

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

PRINTED: 03/31/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G124	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2009
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NAME OF PROVIDER OR SUPPLIER INDIVIDUAL DEVELOPMENT, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 1230 CONGRESS STREET, SE WASHINGTON, DC 20020
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W 000	INITIAL COMMENTS A recertification survey was conducted from March 10, 2009 through March 12, 2009. The survey was initiated using the fundamental survey process. A random sample of four clients was selected from a population of eight males with various degrees of disabilities. The findings of this survey were based on observations at the group home and two day programs, and a review of clinical and administrative records including the facility's unusual incident reports.	W 000		
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, record review and staff interview, the facility failed to ensure clients were provided with adaptive feeding equipment as ordered, for one of the four clients included in the sample. (Client #2) The finding includes: Observation at Client #2's day program on March 11, 2009, at 12:15 PM revealed Client #2 eating lunch from a hi-lo plate that was placed on top of a plastic bib. The plate was observed sliding around on the table. Review of the feeding protocol on March 11, 2009 at 2:05 PM indicated that Client #2 required a hi-lo plate, spouted handled mug, built-up coated teaspoon, Dycem mat, and a bib during	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 W120 This Standard will be met as evidenced by: 1. Placement mat was previously given to the day program for client #2's placemat on 10/6/08, QMRP will follow up with training to reinforce the use of adaptive meal support at the day program. In addition, QMRP will periodically continue to monitor meals at the day program to ensure compliance with the use of adaptive equipment. provide day program staff with Such actions will be documented in the QMRP notes. QMRP conducted will conduct training at the day program to address the use of the dycem mat.	4-13-09 ongoing

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Murray Brown</i>	TITLE <i>DS</i>	(X6) DATE <i>4-13-09</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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NAME OF PROVIDER OR SUPPLIER

INDIVIDUAL DEVELOPMENT, INC.

STREET ADDRESS, CITY, STATE, ZIP CODE

1230 CONGRESS STREET, SE
WASHINGTON, DC 20020

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W 124 Continued From page 2

W 124

Review of Client #1's medical record on March 11, 2009, at approximately 1:00 PM revealed an order for Valium 5 mg, three times per day. Interview with the Licensed Practical Nurse (LPN) on March 11, 2009 at approximately 1:30 PM confirmed Client #1 received Valium as a muscle relaxer. Interview with the Qualified Mental Retardation (QMRP) on March 10, 2009 at approximately 6:15 PM revealed the client did not have the capacity to give informed consent for the use of his medications and habilitation services.

Further review of Client #1's Psychological Assessment dated November 6, 2008 on March 11, 2009 at approximately 1:00 PM revealed that Client #1 "is not able to make independent decisions concerning his habilitation. He lacks the cognitive skills necessary to understand the implications of such decisions and therefore cannot give his informed consent. He lacks the judgment and insight required to make decisions independently." The QMRP further revealed the client did have a legal guardian to assist him in decision making.

Review of the client's medical record and additional interview with the QMRP on March 11, 2009 at 1:30 PM failed to provide evidence that Client #1's treatment needs, including the benefits and potential side effects associated with his medications, and the right to refuse treatment, had been explained to him and a legally authorized representative.

2. During the medication pass observation on March 10, 2009 at approximately 7:00 PM, Client #4 was observed receiving Valium 2 mg. Review of the bubble pack and verified by the client's

