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PRINTED: 10/23/2007
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0037	(X2) MULTIPLE CONSTRUCTION: A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED: R 09/28/2007
NAME OF PROVIDER OR SUPPLIER: SYMBRAL	STREET ADDRESS, CITY, STATE, ZIP CODE: 133 HAMILTON ST, NW WASHINGTON, DC 20011		

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
(I 000)	INITIAL COMMENTS A monitoring licensure survey was conducted on September 28, 2007. The facility current population consist of three males with mental retardation with various disabilities. The purpose of the follow up visit was to determine if corrective action had been implemented as described on the May 3, 2007 survey deficiency report and plan of correction dated May 24, 2007. The findings of this survey were based on observations, interviews with the direct care staff and clients, nurse and House Manager, review of habilitation and administrative records, including the unusual incident reports.	(I 000)		
(I 206)	3509.6 PERSONNEL POLICIES Each employee, prior to employment and 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. This Statute is not met as evidenced by: Based on record review, the facility failed to ensure that all staff had current health certificates on file. The finding includes: A monitoring visit was conducted on September 28, 2007. Review of the Plan of Correction (POC) indicated that the health record for [redacted] was dated May 4, 2007. At the time of the monitoring visit there was no documented	(I 206)	Symbral QA and Administration will ensure that all employees provide update health clearance. Symbral will ensure that all employee have current health in file. Manager and QA will audit and monitor alternating month to ensure compliance.	11/9/07

Health Regulation Administration

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Yvonne Mohammed TITLE CEO DATE 11/02/07

STATE FORM 507E12

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DER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE 133 HAMILTON ST, NW WASHINGTON, DC 20011		

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ntinued From page 1	(I 206)		
dence of a health certificate for the rementioned direct care staff.			
10.5(d) STAFF TRAINING	(I 227)		
ch training program shall include, but not be ited to, the following:			
Infection control for staff and residents;			
is Statute is not met as evidenced by: sed on record review, the facility failed to ectively train staff to implement emergency asures for all of the clients in the facility.			
e finding includes:			
monitoring visit was conducted on September , 2007. Review of the Plan of Correction OC) indicated that the staff had completed R training on January 18, 2007. At the time of monitoring visit there was no documented dence of CPR training for the staff [redacted].		Employee completed CPR training on 10/29/07. Symbral will ensure that all employee have current CPR in file. Manager and QA will audit and monitor to ensure compliance.	11/2/07
10.5(f) STAFF TRAINING	(I 229)		
ch training program shall include, but not be ited to, the following:			
Specialty areas related to the GHMRP and the idents to be served including, but not limited behavior management, sexuality, nutrition, reation, total communications, and assistive hnologies;			
is Statute is not met as evidenced by: sed on interview and record review, the facility ied to failed to ensure that each employee ceived annual training in sexuality and nutrition.			

Administration

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	HP012-0037	A. BUILDING B. WING	R 09/28/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SYMBRAL	133 HAMILTON ST, NW WASHINGTON, DC 20011

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(I 229)	Continued From page 2 The finding includes: A monitoring visit was conducted on September 28, 2007. Interview with the house manager on the aforementioned date revealed that the nutritionist met with Resident #3 and designed a menu addressing his specialized diet. Although the Plan of Corrected dated May 24, 2007 indicated that the staff would be scheduled for nutritional training on June 11, 2007, there was no evidence that this training was completed.	(I 229)	Coordinator will ensure staff received nutritional training for individuals with special diets. QA will monitor quarterly to ensure compliance.	11/15/07
(I 395)	3620.2(e) PROFESSION SERVICES: GENERAL PROVISIONS. Each GHMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services: (e) Nursing: This Statute is not met as evidenced by: Based on record review the facility failed to ensure nursing services for one of the three residents in the sample. (Resident #3) During the monitoring visit on September 28, 2007at 3:38 PM, Resident #3 was observed entering the facility after returning from his work site. Upon surveyor's introduction, the resident was observed to have a rash-like acres in the	(I 395)		

10/23/2007 [illegible]

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(I 395)	Continued From page 3 crease of both of his arms. The rash-like sores were open with pus oozing from them. Further observation of the client revealed a similar area on his wrist. The resident was questioned about the sores. The resident indicated that it was a rash, but it was ok. He further indicated that he had been washing the areas with soap and putting vaseline on it. When the surveyor queried the resident if he had informed the facility's nurse, he stated "no, I've had this before and it will go away." According to the resident, the rash had been on his arms since Monday, September 24, 2007. Interview with the facility's house manager, who was present at the time of this observation, revealed that he was not aware of the resident's rash. Further interview with the manager revealed that the resident usually wears long sleeve shirts, and if anything is going on with him he usually tells someone. On September 28, 2007 at 4:00 PM, the house manager informed the surveyor that arrangements had been made for a driver to transport Resident #3 to a local emergency room. The surveyor left facility after 5:30 PM at which time the resident had not been transported to the emergency room. Information regarding the emergency room visit was received via email on October 1, 2007. According to the medical consult, the resident was diagnosed with contact dermatitis. The facility failed to monitor the client for signs and symtoms of illnesses.	(I 395)	Symbral will train all individual that are cognitively and functionally able to communicate sign and symptoms of illness, the importance of informing nurses, managers and staff of any illness and/or medical issues they may have.	11/15/07

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