

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD0066	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/19/2009
NAME OF PROVIDER OR SUPPLIER D C HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 4901 5TH STREET, N W WASHINGTON, DC 20020		
(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 May 19, 2009. A random sample of three residents was selected from a resident population of five males with various degrees of disabilities. The findings of this survey were based on observations at the group home, interviews with the direct care staff and the administrative staff, as well as a review of clinical and administrative records, including incident reports.	I 000		
I 229	3510.5(f) STAFF TRAINING Each training program shall include, but not be limited to, the following: (f) Specialty areas related to the GHMRP and the residents to be served including, but not limited to, behavior management, sexuality, nutrition, recreation, total communications, and assistive technologies; This Statute is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure effective staff training on the Behavior Support Plan (BSP) for one of the three residents (Resident #1) included in the sample. The finding includes: Interview with the Qualified Mental Retardation Professional (QMRP) on May 19, 2009, at approximately 8:30 AM revealed Resident #1 was prescribed psychotropic medication in conjunction with a Behavior Support Plan (BSP). Further interview with the QMRP and review of the training record's revealed that the facility's direct care staff had been trained on the resident's BSP on March 22, 2009.	I 229		

Health Regulation Administration

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

Mambatiwan

TITLE
Deputy Director/D.C.H.C.

(X6) DATE
6/12/09.

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I 229	<p>Continued From page 1</p> <p>Review of facility's incident reports on May 19, 2009, revealed Resident #1 was involved in two behavioral incidents dated March 30, 2009 and April 14, 2009. According to the incident reports, the resident went into the bathroom on both occasions and would not come out so other residents could use the bathroom. The reports noted that the client was sitting on the toilet and when he came out of the bathroom he became physically aggressive toward the staff.</p> <p>Note: Observation during the environmental walk-through and interview with the QMRP revealed that there was more than one bathroom in the facility.</p> <p>Resident #1's behavior data was reviewed on on May 19, 2009, at 2:25 PM. Review of the behavior data revealed that the direct care staff documented on the ABC data sheets consequences for the incident on March 30, 2009. The consequences documented revealed that the resident "was talked to calm down, he said no and went in the room." Consequences regarding the April 14, 2009, incident revealed that the staff told the resident to stop and they talked to him and then indicated that everything was ok.</p> <p>Review of Resident #1's habilitation record on May 19, 2009, at 1:50 PM revealed a Behavior Support Plan (BSP) dated November 20, 2008. According to the BSP, the resident's targeted behaviors included physical aggression, verbal aggression, property destruction and non-compliance. Continued review of the plan revealed that if the client "becomes uncooperative, he should be ignored. Do not force him to do anything. Back off and direct to</p>	I 229	<p>Another In-Service retraining was conducted by the psychologist to the direct care staff to follow the strategies of the BSP's effectively for Client # 1. The House Manager will be monitored on a daily basis and the QMRP will do the same on a monthly basis or as needed. The QMRP will do fake mock situation and check the effectiveness of the BSP.</p> <p>See Attachment "A"</p>	06/01/09
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I 229	Continued From page 2 an ongoing activity after a few minutes." At the time of the survey, the facility failed to provide evidence that the direct care staff had been effectively trained to implement Resident #1's BSP.	I 229		