

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD03-0227</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/26/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>METRO HOMES, INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5701 14TH STREET, NW WASHINGTON, DC 20011</b>	
(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
I 000	<p><b>INITIAL COMMENTS</b></p> <p>A recertification survey was conducted from 2/25/2010 through 2/26/2010. The survey was initiated utilizing the fundamental survey process.</p> <p>A random sampling of three residents was selected from a residential population of four males and one female with varying degrees of disabilities. The findings of the survey were based on observations and interviews in the home and at two day programs, as well as a review of the resident and administrative records, including the incident reports.</p>	I 000	<p><i>Received 3/26/10</i></p> <p><b>GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002</b></p>
I 040	<p><b>3502.1 MEAL SERVICE / DINING AREAS</b></p> <p>Each GHMRP shall provide each resident with a nourishing, well-balanced diet.</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure that a variety of foods was served at each meal for four of four residents residing in the GHMRP. (Residents #1, #2, #3 and #5).</p> <p>The findings include:</p> <p>Observation of the dinner meal on 2/25/2010 at 5:20 p.m. revealed the staff chopping cornbread into small pieces and placing it on a plate. Further observation of the meal at 5:50 p.m. revealed that Residents #1, #2, #3, and #5 received pork, plain cornbread, mixed vegetable and a roll or whole wheat bread for dinner.</p> <p>Interview with the staff preparing the meal revealed on 2/25/2010 at 4:49 p.m. indicated that the plain cornbread was substituted for the</p>	I 040	<p>I 040 All staff were in serviced on menu substitution and balanced diet. See attached in service record.</p> <p>3/25/10</p>

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

STATE FORM

6899

UMSD11

(X6) DATE

*3/26/10*

If continuation sheet 1 of 14

*Guan T. Sloan*

*VP Operations*

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I 040	<p>Continued From page 1</p> <p>cornbread dressing written on the menu because it was not available. Interview with the qualified mental retardation professional (QMRP) on 2/26/2010 at 12:45 p.m. concerning the menu substitution confirmed the staff statement. Further interview with the QMRP revealed the consultant nutritionist had provided training to staff on menu substitutions and that the substitution was appropriate.</p> <p>On 2/25/2010 at 4:50 p.m., the review of the dinner menu for the day revealed pork, cornbread dressing, mixed vegetable, roll or whole wheat bread were scheduled to be served. The review of the menu substitution list in the training files on 2/26/2010 revealed that if a bread item on the menu was not available, another type of bread substitute item should be served.</p> <p>At the time of the survey, there was no evidence the staff had been informed of another food item to avoid serving two types of plain bread to the residents in the same meal.</p>	I 040		
I 090	<p>3504.1 HOUSEKEEPING</p> <p>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.</p> <p>This Statute is not met as evidenced by: Based on observation and interview, the GHMRP failed to ensure the environment was maintained for five of five residents (Residents #1, #2, #3, 4, and #5) residing in the GHMRP, as evidenced by the concerns identified in this section.</p>	I 090		

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I 090	Continued From page 2  The findings include:  1. During the observations on the interior of the GHMRP on 2/26/2010, beginning at approximately 5:15 p.m., the following concerns were identified:  a. The lower hinge on the door of the cabinet, installed beside the range, was not attached to the cabinet. Interview with the residential director revealed that the screw came out of the cabinet, causing the door to become disconnected.  b. The ceiling light in the kitchen did not provide adequate lighting to the counters in the room.  c. Two of the four sockets in the light fixture, located above the mirror in the master bathroom, contained no bulbs.  2. During the observations on the exterior of the GHMRP on 2/26/2010, at 8:55 a.m., the following concern was identified:  Several bricks on the exterior wall of the GHMRP were not secured. This area of the wall was located above the left side of the stairwell leading to the basement.	I 090	1090 1. a. The cabinet hinge has been fixed. b. The ceiling light bulbs have been replaced with an increased wattage. The light source above the cooking range – has been fixed and is used daily. c. The bulbs have been replaced. 2. The bricks in the wall have been replaced. In the future the QMRP and RC will complete monthly environmental QA See attached QA record	3/27/10
I 180	3508.1 ADMINISTRATIVE SUPPORT  Each GHMRP shall provide adequate administrative support to efficiently meet the needs of the residents as required by their Habilitation plans.  This Statute is not met as evidenced by: Based on observation, staff interview, and record review, the GHMRP failed to ensure the Qualified Mental Retardation Professional (QMRP)	I 180		

