RECEIVED 6/26/07

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

PRINTED: 06/15/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G149	A. BUILDING _____ B. WING _____	06/08/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOHN	2715 13TH STREET, NE WASHINGTON, DC 20018

(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
W 000	INITIAL COMMENTS A recertification survey was conducted from June 7, 2007 thru June 8, 2007. The survey was initiated using the fundamental survey process. A random sample of two clients was selected from a resident population of four females with various disabilities. The findings of the survey were based on observations, interviews with clients and staff in the home and two day programs, as well as a review of client and administrative records, including incident reports.	W 000		
W 120	483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client. This STANDARD is not met as evidenced by: Based on observations, staff interview, and record review, the facility failed to effectively monitor each client's day program to assure that the needs were met for one of two clients in the sample. (Client #2) The finding includes: Observation during the lunch mealtime on June 7, 2007 at approximately 12:30 PM revealed that Client #2 was served her prescribed diet on a sectioned paper plate placed on an elevated plateform. Interview with the day program staff acknowledged that Client #2 used a sectioned paper plate instead of a divided plate during mealtime. Further interview revealed that the day program did not have a current mealtime protocol from the facility. Review of the Individual Support Plan (ISP) dated November 23, 2006 on June 8, 2007 at approximately 12:30 PM revealed that it	W 120	It is the Policy of St. Johns Community Services to assure that outside services meet the needs of each resident. The Day Program has been provided a divided high-sided plate for Sample # 2. In the future, the home will assure that all outside services meet the needs of all residents in a timely manner. The Day Program has been provided a copy of Mealtime Protocol for Sample # 2. The OT has recommended and the Day Program has a high sided divided Plate for Sample # 2	6/25/07 6/25/07 6/25/07

ORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Isabel Johnson for Precious Myers Brown Director 2/26/07

deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that r safeguards provide sufficient protection to the patients (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days wing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 s following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued ram participation

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W 120	Continued From page 1 was recommended that Client #2 utilize a divided plate during mealtime. The facility failed to ensure that Client #2 usec a divided plate during mealtime as recommended by the ISP at the day program.	W 120		
W 124	483.420(a)(2) PRCTECTION OF CLIENTS RIGHTS The facility must er sure the rights of all clients. Therefore the facility must inform each client, parent (if the client s a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment. This STANDARD is not met as evidenced by: Based on observation, interview and record verification, the facility failed to ensure the right of each client or their legal guardian to be informed of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and the right to refuse treatment for one of two clients in the sample, (Client #2) The findings include: 1. Observation of the morning medication administration on Jur e 7, 2007 at approximately 7:30AM, revealed Client #2 received Risperdal 1 mg by mouth. Interview with the nursing staff on June 7, 2007 at approximately 7:45AM revealed that the medication was prescribed for behavior management. Review of the client's physicians orders dated June 1, 2007 on June 7, 2007 at approximately 9:45 AM revealed that Risperdal 1 mg by mouth twice a day was incorporated in a Behavior Support Plar (BSP) dated November 9,	W 124	1. It is the Policy of St. Johns Community Services to ensure the rights of all individuals The family of Sample # 2 has signed consent for both the Psychotropic Meds and the Behavior Support Plan. It is important to note that the Court has acknowledge that all family members do not need to bc subjected to the process of becoming a legal limited medical guardian. The concern raised by the Health Department has been communicated to the Department of Disability through its Case Management Services.	6/25/07

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W 124	Continued From page 2 2006, to address behaviors associated with physical aggression, screaming, yelling and spitting. Interview with the Qualified Mental Retardation Professional (QMRP) on June 7, 2007 at approximately 10:00AM revealed that Client #2 did not have a legal guardian. The review of Client #2's Psychological Assessment dated November 10, 2006 on June 8, 2007 at approximately 2:40PM indicated that she does not evidence the capacity to make independent decisions on her behalf regarding her habilitation planning, placement, treatment, financial and medical matters and can not give informed consent. There was no documented evidence that the facility informed Client #2 or a legally-authorized representative, as appropriate, of the health benefits and risks of treatment associated with the use of his psychotropic medications and corresponding BSP. Additionally, the facility failed to provide evidence that substituted consent had been obtained from a legally recognized individual or entity. 2. Interview with the QMRP and review of a medical consult dated September 25, 2006 on June 8, 2007 at approximately 2:50PM revealed that Client #2 had a colonoscopy performed on September 25, 2006 . There was no documented evidence that the facility informed Client #2 or a legally-authorized representative, as appropriate, of the health benefits and risks of treatment associated with the colonoscopy examination. Additionally, the facility failed to provide evidence that substituted consent had been obtained from a legally recognized individual or entity.	W 124	2. Sample # 2 Sister did signed the consent for the Colonoscopy. Please find attaché a copy for your review.	
W 125	483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients.	W 125		

