

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

PRINTED: 01/03/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G230	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/23/2010
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NAME OF PROVIDER OR SUPPLIER DC HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 25 MADISON STREET NE WASHINGTON, DC 20011
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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

A recertification survey was initiated on December 21, 2010 through December 23, 2010. A sample of three clients was selected from a population of six men with various cognitive and intellectual disabilities. This survey was conducted utilizing the fundamental process.

The findings of the survey were based on observations and interviews with staff in the home and at two day program, as well as a review of client and administrative records, including incident reports.

W 000

RECEIVED

Health Regulation & Licensing Administration
Intermediate Care Facilities Division
899 North Capitol St., N.E.
Washington, D.C. 20002

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, for one of the three clients included in the sample. (Client #3)

The findings include:

The day program failed to ensure that Client #3 received food in a form consistent with his prescribed dietary needs, as evidenced below:

On December 21, 2010, at approximately 6:52 p.m., Client #3 was served a bite sized meal that included spaghetti and meat sauce, wheat bread and a bowl of salad for dinner. On December 22, 2010, at 12:12 p.m., observations conducted at the day program revealed, Client #3 was served a regular textured diet for lunch that consisted of

W 120

QMRP contacted the Program Coordinator, NCC, on 12-23-2010 by phone to follow up on diet order to ensure that Client # 3 was being served Bite-size food as per physician order. QMRP made a follow up visit to NCC on 01-06-11 for a meeting /in-service training to ensure that NCC Staff will continue to follow the Physician orders for the correct diet. During the visit the QMRP observed that Client # 3 was being served bite sized food during lunch time. QMRP will conduct monthly visits during lunch time for the next 3 months. (See Attachment A)

12-23-10
01-06-11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Program Manager DATE 1/14/11
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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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W 120	<p>Continued From page 1</p> <p>meatballs, noodles, broccoll, peaches, and a beverage. The client consumed all of his food in its whole form (not bite size) independently with a couple verbal prompts from the day program staff to slow his eating pace.</p> <p>Interview with the day program's staff on the same day at approximately 12:25 p.m. revealed Client #3's eats too fast. Further interview revealed the client was prescribed a chopped diet, but it was changed to a regular diet.</p> <p>Interview with the qualified mental retardation professional (QMRP) on December 22, 2010, at approximately 2:00 p.m., revealed that Client #3's meals should be served bite size at all times because he eats too fast. Further interview with the QMRP revealed that this puts Client #3 at risk for aspiration.</p> <p>Review of Client #3's current physician's orders dated December 2010, on December 22, 2010, at 3:47 p.m., confirmed the client was prescribed an 1800 low calorie, bite sized high fiber diet.</p> <p>Review of Client #3's eating protocol updated July 20, 2010, on the same day at 3:50 p.m., revealed the client's texture should be bite size.</p>	W 120	
W 154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to provide evidence of a thorough investigation of an injury of unknown origin, for one of the six clients residing in the facility.</p>	W 154	

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W 154 Continued From page 2
(Client #!)

The finding includes:

On December 22, 2010, at approximately 1:30 p.m., review of the facility's incidents reports was conducted. An incident report dated August 6, 2010, revealed that when staff arrived to the day program to pick up Client #5, an open skin area was observed on his forehead without bleeding. The client came home and was assessed by the facility's nursing staff who said the injury was a superficial scratch.

Interview with the qualified mental retardation professional (QMRP) on December 23, 2010, at approximately 1:00 p.m., revealed that he believed the incident was investigated. Interview with the residential director (RD) on the same day at approximately 1:40 p.m., revealed that she believed that there had been follow up to this incident. The RD stated that it may be in some paper work at the office. However, at the time of the survey, there was no documented evidence that the cause of the incident had been investigated.

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: Based on observation, interview, and record review, the facility's qualified mental retardation professional (QMRP) failed to ensure each client's active treatment program was integrated.