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I 180	<p>Continued From page 3</p> <p>coordinated, integrated and monitored services, for one of the three residents in the sample. (Resident #2)</p> <p>The finding includes:</p> <ol style="list-style-type: none"> <li>1. The QMRP failed to ensure Resident #2 was taught an essential skill to increase his independence. (See Federal Deficiency report :citation W242)</li> <li>2. The QMRP failed to coordinate services with the IDT to ensure a reassessment of Resident #2's drinking cups as evidenced below:</li> </ol> <p>On 2/25/2010, beginning at 12:10 p.m., Resident #2 was observed drinking his juice from a spout cup during lunch at his day program. The staff provided continuous encouragement, verbal prompts, and physical assistance to the resident to hold the cup as he drank from it. Minimal spillage was observed as the resident drank from the spout cup.</p> <p>During the medication administration by the licensed practical nurse (LPN) on 2/25/2010 at 5:25 p.m., Resident #2 was observed to drink water from a regular glass after taking his pills. He was provided Miralax dissolved in water in a dysphagia cup. The resident had difficulty holding his dysphagia cup, which caused him to spill some of it on his clothing. During dinner on 2/25/2010 at 6:17 p.m., the resident independently drank water from the dysphagia cup. However, liquids and food drained from his mouth onto the bib he was wearing.</p> <p>Interview with the QMRP and the LPN coordinator on 2/25/2010 at 6:20 p.m. revealed Resident #2 was recommended and prescribed</p>	I 180	<p>I 180</p> <ol style="list-style-type: none"> <li>1. CROSS REFER W242</li> <li>2. The QMRP and members of the IDT have recommended that the individual continue with the use of the spouted cup for all liquids he consumes. The QMRP and the RN have ensured that the day program and the medication nurse will have the availability and are knowledgeable in the use of the spouted cup.</li> <li>3. CROSS REFER W322</li> </ol>	3/25/10

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I 180	<p>Continued From page 4</p> <p>to use the observed dysphagia cup, when drinking liquids. Interview with the registered nurse (RN) on 2/26/2010 at 3:43 p.m. revealed that the purpose of the dysphagia cup was to prevent the resident from drinking too fast.</p> <p>According to the speech and language assessment dated 4/21/2009, which was reviewed on 2/26/2010 at 10:35 a.m., Resident #2 should be provided with a dysphagia cup for drinking liquids to ensure a safe intake.</p> <p>On 2/26/2010 at 10:57 a.m., review of Resident #2's last occupational therapy (OT) assessment (dated 1/26/2008), revealed a recommendation that he be provided a "spouted cup.....during meals." The OT, however, further recommended that the resident be reassessed in one year.</p> <p>According to the Nutrition Third Quarterly report dated 11/19/2009 which was reviewed on 2/26/2010 at 11:15 a.m., Resident #2 "has an adaptive mug."</p> <p>At the time of the survey, however there was no evidence that the QMRP had coordinated with the IDT to determine the most effective adaptive drinking cup for Resident #2.</p> <p>3. [Cross refer Federal Deficiency Report: W322] The QMRP failed to ensure that documentation was maintained at a frequency to closely monitor Resident #2's dental health as evidenced below:</p> <p>Interview with the QMRP on 2/26/2010 at 1:04 p.m. revealed the resident was completely dependent on staff for tooth brushing. The QMRP indicated that in accordance with the dentist recommendations, staff brushed the resident's teeth twice daily. However,</p>	I 180		

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I 180	Continued From page 5  documentation on the objective was maintained only three times a week. Further interview with the QMRP revealed she had observed staff brushing the resident's teeth with his battery operated tooth brush and that overall, his dental hygiene appeared to have improved.  On 2/26/2010 at 2:37 p.m., review of Resident#2's "Personal Hygiene" program plan revealed a goal "to improve his personal hygiene skills". The objective stated "With the necessary supports [Resident #2] will tolerate brushing his teeth for two (2) minutes on 80% of the opportunities provided for six consecutive month by February 2009."  Review of the methodology for data collection revealed, "Training schedule: daily ... Data collection: 3 x a week ... [Resident #2] will tolerate activity up to two minutes (2) minutes as he can tolerate."  Review of the program data on the same day at approximately 2:45 p.m. revealed the length of time the resident tolerated tooth brushing was inconsistent as evidenced below:  a. 1/2010 - documented on 13 of 31 days  (1) 2 minutes - 4 days (2) 1 minute - 6 days (3) 1/2 minute -3 days  b. 2010 - documented on 11 of 26 days  (1) 2 minutes - 1 day (2) 1 minute - 5 days (3) 1/2 minute - 5 days  On 2/26/2010 at 3:35 p.m., Resident #2's dental	I 180		

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I 180	Continued From page 6  consultation report dated 11/10/2009 noted "Lack of proper brushing technique". The review of the recent data collection for 1/2010 and 2/2010, however, failed to provide evidence that the amount of time the resident was able to tolerate tooth brushing was adequate for thorough brushing of his teeth. Although documentation on the resident's tooth brushing objective was maintained three times a week, at the time of the survey, it could not be verified that the frequency of documentation on the resident's tooth brushing was adequate to closely monitor his dental health.	I 180		
I 202	<b>3509.2 PERSONNEL POLICIES</b>  Each staff person shall have a written job description, which details each of his or her major responsibilities and duties and supervisory control.  This Statute is not met as evidenced by: Based on record review and staff interview, the group home for the mentally retarded person (GHMRP) failed to ensure all staff was provided a written job description as required by this section. [Staff #2 and #7]  The finding includes:  Record review and interview with the GHMRP 's qualified mental retardation professional (QMRP) on 2/26/2009 at approximately 4:45 p.m. revealed two out of fifteen staff was without a written job description in their personnel files.	I 202	I 202 In the future the QMRP and HR Dept. will ensure that each staff will sign an annual job description along with their annual performance appraisal. The Agency has hired a new Director of HR effective from April 1, 2010. The Agency has developed a database with a reminder email system – to ensure all renewals are alerted to the HR dept. and subsequently the staff – at least 30days prior to expiration. See attached - signed job descriptions.	3/25/10
I 203	<b>3509.3 PERSONNEL POLICIES</b>	I 203		

