

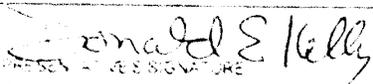
WISCONSIN STATE ADMINISTRATION

CONTRACT NUMBER HFD12-0007	CONTRACT DESCRIPTION MULTIPLE CONSTRUCTION A. BUILDING B. LAND	ACQUISITION DATE 08/01/2012
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COUNTY WAUSAU	STREET ADDRESS CITY STATE ZIP CODE 2474 ONTARIO RD. NW WASHINGTON DC 20009
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HOW MANY DEFICIENCIES 0	PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY
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COMMENTS OR <p> A survey was conducted on July 31 through August 1, 2012. A sample of three residents was selected from a population of three men and two women with varying degrees of mental disabilities.</p> <p> Findings of the survey were based on observations in the home, interviews with direct care staff and administrative staff, as well as review of resident and administrative records and incident reports.</p>	DEFICIENCIES 0/4 <p> Emergency services have been secured. Each incident shall promptly notify the resident's guardian, his or her next of kin if the resident has no guardian, or the representative of the sponsoring agency or of the resident's status as far as possible, followed by written notice and documentation no later than forty-eight (48) hours after the incident.</p> <p> Notification is not met as evidenced by the survey, interview and record review. The group home for persons with intellectual disabilities must be able to ensure that after medical incidents were secured, prompt notification of the resident's status would be made as soon as possible to the resident's guardian, his or her next of kin, the resident's guardian, or the representative of the sponsoring agency, followed by written notice and documentation no later than forty-eight (48) hours after the incident for one of the two residents. Resident #2 included in the notice.</p> <p> Attached includes </p>
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CONTRACT ADDRESS WAUSAU	CONTRACTOR'S SIGNATURE 	TITLE Contract Compliance	DATE 8-27-12
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Health & Licensing Administration

FACILITY NAME IDENTIFICATION NUMBER	FACILITY OTHER SUPERVISOR IDENTIFICATION NUMBER	X1 MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	X2 DATE SURVEY COMPLETED
HFD12-0007			08/01/2012
STREET ADDRESS, CITY, STATE, ZIP CODE		2474 ONTARIO RD. NW WASHINGTON, DC 20009	

PRIMARY STATEMENT OF DEFICIENCIES (THIS SECTION MUST BE PRECEDED BY FULL FACILITY IDENTIFICATION INFORMATION)	C PREFIX TAG	PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BE LINKED TO THE APPROPRIATE DEFICIENCY	Y OR
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Included From page 1 1374

Review of Resident #1's medical record on August 1, 2012, beginning at 11:24 a.m. revealed the following:

On 7/17/2012, staff recorded in a progress note that Resident #1 was involved in an incident. According to the note, the resident was transported to an urgent care facility, while on vacation in Williamsburg, VA. A health problem infection checked and treated. On 7/20/2012, review of the progress note revealed that Resident #1 was diagnosed with a yeast infection.

The review with the Director of Professional Services, Qualified Intellectual Disabilities Professional (QIDP), during the entrance conference on July 30, 2012, revealed Resident #1 had family's sister who was the resident's legal guardian involved in his care.

At the time of the survey, the facility failed to provide evidence that Resident #2's sister had been notified of the aforementioned incident.

L'Arche will revise its incident management procedure to ensure that guardians are notified as soon as possible after all urgent care visits and similar emergency medical services, followed by written notice within 24 hours. L'Arche will train on this policy, and the Director of Contract Compliance will give regular reminders of this at staff meetings. All steps will commence within one week – by September 1, 2012.

1375 TO EMERGENCIES 1374

In addition to the reporting requirement in 3519.5, 3519.6 MRP shall notify the Department of Health, Health Facilities Division of any other unusual incident or event which substantially interferes with a resident's health, welfare, living arrangement, well-being or in any other way places the resident at risk. Such notification shall be made by telephone immediately and shall be followed up by written notification within 24 hours of the next work day.

The State is not met as evidenced by

L'Arche & L'Arche Administration		MULTIPLE CONSTRUCTION		DATE SURVEY COMPLETED
IDENTIFICATION NUMBER	PROVIDER'S IDENTIFICATION NUMBER	A. BUILDING	B. WING	
HFD:12-0007		08/01/2012		
STREET ADDRESS CITY STATE ZIP CODE				
2474 ONTARIO RD. NW WASHINGTON DC 20009				
A. MAKE ALL CORRECTIONS TO THE REPORTS IMMEDIATELY. MUST BE PRECEDED BY FULL WRITTEN EXPLANATION OF FINDINGS INFORMATION		B. PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BE LINKED TO THE APPROPRIATE DEFICIENCY		

Continued From page 2

1374

review of interview and record review, the group identified persons with individual disabilities that P.C. failed to ensure unusual incidents that could be substantiated with the resident's health were reported immediately to the Department of Health Health Regulations Licensing and Inspection (DCH-HRLA) for one of the residents residing in the facility (Resident #2).

