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

PRINTED: 08/27/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09C149	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/11/2008

NAME OF PROVIDER OR SUPPLIER: ST JOHN

STREET ADDRESS, CITY, STATE, ZIP CODE: 2715 13TH STREET, NE WASHINGTON, DC 20015

(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 re-certification survey was conducted from 06/10/2008 through 06/11/2008. A random sampling of two clients was selected from a population of four individuals with varying degrees of disabilities. This survey was initiated using the fundamental process. The findings of this survey were based on observations at the group home and two day programs, interview with direct care staff, medical staff, facility management, and a review of the habilitation and administrative records including the unusual incident reports.	W 000		
W 159	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility's Qualified Mental Retardation Professional (QMRP) failed to ensure the coordination of services as required by this section. The findings include: 1. Observation and staff interview on 6/10/2008 revealed the facility's Qualified Mental Retardation Professional (QMRP) failed to ensure the implementation of a client's feeding protocol as written. [Reference W249] 2. Observation and staff interview on 6/10/2008 revealed the facility's Qualified Mental Retardation Professional (QMRP) failed to ensure staff accurately documented a client's progress	W 159	It is the Policy of St John's Community to ensure the implementation of feeding protocol for all its residents. In-service for feeding protocol for sample #1 was completed on 6/23/08.	

2008 JUL 10 P 3:10

RECEIVED
DEPARTMENT OF HEALTH
HEALTH REGULATION
ADMINISTRATION

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER/REPRESENTATIVE'S SIGNATURE: Mark Johnson for Precious Myers-Brown Director, LIS/DC 6/8/08

TITLE

(X6) DATE

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

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NAME OF PROVIDER OR SUPPLIER: ST JOHN		STREET ADDRESS, CITY, STATE, ZIP CODE: 2716 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 159	Continued From page 1 as recommended. [Reference W262] 3. Observation and staff interview on 6/10/2008 revealed the facility's Qualified Mental Retardation Professional (QMRP) failed to ensure client's received the proper and necessary food texture requirements as specified in their nutritional plans. [Reference W460] 4. Observation and staff interview on 6/10/2008 revealed the facility's Qualified Mental Retardation Professional (QMRP) failed to ensure client's received their meals in the form and consistency as outlined in their dietary restrictions. [Reference W322 & W474] 5. Record review on 6/11/2008 at 4:28pm 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 initiate and her recent efforts, as reported by staff, to communicate with newest resident, she may benefit from speech-language intervention to develop confrontational naming skills 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 ways to express her needs." Interview with the facility's managing staff on the evening of 4/11/2008 at 3:13pm revealed they were not aware that staff was not employing the recommendations of the speech pathologist as recommended. In addition, the Qualified Mental Retardation Professional	W 159	In-service on diet and food texture was completed on 6/23/08. In-service for diet and consistency was held on 6/23/08. Staff were re-trained and an in-service was completed on recommendations made by the Speech Pathologist on 6/23/08. In the future staff will receive continuous training on all recommendations. Sample # 1 has a communication program put in place.	

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NAME OF PROVIDER OR SUPPLIER: ST JOHN

STREET ADDRESS, CITY, STATE, ZIP CODE: 2718 13TH STREET, NE WASHINGTON, DC 20018

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W 159	Continued From page 2 (QMRP) indicated that Client #1 uses her screams as a means of communication. There was no evidence presented or on file to substantiate that Client #1 has been afforded the services of or an opportunity to take part in any type of communication program to improve her ability to communicate. Note: Client #1 was blind. 6. Record review on 6/11/2008 revealed Client #1 ' s Nutrition Assessment dated 4/28/2008 outlines the following: " Since 1/08 [Client #1] ' s weight has been fairly stable and since 10/07 her weight has declined by 5 pounds. Her baseline weight has been between 83-78 pounds. At this time suggest increasing calories by adding double portions to all meals. She has a very good appetite and do anticipate her consuming 100% of her meals. " Observation on 6/10/2008 revealed Client #1 was not offered seconds after she consumed her meal. Additional record review revealed the current Physician ' s Order Sheet (POS) did not reflect this change in portions as well. Interview with the facility ' s managing staff on 6/11/2008 at 4:17pm revealed they were not aware Client #1 ' s meals were increased to be served as " double portions " . There was no evidence presented or on file at the time of survey to substantiate that the facility ensured this client ' s dietary requirements as written and recommended. 7. Record review on 6/11/2008 at 4:26pm revealed Client #1 ' s Speech Assessment dated 4/17/2007 states, " in light of aspiration risk, staff instructed to encourage chin tuck with soft, tactile cues, and to remind her to keep her head still	W 159	Staffs have been retrain on meal-time protocol for Sample #1. The Nutritionist was contacted and staff in-serviced on diet of Sample #1. Staffs were in-serviced on feeding protocol, and risk for aspiration on 6/[illegible]/08. In the future staff will continued to be train on aspect of aspiration and its risk.	

