

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

PRINTED: 02/25/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G149	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R 02/06/2009
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NAME OF PROVIDER OR SUPPLIER  ST JOHN'S COMMUNITY SERVICES, INC;	STREET ADDRESS, CITY, STATE, ZIP CODE 2716 13TH STREET, NE WASHINGTON, DC 20018
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(W 000)	INITIAL COMMENTS  A follow-up survey to the June 11, 2008 recertification survey was conducted on February 5, 2009 through February 6, 2009 to determine if the facility had maintained compliance with federal regulations, as indicated in the Plan of Correction received July 10, 2008. The results of the survey were based on observations in the home and at two day programs, staff interviews, as well as a review of the client and SERVICES administrative records, including a review of the unusual incident reports.	(W 000)	GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002  MAR 16 2009	
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	On February 6, 2009, at 4:35 PM, the facility's administrators were informed that based on observed mealtime practices and review of mealtime protocols and/or diet orders, Client #2 was deemed at risk of aspiration, therefore, an Immediate Jeopardy was declared. The Immediate Jeopardy was lifted later that day, at 7:32 PM, after the facility fully implemented a plan of action to address the client's immediate short term and long term safety needs. The facility was deemed in non-compliance with the Conditions of Participation in the areas of Governing Body and Client Protections.			
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W 104	483.41C(a)(1) GOVERNING BODY  The governing body must exercise general policy, budget, and operating direction over the facility.  This STANDARD is not met as evidenced by: Based on observation, interview and record review, the governing body failed to exercise general policy and operational direction over the facility, as follows:	(W-000)		
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LABORATORY DIRECTOR'S OR PROVIDER'S SIGNATURE: *Mahabir - For Venous Thrombosis - Director - CLS/PC* TITLE: \_\_\_\_\_ DATE: 3/13/09

Any deficiency statement ending with an asterisk (\*) denotes a deficiency for which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patient. 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 submitted. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the public. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER  <b>ST JOHN'S COMMUNITY SERVICES, INC;</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2715 13TH STREET, NE WASHINGTON, DC 20018</b>
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W 104	<p>Continued From page 1</p> <p>The findings include:</p> <p>1. Cross-refer to W127 and W474. There was no evidence that the governing body had established an internal Quality Assurance system to ensure that the facility addressed clients' disparate diet texture orders after the June 11, 2008 annual recertification survey. Client #2 was observed receiving dry wheat toast (chopped and crunchy pieces of turkey) rather than the prescribed 1/4 inch size. In addition, the facility's Plan of Correction (POC) submitted July 10, 2008, stated that diet orders had been corrected to reflect the same order effective June 12, 2008. The follow-up survey findings however, revealed continued disparate orders.</p> <p>2. Cross-refer to W159. The Federal Deficiency Report dated June 11, 2008 indicated that the facility's Qualified Manager/Supervisor Professional had not ensured that:</p> <ul style="list-style-type: none"> <li>(a) clients' mealtime protocols were being implemented as written,</li> <li>(b) clients' diet texture orders were consistent in all settings,</li> <li>(c) Client #1's communication program was implemented, and</li> <li>(d) ensuring that behavior data was recorded accurately.</li> </ul> <p>The facility submitted a POC that indicated that all of these deficient practices had been resolved. However, the follow-up survey findings revealed that the four aforementioned deficient practices had not been resolved. There was no evidence that the governing body had verified the implementation of the facility's July 2008 POC.</p> <p>3. Cross-refer to W309.</p>	W 104	<p>It is the Policy of St. John's Community Services to provide quality services to its residents. The Speech Pathologist was contacted for review and training of Sample #2 feeding protocol/diets with a review of mechanical soft diets and all foods which are crunchy, crumbly and crusty. There was also a follow-up review and staff training by the dietitian on 2/11/09. The mealtime protocol of Sample #2 was again review on 2/23/09 during our monthly SRNQ Meeting which has been implemented to ensure Quality Assurance. In the future all staffs will be trained on diets and mealtime protocols for individuals during said meeting. The meeting minutes is submitted to the Governing Body for review.</p> <p>2. The OMRP will ensure all trainings are completed and review with staffs during the Monthly SRNQ Meeting:</p> <ul style="list-style-type: none"> <li>- Mealtime protocol at the monthly SRNQ Meeting.</li> <li>- Diet texture.</li> <li>- All programs including communication programs.</li> </ul> <p>Sample #2 was reviewed with a review of mechanical soft diets and all foods which are crunchy, crumbly and crusty. There was also a follow-up review and staff training by the dietitian on 2/11/09. The mealtime protocol of Sample #2 was again review on 2/23/09 during our monthly SRNQ Meeting which has been implemented to ensure Quality Assurance.</p>	<p>2/6/09 &amp; 2/23/09</p> <p>APPROVED 0938-0391</p> <p>(X5) COMPLETION DATE</p> <p>3/13/09</p>
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W 104	Continued From page 2 when asked whether the facility had a current Clinical Laboratory Improvement Act (CLIA) certificate of waiver, the RN and Qualified Mental Retardation Professional stated that an administrator at the corporate office had received the application form shortly after the June 11, 2008 annual survey. They did not, however, know the status of the application and no additional information was made available for review before the survey ended the following evening. There was no evidence that the governing body had established a policy regarding CLIA certificates of waiver.	W 104	St John's Community Services submitted a form for the (Clinical Laboratory Improvement Act (CLIA) Waiver Certificate.	3/13/09
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W 122	483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met.  This CONDITION is not met. On February 5 and 6, 2008, a follow-up survey was conducted to assess this facility's level of compliance with correcting the deficiencies identified during the recertification survey completed on June 14, 2008. Based on observations, interview and record review, it was determined that the facility failed to ensure the safety of clients who were at risk of harm. [See W127, W249 and W474] The effects of these systems practices resulted in the failure of the facility to protect clients from harm and to ensure their general safety and well being.	W 122	It is the policy of St John's Community Services to ensure the protection of all of its residents. The Speech Pathologist was invited to complete training on diet, feeding protocol, consistency and texture. The nutritionist also completed training on all diet, textures and feeding protocol.	3/13/09 2/6/09 2/11/09
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W 127	483.420(a)(5) PROTECTIONS RIGHTS The facility must ensure the rights of clients	W 127		3/13/09
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W 127	<p>Continued From page 3</p> <p>Therefore, the facility must ensure that clients are not subjected to physical, verbal, sexual or psychological abuse or punishment.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure the health and safety of three of the three clients with impaired chewing abilities. (Clients #1, #2 and #3)CES</p> <p>The findings include:</p> <p>1. On February 5, 2009, at approximately 4:03 PM, interview with the facility's RN and Qualified Mental Retardation Professional (QMRP) revealed that Client #2 was prescribed the following diet: mechanical soft; texture, 1500 calorie diabetic, high fiber, low sodium. The client was observed eating breakfast the following morning, beginning at 8:55 AM. The meal served in a high-sided, divided plate, consisted of oatmeal, apple sauce and a mixture of wheat toast and turkey bacon. The toast and bacon had been cut into small pieces. At 7:08 AM, Client #2 was eating the last of the toast and bacon mixture when it was observed that 2 pieces of bacon were larger than the others. Those pieces were approximately 1-inch in length by 1/2 inch wide. The client ate the toast and bacon without incident.</p> <p>On February 6, 2009, beginning at 9:42 AM, review of Client #2's February 2009 physician's orders confirmed that she was prescribed a mechanical soft diet. Beginning at 9:42 AM, review of the client's Speech-Language records revealed a November 20, 2007 Speech-Language Evaluation that included the following:</p>	W 127	<p>(X2) MULTIPLE CONSTRUCTION</p> <p>A. BUILDING _____</p> <p>B. WING _____</p> <p>The Policy of SJCS to ensure the rights of all individuals in its care. The Staff were trained on diets on 2/11/09 by the Nutritionist. Staffs were also trained by the Speech Pathologist on 2/6/09 to include mechanical soft diets, size, textures and consistency. In the future staffs will continue to be trained on swallowing safety.</p>	2/6/09
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W 127	<p>Continued From page 4</p> <p>following: "Lingual lateralization is slow and limited. Labial seal is compromised. Laryngeal excursion is slow, but functional for swallow ... Poor dental occlusion noted. This, together with limited strength and poor coordination, compromises rotational movement for mastication which is slow and labored, compromising swallow safety and placing her at risk of aspiration if pieces are too large. On the basis of aforementioned observations and in the interest of swallow safety, a mechanical soft diet is recommended to conserve energy and permit greater independence in self-feeding than larger pieces of food characteristic of a regular texture would permit. No overt signs or symptoms of aspiration noted during meal observation. Aspiration precautions should be observed at all times. Also on November 20, 2007, the Speech Pathologist provided staff training on swallow safety, aspiration precautions, and related topics. The training materials indicated that persons on mechanical soft diets should not receive "dry, crunchy, crusty, crumbly foods. In addition, the speech pathologist indicated that food should be chopped to about 1/4 inch pieces to minimize need to chew. The client's diet that morning had been dry and the food pieces were larger than 1/4 inch and crunchy.</p> <p>2. In addition to the information provided to Client #2's safety, interviews and history review indicated that the facility failed to implement the correction they had submitted for the 11, 2008 annual recertification survey.</p> <p>a. Client #3 had been in the June 11, 2008 sample (identified as Client #1) in the February 2009 follow-up survey findings revealed that the client was not receiving a diet as ordered by the PCP.</p>	W.127	<p>-The Speech Pathologist did re-visit the 13<sup>th</sup> Street home and re-evaluated Samples #2 and 3</p> <p>- No crusty, crunchy or crumbly foods will be served at the home. All foods which might appear dry will be moistened before being fed to the resident.</p> <p>All foods were retained by the Speech Pathologist and Nutritionist on aspiration precaution, mechanical soft diet, swallow safety, appropriate food and mechanical soft foods and measuring of food and determining portion and size. All foods were served as ordered. The client was receiving a diet as ordered by the PCP. The SJCS Medical Director wrote the order to be provided to the Day Program which reflects the same dietary order as recommended by the Nutritionist and Speech Pathologist. The changed order was submitted to the Day Program.</p>	<p>2/6/09</p> <p>2/6/09</p> <p>2/6/09</p> <p>2/6/09</p> <p>Review again on 2/23/09 and 3/13/09</p>
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should be chopped to 1/4 inch pieces  
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W 127	<p>Continued From page 5</p> <p>dietary orders for meals served in the home remained different from those for lunches served at day program. In their July 10, 2008 POC, the facility wrote: "All diet orders have been corrected to reflect the same order on June 12, 2008." [See W322 and W474].</p> <p>b. Client #2 had not been in the June 2008 sample. The February 2009 findings, however, revealed inconsistent dietary orders for her as well. On February 6, 2009, at approximately 11:55 AM, Client #2's day program mealtime protocol, dated August 1, 2008, was reviewed for verification after lunch observations. The protocol indicated the following diet orders: "1500 calorie ADA (diabetic), low sodium, mechanical soft (ground)." However, review of the client's February 2008 physician orders (POs) earlier that day, as well as the QMRP, revealed that she was to receive a 1500 calorie diabetic, mechanical soft, low sodium, high fiber diet. [Note: The POs were in agreement with the Nutritionist's December 3, 2008 dietary recommendations.] Later that day at 4:30 PM, the QMRP stated that she was previously unaware that the mealtime protocol being implemented at the day program made no mention of a high fiber diet. During the discussion, she acknowledged that a mechanical soft diet allowed less-restrictive food texture/preparation techniques, such as chopped rather than ground. She further acknowledged having missed the discrepancy during her previous reviews of the client's day program orders.</p> <p>3. Cross-refer to W249. On February 6, 2009, at approximately 4:03 PM, the QMRP revealed that Client #1 was prescribed a 1500 calorie, low sodium, high fiber diet.</p>	W 127	<p>The QMRP it was serving what it interprets to be mechanical soft texture (ground). The SJCS Medical Director ordered the change as recommended by the Dietitian and the Speech Pathologist to reflect the order both at the Home and Day Program. The ground texture was discontinued at the Day Program.</p>	2/11/09
W 249	<p>On February 6, 2009, at approximately 4:03 PM, the QMRP revealed that Client #1 was prescribed a 1500 calorie, low sodium, high fiber diet.</p>	W 249	<p>The QMRP it was serving what it interprets to be mechanical soft texture (ground). The SJCS Medical Director ordered the change as recommended by the Dietitian and the Speech Pathologist to reflect the order both at the Home and Day Program. The ground texture was discontinued at the Day Program.</p>	3/12/09

