

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0008	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/29/2012
NAME OF PROVIDER OR SUPPLIER MARJUL HOMES		STREET ADDRESS, CITY, STATE, ZIP CODE 4910 ARKANSAS AVENUE, 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)
I 000	INITIAL COMMENTS A licensure survey was conducted from August 28, 2012 through August 29, 2012. A sample of two residents was selected from a population of four males with varying degrees of intellectual disabilities. The findings of the survey were based on observations in the home and one day program, interview with one resident, direct support staff, nursing and administrative staff, as well as a review of resident administrative records, including incident reports.	I 000	<i>Received 9/19/12</i> Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002
I 043	3502.2(c) MEAL SERVICE / DINING AREAS Modified diets shall be as follows: (c) Reviewed at least quarterly by a dietitian. This Statute is not met as evidenced by: Based on observation, record review and interview, the group home for persons with intellectual disabilities (GHPID) failed to ensure that the modified diet for residents had been reviewed at least quarterly by a dietitian, for one of the two residents in the sample. (Resident #2) The finding includes: Observation of Resident #2's dinner meal on August 28, 2012, at 6:40 p.m., revealed the resident was served an 1800 calorie meal consisting of chicken, noodles, cauliflower and a spinach salad. Record review of Resident #2's nutritional assessment dated August 1, 2011, on August 29, 2012, at 11:35 a.m., revealed the resident was	I 043	All individuals were assessed by a dietitian on 8-12. Each individual as required by their ISP will be assessed on a quarterly basis as per DOH regulations.

Health Regulation & Licensing Administration

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

STATE FORM

TITLE

1LTS11

(X6) DATE

If continuation sheet 1 of 7

Julia B. Brown

Assistant Director

9-19-2012

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

PRINTED: 09/07/2012
FORM APPROVED
OMB NO. 0938-0391

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W 000	INITIAL COMMENTS A recertification survey was conducted from August 28, 2012 through August 29, 2012. A sample of two clients was selected from a population of four males with varying degrees of intellectual disabilities. This survey was initiated utilizing the fundamental survey process. The findings of the survey were based on observations in the home and at one day program, interview with one client, direct support staff, nursing and administrative staff, as well as a review of client and administrative records, including 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, interview and record review, the facility failed to ensure that outside services met the needs of each client, for one of two sampled clients with maladaptive behaviors. (Client #1) The finding includes: The day program failed to ensure a current behavior support plan (BSP) was on file to address Client #1's maladaptive behaviors, as detailed below: On August 28, 2012, at 11:01 a.m., observations conducted at the day program revealed Client #1 took off his shirt, shorts, dropped down to the	W 120	The day program staff will be trained on individual #1s BSP on 9-24-12 at 3:30 pm. Training was completed for the group home staff on 3-12-12. MarJul Homes will ensure that all residential and day program staff are trained on all approved BSP's.	9-24-12

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

Julia B. Nowson

TITLE

Executive Director 9-19-2012

(X6) DATE

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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W 120	<p>Continued From page 1</p> <p>floor, started screaming/crying and hitting himself in the face. The client was then observed with a sleeveless tee shirt and white underwear on while lying on the floor. Day program Staff #1 (DPS #1) who was assigned to Client #1, verbally prompted the client several times to put on his clothes and get up off the floor. At 11:04 a.m., the client got up, leaned against the wall and continued to hit his face while screaming. DPS #1 continued to verbally prompt the client to stop hitting his face and screaming. Shortly afterwards, Client #1 was observed again lying on the floor in the kitchen area (still wearing on his underclothes) screaming and attempting to hit other individuals walking pass. At 11:15 a.m., Client #1 remained on the floor screaming until DPS #2 stated to DPS #1 to leave him alone and monitor the client from a distance. Client #1 immediately began to calm down. At approximately 11:20 a.m., interview with DPS #2 revealed that when she worked with Client #1 in the past, she usually left him alone and monitored him from a distance when he exhibited behaviors of screaming and disrobing. DPS #2 stated that if you provide an audience for Client #1, the behavior would continue to escalate.</p> <p>Interview with DPS #1 at 11:22 a.m., revealed that she was recently assigned to Client #1 approximately two (2) days ago. Further interview revealed that she was looking through Client #1's BSP to see what strategies were in place to address the client's maladaptive behaviors. When asked, DPS #1 stated that she had not been trained on Client #1's BSP. DPS #1 also added that she was "vaguely" familiar with Client #1's target behaviors.</p>	W 120		