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W 124	<p>Continued From page 3</p> <p>Physician's Order dated March 2009 on March 12, 2009 revealed that the client received this medication as a muscle relaxer.</p> <p>During the entrance conference with the QMRP on March 10, 2009, at approximately 6:30 PM, it was revealed that Client #4 had a guardian to assist him in making health care decisions. Interview with the QMRP on March 12, 2009, at approximately 12:30 PM and record verification on the same day revealed that the facility had not informed the client and/or his guardian of the risk verses benefits of using this medication. At the time of the survey, the facility failed to provide evidence that informed consent had been obtained for the use of Client #4's medication prior to its use.</p> <p>3. During the medication pass observation on March 10, 2009, at 6:45 PM, Client #3 was observed receiving Lyrica 50 mg. Interview with the nurse revealed that the client received the medication for seizures and to calm him down. It was noted that prior to receiving the medication the client flailed his arms and legs while in the wheelchair; however after receiving the medication the client was calm.</p> <p>During the day program observation on March 11, 2009 from 11:00 AM to 1:15 PM, Client #3 was observed in the nursing station. His eyes were closed as if sleeping soundly. According to the staff, he had been that way all morning. The nursing staff placed ice packs on the client's neck in an effort to arouse him. Interview with the day program staff revealed that the client recently had recent changes in his medication and intermittently had periods of somnolence.</p>	W 124	<p>RN and medical staff will continue to monitor client 33's response to medications and make changes recommendations as needed.</p> <p>The legal guardian will be informed of all proposed changes and recommendations to assist client #3 in the decision making process.</p>	4.13.09 ongoing
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W 124 Continued From page 4
Review of the physician's Desk Reference on March 13, 2009 at approximately 3:00 PM revealed that one of the side effects of the Lyrica was somnolence.

During the entrance conference with the QMRP on March 10, 2009 at approximately 6:30 PM, it was revealed that Client #3 had a guardian to assist him in making health care decisions. Interview with the QMRP on March 12, 2009, at approximately 12:40 PM and record verification on the same day revealed that the facility had not informed the client and/or his guardian of the risk verses benefits of using this medication. At the time of the survey, the facility failed to provide evidence that informed consent had been obtained for the use of Client #3's medication prior to it's use.

W 124

W 154 483.420(d)(3) STAFF TREATMENT OF CLIENTS

The facility must have evidence that all alleged violations are thoroughly investigated.

This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to investigate injuries of unknown origins, for three of the four clients in the sample. (Clients #1, #3 and #4)

The findings include:

Review of the incident reports on March 10, 2009 at 3:45 PM revealed the following injuries of unknown origins that were not investigated:

a. On August 1, 2008, staff discovered that Client #3 sustained a laceration to his left eye

W 154

W154
This Standard will be met as evidenced by:

The QMRP will provide additional staff training to both the nurses and direct care staff on reporting incidents.

QMRP will investigate all injuries of unknown origin.

4.8.09
ongoing

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W 154	Continued From page 5 brow. The primary care physician was notified and instructed the staff to take the client to the emergency room. b. On October 18, 2008, staff discovered an abrasion on Client #1's chin.	W 154		
W 156	483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to report the results of all investigations to the administrator within five working days of the incident, for two of four clients included in the sample. (Clients #1 and #3) The findings include: Review of the incident reports on March 10, 2009 at 3:45 PM revealed the following injuries of unknown origins: a. On August 1, 2008, staff discovered that Client #3 sustained a laceration to his left eye brow. The primary care physician was notified and instructed the staff to take the client to the emergency room. b. On October 18, 2008, staff discovered an abrasion on Client #1's chin.	W 156	W156(a, b, and c) This Standard will be met as evidenced by: Reference response to W154. In addition the QMRP will report all investigative results to the administrator within five working days of the incident as outlined in policy and procedures. The QMRP will receive additional training as needed to further ensure timely submission of the investigation. Tracking system will be updated to further ensure compliance with this standard.	3-30-09 ongoing

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W 156	Continued From page 6 c. On January 5, 2009, staff discovered a small scratch on Client #4's right hand. Interview with the Qualified Mental Retardation Professional (QMRP) on March 11, 2009 at approximately 3:30 PM confirmed that there were no investigations to the aforementioned incidents. Continued review of the facility's incidents failed to provide evidence that the administrator was notified of the results of all investigations within five working days.	W 156		
W 159	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. This STANDARD is not met as evidenced by: Basec on observation, staff interview, and record review, the Qualified Mental Retardation Professional (QMRP) failed to coordinate services, for two of the four clients included in the sample. (Clients #1 and #2). The findings include: 1. The facility's QMRP failed to ensure clients were provided with adaptive feeding equipment as ordered, for one of the four clients included in the sample. [See W120] 2. The facility's QMRP failed to ensure that as soon as the interdisciplinary team formulated client's Individual Program Plan (IPP), each client received continuous active treatment services, in sufficient number and frequency to support the	W 159	W159 This Standard will be met as evidenced by: 1. The QMRP will ensure that adaptive equipment is provided to outside agencies. Reference response to W120. 2. The QMRP will ensure that all goals are implemented as formulated by IDT Reference response to W249 W249(#'s 1 and 2)	4.13.09 ongoing

