

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

PRINTED: 06/18/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G056	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2013
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NAME OF PROVIDER OR SUPPLIER COMP CARE II	STREET ADDRESS, CITY, STATE, ZIP CODE 1321 EMERSON STREET NW WASHINGTON, DC 20011
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W 000	INITIAL COMMENTS A recertification survey was conducted from June 5, 2013 through June 7, 2013. The survey was initiated using the fundamental survey process. A sample of two clients was selected from a resident population of four men with varying degrees of intellectual disabilities. A focused review of a third client's behaviors was conducted on June 5, 2013 during evening observations. The findings of the survey were based on observations in the home and two day programs, interviews with one client, direct support staff, nursing and administrative staff, as well as a review of client and administrative records, including incident reports. [Qualified mental retardation professional (QMRP) will be referred to as qualified intellectual disabilities professional (QIDP) within this report.]	W 000		
W 192	483.430(e)(2) STAFF TRAINING PROGRAM For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure staff were effectively trained to implement the provisions outlined in each client's nutritional assessment, for one of the two clients in the sample. (Client #1) The finding includes: The facility failed to ensure staffs were effectively	W 192		

*Received
Dot - 6/28/13*

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>John Markin</i>	TITLE <i>Adm. Asst.</i>	(X6) DATE <i>6/26/13</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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W 192	<p>Continued From page 1</p> <p>trained to manage the provisions outlined in each client's nutritional assessment, as evidenced below:</p> <p>On June 5, 2013, beginning at 3:57 p.m., evening observations revealed Client #1 walked over to the surveyor and stated, "What's up". Client #1 appeared to be approximately five (5) feet tall and appeared to be overweight. At 4:07 p.m., Client #1 received 3 lemon cookies finely chopped and tea to drink for his snack. Other available snack choices presented to the client at that time, were cinnamon applesauce, fruit cup and vanilla pudding. At 4:20 p.m., direct support staff (DSS1) was observed to give Client #1 ice cream as a second snack. Continued observations on June 6, 2013, at 4:21 p.m., revealed Client #1 received peanut butter, saltine crackers, vanilla pudding and juice for his snack.</p> <p>On June 6, 2013, at 2:10 p.m., review of Client #1's physician's orders dated June 2013 revealed the client had a diagnosis of obesity and was prescribed a 1200 calorie, low cholesterol, low sodium, finely chopped diet. At 2:53 p.m., review of Client #1's current nutritional assessment (NA) dated April 6, 2013, revealed staff should encourage fruits and give only sugar free foods to promote weight loss. Further review of the NA revealed weights for Client #1 documented the following:</p> <ol style="list-style-type: none"> January 2013 weight was 134 lbs. February 2013 weight was 136.5 lbs. March 2013 weight was 137 lbs. April 2013 weight was 138 lbs. May 2013 weight was 139 lbs. 	W 192		

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W 192	Continued From page 2 Interview with DSS1 on June 6, 2013, at approximately 2:15 p.m. confirmed that Client #1 was served regular lemon cookies and ice cream during snack time on June 5, 2013. DSS1 also added that he had received training on Client #1's diet. Interview with house manager (HM1) on June 6, 2013, at 4:24 p.m., revealed Client #1 was served peanut butter and saltine crackers, regular vanilla pudding and fruit punch for his snack. Review of the in-service training records on June 7, 2013, at approximately 1:11 p.m., revealed all staff had received training on Client #1's nutritional assessments which included diet orders and recommendations on February 13, 2013. Observations on June 5 and 6, 2013, however, revealed the training had not been effective. It should be noted that Client #1 had an ideal body weight (IBW) range of 89 - 120 lbs. The body mass index (BMI) was 27 which indicated that the client was overweight.	W 192	W 192 - The facility's nutritionist has in-serviced staff on the nutritional plans of all clients residing in the facility, with special emphasis on Client #1's diet plan. - The facility's House Manager (HM) will on a weekly basis observe staff during implementation of diet plans to ensure that staff are adhering to the specifications outlined in the plans. - The facility's nurse will track and trend client #1's weight monthly. A weight gain or loss of five pounds will be reported to the nutritionist and primary care physician immediately for action.	06/24/13	06/30/13
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, interview and record review, the facility staff failed to describe interventions and outcomes in accordance with clients' behavior support plans, for one of one	W 252		06/24/13	

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W 252 Continued From page 3
focused client with maladaptive behaviors. (Client #3)

The finding includes:

On June 5, 2013, beginning at 4:15 p.m., evening observations revealed Client #3 took off his shirt/shoes and sat on the living room floor with his legs crossed. The client picked up his shirt off the sofa and threw it toward DSS1. DSS1 provided no intervention. At 6:05 p.m., Client #3 came downstairs and sat in the middle of the living room floor and took off all of his clothes (completely nude). DSS1 along with the qualified intellectual disabilities professional (QIDP1) verbally prompted the client to put back on his clothes, but he refused. At approximately 6:10 p.m., Client #3 continued to sit on the floor naked. DSS1 was observed to provide repeated verbal prompts to the client to get off the floor while simultaneously trying to place a robe over the client's body. Client #3 became more agitated (screaming, yelling, and attempting to hit staff) as DSS1 repeatedly verbally prompted the client to get off the floor.

