

Received 5/31/11  
DHH

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD12-0040	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R 04/05/2011
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NAME OF PROVIDER OR SUPPLIER  CARLS PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST, SE WASHINGTON, DC 20032
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(I 000)	<p><b>INITIAL COMMENTS</b></p> <p>A licensure survey was conducted on March 8, 2011, to March 11, 2011. A random sample of three residents was selected from a resident population of four men and one woman.</p> <p>The survey findings was based on observations in the home, interviews with administrative, nursing and direct care staff and residents as well as a review of resident and administrative records, including incident reports.</p> <p>On March 31, 2011, the State Surveying Agency (SSA) received notification via e-mail that Resident #3 had not been provided recommended follow-up for medical services. The following was alleged:</p> <p><b>Allegation #1:</b> Resident #3 had an abnormal pulmonary function test on August 2, 2010.</p> <p><b>Conclusion:</b> This allegation was partially substantiated. See Deficiency tag 0395.</p> <p><b>Allegation #2:</b> Resident #3's dentist recommended two root canals October 2010, but the resident never returned to the dentist for treatment.</p> <p><b>Conclusion:</b> This allegation was partially substantiated. See Deficiency tag 0395.</p> <p><b>Allegation #3:</b> The facility failed to ensure Resident #3 had an audiological evaluation, a Tetanus shot, MMR vaccinations and failed to receive a flu vaccine for 2010.</p>	(I 000)	<p>Resident # 3 has been made an appointment for a Pulmonary Functions Test on 5/10/11 with his primary care physician. Resident #3 also has an appointment with the dentist scheduled for 5/16/2011. He is still awaiting prior authorization. Resident #3 also has an appointment scheduled with his PCP on 5/10/11 prior to scheduling an appointment for ENT. Resident #3n has an appointment scheduled at Providence Wellness Center on 5/23/11 to obtain vaccinations. Carl's Place has hired a new nursing team (RN, LPN) the team meets monthly with the administrative management team. The nursing team reviews all medical records bi-weekly and provides the CEO with updates on the medical status of the residents. Completion Date : May 12, 2011. Carl's Place has hired a Quality Assurance Coordinator to provide monitoring and systemic reviews of the records bi-weekly. Completion Date: May 12, 2011. A new Residential Director has been hired to oversee the day-to-day operations and work with the nursing team to ensure medical appointments are timely. Completion Date: May 12, 2011. The Administrative team meets monthly to review QA monitoring reports and address corrective action plans. Completion Date : May 12, 2011. Carl's Place has developed Standard Operating Procedures for the day-to-day oversight of Nursing/ Healthcare issues in the affected deficit areas. The administrative team is in the process of revising the policies, training staff, and developing procedural practices to ensure the deficit areas do not occur again for all residents. Completion Date: June 30, 2011. Quality Assurance Coordinator has been hired to provide oversight in the affected areas. The Quality Assurance Coordinator conducts monthly monitoring reviews to ensure the agency meets compliance for Federal, State, and local requirements. A team of Health Care Professionals have been hired to oversee the Health and Wellness of the Residents. The team consists of RN, LPN, Dietitian and Behavior Specialist. Carl's Place has instituted monthly administrative/management team meetings that consists of the RN, LPN, Administrative Coordinator, CEO, Quality Assurance, and Residential Director to review policies and procedures and conduct quality assurance reviews to ensure compliance and that the residents are receiving services as outlined in their ISP's. A Quality Assurance Coordinator has been hired to provide oversight in the affected areas. The Quality Assurance Coordinator conducts monthly monitoring reviews to ensure the agency meets compliance for Federal, State, and local requirements. Carl's Place has instituted monthly administrative/management team meetings that consists of the RN, LPN, Administrative Coordinator, CEO, Quality Assurance, and Residential Director to review policies and procedures and conduct quality assurance reviews to</p>

Health Regulation Administration  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
STATE FORM