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W 120	<p>Continued From page 2</p> <p>Interview with the day program case manager (DPCM #1) on August 28, 2012, at 11:25 a.m., revealed that the day program had a current BSP on file to address Client #1's behaviors. Further interview revealed that, according to Client #1's BSP, DPS #1 should have ignored the client's behavior while monitoring him from a distance. Admittedly, DPCM #1 went on to state that DPS #1 had not been trained on Client #1's BSP.</p> <p>Review of the day program's BSP dated January 10, 2009, on August 28, 2012, at approximately 11:35 a.m., revealed the client had challenging behaviors that included screaming, crying, removing clothes and face slapping. Continued review of the BSP revealed there were no interventions that stated staff should have ignored Client #1's behavior and monitored the client from a distance. It should be noted that the BSP on file was from Client #1's previous residential provider.</p> <p>On August 29, 2012, at approximately at 10:55 a.m., review of the facility's BSP dated January 19, 2012, revealed that Client #1 had targeted behaviors of self-injurious behaviors (SIB) and disrobing. Further review of the BSP revealed that when the client engaged in SIB, staff should ignore minor self injury and encourage relaxation/deep breathing techniques. When Client #1 is engaged in disrobing, staff should ignore the disrobing and continue to monitor the client. The BSP also stated not to engage the client verbally while disrobing.</p>	W 120		
W 159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL</p> <p>Each client's active treatment program must be</p>	W 159		

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W 159	<p>Continued From page 3</p> <p>integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure the qualified intellectual disabilities professional (QIDP #1) coordinated and integrated services, for one of two sampled clients. (Clients #1)</p> <p>The finding includes:</p> <p>The QIDP #1 failed to coordinate and monitor services to ensure Client #1's behaviors were effectively addressed.</p> <p>On August 28, 2012, at 11:01 a.m., observations conducted at the day program revealed Client #1 took off his shirt, shorts, dropped down to the floor, started screaming/crying and hitting himself in the face. The client was then observed with a sleeveless tee shirt and white underwear on while lying on the floor. Day program Staff #1 (DPS #1) who was assigned to Client #1, verbally prompted the client several times to put on his clothes and get up off the floor. At 11:04 a.m., the client got up, leaned against the wall and continued to hit his face while screaming. DPS #1 continued to verbally prompt the client to stop hitting his face and screaming. Shortly afterwards, Client #1 was observed again lying on the floor in the kitchen area still (wearing only his underclothes) screaming and attempting to hit other individuals walking pass. At 11:15 a.m., Client #1 remained on the floor screaming until DPS #2 stated to DPS #1 to leave him alone and monitor the client from a distance. Client #1 immediately began to</p>	W 159	<p>The day program staff will be trained on individual #1s BSP on 9-24-12 at 3:30 pm. Training was completed for the group home staff on 3-12-12. MarJul Homes will ensure that all residential and day program staff are trained on all approved BSP's.</p>	9-24-12

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W 159	<p>Continued From page 4</p> <p>calm down. At approximately 11:20 a.m., interview with DPS #2 revealed that when she worked with Client #1 in the past, she usually left him alone and monitored him from a distance when he exhibited behaviors of screaming and disrobing. DPS #2 stated that if you provide an audience for Client #1, the behavior would continue to escalate.</p> <p>Interview with the day program case manager (DPCM #1) on August 28, 2012, at 11:25 a.m., revealed that the day program had a current BSP on file to address Client #1's behaviors. Further interview revealed that, according to Client #1's BSP, DPS #1 should have ignored the client's behavior while monitoring the client from a distance. Review of the day program's BSP dated January 10, 2009 (outdated), on August 28, 2012, at approximately 11:35 a.m., revealed the client had challenging behaviors that included screaming, crying, removing clothes and face slapping. Continued review of the BSP revealed there were no interventions that stated staff should have ignored Client #1's behavior and monitored the client from a distance. It should be noted that the BSP on file was from Client #1's previous provider from three (3) years ago.</p> <p>On August 29, 2012, at approximately at 10:55 a.m., review of the facility's BSP dated January 19, 2012, revealed that Client #1 had targeted behaviors of self-injurious behaviors (SIB) and disrobing. Further review of the BSP revealed that when the client engaged in SIB, staff should ignore minor self injury and encourage relaxation/deep breathing techniques. When Client #1 is engaged in disrobing, staff should ignore the disrobing and continue to monitor the</p>	W 159		

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W 159 Continued From page 5
client. The BSP also stated not to engage the client verbally while disrobing.