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W 127	<p>Continued From page 6</p> <p>pureed diet with double portion and was at risk for aspiration. On February 6, 2009, at approximately 10:32 AM, review of Client #1's current Physician's Orders, dated February 2009, confirmed that she was prescribed a pureed diet with double portions. At approximately 10:33 AM, review of the client's Speech/Language Assessment revealed a Swallowing Evaluation (SE) dated September 27, 2008, that indicated the following: "Staff was encouraged to begin and end each meal with liquids and to alternate liquid/solids throughout the meal to facilitate swallow." Observations the previous day, however, revealed that staff did not encourage Client #1 to alternate between liquids and solids as prescribed in her SE guidelines.</p> <p>Based on the findings outlined above, facility management and directors were informed on February 6, 2009, at 4:35 PM, that Client #2's health and safety were in jeopardy. Jeopardy was declared and lifted later that day, at 7:32 AM, after the facility submitted a credible plan of action to address the client's immediate, short term and long term safety needs. The plan included the following:</p> <ul style="list-style-type: none"> <li>- Speech Pathologist to visit 13th Street home and Re-evaluate Clients #2 and #3 on February 6, 2009.</li> <li>- No Crusty, Crunchy or Crumbly foods to be served until a clarification and order is in place by the Speech Pathologist by February 6, 2009.</li> <li>- Staff to be in-serviced by the Speech Pathologist by February 6, 2009.</li> </ul>	W 127	<p>3. The Speech Pathologist conducted and re-train the staff on the mealtime protocol for Sample #1 to include the alternation of liquids/solids throughout the meal to facilitate swallow. The feeding guidelines were again review during the staff training conducted at the monthly SRNQ Meeting on 2/6/09 and 2/12/09 respectively.</p> <p>The Speech Pathologist did re-visit the 13<sup>th</sup> Street home and re-evaluated Samples #2 and 3 on 2/6/09. The corrective action plan will be implemented at the home. All foods which might appear dry will be moistened before being fed to the residents.</p> <p>Staff were in-serviced by the Speech Pathologist on 2/6/09. Staff again received in-service training during the monthly SRNQ Meeting on 2/12/09.</p> <p>Crusty, crunchy, and crumbly foods have been changed to moistened foods. The change was submitted to the Day Program for Samples #2 &amp; #3 respectively.</p> <p>Day Program informed of the changed in order, reflecting recommendation of the Speech Pathologist submitted the Day Program.</p>	<p>3/12/09</p> <p>2/6/09</p> <p>3/12/09</p> <p>2/6/09</p>
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W 127	Continued From page 7  - Staff to be in-serviced by the Nutritionist February 11, 2009.  - Diet to reflect a detail on description of Mechanical Soft Texture by February 9, 2009.  - Day Program will adopt the recommendation by the Speech Pathologist of the provider by February 9, 2009.	W 127		
(W 159)	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL NUMBER</p> <p>Each client's active treatment program is integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>This STANDARD is not applicable based on observation, interview and record review, the facility's Qualified Mental Retardation Professional (QMRP) failed to coordinate and monitor clients' active treatment programs for three of the four clients residing in the facility (Clients #1, #2 and #3).</p> <p>The findings include:</p> <p>1. The QMRP failed to ensure that all staff were trained on proper use of Client #2's hand cuffs during mealtimes, as follows:</p> <p>On February 6, 2009, at 7:05 AM, the QMRP observed eating breakfast in the dining room. Staff had placed a cuff on her left hand, and inserted a regular, metal table spoon between the cuff and the back of her hand. The spoon was not within her hand grasp. She demonstrated to loop her thumb over the spoon handle.</p>	W 159	<p>Staff were trained on the use of the hand cuffs during mealtimes on 2/11/09 and review at the monthly SRNO Meeting on 2/23/09 and 3/13/09.</p> <p>The Staff were retrained previously on the use of the Hand Cuffs as demonstrated by staffs on the 2/11/09. Staff were re-trained on the use of the hand cuffs during the Monthly SRNO Meeting.</p> <p>The Speech Pathologist was contacted and asked to reflect the recommendation of the OT.</p> <p>The OT has been schedule to complete training on the use of the hand cuffs during the month of February.</p> <p>It is the policy of SICS to ensure the health and safety of all of its residents.</p>	<p>6/23/08</p> <p>2/23/09 &amp; 3/13/09</p> <p>2/11/09</p> <p>3/12/09</p> <p>3/20/09</p>

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(W 159)	<p>Continued From page 8</p> <p>behind the scoop. With the client showing difficulty eating in that manner, staff provided physical guidance and support to her arm while she raised spoonfuls of food to her mouth. Later that day, at approximately 11:45 AM, Client #2 was observed using a similar cuff while eating her lunch at day program. The spoon, however, had been inserted between the cuff and her palm. The client's hand, therefore, supported the spoon and she was observed eating her lunch independently.</p> <p>On February 6, 2009, at 9:30 AM, Client #2's Occupational Therapy Assessment, dated December 1, 2008, reveals a recommendation to continue using the hand cuff with spoon, as already prescribed. When asked about staff in-service training on Client #2's mealtime needs, the QMRP presented a "Swallow and Feeding Guidelines," dated April 14, 2008, in which the Speech Pathologist had written "Use a hand spoon." The QMRP acknowledged the document to train her staff on the previous evening. The document, however, did not reflect the use of a hand cuff adaptive device. The QMRP further indicated that she had presented the hand cuff to staff during the training or otherwise described how to use it properly.</p> <p>2. The QMRP failed to ensure that Client #2 and #3's mealtime protocols in the Day Program reflected provisions that were the least-restrictive necessary to ensure safety, as follows:</p> <p>a. Client #2's mealtime protocol in the Day Program was reviewed for violations during observations on February 8, 2009, at approximately 11:55 AM. Review of the protocol</p>	(W 160)	<p>1. All staffs were trained on the use of the hand cuff during mealtime on 2/11/09 and review at the Monthly SRNQ Meeting on 2/23/09 and 3/13/09.</p> <p>-The Staffs were trained previously on the use of the Hand Cuffs as demonstrated by staffs on the PM Shift. Staffs were re-trained on the use of the hand cuffs.</p> <p>2. The Mealtime Protocol for Sample #2 and #3 was updated in the Day Program reflecting the use of hand-cuffs.</p> <p>During discussions with the Day Program it was determined that Sample #2 Diet did not state the correct texture. The Medical Director of SJCS ordered the diet to reflect the recommendations of the Speech Pathologist and the Nutritionist. The ground texture was D/C at the Day Program.</p>	<p>2/23/09 &amp; 3/13/09</p> <p>3/13/09</p> <p>3/12/09</p>
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G149	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R 02/06/2009
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NAME OF PROVIDER OR SUPPLIER  ST JOHN'S COMMUNITY SERVICES, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 2716 13TH STREET, NE WASHINGTON, DC 20018
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{W 159}	<p>Continued From page 9</p> <p>mealtime protocol revealed diet orders as follows: 1500 calorie ADA (diabetic), low sodium, mechanical soft (ground). However, review of the client's February 2009 physician's orders (POs) earlier that day, at approximately 9:00 AM, revealed that she was to receive a 1500 calorie diabetic mechanical soft, low sodium and high fiber diet. Interviews with the RN (February 5, 2009, at 4:10 PM) and observations at various snacks and meals revealed that the mechanical soft chopped foods in the home were in agreement with the Nutritionist's December 3, 2008 dietary recommendations. Back in the residential facility, at 1:30 PM, the QMRP stated that she was responsible for reviewing the mealtime protocol used at the day program, and ensuring that it accurately reflected the client's dietary orders. She indicated that she was previously unaware that the mealtime protocol made no mention of a mechanical soft diet that it called for the use of a mechanical soft diet would permit a less-restrictive food texture (i.e., chopped). She further acknowledged having missed the discrepancies in diet orders between Client #2's day program plan (Note: This identical issue was addressed in the June 4, 2008 federal deficiency report with Client #3).</p> <p><b>By Cross-reference W474</b></p> <p>Implement the corrective action as outlined in the facility's Plan of Correction dated July 10, 2008, regarding Client #2's dietary orders. Client #3 was receiving ground texture foods at her day program. The Speech Pathologist and the MRP stated that she was safe receiving food that was mechanically chopped.</p>	{W 159}	<p>During discussions with the Day Program Manager, the order for Sample #2 Diet did not reflect the ground texture. The Medical Director of SICs ordered the diet to reflect the recommendations of the Speech Pathologist and the Nutritionist. The ground texture was D/C at the Day Program.</p>	<p>OMB NO 0938-0391</p> <p>(X5) COMPLETION DATE 3/9/09</p>
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(W 159)	<p>Continued From page 10</p> <p>3. The QMRP failed to coordinate the development of Client #2's annual plan to ensure accuracy, as follows:</p> <p>a. Cross-refer to paragraph 1 (above). On February 6, 2009, at approximately 2:00 PM, review of the draft Individual Support Plan, dated December 4, 2008 that was prepared by the QMRP and submitted to the government food coordinator, revealed that it did not reflect the use of the prescribed hand cuff. Instead, the ISP indicated that Client #2 was to use a spoon."</p> <p>b. Cross-refer to paragraph 2 (above). Client #2's day program meal protocol did not reflect an order for high fiber foods. Further review of Client #2's draft ISP (December 4, 2008) revealed that it did not reflect the physician's order that he receive a high fiber diet. The ISP reflected the following diet: "1500 calorie, high fiber, low sodium, mechanical soft diet."</p> <p>4. The QMRP failed to develop a communication program as recommended in Client #1's Speech/Language Assessment as evidenced below:</p> <p>The June 11, 2008, recertification survey revealed that Client #1 was without the recommended communication program at the facility's July 11, 2008, recertification. The following staff were retained by the Speech Pathologist on June 23, 2008. Client #1 has a communication program in place. On February 6, 2009, at approximately 2:00 PM, an interview with the QMRP revealed that since that time, Client #1's communication program had been discontinued. However, the QMRP</p>	(W 159)	<p>1. The ISP for Sample # 2 has been amended to reflect Changes in diet as order by the Medical Director.</p> <p>a. The ISP was amended to reflect the changes in diet as ordered by the Medical Director.</p> <p>b. The Mealtime Protocol has been submitted to the Day Program to reflect the order for high fiber foods as ordered by the Medical Director.</p> <p>The Speech Pathologist was contacted and a request made for re-evaluation of Sample #1 communication. The QMRP communicated and requested an update from Speech Pathologist with regards to the communication recommendation. The communication program has been revised and implemented to reflect the need of Sample #1.</p> <p>The ISP was amended to reflect the changes in diet as ordered by the Medical Director. The Mealtime Protocol has been submitted to the Day Program to reflect the order for high fiber foods as ordered by the Medical Director.</p>	<p>3/13/09</p> <p>3/12/09</p> <p>2/6/09</p>
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(W 159)	<p>Continued From page 11</p> <p>#1's Individual Program Plan (IPP) and current data collection sheets on February 6, 2009, at approximately 3:00 PM, revealed no documented evidence that a communication program had been developed and/or implemented since the June 11, 2008 recertification survey. [Note: Interview with the Speech/Language Pathologist (SP) on February 6, 2009, at approximately 3:00 PM, confirmed that she had recommended a communication program for Client #1.</p> <p>5. Cross-refer to W252. The QMRP failed to ensure accurate data collection in accordance with Client #1's behavior support plan.</p> <p>6. The QMRP failed to ensure that Client #2 consistently received a serving of skim milk three times daily in accordance with physician orders, as follows:</p> <p>On February 6, 2009, at approximately 3:00 PM, a review of Client #2's physician's orders (BO) for the period July 2008 through February 2009 revealed an ongoing order to receive skim milk three times daily." There was no evidence, however, that Client #2 received three servings of skim milk during the 24-hour survey period. February 5, 2009, 4:00 PM. [Redacted]</p> <p>a. Client #2 was not observed receiving milk on her February 5, 2009 afternoon snack and dinner meal. No milk was presented with breakfast the next morning. (February 6, 2009) before she left for day program. [Redacted]</p> <p>Later on February 6, 2009, at approximately 12:10 PM, interview with the [Redacted] mealtime support staff [Redacted] received milk that morning. He also confirmed [Redacted]</p>	(W-159)	<p>[Redacted]</p> <p>Staff were trained on the Behavior Support Plan, the Psychologist trained the staffs on the Behavior Support Data Sheet and Documentation.</p> <p>Sample #2's Chart has been updated to include [Redacted] the Day Program has [Redacted] the need for the skim milk. The amount of milk at the home covers the allotted amount of 193ml milk.</p> <p>The schedule for the skim milk has been [Redacted] on the chart for Sample #2.</p> <p>[Redacted] the Beh. [Redacted] the staffs on the [Redacted]</p>	<p>3/13/09</p> <p>2/6/09</p> <p>2/6/09</p> <p>2/6/09</p>
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{W 159}	<p>Continued From page 12</p> <p>observations that day that she had not been offered milk with her lunch meal. The client arrived home with her peers star that day at 5:30 PM.</p> <p>b. On February 6, 2009, at 10:04 AM, interview with Direct Support Staff #1 resulted in contradictory statements. At first, the staff confirmed observations that the client had been given pineapple juice as the only beverage with her breakfast that morning. When questioned further, she stated that she had given the client water with the morning medication pass. When asked if there had been any other fluids offered that morning, she replied "no." After being asked about milk, she recalled having offered the client milk after the morning medication pass. She further stated that the client had rejected the milk therefore, she did not present milk again at breakfast. It should be noted that the direct support staff person (DSS #1) had been observed preparing foods, pouring the pineapple juice and serving the breakfast table.</p> <p>c. On February 6, 2009, at 10:14 AM interview with the QMRP revealed that she was unaware of the diet order for skim milk. She did acknowledge that she thought Client #2 should receive milk every day, however, she acknowledged that she had not discussed the frequency, or established a schedule for her to receive milk. She further stated that she had provided staff with training on frequency of the previous evening; however, she did not acknowledge that skim milk had not been discussed and she had not presented the client's PO during the visit.</p> <p>d. On February 6, 2009, at approximately 9:40 AM, interview with the QMRP revealed that she was unaware of the diet order for skim milk. She did acknowledge that she thought Client #2 should receive milk every day, however, she acknowledged that she had not discussed the frequency, or established a schedule for her to receive milk. She further stated that she had provided staff with training on frequency of the previous evening; however, she did not acknowledge that skim milk had not been discussed and she had not presented the client's PO during the visit.</p>	{W 159}	<p>b. Staffs were trained on the diet of Sample #2 to include the three serving of skim milk the Nurse and the Nutritionist.</p> <p>c. The QMRP was trained on the diet of Sample #2 diet to include three serving of milk. The schedule for three serving of milk has been included on Sample #2 chart.</p> <p>d. Staffs were trained on the diet of Sample #2 diet to include three serving of milk. The schedule for three serving of milk has been included on Sample #2 chart.</p>	2/11/09
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NAME OF PROVIDER OR SUPPLIER  ST JOHN'S COMMUNITY SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2214 15TH STREET, NE WASHINGTON, DC 20018
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{W 159}	<p>Continued From page 13</p> <p>PM, interview with Client #2's day program mealtime support staff revealed that she did not routinely receive milk while at day program. He stated that she usually received juice or water as beverage with her morning snacks and lunch meals. He reported having seen her receive bread moistened with milk "once or twice" during the past several months. He had not however observed her receive a full serving of milk. Concurrent review of the client's day program mealtime protocol, dated August 1, 2008, revealed no mention of skim milk even though three servings of skim milk were listed among her diet orders on the P.O.</p>	{W 159}	<p>d. The Diet order for Sample #2 has been submitted to the Day Program to include the order for skim milk. The home has included on the Charts a schedule for the skim milk three times a day.</p>	3/12/09
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	<p>e. On February 6, 2009, at approximately 1:40 PM, revealed that the LPN was unaware of the frequency that Client #2 should receive milk. She stated that she thought milk was to be served every meal. She confirmed with the QMRP had stated, that there was no set schedule for Client #2 to receive skim milk.</p>		<p>The LPN was requested to include the order for 3 servings of skim milk on the Charts for Sample #2.</p>	3/12/09
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	<p>f. On February 6, 2009, at 9:56 AM, the most recent monthly QMRP summary report revealed the following: "Medical condition: 1500 calorie diabetic, low cholesterol diet. There was no evidence that the QMRP was monitoring the status of the physician's order for milk (or high fiber) diet."</p>		<p>The QMRP monthly notes thereafter includes the order for skim milk three times a day for Sample #2.</p>	3/11/09
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	<p>g. On February 6, 2009, at 10:27 AM, the facility's menu revealed that Client #2 was receiving 1200 calorie and 1500 calorie menus. The nutritionist had recommended 8 oz. 1% milk (or skim) at breakfast. For lunch, the menu reflected "day program". The diet orders were to include "8 oz. beverage or water". The menu called for 8 oz. 1% milk at breakfast and</p>		<p>The Nutritionist was contacted and a correction was made of skim milk to be included in Sample #2's Menu was made. The Nutritionist was made aware of the order for skim milk three times a day and a request for her monitoring to reflect the skim milk was made.</p>	2/6/09
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3/12/09