*Karen Hutzelson*

TITLE  
*CEO*

(X8) DATE  
*5/20/11*



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{1395}	Continued From page 2  compliance with physician's orders.  a. Review of the incident reports on March 8, 2011, beginning at approximately 10:17 a.m., revealed Resident #1 was involved in an incident dated September 9, 2010. According to the report, the resident experienced a seizure while he was on an outing. The resident was seen in a local emergency room, and subsequently on September 15, 2010, the resident visited his neurologist and his Trileptal was increased from 300 mg BID to 300 mg Q A.M. and 600 mg, Q P.M. to control his seizures. Although the neurologist increased the dosage, the resident's Medication Administration Records (MAR) for September 2010, October 2010, November 2010, and December 2010 remained the same (Trileptal 300 BID). There was no documented evidence that the resident received the additional 300 mg in the PM as prescribed.  Although the January 2011 MAR, reflected the prescribed dosage (Trileptal 300 mg QAM and 600 mg QPM), the MAR was altered (line drawn through dosage and frequency) to reveal the previous dosage of (300 mg BID). The MARs from September 2010 through January 2011 indicated that the resident did not receive the increase in Trileptal as ordered by the neurologist.  On the morning of March 10, 2011 at approximately 8:46 a.m., an interview was conducted with the LPN, who signed the MAR's. According to the LPN, he had no knowledge of the neurological appointment that Resident #1 had on September 15, 2010, and indicated that he was not aware of the increase of the Trileptal. The LPN also revealed that there was no system in place for him to know that the resident had	{1395}	day operations and work with the nursing team to ensure medical appointments are timely. Completion Date: May 12, 2011. The Administrative team meets monthly to review QA monitoring reports and address corrective action plans. Completion Date :May 12, 2011. Carl's Place has developed Standard Operating Procedures for the day-to-day oversight of Nursing/ Healthcare issues in the affected deficit areas. The administrative team is in the process of revising the policies, training staff, and developing procedural practices to ensure the deficit areas do not occur again for all residents. Completion Date: June 30, 2011. Quality Assurance Coordinator has been hired to provide oversight in the affected areas. The Quality Assurance Coordinator conducts monthly monitoring reviews to ensure the agency meets compliance for Federal, State, and local requirements. A team of Health Care Professionals have been hired to oversee the Health and Wellness of the Residents. The team consists of RN, LPN, Dietitian and Behavior Specialist. Carl's Place has instituted monthly administrative/management team meetings that consists of the RN, LPN, Administrative Coordinator, CEO, Quality Assurance, and Residential Director to review policies and procedures and conduct quality assurance reviews to ensure compliance and that the residents are receiving services as outlined in their ISP's. A Quality Assurance Coordinator has been hired to provide oversight in the affected areas. The Quality Assurance Coordinator conducts monthly monitoring reviews to ensure the agency meets compliance for Federal, State, and local requirements. Carl's Place has instituted monthly administrative/management team meetings that consist of the RN, LPN, Administrative Coordinator, CEO, Quality Assurance, and Residential Director to review policies and procedures and conduct quality assurance reviews to ensure compliance and that the residents are receiving services as outlined in their ISP's. Quality Assurance Coordinator has been hired to provide oversight in the affected areas. The Quality Assurance Coordinator conducts monthly monitoring reviews to ensure the agency meets compliance for Federal, State, and local requirements. A team of Health Care Professionals have been hired to oversee the Health and Wellness of the Residents. The team consists of RN, LPN, Dietitian and Behavior Specialist. Carl's Place has instituted monthly administrative/management team meetings that consists of the RN, LPN, Administrative Coordinator, CEO, Quality Assurance, and Residential Director to review policies and procedures and conduct quality assurance reviews to ensure compliance and that the residents are receiving services as outlined in their ISP's.		

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{1 395}	Continued From page 3  been seen by the neurologist. When informed of the medication error, he indicated that it was not his responsibility to verify the order as he was only doing the medication pass. He also indicated that the agency had been without a registered nurse for approximately 9 months. When questioned further about his nursing duties, he added that he communicates with the residents' Primary Care Physicians (PCP), and writes nursing notes and orders.  Interview with the Administrator and Program Director on the same day, revealed the LPN had a mailbox in which the medical consults are placed for his review. Further interview revealed that it was the LPN's responsibility for any new orders to be faxed to the pharmacy. Review of the nursing job description confirmed his duties as stated above and included the following:  Administer medications and treatments per physician's orders; Transcribe physician's orders received on tour of duty; Review MAR/narcotic count sheet for completeness before end of duty; Schedule and follow-up medical appointments; and Communicate any changes in resident's condition to the RN.  Review of the February and March 2011 MARs however, reflected the neurologist's September 15, 2010 order (Trileptal 300 mg QAM and 600 mg QPM). Observation of the evening administration medication pass on March 10, 2011, at approximately 4:27 p.m. confirmed that Resident #1 was administered Trileptal 600 mg.  b. Observation of the evening medication pass	{1 395}		

