

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0044	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/13/2008
NAME OF PROVIDER OR SUPPLIER WARD & WARD		STREET ADDRESS, CITY, STATE, ZIP CODE 7011 9TH ST, NW WASHINGTON, DC 20012		
(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
1 000	INITIAL COMMENTS A re-licensure survey was conducted from 11/12/2008 through 11/13/2008. A random sampling of two residents was selected from a population of four individuals with varying degrees of disabilities. The findings of this survey were based on observations at the group home and one day program, interview with direct care staff, medical staff, facility management, and a review of the habilitation and administrative records including the unusual incident reports.	1 000	<p><i>Received 12/30/08</i></p> <p>GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH BRADLEY STREET, 10TH FLOOR WASHINGTON, DC, 20002</p>	
1 082	3503.10 BEDROOMS AND BATHROOMS Each bathroom that is used by residents shall be equipped with toilet tissue, a paper towel and cup dispenser, soap for hand washing, a mirror and adequate lighting. This Statute is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure the proper stock of the toiletries required by this section and as evidenced below. The finding includes: During the environmental inspection on 11/12/2008 at 4:00pm, both bathrooms on the second floor were found to be missing toilet tissue, paper towels and hand soap. The facility's house manager took part in the environmental inspection and she indicated the proper stock of items would be put in place immediately. The facility failed to ensure an effective system was implemented to address the provisions of this section.	1 082	<p>The House Manager will inspect the facility daily and complete a weekly check list which will be monitored by the QMRP. Additionally mirrors and higher wattage bulbs have been installed along with toilet paper, paper towels and hand soap.</p>	12-12-08

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Michael Dan

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

TITLE *Program Director*

(X8) DATE 12-12-08

STATE FORM

6699

UZSM11

If continuation sheet 1 of 16

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1090	Continued From page 1	1090		
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 facility failed to ensure the integrity of the physical environment as required by this section and as evidenced below.</p> <p>The finding includes:</p> <p>During the environmental inspection on 11/12/2008 at 4:00pm the following deficiencies were identified:</p> <ol style="list-style-type: none"> 1. The rear storm door was found to be in poor condition. The door frame was loose, the actual storm door could not shut properly into the door frame and the screen on the door was torn and coming off the surrounding frame. 2. The toilet seat in the second floor hall bathroom was extremely loose and could be moved from side to side. 3. The porcelain finish on the tub in the second floor hall bath was peeling off and in poor condition. 4. The light fixture in the staircase leading down to the basement was inoperable. <p>The facility's house manager took part in the environmental inspection and she indicated that</p>	1090	<p>The House manager will inspect the house daily and complete a facility check list weekly which will be monitored monitored by the QMRP. Additionally all repairs 1, 2, 3 and 4 were completed on 12-3-08.</p>	12-3-08

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I 090	Continued From page 2 she would speak with the maintenance team to have the above citations corrected immediately.	I 090		
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 facility failed to ensure an insect free environment as required by this section and as evidenced below. The finding includes: During the environmental inspection on 11/12/2008 at 4:15pm, a large centipede was observed on the basement wall leading up to the staircase to the main floor. In addition, the small room leading to the rear exit from the basement was filled with cobwebs and live spiders. The facility's house manager was present at the time of the observation and provided that she would contact the exterminators and the maintenance crew to have the problems resolved.	I 092	<i>On 12-2-08 American Pest Management, Inc. completed the monthly treatment for roaches, ants, spiders, rats and mice. Please find attached copy of the contract for exterminating services monthly.</i>	<i>12-2-08</i>
I 093	3504.4 HOUSEKEEPING Each GHMRP that is cited by the Department of Consumer and Regulatory Affairs for violation of § 3504.3 shall contract with a licensed exterminator within seventy-two hours (72 hrs.) of receipt of written notice to provide for elimination of any infestation. This Statute is not met as evidenced by:	I 093		

