

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

PRINTED: 02/03/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G214	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/08/2009
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NAME OF PROVIDER OR SUPPLIER NETRO HOMES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5701 14TH STREET, NW WASHINGTON, DC 20011
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W 000	<p>INITIAL COMMENTS</p> <p>A recertification survey was conducted from January 6, 2009 through January 8, 2009. The survey was initiated using the fundamental survey process. A random sample of three clients was selected from a residential population of four males and two females with various levels of mental retardation and other disabilities.</p> <p>The findings of the survey were based on observations in the group home and two day programs, interviews with clients and staff, and the review of clinical and administrative records.</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</p>	
W 130	<p>483.420(a)(7) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure privacy was provided during care of personal needs, for one of the six clients residing in the facility. (Client #4)</p> <p>The finding includes:</p> <p>On January 6, 2009 at 5:01 PM, a direct care staff was observed changing Client #4's pants with the bedroom door wide opened, exposing the client's bare lower body. After the staff noticed the surveyor's presence, she did not attempt to provide privacy for the client.</p>	W 130	<p>W 130 Staff has been in serviced on client's rights and privacy. In the future the QMRP and House Manager will monitor staff during ADLs to ensure that staff provide privacy for all individuals.</p>	2/9/09
W 159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL</p>	W 159		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Gwan J. Gwan</i>	TITLE <i>Operations</i>	(X6) DATE <i>2/9/09</i>
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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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NAME OF PROVIDER OR SUPPLIER METRO HOMES, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 5701 14TH STREET, NW WASHINGTON, DC 20011	
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W 159	Continued From page 1 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 Qualified Mental Retardation Professional (QMRP) failed to coordinate services for six of the six clients residing in the facility. (Client #1, #2, #3, #4, #5, and #6) The findings include: 1. The facility failed to ensure privacy was provided during care of personal needs. [See W130] 2. The facility failed to ensure that each client was provided opportunities to make a choice during snack time. [See W247] 3. The facility failed to provide continuous active treatment. [See W249] 4. The facility failed to ensure that program data had been collected in accordance with each clients Individual Program Plan (IPP). [See W252]	W 159	W 159 1. cross refer W 130 2. All staff members have been in serviced on client rights and choices. The QMRP / Residential Coordinator will monitor all active treatment and IPPs daily for a period of at least 4 weeks or till staff can follow all programs accordingly so as to avoid any recurrence. 3. All staff members have been in serviced on active treatment. In the future the QMRP / Residential Coordinator will monitor all active treatment and IPPs daily for a period of at least 4 weeks or till staff can follow all programs accordingly so as to avoid any recurrence. 4. All staff members have been in serviced on documentation practices. In the future the QMRP / Residential Coordinator will monitor all active treatment and IPPs daily for a period of at least 4 weeks or till staff can follow all programs accordingly so as to avoid any recurrence. See attached - Daily QMRP checklist, in service records on - documentation, IPPs, BSPs, Active Treatment, ADLs, Client Rights and choices	2/9/09
W 189	483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by:	W 189	W 189 cross refer to W 130 and W 159-2	

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W-189	Continued From page 2 Based on observations, staff interviews and record reviews, the facility failed to provide training to direct care staff on privacy, for one of the six clients residing in the facility. (Client #4) The finding includes: On January 6, 2009 at 5:01 PM, a direct care staff was observed changing Client #4's pants with the bedroom door wide opened, exposing the client's bare lower body. After the staff noticed the surveyor's presence, she did not attempt to provide privacy for the client. At the time of the survey, the facility failed to ensure staff were effectively trained to maintain Client #4's privacy. [See also W130]	W 189		
W 247	483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observation, staff interview, and record review, the facility failed to ensure that each client was provided opportunities to make a choice during snack time, for six of the six clients in the facility. (Clients #1, #2, #3, #4, #5 and #6) The finding includes: On January 6, 2009, at approximately at 4:00 PM, staff was observed giving Clients #1, #2, #3, #4, #5 and #6 a bowl of tomato soup and crackers. Observation and interview with the direct care staff and Qualified Mental Retardation Professional (QMRP) on January 7, 2009 indicated the clients were served soup because	W 247	W 247 All staff members have been in serviced on client rights and choices. The QMRP / Residential Coordinator will monitor all active treatment and IPPs daily for a period of at least 4 weeks or till staff can follow all programs accordingly so as to avoid any recurrence. See attached - Daily QMRP checklist, in service records on - documentation, IPPs, BSPs, Active Treatment, ADLs, Client Rights and choices	2/9/09