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{ 395}	Continued From page 4  on March 10, 2011, at approximately 4:42 p.m. revealed Resident #2 was administered Seroquel 50 mg, Lamotrigine 150 mg and Keppra 750 mg.  Review of the resident's clinical records revealed a physician's order dated September 21, 2010 for Depakote 500 mg two (2) tablets once daily. Review of the September 2010 MAR's reflect that the LPN drew a line through the "once" daily and wrote "BID." The MAR's for September, October, November, and December 2010 revealed that Resident #2 was administered Depakote 1000 mg twice a day. There was no evidence that the physician had increased the Depakote to BID. Also, there was no evidence that the physician was notified of the September through December medication errors.  c. Observation of the evening administration medication pass on March 10, 2011, at approximately 4:42 p.m. revealed Resident #2 was administered Seroquel 50 mg (1 tablet). Review of the resident's medical record on March 10, 2011 at approximately 1:59 p.m., revealed a physician's prescription, dated September 21, 2010, that prescribed Seroquel 50 mg, one tablet twice daily. Review of the March 2011 MAR, revealed that the client was administered 100 mg of Seroquel in the morning and 50 mg in the evening. Further review of the resident's medical records revealed a pharmacy pre-printed physician's order, dated March 1, 2011 that reflected Seroquel 50 mg to be given twice in the morning and once in the evening. The pre-printed order was not signed by the resident's physician or by a registered nurse. The most current signed physician's order was dated September 21, 2010.  2. The GHPID staff failed to provide Nursing	{ 395}			

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(I 395)	<p>Continued From page 5</p> <p>oversight for all the residents who reside in the facility. (Residents #1, #2, #3, #4, and #5)</p> <p>Interview with the GHPID's LPN on March 10, 2011 beginning at 8:46 a.m., revealed the facility had been without a Registered Nurse (RN) for approximately nine (9) months.</p> <p>During the entrance conference interview with the Program Director on March 8, 2011 at approximately 10:08 a.m., revealed all the residents residing in the facility were prescribed Psychotropic medication. Residents #1, #2, #3, #4, and #5) [See #1, a - c]</p> <hr/> <p>During a follow-up visit on April 5, 2011, the GHPID failed to ensure follow-up medical recommendations for Resident #3 were completed as evidenced below:</p> <ol style="list-style-type: none"> <li>1. Review of Resident #3's medical record on April 5, 2011 at approximately 1:40 p.m. revealed a Primary Care Physician (PCP) consult dated August 2, 2010. Further review of the consult revealed the PCP recommended to repeat a pulmonary function test (pft) and to provide a Holter Monitor for Resident #3.</li> </ol> <p>Interview with the Program Director on the same day, at approximately 2:05 p.m., revealed that in August 2010, he didn't think the pft was repeated. Additionally, the director revealed Resident #3 did not have a Holter Monitor.</p> <p>At the time of the follow-up survey, there was no documented evidence that the GHPID ensured Resident #3's pft was repeated nor did they provide him with a Holter Monitor as recommended.</p>	(I 395)		

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{1 395}	<p>Continued From page 6</p> <p>2. Record review on April 5, 2011 at approximately 2:20 p.m., revealed Resident #3 was seen by the dentist on October 6, 2010. Review of the consult revealed the dentist recommended a root canal for two (2) of Resident #3's teeth (#12 and #13). Further review of the consult revealed the resident was scheduled to return to the dentist on November 3, 2010. continued review of the record revealed a consult dated November 12, 2010 indicating the dentist canceled the appointment due to an emergency.</p> <p>Interview with the Registered Nurse (RN) on April 5, 2011 at approximately 2:30 p.m., revealed the GHPID had scheduled a follow-up appointment for Resident #3 for April 6, 2011, (six months later).</p> <p>3. An interview was conducted with the RN on April 5, 2011 at approximately 2:32 p.m. to ascertain information regarding Resident #3's immunizations. Continued interview revealed all the residents were seen sometime in March 2011 to get their shots, however, review of Resident #3's medical record failed to evidence a record of his immunizations.</p> <p>4. The GHPID failed to ensure that medications for Residents #3 was administered in compliance with physician's orders.</p> <p>Review of Resident #3's medical record on April 5, 2011 at approximately 3:14 p.m., revealed a physician's prescription, dated July 15, 2010, that prescribed Trileptal 300 mg, one tablet twice daily. Review of the July 2010 MAR revealed the facility's LPN drew a line through "300 mg" of Trileptal and wrote "600 mg" in the morning and then drew a line through "300 mg" of Trileptal and</p>	{1 395}		