Interview with DSS1 on June 6, 2013, at 1:47 p.m., revealed that he was assigned to Client #3 during the evening shift. Further interview revealed that Client #3 had maladaptive behaviors that included kicking, hitting, yelling, screaming, and clothe stripping. Further interview revealed that he documented the client's behavior of clothes stripping, yelling, screaming and attempted hitting on the data collection sheets.

On June 6, 2013, at 1:53 p.m., review of the BSP

W 252

W 252

- Staff have been re-trained on Client #3's behavior support plan, proactive strategies to behavior aversion, and comprehensive behavior data collection **06/24/13**
- The facility's psychologist or behavior consultant will on a semi-annual basis or as needed train staff on the behavior support plans and behavior data collection for all residents in the facility. **06/30/13**
- The facility's Qualified Intellectual Disabilities Professional (QIDP) will on a monthly basis observe and quiz staff on interventions and outcomes specified in the behavior support plans for all clients in the population. **06/30/13**

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W 252	Continued From page 4 dated October 22, 2012, confirmed DSS1's interview of Client #3's aforementioned targeted behaviors. Further review of the BSP revealed data and frequencies of the client's target concerns will be collected as each incident occurs using antecedent behavior consequences (ABC) data sheets provided with this behavior plan. On June 7, 2013, at 12:33 p.m., review of the facility's behavior data collection sheets dated June 5, 2013, for Client #3 revealed DSS1 failed to describe interventions and outcomes, as recommended by the psychologist. Further review of the data collection sheets from May 2013 to present also failed to describe interventions and outcomes. This was confirmed through interview and record review with the qualified intellectual disabilities professional (QIDP1) on June 7, 2013, at approximately 2:15 p.m.	W 252		
W 325	482.460(a)(3)(iii) PHYSICIAN SERVICES 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. 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 the two clients with a history of decreased Vitamin D levels. (Client #2) The finding includes:	W 325		

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W 325	<p>Continued From page 5</p> <p>The facility's nursing service failed to ensure Client #2's routine laboratory studies (Vitamin D) were obtained as recommended by the primary care physician, as evidenced below:</p> <p>On June 5, 2013, 7:12 p.m., evening observations revealed Client #2 received Calcium Carbonate tablet 600 milligrams for bone health during the medication administration. Moments later, interview with the trained medication employee (TME1) confirmed that the Calcium Carbonate was prescribed for bone health.</p> <p>On June 6, 2013, at 3:39 p.m., review of Client #1's medical evaluation dated December 7, 2012, revealed the client had a diagnosis of Osteopenia and a history of decreased Vitamin D. At 3:46 p.m., review of Client #2's current physician's order sheets (POS) dated June 2013 revealed the physician had ordered to check serum Vitamin D levels every three (3) to four (4) months. Subsequent review of his medical records revealed there were no laboratory studies done since February 23, 2012, for the Vitamin D.</p> <p>Interview with the facility's licensed practical nurse (LPN1) on June 7, 2013, at approximately 12:24 p.m., revealed that there was a more current Vitamin D testing completed for Client #2 since February 2012. However, after reviewing the laboratory reports with the surveyor, LPN1 confirmed that there were no other laboratory studies for Vitamin D in the records. LPN1 stated that Client #2 was scheduled for laboratory work this month (June 2013).</p>	W 325	<p>W 325</p> <ul style="list-style-type: none"> - Vitamin D level for Client #2 was completed as ordered (please see herewith). The last lab on Vitamin D level for Client #2 was completed on March 4, 2013. However, the facility's nurse failed to provide such lab result at the time of the survey. - The facility's Registered Nurse will on a monthly basis review all medical records to ensure that physician's orders are adhered to and medical consultants including lab reports are filed in the appropriate sections of the medical books in a timely manner. - A schedule has been put in place specifying when the Vitamin D level labs are to be completed for Client #2. 	<p>06/24/13</p> <p>06/30/13</p> <p>06/30/13</p>