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W 159	Continued From page 7	W 159			
W 249	achievement of the objectives identified in the IPP. [See W249] 483.44C(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that as soon as the interdisciplinary team (IDT) formulated client's Individual Program Plan (IPP), each client received continuous active treatment services, in sufficient number and frequency to support the achievement of the objectives identified in the IPP, for two of the four clients included in the sample. (Clients #1 and #2) The findings include: 1. On March 11, 2009 at 2:00 PM, a communication device was observed on a table in the dining room. Interview with the QMRP on March 12, 2009, at 12:00 PM indicated that Client #2 had a speech goal to increase his functional communication skills with the use of a communication device. Review of the records on March 12, 2009, at 12:10 PM revealed the following: Client #2 quarterly report dated November 4,	W 249	W249(#'s 1 and 2) This Standard will be met as evidenced by: 1. Reference W159. Review of record indicated that client #2 has adaptive equipment and a voice output device but the equipment has no tilt switch. QMRP will order new equipment with a tilt switch as recommended by the speech pathologist. QMRP will receive additional in-service training on program implementation and following up with programs as formulated by the IDT.	4-1-09 ongoing	

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W 249	Continued From page 8 2008 recommended that he should continue to receive speech communication training to improve his functional communication skills through the use of a tilt switch, voice output, and cause and effect activities. His objective stated that he will be able to use a tilt-switch and a voice output device to express himself (i.e., I would like to eat, I would like to listen to music) at the appropriate time given hand over hand assistance, and verbal prompts on three out of five trials for three consecutive months. On March 10, 2009 the Direct Care Aid signed the client's program plan, indicating that he was given the opportunity to use his communication device. The facility failed to implement Client #2's speech communication training with the use of his tilt switch, voice output communication device.	W 249			
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 observation, staff interview and record review, the facility's Human Rights Committee (HRC) failed to review and approve the use of restrictive measures, for two of the four clients in the sample. (Clients #1 and #2)	W 262	2. Cross Reference response W436.		

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W 262	<p>Continued From page 9</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. On March 12, 2009 at approximately 1:00 PM, review of the HRC minutes and interview with the Qualified Mental Retardation Professional (QMRP) revealed that there was no evidence that the HRC had approved the use of sedative medications for Clients #1 and #2. [See W124; 1 and 2] 2. Review of Client #1's medical record on March 11, 2009, at approximately 1:00 PM revealed the following sedations: <ol style="list-style-type: none"> a. On March 2, 2009, Client #1 received Ativan 2 mg, 30 minutes prior to an EEG; b. On March 6, 2009, the client received Ativan 2 mg, prior to a CT scan. <p>Interview and record review on March 12, 2009, at 9:30 AM revealed Client #1 received sedations to address his non-compliance prior to medical appointments.</p> <p>Review of the HRC minutes on March 12, 2009, 10:00 AM revealed no evidence that the facility's HRC reviewed and/or approved Client #1's sedations prior to medical appointments.</p>	W 262	<p>W262 This Standard will be met as evidenced by: Reference response to W124</p> <p>QMRP will discuss/review all information pertaining to various treatments, including medication for sedation with the Human Rights Committee.</p> <p>In addition, the QMRP will discuss the risk and benefits of each medication ordered and ensure approval/consent from the individual legal guardian and family members. Evidence of such meeting will be filed inside the individual file.</p>	4-1-09 ongoing
W 263	<p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE</p> <p>The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p>	W 263	W263	