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[W 159]	Continued From page 14 lunch, with "8 oz. beverage/water" at dinner. Review of the client's December 3, 2008 annual nutrition evaluation revealed the following recommendation: "continue with skim milk 3 x per day for extra protein." There was no evidence, however, that the nutritionist had determined whether or not the physician's order for skim milk had been implemented daily.	[W 159]		
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	h. On February 6, 2009, at 5:56 PM, review of Client #2's draft ISP (December 4, 2008) revealed that it did not reflect the physician's order that she receive 3 servings of skim milk daily. The ISP indicated the following diet: "1500 calorie diabetic, low calorie, low sodium, mechanical soft."		The ISP for Sample #2 has been amended to include the diet including 3 serving of skim milk.	3/13/09
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	The findings in paragraphs 2, 4 and 5 above are repeat deficiencies. CHS, INC.		STREET ADDRESS, CITY, STATE, ZIP CODE 2716 13TH STREET, NE WASHINGTON, DC 20018	
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	Previously, the June 11, 2008 Federal Deficiency report included the following		PROVIDER'S PLAN OF CORRECTIVE ACTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
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	2. Observation and staff interview on 6/10/2008 revealed the facility's QMRP failed to accurately document resident's progress as recommended. [Reference A/252]	[W 159]	See W159	2/6/09 & 3/12/09
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	3. Observation and staff interview on 6/10/2008 revealed the QMRP failed to ensure residents received the proper and necessary food texture requirements as specified in their nutritional plans. [Reference W460]	[W 159]	See W159	
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	4. Observation and staff interview on 2/6/09 revealed the QMRP failed to ensure residents received their meals in the facility as specified as outlined in their dietary restrictions.		The QMRP has been amended to include 3 serving of skim milk. The QMRP was trained by the Nutritionist and the Speech Pathologist on 2/6/09 and 2/11/09 on the diet and texture of the Residents.	
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[W 159]	<p>Continued From page 15 [Reference W322 &amp; W474]</p> <p>5. Record review on 8/11/2008, at 4:28 PM, revealed Client #1's Speech Assessment dated 4/17/2007 states, "resident attends a day program at United Cerebral Palsy and most functional communication needs were met by staff. However, given resident's ability to imitate and her recent efforts, as reported by staff, she may benefit from speech-language services to develop confrontational responses and self-expression of simple concepts to better enable her to communicate. Her efforts to communicate with new resident should be maximized. Improvement in expressive language may also reduce the incidents of screaming and agitation since she would be provided with standard socially acceptable language to express her needs." Interview with facility managing staff on the evening of 8/11/2008 at 3:13 PM, revealed they were not employing the recommendations of the speech pathologist as recommended. In addition, the QMRP indicated that Client #1 used her screams as a means of communication. There was no evidence presented to substantiate that Client #1 has been provided services of or an opportunity to take part in any type of communication program that would improve her ability to communicate with other residents who are blind or given residents who are blind.</p>	[W 159]	<p>5. The Speech and Language Pathologist was contacted and a request made for re-evaluation of Sample #1 communication. The QMRP communicated and requested an update from Speech Pathologist with regards to the communication recommendation. The Communication program has been revised and implemented to reflect the need of Sample #1.</p>	2/6/09
W 189	<p>483.430(e)(1) STAFF TRAINING PROGRAM</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties efficiently, and competently.</p>	[W 189]	<p>The Speech and Language Pathologist was contacted and a request made for re-evaluation of Sample #1 communication. The QMRP communicated and requested an update from Speech Pathologist with regards to the communication recommendation. The Communication program has been revised and implemented to reflect the need of Sample #1.</p>	

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W 189	Continued From page 16  This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure that each employee had been provided with adequate training that enables the employee to perform his or her duties effectively, efficiently and competently.  The findings include:	W 189		
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W 189	1. Cross-refer to W159.1 This facility failed to ensure that all staff were trained on proper use of Client #2's hand cuff during mealtimes. 09G149		1. Staff were retrained on the proper use of the hand cuffs for sample #2. The Occupational Therapist was contacted and a training scheduled for 3/26/09	
	2. Cross-refer to W159.6 This facility failed to ensure that staff were trained on providing Client #2 a serving of skim milk three times daily in accordance with her physician's orders.		2. Staff were trained on Sample #2's diet to include three servings of skim milk. The three servings of skim milk has been included on the chart for Sample #2.	2/6/09
	3. Cross refer to W249. This facility failed to ensure that staff were trained on Client #1's mealtime protocol. Specifically, staff did not alternate liquids between and solids during the meal. 09G149		3. Staff were trained on Sample #1's Mealtime Protocol on 2/6/09 and 2/11/09.	2/6/09
	4. Cross-refer to W252. This facility failed to ensure accurate data collection in accordance with Client #1's behavior support plan.		4. Staff were re-trained on proper collection of the Behavior Support Data. The Psychologist was contacted and training completed on 3/13/09.	

(W 249)	483.440(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 all objectives identified in the individual program plan.	(W 249)		6/23/08
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FORM CMS-2567(02-99) Previous Versions Obsolete  
 ID: 09G149  
 This is a self continuation sheet Page 17 of 32  
 2/6/09

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  090149	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R 02/06/2009
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NAME OF PROVIDER OR SUPPLIER  ST JOHN'S COMMUNITY SERVICES, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 3715 13TH STREET, NE WASHINGTON, DC, 20018
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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)	(X6) COMPLETION DATE
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[W 249]	<p>Continued From page 17</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure each client received continuous active treatment services including needed interventions, for one of the clients in the sample. (Client #1)</p> <p>The finding includes:</p> <p>On February 5, 2009, at 5:36 PM, Client #1 was observed eating a pureed meal served on a plate riser. The staff placed Client #1's spout cup beside the plate riser after mixing thickener into the client's water. The client was observed to cough two times while eating the meal. At 6:00 PM, Client #1 was observed to use her spout cup for the first time in the course of the majority of her food. At 6:45 PM, Client #1 was observed to eat her dinner meal which consisted of pureed baked fish, mashed potatoes, corn, and sweet peas from a high sided divided plate on a plate riser. At 7:10 PM the client was still eating and was not observed to alternate sips in between bites. Also on February 5, 2009, at approximately 4:03 PM, the facility's Registered Nurse (RN) reviewed Client #1's chart and was prescribed a regular diet with a double portion. Further interview revealed that Client #1 was at risk for aspiration.</p> <p>On February 6, 2009, at approximately 10:32 AM, a review of Client #1's current Physician's Orders dated February 2009 confirmed that Client #1 was prescribed a pureed diet with double portion. At approximately 10:33 AM, Client #1 was observed to eat her meal. Staff were re-trained on Aspiration precaution.</p>	[W 249]		2/6/09
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G149	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R 02/06/2009
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NAME OF PROVIDER OR SUPPLIER  ST JOHN'S COMMUNITY SERVICES, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 2715 13TH STREET, NE WASHINGTON, DC 20018
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{W 249}	Continued From page 18 Speech/Language Assessment revealed a Swallowing Evaluation (SE) dated September 27, 2008. According to the SE, "staff was encouraged to begin and end each meal with liquids and to alternate liquid/solids throughout the meal to facilitate swallow." Observations the previous day, however, revealed that staff did not encourage Client #1 to alternate between liquids and solids as prescribed in her SE guidelines.	{W 249}	The Speech Pathologist conducted and re-train the staff on the mealtime protocol for Sample #1 to include the alternation of liquids/solids throughout the meal to facilitate swallow. The feeding guidelines were again review during the staff training conducted at the monthly SRNQ Meeting on 2/23/09 and 3/13/09 respectively.	2/11/09 3/13/09
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{W 252}	483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of objectives specified in client individual program plan objectives must be documented in measurable terms.	{W 252}		6/23/08
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This STANDARD is not met as evidenced by:  
Based on interview and record review, staff failed to ensure accurate documentation of client's progress on an objective for one of the two clients in this sample (Client #1)

The finding includes:  
On February 5, 2009, at 5:05 PM, Client #1 returned home from day program. She was vocalizing loudly as she entered the facility. Throughout the next hour, Client #1 was observed to scream. This behavior was noted in the June 11, 2008 annual review as screaming was one of the client's targeted maladaptive behaviors.

On February 6, 2009, at 2:50 PM, Client #1's behavior data collection revealed the same deficient practices that had been observed on February 5, 2009. The Speech and Language Pathologist was contacted and a request made for re-evaluation of Sample #1 communication. The OMRP was consulted and requested an interview with the Speech Pathologist with regards to the communication recommendation. The communication program has been revised and implemented to reflect the need of Sample #1. Staff were trained on the Behavior Support Plan. The Psychologist trained the staffs on the Behavior Support Data Sheet and documentation.

