brushing teeth, and menstrual care);</p> <p>This Statute is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure the habilitation and training of residents in personal hygiene related to the implementation of a tooth brushing program for three of four residents in the sample. (Resident #1, Resident #3 and Resident #4)</p> <p>The finding includes:</p> <p>1. Observation of the breakfast meal on March 30, 2009, at approximately 7:28AM revealed Resident # 1's teeth were discolored and stained. Interview with the Active Treatment Specialist (ATS) on March 31, 2009, at approximately 11:22 AM revealed Resident # 1 is dependant on staff for brushing his teeth and assed to be in need of a toothbrushing program. Record review on 3/31/2009 at 9:40am revealed Resident #1's Dental appointment dated 4/2/2008 identified "heavy calculus deposits" and recommended "scaling" as the course of treatment. Resident #1 returned to the dentist on 7/7/2008 and the course of treatment was "generalized scaling and prophylaxis". The consult went on to recommend "brush teeth 2-3x daily". On the follow-up appointment dated 2/3/2009, "moderate calculus deposits" were found and "scaling" was again the recommended course of treatment. Further record review revealed Resident #1 did not have a program in place to address his oral hygiene.</p>	1432		

Health Regulation Administration

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1432	Continued From page 10  Interview with the QMRP on 3/31/2009 at 2:26pm verified Resident #1 did not have a tooth brushing program in place at the time of survey. The facility failed to ensure the implementation of an oral hygiene improvement program for Resident #1 despite the recommendation made by the dentist on 7/7/2008.  2. Observation of the breakfast meal on March 30, 2009, at approximately 7:25AM revealed Resident #3 was able to feed himself with supervision and the use of adaptive equipment. Further observation revealed Resident # 3's teeth were discolored and stained. Interview with the ATS on March 31, 2009, at approximately 11:25 AM revealed Resident # 3 was dependant on staff to brush his teeth and the client did not have a toothbrushing program. Review of Resident # 3's dental consult dated July 16, 2008 on March 31, 2009, at approximately 11:30 AM revealed the resident had full mouth scaling and adult prophylaxis with polishing. A recommendation was also made for Resident # 3 to brush his teeth twice a day. Review of Resident # 3's dental consult dated February 23, 2009, on March 31, 2009, at approximately 11:35 AM revealed the client had plaque and calculus on all teeth and needed full mouth scaling. There was no evidence of residents' individual IPP included training in dental hygiene.  3. Observation of the breakfast meal on March 30, 2009, at approximately 7:45AM revealed Resident #4 was able to hold his adaptive cup with hand over hand assistance and drink his beverages. Further observation revealed Resident # 4's teeth were discolored and stained. Interview with the ATS on March 31, 2009, at approximately 11:40 AM revealed Resident # 4	1432		

Health Regulation Administration

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I 432	Continued From page 11  was dependant on staff to brush his teeth and did not have a toothbrushing program. Review of Resident # 4's dental consult dated December 9, 2008 on March 31, 2009, at approximately 11:35 AM revealed the resident had generalized scaling and adult prophylaxis with polishing. A recommendation was also made for Resident # 4 to brush his teeth two to three times a day. There was no evidence the residents' individual IPP included training in dental hygiene.	I 432		
I 439	3521.7(i) HABILITATION AND TRAINING  The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas:  (i) Home management (including maintenance of clothing, shopping, meal planning and preparation, and housekeeping);  This Statute is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure the habilitation and training of residents in home management related to an accurate assessment of a resident's ability to take part in a money management program for four of four residents in the sample. (Resident #1, Resident #2, Resident #3 and Resident #4)  The findings include:  Cross Refer to W214. Record review revealed Resident #1's was provided a programmatic goal to "increase [his] money management skills" during his 7/18/2008 annual habilitation planning meeting. The objective of the goal details, "Given verbal prompts to physical	I 439	3521.7(i) #1,24, and 4  This Statute will be met as evidenced by:  reference W212, W214 and W255	4/10/09 On-going

Health Regulation Administration

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1439	<p>Continued From page 12</p> <p>assistance, [Resident #1 will point and utilize [a communication device (Mercury) to identify correct dollar bills four times per week for 3 consecutive months." Interview with the facility's Qualified Mental Retardation Professional (QMRP) on 3/31/2009 at approximately 3:20pm revealed, Resident #1 does take part in shopping trips and community outings. Based on the information provided by the QMRP, it was not clear to what extent Resident #1 was allowed to take part in any of the financial transactions that took place during those community outings. In addition, the QMRP and the facility's LPN verified on 3/31/2009 at 3:22pm that Resident #1 was not provided a money management assessment and they will work to have one completed for him.</p> <p>2. Interview with the QMRP on 3/31/2009 at 3:21pm revealed, Resident #2 takes part in shopping trips and community outings. Based on the information provided by the QMRP, it was not clear to what extent Resident #2 was allowed to take part in any of the financial transactions that took place during those community outings. Record review revealed, Resident #2 did not have nor was provided a money management assessment. In addition, the QMRP and the facility's LPN verified on 3/31/2009 at 3:22pm that Resident #1 was not provided a money management assessment and they will work to</p>	1439		