On August 29, 2012, at approximately 2:30 p.m., interview with the QIDP revealed that he received a phone call from DPCM #1 earlier that day regarding a BSP for Client #1. The QIDP stated that a meeting will be scheduled soon with the psychologist at the day program to possibly discuss a joint BSP between the home and the day program. The surveyor then presented to the QIDP a copy of the day program's BSP. The QIDP responded immediately by stating, that the present BSP was from the previous provider. The QIDP indicated that he thought the day program had a copy of the current provider's BSP dated January 19, 2012. When asked, the QIDP stated that he monitored Client #1 at his day program a few weeks ago.

W 159

W 455 483.470(l)(1) INFECTION CONTROL

There must be an active program for the prevention, control, and investigation of infection and communicable diseases.

This STANDARD is not met as evidenced by:
Based on observation and interview, the facility failed to ensure effective infection control procedures were implemented, for one of the two clients included in the sample. (Client #1)

The finding includes:

On August 28, 2012, 4:22 p.m., Client #1 was observed to walk over to the table in the living room, pull down his underwear, sat on the table and place his left hand on the back of his buttock.

W 455 An in-service for all staff at this home will be conducted during our monthly mandatory staff meeting on 9-19-12 at 4:00 pm. - "Minimizing Infection: Improving Personal Hygiene within the Population we Serve". This will added to the agenda of each monthly meeting.

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W 455	<p>Continued From page 6</p> <p>Moments later, the client stood up from the table, pulled up his underwear and continued to pace back and forth in the living room area with nothing but his underwear on. At 4:25 p.m., Staff #1 placed mobile partition in front of the living room window, which was observed without a curtain and/or a blind. At 4:40 p.m., Staff #3 asked Client #1 if he wanted to put back on his shorts. The client refused. At 4:45 p.m., Client #1 put on his shorts and shirt and continued to pace back and forth in the living room area. At 6:32 p.m., Client #1 was served his dinner meal. The client was observed to use both hands throughout the dinner meal. At no time was Client #1 observed to wash his hands prior to dinner.</p> <p>Interview with Staff #3 (who was assigned to Client #1) on August 28, 2012, at 6:47 p.m., revealed that Client #1 will wash his hands but it is dependent on his mood. Staff #3 stated that the client was not in a good mood and therefore, she did not encourage Client #1 to wash his hands.</p> <p>At the time of the observation, the facility staff failed to ensure that Client #1 washed his hands prior to eating dinner.</p>	W 455		
W 489	<p>483.480(d)(5) DINING AREAS AND SERVICE</p> <p>The facility must ensure that each client eats in an upright position, unless otherwise specified by the interdisciplinary team or a physician.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that each client</p>	W 489		

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W 489	<p>Continued From page 7</p> <p>sat in an upright position while eating, for one of the two clients in the sample. (Client #2)</p> <p>The finding includes:</p> <p>On August 28, 2012, beginning at 4:53 p.m., Client #2 was observed sitting at the dining table in an upright position engaging in conversation with the staff and the surveyors. At 6:18 p.m., Client #2 was observed to receive chicken, noodles and cauliflower in a regular plate. The client fed himself independently while leaning over with the plate to his mouth. After retrieving the food with the spoon, the client then raked the food into his mouth. When asked, Client #2 said he leaned over to put his plate to his mouth because he can't see good and he did not want to make a mess.</p> <p>On August 29, 2012, beginning at 12:15 p.m., review of Client #2's individual support plan (ISP) dated July 27, 2012, failed to reveal an assessment that evaluated the client's posture during mealtime to deem it appropriate for the client to consume his food safely.</p> <p>On August 29, 2012, at 2:54 p.m., interview with registered nurse #1 revealed she will consult with the qualified intellectual disabilities professional (QIDP) (Staff #1) to have Client #2 assessed.</p> <p>At the time of the survey, however, there was no evidence the facility had assessed Client #2's mealtime posture.</p>	W 489	<p>This concern was discussed with Individual #2 by his QIDP on 9-5-12. He stated that he is not going to do any assessment regarding this issue. "This is how I want to eat; I don't like mixing up my food, I eat one food item at a time". However, the agency nutritionist will do an assessment and the outcome will be documented.</p>	9-5-12

