

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

PRINTED: 09/15/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G178	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/19/2011
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NAME OF PROVIDER OR SUPPLIER R C M OF WASHINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1307 45TH PLACE, SE WASHINGTON, DC 20019
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W 000 INITIAL COMMENTS

A recertification survey was conducted from 8/18/2011 through 8/19/2011. The survey was completed utilizing the fundamental survey process.

A random sampling of two clients was selected from a residential population of four males with varying degrees of physical and mental 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 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 all data collected at a client's day program was documented in measurable terms for one of two sampled clients. [Client #1]

The finding includes:

Observation at Client #1's day program on 8/19/2011 at approximately 12:53 p.m. revealed his one-to-one staff escorted him into the hallway for his afternoon walk. Interview with the classroom's primary instructor at 12:55 p.m. revealed Client #1's goal to "improve his gross motor skills" involved him "walking down the hallway using the rails for 40 minutes (two 20min

W 000

Received 9/22/11
Department of Health
Health Regulation & Licensing Administration
Intermediate Care Facilities Division
800 North Capitol St., N.E.
Washington, D.C. 20002

W 120

The QIDP reported to client #1's day program on 8-22-11 to ensure that the objective is documented to ensure the effectiveness of the treatment intervention client #'s 1 goal was revised on 8-19-11 refer to attachment #1
In the future, the facility QIDP will monitor the program documentation during the monthly site observation or as needed, and to ensure that client #1 goal's is documented in measurable terms.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Amey K Brooks</i>	TITLE <i>CEO</i>	(X6) DATE <i>9-22-11</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 120 Continued From page 1 session) 50% of recorded trials per month."

In effort of explaining himself, the primary instructed presented Client #1's data without this surveyor requesting to review the data (unsolicited). Upon review of the data collection sheets with the primary instructor, it was found that the staff was writing in a "yes" or a "no" to document Client #1's participation, but the staff was not documenting the amount of time he took part in the program. There was no way to assess how much of the 40 minutes Client #1 completed.

The day program failed to ensure a measureable means of documenting and assessing a client's progress to ensure the effectiveness of the treatment intervention.

W 120

The QIDP reported to client #1's day program on 8-22-11 to ensure that the objective is documented to ensure the effectiveness of the treatment intervention client #'s 1 goal was revised on refer to attachments #1 a & b 8-19-11

In the future, the facility QIDP will monitor the program documentation during the monthly site observation or as needed to ensure that client #1's goal is documented in measurable terms..

W 137 483.420(a)(12) PROTECTION OF CLIENTS RIGHTS

The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.

This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure clients were provided the prescribed footwear for one of two sampled clients. [Client #2]

The finding includes:

Observation on 8/18/2011 beginning at 7:00 a.m. and again on 8/19/2011 beginning at 6:30 p.m., Client #2 was observed wearing a pair of dark colored quarter top sneakers. Client #2's heel

W 137

Client # 2 was provided with shoes with wide toe bot, narrow heel, and firm heel counter to prevent pronation as recommended by the PT on 8-27-11 Refer to attachment #2

In the future, the facility management will ensure that client #2 is provided with a pairs of shoes as recommended by the PT; additionally, the house management team will ensure that all individuals' adaptive equipment are available, and ready for use.

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W 137	<p>Continued From page 2</p> <p>appeared to slip up and down in his shoes as he walked. Interview with the staff on 8/19/2011 at approximately 6:35 a.m., revealed the dark colored sneakers he was wearing was one of his favorite shoes to wear.</p> <p>Record review on 8/19/2011 at 5:39 p.m., revealed Client #2's Annual Physical Therapy Evaluation dated 7/19/2011 recommended that Client #2 "should wear shoes with wide toe box, narrow heel, and firm heel counter to prevent pronation. The shoes should have a straight last sole."</p> <p>Interview with the Qualified Mental Retardation Professional (QMRP) and the Licensed Practical Nurse (LPN) on 8/19/2011 confirmed the fit of Client #2's shoes and sneakers has to be reassessed to ensure they are meeting the PT's recommendations.</p> <p>The facility failed to ensure Client #2's shoes met the PT's recommendations and failed to ensure Client #2 was afforded the opportunity to own and wear a pair of well fitting shoes to maintain his health and safety.</p>	W 137	<p>Client # 2 was provided with shoes with wide toe bot, narrow heel, and firm heel counter to prevent pronation as recommended by the PT on 8-27-11</p> <p>Refer to attachment #2</p> <p>In the future, the facility management will ensure that client #2 is provided with a pairs of shoes as recommended by the PT; additionally, the house management team will ensure that all individuals' adaptive equipment are available, and ready for use</p>	8-27-11
W 159	<p>483.430(a) QUALIFIED MENTAL 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's Qualified Mental Retardation Professional (QMRP) failed to ensure the</p>	W 159		