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD03-0050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  03/31/2009
NAME OF PROVIDER OR SUPPLIER  INDIVIDUAL DEVELOPMENT, INC.		STREET ADDRESS, CITY, STATE, ZIP CODE 3312 4TH STREET, SE WASHINGTON, DC 20032		
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I 439	Continued From page 13  have one completed for him. [See Federal Deficiency Report Citation W212]  3. Observation of the breakfast meal on March 30, 2009, at approximately 7:25AM revealed Resident #3 was able to feed himself with supervision and the use of adaptive equipment. Further observation during the meal revealed Resident #3 was able to make his feelings and desires known through utterances and gestures. Review of Resident #3's active treatment program goals and objectives on March 31, 2009 at approximately 3:35 PM revealed that Resident # 3 did not have a program to enhance his money management skills. Review of Resident #3's money management assessment dated June 11, 2007- June 11, 2009, on March 31, 2009 at approximately 3:45 PM revealed the resident was not able to manage money and is dependent on staff to make decisions regarding his finances. Review of the resident's financial records on March 31, 2009 at approximately 4:00 PM revealed that Resident #3 received a personal allowance of \$70.00 monthly which is managed by the facility. Interview with the QMRP, on March 31, 2009 at approximately 4:05 PM acknowledged Resident #3 did go shopping with the staff and could benefit from a money management program. There was no evidence the facility trained the resident in home management related to the resident's ability to take part in a money management program.  4. Observation of the breakfast meal on March 30, 2009, at approximately 7:45AM revealed Resident #4 was able to hold his adaptive cup with hand over hand assistance and drink his beverages. Further observation during the meal revealed Resident # 4 was able to make his	I 439		

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD03-0050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  03/31/2009
NAME OF PROVIDER OR SUPPLIER  INDIVIDUAL DEVELOPMENT, INC.		STREET ADDRESS, CITY, STATE, ZIP CODE 3312 4TH STREET, SE WASHINGTON, DC 20032		
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1 439	Continued From page 14  feelings and desires known through utterances and gestures. Review of Resident #4's active treatment program goals and objectives on March 31, 2009 at approximately 4:10 PM revealed that Resident # 4 did not have a program to enhance his money management skills. Review of Resident #4's money management assessment dated June 11, 2007- June 11, 2009, on March 31, 2009 at approximately 4:15 PM revealed the resident was able to hold money when placed in his hand, however the resident is dependent on staff to make decisions regarding his finances. Review of the resident's financial records on March 31, 2009 at approximately 4:20 PM revealed that Resident #4 received a personal allowance of \$100.00 monthly which is managed by the facility. Interview with the QMRP on March 31, 2009 at approximately 4:25 PM acknowledged Resident #4 did go shopping with the staff and could benefit from a money management program. There was no evidence the facility trained the resident in home management related to the resident's ability to take part in a money management program.	1 439		
1 500	3523.1 RESIDENT'S RIGHTS  Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws.  This Statute is not met as evidenced by: Based on observation, staff interview and record review, the Group Home for Mentally Retarded Persons (GHMRP) failed to ensure that the rights of each resident were protected in accordance	1 500	3523.1  This Statute will be met as evidenced by:  Cross Reference W209	4/10/09 On-going

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD03-0050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  03/31/2009
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1500	<p>Continued From page 15 with CFR §483.440(c)(2).</p> <p>The finding includes:</p> <p>Cross Refer to W209. Record review on 3/31/2009 at 10:05am revealed Resident #2's sister legally consented to taking part in the habilitation and health planning for her brother on 6/7/2007. Additional record review on 3/31/2009 at 11:22am revealed the Qualified Mental Retardation Professional's notes dating back from the date of survey to 7/2008 reflect "[Resident #2's] sister is his decision maker and she continues to be part of his life through phone calls, attending his meetings and visits to the group home." Further record review revealed, Resident #2's annual habilitation planning meeting was held on 7/11/2008 and his sister did not take part.</p> <p>On 3/31/2009 at 4:07pm the QMRP indicated Resident #2's sister does not want to attend any meetings and she had never visited the home. In addition, all communication between her and Resident #2's sister has been via telephone. The QMRP further added that she had no written documentation of her communication with the sister. There was no evidence presented at the time of survey to reflect the QMRP had taken measures to include Resident #2's Sister in any of his habilitation and planning.</p>	1500		