

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G169	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/20/2009
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NAME OF PROVIDER OR SUPPLIER METRO HOMES	STREET ADDRESS, CITY, STATE, ZIP CODE 8020 EASTERN AVENUE, NW WASHINGTON, DC 20012
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{W 000}	<p>INITIAL COMMENTS</p> <p>A revisit survey was conducted on August 20, 2009, to ensure that the facility had maintained compliance with the standard level deficiencies cited during the March 19, 2009, recertification survey. A random sample of three clients was selected from a population of two males and three females with various disabilities. The Plan of Correction for the aforementioned survey, which was submitted by the facility on April 30, 2009, and a follow-up to the facility's internal investigation dated April 14, 2009, was the focus of this revisit survey.</p> <p>The findings of the survey were based on observations in the home and one day program. Interviews with the facility's and day program medical staff, and the facility's management staff, as well as a review of client and administrative records, including unusual incident reports. It was determined that the facility remains in substantial compliance however, there were new standard level deficiencies.</p> <p>W 189 483.430(e)(1) STAFF TRAINING PROGRAM</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that each employee was provided with initial and continuing training that enabled the employee to perform his or her duties effectively, efficiently, and competently for one of three clients (Client #2) included in the sample.</p>	{W 000}	<p><i>Revised 9/14/09</i></p> <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> <p>W 189</p> <p>The one on one staff has been in serviced on the Mealtime protocol and the diet with the feeding techniques, In the future the QMRP will ensure that all staff receive on going training to enable them to perform their duties effectively.</p> <p>The QMRP and RN/LPN will visit the day programs at least monthly to observe individual especially during mealtimes.</p> <p>The day program has been given a current mealtime protocol.</p>	<p>9/14/09</p>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Guan J. Shan</i>	TITLE <i>VP Operations</i>	(X6) DATE <i>9/14/09</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.

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

PRINTED: 09/04/2009
FORM APPROVED
OMB NO. 0938-0391

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W 189	Continued From page 1 The findings include: On August 20, 2009, beginning at 11:16 a.m., an observation of Client #2 was conducted at her day program. The client was observed in the lunch room eating her lunch with one to one supervision. Interview with the one to one staff revealed the meal consisted of seafood salad and a tossed salad. The client was observed to eat 100% of her seafood salad, however, she did not care for the tossed salad. Upon completion of eating the seafood salad, Client #2 was observed to push the plate aside and got up from the table, and proceeded to the area where the food was being served. Continued observation revealed the client stood in line prepared to receive more food. The day program staff prepared another plate for the client consisting of meatballs, macaroni and cheese and greens. Client #2 was observed to first attempt to eat the meatballs using her spoon, but had difficulty and started eating them individually with her fingers. It should be noted that the client was observed to eat all the meatballs on her plate independently. The client was observed to eat with a plastic spoon that appeared to be flimsy. The one to one staff attempted to redirect the client to use the spoon, however, when she saw that the client was experiencing difficulty, she made no attempts to cut up Client #2's meatballs. Client #2 was observed to eat all (6-8) meatballs with her fingers. Interview with the the day program staff on August 20, 2009, and review of the client's Mealtime Protocol revealed that the client was on a regular diet, however, the section of the	W 189		

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W 189 Continued From page 2
protocol entitled "Feeding Techniques" recommended to "cut the food into finger food serving size whenever possible." Continued review of the Mealtime Protocol also revealed that Client #2 should be "encouraged sips of liquid between bites, to ensure food had been cleared." Although the one to one staff provided water for the client, it was after the completion of her meal. [Also See W474]

At the time of the survey, the facility failed to ensure that the one to one staff were effectively trained to implement Client #2's Mealtime protocol as recommended.

W 474 483.480(b)(2)(iii) MEAL SERVICES

Food must be served in a form consistent with the developmental level of the client.