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I 203	Continued From page 7  Each supervisor shall discuss the contents of job descriptions with each employee at the beginning employment and at least annually thereafter.  This Statute is not met as evidenced by: Based on record review and staff interview, the group home for the mentally retarded person (GHMRP) failed to ensure all staff was provided the opportunity to annually review their written job descriptions as required by this section. [Staff #2, #3, #7, and #9]  The finding includes:  Record review and interview with the GHMRP's qualified mental retardation professional (QMRP) on 2/26/2009 at approximately 4:50 p.m. revealed four out of fifteen staff was not provided the opportunity to review their written job description over the past licensure year. [Cross Reference Licensure Citation 3509.2]	I 203	I 203  In the future the QMRP and HR Dept. will ensure that each staff will sign an annual job description along with their annual performance appraisal. The Agency has hired a new Director of HR effective from April 1, 2010. The Agency has developed a database with a reminder email system – to ensure all renewals are alerted to the HR dept. and subsequently the staff – at least 30days prior to expiration. See attached - signed job descriptions.	3/25/10
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 record review and staff interview, the group home for the mentally retarded person (GHMRP) failed to ensure all staff secured an annual health inventory as required by this section. [Staff #1, #3, #5, #6 and Professional	I 206	I 206  In the future the QMRP and HR Dept. will ensure that each staff will sign an annual job description along with their annual performance appraisal. The Agency has hired a new Director of HR effective from April 1, 2010.	

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I 206	Continued From page 8 Staff #17 and #19]  The finding includes:  Record review and interview with the GHMRP ' s qualified mental retardation professional (QMRP) on 2/26/2010 at approximately 4:55 p.m. revealed four out of fifteen staff and two out of nine professional staff records reviewed did not have a current health inventory on file.	I 206	The Agency has developed a database with a reminder email system – to ensure all renewals are alerted to the HR dept. and subsequently the staff – at least 30days prior to expiration. See attached – health records.	3/27/10
I 232	3510.5(i) STAFF TRAINING  Each training program shall include, but not be limited to, the following:  (i) Training of the residents in the maintenance of oral health and hygiene.  This Statute is not met as evidenced by: Based on observation, staff interview and record review, the GHMRP failed to ensure the effective training and maintenance of a resident's oral health for one of three sampled residents. (Resident #3)  The finding includes:  Observation on 2/25/2010 and on 2/26/2010, revealed Resident #3's teeth appeared discolored.  Record review on 2/26/2010 at approximately 2:00 p.m. revealed Resident #3's dental assessment dated 10/29/2009 outlined the following:  1. Treatment: Full mouth scaling, adult prophylaxis, polishing.	I 232	I 232 The staff were in serviced on dental hygiene. The written training program has been amended to increase the frequency and documentation for the daily program. In the future the IPP documentation will be tabulated for efficacy of the WTP on a monthly basis and documentation will be made in the QMRP and RN/LPN monthly notes. The WTP will be amended to assist the individual to meet his goal effectively. See attached – new WTP for tooth brushing and in service record.	3/26/10

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I 232	<p>Continued From page 9</p> <p>2. Recommendation: Brush teeth 2-3 x times daily.</p> <p>3. Next visit: 2/16/2010 at 10 a.m.</p> <p>Further review of the records on the same day at approximately 2:10 p.m. revealed Resident #3's 2/16/2010 dental assessment also outlined the following:</p> <p>1. Findings: Oral examination revealed heavy calculus deposits and plaque accumulation.</p> <p>2. Recommendation: Patient needs full mouth scaling. Will submit to insurance for authorization and will call to schedule over after authorization is received.</p> <p>As presented above, Resident #3 did not receive any treatment during her 2/16/2010 dental visit and her "full mouth scaling" was still pending at the time of survey.</p> <p>Interview with the GHMRP's qualified mental retardation professional (QMRP) on 2/26/2010 at approximately 4:10 p.m. revealed documentation on Resident #3's tooth brushing program was being maintained three times a week. In addition, on the same day and time, the QMRP and the GHMRP's supervisory registered nurse (SRN) both indicated that Resident #3's teeth are always discolored.</p> <p>There was no evidence on file or presented during the survey to substantiate that staff had received effective train on tooth brushing to prevent the accumulation of "heavy calculus deposits" and "plaque" on Resident #3's teeth.</p>	I 232			

