

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

PRINTED: 09/20/2010
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G022 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 09/15/2010 |
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| NAME OF PROVIDER OR SUPPLIER D C HEALTH CARE | STREET ADDRESS, CITY, STATE, ZIP CODE 1026 8TH STREET NE WASHINGTON, DC 20002 |
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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) COMPLETION DATE |
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| W 000 | INITIAL COMMENTS An recertification survey was conducted from September 13, 2010, through September 15, 2010, utilizing the fundamental survey process. A random sample of three clients was selected from a population of six males with various levels of mental retardation and disabilities. The findings of the survey were based on observations at the group home and three day programs interviews with clients and staff, and the review of clinical and administrative records including incident reports. | W 000 | | |
| W 120 | 483.410(c)(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 observations, interview and record review, the facility failed to ensure that outside services met the needs of each client, for one of the three sampled clients. (Client #1) The finding includes: Client #1 was observed at his day program on September 14, 2010, beginning at 11:25 a.m. At 12:05 p.m., review of Client #1's individual program plan (IPP) dated November 2, 2009, revealed the following communication objective: "Staff will assist [the client] in creating a picture book of various items of interest or activities (people, places, or things) from which to choose. Staff will present [the client] with choices (pictures). Then [the client] will choose the item or action that he would like to participate in." | W 120 | | |

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH REGULATION ADMINISTRATION
825 NORTH CAPITOL ST., N.E., 2ND FLOOR
WASHINGTON, D.C. 20002

SEP 28 2010

D.C.H.C QMRP has met with day program instructors on her routine monthly visits. Also QMRP has given trainings on needful domain to Day Program staff. On 9-16-10, QMRP had a case conference @ the Day Program with the Program Manager and the social worker. QMRP reoriented the staff person on goals objectives per IPP, HCMP and other issues like behavior management for the individual #1's on 9-16-10.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Gmery Stephen</i> | TITLE President | (X8) DATE 9/28/10 |
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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 that 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 Further review of the communication goal revealed he shredded paper on August 9, 2010 and August 11, 2010. In an interview at the same time, the day program staff stated, "I misread the program and didn't understand it." There was no evidence that the staff implemented Client #1's communication goal during the month of August. | W 120 | Day Program staff person was provided additional training on 09/22/10 and the program manager will continue to train as needed. QMRP will continue monthly monitoring to ensure timely implementation of IPP goals and program. (See Attachment A1- A5) | 09-22-10 | |
| W 189 | At the time of the survey, the day program failed to ensure Client #1's communication program was implemented as recommended. 483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure staff received training to address the needs of each client, for one of three clients in the sample. (Client #1) The findings include: On September 13, 2010, at 7:51 p.m., Client #1 was observed eating chopped chicken, kale, lima beans, wheat bread and apple sauce. After the client completed his entire meal, the direct support staff asked the client to drink his water and milk. On September 14, 2010, at 3:18 p.m., review of Client #1's speech and language assessment dated September 19, 2010, revealed the client required supervision during meals to alternate liquids and solids due to decreased bolus | W 189 | An in-service training was done by QMRP on the same evening 09-15-10 followed by another training. The QMRP, House Manager and Staff received training on 09-16-10 on eating precautions for individuals by Program Manager, SLP and nutrition to ensure proper implementation of individual # 1 eating protocols. QMRP will continue to provide routine training and monitor on weekly basis until every staff follows the precautionary guidelines correctly. Also unannounced visit by Program Manager and SLP to check proper implementation of protocol. A quiz has been administered to the staff to test their knowledge about individuals diet orders and protocols. (Please see attachment # B1-B4) | 09-15-10 09-16-10 | |