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W 159	<p>Continued From page 3</p> <p>coordination of services to promote the health and safety of three of three sampled clients. [Clients #1 and #2]</p> <p>The findings include:</p> <ol style="list-style-type: none"> The QMRP failed to ensure all data collected at a client's day program was documented in measureable terms for one of two sampled clients. [See W120] The QMRP failed to ensure clients were provided the prescribed footwear for one of two sampled clients. [See W137] The QMRP failed to demonstrate the skills necessary to ensure a client consistently received one-to-one services as recommended for one of two sampled clients. [See W194] The QMRP failed to ensure clients received their meals in the texture prescribed by the primary care physician for one of three sampled clients. [See W474] 	W 159	<p>Refer to W 120 P 1 & 2 Attachment #1 a & b</p> <p>Refer to W 137 P 2 Attachment # 2</p> <p>Refer to W 194 P P 5&6 Attach # 3 1&2</p> <p>Refer to W 474 P 8&9 Attachment # 6</p>	<p>8-22-11</p> <p>8-19-11</p> <p>8-27-11</p> <p>8-25-11</p> <p>8-25-11</p>
W 194	<p>483.430(e)(4) STAFF TRAINING PROGRAM</p> <p>Staff must be able to demonstrate the skills and techniques necessary to implement the individual program plans for each client for whom they are responsible.</p> <p>This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility's staff failed to demonstrate the skills necessary to ensure a client consistently received one-to-one services, physical therapy interventions, and mealtime assistance as</p>	W 194		

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W 194 Continued From page 4
recommended for two of two sampled clients.
[Clients #1 and #2]

The finding includes:

1. Observation beginning at 7:00 a.m. on 8/18/2011 revealed there was two staff on duty during the morning routine to manage the four clients who were sitting in the living room. Clients #1 and #2 require one-to-one staffing. One staff was observed preparing the meals for lunch and the other staff was observed cleaning up the facility and checking in on the clients as she passed through the living room while she cleaned up.

Record review on 8/19/2011 at 3:02 p.m. revealed Client #1's Behavior Support Plan (BSP) dated 6/26/2011 outlined the following "Staffing Supports: [one-to-one] staff assigned to support client #1 must remain in arms length of him." Further review on 8/19/2011 at 3:49 p.m. revealed Client #2's BSP dated 8/13/2011 recommended ... "Staff assigned to support [Client #2] must remain within an arms length of him."

Interview with the facility's QMRP on 8/19/2011 at approximately 3:05 p.m. confirmed both Client #1 and Client #2 should have received one-to-one services and that staff should have been within arm's reach of them both at all times.

The facility's staff failed to demonstrate competency in implementing Client #1 and Client #2's behavior support plans.

2. Observation beginning at 7:15 a.m. on

W 194

Client # 1 has a one one staff who monitors him as stipulated in his the BSP. Client #2's BSP indicates that the staff must remains within an arm length. This was a type over error from the Behavior Specialist. Client #2 BSP was revised on 9-23-11 and approved by the HRC on 9-12-11. Refer to attach #3 1&2.

There are three staff in the morning (two staff assigned to 2 one on one excluding client #2. The third staff is assigned to the two remaining individuals, and also serves as driver to the day program.

All staff were trained on the one on one protocol on 8-25-11

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W 194 Continued From page 5
8/18/2011 revealed Client #1 was allowed to sit in his recliner for approximately 40 minutes before heading out to his day program. Additional observation on the morning of 8/19/2011 also revealed Client #1 was again allowed to sit in his recliner for approximately 40 before heading out to his day program.

Record review on 8/19/2011 at 3:08 p.m. revealed Client #1's Physical Therapy Assessment dated 6/28/2011 recommended that "[Client #1] should avoid sitting for longer than 30 minutes at a time. Do not force Client #1 to sit when he attempts to move about. Sitting promotes his forward head, flexed trunk, and hip and knee flexion contractures."