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I 401	Continued Frdm page 10	I 401		
I 401	<p><b>3520.3 PROFESSION SERVICES: GENERAL PROVISIONS</b></p> <p>Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident.</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record review, the Group Home for the Mentally Retarded Persons (GHMRP) failed to ensure professional services were provided in accordance with the needs of two of three residents in the sample. (Residents #2 and #3)</p> <p>The findings include:</p> <p>1. The GHMRP failed to ensure Resident #2 was provided timely interventions for the maintenance of his dental health, as evidenced below:</p> <p>Observation of Resident #2 on 2/25/2010 at 8:40 a.m. revealed he was seated a wheelchair. Further observation revealed his hands appeared to have contractures.</p> <p>Interview with direct care staff on 2/25/2010 at 8:40 a.m. revealed that Resident #2 was not able to brush his own teeth and required assistance to perform other activities of daily living. Staff further indicated that a battery operated tooth brush is used to brush Resident #2's teeth.</p> <p>Interview with the QMRP on 2/26/2010 at 1:04 p.m. revealed the resident had a personal hygiene objective which required the staff to brush his teeth twice daily, in accordance with the dentist's recommendation. Further interview with</p>	I 401	<p><b>I401</b></p> <p>The staff were in serviced on dental hygiene. The written training program has been amended to increase the frequency and documentation for the daily program. In the future the IPP documentation will be tabulated for efficacy of the WTP on a monthly basis and documentation will be made in the QMRP and RN/LPN monthly notes. The WTP will be amended to assist the individual to meet his goal effectively.</p> <p>See attached – new WTP for tooth brushing and in service record.</p>	3/27/10

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I 401	Continued From page 11  the QMRP same date at approximately 1:14 p.m. revealed, the documentation on Resident #2's tooth brushing was maintained three times a week.  Interview with the licensed practical nurse (LPN) on 2/25/2010, at 2:12 p.m. revealed Resident #2 had regular dental visits. On 2/26/2010 at 3:11 p.m., the LPN also revealed the resident's bleeding gums was related to one of his medical diagnoses (Von Willebrand Disease). According to the LPN, the resident was prescribed an oral rinse twice daily (7:00 a.m. and 5:00 p.m.) to improve his dental health. Interview with the LPN on 2/25/2010 regarding why the resident did not receive the oral rinse (Chlorhexidine Gluconate) during the 5:00 p.m. medication administration revealed, it was not to be given until the evening tooth brushing was done.  Record review on 2/26/2010 at 3:31 p.m. revealed on 11/10/2009 Resident #2 was evaluated at the emergency room (ER) for bleeding gums. The ER report documented "Gums are bleeding ... Lack of proper brushing technique."  Further record review on 2/26/2010 at 3:42 p.m. revealed on 11/30/2009, Resident #2's annual hematology evaluation was conducted to monitor his blood disorder and occasional bleeding from gums, which occurs after eating or dental care. The hematology report noted, "Physical exam (PE): Mild gingivitis with no active bleeding ... Impression and plan: ...presenting with recent mild gum bleeding and mild gingivitis. The bleeding was probably triggered by gingivitis."  The review of the physician's orders dated 2/1/2010 on 2/26/2010 at at 6:20 p.m. revealed a	I 401		

Health Regulation Administration

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NAME OF PROVIDER OR SUPPLIER  <b>METRO HOMES, INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5701 14TH STREET, NW WASHINGTON, DC 20011</b>		
(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	
I 401	<p>Continued From page 12</p> <p>12/19/2009 order for Chlorhexidine Gluconate, 1.2 mg/1 ml liquid, "Apply on brush and brush teeth soft twice daily for gingivitis." Review of the MAR on the same date at approximately 6:25 p.m. revealed, the medication was scheduled to be provided at 7:00 a.m. and 5:00 p.m. Further record review revealed, no instructions were provided on how to brush the resident's teeth to minimize plaque and tartar formation.</p> <p>At the time of the survey, there was no evidence an effective protocol had been developed for Resident #2's tooth brushing to improve his dental hygiene and to maintain his dental health.</p> <p>2. Observation on 2/25/2010 and on 2/26/2010, revealed Resident #3's teeth appeared discolored.</p> <p>Record review on 2/26/2010 at approximately 2:00 p.m. revealed Resident #3's dental assessment dated 10/29/2009 outlined the following:</p> <p>a. Treatment: Full mouth scaling, adult prophylaxis, polishing.</p> <p>b. Recommendation: Brush teeth 2-3x times daily.</p> <p>c. Next visit: 2/16/2010 at 10 a.m.</p> <p>Further review of the records on the same day at approximately 2:10 p.m. revealed Resident #3's 2/16/2010 dental assessment also outlined the following:</p> <p>a. Findings: Oral examination revealed heavy calculus deposits and plaque accumulation.</p>	I 401			