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W 263	<p>Continued From page 10</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility's Human Rights Committee (HRC) failed to ensure written informed consent had been obtained from the client and/or their legal guardian for the use of restrictive sedative medications, for two of the four clients included in the sample. (Clients #1, #3 and #4)</p> <p>The finding includes:</p> <ol style="list-style-type: none"> 1. Review of Client #1's medical record on March 11, 2009 at approximately 1:00 PM revealed an order for Valium 5 mg, three times per day. Interview with the Licensed Practical Nurse (LPN) on March 11, 2009, at 1:30 PM confirmed Client #1 received Valium as a muscle relaxer. Interview with the Qualified Mental Retardation Professional (QMRP) on March 10, 2009, at approximately 6:15 PM revealed the client did not have the capacity to give informed consent for the use of his medications and habilitation services. <p>Further review of Client #1's Psychological Assessment dated November 6, 2008 on March 11, 2009 at approximately 1:00 PM revealed that Client #1 "is not able to make independent decisions concerning his habilitation. He lacks the cognitive skills necessary to understand the implications of such decisions and therefore cannot give his informed consent. He lacks the judgment and insight required to make decisions independently." The QMRP further revealed the client did have a legal guardian to assist him in decision making.</p> <p>Review of the client's medical record and additional interview with the QMRP on March 11,</p>	W 263	<p>W263</p> <p>This Standard will be met as evidenced by:</p> <p>Reference response to W124 and W262</p> <p>4. Review of record indicated that the medications were prescribed to client # 1, 3 and 4 by the Neurologist as part of neurological treatment plan. Therefore, The psychiatrist does not monitor, or follow up on the medication. The QMRP already follow up with the legal guardian for the consent of medications for all individuals involved.</p> <p>In the future, the QMRP/Nurse will inform the guardian of all recommended medications and obtain written consent prior to implementation. The Human Rights Committee will also review to further ensure that informed consent has been obtained and copy maintained on file.</p>	4-1-09 ongoing
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W 263	<p>Continued From page 11</p> <p>2009 at 1:30 PM failed to provide evidence that Client #1's treatment needs, including the benefits and potential side effects associated with his medications, and the right to refuse treatment, had been explained to him and a legally authorized representative.</p> <p>2. During the medication pass observation on March 10, 2009 at approximately 7:00 PM, Client #4 was observed receiving Valium 2 mg. Review of the bubble pack and verified by the client's Physician's Order dated March 2009 on March 12, 2009 revealed that the client received this medication as a muscle relaxer.</p> <p>During the entrance conference with the QMRP on March 10, 2009, at approximately 6:30 PM, it was revealed that Client #4 had a guardian to assist him in making health care decisions. Interview with the QMRP on March 12, 2009, at approximately 12:30 PM and record verification on the same day revealed that the facility had not informed the client and/or his guardian of the risk verses benefits of using this medication. At the time of the survey, the facility failed to provide evidence that informed consent had been obtained for the use of Client #4's medication prior to its use.</p> <p>3. During the medication pass observation on March 10, 2009, at 6:45 PM, Client #3 was observed receiving Lyrica 50 mg. Interview with the nurse revealed that the client received the medication for seizures and to calm him down. It was noted that prior to receiving the medication the client flailed his arms and legs while in the wheelchair, however after receiving the medication the client was calm.</p>	W 263		
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W 283	<p>Continued From page 12</p> <p>During the day program observation on March 11, 2009 from 11:00 AM to 1:15 PM, Client #3 was observed in the nursing station. His eyes were closed as if sleeping soundly. According to the staff, he had been that way all morning. The nursing staff placed ice packs on the client's neck in an effort to arouse him. Interview with the day program staff revealed that the client recently had recent changes in his medication and intermittently had periods of somnolence.</p> <p>Review of the physician's Desk Reference on March 13, 2009 at approximately 3:00 PM revealed that one of the side effects of the Lyrica was somnolence.</p> <p>During the entrance conference with the QMRP on March 10, 2009 at approximately 6:30 PM, it was revealed that Client #3 had a guardian to assist him in making health care decisions. Interview with the QMRP on March 12, 2009, at approximately 12:40 PM and record verification on the same day revealed that the facility had not informed the client and/or his guardian of the risk verses benefits of using this medication. At the time of the survey, the facility failed to provide evidence that informed consent had been obtained for the use of Client #3's medication prior to it's use.</p> <p>At the time of the survey, the facility failed to provide evidence that informed consent was obtained from the client and/or legally authorized representative prior to the administration of the psychotropic medication.</p>	W 263			
W 289	<p>483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</p> <p>The use of systematic interventions to manage</p>	W 289	W289		