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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(W 252)	<p>Continued From page 19</p> <p>the June 11, 2008 federal deficiency report. Staff had not been documenting her behaviors on every shift, as prescribed in her September 15, 2008 behavior support plan (BSP). Staff had documented behaviors on one shift only for every day in January 2009 and thus far in February 2009. In addition, staff still had not been documenting the frequency of the behaviors being exhibited; they had provided the worksheet without providing additional information. On several days, staff had not filled out the sheet, to reflect who had met with the client.</p> <p>At approximately 2:53 PM, interview with the Qualified Mental Retardation Professional (QMRP) revealed that the newly-hired psychologist (assigned 2 - 3 months before this survey) had not provided training to the clients' BSPs. Concurrent review of the in-service training records for staff revealed that staff had received training on BSPs in August 2008. In addition, the QMRP presented a signature sheet that documented staff training on BSPs on February 5, 2009 (evening, after the survey team left the facility). However, the data collection sheets, however, revealed that the training provided in August 2008 had not been effective. At 2:56 PM, interview with the behavior data sheets, the QMRP stated that staff have documentation issues with the BSPs.</p> <p>This is a repeat deficiency. Previously, the June 11, 2008 federal deficiency report included the following finding: The finding includes:</p>	(W 252)	<p>Staff were re-trained on proper data collection of the Behavior Support Plan on 2/11/09. The Psychologist was scheduled and staff training.</p> <p>The psychologist has been contacted and a request made for acquisition of the data sheet and the Behavior Support Plan. Staff training was completed on 3/13/09.</p> <p>The psychologist trained the staffs on the Behavior Support Plan and Targeted Behaviors for Sample BSP. Training was made and staff trained on the data collection.</p>	<p>02/25/2009</p> <p>3/13/09</p>
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(W 252)	<p>Continued From page 20</p> <p>1. Record review on 6/11/2008 at 3:35pm revealed Client #1's Behavior Support Plan (BSP) dated 6/19/2007 targets the maladaptive behaviors of "spitting, screaming and banging." The banging was defined as "hitting hands on walls." The BSP presented data that was tracked and recorded between the months of 6/2006 to 5/2007. The BSP outlines the following:</p> <p>"The attached form has been developed to support reliable data collection. Staff members were instructed to make entries only once per shift (toward the end of the shift) by estimating how many times each behavior occurred throughout the shift. The target behavior "spitting" was intended to refer only to the projection of saliva, not to spitting or blowing through the lips. The target behavior "screaming" has been removed because it can consist of multiple behaviors. The category "other" behavior has been added for recording low-incidence behaviors, such as when Ms. Williams hits her head. Also, the antecedent and consequence columns were open-ended to allow the staff to provide descriptions in their own words of the circumstances surrounding each of the behaviors."</p> <p>Record review of the data collection for the targeted behaviors revealed staff were documenting differently over the course of the past 6 months. The records data has been collected as "all," or by numbers or in some cases no frequency was being recorded. For example on 6/4/2008 the staff did not indicate frequency; on 5/4/2008 &amp; 5/30/08 the staff didn't record anything; and on 5/20/08 the staff recorded the frequency as all.</p>	(W 252)	<p>1. The Staffs were trained by the Consulting Psychologist on 3/13/09. The Behavior Data Sheet was also revised.</p>	
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{W 252}	Continued From page 21 with the facility's Qualified Mental Retardation Professional (QMRP) on 6/11/2008 at 3:22pm revealed she was not aware the staff was recording the data so differently. The facility failed to ensure the accurate documentation of a client's habilitation program.	{W 252}		
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STATEMENT	2. Record review on 6/11/2008 at 3:41pm revealed Client #2's Behavior Support Plan (BSP) dated 6/19/2007 targets the inappropriate behaviors of "head slapping" and "biting". The BSP presented data from 5/2004 to 5/2007. The BSP outlines the following:  "Please use the data collection sheet on the reverse side to count how many times [The Client] engages in SIB or other behaviors of concern during sample 15-minute periods. Also note how the staff responded to the behavior."		2. The present consulting Psychologist revised the Behavior Support Plan and data collection Sheets to meet the needs of Sample #1. The Psychologist also conducted staff training.	3/13/09
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TAG	REGULATORY OR LSC IDENTIFYING INFORMATION The recorded data has been collected by numbers or in some cases no frequencies being recorded at all. Interview with the facility's Qualified Mental Retardation Professional (QMRP) on 6/11/2008 at 3:29pm revealed she was not aware the staff was recording the data so differently for this client as well. The facility failed to ensure the accurate documentation of client's habilitation program. Note it was not clear from the records or from staff interview that the behaviors of "head slapping" and "biting" were the same actions to be observed and recorded.		PROVIDER'S PLAN OF CORRECTIVE ACTION: JUNE 2009 The present consulting Psychologist revised the Behavior Support Plan and data collection Sheets to meet the needs of Sample #1. The Psychologist also conducted staff training.	(X3) DATE SURVEY COMPLETED DATE
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{W 322}	483.460(a)(3) PHYSICIAN'S SERVICES  The facility must provide or obtain general medical care, including			6/23/08
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CENTERS FOR MEDICARE & MEDICAID SERVICES

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(W 322)	<p>Continued From page 23</p> <p>*****</p> <p>Previously, the June 11, 2008 federal deficiency report included the following:</p> <p>Based on observation, staff interview and record review, the facility's medical team failed to ensure clients received their meals in the form and texture as prescribed for one of two randomly sampled clients.</p> <p>The finding includes:</p> <p>During the evening observation on 2/10/2009, staff cut several pieces of "Fiji Newtons" (cookies) into thirds and quarters and placed them in a small bowl for Client #2. She was observed to alternate eating the cookies and drinking the water. While eating the water, Client #2 was observed to cough into her hand on three separate occasions. The facility managed Client #2's coughing by providing the Swallowing and Feeding Guidelines (SFG) as outlined in her Individual Program Plan (IPP). It should be noted that during dinner, Client #2 was served lasagna and a bowl of mixed fruit (apples, peaches, pears, etc.) for dessert. She was observed to have no difficulties consuming her dinner.</p> <p>Record review on 6/11/2008 revealed that Client #2's Speech assessment, dated 6/11/2008, and the SFG indicated that she should have a "mechanically soft diet with thick liquid." Client #2's Nutrition assessment, dated 7/10/2007, however, recommended a "firmly chopped diet." The current physician's order prescribes a "chopped diet for home meals and snacks."</p>	(W 322)	<p>The Medical Director of SJCS will ensure the diet reflects the recommendations of the Speech Pathologist and the Nutritionist. The Medical Director will ensure the diet is appropriate for the Day Program.</p> <p>COMPLETION DATE: 3/12/09</p>	3/12/09
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W 322	Continued From page 24 texture" diet while at her day program.  Interview with the facility's managing staff revealed they were not aware of the texture requirement discrepancies between what the Nutritionist, the Speech Pathologist and Primary Care. There was no evidence on file, observed or presented at the time of survey to substantiate that the facility took the proper and necessary measures to ensure clients received their meals in the form consistent with their developmental level.	(W 322)	Staffs were retrained by the Speech Pathologist and Nutritionist on aspiration precaution, mechanical soft diets, swallow safety, appropriate foods for mechanical soft foods and measuring of foods to include the correct portion and size.	2/6/09 2/11/09
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W 325	482.460(a)(3)(iii) PHYSICIAN SERVICES  The facility must provide or obtain annual physical examinations of each client that at a minimum includes routine screening laboratory examinations as determined necessary by the physician.	(W 325)	STREET ADDRESS, CITY, STATE, ZIP CODE WASHINGTON, DC 20018	
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W 325	This STANDARD is not met as evidenced by Based on interview and record review, the facility's nursing staff failed to ensure timely referrals for serum lab tests, for the one client diagnosed with diabetes of the four clients residing in the facility.	(W 325)	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
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W 325	The finding includes deficiencies between what was observed on February 5, 2009, at approximately 11:00 AM, interview with a direct support staff member who was preparing snacks in the kitchen revealed that Client #2 had diabetes. She stated that the client's blood sugar was tested in the home via finger sticks. On February 6, 2009, beginning at 8:55 AM, review of Client #2's chart revealed that in addition to testing in the home, the physician had ordered that she receive blood	(W 325)	Blood tests were reviewed by the Speech Pathologist and Nutritionist on aspiration precaution, mechanical soft diets, swallow safety, appropriate foods for mechanical soft foods and measuring of foods to include the correct portion and size.	2/09
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W 325	On February 5, 2009, at approximately 11:00 AM, interview with a direct support staff member who was preparing snacks in the kitchen revealed that Client #2 had diabetes. She stated that the client's blood sugar was tested in the home via finger sticks. On February 6, 2009, beginning at 8:55 AM, review of Client #2's chart revealed that in addition to testing in the home, the physician had ordered that she receive blood	(W 325)	Blood tests were reviewed by the Speech Pathologist and Nutritionist on aspiration precaution, mechanical soft diets, swallow safety, appropriate foods for mechanical soft foods and measuring of foods to include the correct portion and size.	2/09
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W 325	Continued From page 25 blood sugar (FBS) testing by a clinical laboratory "every 3 months." At 9:30 AM, review of the client's lab records revealed FBS test reports dated December 20, 2007; March 12, 2008 and December 2, 2008. There was no evidence that the facility had scheduled her FBS tests every 3 months as ordered. [Note: According to the lab reports available for review, her FBS readings had been within normal limits.]	W 325		
W 393	483.460(n)(1) LABORATORY SERVICES  If a facility chooses to provide laboratory services, the laboratory must meet the conditions specified in part 493 of this chapter.  This STANDARD is not met as evidenced by: Based on an interview and record review, the facility failed to ensure it met the requirements for performing glucose monitoring for one of the one individual of four clients that reside in the facility whose blood glucose was being tested by facility staff. (Client #2)	W 393	CONSTRUCTION	
	Continued From page 20 The finding includes: testing by a clinical laboratory "every 3 months." At 9:30 AM, review of the client's lab records revealed FBS test reports dated December 20, 2007; March 12, 2008 and December 2, 2008. There was no evidence that the facility had scheduled her FBS tests every 3 months as ordered. [Note: According to the lab reports available for review, her FBS readings had been within normal limits.]  On February 5, 2009, at approximately 9:30 AM, an interview with a direct support staff member who was preparing snacks in the kitchen revealed that Client #2 had diabetes. She stated that the client's blood sugar was tested in the home via finger sticks. The RN was in the facility at the time and she confirmed that the client's blood sugar was tested in the home via finger sticks. Employees were performing glucose monitoring for Client #2. The RN further indicated that she had seen an application form for the facility to obtain a Clinical Laboratory Improvement Act (CLIA) Waiver Certificate. She did not, however, know whether the application form had been submitted and approved.		The facility has submitted a form for a Clinical Laboratory Improvement Act (CLIA) Waiver Certificate.	3/13/09

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W 393	Continued From page 26 certificate of waiver had been secured. She and the Qualified Mental Retardation Professional, who was present at the time, agreed to ask their corporate office about the status of the CLIA certificate of waiver. On February 5, 2009, beginning at 8:55 AM, review of Client #2's physician's orders (POs) for the period July 2008 through February 2009 verified that the order for in-home finger sticks for blood glucose daily AM PM every two days. No additional information was made available to the surveyor. The survey ended that evening. Client #2 had obtained a certificate of waiver.	W 393		
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(W 474)	483.480(b)(2)(iii) MEAL SERVICES Food must be served in a form consistent with the developmental level of the client.	(W 474)		6/23/08
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S1 JUNE	<p>This STANDARD is not met. Evidence of non-compliance is based on interview and review of records. The facility failed to ensure each client received food that is the prescribed and/or least restrictive food for consistency, for two of the four clients in the facility. (Clients #2 and #3).</p> <p>The findings include:</p> <p>The previous recertification survey dated June 11, 2008, outlined systemic issues related to the group home and the day program. To protect Client #3's health and safety, the facility. At the time, Client #3's Speech and Language assessment, dated April 2007, stated "Swallowing and Feeding Guidelines indicate that she should have a 'mechanically altered' thin liquids." Client #3's physician's order dated July 10, 2007, stated "Client #3 should have a chopped diet." Her Physician's Order for</p>	(W 474)	<p>PROVIDER'S PLAN OF CORRECTION</p> <p>The Policy of St. John's Community Services to provide quality services to its residents. The Speech Pathologist was contacted for review and training of Sample #2. This was completed during the review of mechanical soft diets and all foods which are crunchy, crumbly and crusty. There was also a follow up program and staff training by the Speech Pathologist on 2/11/09. The mealtime protocol for Sample #2 was again review on 2/23/09. The monthly SRNQ Meeting which has been implemented to ensure Quality Assurance. In the future all staff will be trained on diets for individuals during the meeting. The meeting minutes is submitted to the Governing Body for review.</p>	2/6/09 & 2/23/09  6/23/08
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(W 474)	<p>Continued From page 27</p> <p>prescribed a finely chopped diet for meals served in the home and a "ground texture" diet for foods served at the day program.</p> <p>On July 10, 2008, the facility submitted a Plan of Correction (POC) that stated that the Speech Pathologist and the Nutritionist were contacted and made aware of the discrepancies in diet textures (by June 23, 2008). The POC also included: "All diet orders have been reviewed to reflect the same order," on June 23, 2008. In addition, the POC indicated that staff were in-serviced on the diet orders and food textures of all individuals, on June 23, 2008.</p> <p>1. On February 5, 2009, at approximately 1:03 PM, interview with the facility's Registered Nurse (RN) revealed that Client #31111 had the potential risk for aspiration.</p> <p>a. On February 6, 2009, at approximately 2:55 PM, interview with the Qualified Medical Retardation Professional (QMRP) revealed that the Speech Pathologist (SP) and the Primary Care Physician (PCP) were contacted regarding Client #31111's diet texture orders. The QMRP also stated that he had discussed the discrepancy in Client #31111's diet textures with the day program staff. When queried further, the QMRP stated that the day program could not provide her with a finely chopped texture diet as prescribed. The QMRP further stated that the day program had contracted with a local vendor to provide lunches served at the day program.</p> <p>On February 6, 2009, at approximately 4:00 PM, review of the QMRP's monthly notes for the period June 2008 to February 2009 revealed that the day program staff had been instructed by the Speech Pathologist to provide Client #31111 with a finely chopped diet for meals served in the home and a "ground texture" diet for foods served at the day program.</p>	(W 474)	<p>The POC has been changed to reflect the recommendation of the Speech Pathologist and the Nutritionist by the Medical Director of SJCS. The POC has been submitted to the Day Program and approved on 02/06/09.</p>	2/6/09