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NAME OF PROVIDER OR SUPPLIER  <b>METRO HOMES, INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5701 14TH STREET, NW WASHINGTON, DC 20011</b>		
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I 401	<p>Continued From page 13</p> <p>b. Recommendation: Patient needs full mouth scaling. Will submit to insurance for authorization and will call to schedule over after authorization is received.</p> <p>As presented above, Resident #3 did not receive any treatment during her 2/16/2010 dental visit and her "full mouth scaling" was still pending at the time of survey.</p> <p>Interview with the GHMRP's qualified mental retardation professional (QMRP) on 2/26/2010 at approximately 4:10 p.m. revealed documentation on Resident #3's tooth brushing program was being maintained three times a week. In addition, on the same day and time, the QMRP and the GHMRP's supervisory registered nurse (SRN) both indicated that Resident #3's teeth are always discolored.</p> <p>There was no evidence on file or presented during the survey to substantiate that staff had received effective train on tooth brushing to prevent the accumulation of "heavy calculus deposits" and "plaque" on Resident #3's teeth.</p>	I 401		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>09G214</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/26/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>METRO HOMES, INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5701 14TH STREET, NW WASHINGTON, DC 20011</b>		
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W 000	INITIAL COMMENTS  A recertification survey was conducted from 2/25/2010 through 2/26/2010. The survey was initiated utilizing the fundamental survey process.  A random sampling of three clients was selected from a residential population of four males and one female with varying degrees of disabilities. The findings of the survey were based on observations and interviews in the home and at two day programs, as well as a review of the client and administrative records, including the incident reports.	W 000			
W 120	483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES  The facility must assure that outside services meet the needs of each client.  This STANDARD is not met as evidenced by: Based on observation, staff interview and record review the facility failed to ensure outside services met the needs of two of the three sampled clients. (Clients #1 and #2)  The findings include:  1. Observation at Client #1's day program on 2/25/2010 revealed he received his morning snack at 9:30 a.m. He was served a small cup of prepackaged applesauce and a beverage in a regular 8 oz plastic cup.  Record review on 2/26/2010 at approximately 2:00 p.m., revealed his Mealtime Feeding Protocol (MFP) dated 1/29/2009 recommended that his meals be served with a "Nosey cup and high rim plate". Interview with the attending staff	W 120	W 120 1. Individual #1-nosey cup: The QMRP and the RN have ensured that the day program and the medication nurse will have the availability and are knowledgeable in the use of the nosey cup. 2. All staff were in serviced on Infection Control. In the future the RN Supervisor at the day program will monitor the individuals and staff daily to ensure infection control procedures are being followed. 3. All staff were in serviced on using a table mat and a bib during mealtimes, to protect his clothing at the day program.	3/26/10	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Guan J. Guan* TITLE *VP Operations* (X8) DATE *3/26/10*

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  <b>METRO HOMES, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5701 14TH STREET, NW WASHINGTON, DC 20011</b>
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W 120 Continued From page 1  
on the same day and time revealed Client #2 should receive a "sippy cup and a three part divided plate" when he was served any food to eat.

Additional record review on the same date at approximately 2:10 p.m. revealed, Client #2's occupational therapy assessment (OTA) dated 3/5/2009 identified the "nosey cup" as one of his adaptive equipment. The assessment further stated, "he is independent in eating and uses a nosey cup to reduce spillage".

Continued record review on the same date at approximately 2:15 p.m. revealed, Client #1's 1/2010 physician's orders listed a "nosey cup" as one of his adaptive equipment.

The facility failed to ensure Client #2 was provided his adaptive feeding equipment during meals at his day program.

2. Observation at Client #1's day program on 2/25/2010 at 10:00 a.m. revealed he was seated at a table and engaged in an arts & crafts project. Seated directly to his left was one of his classmates (Classmate #1). This individual was observed chewing on a strand of white cloth (approximately 6-8 inches long and 1/2 inch wide). Classmate #1 was observed removing that cloth from his mouth on two occasions and placing it on the table, next to where Client #1 was seated. Classmate #1's hands were also observed to be wet with saliva when he removed the cloth from his mouth and wiped his hands on the table around where he sat. At approximately 10:05 a.m., Client #1 was escorted out of the classroom by staff to be taken to the restroom. At approximately 10:07 a.m., Classmate #1 got up

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W 120 Continued From page 2

from where he was seated and walked to the entrance of the classroom. In doing so, he used Client #1's chair and table area as support to get up from his chair. He also grabbed the handle of Client #1's walker to move it out of the way, because it partially blocked the pathway from the table to the main entrance of the classroom.

At approximately 10:15 a.m., Client #1 was observed sitting back at the table. He was working with his art project and was also touching the same areas of the table where Classmate #1 had touched and played with the white piece of cloth. At around 10:20 a.m., staff was observed to again escort Client #1 out of the classroom, but this time they gave him his walker to use. Client #1 was observed holding the same handles Classmate #1 had grabbed earlier as he was escorted to his next class.

It should be noted that Client #1 has a tendency to touch objects in his immediate surroundings and also touches his mouth repeatedly. He was observed doing this repeatedly throughout the observation period.

Interview with the attending staff revealed she was aware of Classmate #1's behavior of sucking and chewing on the strip of cloth, but she was not aware of the extent that he was interacting with his environment with the soiled cloth and hands. During the interview, at approximately 10:30 a.m., both the surveyor and the staff watched as Classmate #1 took the strip of cloth out of his mouth and wiped it along the table in front of him.