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W 125	Continued From page 3 Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that a system had been developed to inform each client, parent or legal guardian of the client's behavioral status, risk of treatment, and the right to refuse treatment for one of the two clients in the sample. (Client #2) The finding includes Interview with the Qualified Mental Retardation Professional (QMRP) on June 7, 2007 at approximately 10:30AM revealed that Client #2's sister was active in her life. Review of a medical consult, dated September 25, 2006 on June 8, 2007 at approximately 2:50PM revealed that Client #2's sister signed the consent for a colonoscopy, however she was not the legal guardian. Review of the Psychological assessment, dated November 10, 2006 on June 8, 2007 at approximately 2:40PM indicated that she does not evidence the capacity to make independent decisions on her behalf regarding her habilitation planning, placement, treatment, financial and medical matters and can not give informed consent. There was no evidence the client had a legally-sanctioned guardian and/or a surrogate health care decision-maker to review or approve the colonoscopy.	W 125	See 120	
W 140	483.420(b)(1)(i) CLIENT FINANCES	W 140		

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W 140	Continued From page 4 The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. This STANDARD is not met as evidenced by: Based on staff interview and review of records, the facility failed to establish and maintain a system that ensures a complete and accurate accounting of clients' funds that are entrusted to the facility for one of the two clients in the sample. (Client #1) The finding includes Interview with the Qualified Mental Reardation Professional on June 8, 2007 at approximately 1:50PM revealed that the facilty was unable to open a bank account for Client #2 because she does not have a birth certificate. Further interview revealed that the client's sister was in the process of obtaining a birth certificate for the client. Review of Client #1 social assessment dated October 28, 2006 on June 8, 2007 at approximately 2:00PM revealed that the client receives $380 a month from her father's pension and that the facility manages her funds. There was no documented evidence presented or on file at the time of survey to account for the clients funds.	W 140	It is the Policy of St John's Community Services to maintain a system that's assures a full and complete accounting of its residents personal funds entrusted to the facility. A request has been made of the family of Sample # 2 birth Certificate for the purpose of opening a bank account. It is important to note that the Department on Disability receives the $380 from Sample # 2 father pension. The home has not received the pension and therefore could not account for it. In the future, St. John's Community Services will establish a bank account for the individuals it serves in a timely manner.	6/8/07
W 153	483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other	W 153		

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W 153	Continued From page 5 officials in accordance with State law through established procedures. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to consistently document the reporting of client injuries of unknown origin to the designated administrator, and to report incidents that pose a risk to client health or safety to governmental agencies, as required by DC regulation (22 DCMR Chapter 35 Section 3519.10). The findings include: 1. Reveiw of an unusual incident report dated March 15, 2007 on June 7, 2007 at approximately 8:45AM, revealed that Client #1 had to be taken to the emergency room for shortness of breath after eating dinner. The client was treated for a urinary tract infection/asthma and released on the same day. Review of the unusual incident report failed to evidence that this incident had been reported to governmental agencies as required. 2. Reveiw of an unusual incident report dated August 28, 2006 on June 7, 2007 at approximately 9:00AM, revealed that Client #2 who is a diabetic was observed to have bleeding around the area of the great right toe. Review of the unusual incident report failed to evidence that this incident had been reported to governmental agencies as required	W 153	1. All staffs at the facility have been trained on incident reporting on 6/20/07. In the future all Incidents will be reported in a timely manner 2. See W153	6/20/07
W 159	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.	W 159		

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W 159	Continued From page 6 This STANDARD is not met as evidenced by: Based on interview, and record review, the Qualified Mental Retardation Professional (QMRP) failed to ensure the coordination of services for two of two clients in the sample. (Client #2) The findings include. 1. The QMRP failed to coordinate services with Client #2's day program to ensure the use of adaptive equipment during mealtimes as evidenced by: Observation during the lunch mealtime on June 7, 2007 at approximately 12:30 PM revealed that Client #2 was served her prescribed diet on a sectioned paper plate. Interview with the day program staff on June 7, 2007 at approximately 12:40 PM, revealed that Client #2 used a sectioned paper plate instead of a divided plate during mealtime. Interview with the QMRP on June 7, 2007 at approximately 4:00 PM, revealed that the day program was made aware that the client was recommended to use a divided plate during mealtime. Review of the Individual Support Plan (ISP) dated November 23, 2006 on June 8, 2007 at approximately 12:30 PM revealed that it was recommended that Client #2 utilize a divided plate during mealtime. The facility failed to ensure that Client #2 used a divided plate during mealtime as recommended by the ISP at the day program. 2. The QMRP failed to coordinate services with Client #2's day program to ensure that they had a current mealtime protocol as evidenced by:	W 159	The Day Program was informed about the need to use a divided high-sided plate as recommended in the ISP on 6/25/07. The OT has address the issue. A copy of the progress note has been attached for your review. The Day Program has receive a copy of the Mealtime Protocol for Sample # 2 on 6/25/07	6/25/07 6/25/07