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I 093	Continued From page 3 Based on record review and staff interview, the facility failed to provide evidence of having secured a contract for pest control as required by this section and as evidenced below. The finding includes: The facility failed to ensure a pest free environment and as such, was required to present evidence of having secured a pest control contract. Interview with the Qualified Mental Retardation Professional (QMRP) at 6:03pm on 11/13/2008 revealed, there was no evidence on file or presented at the time of survey to substantiate that the facility had contracted the services of a license exterminator.	I 093	see # 1092.	12-2-08
I 135	3505.5 FIRE SAFETY Each GHMRP shall conduct simulated fire drills in order to test the effectiveness of the plan at least four (4) times a year for each shift. This Statute is not met as evidenced by: Based on record review and staff interview, the facility failed to provide evidence of having completed the number of fire drills as required by this section and as evidenced below. The finding includes: Interview and record review with the facility's Qualified Mental Retardation Professional (QMRP) on 11/13/2008 at 6:25pm revealed the fire drill log book was not available at the time of survey for review. There was no means available to assess the facility's compliance with this section due to the proper documentation not being made available.	I 135	Safety Fire Drills are being conducted in accordance with Fire and safety regulations. At the time of the survey the Fire Drill log was misplaced due to maintenance repairs taking place. The Fire Drill log is in the facility and available for review.	12-3-08

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I 161	<p>3507.2 POLICIES AND PROCEDURES</p> <p>The manual shall be approved by the governing body of the GHMRP and shall be reviewed at least annually.</p> <p>This Statute is not met as evidenced by: Based on record review and staff interview, the facility failed to revise the policy and procedure manual as required by this section and as evidenced below.</p> <p>The finding includes:</p> <p>Interview and record review with the facility's Qualified Mental Retardation Professional (QMRP) on 11/13/2008 at 6:30pm revealed the current policy and procedure manual on file was dated 1/1/2007. There was no evidence presented or on file at the time of survey to substantiate that this document had been reviewed since 1/1/2007.</p>	I 161	<p>Please find attached the governing body approval memo date 3-5-08. The memo's were copied and distributed to the QMRP's to be inserted in each manual this will be done annually.</p>	12-12-08
I 165	<p>3507.4(c) POLICIES AND PROCEDURES</p> <p>The manual shall incorporate policies and procedures for at least the following:</p> <p>(c) Health and safety, which covers fire safety and evacuation, infection control, medication, and procedures for emergency and the death of a resident;</p> <p>This Statute is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure its policies and procedures included provisions to manage fire safety, evacuation and the management of resident medications as required by this section and as</p>	I 165		

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I 166	Continued From page 6 confidentiality of records; This Statute is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure its policies and procedures included provisions to manage resident 's records and the confidentiality of said records as required by this section and as evidenced below. The finding includes: Interview and record review with the facility 's Qualified Mental Retardation Professional (QMRP) on 11/13/2008 at 6:37pm revealed there were no provisions for the management of record keeping, the management of resident records and the confidentiality of the resident 's records provided for in the current policy and procedure manual as evidenced at the time of survey.	I 166	Please find attached the Confidentiality Policy of individuals records and information pages 157-159.	12-12-08
I 167	3507.4(e) POLICIES AND PROCEDURES The manual shall incorporate policies and procedures for at least the following: (e) Personnel, which covers job descriptions and qualifications, staff/resident ratios, training and staff development, health inventory; This Statute is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure its policies and procedures included provisions to manage the hiring qualifications for staff, staff/resident ratios and a current health inventory as required by this section and as evidenced below. The finding includes: Interview and record review with the facility 's	I 167	Please find attached the Hiring of Employees Policy. The policy indicates the pre hiring qualifications to include background checks and health certificates on pages 6 and 7.	12-12-08

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I 167	Continued From page 7 Qualified Mental Retardation Professional (QMRP) on 11/13/2008 at 6:40pm revealed the current policies and procedures were without provisions for the management of establishing hiring qualifications, staff/resident ratios, and to establish the proper and necessary health inventory requirements.	I 167		
I 180	3508.1 ADMINISTRATIVE SUPPORT Each GHMRP shall provide adequate administrative support to efficiently meet the needs of the residents as required by their Habilitation plans. This Statute is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure adequate administrative support in the areas of adaptive equipment, nutrition and physical fitness as required by this section and as evidenced below. The findings include: 1. Record review on 11/13/2008 at 5:00pm revealed, Resident #1 's Ophthalmology assessment dated 8/11/2008 provided for a new prescription for eyeglasses. Attached to the vision assessment was the actual written prescription for the new eyeglasses which was also dated 8/11/2008. Interview with the facility 's Qualified Mental Retardation Professional (QMRP) and House Manager revealed on the same day revealed there was no evidence on file at the time of survey to substantiate that any effort had been made to secure Resident #1 's new eyeglasses. 2. Record review on 11/13/2008 at 5:20pm revealed Resident #2 's physician 's orders	I 180	1. Resident # 1 received new prescription eye wear on 11-15-08. 2. A. Resident #2 is within her IBW and is able to consume double portions at mealtime as desired and encouraged to consume healthy between meal snacks to maintain consistent glucose serum levels to maintain her healthy lifestyle.	12-12-08