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| W 189 | Continued From page 2 manipulation and vertical chewing motion. Interview with the QMRP on September 15, 2010, at approximately 2:30 p.m., confirmed that staff is required to ensure that Client #1 alternates his liquids and solids. The QMRP failed to ensure that Client #1 alternated his liquids and solids during meals as recommended by the speech and language pathologist. | W 189 | | | |
| W 262 | 483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that restrictive measures had been reviewed and/or approved by the Human Rights Committee (HRC), for two of three clients in the sample. (Clients #2 and #3) The findings include: Minutes taken at meetings of the facility's HRC for the period November 2009 through August 2010, were reviewed on September 15, 2010, beginning at 12:05 p.m. 1. Review of Client #2's medical chart on September 14, 2010, beginning 1:20 p.m., revealed the following orders: | W 262 | 1&2 All Physician orders of sedation for medical appointments for Resident #2 were approved by the Medical Guardian and discussed but not included in the HRC minutes by error. The QMRP was provided further training by Program Manager to ensure that HRC minutes incorporate the discussion of the sedation for approval. DCHC will continue the desensitization program prior to the appt. Upon any sedation being ordered, the HRC will review and discuss. Additionally, the individual and the legal guardian will be informed and consent obtained. DCHC will continue with the desensitization Program. See Attachment "C" | 09-15-10 | |

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| W 262 | <p>Continued From page 3</p> <ul style="list-style-type: none"> - On November 24, 2009, Ativan 3 mg, 2 hours prior to dental appointment schedule for November 30, 2009; - On November 21, 2009, Ativan 3 mg, prior to ENT appointment scheduled for November 2, 2009; - On October 2, 2009, Ativan 3 mg, prior to ENT appointment scheduled for October 19, 2009. <p>Review of Client #2's medication administration record on September 15, 2010, at approximately 10:00 a.m., confirmed that the client received the aforementioned sedations.</p> <p>Interview with the qualified mental retardation professional (QMRP) on September 15, 2010, at approximately 10:30 a.m., revealed that Client #2 received the sedation to address his non-compliance prior to the medical appointments. Further interview with the program director at approximately 3:40 p.m., indicated that the HRC discussed the client's sedations, however there was no evidence that the HRC approved the use of sedations for Client #2.</p> <p>2. Review of Client #3's physician order dated September 11, 2009, on September 15, 2010, beginning at 10:23 a.m., revealed an order for Ativan 2 mg, prior to a dental appointment scheduled for September 22, 2009.</p> <p>Review of Client #3's medication administration record on September 15, 2010, at approximately 10:15 a.m., confirmed that the client received the aforementioned sedation.</p> <p>Interview with the QMRP on September 15, 2010,</p> | W 262 | | | |

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| W 262 | Continued From page 4 at approximately 10:30 a.m., revealed that Client #3 received the sedation to address his non-compliance prior to the dental appointment. Further interview with the program director at approximately 3:40 p.m., indicated that the HRC discussed the client's sedation, however there was no evidence that the HRC approved the use of the sedation for Client #3. | W 262 | | | |

Health Regulation Administration

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECT ON | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0060 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 09/15/2010 |
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| 1000 | INITIAL COMMENTS An licensure survey was conducted from September 13, 2010, through September 15, 2010. A random sample of three residents was selected from a population of six males with various levels of mental retardation and disabilities. The findings of the survey were based on observations at the group home and three day programs, interviews with residents and staff, and the review of clinical and administrative records including incident reports. | 1000 | | |
| 1180 | 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 observation, interview and record review, the GHMRP failed to ensure that adequate administrative support had been provided to efficiently meet the needs of the residents as required by their habilitation plans for one of three residents in the sample. (Resident #1) The finding includes: On September 13, 2010, at 7:51 p.m., Resident #1 was observed eating chopped chicken, kale, lima beans, wheat bread and apple sauce. After the client completed his entire meal, the direct support staff asked the resident to drink his water and milk. On September 14, 2010, at 3:18 p.m., review of | 1180 | The QMRP, House Manager and Staff received training on 09-16-10 on eating precautions for individuals by Program Manager SLP and Nutritionist to ensure proper implementation of individual #1 eating precautions. QMRP will continue to provide training on ongoing basis and monitor on weekly basis until every staff follows the precautionary guidelines correctly. Also unannounced visit by Program Manager SLP and to check proper implementation of program. Also a small quiz on individuals has been developed for staff to check their knowledge about individuals issues. (Please see attachment # B1-B4) | 09-16-10 |