W 154

The incident was investigated by the IMC and determined to be a self inflicted scratch which required 1st aid only. However, the report had not been filed. Program Manager provided in-service training on 12-29-10 with IMC to ensure that reports are copied, forwarded to the home and filed in the incident report book in a timely manner. Program Manager will meet with IMC monthly to ensure timely filing of incidents and reports
(Attachment B1, B2)

12-23-10

W 159

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W 159	Continued From page 3 coordinated and monitored by a qualified mental retardation professional for five of seven clients residing in the facility. (Clients #2 and #3) The findings include: 1. Cross Refer to W120. The QMRP failed to monitor services to ensure the day program implemented Client #3's prescribed diet as recommended during meal time. 2. Cross Refer to W436. The QMRP failed to ensure that Client #2's prescribed eye glasses was maintained in good condition.	W 159	QMRP contacted the Program Coordinator, NCC, on 12-23-2010 by phone to follow up on diet order to ensure that Client # 3 was being served Bite-sized food as per physician order. QMRP made a follow up visit to NCC on 01-06-11 for a meeting /in-service training to ensure that NCC Staff will continue to follow the Physician orders for the correct diet. During the visit the QMRP observed that Client # 3 was being served bite sized food during lunch time. QMRP will conduct monthly visits during lunch time for the next 3 months. (See Attachment A) 12-23-10 01-06-11
W 247	483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observation and interview, facility staff failed to ensure client choice during meals, for six of six sampled clients. (Clients #1, #2, #3, #4, #5, and #6) The finding includes: On December 21, 2010, at 6:37 p.m., observations of the dinner meal revealed Staff were observed to place Client #1, #2, #3, #4, #5, and #6's food on the table along with their bowl of salad. Five out of six clients salads were observed with salad dressing already placed on their salad. Client #4 was given light Italian salad dressing for his salad. [Note: During snack time at 5:15 p.m., Staff #1 provided the clients' with several snack choices (i.e. yogurt, graham	W 247	Client # 2 had a new set of eye glasses at his home. The eyeglasses were replaced on 12-24-10. QMRP in-serviced the Direct Support Staff on 01-07-11 to ensure that Client # 2's eye glasses are in good condition at all times. A case conference / In-Service was held at Client #2's Day Program on 01-06-11. The Day Program was requested to report immediately to the QMRP any defect /concern about the eye glasses. QMRP/ House Manager will monitor DSP's to complete daily check of glasses and document. (See Attachment # C1,C2) 01-07-11 Staff received In-Service training on 01-07-11, QMRP and Program Manager discussed opportunities of giving all individuals the opportunity to make choices in Daily Routines which include: the type of salad dressing. QMRP and Program Manager will monitor for ongoing implementation. (See Attachment #D) 01-07-11

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W 247 Continue: From page 4
crackers, vanilla pudding, fruit cocktail, etc.) by putting them on the table.]

Interview with the residential director (RD) on the same day at approximately 6:45 p.m., revealed staff should have placed different salad dressings from which the clients' could choose.

Observations after dinner at approximately 7:05 p.m., revealed that there was more than one choice of salad dressing located inside the refrigerator.

W 247

W 436 At the time of the survey, the facility's staff failed to consistently allow clients to exercise their independence and allow options of choice.

W 436

483.470(g)(2) SPACE AND EQUIPMENT

The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.

This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure necessary adaptive equipment was maintained in good repair, for one of three clients in the sample. (Client #2)

The finding includes:

The facility failed to ensure Client #2's eye glasses were maintained in good repair as evidenced below.

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W 436 Continue From page 5

On December 21, 2010, evening observations conducted from 4:40 p.m. through 7:07 p.m., revealed Client #2 was not observed to be wearing eye glasses. An observation conducted at the day program on December 22, 2010, at 10:34 a.m., revealed the client was wearing eye glasses. The eye glasses were observed from a distance to have two small white objects located where the nose pads (cushion) rest. At 10:36 a.m., the client was asked by the surveyor to closely examine his glasses. At which time, the nose pads were observed to be missing from the eye glasses and replaced with small pieces of band aids.

Interview with the classroom coordinator on the same day at approximately 10:39 a.m., revealed that the client arrived to the day program with the eye glasses. She also confirmed that the nose pads on Client #2's eye glasses were replaced with small pieces of band aids. Later that evening, interview with the house manager (HM) at approximately 4:10 p.m. revealed that she was not informed by staff that Client #2's eye glasses was in need of repairs.

At the time of the survey, there was no evidence that Client #2's eye glasses were maintained in good repair.