Additional interview with the day program's managing staff on the same day at approximately 10:35 a.m. revealed, the attending staff should

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W 120	<p>Continued From page 4</p> <p>revealed the interdisciplinary team had approved the recommendation. At the time of the survey, however, there was no evidence that the use of the bib as a place mat had been reviewed, discussed or approved. Additionally, there was no evidence that the day program offered the client a place mat during mealtime to encourage improvement of his self feeding skills.</p> <p>4. The facility failed to ensure the day program provided Client #2's prescribed Dysphagia cup for drinking beverages, as evidenced below:</p> <p>On 2/25/2010, beginning at 12:10 p.m., Client #2 was observed drinking his juice from a spout cup during lunch. The staff provided continuous encouragement, verbal prompts, and physical assistance to the client to hold the cup as he drank from it. Minimal spillage was observed as the client drank from the spout cup.</p> <p>Interview with Client #2's attending staff on 2/25/2010 at 12:27 p.m., revealed using the spout cup enabled the client to be more independent in drinking his beverages. Interview with the QMRP at the group home on 2/25/2010 at 6:20 p.m. revealed that she was not aware that the client was drinking from a spout cup at his day program. The QMRP also stated the client was prescribed to use a dysphagia cup for drinking beverages, and not a spout cup.</p> <p>Record review on 2/26/2010 at 2:39 p.m. revealed a physician's order dated 12/29/2009 for adaptive equipment, which included a "dysphagia cup." At the time of the survey, there was no evidence Client #2 was provided his dysphagia cup to drink his beverage at his day program.</p>	W 120	<p>4. The QMRP and the RN have ensured that the day program and the medication nurse will have the availability and are knowledgeable in the use of the spouted cup.</p> <p>See attached in service records for use of noseys, spouted cups, infection control, use of appropriate adaptive equipment-clothing protector.</p>	3/25/10
W 159	483.430(a) QUALIFIED MENTAL	W 159		

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W 159	<p>Continued From page 5 RETARDATION PROFESSIONAL</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>This STANDARD is not met as evidenced by: Based on observation, staff interview, and record review, the facility failed to ensure the Qualified Mental Retardation Professional (QMRP) coordinated, integrated and monitored services, for one of the three clients in the sample. (Client #2)</p> <p>The finding includes:</p> <ol style="list-style-type: none"> <li>1. The QMRP the facility failed to ensure Client #2 was taught an essential skill to increase his independence. (See W242)</li> <li>2. The QMRP failed to coordinate services with the IDT to ensure a reassessment of Client #2's drinking cups as evidenced below:</li> </ol> <p>On 2/25/2010, beginning at 12:10 p.m., Client #2 was observed drinking his juice from a spout cup during lunch at his day program. The staff provided continuous encouragement, verbal prompts, and physical assistance to the client to hold the cup as he drank from it. Minimal spillage was observed as the client drank from the spout cup.</p> <p>During the medication administration by the licensed practical nurse (LPN) on 2/25/2010 at 5:25 p.m., Client #2 was observed to drink water from a regular glass after taking his pills. He was provided Miralax dissolved in water in a</p>	W 159	<p>W159 1.&amp;2. cross refer W120 4. 3. cross refer W232</p>	
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W 159 Continued From page 6

dysphagia cup. The client had difficulty holding his dysphagia cup, which caused him to spill some of it on his clothing. During dinner on 2/25/2010 at 6:17 p.m., the client independently drank water from the dysphagia cup. However, liquids and food drained from his mouth onto the bib he was wearing.

Interview with the QMRP and the LPN coordinator on 2/25/2010 at 6:20 p.m. revealed Client #2 was recommended and prescribed to use the observed dysphagia cup, when drinking liquids. Interview with the registered nurse (RN) on 2/26/2010 at 3:43 p.m. revealed that the purpose of the dysphagia cup was to prevent the client from drinking too fast.

According to the speech and language assessment dated 4/21/2009, which was reviewed on 2/26/2010 at 10:35 a.m., Client #2 should be provided with a dysphagia cup for drinking liquids to ensure a safe intake.

On 2/26/2010 at 10:57 a.m., review of Client #2's last occupational therapy (OT) assessment (dated 1/26/2008), revealed a recommendation that he be provided a "spouted cup.....during meals." The OT, however, further recommended that the client be reassessed in one year.

According to the Nutrition Third Quarterly report dated 11/19/2009, which was reviewed on 2/26/2010 at 11:15 a.m., Client #2 "has an adaptive mug."

At the time of the survey, however there was no evidence that the QMRP had coordinated with the IDT to determine the most effective adaptive drinking cup for Client #2.

W 159

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W 159 Continued From page 7

W 159

3. [Cross refer to W322] The QMRP failed to ensure that documentation was maintained at a frequency to closely monitor Client #2's dental health as evidenced below:

Interview with the QMRP on 2/26/2010 at 1:04 p.m., revealed the client was completely dependent on staff for tooth brushing. The QMRP indicated that in accordance with the dentist's recommendations, staff brushed the client's teeth twice daily. However, documentation on the objective was maintained only three times a week. Further interview with the QMRP revealed she had observed staff brushing the client's teeth with his battery operated tooth brush and that overall, his dental hygiene appeared to have improved.