Interview with the facility's Qualified Mental Retardation Professional (QMRP) and the Licensed Practice Nurse (LPN) assigned to the home confirmed the staff was not ensuring Client #1 does not sit for longer than 30 minutes as outlined in the Physical Therapy (PT) assessment.

The facility's staff failed to demonstrate competency in implementing Client #1's PT support plan.

3. [Cross Reference W474]
Observation on the morning of 8/19/2011 beginning at 6:55 a.m. revealed Client #2 was allowed to eat his meal at his own pace with no intervention from staff. Additional observation on 8/19/2011 at approximately 4:15 p.m. revealed Client #2 was again allowed to eat his snack without any intervention from staff. On both occasions, Client #2 was observed eating at a

W 194 All staff were inserviced by the facility nurse on client #1's PT recommendations on 8-25-11
Refer to attachment # 4
In the future, the facility management will ensure that client #1 should avoid sitting longer than 30 minutes at a time.

All staff were inserviced by the facility nurse on client #1's PT recommendations on 8-25-11
Refer to attachment # 4
In the future, the facility management will ensure that client #1 should avoid sitting longer than 30 minutes at a time.

All staff were inserviced on client #2's mealtime protocol by the facility nurse on 8-25-11
Refer to attachment # 5
In the future, the facility management will ensure that client #2's mealtime protocol is implemented as outlined.

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W 194	<p>Continued From page 6 fast pace.</p> <p>Record review on 8/19/2011 at 3:58 p.m., revealed Client #2's Annual Nutrition Assessment dated 7/17/2011 recommended that the staff ensure Client #2 "decrease his eating pace [by] resting the eating utensil on the side of his plate between bites and take small sips of beverage before putting additional bite sized portions of food into his mouth."</p> <p>Interview and dinner observations with the facility's Licensed Practical Nurse (LPN), Registered Nurse (RN) and Program Director (PD), at approximately 5:40 p.m., revealed one of the staff overseeing the meal prompted Client #2 to slow his eating pace and put his spoon down after a few bites. The staff who attempted to prompt Client #2 during dinner failed to ensure he rested his spoon consistently after each bite and also failed to ensure he took small sips of beverage in between each bite as recommended. Further interview with the LPN, RN and PD confirmed, the staff was not implementing Client #2's mealtime feeding protocol as recommended.</p> <p>The facility's staff failed to demonstrate competency in implementing Client #2's Mealtime Feeding Protocol as outlined.</p>	W 194	<p>All staff were inserviced on client #2's mealtime protocol by the facility nurse on 8-25-11</p> <p>Refer to attachment # 5</p> <p>In the future, the facility management will ensure that client #2's mealtime feeding protocol is implemented as outlined.</p>	8-25-11
W 474	<p>483.480(b)(2)(iii) MEAL SERVICES</p> <p>Food must be served in a form consistent with the developmental level of the client.</p> <p>This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure clients</p>	W 474		

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W 474 Continued From page 7
received their meals in the texture prescribed by the primary care physician for two of two sampled clients. [Clients #1 and #2]

The findings include:

1. Observation on 8/19/2011 at approximately 6:45 a.m., revealed Client #1 received a meal of scrambled eggs, toast, and cream of rice. The toast was served in bite-sized portions (approximately 1/2 to one inch squares). Client #1 was also observed eating at a fast pace.

Record review on 8/19/2011 at approximately 1:50 p.m. revealed Client #1's 8/2011 Physician's Orders (POS) prescribed he received his meals in a "mechanical soft, bite sized" consistency. The order goes on to further require that his "entrees be served moist in gravy or sauce." Further record review 8/19/2011 at 2:00 p.m. also revealed Client #1's Speech & Language Evaluation dated 5/8/2011 identified that, "He is edentulous. Staff confirms that he continues to consume a MECHANICALLY SOFT diet with THIN liquids ..."

At approximately 5:45 p.m. on 8/19/2011, a second meal observation was conducted during dinner. Client #1's meal consisted of stuffed peppers, carrots, ground beef in a hearty tomato sauce. The size of the sliced peppers ranged from approximately 1/2 inch to 1 1/2 inches in diameter and they appeared to be firm.

Interview and direct observation of dinner with the facility's Registered Nurse, Program Director (PD) and Director of Nursing (DON) on 8/19/2011 at approximately 5:45 p.m., confirmed the peppers

W 474

All staff were inserviced on client #1's mealtime protocol by the facility nurse on 8-25-11

Refer to attachment # 6

In the future, the facility management will ensure that client's receive his meal texture as prescribed. Additionally, the facility management will ensure that all residents receive their meals in the texture prescribed to ensure their health and safety.