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

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W 159	Continued From page 3 during intake. " Observation on the evening of 4/10/2008 revealed staff did not employ nor enforce the " chin tuck technique " when Client #1 ate her dinner without difficulty. Interview with the facility ' s managing staff on the evening of 4/11/2008 at 6:35pm revealed they were not aware that staff was not employing the recommendations of the speech pathologist as recommended.	W 159	The Facility Manager received training on [illegible] aspiration risk on [illegible]	
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 the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure the implementation of a client ' s approved habilitation plan for one (1) of two (2) randomly sampled clients. [Client #1] The findings include: Record review on 6/11/2008 at 3:11pm revealed Client #2 ' s Behavior Support Plan (BSP) dated 6/19/2007 targets the maladaptive behaviors of " head slapping and skin picking ". The BSP includes the following interventions: 1. Intervention #4 - When [redacted] was hitting herself or picking her skin, sit next to her and ask her to stop.	W 249	Staffs have been in-serviced on the behavior support plan for sample #2. In the future there will be continuous training on the Behavior Support Plan of the individuals.	6/23/08

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NAME OF PROVIDER OR SUPPLIER: ST JOHN		STREET ADDRESS, CITY, STATE, ZIP CODE: 2715 17TH STREET, NE WASHINGTON, DC 20018	

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W 249	Continued From page 4 2. Intervention #5 - If she does not stop in response to #4, put your hand on her shoulder, arm or hand and tell her she needs to stop. 3. Intervention #6 - If she does not stop in response to #5, ask her to come with you to a room apart from others to help her become calm (such as her bedroom). Help her soother herself by offering her something to hold or manipulate. Observation on 6/10/2008 between 3:30pm and 7:45pm, Client #2 was observed to strike herself in the head weres approximately sixty-four (64) times. At several points during the observation period, Client #2 ' s frequency of hitting herself peaked to about five (5) to six (6) times a minute. The peak periods occurred just before snack, before dinner and just around the time after she arrived home when there was a lot of activity going on around her. At no times during those peak exhibitions did staff employ the steps outlined in intervention #5 and the other interventions were not employed consistently. Interview with the facility ' s managing staff on 6/11/2008 at 5:47pm revealed they were not aware the staff was not following the proactive measures outlined in the BSP. The facility failed to ensure the implementation of Client #2 ' s habilitation program as written and recommended.	W 249	The facility Manager was inservised on Sample #2 Behavior Support plan. All staffs were in-serviced on Sample #2 Behavior Support Plan.	6/28/08
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:	W 252		

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NAME OF PROVIDER OR SUPPLIER: ST JOHN		STREET ADDRESS, CITY, STATE, ZIP CODE: 2748 12TH STREET, NE WASHINGTON, DC 20018	

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W 252	Continued From page 8 Based on staff interview and record review, the facility failed to ensure the accurate documentation of a client ' s progress on an approved habilitation plan for one (1) of four (2) randomly sampled clients. [Client #1] The finding includes: 1. Record review on 6/11/2008 at 3:30pm 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: " 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 sputtering or blowing through the lips. The target behavior "tantrums," 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 [redacted] 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. " Record review of the data collection for the targeted behaviors revealed staff were documenting differently over the course of the	W 252		

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NAME OF PROVIDER OR SUPPLIER: ST JOHN		STREET ADDRESS, CITY, STATE, ZIP CODE 2715 19TH STREET, NE WASHINGTON, DC 20018	

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W 252	Continued From page 6 past 6 months. The recorded data has been collected as " all ", or by numbers or in some cases no frequency was being recorded at all. For example on 6/4/2008 the staff used numbers to indicate frequency; on 5/4/2008 & 5/30/08 the staff didn't record anything; and on 6/1/2008 staff recorded the frequency as " all ". Interview 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. 2. Record review on 6/11/2008 at 3:11pm revealed Client #2's Behavior Support Plan (BSP) dated 6/10/2007 targets the maladaptive behaviors of " head slapping and skin picking ". The BSP presented data that was tracked and recorded between the months of 6/2006 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 her behavior. " The recorded data has been collected as " all ", or by numbers or in some cases no frequency was 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 a client's habilitation program. Note: It was not clear from the records or from staff interview if the targeted behaviors of " head	W 252	Staffs were Inservised on Proper Behavior Support Data Collection on 6/23/08.	