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W 159	Continued From page 7 Observation during the lunch mealtime on June 7, 2007 at approximately 12:30 PM revealed that Client #2 was served her prescribed diet on a sectioned paper plate placed on an elevated plateform. Interview with the day program staff on June 7, 2007 at approximately 12:45 PM revealed that the day program did not have a current mealtime protocol for Client #2 from the facility. In an interview with the QMRP on June 7, 2007 at approximately 4:10 PM it was acknowledged that the day program did not have a current mealtime protocol for Client #2 from the facility. 2. The QMRP failed to ensure that each employee had initial and continuing training in reporting alterations in Client # 1's health to the Department of Health/ Health Regulation Licensing Administration (DOH/HRLA) as evidenced by: Reveiw of an unusual incident report dated March 15, 2007 on June 7, 2007 at approximately 8:45AM, revealed that Client #1 had to be taken to the emergency room for shortness of breath after eating dinner. The client was treated and released on the same day. Review of the unusual incident report failed to evidence that this incident had been reported to governmental agencies as required. 3. The QMRP failed to ensure that each employee had initial and continuing training in documenting injuries of unknown origin for Client #2 to (DOH/HRLA) as evidenced by: Reveiw of an unusual incident report dated August 28, 2006 on June 7, 2007 at	W 159	2. All Staff at the Home have been trained on Incident Reporting on 6/20/07. 3. All staffs at the Home have been trained on Incident Reporting and documenting injuries on 2/20/07.	6/20/07 6/9/07

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W 159	Continued From page 8 approximately 9:00AM, revealed that Client #2 who is a diabetic was observed to have bleeding around the area of the great right toe. Review of the unusual incident report failed to evidence that this incident had been reported to governmental agencies as required. 4. The QMRP failed to coordinate services with the nutritionist to ensure that Client #2's diet texture was included in an updated nutritional assessment as evidenced by: Breakfast observation on June 7, 2007 at approximately 7:40 AM revealed that Client #2 was eating soft scrambled eggs, muffin and oat flakes cereal softened with 1% milk, apple juice and water in the appropriate amounts. Interview with the direct care staff on June 7, 2007 at approixmately 7:45AM revealed that the client was on a mechanical soft diet. Review of the Nutritional Assessment dated March 31, 2007 on June 8, 2007 at approximately 12:00 PM revealed that Client #2 was on a 1500 calorie diabetic, low sodium diet. Review of the Speech-Language Evaluation dated April 14, 2007 on June 8, 2007 at approximately 1:00 PM revealed a recommendation for Client #2 to have a mechanical soft diet with thin liquids. 5. The QMRP failed to coordinate services with the Occupational Therapist (OT) to ensure that Client #2 was assessed for adaptive feeding equipment as evidenced by: Breakfast observation on June 7, 2007 at approximately 7:40 AM revealed that Client #2 was using a teaspoon equiped with a velco strap attached to the left hand to eat her mechanical soft diet from a divided plate. Thin liquids were	W 159	4. The QMRP contacted the Nutritionist who updated the nutritional assessment to include the right texture on 6/9/07. 5. The QMRP contacted the OT who completed an update to reflect the appropriate adaptive equipment on 6/25/07.	6/25/07

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W 159	Continued From page 9 served from a standard type cup. Review of the OT assessment dated December 13, 2005 on June 8, 2007 at approximately 1:30 PM revealed a recommendation for Client #2 to utilize a adaptive plate, cup and utentils. Further review of the OT assessment dated November 11, 2006 on June 8, 2007 at approximately 1:40 PM revealed that there was no recommendations made regarding Client #2's adaptive feeding equipment. Review of the Individual Support Plan (ISP) dated November 23, 2006 on June 8, 2007 at approximately 12:30 PM revealed that it was recommended that Client #2 utilize a divided plate and teaspoon equiped with a velco strap during mealtime. 6. The QMRP failed to coordinate services with the Speech-Language Pathologist to ensure that Client #1's consumption of foods and that reduction client behaviors that could be potentially harmful was assessed, monitored, and addressed as evidenced by: The finding includes: Breakfast observation on June 7, 2007 at approximately 7:05 AM revealed that Client #1 was given physical assistance to hold a built-up spoon to eat a pureed diet of scrambled eggs, muffins oat flakes cereal with 1% milk from a scoop plate that was on an elevated tray. Apple juice and water was served from a spout cup. Client #1 was attempting to eat her food rapidly, however staff gave her verbal cues to slow her pace and the client complied. Interview with the Qualified Mental Retardtion Professional (QMRP) on June 8, 2007 at approximately 7:40 AM revealed that Client #1 did not have a current mealtime protocol, however the client was	W 159	6. The QMRP contacted the Speech Pathologist who addresses client #1 and # 2 consumption of food and the reduction of behavior to be monitored by staff by updating her assessment to include progress notes for safe swallow techniques and aspiration precautions with objective to protect Airway.	6/25/07