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G148	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  R 02/06/2009
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NAME OF PROVIDER OR SUPPLIER  ST JOHN'S COMMUNITY SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2716 13TH STREET, NE WASHINGTON, DC 20018
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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 474}	<p>Continued From page 28</p> <p>documented evidence of phone conversations and/or discussions with the day program regarding the discrepancy in Client #3's diet textures. There was no evidence that the QMRP had contacted the interdisciplinary team members to address the issue of diet textures.</p> <p>b. On February 6, 2009, at approximately 10:00 AM, Client #3 was presented with a turkey and toast chopped bite size. Later that day, at approximately 3:40 PM, telephone interview with the day program's Case Manager revealed that Client #2 was prescribed a "ground texture" diet. At approximately 3:50 PM, telephone interview with the day program director revealed that he had not discussed Client #3's diet texture with the QMRP within the past year. When queried, the director stated that Client #3 was prescribed a special diet, the day program would forward that information to the day program caterer. Subsequent review of the "Special Diet Contract" agreement, dated October 2007, between the catering company and the day program revealed the following: "The caterer shall prepare pre-plated lunch meals and customized special diets as specified. It should be noted that on February 6, 2009, the day program director stated that they now prepare special diets. The caterer could, therefore, provide food in the form of ground, chopped, to be consistent with the diet textures of foods being served in the group home. The director later that day with the QMRP revealed that he was previously unaware that the day program no longer had lunches catered."</p> <p>c. On February 6, 2009, at approximately 1:00 PM, interview with the day program's Case Manager (LPN) revealed that she had not discussed Client #3's diet texture with the QMRP during recent discussions regarding Client #3's diet texture.</p>	{W 474}	<p>In the future the QMRP will include detail of all conversation with the Day Program. A copy of the order for Sample #3 diet reflecting the change has been submitted to the Day Program.</p> <p>The Team has been contacted and updated on Client #3's diet texture needs. The ISP has been amended to include the change in Sample #3's diet texture.</p> <p>The Diet order for Sample #3 was ordered by the Medical Director to reflect the recommendation of the Nutritionist and the QMRP. The order will include Mechanical texture. The change had been discussed with the Day Program who agreed to implement the Diet order as written. In the future, the diet order will reflect the same in the Day Program as in the home.</p> <p>The Diet order for Sample #2 was ordered by the Medical Director to reflect the recommendation of the Nutritionist and the QMRP. The order will include Mechanical texture. The change had been discussed with the Day Program who agreed to implement the Diet order as written. In the future, the diet order will reflect the same in the Day Program as in the home.</p>	<p>2/6/09</p> <p>3/13/09</p> <p>2/6/09</p> <p>3/12/09</p>
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/26/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G149	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  R 02/06/2009
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NAME OF PROVIDER OR SUPPLIER  ST JOHN'S COMMUNITY SERVICES, INC	ADDRESS, CITY, STATE, ZIP CODE 1515 15TH STREET, NE WASHINGTON, DC 20018
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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 474]	<p>Continued From page 29</p> <p>textures with the QMRP and/or the RN. A short while earlier, at approximately 4:00 PM, review of the client's nursing notes had revealed no evidence that the medical team (RN, physician and QMRP) had discussed Client #3's discrepancy in diet textures since the June 11, 2008 survey.</p> <p>d. On February 6, 2009, at approximately 5:29 PM, telephone interview with the facility's Speech Pathologist (SP) revealed that Client #3 was recommended a "mechanical soft diet." The SP further indicated that all of her clients who do not receive pureed foods were prescribed a mechanically soft diet. The SP also stated that she was previously unaware that Client #3 had received finely chopped foods in the home care receiving ground texture meals in the day program.</p> <p>2. On February 5, 2009, at approximately 10:05 PM, interview with the facility's Director of Mental Retardation Professional (QMRP) revealed that Client #2 was prescribed the following diet: mechanical soft texture, 100% calorie diabetic, high fiber, low sodium. The QMRP also indicated the client was at risk for aspiration. The client was observed eating finely chopped food at her afternoon meal and dinner on February 5, 2009 and a stopped breakfast the next morning. On February 6, 2009, at approximately 8:55 AM, review of Client #2's physician's orders (POs) confirmed that Client #2 was prescribed a mechanical soft diet. However, on February 6, 2009, at approximately 10:05 AM, review of Client #2's medical record in the day program revealed diet orders that were 100% calorie ADA (diabetic), low sodium, mechanically soft (ground). Back in the residential care unit,</p>	[W 474]	<p>The Team has been contacted and updated on Sample #3 nutritional needs. The ISP has been amended to include the change in Sample #3's diet</p> <p>The diet order for Sample #3 was ordered by the Medical Director to reflect the recommendations of the Nutritionist and the QMRP. The diet order includes Mechanical soft texture. The Change had been discussed with the Day Program who agreed to implement the Diet order as written. In the future, the diet order will reflect the same for the Day Program as in the home care unit. DC 20018</p> <p>The diet order was reviewed and updated to reflect the change in Sample #3's diet</p>	3/13/09
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/25/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G149	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  R 02/08/2009
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NAME OF PROVIDER OR SUPPLIER  ST JOHN'S COMMUNITY SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3715 13TH STREET, NE WASHINGTON, DC 20018
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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 474}	<p>Continued From page 30</p> <p>1:30 PM, the QMRP stated that she was previously unaware that the mealtime protocol called for the use of "ground" texture when a mechanical soft diet would permit a less-restrictive food texture such as chopped. She further acknowledged having missed the discrepancies in diet orders during her review of Client #2's day program.</p> <p>In summary, the February 6, 2009 follow-up survey revealed that Client #3's diet orders had not been processed for the same orders, as alleged in the facility's January 10, 2008 POC. As evidenced in paragraph 2 (above), the follow-up survey also revealed an identical deficient practice with respect to Client #2's lunches being served at different times "ground" texture instead of chopped.</p> <p>This is a repeat deficiency.</p> <p>Previously, the June 11, 2008 federal deficiency report included the following:</p> <p>Based on observations and interviews during the review, the facility failed to ensure that staff reviewed their meals in the texture and consistency outlined in their dietary restrictions for the sampled clients. [Client #2]</p> <p>The finding includes:</p> <p>During the evening observation, staff cut several pieces of (cookies) into thirds and placed them in a small bowl for Client #2. It was observed to alternate between</p>	{W474}	<p>a. The Diet order was submitted to the Day Program and its detail noted.</p>	<p>2/6/09 3/12/09</p>
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/25/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G149	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R 02/06/2009
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NAME OF PROVIDER OR SUPPLIER  ST JOHN'S COMMUNITY SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2715 13TH STREET, NE WASHINGTON, DC 20018
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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 474)	<p>Continued From page 31</p> <p>and drinking the water. While drinking the water, Client #2 was observed to cough and clear her throat on three separate occasions. The staff managed Client #2's "coughing" by implementing the Swallowing and Feeding Guidelines (SFG) as outlined in her Individual Program Plan (IPP). It should be noted that during dinner, Client #2 was served lasagna and a bowl of mixed fruit (sliced peaches, pears, etc.) for desert. She was observed to have no difficulties consuming her dinner.</p> <p>Record review on 6/11/2008 at 6:33 PM revealed Client #2's Speech assessment, dated 4/11/2007, and the SFG indicated that she should have a "mechanically soft diet" with "thin" liquids. Client #2's Nutrition assessment, dated 7/10/2007, however, recommended a "finely chopped diet". The current physician's order prescribed a "finely chopped diet for home meals and a "ground texture" diet while at her day program.</p> <p>Interview with the facility's managing staff revealed they were not aware of the regulatory requirement discrepancies between the Nutritionist, the Speech Pathologist and Primary Care. There was no evidence of the discrepancies presented at the time of survey to substantiate that the facility took the proper corrective measures to ensure clients are receiving meals in the form consistent with their developmental level.</p>	{W 474}	<p>See W159</p> <p>The Medical Director of SJCS has ordered the change in texture at the Day Program. The change in texture was noted by the Day Program.</p> <p>See W309</p>	3/12/09
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Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD03-0124	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R 02/06/2009
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NAME OF PROVIDER OR SUPPLIER  ST JOHN'S COMMUNITY SERVICES, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 2218 14TH STREET NE WASHINGTON, DC 20018
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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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(1 000)	<p><b>INITIAL COMMENTS</b></p> <p>A follow-up survey to the June 11, 2008 licensure survey was conducted on February 5, 2009 and February 6, 2009 to determine if the facility had maintained compliance with District of Columbia regulations, as indicated in the Plan of Correction received July 10, 2008. The results of the survey were based on observations in the home and two day programs, staff interviews, and review of the resident and administrative records, including a review of the unusual incident reports.</p> <p>On February 6, 2009, administrators were informed that based on observed mealtime practices and review of mealtime protocols and/or diet orders, resident #2 was deemed at risk of aspiration, therefore Immediate Jeopardy was declared. The Immediate Jeopardy was lifted later that day at 7:32 PM, after the facility submitted a plan of action to address the resident's immediate, short term and long term safety needs.</p>	(1 000)	<p>COMPLETED</p>	
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1 047	<p><b>3502.5 MEAL SERVICE / DINING AREAS</b></p> <p>Each GHMRP shall be responsible to ensure that meals, which are served through the GHMRP, are suited to the dietary needs of residents as indicated in the individual's Habilitation Plan.</p> <p>This Statute is not met as evidenced by... Based on interview and records, the facility failed to ensure each resident received meals in the prescribed and/or least restrictive setting and consistency, for two consecutive days at the facility. (Residents #2 and #3)</p>	1 047		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD03-0124	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R 02/06/2009
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NAME OF PROVIDER OR SUPPLIER  ST JOHN'S COMMUNITY SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2715 13TH STREET, NE WASHINGTON, DC 20018
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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
1047	<p>Continued From page 1</p> <p>The findings include:</p> <p>The previous recertification survey, dated June 11, 2008, outlined systemic issues, as it related to the group home and the day program's failure to protect Resident #3's health and safety at mealtimes. At the time, Resident #3's Speech and Language assessment, dated April 2007, and her Swallowing and Feeding Guidelines indicated that she should have a "mechanically soft diet with" thin liquids. Resident #3's Nutritional assessment, dated August 2007, recommended a "finely chopped diet." The physician's orders (POs) prescribed a finely chopped diet for meals served at home and a "ground texture" diet for foods served in the program.</p> <p>On July 10, 2008, the facility submitted a Plan of Correction (POC) that stated that the Speech Pathologist and the Nutritionist were notified and made aware of the discrepancy in diet textures (by June 23, 2008). The POC also included: "All diet orders have been corrected to reflect the same order." on June 12, 2008. In addition, the POC indicated that all individuals in-serviced on the diet order were notified of all individuals, on June 23, 2008.</p> <p>1. On February 5, 2009, at approximately 4:00 PM, interview with the facility's Executive Director (RN) revealed that Resident #3's diet order was a potential risk for aspiration.</p> <p>a. On February 6, 2009, at approximately 1:00 PM, interview with the facility's Executive Director, Retardation Professional (OURB), the Speech Pathologist (SP), Nutritionist, and the Primary Care Physician (PCP) was conducted regarding Resident #3's diet order.</p>	1047	<p>The Day Placement was serving a diet consistency not ordered by the PCP. The SFC's Medical Director wrote the order to be provided to the Day Program, which reflects the same dietary order as recommended by the Nutritionist and Speech Pathologist. The changed order was submitted to the Day Program.</p>	<p>2/6/09</p> <p>3/12/09</p> <p>2/6/09</p>