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W 247	Continued From page 3 the weather was cold. During the environmental inspection on January 8, 2009, a variety of snacks were observed in the pantry and the refrigerator. At no time during snack were clients given the opportunity to select a snack from the variety of food choices.	W 247		
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> <p>This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to provide continuous active treatment, for two of the three clients included in the sample. (Clients #1 and #2)</p> <p>The findings include:</p> <p>1. The facility failed to ensure that Client #2 participated in her activities of daily living skill program as specified in her Individual Program Plan (IPP).</p> <p>On January 6, 2008 at 4:00 PM, during snack preparation, staff was observed placing a bowl, spoon and cup on the dining room table for snack. At 5:45 PM, during the dinner preparation, the direct care staff was observed setting the table. At the completion of the dinner, direct care staff was observed removing Client #2's dishes</p>	W 249	<p>W 249</p> <p>1. All staff members have been in serviced on active treatment. In the future the QMRP / Residential Coordinator will monitor all active treatment and IPPs daily for a period of at least 4 weeks or till staff can follow all programs accordingly so as to avoid any recurrence.</p> <p>2. All staff members have been in serviced on client's BSPs. In the future the QMRP / Residential Coordinator will monitor all active treatment, BSPs and IPPs daily for a period of at least 4 weeks or till staff can follow all programs accordingly so as to avoid any recurrence.</p> <p>3. The TMEs were in serviced on each individual's self medication programs and policy and procedures for medication administration. In the future the RN will ensure that supervision of the TME during medication administration is completed at least monthly to avoid any recurrence of this.</p> <p>See attached - In service record on BSPs, Self medication program, Medication Policy and Procedures</p>	2/9/09

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W 249	<p>Continued From page 4</p> <p>from the table and placed them in the kitchen sink.</p> <p>Interview with the direct care staff on January 7, 2009 revealed that Client #2 assists with meal preparations including setting the table. Review of the client's IPP dated January 4, 2008 on January 7, 2009 revealed a program objective that required Client #2 to set the table at dinner time on 80% of the trials recorded for twelve consecutive months by January 2009. Interview with the Qualified Mental Retardation Professional (QMRP) on January 8, 2009 revealed that the direct care staff should have implemented Client #2's program, to set the table. There was no evidence that Client #2 was given the opportunity to participate in her activities of daily living skills.</p> <p>2. The facility failed to implement Client #1's Behavior Support Plan (BSP) as written.</p> <p>On January 6, 2008 at 5:30 PM, Client #1 was observed sitting in the living room playing with his electronic keyboard. At 5:42 PM, Client #1 was observed slapping the right side of his face, three times. At 5:46 PM, Client #1 was observed slapping the right side of his face and screaming. At 5:52 PM, Client #1 was observed running back and forth from the living room to the kitchen door, twice and screaming. Interview with the direct care staff on January 6, 2009 at 7:00 PM revealed that the client must be hungry and was ready to eat. The client was overhead throughout the facility. There was no staff intervention noted during the display of Client #1's behaviors.</p> <p>Interview with the QMRP on January 6, 2009 at 9:45 AM revealed that Client #1 had a Behavior</p>	W 249			