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W 159	Continued From page 10 assessed by the Speech-Language Pathologist in April, 2007. The Speech-Language Evaluation for April 14, 2007 was not available for review on June 8, 2007 at approximately 3:00 PM. Review of the Nutritional Assessment dated March 31, 2007 on June 8, 2007 at approximately 12:00 PM revealed that Client #1 was on a pureed diet with high calorie snacks between meals. There was no evidence of a current mealtime protocol for the direct staff to follow regarding the client's need for supervision and safe strategies during mealtime. 7. The QMRP failed to coordinate services with the Speech-Language Pathologist to ensure that Client #2's consumption of foods and the reduction client behaviors that could be potentially harmful was assessed, monitored, and addressed as evidenced by: Breakfast observation on June 7, 2007 at approximately 7:40 AM revealed that Client #2 was eating soft scrambled eggs, muffin and oat flakes cereal softened with 1% milk, apple juice and water in the appropriate amounts. Further breakfast observations on June 7, 2007 revealed that Client #2 was using a teaspoon equiped with a velco strap attached to the left hand to eat her mechanical soft diet from a divided plate was on an elevated tray. The liquids were served from a standard type cup. Client #2 has several missing teeth and was attempting to eat rapidly, however staff gave her verbal cues to slow her pace and the client complied. Interview with the Qualified Mental Retardtion Professional (QMRP) on June 8, 2007 at approximately 7:40 AM revealed that Client #2 did not have a current mealtime protocol, however the client was assessed by the Speech-Language Pathologist in April, 2007.	W 159	7. The QMRP contacted the Speech Pathologist who addresses client #1and # 2 consumption of food and the reduction of behavior to be monitored by staff by updating her assessment to include progress notes for safe swallow techniques and aspiration precautions with objective to protect Airway.	

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W 159	Continued From page 11 Review of the Nutritional Assessment dated March 31, 2007 on June 8, 2007 at approximately 12:00 PM revealed that Client #2 was on a 1500 calorie diabetic, low sodium diet. Review of the Speech-Language Evaluation dated April 14, 2007 on June 8, 2007 at approximately 1:00 PM revealed a recommendation for a mechanical soft diet with thin liquids and the client's "intake is rapid and she requires cues to slow down while eating". There was no evidence of a current mealtime protocol for the direct staff to follow regarding the client's need for supervision and safe strategies during mealtime. 8. The QMRP failed to ensure that all staff had been effectively trained to implement emergency measures for four of four clients in the facility as evidenced by: Interview with the QMRP on June 7, 2007 at approximately 3:15 PM revealed that all staff would be trained in CPR by June 26, 2007. Record review on June 7, 2007 at approximately 3:20 PM revealed that five out of thirteen staff did not have current CPR certification. There was no documented evidence that all direct care staff had CPR training and current CPR certifications. 9. The QMRP failed to ensure that all staff had been effectively trained on sexuality for four of four clients in the facility as evidenced by: Interview with the QMRP on June 8, 2007 at approximately 2:15 PM revealed staff had not received training in sexuality for this certification year. Further interview revealed that all clients participated in going to a community night club weekly to listen to music/dance with members of	W 159	8. All staff at the home completed CPR Training on 6/26/07. 9. All Staff at the home were trained on sexuality on 6/20/07.	6/26/07 6/20/07

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W 159	Continued From page 12 the opposite sex.	W 159		
W 189	483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observations, staff interviews and record reviews, 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: 1. The facility failed to ensure that each staff is provided with adequate training in documentation of program data for Client #2 as evidenced by: Review of Client #2's Behavioral Support Plan (BSP) dated November 9, 2006 on June 7, 2007 at approximately 7:00PM revealed that staff was to document on the data collection form to track incidents of Client #2's targeted behaviors (physical aggression, screaming, yelling and spitting). Further review revealed that staff was to document "what was happening at the time, solution/response and date/time." On June 8, 2007 at approximately 7:15PM the review of the data collection was completed and refected that that the staff had not documented in accordance with the instructions. The data collected was documented as follows: a) May 1-8, 2007- Staff documented that	W 189	1. The Psychologist completed training on Behavior Support Plan and Program Documentation on 6/20/07.	6/20/07

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W 189	Continued From page 13 behaviors had occured however, staff documented "none" under "what was happening at the time?" b) May 14, 2007- Staff documented that behaviors had occured however, staff documented "none" under "what was happening at the time?" c) May 1-8, 2007- Staff documented that behaviors had occured however, staff documented "none" under "solution/ response" d) May 14, 2007- Staff documented that behaviors had occured however, staff documented "none" under "solution/ response" f) May 1-8, 2007- Staff documented that behaviors had occured however, staff documented "none" under "date/time" g) May 14, 2007- Staff documented that behaviors had occured however, staff documented "none" under "date/time" In an interview with the Qualified Mental Retardation Professional (QMRP)on June 7, 2007, it was acknowledged that the staff were implementing the program as written but that there was a problem with the documentation. There was no evidence that the data had been collected in accordance with the BSP for Client #2, which was necessary for a functional assessment of the client's progress.	W 189		

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W 189	Continued From page 14	W 189		
	2. The facility failed to ensure staff received effective training in Incident Management as evidenced by:		2. All staffs at the Home have been trained on Incident Reporting and documenting injuries on 6/20/07.	6/20/07
	a. Review of an unusual al incident report dated March 15, 2007 on June 7, 2007 at approximately 8:45AM, revealed that Client #1 had to be taken to the emergency room for shortness of breath after eating dinner. The client was treated and released on the same day. Review of the unusual incident report failed to evidence that this incident had been reported to governmental agencies as required.		a. All staffs at the Home have been trained on Incident Reporting and documenting injuries on 2/20/07.	6/20/07
	b. Review of an unusual incident report dated August 28, 2006 on June 7, 2007 at approximately 9:00AM, revealed that Client #2 who is a diabetic was observed to have bleeding around the area of the great right toe. Review of the unusual incident report failed to evidence that this incident had been reported to governmental agencies as required.		b. All staffs at the Home have been trained on Incident Reporting and documenting injuries on 2/20/07.	6/20/06
	3. The facility failed to ensure that all staff had been effectively trained on sexuality for four of four clients in the facility as evidenced by:		3. All Staff at the home were trained on sexuality on 6/20/07.	6/20/07
	Interview with the QMRP on June 8, 2007 at approximately 2:15 PM revealed staff had not received training in sexuality for this certification year. Further interview revealed that all clients participated in going to a community night club			