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{ 395}	Continued From page 7  wrote "600 mg" of Trileptal in the evening. Further review of the resident's medical records revealed a pharmacy pre-printed physician's order, dated July 2010 that reflected 600 mg to be given one tablet twice a day. It should be noted that the LPN drew a line through 600 mg of Trileptal and wrote "300 mg" of Trileptal in the morning and in the evening.  Although the pre-printed order was signed by the physician there was no evidence that it had been reviewed and signed by a registered nurse.  Review of the MAR for August 2010, revealed Resident #3 was administered Trileptal 300 mg twice a day as ordered. There was no evidence that the physician was notified of the July medication error.  5. Review of the resident's clinical records revealed a physician's order dated June 2010 for Klonopin 0.5 mg, one tablet once daily at bedtime. Review of the June 2010 MAR reflect that the LPN wrote "dcd" meaning that the medication was discontinued. According to the MAR's, the Klonopin was no longer administered after May 2010.  Review of the psychiatric consults for Resident #3 revealed there was no evidence that the physician had discontinued the Klonopin. Also, there was no evidence that the physician was notified of the medication errors.	{ 395}			
{ 412}	3520.13 PROFESSION SERVICES: GENERAL PROVISIONS  If a resident evidences the need for a professional service for which arrangements do not exist, the GHMRP shall have fourteen (14)	{ 412}			

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{ 412}	<p>Continued From page 8</p> <p>days to show evidence of arrangements for provision of the professional service, except that in life threatening situations, arrangements must be made immediately.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the Group Home for Persons with Intellectual Disabilities (GHPID) failed to ensure the provision of a Behavior Support Plan (BSP), for one of the three residents included in the sample. (Resident #2)</p> <p>The finding includes:</p> <p>Interview with the Program Director on March 11, 2011, at approximately 2:48 p.m., revealed that Resident #2 was prescribed psychotropic medications, but he did not have a Behavioral Support Plan. The interview also revealed the resident received Medicaid Waiver Services. A review of the resident's medicaid waiver authorization revealed he had been approved to receive a BSP initial assessment as of April 27, 2010.</p> <p>At the time of the survey, the GHPID had failed to arrange for Resident #2 to receive his initial assessment for a BSP before administering psychotropic medications.</p>	{ 412}	<p>Behavior Support Plans have been requested and submitted by the Department of Disability Service Coordinator. Carl's Place is in the process of contracting a Psychologist to ensure Behavior Support Plans are in place for Resident #2. Carl's Place has hired a new nursing team (RN, LPN) the team meets monthly with the administrative management team. The nursing team reviews all medical records bi-weekly and provides the CEO with updates on the medical status of the residents. Completion Date: May 12, 2011. Carl's Place has hired a Quality Assurance Coordinator to provide monitoring and systemic reviews of the records bi-weekly. Completion Date: May 12, 2011. The Administrative team meets monthly to review QA monitoring reports and address corrective action plans. Completion Date :May 12, 2011. Carl's Place has developed Standard Operating Procedures for the day-to-day oversight of Nursing/ Healthcare issues in the affected deficit areas. The administrative team is in the process of revising the policies, training staff, and developing procedural practices to ensure the deficit areas do not occur again for all residents. Completion Date: June 30, 2011. Quality Assurance Coordinator has been hired to provide oversight in the affected areas. The Quality Assurance Coordinator conducts monthly monitoring reviews to ensure the agency meets compliance for Federal, State, and local requirements. A team of Health Care Professionals have been hired to oversee the Health and Wellness of the Residents. The team consists of RN, LPN, Dietitian and Behavior Specialist. Carl's Place has instituted monthly Administrative/management team meetings that consist of the RN, LPN, Administrative Coordinator, CEO, Quality Assurance, and Residential Director to review policies and procedures and conduct quality assurance reviews to ensure compliance and that the residents are receiving services as outlined in their ISP's. A Quality Assurance Coordinator has been hired to provide oversight in the affected areas. The Quality Assurance Coordinator conducts monthly monitoring reviews to ensure the agency meets compliance for Federal, State, and local requirements. Carl's Place has instituted monthly administrative/management team meetings that consists of the RN, LPN, Administrative Coordinator, CEO, Quality Assurance, and Residential Director to review policies and procedures and conduct quality assurance reviews to ensure compliance and that the residents are receiving services as outlined in their ISP's. Quality Assurance Coordinator has been hired to provide oversight in the affected areas. The Quality Assurance Coordinator conducts monthly monitoring reviews to ensure the agency meets compliance for Federal, State, and local requirements. A team of Health Care Professionals have been hired to oversee the Health and</p>
{ 473}	<p>3522.4 MEDICATIONS</p> <p>The Residence Director shall report any irregularities in the resident ' s drug regimens to the prescribing physician.</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record verification, the Group Home for the Persons with Intellectual Disabilities (GHPID) failed to report</p>	{ 473}	