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFC03-0124	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R 02/06/2009
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NAME OF PROVIDER OR SUPPLIER  ST JOHN'S COMMUNITY SERVICES, INC.	STREET ADDRESS/CITY/STATE/ZIP CODE 2718 13TH STREET, NE WASHINGTON, DC 20018
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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
1047	Continued From page 2  texture orders. The QMRP also stated that she had discussed the discrepancy in Resident #3's diet textures with the day program's director. When queried further, the QMRP stated that "the day program could not provide her <Resident #3> with a finely chopped texture diet" as prescribed. The QMRP further stated that the day program had contracted with an outside caterer to provide all lunches served at the day program.	1047	Noted at the time of communication with the Day Program regarding ground texture for Sample #3, this QMRP was not the communicator. The previous QMRP had communicated with the Day Program regarding the texture.  The Medical Director of SJCS ordered the diet to reflect the recommendations of the Speech Pathologist and the Nutritionist.	2/6/09
1047	On February 6, 2009, a review of the QMRP monthly report from June 2008 to February 2009 revealed no documented evidence of phone conversations and/or discussions with the day program regarding the discrepancy in Resident #3's textures. There was no evidence that the QMRP had contacted the interdisciplinary team members to address the issue of textures.  b. On February 6, 2009, at 10:00 AM, Resident #3 was presented turkey, broom and toast chopped bite size. Later that day at approximately 3:50 PM, telephone interview with the day program director revealed that she discussed Resident #3's diet texture with the QMRP within the past year. The director stated that if a resident requires special diet, the day program would refer that information to the outside caterer. A review of the Catering Agreement, dated October 2002, between the day program and the day program revealed the following: "the caterer shall prepare pre-plate lunch meals and pre-plate special diets as specified." It should be noted that in 2009, the day program director stated that they now prepared meals on site and would not provide foods that were finely chopped or consistent with the diet texture.	1047	The report should be amended to reflect the change. In the future all orders for diets will be documented at the day program and monitored by the QMRP timely.  The QMRP will include detail of all communication with the Day Program. A copy of the order for Sample #3 reflecting the change has been provided to the day program.	2/6/09

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HI'D03-0124	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R 02/06/2009
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NAME OF PROVIDER OR SUPPLIER  ST JOHN'S COMMUNITY SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2715 13TH STREET, NE WASHINGTON, DC 20018
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1047	<p>Continued From page 3</p> <p>served in the group home. Interview later that day with the QMRP revealed that she was previously unaware that the day program no longer had lunches catered.</p> <p>c. On February 6, 2009, at approximately 5:00 PM, interview with the Licensed Practical Nurse (LPN) revealed that she could not recall any recent discussions regarding Resident #3's textures with the QMRP, and/or the RN. A short while earlier, at approximately 4:00 PM, review of the resident's nursing notes provided no evidence that the medical team (RN, physician, and QMRP) had discussed Resident #3's discrepancy in diet textures since June 11, 2008 survey.</p> <p>d. On February 6, 2009, at approximately 5:00 PM, telephone interview with the Speech Pathologist (SP) revealed that Resident #3 was recommended a "mechanically soft diet." The SP further indicated that all of her residents who did not receive pureed foods were prescribed a mechanically soft diet. The SP also stated that she was previously unaware that Resident #3 was receiving finely chopped foods in the home while receiving ground textures in the day program.</p> <p>2. On February 5, 2009, at approximately 2:00 PM, interview with the facility's Behavioral Mental Retardation Professional (QMRP) revealed that Resident #2 was prescribed the following diet: mechanical soft texture, 600 calorie diabetic, high fiber, low sodium. The QMRP also indicated the resident's aspiration. The resident was prescribed mechanically soft diet. The resident was offered chopped food at the dinner and breakfast on February 5, 2009. The resident was offered breakfast the next morning. On February 6, 2009, the resident was offered...</p>	1047	<p>The Diet for Sample #3 has been changed to reflect the recommendation of the Speech Pathologist and the Nutritionist by the Medical Director. The change has been submitted to the Day Program.</p> <p>The Diet order for Sample #3 was ordered by the Medical Director, to reflect the recommendation of the Nutritionist and the Speech Pathologist to include Mechanical soft chopped texture. The Day Program was provided a copy of the order reflecting the change. The Change had been discussed with the Day Program who agreed to implement the Diet order as written. In the future, the diet order will reflect the same in the Day Program as in the order.</p> <p>The Diet Support Staff and QMRP will meet monthly to review and discuss all dietary needs during the Monthly SRNO Meeting. The Governing body reviews the SRNO Meeting. These meetings were held on 2/23/09 and 3/13/09 respectively.</p>	<p>02/25/2009</p> <p>3/13/09</p>
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Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFC-03-0124	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R 02/06/2009
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NAME OF PROVIDER OR SUPPLIER  ST JOHN'S COMMUNITY SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2718 13TH STREET, NE WASHINGTON, DC 20018
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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
1047	<p>Continued From page 4</p> <p>2009, beginning at 8:55 AM, review of Resident #2's February 2009 physician's orders (POs) confirmed that she was prescribed a mechanical soft diet. However, on February 6, 2009, at approximately 11:55 AM, review of Resident #2's mealtime protocol at the day program revealed diet orders as follows: 1500 calorie ADA (diabetic), low sodium, mechanical soft (ground). Back in the residential facility, at 1:30 PM, the QMRP stated that she was previously unaware that the mealtime protocol called for the use of "ground" texture when a mechanical soft diet would permit a less-restrictive food texture such as chopped. She further acknowledged having missed the discrepancies in the orders during her reviews of Resident #2's day program plan.</p> <p>In summary, the February 6, 2009 follow-up survey revealed that Resident #2's dietary diet texture orders had not been compared to the same orders, as alleged in the facility's July 10, 2008 POC. As evidenced in paragraph 2 (above), the follow-up survey also revealed an identical deficient practice with respect to Resident #2's lunches being prepared for the program as "ground" texture instead of chopped.</p> <p>This is a repeat deficiency. On February 6, 2009, at 11:55 AM, review of Resident #2's mealtime protocol at the day program revealed diet orders as follows: 1500 calorie ADA (diabetic), low sodium, mechanical soft (ground).</p> <p>Previously, the June 11, 2008 deficiency report included the following: at 1:30 PM, the QMRP stated that she was previously unaware that the mealtime protocol called for the use of "ground" texture when a mechanical soft diet would permit a less-restrictive food texture such as chopped. She further acknowledged having missed the discrepancies in the orders during her reviews of Resident #2's day program plan.</p> <p>Based on observation, staff interviews, and review, the facility failed to ensure residents received their meals in the texture and consistency as outlined in the orders. This was for one of two sampled residents.</p>	1047	<p>See W159</p> <p>(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____</p> <p>STREET ADDRESS, CITY, STATE, ZIP CODE 2718 13TH STREET, NE WASHINGTON, DC 20018</p> <p>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</p>	02/06/2009

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HF003-0124	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R 02/06/2009
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NAME OF PROVIDER OR SUPPLIER  ST JOHN'S COMMUNITY SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2715 13TH STREET, NE WASHINGTON, DC 20018
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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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1047	<p>Continued From page 5</p> <p>The finding includes:</p> <p>During the evening observations on 6/10/2008, staff cut several pieces of "Fig Newtons" (cookies) into thirds and quarters and placed them in a small bowl for Resident #2 to eat. She was observed to alternate eating the "cookies" and drinking the water. While drinking the water Resident #2 was observed to cough and clear her throat on three separate occasions. The staff managed Resident #2's "coughing" by implementing the Swallowing and Feeding Guidelines (SFG) as outlined in the Resident Program Plan (IPP). It should be noted that during dinner, Resident #2 was served asparagus and a bowl of mixed fruit (sliced peaches, grapes, etc.) for desert. She was observed to have difficulties consuming her dinner.</p> <p>Record review on 6/11/2008 revealed Resident #2's Speech assessment dated 4/14/2007, and the SFG indicated that she should have a "mechanically soft diet". Resident #2's Nutrition assessment dated 7/10/2007, however, recommended a "finely chopped" diet. The current physician order prescribed a finely chopped diet, and a "ground texture" diet program.</p> <p>Interview with the facility's management revealed they were not aware of the requirement discrepancy between the Nutritionist, the Speech pathologist, and the Day Care. There was no evidence of the requirement or presented at the time of survey. It was noted that the facility took the proper measures to ensure resident meals in the form consistent with their developmental level.</p>	1047	<p>PROVIDER'S PLAN OF CORRECTION The Diet order for Sample #2 was ordered 3/12/09 by the Medical Director to reflect the recommendations of the Nutritionist and Speech pathologist to include Mechanical soft chopped texture. The Change had been discussed with the Day Program who agreed to implement the Diet order as written. In the future, the diet order will reflect the same in the Day Program as in the home.</p>	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HI'D03-0124	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R 02/06/2009
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NAME OF PROVIDER OR SUPPLIER  ST JOHN'S COMMUNITY SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2715 13TH STREET, NE WASHINGTON, DC 20018
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1223	<p><b>3510.4 STAFF TRAINING</b></p> <p>Each training program agenda and record of staff participation shall be maintained in the GHMRP and available for review by regulatory agencies.</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure that all staff were trained on proper use of the hand cuff during mealtimes.</p> <p>The finding includes:</p> <ol style="list-style-type: none"> <li>On February 6, 2009, at 7:00 AM, Resident #2 was observed eating breakfast in the dining room. Staff had placed a cuff on her left hand and inserted a regular, metal table spoon between the cuff and the back of her hand. The spoon was not within her hand grip. She was able to, however, loop her thumb over the spoon handle just behind the scoop. With the resident showing difficulty eating in that manner, staff provided physical guidance and support to her as she raised spoonfuls of food to her mouth. Later that day, at approximately 11:45 AM, Resident #2 was observed using a similar technique during lunch at day program. The spoon handle had been inserted between the cuff and the back of the resident's hand, therefore, she was able to pick up the spoon independently.</li> <li>On February 6, 2009, at 9:35 AM, Resident #2's Occupational Therapy Assessment, dated December 1, 2008, included a recommendation to continue using the hand cuff with spoon, as already prescribed.</li> </ol> <p>1. On February 6, 2009, at 7:00 AM, Resident #2 was observed eating breakfast in the dining room. Staff had placed a cuff on her left hand and inserted a regular, metal table spoon between the cuff and the back of her hand. The spoon was not within her hand grip. She was able to, however, loop her thumb over the spoon handle just behind the scoop. With the resident showing difficulty eating in that manner, staff provided physical guidance and support to her as she raised spoonfuls of food to her mouth. Later that day, at approximately 11:45 AM, Resident #2 was observed using a similar technique during lunch at day program. The spoon handle had been inserted between the cuff and the back of the resident's hand, therefore, she was able to pick up the spoon independently.</p> <p>On February 6, 2009, at 9:35 AM, Resident #2's Occupational Therapy Assessment, dated December 1, 2008, included a recommendation to continue using the hand cuff with spoon, as already prescribed.</p> <p>1. On February 6, 2009, at 7:00 AM, Resident #2 was observed eating breakfast in the dining room. Staff had placed a cuff on her left hand and inserted a regular, metal table spoon between the cuff and the back of her hand. The spoon was not within her hand grip. She was able to, however, loop her thumb over the spoon handle just behind the scoop. With the resident showing difficulty eating in that manner, staff provided physical guidance and support to her as she raised spoonfuls of food to her mouth. Later that day, at approximately 11:45 AM, Resident #2 was observed using a similar technique during lunch at day program. The spoon handle had been inserted between the cuff and the back of the resident's hand, therefore, she was able to pick up the spoon independently.</p> <p>2. Cross-refer to 1047, Staff did not follow Resident #1's liquids and solids diet.</p>	1223	<p>The staff were trained on the proper use of the hand cuff and spoon on 2/6/09. The Occupational Therapist has agreed to conduct training.</p> <p>A Speech Pathologist has been requested to train staff on the cuff and spoon as recommended by the Nutritionist and Occupational Therapist on 2/6/09 and 2/11/09 on the diets and textures of the Residents.</p> <p>In the future, the QMRP will review all adaptive equipment during the SRNQ Meetings. This was done during the meetings on 2/23/09 and 3/13/09.</p>	2/6/09 & 3/13/09
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Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HF1013-0124	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R 02/06/2009
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NAME OF PROVIDER OR SUPPLIER  ST JOHN'S COMMUNITY SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2715 13TH STREET, NE WASHINGTON, DC 20018
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I 223	<p>Continued From page 7</p> <p>observed meals.</p> <p>3. Cross-refer to Federal Deficiency Report - Citation W159.6. The GHMRP failed to ensure that staff were trained on providing Resident #2 a serving of skim milk three times daily, in accordance with her physician's orders.</p> <p>When asked about staff in-service training on residents' mealtime needs, the QMRP presented a "Swallow and Feeding Guidelines," dated April 14, 2007, on which the Speech Pathologist had written "Use built-up spoon." The QMRP said she had used this document to train her staff on Resident #2's mealtime protocol the previous evening. The document, however, did not reflect the use of a hand cuff adaptive device. The QMRP further indicated that she had not presented the hand cuff to staff during the training or otherwise described how to use it properly. Further interview revealed that the QMRP was not familiar with Resident #2's order for skim milk. The QMRP presented the signatures from the night before; however, there was no evidence of an agenda, to reflect the topics/information that was presented during the diet/mealtime protocol training.</p> <p>This is a repeat deficiency.</p> <p>Previously, a June 14, 2008 survey revealed that staff did not implement resident's mealtime protocols and prescribed diet. The QMRP submitted a Plan of Correction on 7/1/2008 that included the following: "The diet and food texture was not placed on the 2008... Staffs were in-service on mealtime protocols, and risk for aspiration was discussed."</p>	I 223	<p>The Speech Pathologist has been requested to reflect the hand cuff and spoon as recommended by the QMRP in her reports.</p> <p>The QMRP was trained by the Nutritionist and the Speech Pathologist on 2/6/09 and 2/11/09 on the diets and textures of the Residents.</p> <p>The QMRP will review all adaptive equipments during the SRNQ Meetings. This was accomplished during the meetings on 2/23/09 and 3/13/09 respectively.</p>	