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W 289	<p>Continued From page 13</p> <p>inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the use of behavioral control medications incorporated into clients Individual Program Plan (IPP), for one of the four clients included in the sample. (Client #1)</p> <p>The findings include:</p> <p>Review of Client #1's medical record on March 11, 2009, at approximately 1:00 PM revealed the following sedations:</p> <p>a. On March 2, 2009, Client #1 received Ativan 2 mg, 30 minutes prior to an EEG;</p> <p>b. On March 6, 2009, the client received Ativan 2 mg, prior to a CT scan.</p> <p>Interview and record review on March 12, 2009, at 9:30 AM revealed Client #1 received sedations to address his non-compliance prior to medical appointments.</p> <p>Review of the HRC minutes on March 12, 2009, 10:00 AM revealed no evidence of an IPP to address non-compliant behavior prior to use of medication.</p>	W 289	<p>W289</p> <p>This Standard will be met as evidenced by:</p> <p>Review of record indicates that medications were ordered by the primary care physician for one time usage of Intolerance to painful medical procedures. QMRP will follow up with the psychologist to implement a desensitization plan for client #1, 3 and 4 to decrease/ eliminate episodes of combativeness or intolerance of during medical procedures.</p> <p>QMRP will also review and discuss client #1's need for sedation for scheduled medical appointments at his next interdisciplinary meeting and incorporate approved interventions into his individual support plan.</p>	<p>3-30-09 orgary</p>
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W 325	<p>482.460(a)(3)(iii) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum</p>	W 325		
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W 325	<p>Continued From page 14</p> <p>includes routine screening laboratory examinations as determined necessary by the physician.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide routine laboratory testing as determined necessary by the physician, for one of four clients included in the sample. (Client #2)</p> <p>The finding includes:</p> <p>The facility failed to obtain laboratory studies as ordered by the Primary Care Physician (PCP).</p> <p>a. Review of Client #2's physician's order (PO) from June 2008 to March 2009 on March 11, 2009 at approximately 10:00 AM revealed an order for the client to have laboratory studies for TSH and TSH4 every six months. Further review of the record revealed the TSH and TSH4 were completed on August 4, 2008. The results of the TSH and TSH4 laboratory studies were within normal limits. However there was no evidence of laboratory studies for the Client's TSH and TSH4 after the aforementioned date.</p> <p>Interview with the Licensed Practical Nurse (LPN) and Registered Nurse (RN) on March 11, 2009, at approximately 10:30 AM confirmed that the laboratory studies were not completed as ordered.</p> <p>b. Review of Client #2's POs from June 2008 to March 2009, on March 11, 2009 at approximately 10:00 AM revealed an order for the client to have laboratory studies for lipids every six months.</p>	W.325	<p>W325</p> <p>This Standard will be met as evidenced by:</p> <p>Facility RN will provide additional training to nurses on timely follow up/completion of laboratory studies as ordered by physician. The RN will ensure that a consistent and accurate system is established that ensures that all laboratory studies were completed in accordance with establish standard</p>	3-26-09 organy
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04/01/2009 19:03 FAX 202 442-8430

HEALTH REGULATION ADMIN

019/029

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W 325	Continued From page 15 Further review of the record revealed the client's last lipid level testing was completed on August 4, 2008. Interview with the LPN and RN on March 11, 2009 at 10:30 AM revealed that Client #2 did not receive his lipid level testing every six months as ordered. c. Review of Client #2's POs from June 2008 to March 2009 on March 11, 2009 at approximately 10:00 AM revealed an order for the client to have laboratory studies of synthroid every six months. Further review of the record revealed the client's last synthroid level testing was completed on August 4, 2008. Interview with the LPN on March 11, 2009 at approximately 10:00 AM revealed that Client #2 did not receive his synthroid level testing every six months as ordered.	W 325			
W 331	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on observation and interview, the facility's nurse failed to assess for the placement of the gastrostomy tube (G-tube) prior to the administration of medication and feedings, for one clients who received nutrition and medications through the G-tube. (Client #3) The finding includes: During the medication pass observation on March 10, 2009, at approximately 6:45 PM, the nurse	W 331	W331		

