

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD0083	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/26/2010
NAME OF PROVIDER OR SUPPLIER AMERICAN HEALTH CARE SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 4427 7TH STREET, NE WASHINGTON, DC 20002		
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{1 000}	<p>INITIAL COMMENTS</p> <p>Surveyor: 16663 On October 19, 2010, the Health Regulation and Licensing Agency (HRLA) received a telephone call from a neighbor whose home adjoins the facility. The neighbor complained of nightly screaming and loud stomping from a resident of the facility. The neighbor alleged that the resident was unsafe due to these nightly episodes.</p> <p>On October 26, 2010 at 8:58 a.m., an investigation was initiated by interviewing the group homes' CEO. The CEO revealed Resident #2 exhibits screaming and stomping behaviors, because he is non-verbal and that is his means of communicating.</p> <p>The CEO acknowledged that the neighbor complained to him on October 17, 2010. He attempted to address the complaint by visiting the facility on the same day between 6:00 p.m. and 7:00 p.m. According to the CEO, he found Resident #2 standing in the middle of the floor, but no unusual behaviors were exhibited at the time of his visit.</p> <p>Interview with the Director of Nursing (DON) on October 26, 2010, at approximately 10:40 a.m. revealed that the resident can exhibit screaming and stomping behaviors during medication administration.</p> <p>Review of Resident #2's Behavioral Support Plan (BSP) on October 26, 2010, at approximately 2:15 p.m. revealed the resident had a diagnosis of Impulse Control Disorder, and was prescribed psychotropic medication to control his behaviors. According to the BSP, the resident required staff interventions for self-injurious behaviors and</p>	{1 000}	<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 11-26-10</p>	

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[Handwritten Signature]

TITLE *Resident*

(X6) DATE *11/26/10*

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

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{I 000}	Continued From page 1 physical aggression. The review of the behavior data and staff interviews suggest that these behaviors are declining in frequency. Further review of the behavioral data collection revealed that the resident was agitated on October 18, 2010, but there was no indication of agitation on October 17, 2010 as reported by the neighbor. Although the allegation of screaming and stomping was partially substantiated; the frequency was not documented nightly. The data reflected 10 episodes of agitated behaviors from October 3, 2010 through October 18, 2010. The allegation that the resident may not be safe was substantiated as evidenced by the following: On October 26, 2010, while interviewing the CEO, the surveyor was invited to view tapes from a closed circuit camera. During the viewing, the surveyor observed a staff person (on October 10, 2010 at 11:08 a.m.) pushing Resident #2, forcefully two (times) onto the sofa.	{I 000}	Retrain staff re: Behavioral Tracking Data and the importance of complete, accurate, and timely documentation. Maintain a record of Training evidence: Training Sign-In Sheet with Attendees signatures. Topic and course/training objectives. Testing and Evaluation	12/15/10
I 500	3523.1 RESIDENT'S RIGHTS Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws. This Statute is not met as evidenced by: Surveyor: 16663 Based on observations, interviews and record review, the Group Home for Persons with Mental Retardation (GHMRP) failed to observe and protect residents' rights in accordance with Title 7, Chapter 13 of the D.C. Code (formerly called D.C. Law 2-137, D.C. Code, Title 6, Chapter 19)	I 500	Retrain on 1:1 staffing duties and expectations/responsibilities. Retrain staff on Abuse, Neglect and Exploitations The CEO or Designee will review tapes every 24 hours and maintain records of any appearance of violations and report all maltreatment on a timely basis. All occurrences of inappropriate behavior of any employee will be addressed promptly. Administrative actions including termination of employment and reporting to the Police for criminal violations will be implemented as per company policy.	12/15/10 12/15/10 DAILY

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I 500	<p>Continued From page 2</p> <p>and other District and federal laws that govern the care and rights of persons with mental retardation, for one of the two residents in the sample. (Resident #2)</p> <p>The finding includes:</p> <p>The GHMRP failed to protect residents' rights by not ensuring Resident #2 was protected from mistreatment as evidenced below: [Title 7, Chapter 13, § 7-1305.10 e), formerly § 6-1970(e)].</p> <p>While interviewing the CEO on October 26, 2010, beginning at approximately 10:34 a.m., the surveyor was invited to view tapes from a closed circuit camera. During the viewing, the surveyor observed a staff person (on October 10, 2010 at 11:08 a.m.) pushing Resident #2, forcefully (2 times) on to the sofa as evidenced below:</p> <p>Review of the tapes on October 26, 2010 revealed that after snack, at 11:08 a.m. Resident #2 was observed to be forcefully grabbed by Staff #1 on his arms, then pushed to a seated position on the living room sofa. After the incident, Resident #2 immediately stood back up and staff #1 again was observed to forcefully push the resident back down to the sofa.</p> <p>Continued interview on October 26, 2010, with the CEO while watching the closed circuit camera revealed that he recalled there were no other staff at the home during that time, because Resident #1 was escorted to church that morning with the other direct care staff and nursing staff.</p> <p>The CEO was questioned regarding times that he reviewed the closed circuit camera. According to the CEO, he does not review the camera on a</p>	I 500	<p>DDS has appised American Health Care Services that Resident #1 has been referred to another provider that will meet his nursing needs better in an ICF/MR setting. A transfer/discharge date has not been fixed but the move will be executed in December 2010, around the second week, all things being equal.</p> <p><i>Don</i></p>	