The finding includes:

Review of the GHPID's incident reports on July 10, 2012, beginning at approximately 9:20 a.m. revealed Resident #2 was involved in an incident dated January 12, 2012. According to the incident report, Resident had an abscess on his leg that needed to be lanced and drained. Culture of Resistant Staphylococcus Aureus (MRSA) infection confirmed today. PCP stated that he should be taken to the emergency room to have it be drained.

As to the January 12, 2012, incident however, we did an e-mail dated January 8, 2012, that documented Resident #2 was taken to an urgent care facility for treatment of an inflamed area on January 8, 2012. On January 9, 2012, Resident #2 was assessed by the dermatologist and described the inflammation as an abscess. Test were done and the results were Methicillin Resistant Staphylococcus Aureus. The area was cleaned, probed and bandaged with antibiotics prescribed.

Interview with the Contractor Compliance Administrator on July 30, 2012, revealed that the January 8, 2012, incident and January 12, 2012, incident was the same incident. According to the Contractor Compliance Administrator, the incident #271 was not reported until January 12, 2012, because Resident #2 was not diagnosed with MRSA until January 12, 2012.

L'Arche will revise its incident management procedure to ensure that reports are made to HRLA within 24 hours after all urgent care visits and similar emergency medical services. These reports will be made regardless of whether L'Arche has yet received a medical diagnosis. L'Arche will train on this policy, and the Director of Contract Compliance will give regular reminders of this at staff meetings. All steps will commence within one week – by September 1, 2012.

L'Arche & L'Arche Administration

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Contract Administration 1374

Agency & License Administration			
1. FACILITY IDENTIFICATION	2. HEALTH CARE SURVEILLANCE IDENTIFICATION NUMBER HFD12-0007	3. MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	4. DATE SURVEY COMPLETED 08/01/2012
5. FACILITY NAME		STREET ADDRESS CITY STATE ZIP CODE 2474 ONTARIO RD NW WASHINGTON, DC 20009	
6. NARRATIVE STATEMENT OF DEFICIENCIES 7. STATE OF DEFICIENCIES REFERRED BY HEALTH CARE SURVEILLANCE IDENTIFICATION NUMBER		8. PROVIDER'S PLAN OF CORRECTION 9. EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY	10.
Continued From page 3		1379	
<p>At the time of the survey, there was no documented evidence that the aforementioned incident (January 9, 2012) was reported to the Department of Health (DOH) within 24 hours as required.</p>			
1474 MEDICATIONS		1475	
<p>The Residence Director shall report any irregularities in the resident's drug regimens to the prescribing physician.</p> <p>This Statute is not met as evidenced by based on observation, interview and record verification, the Group Home for Persons with Intellectual Disability (GHPID) failed to report irregularities to the Primary Care Physician (PCP) of three residents residing in the facility (Residents #3 #4, and #5).</p> <p>The findings include:</p> <p>On July 30, 2012, review of the facility's incident reports revealed several medication errors. Further review of the incident reports revealed the following residents were involved in medication errors:</p> <p>Resident #5 was involved in an incident dated March 15, 2012. According to the report, the staff attempted to give the resident his evening medications that included Calcium, Rantidine, and Tramadol.</p> <p>On November 25, 2011, Resident #4 was supposed to receive a new medication (Dicyclomine) to be administered before receiving her dinner meal. According to the report, the resident was</p>			

Health & License Administration

LICENSING IDENTIFICATION NUMBER HFD12-0007	X1: PROVIDER'S MULTIPLE IDENTIFICATION NUMBER X2: MULTIPLE CONSTRUCTION A: BUILDING _____ B: WING _____	X3: DATE SURVEY COMPLETED 08/01/2012
STREET ADDRESS, CITY, STATE, & ZIP CODE 2474 ONTARIO RD, NW WASHINGTON DC 20009		
X4: STATEMENT OF DEFICIENCIES SHOULD BE PRECEDED BY FULL AT-RISK IDENTIFYING INFORMATION	X5: PREFIX TAG	PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY

Continued from page 4

1477

...and the facility failed to ensure the resident's medication was tracked before leaving.

On October 6, 2011, staff was unable to locate Resident #8's Metoprolol because it was missing. According to the report, apparently someone dropped a previous day's pill on the floor and had to throw it out. The Metoprolol was utilized for Resident #8's blood pressure.

The review with the agency Director on August 1, 2012, at approximately 11:50 a.m., revealed that whenever a resident misses their medication, the staff have been instructed to contact the facility's nurse who she decides if the Primary Care Physician (PCP) should be contacted.

The review of the facility's medication policy on August 1, 2012, at 11:58 a.m., revealed that any medication in a care (resident) person's drug cabinet should be reported to the prescribing physician.

At the time of the survey, there was no documented evidence these irregularities were reported to the PCP.

L'Arche will revise its incident management procedure to ensure that medication errors are reported to primary care physicians as soon as possible. L'Arche will train on this policy, and the Director of Contract Compliance will give regular reminders of this at staff meetings. All steps will commence within one week – by September 1, 2012.