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W 249	<p>Continued From page 5</p> <p>Support Plan (BSP) to address his maladaptive behaviors of self-injurious behaviors (SIB), yelling and screaming. Review of Client #1's BSP dated February 23, 2008 on January 7, 2009 at 3:11 PM revealed maladaptive behaviors including SIB (head slapping/wrist biting) and agitation (yelling, pacing and running) were identified. Further review of the BSP revealed the following procedures to address agitation.</p> <p>a. Every time, the client displays agitation and SIB, staff should verbally prompt the client to stop, immediately.</p> <p>b. If the client continues the agitation and SIB behaviors, staff should escort him to an unoccupied area to calm down.</p> <p>c. If the client is waiting for something, staff should patiently inform him the he must wait and that staff are doing their best to comply with his wishes.</p> <p>There was no evidence that the facility implemented Client #1's BSP as instructed.</p> <p>3. The facility failed to implement Client #1's self medication program.</p> <p>During the medication administration on January 6, 2009 at 8:55 AM, the Trained Medication Employee (TME) was observed punching Client #1's medication from the bubble pack into a medication cup. The TME also poured a cup of water and handed the medication and water to Client #1.</p> <p>Interview with the Licensed Practical Nurse (LPN) and Registered Nurse on January 7, 2008 at</p>	W 249		

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W 249	Continued From page 6 10:00 AM revealed that the client does not participate in a self medication program. Review of the Client #1's Individual Program Plan (IPP) dated February 25, 2008 revealed a program objective that required Client #1 to increase his self esteem by self administering his medication on 100% of the opportunities provided for six consecutive months by February 2009. At the time of the survey, the facility failed to ensure Client #1 was given the opportunity to participate in his self medication program.	W 249	
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 observation, staff interview, and record review, the facility failed to ensure that program data had been collected in accordance with the Individual Program Plan (IPP), for one of the three clients included in the sample. (Client #1) The finding includes: The facility failed to implement Client #1's Behavior Support Plan (BSP) as written. On January 6, 2009 at 5:30 PM, Client #1 was observed sitting in the living room playing with his electronic keyboard. At 5:42 PM, Client #1 was observed slapping the right side of his face, three times. At 5:46 PM, Client #1 was observed slapping the right side of his face and screaming.	W 252	W 252 All staff members have been in serviced on client's BSPs. In the future the QMRP / Residential Coordinator will monitor all active treatment, BSPs and IPPs daily for a period of at least 4 weeks or till staff can follow all programs accordingly so as to avoid any recurrence.

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W 252	<p>Continued From page 7</p> <p>At 5:52 PM, Client #1 was observed running back and forth from the living room to the kitchen door, twice and screaming. Interview with the direct care staff on January 6, 2009 at 7:00 PM revealed that the client must be hungry and was ready to eat. The client was overhead throughout the facility.</p> <p>Review of Client #1's Behavior Support Plan (BSP) dated February 23, 2008 on January 7, 2009 at 3:11 PM revealed that staff were to record maladaptive behaviors on the Antecedent Behavior Consequence (ABC) chart. On January 7, 2009 at 2:00 PM, review of the data chart revealed that Client #1 had no behaviors on January 6, 2009. There was no evidence that data had been collected in accordance with the Client #1's BSP.</p>	W 252		
W 325	<p>482.460(a)(3)(iii) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes routine screening laboratory examinations as determined necessary by the physician.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide routine laboratory testing as determined necessary by the physician for one of two clients included in the sample. (Client #2)</p> <p>The finding includes:</p> <p>The facility failed to obtain laboratory studies as ordered by the Primary Care Physician (PCP)</p>	W 325	<p>W 325 A, b, & c -- The LPN has been in serviced on following physician's orders and documentation. The physician has discontinued all the labs requested. In the future the RN Supervisor will ensure that a QA of the medical record is completed at least quarterly to avoid a recurrence. The LPN and RN will ensure that the record is reviewed monthly when the nursing monthly is completed. See attached - Physician's order sheet</p>	2/9/09