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W 189	Continued From page 15 weekly to listen to music/dance with members of the opposite sex. 4. The facility failed to ensure that all staff had been effectively trained on Client #2's over head trapeze as evidenced by: Observation of Client #2's bedroom on June 7, 2007 at approximately 6:10AM revealed a large over head trapeze over her hospital bed. Interview with the QMRP on June 7, 2007 at approximately 10:15 AM revealed staff had not received training on how to use the over head trapeze. Further interview revealed that the trapeze was placed in the facility on June 5, 2007 and that All staff will be trained on the equipment on June 25, 2007. Review of a physical therapy consult dated November 6 2006 on June 8, 2007at approximately 4:30PM revealed a recommendation for Client #2 to have an over head trapeze over her hospital bed.	W 189	4. All Staffs at the Home were train on the use of the overhead Trapeze on 6/20/07.	6/20/07
W 192	483.430(e)(2) STAFF TRAINING PROGRAM For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs. This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to effectively train staff to implement emergency measures for four of four clients in the facility. (Clients #1, #2, #3 and #4) The finding includes Interview with the Qualified Mental Retardation Professional (QMRP) on June 7, 2007 at	W 192	All staff at the home completed CPR Training on 6/26/07.	

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W 192	Continued From page 16 approximately 3:15 PM revealed that all staff would be trained in CPR by June 26, 2007. Record review on June 7, 2007 at approximately 3:20 PM revealed that five out of thirteen staff did not have current CPR certification. There was no documented evidence that all direct care staff had CPR training and current CPR certifications.	W 192	The Psychologist completed training on Behavior Support Plan and Program Documentation on 6/20/07.	6/26/07
W 214	483.440(c)(3)(iii) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must identify the client's specific developmental and behavioral management needs. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure each client had a comprehensive occupational assessment on file that depicted their current functional status in that domain, for one of the two clients in the sample. (Client #2) The finding includes: Breakfast observation on June 7, 2007 at approximately 7:40 AM revealed that Client #2 was using a teaspoon equiped with a velco strap attached to the left hand to eat her mechanical soft diet from a divided plate. Thin liquids were served from a standard type cup. Review of the OT assessment dated December 13, 2005 on June 8, 2007 at approximately 1:30 PM revealed a recommendation for Client #2 to utilize a adaptive plate, cup and utentils. Further review of the OT assessment dated November 11, 2006 on June 8, 2007 at approximately 1:40 PM revealed that there was no recommendations made regarding Client #2's adaptive feeding equipment. Review of the Individual Support Plan (ISP)	W 214	Sample # 2 has a comprehensive Occupational Assessment was included in the ISP and an updated progress notes to include the correct adaptive equipment for Sample # 2 was completed on 6/25/07	6/25/07

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W 214	Continued From page 17 dated November 23, 2006 on June 8, 2007 at approximately 12:30 PM revealed that it was recommended that Client #2 utilize a divided plate and teaspoon equiped with a velco strap during mealtime. There was no evidence that the client had a comprehensive occupational assessment on file that depicted her current functional status.	W 214	The QMRP contacted the OT who completed an update to reflect the appropriate adaptive equipment on 6/25/07.	
W 217	483.440(c)(3)(v) IND VIDUAL PROGRAM PLAN The comprehensive functional assessment must include nutritional status. This STANDARD is not met as evidenced by: Based on the direct care staff and the Qualified Mental Retardation Professional (QMRP) interviews, observation and record reviews, the facility failed to ensure that interventions put in place had been fully evaluated to ensure the effectiveness of a feeding protocol for two of two clients in the sample. The findings include: The facility failed to ensure that the Professional Staff (Nutrition, Speech) had assessed, monitored, and addressed Client #2's consumption of foods and to reduce client behaviors that could be potentially harmful. There was no evidence that the current mealtime interventions had been evaluated and revisions considered as deemed warranted to ensure safe eating as evidenced by: 1. Breakfast observation on June 7, 2007 at approximately 7:40 AM revealed that Client #2 was eating soft scrambled eggs, muffin and oat flakes cereal softened with 1% milk, apple juice and water in the appropriate amounts. Further	W 217	1. The QMRP contacted the Speech Pathologist who addresses client #1and # 2 consumption of food and the reduction of behavior to be monitored by staff by updating her assessment to include progress notes for safe swallow techniques and aspiration precautions with objective to protect Airway.	

