

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD12-0054</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/17/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>AZURE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1490 BANGOR ST, SE WASHINGTON, DC 20020</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	INITIAL COMMENTS  A licensure survey was conducted on November 17, 2011. A sample of three residents was selected from a population of five men with various intellectual and developmental disabilities.  The findings of the survey were based on observations and interviews with administrative, direct care staff, and residents in the home as well as a review of resident and administrative records, including incident reports.  [Qualified mental retardation professional (QMRP) will be referred to as qualified intellectual disabilities professional (QIDP) within this report.]	I 000	<p><i>Received 12/12/11</i> Department of Health Health Regulation &amp; Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002</p>
I 226	3510.5(c) STAFF TRAINING  Each training program shall include, but not be limited to, the following:  (c) Infection control for staff and residents;  This Statute is not met as evidenced by: Based on observation, interview and review of in-service training records, the GHPID failed to ensure that all staff implemented training received on infection control, for one of three residents in the sample. (Resident #2)  The finding includes:  On November 17, 2011, at approximately 5:32 p.m., observations of the dinner meal revealed the staff was assisting Resident #2 in the use of a measuring cup to serve broccoli onto his plate. The resident was observed to push with his fingers some of the broccoli back into the serving bowl that he did not want. The bowl was then	I 226	<p><b>I 226</b></p> <ul style="list-style-type: none"> <li>- Staff and the residents of the facility have been in-serviced on infection control measures <b>12/1/2011</b></li> <li>- The House Manager of the facility will on a weekly basis observe staff to ensure that infection control measures are adhered to <b>12/1/2011</b></li> <li>- A program goal has been put in place (see attached) to help support Resident #2 to understand and practice infection control measures <b>12/1/2011</b></li> </ul>

Health Regulation & Licensing Administration

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

STATE FORM

TITLE

(X8) DATE

*Program Director*

*12/16/2011*

Health Regulation & Licensing Administration

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I 226	<p>Continued From page 1</p> <p>passed on to others to be served.</p> <p>Interview with the administrative staff revealed that staff received training on infection control on May 26, 2011. Review of the inservice training record confirmed infection control training had occurred as indicated.</p> <p>At the time of the survey, the facility failed to ensure that the staff implemented infection control techniques.</p>	I 226	<table border="1"> <tr> <td data-bbox="885 590 1328 894"> <p><b>I 226</b></p> <p><b>-The facility's Registered Nurse will on a quarterly basis in-service all staff and the residents on the subject of infection control.</b></p> </td> <td data-bbox="1328 590 1529 894"> <p><b>3/1/2012</b></p> </td> </tr> </table>	<p><b>I 226</b></p> <p><b>-The facility's Registered Nurse will on a quarterly basis in-service all staff and the residents on the subject of infection control.</b></p>	<p><b>3/1/2012</b></p>
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