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I 370	Continued From page 9 policy and procedures manual did not provide any direction on handling a missing person ' s situation and/or situations of a resident ' s death.	I 370		
I 371	3519.2 EMERGENCIES Each GHMRP shall maintain written documentation that each employ�ee has been trained in carrying out the policies and procedures set forth in � 3519.1 of this section. This Statute is not met as evidenced by: Based on record review and staff interview, the facility failed to present any evidence that all staff received training as required by this section and as evidenced below. The finding includes: Interview and record review with the facility ' s Qualified Mental Retardation Professional (QMRP) on 11/13/2008 at 6:45pm revealed there was no evidence presented or on file at the time of survey to substantiate that all staff had received training on how to manage emergency situations, including fire or general disaster, missing persons, serious illness or trauma, and death.	I 371		
I 402	3520.4 PROFESSION SERVICES: GENERAL PROVISIONS Professional services shall include an annual health inventory of each resident. This Statute is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that its residents received an annual health inventory as required by this	I 402		

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I 402	Continued From page 10 section and as evidenced below. The finding includes: Interview and record review with the facility's Qualified Mental Retardation Professional (QMRP) on 11/13/2008 at 7:00pm revealed Resident #1's most recent Nutrition assessment was dated 7/12/2007 and there wasn't a more current Nutritional assessment on file at the time of survey. The QMRP indicated that the oversight would be corrected immediately.	I 402	Current Nutritional assessment placed in medical chart. Residential site visit is weekly Q.A. had designed to ensure medical record is current started 11-14-08.	12-12-08
I 420	3521.1 HABILITATION AND TRAINING Each GHMRP shall provide habilitation and training to its residents to enable them to acquire and maintain those life skills needed to cope more effectively with the demands of their environments and to achieve their optimum levels of physical, mental and social functioning. This Statute is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure that its residents were being afforded the opportunity to take part in their self medication program to the best of their ability as required by this section and as evidenced below. The finding includes: Observation on 11/12/2008 at 6:05pm revealed Resident #1 took no part in receiving her medication other than getting her own cup of water. Record review on 11/13/2008 at 7:07pm revealed Resident #1 was diagnosed as functioning in the mild range of mental retardation both cognitively and adaptively. Resident #1 was also observed performing all her personal chores	I 420	Self medication assessment identified Resident #1 cognitive ability to participate in and become self medicating. The process was hindered by resident's hesitance therefore smaller steps were taken to ease her adjustment and boost self confidence. Two week adjustment period started 11-13-08 thru 11-27-08. Now resident #1 is comfortable enough to punch out her (over)	