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W 331	Continued From page 16 prepared to administer Client #3's medications through his G-tube. The nurse removed the cap from the G-tube and with a syringe, withdrew fluid from the tube. The fluid was opaque and did not contain retained feeding. The nurse then flushed the tube with water and administered the clients medication per his protocol. Interview with the nurse on March 10, 2009 at approximately 6:30 PM, regarding the checking of the placement of the tube revealed that he heard the gurgling sound when he removed the cap from the G-tube. Review of the facility's G-tube feeding protocol on March 12, 2009 at approximately 10:00 AM revealed 15 cc's of air was to be injected into the tube and with the stethoscope placed on the stomach, the nurse should listen for the "Whooshing sound which means the air has gone into the tube." At the time of the observation, there was no evidence tha the nurse used the stethoscope to check the placement of Client #3's G-tube prior to administering his medications.	W 331	W331 This Standard will be met as evidenced by: evidenced by: The R.N has provided additional training to all nurses on nursing protocols that included G-Tube feeding protocol. RN will continue on-going training and monitoring of protocols/practices to ensure compliance as set forth.	3-26-09 ongoing
W 391	483.460(m)(2)(ii) DRUG LABELING The facility must remove from use drug containers with worn, illegible, or missing labels. This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to remove medications from its use that had worn label for one of the four clients included in the sample. (Client #1) The finding includes: On March 12, 2009 at approximately 12:45 PM, during the environmental inspection, a bottle of	W 391	W391 This standard will be met as evidenced by: The facility nurse has removed and discarded client #1's medication that has a worn out label. RN will provide additional training on routine monitoring of prescribed/bedside topical to ensure all labels and writing are clear and legible.	3-26-09 ongoing

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W 391	Continued From page 17	W 391		
W 455	<p>Keloconazole shampoo 2% was located in Client #1's personal hygiene box that had a worn label.</p> <p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to implement infectious control procedures to prevent communicable infectious diseases, for three of the eight clients residing in the facility. (Clients #2, #3, and #8)</p> <p>The finding includes:</p> <p>During the environmental inspection on March 12, 2009 at 12:45 PM, uncovered, wet toothbrushes were observed in Client #2, #3 and #8's personal care basket.</p>	W 455	<p>W455 This standard will be met as evidenced by:</p> <p>The facility coordinator has replaced toothbrushes for client #2, #3 and #8 with a new one and a toothbrush holder has been purchased for all individuals. The QMRP will complete routine monitoring of individual hygiene kit to ensure all toothbrushes are place inside toothbrush holders.</p> <p>Direct Care staff will also receive additional training on identify and reporting environmental concerns when they arise.</p>	3/17/09 ongoing

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1 000	INITIAL COMMENTS A licensure survey was conducted from March 10, 2009 through March 12, 2009. The survey was initiated using the fundamental survey process. A random sample of four residents was selected from a population of eight males with various degrees of disabilities. The findings of this survey were based on observations at the group home and two day programs, and a review of clinical and administrative records including the group homes's unusual incident reports.	1 000		
1 203	3509.3 PERSONNEL POLICIES Each supervisor shall discuss the contents of job descriptions with each employee at the beginning employment and at least annually thereafter. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to have on file for review current job descriptions for all employees. The finding includes: Interview with the Qualified Mental Retardation Professional (QMRP) and review of the GHMRP's personnel files conducted on March 12, 2009 at approximately 11:00 AM, revealed the GHMRP failed to provide evidence that the facility discussed the contents of job description with staff. It should be noted that the present recorded did not include a job descriptions for Staff #5, #6, #9, #10, #11, #12, #13 and #14.	1 203	3509.3: This status will be met as evidenced by: The Facility Coordinator will review and check the job descriptions monthly and/or develop a master listing of all job descriptions expiration dates to ensure ongoing monitoring and review. The job descriptions have been updated and are on file for review. The QMRP will also check periodically to further ensure ongoing compliance is being maintained.	3-17-09 ongoing
1 206	3509.6 PERSONNEL POLICIES Each employee, prior to employment and	1 206		

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[Signature]

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

TITLE
[Signature]