All staff were inserviced on client #1's mealtime protocol by the facility nurse on 8-25-11

Refer to attachment # 6

In the future, the facility management will ensure that client's receive his meal texture as prescribed. Additionally, the facility management will ensure that all residents receive their meals in the texture prescribed to ensure their health and safety.

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W 474	<p>Continued From page 8</p> <p>were not served mechanically soft as identified in the current POS. It was also confirmed that Client #1 eats at a fast pace.</p> <p>The facility failed to ensure all clients received their meals in the texture prescribed to ensure their health and safety.</p> <p>2. Observation on 8/19/2011 at approximately 6:47 a.m., revealed Client #2 received a meal of scrambled eggs, toast, and cream of rice. The toast was served in bite-sized portions (approximately 1/2 to one inch squares). Client #2 was observed eating at a fast pace. Interview with the staff monitoring the breakfast table confirmed the toast was served bite sized.</p> <p>Record review on 8/19/2011 at approximately 3:56 p.m. reveled Client #2 's 8/2011 Physician ' s Orders (POS) prescribed he received his meals in a " regular / high fiber, chopped " consistency.</p> <p>Interview with the facility's QMRP on 8/19/2011 at approximately 4:15 p.m. confirmed, Client #1's meals should always be served chopped because he's a fast eater.</p> <p>The facility failed to ensure all clients received their meals in the texture prescribed to ensure their health and safety.</p>	W 474	<p>All staff were inserviced on client #2's mealtime protocol by the facility nurse on 8-25-11</p> <p>Refer to attachment # 5</p> <p>In the future, the facility management will ensure that clien1's receive his meal texture as prescribed. Additionally, the facility management will ensure that all residents receive their meals in the texture prescribed to ensure their health and safety.</p>	

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1000	<p>INITIAL COMMENTS</p> <p>A re-licensure survey was conducted from 8/18/2011 through 8/19/2011. The survey was completed utilizing the fundamental survey process.</p> <p>A random sampling of two residents was selected from a residential population of four males with varying degrees of physical and mental 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>	1000		
1044	<p>3502.3 MEAL SERVICE / DINING AREAS</p> <p>All food and drink shall be clean, wholesome, free from spoilage, and properly prepared.</p> <p>This Statute is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure residents received their meals in the texture prescribed by the primary care physician for two of two sampled residents. [Residents #1 and #2]</p> <p>The findings include:</p> <p>1. Observation on 8/19/2011 at approximately 6:45 a.m., revealed Resident #1 received a meal of scrambled eggs, toast, and cream of rice. The toast was served in bite-sized portions (approximately 1/2 to one inch squares). Resident #1 was also observed eating at a fast pace.</p> <p>Record review on 8/19/2011 at approximately 1:50 p.m. revealed Resident #1's 8/2011 Physician's Orders (POS) prescribed he</p>	1044	<p>All staff were inserviced on client #1's mealtime protocol by the facility nurse on 8-25-11</p> <p>Refer to attachment # 6</p> <p>In the future, the facility management will ensure that client's receive his meal texture as prescribed. Additionally, the facility management will ensure that all residents receive their meals in the texture prescribed to ensure their health and safety.</p>	

Health Regulation & Licensing Administration
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
 STATE FORM