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W 325	<p>Continued From page 8</p> <p>a. Review of Client #2's current physician order dated January 2009 on January 7, 2009 at approximately 10:00 AM revealed an order for the client to have laboratory studies for TSH 3 and TSH4. Further review of the record revealed the TSH3 was completed on December 16, 2008. The results of the TSH3 laboratory studies were within normal limits. However there no results for the TSH4 laboratory studies.</p> <p>Interview with the Licensed Practical Nurse (LPN) on January 8, 2009 at 10:30 AM revealed that the TSH4 laboratory studies were not completed because the TSH3 laboratory studies were within normal limits. The LPN called the laboratory and was informed that the laboratory policy was to complete the TSH4 laboratory study only if the TSH3 laboratory studies were abnormal.</p> <p>b. Review of Client #1's current physician order dated January 2009 on January 7, 2009 at approximately 10:00 AM revealed an order for the client to have laboratory studies for RPR, annually. Further review of the record revealed the RPR was completed on November 14, 2007.</p> <p>Interview with the Licensed Practical Nurse (LPN) on January 8, 2009 at 10:30 AM revealed that the RPP was not completed as ordered.</p> <p>c. Review of Client #1's current physician order dated January 2009 on January 7, 2009 at approximately 10:00 AM revealed an order for the client to have laboratory studies for Amylase. Further review of the record revealed no laboratory studies for the Amylase.</p> <p>Interview with the Licensed Practical Nurse (LPN) on January 8, 2009 at 10:30 AM revealed that the</p>	W 325		

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W 369	Continued From page 10 began administering the clients medications. Review of the Client #5 and #6's physician orders dated December 2008 revealed that the medications were to be administered at 7:00 AM. The first dose of medication was administered to Client #5 at 8:47 AM and the last medication was administered to Client #6 at 10:00 AM. Interview with the RN revealed that the medication was not within the allotted time frame of one hour before or one hour after the prescribed time. Upon the RN's entry into the facility on January 6, 2009 at approximately 9:30 AM, the RN informed the surveyor that she spoke with the Primary Care Physician (PCP) and was instructed to administered the medications and monitor the Clients #1, #2, #3, #4, #5 and #6 affect.	W 369		
W 371	483.460(k)(4) DRUG ADMINISTRATION The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure each client was taught to administer their own medications, for one of the three clients included in the sample. (Client #1) The finding includes: During the medication administration on January 6, 2009 at 8:55 AM, the Trained Medication Employee (TME) was observed punching Client	W 371		

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W 371	<p>Continued From page 11</p> <p>#1's medication from the bubble pack into a medication cup. The TME also poured a cup of water and handed the medication and water to Client #1.</p> <p>Interview with the Licensed Practical Nurse (LPN) and Registered Nurse on January 7, 2008 at 10:00 AM revealed that the client does not participate in a self medication program.</p> <p>Review of Client #1's record on January 7, 2008 at approximately 10:00 AM however, revealed a self medication administration assessment dated February 18, 2008. According to the assessment, a recommendation was made for the client to participate in a program that required him to increase his self esteem by self administering his medication. Review of Client #1's record on January 7, 2008 revealed an Individual Program Plan (IPP) dated February 25, 2008 that further documented a program requiring Client #1 to participate in the aforementioned program. At the time of the survey, the facility failed to ensure Client #1 was given an opportunity to participate with his self medication programs.</p>	W 371	<p>W 371</p> <p>All Trained Medication Employees have been in serviced on Policy and Procedure of Medication Administration. In the future the RN Supervisor will monitor the TMEs at least monthly to ensure all medication administration P&P, self medication programs and safety rules are being followed.</p> <p>Attached – TME in service record</p>	2/9/09	

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Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0227	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/08/2009
NAME OF PROVIDER OR SUPPLIER METRO HOMES, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 5701 14TH STREET, NW WASHINGTON, DC 20011		
(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
1000	INITIAL COMMENTS- A licensure survey was conducted from January 6, 2009 through January 8, 2009. A random sample of three residents was selected from a residential population of four males and two females with various levels of mental retardation and other disabilities. The findings of the survey were based on observations in the group home and two day programs, interviews with residents and staff, and the review of clinical and administrative records.	1000		
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 that the furniture located in the residents bedrooms was properly maintained, for one of the six residents in the facility. The finding includes: During the environmental inspection of the GHMRP's environment on January 8, 2009, at approximately 1:30 PM, a resident's chest of drawers was observed to be off track creating a potential safety hazard. The Qualified Mental Retardation Professional (QMRP) was present at the time of the environment inspection and acknowledged the problem.	1090	1090 The chest of drawers has been fixed. In the future the QMRP will ensure a monthly QA is completed of the environment, to avoid any recurrence.	2/9/09