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I 500	Continued From page 3 daily basis, and acknowledged with the surveyor if the neighbor had not complained he would not have been aware of the incident that occurred on October 10, 2010. The CEO revealed that Staff #1 would be placed on suspension until an investigation was completed.	I 500		
{ 999}	FINAL OBSERVATIONS Surveyor: 16663 The following observations were made during the survey process. It is recommended that this area be reviewed and a determination be made regarding appropriate action to prevent a potential non-compliant practice: On October 26, 2010, a follow-up visit was conducted to determine compliant practices regarding previous observations of the placement of Resident #1 during the survey conducted on August 13, 2010. According to the Plan of Correction (POC) dated October 4, 2010, the Group Home for Mentally Retarded Persons (GHMRP) revealed "staffing and support staff would be assigned based on individual (Resident #1) needs and as outlined in his Individual Support Plan (ISP) for the home environment and for the day program." It should be noted that Resident #1's medical diagnosis included hypertension, asthma, Hemiplegic Cerebral Palsy, GERD, Reactive Airways, Hypertension, Restrictive Lung Disease and Scoliosis. Resident #1 had a history of Resection of Neuro Fibroma right chest, which allows the resident's lungs to only expand to a certain extent. He continues to receive Nebulizer Treatments twice a day. Other medical equipment included a suction machine.	{ 999}		

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{I 999}	Continued From page 4 Observation on October 26, 2010 at approximately 4:00 p.m., revealed Resident #1 received his medications via G-tube. According to the CEO, the resident continued to receive 24-hour nursing services provided by a local Home Care Agency. Note: Interview with the CEO and the Director of Nursing on October 26, 2010, at approximately 2:09 p.m. revealed plans were being made for Resident #1 to be discharged from the group home no later than December 1, 2010. ***** ***** The following observations were made during the survey process. It is recommended that this area be reviewed and a determination be made regarding appropriate action to prevent a potential non-compliant practice: Observation on August 13, 2010, beginning at approximately 7:55 a.m., revealed Resident #1 sitting in his wheelchair in the living room. The resident was observed to cough continuously starting at approximately 8:25 a.m. Further observation revealed a staff person sitting on the love seat near the resident. Interview with the staff revealed that she was a Certified Nursing Assistant (CNA) and that the resident was coughing because he was trying to cough up the mucous in his throat. Interview with the facility's House Manager/Licensed Practical Nurse (HM/LPN) on the aforementioned date at approximately 8:28 a.m. was conducted to ascertain information regarding Resident #1's diagnosis. According to the LPN, the resident's diagnosis included hypertension, and asthma. The HM/LPN informed the surveyor that the	{I 999}	DDS has apprised American Health Care Services that Resident #1 has been referred to another provider that will better meet his needs in an ICF/MR setting. A transfer/discharge date has not been fixed but the move will be executed in December 2010, around the second week of December, all things being equal. Resident #1 has visited the premises of the new provider and his Legal guardian is on board with the placement.	

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{I 999}	<p>Continued From page 5</p> <p>resident used a Nebulizer two times a day, in the morning and in the evening. Additionally, he had a suction machine. The HM/LPN also revealed the resident had a G-tube in which he was fed and administered all of his medications.</p> <p>Interview with the administrator at approximately 8:30 a.m. revealed that Resident #1 was in a local hospital for children, transitioned from respite care and then was admitted to a permanent placement at this facility. According to the administrator, the facility was opened to provide services for medically fragile residents.</p> <p>Review of the resident's medical record on August 13, 2010, beginning at 11:36 a.m. revealed a medical evaluation dated July 1, 2010. According to the evaluation, the resident's diagnosis included Hemiplegic Cerebral Palsy, GERD, Reactive Airways, Hypertension, Restrictive Lung Disease and Scoliosis. Interview with the Registered Nurse (RN) on August 13, 2010, at approximately 4:20 p.m. revealed the Resident #1 had a history of Resection of Neuro Fibroma right chest, and explained to the surveyor that the resident's lungs only expanded to a certain extent.</p> <p>Review of the resident's habilitation record on August 13, 2010, at approximately 2:05 p.m. revealed a Individual Support Plan (ISP) dated January 6, 2010. According to the ISP, Resident #1 needed 24 hour staff supervision, 2:1 direct staff support to perform all activities of daily living, Mondays through Sundays and needs skilled nursing staff. It should be noted that further interview with the administrator revealed Resident #1 had 2:1 staff support in the facility, however, the 2:1 staff support was not provided in the resident's day program.</p>	{I 999}	<p>This issue was raised with DDS Service Coordination. However, plans have not been shared with American Health Care Services presumeably it will be addressed during Resident #1 Annual ISP meeting scheduled on 12/21/10. The resident's relocation will resolve this finding.</p>	

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{R 000}	INITIAL COMMENTS A licensure survey was conducted on October 26, 2010. A sampling of two residents from the residential population of two males was selected for the survey. The results of the survey was based on observations in the home, interviews with the administrative, nursing, and direct care staff, as well as a review of the resident and administrative records and incident reports.	{R 000}		
{R 125}	4701.5 BACKGROUND CHECK REQUIREMENT The criminal background check shall disclose the criminal history of the prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check. This Statute is not met as evidenced by: Based on the review of personnel records and interview, the agency failed to ensure criminal background checks for all jurisdictions in which the employees had worked or resided within the seven (7) years prior to the check, for (5) of the seven (7) staff employed. (Staff 4, #5, #6, and #7) The findings include: 1. On October 26, 2010, beginning at approximately 4 :50 p.m., review of the personnel records revealed Direct Care Staff #4, #6 and #7 resides in Maryland. Further review of the personnel records revealed no documented evidence of a comprehensive criminal background check to include the State of Maryland.	{R 125}	Global Investigative Services Silver Spring, MD has been contracted to provide back-ground checks for all jurisdictions in which our employees have worked since DC Ploice Clearances on these employees are not sufficient for outside jurisdictions. All staff background checks will be done for all jurisdictions prior to their having any direct contact with residents.	12/15/10

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

TITLE

President

(X6) DATE

11/26/10