(X6) DATE
4/13/09

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1 206	<p>Continued From page 1</p> <p>annually thereafter, shall provide a physician ' s certification that a health inventory has been performed and that the employee ' s health status would allow him or her to perform the required duties.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the facility failed to achieve compliance with State regulations pertaining to health (22 DCMR Chapter 35, Section 3509.6).</p> <p>The finding includes:</p> <p>Interview with the Qualified Mental Retardation Professional (QMRP) and review of GHMRP's personnel records on March 12, 2009, at approximately 11:00 AM, at which time there was no evidence that five direct care staff (Staff #2, #8, #11 #12 and #13), the Psychologist, the Speech Pathologist, the Occupational Therapist and the Podiatrist had a current health certificate.</p>	1 206	<p>3509.6: This status will be met as evidenced by: Health Certificate for speech pathologist, Occupational Therapist and podiatrist are currently on file. Assistant Director will ensure that the document is available for review during survey.</p>	
1 227	<p>3510.5(d) STAFF TRAINING</p> <p>Each training program shall include, but not be limited to, the following:</p> <p>(d) Emergency procedures including first aid, cardiopulmonary resuscitation (OPR), the Heimlich maneuver, disaster plans and fire evacuation plans;</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to have on file for review current</p>	1 227	<p>3510.5: This status will be met as evidenced by: Review of the record indicates that direct care staff receives annual CPR and First Aid training. Facility Coordinator will ensure that all staff receives training as outlined. Additional training will be provided to QMRP and facility Coordinator for timely filing of all training inside the training record.</p>	

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1 227	Continued From page 2 training in CPR, for six of sixteen direct care staff and first aid, for three of sixteen employees. The finding includes: Interview with the Qualified Mental Retardation Professional (QMRP) and review of the GHMRP's training records on March 12, 2009 at approximately 11:10 AM revealed the GHMRP failed to evidence documentation of staff training in cardiopulmonary resuscitation (CPR) for Staff #4, #7, #8, #9, #12, and #13 and First Aid for Staff #8, #12 and #13.	1 227		
1 438	3521.7(h) HABILITATION AND TRAINING The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas: (h) Interpersonal and social skills (including sharing, courtesy, cooperation, responsibility and age-appropriate and culturally normative social behaviors and relationships involving peers of the same and different sex, younger and older persons and person in authority); This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure training for adaptive behaviors, for one of the four residents included in the sample. (Resident #1) The findings include: Review of Resident #1's medical record on March 11, 2009, at approximately 1:00 PM revealed the following sedations:	1 438	3521.7: This status will be met as evidenced by: Reference W289	3-30-09 ongoing

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1438	Continued From page 3 a. On March 2, 2009, Resident #1 received Ativan 2 mg, 30 minutes prior to an EEG; b. On March 6, 2009, the resident received Ativan 2 mg, prior to a CT scan. Interview and record review on March 12, 2009, at 9:30 AM revealed Resident #1 received sedations to address his non-compliance prior to medical appointments. Review of the HRC minutes on March 12, 2009, 10:00 AM revealed no evidence of an IPP to address non-compliant behavior prior to use of medication.	1438			
1484	3522.11 MEDICATIONS Each GHMRP shall promptly destroy prescribed medication that is discontinued by the physician or has reached the expiration date, or has a worn, illegible, or missing label. This Statute is not met as evidenced by: Based on observation, the facility failed to promptly destroy prescribed medication that had a worn label, for one of the four residents included in the sample. (Resident #1) The finding includes: On March 12, 2009 at approximately 12:45 PM, during the environmental inspection, a bottle of Ketoconazole shampoo 2% was located in Resident #1's personal hygiene box that had a worn label.	1484	3522.11: This status will be met as evidenced by: Reference W391	3.26.09 ongoing	

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I 500	Continued From page 4	I 500		
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: Based on observation, interview and record review, the facility failed to ensure that each client and/or their legal guardian was informed of the risk and benefits of medications and the right to refuse treatment prior to the administration of the medicine, for three of four residents in the sample. (Residents #1 and #3 and #4) The findings include: 1. The facility failed to ensure that informed consent was obtained from Resident #1 and/or his legal guardian prior to the administration of his sedative medication. Review of Resident #1's medical record on March 11, 2009, at approximately 1:00 PM revealed an order for Valium 5 mg, three times per day. Interview with the Licensed Practical Nurse (LPN) on March 11, 2009 at approximately 1:30 PM confirmed Resident #1 received Valium as a muscle relaxer. Interview with the Qualified Mental Retardation (QMRP) on March 10, 2009 at approximately 6:15 PM revealed the resident did not have the capacity to give informed consent for the use of his medications and habilitation services. Further review of Resident #1's Psychological Assessment dated November 6, 2008 on March	I 500 I 500	3523.1: This status will be met as evidenced by: Reference W124 and W262	4.13.09 ongoing