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	09G149	A. BUILDING _____ B. WING _____	06/11/2008

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

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W 252	Continued From page 7	W 252		
	slapping " and " head banging " were the same actions to be observed, monitored and recorded.			
W 322	483.460(a)(3) PHYSICIAN SERVICES	W 322		
	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 ' s medical team failed to ensure clients received their meals in the form and texture as prescribed for one of two randomly sampled clients.			
	The finding includes:			
	During the evening observations on 6/10/2008, staff cut several pieces of " Pig Newtons " (cookies) into thirds and quarters and placed them in a small bowl for Client #2 to eat. She was observed to alternate eating the " cookies " 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.		All staffs were re-trained on Program Documentation including Behavior Data collection on 6/23/08. In the future, there will be continuous training on the Behavior Data.	6/23/08
	Record review on 6/11/2008 at 6:33pm revealed Client #2 ' s Speech assessment dated 4/14/2007 and the SFG indicated that she should have a " mechanically soft diet with " thin " liquids. Client			

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

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W 322	Continued From page 8 #2 ' s Nutrition assessment dated 7/10/2007, however, recommended a finely chopped " diet. The current physician ' s orders prescribed a finely chopped diet for home meals and a " ground 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	All Discrepancies have been corrected to reflect the staffs order on 8/12/08 All Staffs were retrained on Proper Documentation of the Behavior Support Data on 8/23/08	
W 460	483.460(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 staff interview and record review, the facility failed to ensure that clients received their meals as outlined in their dietary plan for one of two sampled clients. [Client #1] The finding includes: Record review on 8/11/2008 revealed Client #1 ' s Nutrition Assessment dated 4/28/2008 outlines " Since 1/06 her weight has been fairly stable and since 10/07 her weight has declined by 5 pounds. Her baseline weight has been between 85-78 pounds. At this time suggest increasing calories by adding double portions to all meals. " The	W 460		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 000140	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED 06/11/2008
NAME OF PROVIDER OR SUPPLIER: ST JOHN		STREET ADDRESS, CITY, STATE, ZIP CODE: 2716 15TH STREET, NE WASHINGTON, DC 20018	

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W 480	Continued From page 9 plan further recommends that this client " continue with Ensure three times per day. " Record review on 6/11/2008 at 4:42pm revealed the current Physician ' s Order Sheet (POS) for 6/2008 reflects and supports this recommendation. Addition record review revealed the facility had no consistent documentation of Client #1 receiving Ensure three times a day. Interview with the facility ' s medical and managing staff on 6/11/2008 at 4:25pm revealed they have not received consistent documentation from the day program regarding the noon serving of the Ensure. The data on file was sparse and incomplete. The facility failed to ensure an effective system to manage the serving of this client ' s nutritional supplements. There was no evidence presented or on file at the time of survey to substantiate that the facility ensured this client ' s dietary requirements as written and recommended.	W 480	A request was made and the Day Program agreed to furnish a copy of the record of ensure consumption of Sampy #1 on 6/17/08.	
W 474	483.480(b)(2)(iii) MEAL SERVICES Food must be served in a form consistent with the developmental level of the client. This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure clients received their meals in the texture and consistency as outlined in their dietary restrictions for one of two sampled clients. [Clients #2] The finding includes: 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 Client #2 to eat. She	W 474		

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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 06/11/2008
NAME OF PROVIDER OR SUPPLIER: ST JOHN		STREET ADDRESS, CITY, STATE, ZIP CODE: 3715 13TH STREET, NE WASHINGTON, DC 20018	

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W 474	Continued From page 10 was observed to alternate eating the " cookies " 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. Record review on 6/11/2008 at 5:33pm revealed Client #2 ' s Speech assessment dated 4/14/2007 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 orders prescribed a finely chopped diet for home meals and a " ground 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 474	Staffs have been in-service on diets, consistence and texture of Sample #2 Diet. The staffs were interviewed on the diet and food consistency of all individuals on campus. Therapeutic Pathologist, and the Nutritionist were contacted and diets updated. The noted discrepancy in the diet consistency. The nurse also contacted the Physician to validate all recorded consistency were the same. It should be noted that the only reason the consistency referred at the Day Programs should differ is due to the guidelines at the Day Program which regards chopped diet, ground/ mechanical soft, ground/ textured, and not finely chopped. 6/25/08	

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NAME OF PROVIDER OR SUPPLIER: ST JOHN	STREET ADDRESS, CITY, STATE, ZIP CODE: 2718 13TH STREET, NE WASHINGTON, DC 20018		