Health Regulation Administration

LORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Shawn D. Sloan, RN, MA

TITLE
VP Operations

(X6) DATE
2/9/09

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I 203	Continued From page 1	I 203		
I 203	3509.3 PERSONNEL POLICIES Each supervisor shall discuss the contents of job descriptions with each employee at the beginning employment and at least annually thereafter. This Statute is not met as evidenced by: Based on staff interview and record review, the GHMRP failed to provide evidence that the supervisor discussed the contents of job descriptions with each employee at the beginning of their employment and annually thereafter. The findings include: On January 8, 2009, the GHMRP's personnel records were reviewed. Fifteen records were presented for review. Two of the fifteen records lacked evidence to indicated that the staff had received and discussed the contents of their job descriptions with their supervisor annually. Interview with the Qualified Mental Retardation Professional on the same day verified that the record lacked the documentation.	I 203	I 203 Inadvertently the staff's personnel folder in the facility did not have a copy of the staff's job description. This has been rectified and in the future the QMRP will ensure that a monthly QA is completed to avoid a recurrence. See attached - job description	2/9/09
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 interview and record review, the GHMRP failed to ensure that each employee,	I 206		

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I 206	Continued From page 2 prior to employment and annually thereafter, provided evidence of a physician's certification that documented a health inventory had been performed and that the employee's health status would allow him or her to perform their required duties. The findings include: On January 8, 2009, the GHMRP's personnel records were reviewed. Fifteen records were presented for review. Two of the fifteen records lacked evidence that the staff had recieved a physical by his/her physician annually. Interview with the Qualified Mental Retardation Professional on the same day verified that the record lacked the documentation.	I 206	I 206 See attached physical exams. In the future the QMRP will ensure that a monthly QA is completed to avoid a recurrence. See attached - physical exams	2/9/09
I 422	3521.3 HABILITATION AND TRAINING Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident ' s Individual Habilitation Plan. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure habilitation, training and assistance was provided to residents in accordance with their Individual Habilitation Plan (IHP), for two of the three residents included in the sample. (Residents #1 and #2) The findings include: 1. The facility failed to ensure that Resident #2 participated in her activities of daily living skill program as specified in her Individual Program Plan (IPP). On January 6, 2008 at 4:00 PM, during snack	I 422		

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1422	Continued From page 3 preparation, staff was observed placing a bowl, spoon and cup on the dining room table for snack. At 5:45 PM, during the dinner preparation, the direct care staff was observed setting the table. At the completion of the dinner, direct care staff was observed removing Resident #2's dishes from the table and placed them in the kitchen sink. Interview with the direct care staff on January 7, 2009 revealed that Resident #2 assists with meal preparations including setting the table. Review of the client's IPP dated January 4, 2008 on January 7, 2009 revealed a program objective that required Resident #2 to set the table at dinner time on 80% of the trials recorded for twelve consecutive months by January 2009. Interview with the Qualified Mental Retardation Professional (QMRP) on January 8, 2009 revealed that the direct care staff should have implemented Resident #2's program, to set the table. There was no evidence that Resident #2 was given the opportunity to participate in her activities of daily living skills. 2. The facility failed to implement Resident #1's Behavior Support Plan (BSP) as written. On January 6, 2008 at 5:30 PM, Resident #1 was observed sitting in the living room playing with his electronic keyboard. At 5:42 PM, Resident #1 was observed slapping the right side of his face, three times. At 5:46 PM, Resident #1 was observed slapping the right side of his face and screaming. At 5:52 PM, Resident #1 was observed running back and forth from the living room to the kitchen door, twice and screaming. Interview with the direct care staff on January 6, 2009 at 7:00 PM revealed that the Resident must be hungry and was ready to eat. The Resident	1422	1422 1. cross refer W 247 All staff members have been in serviced on client rights and choices. The QMRP / Residential Coordinator will monitor all active treatment and IPPs daily for a period of at least 4 weeks or till staff can follow all programs accordingly so as to avoid any recurrence. See attached - Daily QMRP checklist, in service records on - documentation, IPPs, BSPs, Active Treatment, ADLs, Client Rights and choices 2. All staff members have been in serviced on client's BSPs. In the future the QMRP / Residential Coordinator will monitor all active treatment, BSPs and IPPs daily for a period of at least 4 weeks or till staff can follow all programs accordingly so as to avoid any recurrence. 3. All Trained Medication Employees have been in serviced on Policy and Procedure of Medication Administration. In the future the RN Supervisor will monitor the TMEs at least monthly to ensure all medication administration P&P, self medication programs and safety rules are being followed. Attached - TME in service record	2/9/09