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{1 412}	<p>Continued From page 8</p> <p>days to show evidence of arrangements for provision of the professional service, except that in life threatening situations, arrangements must be made immediately.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the Group Home for Persons with Intellectual Disabilities (GHPID) failed to ensure the provision of a Behavior Support Plan (BSP), for one of the three residents included in the sample. (Resident #2)</p> <p>The finding includes:</p> <p>Interview with the Program Director on March 11, 2011, at approximately 2:48 p.m., revealed that Resident #2 was prescribed psychotropic medications, but he did not have a Behavioral Support Plan. The interview also revealed the resident received Medicaid Waiver Services. A review of the resident's medicaid waiver authorization revealed he had been approved to receive a BSP initial assessment as of April 27, 2010.</p> <p>At the time of the survey, the GHPID had failed to arrange for Resident #2 to receive his initial assessment for a BSP before administering psychotropic medications.</p>	{1 412}	<p>Behavior Support Places have been requested and submitted by the Department of Disability Service Coordinator. Carl's Place is in the process of contracting a Psychologist to ensure Behavior Support Plans are in place for Resident #2. Carl's Place has hired a new nursing team (RN, LPN) the team meets monthly with the administrative management team. The nursing team reviews all medical records bi-weekly and provides the CEO with updates on the medical status of the residents. Completion Date: May 12, 2011. Carl's Place has hired a Quality Assurance Coordinator to provide monitoring and systemic reviews of the records bi-weekly. Completion Date: May 12, 2011. The Administrative team meets monthly to review QA monitoring reports and address corrective action plans. Completion Date :May 12, 2011. Carl's Place has developed Standard Operating Procedures for the day-to-day oversight of Nursing/ Healthcare issues in the affected deficit areas. The administrative team is in the process of revising the policies, training staff, and developing procedural practices to ensure the deficit areas do not occur again for all residents. Completion Date: June 30, 2011. Quality Assurance Coordinator has been hired to provide oversight in the affected areas. The Quality Assurance Coordinator conducts monthly monitoring reviews to ensure the agency meets compliance for Federal, State, and local requirements. A team of Health Care Professionals have been hired to oversee the Health and Wellness of the Residents. The team consists of RN, LPN, Dietitian and Behavior Specialist. Carl's Place has instituted monthly Administrative/management team meetings that consist of the RN, LPN, Administrative Coordinator, CEO, Quality Assurance, and Residential Director to review policies and procedures and conduct quality assurance reviews to ensure compliance and that the residents are receiving services as outlined in their ISP's. A Quality Assurance Coordinator has been hired to provide oversight in the affected areas. The Quality Assurance Coordinator conducts monthly monitoring reviews to ensure the agency meets compliance for Federal, State, and local requirements. Carl's Place has instituted monthly administrative/management team meetings that consists of the RN, LPN, Administrative Coordinator, CEO, Quality Assurance, and Residential Director to review policies and procedures and conduct quality assurance reviews to ensure compliance and that the residents are receiving services as outlined in their ISP's. Quality Assurance Coordinator has been hired to provide oversight in the affected areas. The Quality Assurance Coordinator conducts monthly monitoring reviews to ensure the agency meets compliance for Federal, State, and local requirements. A team of Health Care Professionals have been hired to oversee the Health and</p>
{1 473}	<p>3522.4 MEDICATIONS</p> <p>The Residence Director shall report any irregularities in the resident 's drug regimens to the prescribing physician.</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record verification, the Group Home for the Persons with Intellectual Disabilities (GHPID) failed to report</p>	{1 473}	

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NAME OF PROVIDER OR SUPPLIER  CARLS PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST, SE WASHINGTON, DC 20032
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{ 473} Continued From page 9  
irregularities in the drug regimens to the Primary Care Physician (PCP) for two of the three residents included in the sample. (Residents #1 and #2 )  
  
The finding includes:  
  
The facility failed to report irregularities in the drug regimens to the Primary Care Physician (PCP) for Residents #1 and #2. [See medication errors as reflected in 3520.2 (e)]

{ 473} Wellness of the Residents. The team consists of RN, LPN, Dietitian and Behavior Specialist. Carl's Place has instituted monthly administrative/management team meetings that consists of the RN, LPN, Administrative Coordinator, CEO, Quality Assurance, and Residential Director to review policies and procedures and conduct quality assurance reviews to ensure compliance and that the residents are receiving services as outlined in their ISP's.

TAG 1 473 5/31/11

{ 500} 3523.1 RESIDENT'S RIGHTS  
  
Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws.  
  