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W 217	Continued From page 18 breakfast observations on June 7, 2007 revealed that Client #2 was using a teaspoon equiped with a velco strap attached to the left hand to eat her mechanical soft diet from a divided plate was on an elevated tray. The liquids were served from a standard type cup. Client #2 has several missing teeth and was attempting to eat rapidly, however staff gave her verbal cues to slow her pace and the client complied. Interview with the Qualified Mental Retardtion Professional (QMRP) on June 8, 2007 at approximately 7:40 AM revealed that Client #2 did not have a current mealtime protocol, however the client was assessed by the Speech-Language Pathologist in April, 2007. Review of the Nutritional Assessment dated March 31, 2007 on June 8, 2007 at approximately 12:00 PM revealed that Client #2 was on a 1500 calorie diabetic, low sodium diet. Review of the Speech-Language Evaluation dated April 14, 2007 on June 8, 2007 at approximately 1:00 PM revealed a recommendation for a mechanical soft diet with thin liquids and the client's "intake is rapid and she requires cues to slow down while eating". There was no evidence of a current mealtime protocol regarding the client's need for supervision and safe strategies during mealtime. 2. Breakfast observation on June 7, 2007 at approximately 7:05 AM revealed that Client #1 was given physical assistance to hold a built-up spoon to eat a pureed diet of scrambled eggs, muffins oat flakes cereal with 1% milk from a scoop plate that was on an elevated tray. Apple juice and water was served from a spout cup. Client #1 was attempting to eat her food rapidly, however staff gave her verbal cues to slow her pace and the client complied. Interview with the Qualified Mental Retardtion Professional (QMRP) on June 8, 2007 at approximately 7:40 AM	W 217	1. The QMRP contacted the Speech Pathologist who addresses client #1and # 2 consumption of food and the reduction of behavior to be monitored by staff by updating her assessment to include progress notes for safe swallow techniques and aspiration precautions with objective to protect Airway. 2. The QMRP contacted the Speech Pathologist who addresses client #1and # 2 consumption of food and the reduction of behavior to be monitored by staff by updating her assessment to include progress notes for safe swallow techniques and aspiration precautions with objective to protect Airway.	6/25/07

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W 217	Continued From page 19 revealed that Client #1 did not have a current mealtime protocol, however the client was assessed by the Speech-Language Pathologist in April, 2007. The Speech-Language Evaluation for April 14, 2007 was not available for review on June 8, 2007 at approximately 3:00 PM. Review of the Nutritional Assessment dated March 31, 2007 on June 8, 2007 at approximately 12:00 PM revealed that Client #1 was on a pureed diet with high calorie snacks between meals. There was no evidence of a current mealtime protocol regarding the client's need for supervision and safe strategies during mealtime.	W 217		
W 252	483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that each client's Individual Program Plan (IPP) objectives are documented consistently and accurately for one of the two clients included in the sample. (Client #2) The finding includes Review of Client #2's Behavioral Support Plan (BSP) dated November 9, 2006 on June 7, 2007 at approximately 7:00PM revealed that staff was to document on the data collection form to track incidents of Client #2's targeted behaviors (physical aggression, screaming, yelling and spitting). Further review revealed that staff was to document "what was happening at the time.	W 252	1. The Psychologist completed training on Behavior Support Plan and Program Documentation on 6/20/07.	6/20/07

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W 252	Continued From page 20 solution/response and date/time." On June 8, 2007 at approximately 7:15PM the review of the data collection was completed and refected that that the staff had not documented in accordance with the instructions. The data collected was documented as follows: a) May 1-8, 2007- Staff documented that behaviors had occured however, staff documented "none" under "what was happening at the time?" b) May 14, 2007- Staff documented that behaviors had occured however, staff documented "none" under "what was happening at the time?" c) May 1-8, 2007- Staff documented that behaviors had occured however, staff documented "none" under "solution/ response" d) May 14, 2007- Staff documented that behaviors had occured however, staff documented "none" under "solution/ response" f) May 1-8, 2007- Staff documented that behaviors had occured however, staff documented "none" under "date/time" g) May 14, 2007- Staff documented that behaviors had occured however, staff documented "none" under "date/time" In an interview with the Qualified Mental Retardation Professional (QMRP)on June 7, 2007, it was acknowledged that the staff were implementing the program as written but that there was a problem with the documentation.	W 252		

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W 252	Continued From page 21 There was no evidence that the data had been collected in accordance with the BSP for Client #2, which was necessary for a functional assessment of the client's progress.	W 252		
W 322	483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. This STANDARD is not met as evidenced by: Based on observation, staff interview, and record review the facility failed to provide preventive and general care for two of two clients in the sample. (Clients #1 and #2) The facility failed to order laboratory studies for Client #2 who is on anti-convulsant medications and glucose management medication. The findings include: 1. Observation of the morning medication administration on June 7, 2007 at approximately 7:35AM, revealed that Client #2 received Phenobarbital 30 mg by mouth in the AM and Dilantin 200 mg twice a day by mouth. Interview with the nursing staff on June 7, 2007 at approximately 7:45AM revealed that Client #2 was administered the anti-convulsant medications for seizure management. Review of the Medication Administration Records (MARs) on June 7, 2007 at approximately 10:15AM revealed that the client was prescribed Phenobarbital 30 mg by mouth in the AM, Phenobarbital 60 mg by mouth in the PM and Dilantin 200 mg twice a day by mouth for seizure management. Review of the	W 322	1. Sample # 2 completed laboratory studies on 6/15/07. A copy of results has been attached for review.	6/15/07