Emily Brooks
 CEO TITLE

(X6) DATE
 9-22-11
 If continuation sheet 1 of 5

Health Regulation & Licensing Administration

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NAME OF PROVIDER OR SUPPLIER R C M OF WASHINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 1307 45TH PLACE, SE WASHINGTON, DC 20019		
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I 044	Continued From page 1 received his meals in a " mechanical soft, bite sized " consistency. The order goes on to further require that his "entrees be served moist in gravy or sauce." Further record review 8/19/2011 at 2:00 p.m. also revealed Resident #1's Speech & Language Evaluation dated 5/8/2011 identified that, "He is edentulous. Staff confirms that he continues to consume a MECHANICALLY SOFT diet with THIN liquids ..." At approximately 5:45 p.m. on 8/19/2011, a second meal observation was conducted during dinner. Resident #1's meal consisted of stuffed peppers, carrots, ground beef in a hearty tomato sauce. The size of the sliced peppers ranged from approximately ½ inch to 1 ½ inches in diameter and they appeared to be firm. Interview and direct observation of dinner with the facility's Registered Nurse, Program Director (PD) and Director of Nursing (DON) on 8/19/2011 at approximately 5:45 p.m., confirmed the peppers were not served mechanically soft as identified in the current POS. It was also confirmed that Resident #1 eats at a fast pace. The facility failed to ensure all residents received their meals in the texture prescribed to ensure their health and safety. 2. Observation on 8/19/2011 at approximately 6:47 a.m., revealed Resident #2 received a meal of scrambled eggs, toast, and cream of rice. The toast was served in bite-sized portions (approximately ½ to one inch squares). Resident #2 was observed eating at a fast pace. Interview with the staff monitoring the breakfast table confirmed the toast was served bite sized. Record review on 8/19/2011 at approximately	I 044	All staff were inserviced on client #1's mealtime protocol by the facility nurse on 8-25-11 Refer to attachment # 6 In the future, the facility management will ensure that client's receive his meal texture as prescribed. Additionally, the facility management will ensure that all residents receive their meals in the texture prescribed to ensure their health and safety. All staff were inserviced on client #2's mealtime protocol by the facility nurse on 8-25-11 Refer to attachment # 5 In the future, the facility management will ensure that client's receive his meal texture as prescribed. Additionally, the facility management will ensure that all residents receive their meals in the texture prescribed to ensure their health and safety.	

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1044	<p>Continued From page 2</p> <p>3:56 p.m. revealed Resident #2's 8/2011 Physician's Orders (POS) prescribed he received his meals in a "regular / high fiber, chopped" consistency.</p> <p>Interview with the facility's QMRP on 8/19/2011 at approximately 4:15 p.m. confirmed, Resident #1's meals should always be served chopped because he's a fast eater.</p> <p>The facility failed to ensure all residents received their meals in the texture prescribed to ensure their health and safety.</p>	1044	<p>All staff were inserviced on client #2's mealtime protocol by the facility nurse on 8-25-11 Refer to attachment # 5</p> <p>In the future, the facility management will ensure that client's receive his meal texture as prescribed. Additionally, the facility management will ensure that all residents receive their meals in the texture prescribed to ensure their health and safety.</p> <p>All staff were inserviced on client #1's mealtime protocol by the facility nurse on 8-25-11 Refer to attachment # 6</p> <p>In the future, the facility management will ensure that client's receive his meal texture as prescribed. Additionally, the facility management will ensure that all residents receive their meals in the texture prescribed to ensure their health and safety.</p>	8-25-11
1090	<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 staff interview, the Group Home for Persons with Intellectual Disabilities (GHPID) failed to ensure the facility's environment was maintained as required to ensure the health and safety of four of four residents. [Residents #1, #2, #3, and #4]</p> <p>The findings include:</p> <p>Observation and interview with the facility's Qualified Mental Retardation Professional (QMRP) on 8/19/2011 beginning at 5:50 p.m. revealed the following deficient conditions:</p> <p>1. Resident #1 and #2's pillows and comforters appeared soiled with an unknown substance that</p>	1090	<p>Client #1's, and 2's pillow and comforters were washed on 8-22-11</p> <p>All staff were inserviced on laundry protocol by the PD on 8-22-11</p> <p>Refer to attachment #7</p> <p>In the future, the facility management will ensure that the individuals' linen is kept in a clean condition.</p>	8-22-11

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I 090	Continued From page 3 had dried chalky white/grey. 2. The sink in the bathroom between Resident #1 and Resident #3's bedroom does not drain properly. 3. The bulb in the bathroom between Resident #1 and Resident #3's bedroom was burnt out. There was also an open socket in this light fixture as well. 4. The chair that Resident #1 utilized smelled of urine on the morning of 8/18/2011.	I 090	The sink between resident #1 and #3's bedroom was maintained on 8-22-11 In the future, the facility management will ensure that the house sink drains properly. The light bulb in the bedroom between client #1 and #3's was replaced on, and the light fixture was repaired 8-22-11 In the future, the facility management will ensure that all the light fixtures are in a good working condition. Resident #1 chair was cleaned on 8-19-11
I 092	3504.3 HOUSEKEEPING Each GHMRP shall be free of insects, rodents and vermin. This Statute is not met as evidenced by: Based on observation and staff interview, the GHMRP failed to ensure the environment was free of vermin to ensure the health and safety of all six residents. [Resident #1, #2, #3, and #4] The finding includes: Observation on 8/19/2011 at approximately 6:45 a.m. revealed a large centipede ran across the kitchen floor and under the table where all the residents were seated for breakfast. Interview with the facility's Licensed Practical Nurse (LPN) and Qualified Mental Retardation Professional (QMRP) on 8/19/2011 at approximately 5:55 p.m. confirmed they would have to meet with the exterminator to reassess and treat the home to ensure no more centipedes entered the facility.	I 092	In the future the house management will ensure that all the furniture in the home are free from objectionable odor. The exterminator reported to the facility on 9-06-11 to reassess and treat the home to ensure no centipedes entered the facility. All staff were inserviced on Chapter 35 on 8-22-11 Refer to attachment #8 a & b In the future, the management team will ensure that the facility remains free from vermin and pests to ensure the health and safety of the residents.