W 436 Client # 2 had a new set of eye glasses at his home. The eyeglasses were replaced on 12-24-10. QMRP in-serviced the Direct Support Staff on 01-07-11 to ensure that Client # 2's eye glasses are in good condition at all times. A case conference / In-Service was held at Client #2's Day Program on 01-06-11. The Day Program was requested to report immediately to the QMRP any defect /concern about the eye glasses. QMRP/ House Manager will monitor DSP's to complete daily check of glasses and document. (See Attachment # C1,C2)

01-07-11

W 474 483.480(b)(2)(iii) MEAL SERVICES

Food must be served in a form consistent with the developmental level of the client.

This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to serve each food in a form consistent with the prescribed texture, for

W 474

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W 474	<p>Continued From page 6 one of the three sampled clients. (Client #3)</p> <p>The finding includes:</p> <p>Cross refer to W120. The day program failed to ensure that Client #3 received food in a form consistent with his prescribed dietary needs.</p>	W 474	<p>QMRP contacted the Program Coordinator, NCC, on 12-23-2010 by phone to follow up on diet order to ensure that Client # 3 was being served Bite-size food as per physician order. QMRP made a follow up visit to NCC on 01-06-11 for a meeting /in-service training to ensure that NCC Staff will continue to follow the Physician orders for the correct diet. During the visit the QMRP observed that Client # 3 was being served bite sized food during lunch time. QMRP will conduct monthly visits during lunch time for the next 3 months. (See Attachment A)</p>	<p>12-23-10 01-06-11</p>
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Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0256	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/23/2010
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I 000	<p>INITIAL COMMENTS</p> <p>A licensure survey was initiated on December 21, 2010 through December 23, 2010. A sample of three residents was selected from a population of six men with various cognitive and intellectual disabilities. This survey was conducted utilizing the fundamental process.</p> <p>The findings of the survey were based on observations and interviews with staff in the home and at two day program, as well as a review of resident and administrative records, including incident reports.</p>	I 000		
I 047	<p>3502.5 MEAL SERVICE / DINING AREAS</p> <p>Each GHMRP shall be responsible for ensuring that meals, which are served away from the GHMRP, are suited to the dietary needs of residents as indicated in the Individual Habilitation Plan.</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure that outside services met the needs, for one of the three residents included in the sample. (Resident #3)</p> <p>The findings include:</p> <p>The day program failed to ensure that Resident #3 received food in a form consistent with his prescribed dietary needs, as evidenced below:</p> <p>On December 21, 2010, at approximately 6:52 p.m., Resident #3 was served a bite sized meal that included spaghetti and meat sauce, wheat bread and a bowl of salad for dinner. On December 22, 2010, at 12:12 p.m., observations</p>	I 047	<p>QMRP contacted the Program Coordinator, NCC, on 12-23-2010 by phone to follow up on diet order to ensure that Client # 3 was being served Bite-size food as per physician order. QMRP made a follow up visit to NCC on 01-06-11 for a meeting /in-service training to ensure that NCC Staff will continue to follow the Physician orders for the correct diet. During the visit the QMRP observed that Client # 3 was being served bite sized food during lunch time. QMRP will conduct monthly visits during lunch time for the next 3 months. (See Attachment A)</p>	<p>12-23-10 01-06-11</p>

Health Regulation Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Program manager	(X6) DATE 1/14/11
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Health Regulation Administration

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1047	<p>Continued From page 1</p> <p>conducted at the day program revealed, Resident #3 was served a regular textured diet for lunch that consisted of meatballs, noodles, broccoli, peaches, and a beverage. The resident consumed all of his food in its whole form (not bite size) independently with a couple verbal prompts from the day program staff to slow his eating pace.</p> <p>Interview with the day program's staff on the same day at approximately 12:25 p.m. revealed Resident #3's eats too fast. Further interview revealed the resident was prescribed a chopped diet, but it was changed to a regular diet.</p> <p>2. Cross Reference Federal Deficiency Report Citation W474.</p>	1047	<p>QMRP contacted the Program Coordinator, NCC, on 12-23-2010 by phone to follow up on diet order to ensure that Client # 3 was being served Bite-size food as per physician order. QMRP made a follow up visit to NCC on 01-06-11 for a meeting /in-service training to ensure that NCC Staff will continue to follow the Physician orders for the correct diet. During the visit the QMRP observed that Client # 3 was being served bite sized food during lunch time. QMRP will conduct monthly visits during lunch time for the next 3 months. (See Attachment A)</p>	<p>12-23-10 01-06-11</p>
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