Health Regulation Administration

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

TITLE *President*

(X5) DATE *9/25/10*

Health Regulation Administration

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| I 180 | Continued From page 1 Resident #1's speech and language assessment dated September 19, 2010, revealed the resident required supervision during meals to alternate liquids and solids due to decreased bolus manipulation and vertical chewing motion. Interview with the QMRP on September 15, 2010, at approximately 2:30 p.m., confirmed that staff is required to ensure that Resident #1 alternates his liquids and solids. The QMRP failed to ensure that Resident #1 alternated his liquids and solids during meals as recommended by the speech and language pathologist. | I 180 | | |
| I 405 | 3520.7 PROFESSIONAL SERVICES: GENERAL PROVISIONS Professional services shall be provided by programs operated by the GHMRP or personnel employed by the GHMRP or by arrangements between the GHMRP and other service providers, including both public and private agencies and individual practitioners. This Statute is not met as evidenced by: Based on observation, interview and record review, the Group Home for the Mentally Retarded Persons (GHMRP) failed to ensure professional services had been provided in accordance with each resident's needs, for one of the three residents included in the sample. (Resident #1) The finding includes: Resident #1 was observed at his day program on September 14, 2010, beginning at 11:25 a.m. At 12:05 p.m., review of Resident # 1's individual | I 405 | | |

Health Regulation Administration

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| 1405 | Continued From page 2 program plan (IPP) dated November 2, 2009, revealed the following communication objective: "Staff will assist [the resident] in creating a picture book of various items of interest or activities (people, places, or things) from which to choose. Staff will present [the resident] with choices (pictures). Then [the resident] will choose the item or action that he would like to participate in." Further review of the communication goal revealed he shredded paper on August 9, 2010 and August 11, 2010. In an interview at the same time, the day program staff stated, "I misread the program and didn't understand it." There was no evidence that the staff implemented Resident #1's communication goal during the month of August. At the time of the survey, the day program failed to ensure Resident #1's communication program was implemented as recommended. | 1405 | D.C.H.C QMRP has met with day program instructors on her routine monthly visits. Also QMRP has given trainings on needful domain to Day Program staff. On 9-16-10 QMRP had a case conference @ The Day Program with the Program Manager and the social worker. QMRP reoriented the staff person on goals objectives per IPP, HCMP and other issues like behavior management for the individual #1's on 9-16-10. Day Program staff person was provided additional training on 09/22/10 and the Program Manager will continue to train as needed, QMRP will continue monthly monitoring to ensure timely implementation of IPP goals and program. (See Attachment A1-A5) | 09-16-10 09-22-10 |
| 1500 | 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: Based on observation, interview and record review, the Group Home for Mentally Retardation Persons (GHMRP) failed to ensure the rights of residents were observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and Federal Laws, for two of three residents included in the sample. (Residents #1 and #2) | 1500 | | |

Health Regulation Administration

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| I 500 | Continued From page 4 beginning at 10:23 a.m., revealed an order for Ativan 2 mg. prior to a dental appointment scheduled for September 22, 2009. Review of Client #3's medication administration record on September 15, 2010, at approximately 10:30 a.m., confirmed that the client received the aforementioned sedations. Interview with the QMRP on September 15, 2010, at approximately 10:30 a.m., revealed that Resident #3 received the sedation to address his non-compliance prior to the dental appointment. Further interview with the program director at approximately 3:40 p.m., indicated that the HRC discussed the resident's sedations, however there was no evidence that the HRC approved the use of the sedation for Resident #3. | I 500 | | | |