This Statute is not met as evidenced by:  
Based on observations, interviews and record review, the Group Home for Persons with Intellectual Disabilities (GHPID) failed to observe and protect 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) and other District laws that govern the care and rights of persons with mental retardation, for two residents residing in the facility. (Residents #1, #2, #3, #4, and #5)  
  
The findings include:  
  
1. (Chapter 13, § 7-1305.05.(h) all customers shall have the right to be free from unnecessary or excessive medication. No medication shall be administered unless at the written or verbal order of a licensed physician, noted promptly in the

{ 500} The RN has oversight and will be monitoring all MAR's, Physician orders and drug regimens. The RN will report any changes to the Resident's Primary Care Physician. Carl's Place has hired a new nursing team (RN, LPN) the team meets monthly with the administrative management team. The nursing team reviews all medical records bi-weekly and provides the CEO with updates on the medical status of the residents. Completion Date :May 12, 2011. Carl's Place has hired a Quality Assurance Coordinator to provide monitoring and systemic reviews of the records bi-weekly. Completion Date :May 12, 2011. The Administrative team meets monthly to review QA monitoring reports and address corrective action plans. Completion Date :May 12, 2011. Carl's Place has developed Standard Operating Procedures for the day-to-day oversight of Nursing/ Healthcare issues in the affected deficit areas. The administrative team is in the process of revising the policies, training staff, and developing procedural practices to ensure the deficit areas do not occur again for all residents. Completion Date: June 30, 2011. Quality Assurance Coordinator has been hired to provide oversight in the affected areas. The Quality Assurance Coordinator conducts monthly monitoring reviews to ensure the agency meets compliance for Federal, State, and local requirements. A team of Health Care Professionals have been hired to oversee the Health and Wellness of the Residents. The team consists of RN, LPN, Dietitian and Behavior Specialist. Carl's Place has instituted monthly administrative/management team meetings that consists of the RN, LPN, Administrative Coordinator, CEO, Quality Assurance, and Residential Director to review policies and procedures and conduct quality assurance reviews to ensure compliance and that the residents are receiving services as outlined in their ISP's. A Quality Assurance Coordinator has been hired to provide oversight in the affected areas. The Quality Assurance Coordinator conducts monthly monitoring reviews to ensure the agency meets compliance for Federal, State, and local requirements. Carl's Place has instituted monthly administrative/management team meetings that consists of the RN, LPN, Administrative Coordinator, CEO,