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HI#103-0124	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R 02/06/2009
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NAME OF PROVIDER OR SUPPLIER  ST JOHN'S COMMUNITY SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2715 13TH STREET, NE WASHINGTON, DC 20018
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I 223	Continued From page 8 2008." [See W159, W322, and W474]	I 223	See W159	
I 401	<p><b>3520.3 PROFESSION SERVICES: GENERAL PROVISIONS</b></p> <p>Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident.</p> <p>This Statute is not met as evidenced by:</p> <p>A. Based on interview and record review, the facility's nursing staff failed to ensure timely referrals for serum lab tests for the one resident diagnosed with diabetes of long duration who is residing in the facility. (Resident #2)</p> <p>The findings includes:</p> <p>On February 5, 2009, at approximately 1:20 PM, interview with a direct support staff person who was preparing snacks in the kitchen revealed that Resident #2 had diabetes. She stated that the resident's blood sugar was tested on a daily basis using finger sticks. On February 6, 2009, at approximately 8:55 AM, review of Resident #2's physician orders revealed that in addition to testing in the home, the physician had ordered that the resident's fasting blood sugar (FBS) be tested in a clinical laboratory "every 3 months." A review of the resident's lab records revealed two test reports dated December 20, 2007 and March 12, 2008 and December 2, 2008. There was no evidence that the facility had ensured that the resident's blood sugar was tested every 3 months as ordered by the physician. According to the lab reports available, the resident's FBS readings had been within the normal range.</p>	I 401	<p>See W159</p> <p>These findings will be completed timely as directed by the attending Physician.</p>	2/09

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD03-0124	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R 02/06/2009
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NAME OF PROVIDER OR SUPPLIER  ST JOHN'S COMMUNITY SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2715 13TH STREET, NE WASHINGTON, DC 20018
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1401	<p>Continued From page 9</p> <p>B. Based on observations, interviews and record review, the GHMRP failed to provide Qualified Mental Retardation Professional (QMRP) services, to ensure that Resident #2 and #3's mealtime protocols used at lunch at their day programs reflected prescribed diet orders and/or were the least-restrictive necessary to ensure safety.</p> <p>The findings include:</p> <p>1. Resident #2's mealtime protocol at the day program was reviewed for verification after lunch observations on February 6, 2009. At approximately 11:55 AM, review of the resident's mealtime protocol revealed diet orders as follows: 1500 calorie ADA (diabetic), low sodium, mechanical soft (ground). However, review of resident's February 2009 physician orders (POs) earlier that day, at approximately 9:00 AM, revealed that she was to receive a 1500 calorie diabetic, mechanical soft, low sodium, high fiber diet. Interviews with the RN (February 6, 2009, at 4:10 PM) and observations at various snacks and meals revealed she was eating chopped foods in the home. (Note: The home was in agreement with the Nutritionist on December 3, 2008 dietary recommendations.) Back in the residential facility on 2/3/09, the QMRP stated that she was responsible for and/or reviewing the mealtime protocols at the day program, and ensuring that the protocols reflected the resident's dietary orders. She admitted that she was previously unaware that the mealtime protocol made no mention of a high fiber diet and that it called for the use of mechanical soft diet would require less restrictive food textures, i.e., chopped. She further acknowledged discrepancies in diet orders between the</p>	1401	<p>The QMRP has been trained by the Nutritionist and the Speech pathologist on the Diets, Mealtime Protocols and Textures. The Medical Director of SJCS has ordered the diets of residents #2 and #3 to reflect the recommendations of the Nutritionist and Speech Pathologist. The changed order has been submitted to the Day. The Day Program has noted the changes.</p>	2/6/09 2/11/09
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Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HI1003-0124	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R 02/06/2009
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NAME OF PROVIDER OR SUPPLIER  ST JOHN'S COMMUNITY SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2716 13TH STREET, NE WASHINGTON, DC 20016
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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
1401	<p>Continued From page 10</p> <p>Resident #2's day program plan. [Note: This identical issue was addressed in the June 11, 2008 federal deficiency report, with Resident #3.]</p> <p>2. Cross-refer to Federal Deficiency Report - Citation W474.1. The QMRP failed to implement the corrective actions that were outlined in the facility's Plan of Correction, dated July 10, 2008, regarding Resident #3's diet texture program. Resident #3 was receiving ground texture foods at her day program, whereas the RN, Speech Pathologist and the QMRP (a) stated that she was safe receiving foods that were finely chopped.</p>	1401	<p>The Diet for Sample #3 has been changed to reflect the recommendation of the Speech Pathologist and the Nutritionist by the Medical Director of SJCS. The change has been submitted to the Day Program and noted.</p>	3/13/09
(1422)	<p>3521.3 HABILITATION AND TRAINING</p> <p>Each GHMRP shall provide rehabilitation and assistance to residents in accordance with the resident's Individualized Care Plan.</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure each resident received continuous active treatment sessions, including needed interventions, for one of the residents in the sample.</p> <p>The finding includes:</p> <p>On February 5, 2009, at 5:30 PM, a resident was observed eating a pureed sandwich at snack time from a high sided elevated plastic plate riser. The staff placed a spout cup beside the plate riser and poured the puree into the resident's water cup. The resident was observed to cough and choke on the pureed sandwich. At 6:00 PM, Resident #1 was observed drinking from the spout cup for the first time after consuming the majority of her food. Resident #1 was observed to fast track.</p>		<p>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</p> <p>The finding has been corrected. The feeding protocol for Sample #1 to include the alteration of liquids/solids throughout the meal to facilitate swallow. The feeding protocol was again reviewed during the staff meeting conducted at the monthly SRNQ Meeting.</p>	6/23/08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD03-0124	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R 02/06/2009
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NAME OF PROVIDER OR SUPPLIER  ST JOHN'S COMMUNITY SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2715 13TH STREET, NE WASHINGTON, DC 20018
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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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(1422)	Continued From page 11 meal, which consisted of pureed baked fish, mashed potatoes/gravy, and sweet peas from a high sided divided plate on a plate riser. At 7:10 PM, the resident was still eating and was not observed to alternate liquids in between bites. Also on February 5, 2009, at approximately 4:03 PM, interview with the facility's Registered Nurse (RN) revealed that Resident #1 was prescribed a regular pureed diet with double portions. Further interview revealed that Resident #1 was at risk for aspiration.	(1422)	All staff were re-trained on Aspiration precaution.	2/6/09
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1500	3523.1 RESIDENT'S RIGHTS Each GHMRP resident has the right to have their rights protected in accordance with D.C. Law, Title 22, Chapter 28, and other applicable federal, state, and local laws. This Statute is not met as evidenced by... Based on observations, interviews, and chart review, the GHMRP failed to provide...	1500	Staff were trained on Sample #1's Mealtime Protocol on 2/6/09 and 2/11/09.	
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Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HF003-0124	DO NOT CHECK IF MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R 02/06/2009
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NAME OF PROVIDER OR SUPPLIER  ST JOHN'S COMMUNITY SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2715 13TH STREET, NE WASHINGTON, DC 20018
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1500	<p>Continued From page 12</p> <p>residents' rights in accordance with Title 7, Chapter 13 of the D.C. Code (formerly called D.C. Law 2-137, D.C. Code, Title 6, Chapter 19) that governs the care and rights of persons with mental retardation.</p> <p>The findings include:</p> <p>1. The facility failed to demonstrate protection of residents' rights to ensure the health and safety of two of the three residents with impaired chewing abilities (Residents #2 and #3) under Chapter 13, § 7-1305.05(h), formerly § 6-1915(h) as follows:</p> <p>a. On February 5, 2009, at approximately 3:00 PM, interview with the facility RN and the Mental Retardation Program Director revealed that Resident #2 was prescribed the following diet: mechanical soft, liquid, 2000 calorie diabetic, high fiber, low sodium. The resident was observed eating breakfast the following morning, beginning at 6:55 AM. The meal, served in a high-sided, divided plate, consisted of oatmeal, apple sauce, a mixture of wheat toast and turkey, and coffee. The bacon had been cut into small pieces. At 7:00 AM, Resident #2 was eating the oatmeal, turkey and bacon mixture when it was observed that 2 pieces of bacon were larger than the others. Those pieces were approximately 1-1/2 inches long by 1/2 inch wide. The resident ate the pieces of bacon without incident.</p> <p>On February 6, 2009, beginning at 9:42 AM, review of Resident #2's February 2009 physician orders confirmed that the resident was prescribed a mechanical soft diet.</p>	1500	<p>It is the Policy of St. John's Community Services to ensure the rights of all its residents and protect them in accordance with D.C. Law 2-137. See W104, W127 and W159.</p>	<p>3/13/09</p> <p>2/6/09</p>
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFJ003-0124	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R 02/06/2009
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1500	<p>Continued From page 13</p> <p>20, 2007 Speech-Language Evaluation that included the following: "Lingual lateralization is slow and limited. Labial seal is compromised. Laryngeal excursion is slow, but functional for swallow ... Poor dental occlusion noted. This, together with limited strength and poor coordination, compromises rotational movement for mastication which is slow and laborious, compromising swallow safety and placing her at risk of aspiration if pieces are too large. On the basis of aforementioned observations and in the interest of swallow safety, a reduced texture MECHANICAL SOFT diet is recommended to conserve energy and permit independence in self-feeding; than larger pieces of food characteristic of a regular texture would permit. No overt signs or symptoms of aspiration noted during meal observation. Aspiration precautions should be observed at all times. Also on November 20, 2007, the Speech Pathologist provided staff training on swallow safety, aspiration precautions, diet texture related topics. The training emphasized that persons on mechanical soft diets should not receive "dry, crunchy, crumbly" foods. In addition, the speech pathologist stated that food should be chopped to about 1/4 inch in size to minimize need to chew. The training also stated that morning had been dry and the food pieces were larger than 1/4 inch and crunchy.</p>	1500	<p>It is the Policy of St. John's Community Services to provide quality services to its residents. The Speech Pathologist was contacted for review and training of Sample #2 feeding protocol/diets with a review of mechanical soft diets and all foods which are crunchy, crumbly and crusty. There was also a follow-up review and staff training by the Nutritionist on 2/11/09. The mealtime protocol of Sample #2 was again reviewed on 2/28/09 during our monthly SRNQ Meeting which has been implemented to ensure Quality Assurance. In the future all staffs will be trained on diets and mealtime protocols for individuals during said meeting. The meeting minutes is submitted to the Governing Body for review.</p>	2/6/09 & 2/23/09
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1500	<p>b. In addition to the information above, Resident #2's safety, intervention plan review revealed that the facility will implement the Plan of Correction submitted following the January 2009 recertification survey, as follows:</p> <p>1). Resident #3 had been in a feeding sample (Identified as Resident #2)</p>		<p>The Policy of St. John's Community Services is to provide quality services to its residents. The Speech Pathologist was contacted for review and training of Sample #2 feeding protocol/diets with a review of mechanical soft diets and all foods which are crunchy, crumbly and crusty. There was also a follow-up review and staff training by the Nutritionist on 2/11/09. The mealtime protocol of Sample #2 was again reviewed on 2/28/09 during our monthly SRNQ Meeting which has been implemented to ensure Quality Assurance. In the future all staffs will be trained on diets and mealtime protocols for individuals during said meeting. The meeting minutes is submitted to the Governing Body for review.</p>	
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Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  H12003-0124	(X2) MULTIPLE CONSTRUCTION BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R 02/06/2009
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NAME OF PROVIDER OR SUPPLIER  ST JOHN'S COMMUNITY SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2716 15TH STREET, NE WASHINGTON, DC 20018
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1500	<p>Continued From page 14</p> <p>6, 2009 follow-up survey findings revealed that her dietary orders for meals served in the home remained different from those for lunches served at day program. In their July 10, 2008 POC, the facility wrote: "All diet orders have been corrected to reflect the same order on June 12, 2009." [See W322 and W474].</p> <p>2). Resident #2 had not been included in the 2008 sample. The February 6, 2009 follow-up survey findings, however, revealed inconsistent dietary orders for her as well. On February 6, 2009, at approximately 11:55 AM, Resident #2's day program mealtime protocol, dated August 1, 2008, was reviewed for verification after lunch observations. The protocol indicated the following diet orders: "1500 calorie ADA (diabetic), low sodium, mechanical soft."</p>	1500	<p>The Diet order for Sample #3 was ordered by the Medical Director to reflect the recommendations of the Nutritionist and Speech Pathologist to include Mechanical soft chopped texture. The Day Program was provided a copy of the order reflecting the change. The Change had been discussed with the Day Program who was to implement the Diet order as written. In the future, the diet order will reflect the same in the Day Program as in the home.</p>	2/6/09 3/12/09
	<p>However, review of the resident's physician's orders (POs) dated January 2, 2009, approximately 9:00 AM, revealed that she was to receive a 1500 calorie diabetic-mechanical soft low sodium and high fiber diet. (Note: The POs were in agreement with the Nutritionist's December 3, 2008 dietary order.)</p> <p>Later that day, at 1:30 PM, the QMRE noted that she was previously unaware of the dietary protocol being implemented. The QMRE made no mention of a high fiber diet which called for the use of "ground textures". Upon further discussion, she acknowledged that a mechanical soft diet allowed for a food texture/preparation technique of soft chopped, rather than ground. She also acknowledged having missed this information in diet orders in her review of the day program plan.</p> <p>c. Cross-refer to Federal Deficiency Citation W249. On February 6, 2009,</p>		<p>The Mealtime Protocol and diet order for the Day Placement was provided to the Day Placement. The change to Diabetic Mechanical Soft, Low Sodium and High Fiber Diet. The Detail of the change to the diet order was made known and discussed with the Day Placement. The QMRE noted the Diet for ground was not the order supplied in the Day Placement. However a copy of the order to the Day Placement who in turn noted the change.</p> <p>The Day Program was provided a copy of the order reflecting the change. The Change had been discussed with the Day Program who was to implement the Diet order as written. In the future, the diet order will reflect the same in the Day Program as in the home.</p>	3/12/09

LOW sodium) but high fiber...  
...not the order...  
...however...  
...who...