On 2/26/2010 at 2:37 p.m., review of Client #2's "Personal Hygiene" program plan revealed a goal "to improve his personal hygiene skills". The objective stated "With the necessary supports [Client #2] will tolerate brushing his teeth for two (2) minutes on 80% of the opportunities provided for six consecutive month by February 2009."

Review of the methodology for data collection revealed, "Training schedule: daily ... Data collection: 3 x a week ... [Client #2] will tolerate activity up to two minutes (2) minutes as he can tolerate."

Review of the program data on the same day at approximately 2:45 p.m. revealed the length of time the client tolerated tooth brushing was inconsistent as evidenced below:

a. 1/2010 - documented on 13 of 31 days

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W 242 Continued From page 9  
 review, the facility failed to ensure each client was taught essential skills for independence for one of three sampled clients. (Client #2)  
 The finding includes:  
 Observation on the evening of 2/25/2010 at 4:45 p.m., revealed Client #2 independently eating his snack from a high sided plate using a built-up spoon.  
 At 5:45 p.m., he was observed sitting at the table with two plastic bins in front of him. One was partially filled with water and several pieces of plastic fruit floating inside of it and the other was empty. With staff prompting, he was able to grab each item of plastic fruit from one bin and to place it in the empty plastic bin on the table in front of him.  
 At 6:12 p.m. he again was observed eating dinner independently from a high sided plate using a built-up spoon.  
 During dinner, there was excessive spillage of both his food and his beverage while he ate. Part of the food that spilled from his mouth fell back into his plate. By 6:45 p.m., Client #1 was still consuming his meal and there was still excessive spillage taking place as he slowly made progress with his meal. At no time during the observation did any staff make an attempt to prompt him to wipe his mouth or make an attempt themselves to wipe his mouth, despite the spillage.  
 Record review on 2/26/2010, at approximately 1:00 p.m. revealed there was no evidence that Client #1 was provided any programmatic intervention to teach him to wipe his mouth.

W 242  
 W 242  
 A WTP has been instituted for 'mouth wiping'. All staff have been in serviced on this WTP.  
 In the future the program documentation will be tabulated for efficacy of the WTP on a monthly basis and documentation will be made in the QMRP and RN/LPN monthly notes. The WTP will be amended to assist the individual to meet his goal effectively.  
 See attached – new WTP for 'mouth wiping' and in service record.  
 3/27/10

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NAME OF PROVIDER OR SUPPLIER  <b>METRO HOMES, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5701 14TH STREET, NW WASHINGTON, DC 20011</b>
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W 242 Continued From page 10

The facility's supervisory registered nurse (SRN) stated, "[Client #2] cannot wipe his mouth" on 2/26/2010, at approximately 5:00 p.m. The RN further explained this was why a program was never initiated.

W 242

The facility failed to ensure measures were taken to teach Client #1 the essential skill of wiping his mouth.

W 322 483.460(a)(3) PHYSICIAN SERVICES

W 322

The facility must provide or obtain preventive and general medical care.

This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure preventive health services were implemented as recommended for one of three clients in the sample. (Client #2)

W 322  
CROSS REFER I 401, W  
159

The finding includes:

The facility failed to ensure Client #2 was provided timely interventions for the maintenance of his dental health, as evidenced below:

Observation of Client #2 on 2/25/2010 at 8:40 a.m. revealed he was seated a wheelchair. Further observation revealed his hands appeared to have contractures.

Interview with direct care staff on 2/25/2010 at 8:40 a.m. revealed that Client #2 was not able to brush his own teeth and required assistance to perform other activities of daily living. Staff

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W 322	<p>Continued From page 11</p> <p>further indicated that a battery operated tooth brush is used to brush Client #2's teeth. Interview with the QMRP on 2/26/2010 at 1:04 p.m. revealed the client had a personal hygiene objective which required the staff to brush his teeth twice daily, in accordance with the dentist's recommendation. Further interview with the QMRP same date at approximately 1:14 p.m. revealed, the documentation on Client #2's tooth brushing was maintained three times a week.</p> <p>Interview with the licensed practical nurse (LPN) on 2/25/2010, at 2:12 p.m. revealed Client #2 had regular dental visits. On 2/26/2010 at 3:11 p.m., the LPN also revealed the client's bleeding gums was related to one of his medical diagnoses (Von Willebrand Disease). According to the LPN, the client was prescribed an oral rinse twice daily (7:00 a.m. and 5:00 p.m.) to improve his dental health. Interview with the LPN on 2/25/2010 regarding why the client did not receive the oral rinse (Chlorhexidine Gluconate) during the 5:00 p.m. medication administration revealed, it was not to be given until the evening tooth brushing was done.</p> <p>Record review on 2/26/2010 at 3:31 p.m. revealed on 11/10/2009 Client #2 was evaluated at the emergency room (ER) for bleeding gums. The ER report documented "Gums are bleeding ... Lack of proper brushing technique."</p> <p>Further record review on 2/26/2010 at 3:42 p.m. revealed on 11/30/2009, Client #2's annual hematology evaluation was conducted to monitor his blood disorder and occasional bleeding from gums, which occurs after eating or dental care. The hematology report noted, "Physical exam (PE): Mild gingivitis with no active bleeding ..."</p>
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W 322