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I 043	Continued From page 1 prescribed a 1800 calorie, no added salt, high fiber diet. Further review failed to show evidence that the facility's nutritionist had reviewed Resident #2's diet on a quarterly basis. On August 29, 2012, at 2:52 p.m., interview with registered nurse #1 confirmed that there was no evidence that the nutritionist conducted a quarterly review after the residents' nutritional assessment. Further interview revealed that a new nutritionist was recently hired. At the time of the survey, the GHPID failed to have a nutrition review after the residents' assessment.	I 043		
I 090	3504.1 HOUSEKEEPING 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. This Statute is not met as evidenced by: Based on observation and interview, the group home for persons with intellectual disabilities (GHPID) failed to maintained the interior and exterior of the facility in a safe, clean, orderly, attractive, and sanitary manner, except for the following observations, for four of the four residents of the facility. (Residents #1, #2, #3 #4) The findings include: Observation and interview with Staff #4 on August 29, 2012, beginning at 1:50 p.m., revealed the following:	I 090	An estimate for repairs and maintenance work will be generated and completed by the MarJul Homes contractor by 10-15-20. Item #3 has already been completed. Minor and major maintenance will be reviewed and completed in a timely based on weekly monitoring by the maintenance person that will be hired.	11-01-12

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I 090	Continued From page 2 1. There was a large tear in the carpet at the top of the stairs outside of the bathroom measuring approximately 6 feet in length and approximately 1 1/2 inches wide. The tear presented a potential trip hazard. 2. The bathroom window located on the second level was observed with no curtains and/or blinds. 3. Client #2's bedroom walls were observed with several large white patched holes. The client's walls were painted light blue. 4. The latch connected to the emergency door located on the second floor was observed to be inoperable. 5. The 3 small windows located on the front door were observed without covers. Anyone who enters the front door could see inside the facility. 6. There were several blinds that needed to be replaced throughout the facility. 7. There were no blinds and/or curtains located in the living room window. 8. There was a broken window located in the basement. The window was also observed without a window screen. 9. The floor tile leading from the front door, through the kitchen and to the basement were observed with several torn and missing floor tiles. 10. The cold water knob located in the bathroom across from the living room area was observed to be inoperable.	I 090		
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I 090	Continued From page 3 11. The floor board located underneath the kitchen sink was caved in. 12. The bottom steps located on the outside of the facility was observed extremely loose. Staff #4 stated after the environmental walk-thru that she would share the aforementioned deficiencies with her supervisor.	I 090		
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 observation, interview and record review, the group home for persons with intellectual disabilities (GHPID) failed to provide adequate administrative support to ensure effective integration and coordination of each resident's habilitation and active treatment needs, for one of the two residents in the sample. (Resident #1) The finding includes: The qualified intellectual disabilities professional (QIDP) failed to coordinate and monitor services to ensure Resident #1's behaviors were effectively addressed. On August 28, 2012, at 11:01 a.m., observations conducted at the day program revealed Resident #1 took off his shirt, shorts, dropped down to the floor, started screaming/crying and hitting himself in the face. The resident was then observed with a sleeveless tee shirt and white underwear on	I 180	The day program staff will be trained on individual #1s BSP on 9-24-12 at 3:30 pm. Training was completed for the group home staff on 3-12-12. MarJul Homes will ensure that all residential and day program staff are trained on all approved BSP's.	9-24-12