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HPTJ03-0124	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R 02/06/2009
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NAME OF PROVIDER OR SUPPLIER  ST JOHN'S COMMUNITY SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2715 13TH STREET, NE WASHINGTON, DC 20018
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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
1500	<p>Continued From page 15</p> <p>approximately 4:03 PM, interview with the RN revealed that Resident #1 was prescribed a regular pureed diet with double portion and was at risk for aspiration. On February 6, 2009, at approximately 10:32 AM, review of Resident #1's current Physician's Orders, dated February 2009, confirmed that she was prescribed a pureed diet with double portions. At approximately 10:33 AM, review of the resident's Speech/Language Assessment revealed a Swallowing Evaluation (SE) dated September 27, 2008 that included the following: "Staff was encouraged to begin and end each meal with liquids and to alternate liquid/solids throughout the meal to facilitate swallow." Observations the previous day, however, revealed that staff did not encourage Resident #1 to alternate between liquids and solids as prescribed in her SE guidelines.</p> <p>Based on the findings outlined above, the facility's management and directors were notified on February 6, 2009, at 4:35 PM, that Resident #1's health and safety were at risk and an Immediate Jeopardy was declared. The Immediate Jeopardy was lifted later that day after the facility submitted a corrective action plan to address the resident's immediate, short term and long term safety needs. The corrective action included the following:</p> <ul style="list-style-type: none"> <li>- Speech Pathologist to visit, train staff and Re-evaluate Resident #1's diet on February 6, 2009.</li> <li>- No Crusty, Crunchy or Chewy foods served until a clarification is in place by the Speech Pathologist by February 6, 2009.</li> <li>- Staff to be in-serviced by February 6, 2009.</li> </ul>	1500	<p>The Speech Pathologist conducted and re-train the staff on the mealtime protocol for Sample #1 to include the alternation of liquids/solids throughout the meal to facilitate swallow. The feeding guidelines were again review during the staff training conducted at the monthly SRNQ Meeting on 2/23/09 and 3/13/09 respectively.</p>	<p>2/6/09 2/11/09</p> <p>2/6/09 2/11/09</p> <p>2/6/09 2/11/09</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HI-D03-0124	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R 02/06/2009
NAME OF PROVIDER OR SUPPLIER  ST JOHN'S COMMUNITY SERVICES, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2715 13TH STREET, NE WASHINGTON, DC 20018	

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1500	<p>Continued From page 16</p> <p>Pathologist by February 8, 2009.</p> <ul style="list-style-type: none"> <li>- Staff to be in-serviced by the Nutritionist February 11, 2009.</li> <li>- Diet to reflect a detail on description of Mechanical Soft Texture by February 9, 2009</li> <li>- Day Program will adopt the recommendation by the Speech Pathologist of the provider by February 9, 2009.</li> </ul>	1500	See W127,	
	<p>2. The facility failed to protect residents from receiving a nourishing diet as specifically required by #2's prescribed skim milk as high as needed [Title 7, Chapter 13, § 7-1305.05(g), formerly 6-1985(g)], as follows:</p> <p>a. On February 6, 2009, at approximately 10:00 AM, review of Resident #2's previous orders (POs) for the period July 2008 through January 2009 revealed an ongoing order to receive skim milk three times daily. There was no evidence, however, that Resident #2 received the scheduled servings of skim milk during the 24-hour survey period: February 5, 2009, 4:00 PM - February 6, 2009, 4:00 PM.</p> <p>1) Resident #2 was not observed receiving milk with her February 5, 2009 dinner meal and breakfast the next morning (February 6, 2009) before she left for day program. Later on February 6, 2009, at 12:10 PM, interview with the resident's program mealtime support staff revealed that she had not received milk that morning. Staff confirmed observations that day that no milk had been offered milk with her lunch. Resident arrived home with bag of milk.</p>		<p>The schedule for the servings of milk has been included on the chart of Resident #2. All staff were instructed on the scheduled for skim milk for</p> <p>See W127</p>	<p>2/6/09</p> <p>2/11/09</p>

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HF1N13-0124	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R 02/06/2009
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NAME OF PROVIDER OR SUPPLIER  ST JOHN'S COMMUNITY SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2715 13TH STREET, NE WASHINGTON, DC 20018
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1500	<p>Continued From page 17</p> <p>day at 5:30 PM.</p> <p>2) On February 6, 2009, at 10:04 AM, interview with Direct Support Staff #1 resulted in contradictory statements. At first, the staff confirmed observations that the resident had been given pineapple juice as the only beverage with her breakfast that morning. When queried further, she stated that she had given the resident water with the morning medication pass. When asked if there had been any other fluids offered that morning, she replied no. After being asked about milk, she recalled having offered the resident milk after the morning medication pass. She further stated that the resident had rejected the milk, therefore, she did not present the milk at breakfast. It should be noted that another direct support staff person (DSS #2) had been observed preparing foods, pouring the pineapple juice and serving the breakfast.</p> <p>3) On February 6, 2009, at 4:14 PM, interview with the QMRP revealed that she was unaware of the diet order for skim milk three times daily. She did acknowledge that she thought Resident #2 should receive milk every day. She also acknowledged that she had not discussed the frequency, or established a routine for when to receive milk. She further stated that she had provided staff with training on February 5, 2009, the previous evening; however, she did not acknowledge that skim milk had not been discussed and she had not presented the residents' POs during the training.</p> <p>4) On February 6, 2009, at approximately 1:00 PM, interview with Resident #2's day program mealtime support staff revealed that residents routinely receive milk while in the day program. She stated that she usually received</p>	1500	<p>2...Staffs were trained by the Nutritionist.</p> <p>Staff were trained by the Nutritionist.</p> <p>Staff were trained by</p>	2/11/09
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PFKMIDR/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD03-0124	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R 02/06/2009
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NAME OF PROVIDER OR SUPPLIER  ST JOHN'S COMMUNITY SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2714 35TH STREET, NE WASHINGTON, DC 20018
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1500	Continued From page 18  beverage with her morning snacks and lunch meals. He reported having seen her receive bread moistened with milk "once or twice" during the past several months. He had not, however, observed her receive a full serving of milk. Concurrent review of the resident's day program mealtime protocol, dated August 1, 2008, revealed no mention of skim milk even though three servings of skim milk daily was listed among her diet orders on this POs.  5) On February 6, 2009, at 1:00 PM, revealed that the LPN was unaware of the frequency that Resident #2 should receive milk. She stated that she thought milk should be served at every meal. She confirmed with the QMRP had stated, that there was no set schedule for Resident #2 to receive skim milk.	1500	Requested to include skim milk on the chart for Resident #3. The Chart includes skim milk servings three times a day	(X3) DATE SURVEY 2/6/09
	6) On February 6, 2009, at 1:00 PM, revealed the following: 1500 calorie diabetic, low sodium diet. There was no evidence that the QMRP was monitoring the status of the physician's (or dietitian's) (or high fiber) dieted having seen...		The QMRP included the schedule of the skim milk on the February monthly notes and will include the skim milk in the monthly...	3/11/09
	7) On February 6, 2009, at 1:00 PM, revealed the facility's menus revealed that residents receiving 1200 calorie and 1400 calorie diets. The nutritionist had recommended 3 servings of (skim) at breakfast. The menu reflected "day program" meals and dinners were to include 3 servings of milk. Weekend menus called for 3 servings of milk at breakfast and lunch, with 3 servings of milk at dinner. Review of the resident's 2008 annual nutrition evaluation revealed the following recommendation: 3 servings of skim milk 3 x per day for extra protein...		Update has been made for the Nutritionist to update of the Menu to include the 3 servings of milk. She was also requested to include these in her...	2/6/09

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NAME OF PROVIDER OR SUPPLIER  ST JOHN'S COMMUNITY SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2715 13TH STREET, NE WASHINGTON, DC 20018
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1500	<p>Continued From page 19</p> <p>evidence, however, that the nutritionist had determined whether or not the physician's order for had been implemented daily.</p> <p>8) On February 6, 2009, at 1:55 PM, review of the Resident #2's draft ISP (December 4, 2008) revealed that it did not reflect the physician's order that she receive 3 servings of skim milk daily. The ISP indicated the following diet: "1500-calorie diabetic, low calorie, low sodium, mechanical soft."</p> <p>b. On February 6, 2009, at approximately 11:55 AM, review of Resident #2's mealtime protocol at the day program revealed the order as follows: 1500 calorie ADA (diabetic) low sodium, mechanical soft (ground). However, review of resident's February 2009 physician's orders (POs) earlier that day, at approximately 1:00 AM, revealed that she was to receive 1500-calorie diabetic, mechanical soft, low sodium, high fiber diet. Back in the resident's room at 3:00 PM, the QMRP stated that she was responsible for reviewing the mealtime protocol used at the day program, and ensuring that the protocol reflected the resident's diet order. She indicated that she was previously unaware that the mealtime protocol made no mention of a high fiber diet and acknowledged the discrepancies in diet orders in her report. Resident #2's day program plan indicated that she receive 3 servings of skim milk daily.</p> <p>3. The facility failed to demonstrate protection of residents' rights to be free from unnecessary or inappropriate medication; specifically, psychotropic medications. [Title 7, Chapter 25, Subchapter 1, § 7-1305.05(h), formerly § 2-1035.05(h)] The attending physician shall review and, on a regular basis the drug regimen of each resident under</p>	1500	<p>8. The ISP has been amended to reflect all changes in the diet order.</p>	3/13/09
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Health Regulation Administration

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NAME OF PROVIDER OR SUPPLIER  ST JOHN'S COMMUNITY SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2715 13TH STREET, NE WASHINGTON, DC 20018
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1 500	<p>Continued From page 20</p> <p>his or her care. All prescriptions for psychotropic medications shall be written with a termination date, which shall not exceed 30 days...], as follows:</p> <p>February 6, 2009, at 8:55 AM, review of Resident #2's February 2009 physician's orders (POs) revealed that they were for [redacted]. There were no POs for the month of January 2009. Further review of this resident's medical records revealed that the previous PO was dated December 1, 2008 and August 2009. Resident #2's prescribed medication regimen included the psychotropic medication Risperidone, 1 mg tablet taken [redacted] by mouth for symptoms associated with psychosis.</p> <p>At 2:07 PM, the facility [redacted] interviewed by telephone. She stated that the facility was aware of the [redacted] termination date not to exceed [redacted] prescribed psychotropic medication. She stated all four residents received psychotropic medications, which were prescribed by the residents' psychiatrist. Every month, the psychiatrist met with the consulting pharmacist, nurses and QMRPs to review [redacted] medications. The reviews [redacted] psychotropic medication review (PMR) [redacted] (what the DON referred to as [redacted]). According to the DON, the [redacted] the psychiatrist's recommendation [redacted] as the equivalent of writing [redacted]. The pharmacist reportedly [redacted] of the PMR forms before [redacted] meetings. However, further [redacted] DON revealed that the [redacted] (PCP) only reviewed the [redacted] regimens, including the [redacted] days.</p>	1 500	<p>SJCS Medical Director has sign of on the PMRs for the Psychotropic Medication. In the Future, All Psychotropic Medication will be signed by the Medical Director timely.</p>	2/16/09