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W 322	Continued From page 22 physicians orders dated June 1, 2007 on June 7, 2007 at approximately 10:45 AM revealed that the medications were prescribed for seizure management. There was no documented evidence that laboratory studies were ordered to monitor the client's anti-convulsant medications. 2. Observation of the morning medication administration on June 7, 2007 at approximately 7:40AM, revealed that Client #2 received Glucophage 500 mg twice a day by mouth. Interview with the nursing staff on June 7, 2007 at approximately 7:50AM revealed that Client #2 was administered the medication for glucose management and that finger sticks were performed in the AM and PM on alternate days. Review of an endocrine consult dated December 7, 2006 on June 8, 2007 at approximately 4:12PM revealed a recommendation to vary fingersticks sometimes in AM and sometimes in PM. Review of the physicians orders dated June 1, 2007 on June 7, 2007 at approximately 10:55 AM revealed that the medications were prescribed for glucose management. There was no documented evidence that finger sticks were ordered to monitor the client's glucose levels. 3. The facility failed to order the diet for Client #2 that was recommended by the Speech/Language Pathologist as evidenced by: Breakfast observation on June 7, 2007 at approximately 7:40 AM revealed that Client #2 was eating soft scrambled eggs, muffin and oat flakes cereal softened with 1% milk, apple juice and water in the appropriate amounts. Interview with the direct care staff on June 7, 2007 at approixmately 7:45AM revealed that Client #2 was on a mechanical soft diet. Review of the	W 322	2. A copy of Sample # 2 PMOF has been attached which reflects the order for finger sticks for review. 3. a copy of Sample # 2 diet order reflecting recommendation by the Speech Pathologist has been attached for your review.	6/8/07 6/26/07

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W 322	Continued From page 23 Primary Care Physician's orders dated June 1, 2007 on June 8, 2007 at approximately 12:10 PM revealed that Client #2 was on a 1500 calorie diabetic, low sodium diet. Review of the Speech-Language Evaluation dated April 14, 2007 on June 8, 2007 at approximately 1:00 PM revealed a recommendation for a mechanical soft diet with thin liquids for Client #2. There was no evidence that a mechanical soft diet with thin liquids was ordered for the client. 3. The facility failed to order the diet for Client #1 that was recommenced by the nutritionist as evidenced by: Breakfast observation on June 7, 2007 at approximately 7:05 AM revealed that Client #1 was given physical assistance to hold a built-up spoon to eat a pureed diet of scrambled eggs, muffins oat flakes cereal with 1% milk from a scoop plate that was on an elevated tray. Apple juice and water was served from a spout cup. Review of the Primary Care Physician's orders dated June 1, 2007 on June 8, 2007 at approximately 1:10 PM revealed that Client #2 was prescribed Lipitor 10 mg every evening by mouth for hypercholestrolemia. Further review of the Primary Care Physician's orders dated June 1, 2007 on June 8, 2007 at approximately 1:12 PM revealed that Client #1 was on a pureed diet with high calorie snacks between meals. Review of the Nutritional Assessment dated June 27, 2006 on June 8, 2007 at approximately 1:15 PM revealed a recommendation to add low cholesterol to the diet order. There was no evidence that a low cholesterol diet was ordered for the client.	W 322	4. A copy of Sample # 1 PMOF, which includes an order for low cholesterol diet has been attached for review	6/8/07
W 331	483.460(c) NURSING SERVICES	W 331		

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	09G149	A. BUILDING _____ B. WING _____	06/08/2007

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W 331	Continued From page 24 The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on staff interview and record review the facility failed to ensure nursing services in accordance with the needs of two of two clients in the sample. (Client #1 and Client #2) The findings include 1. The facility's nursing services failed to ensure that Client #1 had an updated Health Management Care Plan (HMCP) evidenced by: Review of a HMCP dated March 20, 2006 on June 8, 2007 at approximately 3:30PM revealed that it had not been updated or revised to reflect the client's current weight loss due to unknown etiology. Interview with the QMRP on June 8, 2007 at approximately 3:35 PM revealed that the Director of Nursing had updated the HMCP but that the HCMP was not in the facility. Review of nutritionist and GI consults dated June 6, 2007 on June 8, 2007 at approximately 3:40 PM revealed that the client had experienced a nine pound decline in weight due to unknown orgin. There was no evidence that Client # 1's HCMP was updated or revised. 2. The facility's nursing services failed to ensure that Client #1's dermatology appointment was conducted timely as evidenced by: Review of an dermatology consult dated October 23, 2006 on June 8, 2007 at approximately 3:00 PM revealed a recommendation for Client # 1 to return to the dermatolcgy clinic in two months. In	W 331	1. A copy of Sample # 1 updated Health Management Care Plan (HMCP) has been attached for review. 2. A copy of Sample # 1 dermatology consultation has been attached for review	6/7/07 6/20/07