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(1 500)	<p>Continued From page 10</p> <p>patient's medical record and signed by the physician within 24 hours.</p> <p>The GHMRP failed to demonstrate protection of Resident #1's right to be free from unnecessary or excessive medication; specifically, psychotropic medications as evidenced below:</p> <p>During the entrance conference on March 8, 2011 at approximately 10:08 a.m., interview with the Program Director revealed Resident #1 had a legal guardian. Continued interview with the Program Director revealed the resident had been prescribed psychotropic medication.</p> <p>Review of the residents' record on March 10, 2011 at approximately 11:02 a.m. revealed a psychotropic medication review dated October 10, 2010. Further review of the medication review revealed the psychiatrist recommended Resident #1's Seroquel XR to be increased from 200 mg to 400 mg. Although the resident had consent for the Seroquel XR 200 mg, there was no documented evidence of consent for the Seroquel XR 400 mg.</p> <p>At the time of the survey, the GHMRP failed to protect Resident #1's right to be free from unnecessary or excessive medication; specifically, to ensure informed consent was provided before the administration of the increase of his psychotropic medication.</p> <p>2. The GHPID failed to ensure that medications for Residents #1 and #2 were administered in compliance with physician's orders.</p> <p>a. Review of the incident reports on March 8, 2011, beginning at approximately 10:17 a.m. revealed Resident #1 was involved in an incident</p>	(1 500)	<p>Quality Assurance, and Residential Director to review policies and procedures and conduct quality assurance reviews to ensure compliance and that the residents are receiving services as outlined in their ISP's. Quality Assurance Coordinator has been hired to provide oversight in the affected areas. The Quality Assurance Coordinator conducts monthly monitoring reviews to ensure the agency meets compliance for Federal, State, and local requirements. A team of Health Care Professionals have been hired to oversee the Health and Wellness of the Residents. The team consists of RN, LPN, Dietitian and Behavior Specialist. Carl's Place has instituted monthly administrative/management team meetings that consists of the RN, LPN, Administrative Coordinator, CEO, Quality Assurance, and Residential Director to review policies and procedures and conduct quality assurance reviews to ensure compliance and that the residents are receiving services as outlined in their ISP's.</p> <p>TAG 1 500</p> <p>5/31/11</p> <p>The RN now has oversight over MAR's and Physician Orders and regimens. The RN has nursing oversight in which she monitors medical issues in accordance with the Department of Disability Services. Carl's Place has hired a new nursing team (RN, LPN) the team meets monthly with the administrative management team. The nursing team reviews all medical records bi-weekly and provides the CEO with updates on the medical status of the residents. Completion Date: May 12, 2011. Carl's Place has hired a Quality Assurance Coordinator to provide monitoring and systemic reviews of the records bi-weekly. Completion Date: May 12, 2011. A new Residential Director has been hired to oversee the day-to-day operations and work with the nursing team to ensure medical appointments are timely. Completion Date: May 12, 2011. The Administrative team meets monthly to review QA monitoring reports and address corrective action plans. Completion Date: May 12, 2011. Carl's Place has developed Standard Operating Procedures for the day-to-day oversight of Nursing/ Healthcare issues in the affected deficit areas. The administrative team is in the process of revising the policies, training staff, and developing procedural practices to ensure the deficit areas</p>	
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{1 500}	<p>Continued From page 11</p> <p>dated September 9, 2010. According to the report, the resident experienced a seizure while he was on an outing. The resident was seen in a local emergency room, and subsequently on September 15, 2010 the resident visited his neurologist and his Trileptal was increased from 300 mg BID to 300 mg Q A.M. and 600 mg, Q P.M. to control his seizures. Although the neurologist increased the dosage, the resident's Medication Administration Records (MAR) for September 2010, October 2010, November 2010, and December 2010 remained the same (Trileptal 300 BID). There was no documented evidence that the resident received the additional 300 mg in the PM as prescribed.</p> <p>Review of the January 2011 MAR reflected Trileptal 300 mgs every morning and 600 mg at bedtime. Further review of the January MAR, however, revealed a line drawn through "every morning" and a line drawn through "at bedtime." Written over those words was "BID." Also lined through the 600 mg (at bedtime dosage) and written on top was 300 mg.</p> <p>The MARs from September 2010 through January 2011 indicated that resident did not receive the increase in Trileptal as ordered by the neurologist.</p> <p>On the morning of March 10, 2011 at approximately 8:46 a.m., an interview was conducted with the LPN, who signed the MARs. According to the LPN, he had no knowledge of the neurological appointment that Resident #1 had on September 15, 2010, and indicated that he was not aware of the increase of the Trileptal. The LPN also revealed that there was no system in place for him to know that the resident had been seen by the neurologist. When informed of</p>	{1 500}	<p>do not occur again for all residents. Completion Date: June 30, 2011. Quality Assurance Coordinator has been hired to provide oversight in the affected areas. The Quality Assurance Coordinator conducts monthly monitoring reviews to ensure the agency meets compliance for Federal, State, and local requirements. A team of Health Care Professionals have been hired to oversee the Health and Wellness of the Residents. The team consists of RN, LPN, Dietitian and Behavior Specialist. Carl's Place has instituted monthly administrative/management team meetings that consists of the RN, LPN, Administrative Coordinator, CEO, Quality Assurance, and Residential Director to review policies and procedures and conduct quality assurance reviews to ensure compliance and that the residents are receiving services as outlined in their ISP's. A Quality Assurance Coordinator has been hired to provide oversight in the affected areas. The Quality Assurance Coordinator conducts monthly monitoring reviews to ensure the agency meets compliance for Federal, State, and local requirements. Carl's Place has instituted monthly administrative/management team meetings that consist of the RN, LPN, Administrative Coordinator, CEO, Quality Assurance, and Residential Director to review policies and procedures and conduct quality assurance reviews to ensure compliance and that the residents are receiving services as outlined in their ISP's. Quality Assurance Coordinator has been hired to provide oversight in the affected areas. The Quality Assurance Coordinator conducts monthly monitoring reviews to ensure the agency meets compliance for Federal, State, and local requirements. A team of Health Care Professionals have been hired to oversee the Health and Wellness of the Residents. The team consists of RN, LPN, Dietitian and Behavior Specialist. Carl's Place has instituted monthly administrative/management team meetings that consists of the RN, LPN, Administrative Coordinator, CEO, Quality Assurance, and Residential Director to review policies and procedures and conduct quality assurance reviews to ensure compliance and that the residents are receiving services as outlined in their ISP's.</p>	