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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 500	<p>Continued From page 5</p> <p>11, 2009 at approximately 1:00 PM revealed that Resident #1 "is not able to make independent decisions concerning his habilitation. He lacks the cognitive skills necessary to understand the implications of such decisions and therefore cannot give his informed consent. He lacks the judgment and insight required to make decisions independently." The QMRP further revealed the resident did have a legal guardian to assist him in decision making.</p> <p>Review of the resident's medical record and additional interview with the QMRP on March 11, 2009 at 1:30 PM failed to provide evidence that Resident #1's treatment needs, including the benefits and potential side effects associated with his medications, and the right to refuse treatment, had been explained to him and a legally authorized representative.</p> <p>2. During the medication pass observation on March 10, 2009 at approximately 7:00 PM, Resident #4 was observed receiving Valium 2 mg. Review of the bubble pack and verified by the client's Physician's Order dated March 2009 on March 12, 2009 revealed that the resident received this medication as a muscle relaxer.</p> <p>During the entrance conference with the QMRP on March 10, 2009, at approximately 6:30 PM, it was revealed that Client #4 had a guardian to assist him in making health care decisions. Interview with the QMRP on March 12, 2009, at approximately 12:30 PM and record verification on the same day revealed that the facility had not informed the resident and/or his guardian of the risk verses benefits of using this medication. At the time of the survey, the facility failed to provide evidence that informed consent had been obtained for the use of Resident #4's medication</p>	I 500		

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Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0098	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2009
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NAME OF PROVIDER OR SUPPLIER INDIVIDUAL DEVELOPMENT, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 1230 CONGRESS STREET, SE WASHINGTON, DC 20020
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1500	<p>Continued From page 6</p> <p>prior to its use.</p> <p>3. During the medication pass observation on March 10, 2009, at 6:45 PM, Resident #3 was observed receiving Lyrica 50 mg. Interview with the nurse revealed that the resident received the medication for seizures and to calm him down. It was noted that prior to receiving the medication the resident flailed his arms and legs while in the wheelchair; however after receiving the medication the resident was calm.</p> <p>During the day program observation on March 11, 2009 from 11:00 AM to 1:15 PM, Resident #3 was observed in the nursing station. His eyes were closed as if sleeping soundly. According to the staff, he had been that way all morning. The nursing staff placed ice packs on the resident's neck in an effort to arouse him. Interview with the day program staff revealed that the resident recently had recent changes in his medication and intermittently had periods of somnolence.</p> <p>Review of the physician's Desk Reference on March 13, 2009 at approximately 3:00 PM revealed that one of the side effects of the Lyrica was somnolence.</p> <p>During the entrance conference with the QMRP on March 10, 2009 at approximately 6:30 PM, it was revealed that Resident #3 had a guardian to assist him in making health care decisions. Interview with the QMRP on March 12, 2009, at approximately 12:40 PM and record verification on the same day revealed that the facility had not informed the resident and/or his guardian of the risk verses benefits of using this medication. At the time of the survey, the facility failed to provide evidence that informed consent had been obtained for the use of Resident #3's medication</p>	1500		

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Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0098	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2009
NAME OF PROVIDER OR SUPPLIER INDIVIDUAL DEVELOPMENT, INC.		STREET ADDRESS, CITY, STATE, ZIP CODE 1230 CONGRESS STREET, SE WASHINGTON, DC 20020		
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I 500	Continued From page 7 prior to it's use. 4. Review of Resident #1's medical record on March 11, 2009, at approximately 1:00 PM revealed the following sedations: a. On March 2, 2009, Resident #1 received Ativan 2 mg, 30 minutes prior to an EEG; b. On March 6, 2009, the client received Ativan 2 mg, prior to a CT scan. Interview and record review on March 12, 2009, at 9:30 AM revealed Resident #1 received sedations to address his non-compliance prior to medical appointments. Review of the HRC minutes on March 12, 2009, 10:00 AM revealed no evidence that the facility's HRC reviewed and/or approved Resident #1's sedations prior to medical appointments.	I 500		