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0008	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/29/2012
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NAME OF PROVIDER OR SUPPLIER MARJUL HOMES	STREET ADDRESS, CITY, STATE, ZIP CODE 4910 ARKANSAS AVENUE, 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
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I 180 Continued From page 4 I 180

while lying on the floor. Day program Staff #1 (DPS #1) who was assigned to Resident #1, verbally prompted the resident several times to put on his clothes and get up off the floor. At 11:04 a.m., the resident got up, leaned against the wall and continued to hit his face while screaming. DPS #1 continued to verbally prompt the resident to stop hitting his face and screaming. Shortly afterwards, Resident #1 was observed again lying on the floor in the kitchen area still (wearing only his underclothes) screaming and attempting to hit other individuals walking pass. At 11:15 a.m., Resident #1 remained on the floor screaming until DPS #2 stated to DPS #1 to leave him alone and monitor the resident from a distance. Resident #1 immediately began to calm down. At approximately 11:20 a.m., interview with DPS #2 revealed that when she worked with Resident #1 in the past, she usually left him alone and monitored him from a distance when he exhibited behaviors of screaming and disrobing. DPS #2 stated that if you provide an audience for Resident #1, the behavior would continue to escalate.

Interview with the day program case manager (DPCM #1) on August 28, 2012, at 11:25 a.m., revealed that the day program had a current BSP on file to address Resident #1's behaviors. Further interview revealed that, according to Resident #1's BSP, DPS #1 should have ignored the resident's behavior while monitoring the resident from a distance. Review of the day program's BSP dated January 10, 2009 (outdated), on August 28, 2012, at approximately 11:35 a.m., revealed the resident had challenging behaviors that included screaming, crying, removing clothes and face slapping. Continued review of the BSP revealed there were no

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NAME OF PROVIDER OR SUPPLIER MARJUL HOMES		STREET ADDRESS, CITY, STATE, ZIP CODE 4910 ARKANSAS AVENUE, NW WASHINGTON, DC 20012	
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I 180	Continued From page 5 interventions that stated staff should have ignored Resident #1's behavior and monitored the resident from a distance. It should be noted that the BSP on file was from Resident #1's previous provider from three (3) years ago. On August 29, 2012, at approximately at 10:55 a.m., review of the GHPID's BSP dated January 19, 2012, revealed that Resident #1 had targeted behaviors of self-injurious behaviors (SIB) and disrobing. Further review of the BSP revealed that when the resident engaged in SIB, staff should ignore minor self injury and encourage relaxation/deep breathing techniques. When Resident #1 is engaged in disrobing, staff should ignore the disrobing and continue to monitor the resident. The BSP also stated not to engage the resident verbally while disrobing. On August 29, 2012, at approximately 2:30 p.m., interview with the QIDP revealed that he received a phone call from DPCM #1 earlier that day regarding a BSPfor Resident #1. The QIDP stated that a meeting will be scheduled soon with the psychologist at the day program to possibly discuss a joint BSP between the home and the day program. The surveyor then presented to the QIDP a copy of the day program's BSP. The QIDP responded immediately by stating, that the present BSP was from the previous provider. The QIDP indicated that he thought the day program had a copy of the current provider's BSP dated January 19, 2012. When asked, the QIDP stated that he monitored Resident #1 at his day program a few weeks ago.	I 180	
I 261	3512.2 RECORDKEEPING: GENERAL PROVISIONS Each record shall be kept in a centralized file and	I 261	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0008	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/29/2012
NAME OF PROVIDER OR SUPPLIER MARJUL HOMES		STREET ADDRESS, CITY, STATE, ZIP CODE 4910 ARKANSAS AVENUE, NW WASHINGTON, DC 20012	
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I 261	<p>Continued From page 6</p> <p>made available at all times for inspection and review by personnel of authorized regulatory agencies.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the group home for persons with intellectual disabilities (GHPID) failed to ensure that all the required administrative records were kept in a centralized file, for four of the four residents residing in the facility. (Resident #1, #2, #3 and #4)</p> <p>The finding includes:</p> <p>On August 28, 2012, at 8:45 a.m., the surveyor requested the incident reports for each resident from the acting house manager (Staff #2). At approximately 10:30 a.m., the qualified intellectual disabilities professional (QIDP #1) revealed that the incident reports were at his home. On August 29, 2012, at approximately 10:00 a.m., the incident reports were retrieved from QIDP #1.</p> <p>At the time of survey the facility failed to implement an effective record keeping system to ensure all records were available at the time of request.</p>	I 261	<p>The QIDP had taken the IR book home 8-30-12 to do some further work without the knowledge that DOH monitors would be there the next day. Ongoing all records will be kept at the approved centralized location.</p>