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I 092	Continued From page 4 The facility failed to ensure the facility remain free of vermin and pests to ensure the health and safety of the residents.	I 092		
I 183	3508.4 ADMINISTRATIVE SUPPORT Each GHMRP shall have a Residence Director who meets the requirements of § 3509.1 and who shall manage the GHMRP in accordance with approved policies and this chapter. This Statute is not met as evidenced by: Based on observation, staff interview and record review, the facility's Qualified Mental Retardation Professional (QMRP) failed to ensure the coordination of services to promote the health and safety of three of three sampled residents. [Residents #1, #2 and #3] The findings include: 1. The QMRP failed to ensure residents were provided the appropriate footwear for one of two sampled residents. [See Federal Deficiency Citation W137] 2. The QMRP failed to ensure residents received their meals in the texture prescribed by the primary care physician for one of three sampled residents. [See Federal Deficiency Citation W474]	I 183	Refer to W 137 P.P 2 & 3 Refer to attachment #2 Refer to W 474 PP 8 & 9 Attachment # 6	8-27-11 8-25-11

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	<p>1000 INITIAL COMMENTS</p> <p>A re-licensure survey was conducted from 8/18/2011 through 8/19/2011. The survey was completed utilizing the fundamental survey process.</p> <p>A random sampling of two residents was selected from a residential population of four males with varying degrees of physical and mental 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> <p>1044 3502.3 MEAL SERVICE / DINING AREAS</p> <p>All food and drink shall be clean, wholesome, free from spoilage, and properly prepared.</p> <p>This Statute is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure residents received their meals in the texture prescribed by the primary care physician for two of two sampled residents. [Residents #1 and #2]</p> <p>The findings include:</p> <p>1. Observation on 8/19/2011 at approximately 6:45 a.m., revealed Resident #1 received a meal of scrambled eggs, toast, and cream of rice. The toast was served in bite-sized portions (approximately 1/2 to one inch squares). Resident #1 was also observed eating at a fast pace.</p> <p>Record review on 8/19/2011 at approximately 1:50 p.m. revealed Resident #1's 8/2011 Physician's Orders (POS) prescribed he</p>	<p>1000</p> <p>1044</p>	<p>All staff were inserviced on client #1's mealtime protocol by the facility nurse on 8-25-11 Refer to attachment # 6 In the future, the facility management will ensure that client's receive his meal texture as prescribed. Additionally, the facility management will ensure that all residents receive their meals in the texture prescribed to ensure their health and safety.</p>

Health Regulation & Licensing Administration

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

STATE FORM

TITLE

(X8) DATE

CEO

9-22-11

Health Regulation & Licensing Administration

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I 092	Continued From page 4 The facility failed to ensure the facility remain free of vermin and pests to ensure the health and safety of the residents.	I 092		
I 183	3508.4 ADMINISTRATIVE SUPPORT Each GHMRP shall have a Residence Director who meets the requirements of § 3509.1 and who shall manage the GHMRP in accordance with approved policies and this chapter. This Statute is not met as evidenced by: Based on observation, staff interview and record review, the facility's Qualified Mental Retardation Professional (QMRP) failed to ensure the coordination of services to promote the health and safety of three of three sampled residents. [Residents #1, #2 and #3] The findings include: 1. The QMRP failed to ensure residents were provided the appropriate footwear for one of two sampled residents. [See Federal Deficiency Citation W137] 2. The QMRP failed to ensure residents received their meals in the texture prescribed by the primary care physician for one of three sampled residents. [See Federal Deficiency Citation W474]	I 183	Refer to W 137 P.P 2 & 3 Refer to attachment #2 Refer to W 474 PP 8 & 9 Attachment # 6	8-27-11 8-25-11