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1420	Continued From page 11 without staff assistance on the evening of 11/12/2008. In addition, as gathered from her supervising staff at her day program on 11/13/2008 at 10:45am and from staff at her home on 11/12/2008 at 5:58pm, Resident #1 currently holds a job at a local department store and she 's highly independent in managing her tasks. Resident #1 was observed returning home from work on the evening of 11/13/2008 wearing her job 's uniform. Further record review on 11/13/2008 at 6:11pm revealed Resident #1 has been recommended by the nursing staff to " start her self medication program on 11/10/2008 ", but there was no evidence presented or on file at the time of survey to substantiate that any effort has been initiated to draft the tasks associated with this self med program and/or initiate the implement of this recommendation.	1420	Cont. pills with verbal encouragement. Re-evaluation due 1-31-09.	12-12-08
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1432	3521.7(c) HABILITATION AND TRAINING The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas: (c) Personal hygiene (including washing, bathing, shampooing, brushing teeth, and menstrual care); This Statute is not met as evidenced by: Based on record review and staff interview, the facility failed to implement proactive measures to ensure its resident ' s are learning to promote their oral health as required by this section and as evidenced below. The finding includes: Record review on 11/13/2008 at 6:33pm revealed Resident #1 ' s oral health has been on a steady	1432	Resident #1 oral care plan has been reviewed by Dental Surgeon [redacted] and a therapeutic plan is being developed to address specific dental interventions necessary to ensure oral health.	
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I 432	Continued From page 12 decline since 1/8/2008. A synopsis of Resident #1 ' s dental examinations was as follows: a. 1/8/2008 - dentist found " no complaints " during this examination. b. 6/16/2008 - dentist found problems with tooth numbers " #10, #3, #15, #16, #19 " and " root section of 18 " with the recommendation to " refer to oral surgical for multiple extractions ... #10 extracted " . c. 9/2/2008 - dentist recommended " extraction [of] #19, #20 " ... " Tylenol for pm pain, post surgical instructions given to aide. " Interview with the facility ' s Qualified Mental Retardation Professional (QMRP) on 11/13/2008 at 6:40pm revealed there was no evidence presented or on file at the time of survey to substantiate that any proactive measures had been taken to ensure that this resident ' s oral health was being monitored and proper oversight provided for as her oral health declined. The GHMRP failed to enact programmatic and habilitative measures of ensuring Resident #1 ' s oral health.	I 432		
I 436	3521.7(f) HABILITATION AND TRAINING The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas: (f) Health care (including skills related to nutrition, use and self-administration of medication, first aid, care and use of prosthetic and orthotic devices, preventive health care, and safety); This Statute is not met as evidenced by: Based on record review and staff interview, the	I 436		

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I 436	Continued From page 13 facility failed to ensure that its residents were afforded the opportunity to learn how to take part in their self medication program as required by this section and as evidenced below. The finding includes: Observation on 11/12/2008 at 6:05pm revealed Resident #1 took no part in receiving her medication other than getting her own cup of water. Record review on 11/13/2008 at 7:07pm revealed Resident #1 was diagnosed as functioning in the mild range of mental retardation both cognitively and adaptively. Resident #1 was also observed performing all her personal chores without staff assistance on the evening of 11/12/2008. In addition, as gathered from her supervising staff at her day program on 11/13/2008 at 10:45am and from staff at her home on 11/12/2008 at 5:58pm, Resident #1 currently holds a job at a local department store and she 's highly independent in managing her tasks. Resident #1 was observed returning home from work on the evening of 11/13/2008 wearing her job 's uniform. Further record review on 11/13/2008 at 6:11pm revealed Resident #1 has been recommended by the nursing staff to " start her self medication program on 11/10/2008 ", but there was no evidence presented or on file at the time of survey to substantiate that any effort has been initiated to draft the tasks associated with this self med program and/or initiate the implement of this recommendation.	I 436	See 1420.	12-12-08
I 437	3521.7(g) HABILITATION AND TRAINING The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas:	I 437		

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I 437	<p>Continued From page 14</p> <p>(g) Communication (including language development and usage, signing, use of the telephone, letter writing, and availability and utilization of communications media, such as books, newspapers, magazines, radio, television, telephone, and such specialized equipment as may be required);</p> <p>This Statute is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that its residents were afforded the opportunity to receive speech and language habilitation as required by this section and as evidenced below.</p> <p>The finding includes:</p> <p>Record review on 11/13/2008 at 6:55pm revealed Resident #1 Speech assessment dated 8/20/2008 recommended that she receive " speech and language services 1 time per week for 2 hours to address deficits in social, receptive and expressive language that isolate her in community and social settings as well as prevent her for achieving optimal functional communication. Treatment for [Resident #1] should focus on expressive and receptive language, pragmatic language development, and auditory processing. The goal of her communication program once implemented should include carryover with caregivers in the residence as well as in job placement to assist [Resident #1] with her communicative growth. [Resident #1] is an excellent candidate for speech/language intervention as she is highly motivated and cooperative with an eagerness to learn. "</p> <p>Interview with the facility 's Qualified Mental Retardation Professional (QMRP) on 11/13/2008</p>	I 437		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0044	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/13/2008
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NAME OF PROVIDER OR SUPPLIER WARD & WARD	STREET ADDRESS, CITY, STATE, ZIP CODE 7011 9TH ST, NW WASHINGTON, DC 20012
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(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 437	Continued From page 15 at 7:03pm revealed none of the above recommendations had been implemented at the time of survey.	I 437		