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I 000	INITIAL COMMENTS A re-certification survey was conducted from 06/10/2008 through 06/11/2008. A random sampling of two residents was selected from a population of four individuals with varying degrees of disabilities. This survey was initiated using the fundamental process. The findings of this survey were based on observations at the group home and two day programs, interview with direct care staff, medical staff, facility management, and a review of the habilitation and administrative records including the unusual incident reports.	I 000		
I 058	3502.14 MEAL SERVICE / DINING AREAS Each GHMRP shall train staff in the storage, preparation and serving of food, the cleaning and care of equipment, and food preparation in order to maintain sanitary conditions at all times. This Statute is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure residents received their meals in the texture and consistency as outlined in their dietary restrictions for one of two sampled residents. [Residents #2] The finding includes: During the evening observations on 6/10/2008, staff cut several pieces of Fig Newtons in thirds and quarters and placed them in a small bowl for her to eat. Resident #2 was observed to eat the items and drink a cup of water at short intervals after a few spoons of food were consumed. While drinking the water, Resident #2 was observed to cough and clear her throat on three separate occasions. During dinner, Resident #2 was served lasagna and a bowl of mixed fruit	I 058		

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

STATE FORM 000 PSC311 If continuation sheet 1 of 4

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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 06/11/2008
NAME OF PROVIDER OR SUPPLIER: ST JOHN	STREET ADDRESS, CITY, STATE, ZIP CODE: 2715 15TH 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) COMPLETE DATE
I 058	Continued From page 1 (sliced peaches, pears, etc.) for desert. Record review on 6/11/2008 at 6:33pm revealed Resident #2 's Speech assessment dated 4/14/2007 and the Swallowing and Feeding Guidelines (SFG) outlines she receives a " mechanically soft diet with " thin " liquids. Resident #2 's Nutrition assessment dated 7/10/2007 outlines that she was to receive an " 1800 kcal ADA/finely chopped " diet. The current physician ' s orders allow for " ground texture " meals at her day program. Although the staff managed Resident #2 ' s " coughing " as outlined in the SFG, the meals she received were not " finely chopped " or " mechanically soft " or " ground " as recommended in her most recent assessments. 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 each recommended. 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 residents received their meals in form consistent with their developmental level.	I 058	Staffs were trained on Dietary Textures and Consistencies, Swallowing and Feeding on 6/23/08.	
I 090	3504.1 HOUSEKEEPING The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by: The facility failed to ensure the provisions of this section as evidenced below: 1. The facility was found to have several broken	I 090		

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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 06/11/2008
NAME OF PROVIDER OR SUPPLIER: ST JOHN	STREET ADDRESS, CITY, STATE, ZIP CODE: 2715 13TH STREET, NE WASHINGTON, DC 20018		

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1 090	Continued From page 2 window screens in several of the windows in the facility. 2. The rain/storm gutters on the exterior of the home were filled and overflowing with twigs, leaves and various other forms of debris.	1 090	All screens were changed on 6/15/08 The gutters were cleaned on 6/15/08	
1 422	3521.3 HABILITATION AND TRAINING Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident's Individual Habilitation Plan. This Statute is not met as evidenced by: Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident's Individual Habilitation Plan. Record review on 6/11/2008 at 3:11pm revealed Resident #2's Behavior Support Plan (BSP) dated 6/19/2007 targets the maladaptive behaviors of "head slapping and skin picking". The BSP includes the following interventions: 1. Intervention #4 - When [redacted] was hitting herself or picking her skin, sit next to her and ask her to stop. 2. Intervention #5 - If she does not stop in response to #4, put your hand on her shoulder, arm or hand and tell her she needs to stop. 3. Intervention #6 - If she does not stop in response to #5, ask her to come with you to a room apart from others to help her become calm (such as her bedroom). Help her soother herself by offering her something to hold or manipulate. Observation on 6/10/2008 between 3:30pm and 7:45pm, Resident #2 was observed to strike herself in the head weres approximately sixty-four (64) times. At several points during the	1 422	Staffs were in-serviced on Sample #2 BSP on 6/23/08	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD09-0124	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/11/2008
NAME OF PROVIDER OR SUPPLIER: ST JOHN	STREET ADDRESS, CITY, STATE, ZIP CODE: 2715 13TH STREET, NE WASHINGTON, DC 20018		

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I 422	Continued From page 3 observation period, Resident #2 ' s frequency of hitting herself peaked to about five (5) to six (6) times a minute. The peak periods occurred just before snack, before dinner and just around the time after she arrived home when there was a lot of activity going on around her. At no times during those peak exhibitions did staff employ the steps outlined in intervention #9. Interview with the facility ' s managing staff on 6/11/2008 at 5:47pm revealed they were not aware the staff was not following the proactive measures outlined in the BSP. The facility failed to ensure the implementation of Resident #2 ' s habilitation program as written and recommended.	I 422		