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MI 1422	<p>Continued From page 4</p> <p>was overhead throughout the facility. There was no staff intervention noted during the display of Resident #1's behaviors.</p> <p>interview with the QMRP on January 6, 2009 at 9:45 AM revealed that Resident #1 had a Behavior Support Plan (BSP) to address his maladaptive behaviors of self-injurious behaviors (SIB), yelling and screaming. Review of Resident #1's BSP dated February 23, 2008 on January 7, 2009 at 3:11 PM revealed maladaptive behaviors including SIB (head slapping/wrist biting) and agitation (yelling, pacing and running) were identified. Further review of the BSP revealed the following procedures to address agitation.</p> <p>a. Every time, the Resident displays agitation and SIB, staff should verbally prompt the Resident to stop, immediately.</p> <p>b. If the Resident continues the agitation and SIB behaviors, staff should escort him to an unoccupied area to calm down.</p> <p>c. If the Resident is waiting for something, staff should patiently inform him the he must wait and that staff are doing their best to comply with his wishes.</p> <p>There was no evidence that the facility implemented Resident #1's BSP as instructed.</p> <p>3. The facility failed to implement Resident #1's self medication program.</p> <p>During the medication administration on January 6, 2009 at 8:55 AM, the Trained Medication Employee (TME) was observed punching Resident #1's medication from the bubble pack into a medication cup. The TME also poured a</p>	1422		

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1422	<p>Continued From page 5</p> <p>cup of water and handed the medication and water to Resident #1.</p> <p>Interview with the Licensed Practical Nurse (LPN) and Registered Nurse on January 7, 2008 at 10:00 AM revealed that the Resident does not participate in a self medication program. Review of the Resident #1's Individual Program Plan (IPP) dated February 25, 2008 revealed a program objective that required Resident #1 to increase his self esteem by self administering his medication on 100% of the opportunities provided for six consecutive months by February 2009.</p> <p>At the time of the survey, the facility failed to ensure Resident #1 was given the opportunity to participate in his self medication program.</p>	1422		

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R 000	INITIAL COMMENTS A licensure survey was conducted from January 6, 2009 through January 8, 2009. A random sample of three residents was selected from a residential population of four males and two females with various levels of mental retardation and other disabilities. The findings of the survey were based on observations in the group home and two day programs, interviews with residents and staff, and the review of clinical and administrative records.	R 000		
R 125	4701.5 BACKGROUND CHECK REQUIREMENT The criminal background check shall disclose the criminal history of the prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure criminal background checks disclosed the criminal history of any prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check. The finding includes: On January 8, 2009, the GHMRP's personnel records were reviewed. Fifteen records were presented for review. Three of the fifteen records lacked evidence that criminal background checks	R 125	R 125 See attached criminal background check In the future the QMRP will ensure that a monthly QA is completed to avoid a recurrence.	2/9/09

Health Regulation Administration

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

Gwan L. Starn...

TITLE

VP Operations

(X6) DATE

2/9/09

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R 125	Continued From page 1 had been conducted that disclosed the criminal history of the prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check. Interview with the Qualified Mental Retardation Professional on the same day verified that the record lacked the documentation.	R 125		