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W 331	Continued From page 25 an interview with the House Manager on June 8, 2007 at approximately 3:02 PM it was acknowledged that Client # 1 did not return to the dermatology clinic in two months. There was no evidence that Client # 1 was returned to the dermatology clinic in two months as recommended. 3. The facility's nursing services failed to ensure Client #2's endocrine appointment was conducted timely as evidenced by: Review of an endocrine consult dated December 7, 2006 on June 8, 2007 at approximately 4:10PM revealed that Client # 2 had an endocrine appointment on February 5, 2007, however the medical office was closed. Interview with the House Manager on June 8, 2007 at approximately 4:15PM revealed that the appointment was re-scheduled for March 27, 2007. Review of the medical record on June 8, 2007 at approximately 4:16PM reveled no evidence of an endocrine exam. Further interview with the House Manager on June 8, 2007 at approximately 4:18PM revealed that an endocrine appointment was scheduled for June 25, 2007. There was no evidence that the endrocrine appointment was obtained in a timely manner. 4. The facility's nursing services failed to ensure Client #2's laboratory studies were conduted timely as evidenced by: Review of an endocrine consult dated December 7, 2006 on June 8, 2007 at approximately 4:10PM revealed that Client # 2 had an endocrine appointment on February 5, 2007. Further review revealed recommendations for Client #2 to have	W 331	It is the policy of St. John's Community Services to complete all medical appointments in a timely manner. In the future, all medical appointments will be completed in a timely manner 4. A Copy of Sample # 2 Laboratory studies has been attached for review.	6/25/07

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W 331	Continued From page 26 a HbAIG, fasting lipids and urine Hlb/CR. Interview with the Licensed Practical Nurse (LPN) on June 8, 2007 at approximately 4:19 PM revealed that the laboratory studies had not been performed. Further interview with the LPN on June 8, 2007 at approximately 4:20PM revealed that the laboratory studies was scheduled for June 9, 2007. There was no evidence that the endrocrine laboratory studies was obtained in a timely manner. 5. The facility's nursing services failed to ensure Client #2's ENT appointment was conducted timely as evidenced by: Review of an audiology consult dated August 25, 2006 on June 8, 2007 at approximately 2:00PM revealed a recommendation for Client # 2 to have an ENT appointment for cerumen removel. In an interview with the LPN on June 8, 2007 at approximately 2:05 PM that the ENT appointment was schulded on June 15, 2006. There was no evidence that Client # 2 was scheduled for an ENT in a timely manner. 6. The facility's nursing services failed to ensure Client #2's CT Scan of the brain was conducted timely as evidenced by. Review of a neurology consult dated June 27, 2006 on June 8, 2007 at approximately 2:10PM revealed a recommendation for Client # 2 to have a CT Scan of the head with contrast. Review of a Primary Care Physician (PCP) progress note dated October 28, 2006 on June 8, 2007 at approximately 2:12 PM indicated "can not rule out neoplasm will schedule for CT Scan of the brain with contrast ". Review of a radiology report dated February 22, 2007 on June 8, 2007 at	W 331	5. It is the policy of St. John's Community Services to complete all medical consultations for all individuals as recommended in a timely manner. 6. It is the policy of St. John's Community Services to complete all medical consultations for all individuals as recommended in a timely manner. In the future all recommendations for medical consultations will be completed in a timely manner.	6/15/07

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W 331	Continued From page 27 approximately 2:14 PM indicated "right frontal mass that is presumed to be extra-axial and demonstrates intense homogeneous enhancement. Recommend neurosurgery consultation". Interview with the Qualified Mental Retardation Professional (QMRP) revealed that Client#2's sister would not sign the consent for the CT Scan of the brain with contrast. However Client #2's sister is not her legal guardian. There was no evidence that Client # 2 was scheduled for a CT Scan of the brain with contrast in a timely manner.	W 331		
W 440	483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to hold evacuation drills quarterly on all shifts. The finding includes: Interview with the Qualified Mental Retardation Professional (QMRP) on June 7, 2007 at approximately 1:46PM revealed that the staff schedules as follows: Weekday Shifts are as follows: Day shift: 7:00 AM to 3:00 PM Evening shift: 3:00 PM to 12:00 AM Night shift: 12:00 AM to 7:00 AM Review of the available fire drill records dated from June 8, 2006, to May 31, 2007 at approximately 1:48PM revealed that fire drills	W 440		

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W 440	Continued From page 28 were not conducted on the day shift during the first, second and third quarters. Further review revealed that fire drills were not conducted on the evening and night shifts during the fourth quarter. There was no evidence that every shift of personnel conducted an evacuation drill at least quarterly.	W 440	It is the Policy of St. John's Community Services to conduct its fire drill under varying conditions. In the future all fire drills will be held in varying conditions.	6/20/07
W 441	483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills under varied conditions. This STANDARD is not met as evidenced by: Based on staff interview and record verification, the facility failed to hold evacuation drills under varied conditions. The finding includes: On June 7, 2007 at approximately 1:50PM review of fire drill records and interview with the Qualified Mental Retardation Professional (QMRP) revealed that during the past year, staff had not practiced exiting through all three egresess of the facility. Most fire drills were conducted via the front and back exits on the first floor. There was no evidence that evacuation drills were being held under varied conditions.	W 441	The Fire Drill Scheduled for the home has been revised to include the day shift and staff trained on the new schedule.	
W 460	483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observation, interview, and record	W 460		