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W 322	<p>Continued From page 12</p> <p>Impression and plan: ...presenting with recent mild gum bleeding and mild gingivitis. The bleeding was probably triggered by gingivitis."</p> <p>The review of the physician's orders dated 2/1/2010 on 2/26/2010 at 6:20 p.m. revealed a 12/19/2009 order for Chlorhexidine Gluconate, 1.2 mg/1 ml liquid, "Apply on brush and brush teeth soft twice daily for gingivitis."</p> <p>Review of the medication administration record (MAR) on the same date at approximately 6:25 p.m. revealed, the medication was scheduled to be provided at 7:00 a.m. and 5:00 p.m. Further record review revealed, no instructions were provided on how to brush the client's teeth to minimize plaque and tartar formation.</p> <p>At the time of the survey, there was no evidence an effective protocol had been developed for Client #2's tooth brushing to improve his dental hygiene and to maintain his dental health.</p>	W 322		
W 350	<p>483.460(e)(3) DENTAL SERVICES</p> <p>The facility must provide education and training in the maintenance of oral health.</p> <p>This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure that effective training was provided for the maintenance of a client's oral health, for one of three sampled clients. (Client #3)</p> <p>The finding includes:</p> <p>Observation on 2/25/2010 and on 2/26/2010, revealed Client #3's teeth appeared discolored.</p>	W 350	<p>W 350 CROSS REFER I 401, W 159</p>	

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W 350	<p>Continued From page 13</p> <p>Record review on 2/26/2010 at approximately 2:00 p.m. revealed Client #3's dental assessment dated 10/29/2009 outlined the following:</p> <ol style="list-style-type: none"> <li>1. Treatment: Full mouth scaling, adult prophylaxis, polishing.</li> <li>2. Recommendation: Brush teeth 2-3 x times daily.</li> <li>3. Next visit: 2/16/2010 at 10 a.m.</li> </ol> <p>Further review of the records on the same day at approximately 2:10 p.m. revealed Client #3's 2/16/2010 dental assessment also outlined the following:</p> <ol style="list-style-type: none"> <li>1. Findings: Oral examination revealed heavy calculus deposits and plaque accumulation.</li> <li>2. Recommendation: Patient needs full mouth scaling. Will submit to insurance for authorization and will call to schedule over after authorization is received.</li> </ol> <p>As presented above, Client #3 did not receive any treatment during her 2/16/2010 dental visit and her "full mouth scaling" was still pending at the time of survey.</p> <p>Interview with the facility's qualified mental retardation professional (QMRP) on 2/26/2010 at approximately 4:10 p.m. revealed documentation on Client #3's tooth brushing program was being documented three times a week, but implemented daily. In addition, on the same day and time, the QMRP and the facility's supervisory registered nurse (SRN) both indicated that Client #3's teeth are always discolored.</p>	W 350		
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W 350	Continued From page 14  There was no evidence on file or presented during the survey to substantiate that staff had received effective train on tooth brushing to prevent the accumulation of "heavy calculus deposits" and "plaque" on Client #3's teeth.	W 350		
W9999	FINAL OBSERVATIONS  The following observation was made during the survey. It is recommended that this area be reviewed and a determination made regarding appropriate action to prevent potential non-compliant practices:  Observation on the evening of 2/25/2010 at 6:12 p.m. revealed Client #1 was provided a choice of apple juice or water during dinner. He was observed to accept a cup of apple juice during his meal and later accept a cup of water at the end of his meal.  Record review on the 2/26/2010 at approximately 1:30 p.m. revealed Client #1's Mealtime Feeding Protocol dated 1/29/2009 recommended that he receive "Orange juice ½ cup at lunch and dinner to help increase iron absorption". Further record review on the same day at approximately 3:40 p.m. revealed his Nutritional Quarterly Assessment dated 1/29/2009 also recommended that he receive "½ cup Orange juice at lunch and dinner to help increase iron absorption".  Interview with the facility's qualified mental retardation professional (QMRP) on 2/26/2010 at approximately 2:00 p.m. revealed she was not aware the facility's staff did not provide Client #1 his orange juice during dinner. The QMRP further added she would address the oversight immediately to ensure his dietary regimen was	W9999	W9999  All staff were in serviced on the nutritional recommendation and mealtime protocol for this individual.  In the future the QMRP and the RN will ensure that mealtime observations are conducted at least weekly in the home and at least monthly at the day program to ensure that the orange juice is being given.  See attached in service record form residential and day program	3/27/10

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W9999 Continued From page 15  
provided in accordance with his nutritional  
recommendations.

W9999