This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide foods in a form consistent with the client's assessed needs, for one of the three clients in the sample. (Client #2)

The finding includes:

Cross-refer to W189. On August 20, 2009, beginning at 11:16 a.m. Client #2 was observed to her lunch of seafood salad and a toss salad. Upon completion of eating the seafood salad, she was served an additional plate of meatballs, macaroni and cheese and greens. The client was observed to have difficulty eating them with her spoon, and after numerous attempts to cut the meatball with her spoon, she then proceeded to pick each one up and eat them whole. Review of the client's mealtime protocol revealed that the

W 189

W 474

W 474

The one on one staff has been in serviced on the Mealtime protocol and the diet with the feeding techniques. In the future the QMRP will ensure that all staff receive on going training to enable them to perform their duties effectively. The QMRP and RN/LPN will visit the day programs at least monthly to observe individual especially during mealtimes. The day program has been given a current mealtime protocol.

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W 474	Continued From page 3 client was on a regular diet, however the section of the protocol entitled "Feeding techniques" recommended to cut the food into finger food serving size whenever possible" At the time of the survey, the facility failed to ensure Client #2 ' s food was served to meet her developmental needs.	W 474		

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0164	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/20/2009
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{1 000}	INITIAL COMMENTS A licensure revisit survey was conducted on August 20, 2009, to ensure that the facility had maintained compliance with the standard level deficiencies cited during the March 19, 2009, recertification survey. A random sample of three clients was selected from a population of two males and three females with various disabilities. The Plan of Correction for the aforementioned survey, which was submitted by the facility on April 30, 2009, and a follow-up to the facility's internal investigation dated April 14, 2009, was the focus of this revisit survey. The findings of the survey were based on observations in the home and one day program. Interviews was conducted with the facility's and day program medical staff, the facility's management staff, as well as a review of client and administrative records, including unusual incident reports. It was determined that the facility remains in substantial compliance, however, there was new standard level deficiencies.	{1 000}		
I 229	3510.5(f) STAFF TRAINING Each training program shall include, but not be limited to, the following: (f) Specialty areas related to the GHMRP and the residents to be served including, but not limited to, behavior management, sexuality, nutrition, recreation, total communications, and assistive technologies; This Statute is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that each employee was provided with initial and continuing	I 229	I 229 The one on one staff has been in serviced on the Mealtime protocol and the diet with the feeding techniques. In the future the QMRP will ensure that all staff receive on going training to enable them to perform their duties effectively. The QMRP and RN/LPN will visit the day programs at least monthly to observe individual especially during mealtimes. The day program has been given a current mealtime protocol.	9/14/09

Health Regulation Administration

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

Susan I. Sporan

TITLE

VP Operations

(X6) DATE

9/14/09

Health Regulation Administration

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I 229	Continued From page 1 training that enabled the employee to perform his or her duties effectively, efficiently, and competently for one of three residents (Resident #2) included in the sample. The findings include: On August 20, 2009, beginning at 11:16 a.m., an observation of Resident #2 was conducted at her day program. The resident was observed in the lunch room eating her lunch with one to one supervision. Interview with the one to one staff revealed the meal consisted of seafood salad and a tossed salad. The resident was observed to eat 100% of her seafood salad, however, she did not care for the tossed salad. Upon completion of eating the seafood salad, Resident #2 was observed to push the plate aside and got up from the table, and proceeded to the area where the food was being served. Continued observation revealed the resident stood in line prepared to receive more food. The day program staff prepared another plate for the resident consisting of meatballs, macaroni and cheese and greens. Resident #2 was observed to first attempt to eat the meatballs using her spoon, but had difficulty and started eating them individually with her fingers. It should be noted that the resident was observed to eat all the meatballs on her plate independently. The resident was observed to eat with a plastic spoon that appeared to be flimsy. The one to one staff attempted to redirect the resident to use the spoon, however, when she saw that the resident was experiencing difficulty, she made no attempts to cut up Resident #2's meatballs. Resident #2 was observed to eat all (6-8) meatballs with her fingers. Interview with the the day program staff on	I 229		

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I 229	Continued From page 2 August 20, 2009, and review of the resident's Mealtime Protocol revealed that the resident was on a regular diet, however, the section of the protocol entitled "Feeding Techniques" recommended to "cut the food into finger food serving size whenever possible." Continued review of the Mealtime Protocol also revealed that Resident #2 should be "encouraged sips of liquid between bites, to ensure food had been cleared." Although the one to one staff provided water for the resident, it was after the completion of her meal. [Also See W474] At the time of the survey, the facility failed to ensure that the one to one staff were effectively trained to implement Resident #2's Mealtime protocol as recommended.	I 229			