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{1 500}	Continued From page 12  the medication error, he indicated that it was not his responsibility to verify the order as he was only doing medication pass. He also indicated that the agency had been without a registered nurse for appropriately 9 months. When furthered questioned about his nursing duties, he added that he communicates with the residents' primary care physicians, and writes nursing notes and orders.  Interview with the Administrator and Program Director on the same day, revealed the LPN had a mailbox in which the medical consults are placed for his review. Further interview revealed that it was the LPN's responsibility for any new orders to be faxed to the pharmacy. Review of the nursing job description confirmed his duties as stated above and included the following:  Administer medications and treatments per physician's orders; Transcribe physician's orders received on tour of duty; Review MAR/narcotic count sheet for completeness before end of duty; Schedule and follow-up medical appointments; and Communicate any changes in resident's condition to the RN.  Review of the February and March 2011 MAR reflected the neurologist's September 15, 2010 order (Trileptal 300 mg QAM and 600 mg QPM). Observation of the evening administration medication pass on March 10, 2011, at approximately 4:27 p.m. confirmed that Resident #1 was administered Trileptal 600 mg.  b. Observation of the evening medication pass on March 10, 2011, at approximately 4:42 p.m.	{1 500}		

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{1 500}	Continued From page 13  revealed Resident #2 was administered Seroquel 50 mg, Lamotrigine 150 mg and Keppra 750 mg.  Review of the resident's clinical records reviewed a physician ' s ordered, dated September 21, 2010 for Depakote 500 mg two (2) tablets once daily. Review of the September 2010 MARs reflect that the LPN drew a line through the "once" daily and wrote "BID". The MARs for September, October and December 2010 revealed that Resident #2 was administered Depakote 1000 mg twice a day. There was no evidence that the physician had increased the Depakote to BID. Also, there was no evidence that the physician was notified of the September through December medication errors.  c. Observation of the evening administration medication pass on March 10, 2011, at approximately 4:42 p.m. revealed Resident #2 was administered Seroquel 50 mg (1 tablet). Review of the resident's medical record on March 10, 2011 at approximately 1:59 PM, revealed a physician's prescription, dated September 21, 2010, that prescribed Seroquel 50 mg, one tablet twice daily. Review of the March 2011 MAR revealed that the client was administered 100 mg of Seroquel in the morning and 50 mg in the evening. Further review of the resident's medical records revealed a pharmacy pre-printed physician's order, dated March 1, 2011 that reflected Seroquel 50 mgs to be given twice in the morning and once in the evening. The pre-printed order was not signed by the resident's physician or by a registered nurse. The most current signed physician's order was dated September 21, 2010.  2. The GHPID staff failed to provide Nursing oversight for all the residents who reside in the	{1 500}		

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{1 500}	Continued From page 14 facility. (Residents #1, #2, #3, #4, and #5)  Interview with the GHPID's LPN on March 10, 2011 beginning at 8:46 a.m. revealed the facility had been without a Registered Nurse (RN) for approximately nine (9) months.  During the entrance conference interview with the Program Director on March 8, 2011 at approximately 10:08 a.m. revealed all the residents residing in the facility were prescribed Psychotropic medication. Residents #1, #2, #3, #4, and #5) [See #1, a - c]  _____ (Chapter 13, § 7-1305.05.(h) all customers shall have the right to be free from unnecessary or excessive medication.  1. During a follow-up visit on April 5, 2011, the GHPID failed to ensure that medications for Resident #3 was administered in compliance with physician's orders as evidenced below:  Review of Resident #3's medical record on April 5, 2011 at approximately 3:14 p.m., revealed a physician's prescription, dated July 15, 2010, that prescribed Trileptal 300 mg, one tablet twice daily. Review of the July 2010 MAR revealed the facility's LPN drew a line through "300 mg" of Trileptal and wrote "600 mg" in the morning and then drew a line through "300 mg" of Trileptal and wrote "600 mg" of Trileptal in the evening. Further review of the resident's medical records revealed a pharmacy pre-printed physician's order, dated July 2010 that reflected 600 mg to be given one tablet twice a day. It should be	{1 500}		

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{1 500}	Continued From page 15  noted that the LPN drew a line through 600 mg of Trileptal and wrote "300 mg" of Trileptal in the morning and in the evening.  Note: This is a repeat deficiency which was cited during the March 2011 survey.  2. Review of the resident's clinical records revealed a physician's order dated June 2010 for Klonopin 0.5 mg, one tablet once daily at bedtime. Review of the June 2010 MAR reflect that the LPN wrote "dcd" meaning that the medication was discontinued. According to the MAR's, the Klonopin was no longer administered after May 2010.  Review of the psychiatric consults for Resident #3 revealed there was no evidence that the physician had discontinued the Klonopin. Also, there was no evidence that the physician was notified of the medication errors.	{1 500}		