

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

*Received 2/6/09*

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>09G057</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/09/2009</b>
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NAME OF PROVIDER OR SUPPLIER  <b>D C HEALTH CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>426 "Q" STREET, NW WASHINGTON, DC 20001</b>
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W 000	INITIAL COMMENTS	W 000		
W 148	<p>A recertification survey was conducted from January 7, 2009 through January 9, 2009. The survey was initiated using the fundamental survey process. A random sample of three clients was selected from a resident population of six males with various disabilities. In addition, a focused review was conducted of a fourth client's behavior support needs. The findings of the survey were based on observations, interview with one client, interviews with staff in the home and at two day programs, as well as a review of client and administrative records, including incident reports.</p> <p>483.420(p)(6) COMMUNICATION WITH CLIENTS, PARENTS &amp;</p> <p>The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to serious illness, accident, death, abuse, or unauthorized absence.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review the facility failed to ensure family members and/or legal guardians were promptly notified of significant incidents, for one of three clients included in the sample. (Client #2)</p> <p>The finding includes:</p> <p>On January 7, 2009 at approximately 9:40 AM during the entrance conference, interview with the Qualified Mental Retardation Professional (QMRP) revealed that Client #2 had involved family members and a court appointed guardian.</p> <p>On January 8, 2009 at approximately 10:30 AM,</p>	W 148	<p>GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002</p> <p>A formal incident report was done and filed from the day program since the incident happened at the day program. A nursing encounter form was sent home with the individual. Client # 2's guardian was notified but the formal incident report was not written to avoid redundant reporting. DCHC Program Manager and QMRP will ensure that any incident irrelevant to the location will be reported to all agencies as per the policy. An in-service training for the QMRP was done by the Program</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Maurkewan</i>	TITLE <i>Deputy Director / P.C.H.C</i>	(X6) DATE <i>2/6/09</i>
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date the documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 148	<p>Continued From page 1</p> <p>review of Client #2's medical book revealed a physician's note dated March 13, 2008. According to the note, another client at the day program bit Client #2 on the left shoulder. The physician noted two (2) small healing spots (abrasions).</p> <p>Interview with the QMRP on January 9, 2009 at approximately 10:25 AM revealed that the notification to Client #2's guardian was made following the incident. However, there was no documented evidence in the records that the guardian was notified of the March 11, 2008 bite incident.</p>	W 148	<p>Manager and IM coordinator on 01/10/09 on how to "follow IM policy". [See Attachment 'A']</p>	
W 149	<p>483.420((1))(1) STAFF TREATMENT OF CLIENTS</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to establish and/or implement policies that ensure each client's health and safety for one of three clients included in the sample. (Client #2)</p> <p>The finding includes:</p> <p>The facility failed to implement it's policy for investigating serious reportable incidents as evidence below:</p> <p>Interview with the facility's Qualified Mental Retardation Professional (QMRP) and review of the facility's incident reports on January 7, 2009 at approximately 10:25 AM revealed there were no incident reports completed since April 2008.</p>	W 149		

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W 149	<p>Continued From page 2</p> <p>On January 8, 2009 at approximately 10:30 AM, review of Client #2's medical book revealed a physician's note dated March 13, 2008. According to the note, another client at the day program bit Client #2 on the left shoulder. The physician noted two (2) small healing spots (abrasions). Further record review revealed a "Nursing Encounter Form" signed by the day program's nurse on March 11, 2008. The form indicated that Client #2 was seen in the health office because another client came over to where the client was sitting and bit him on the left shoulder.</p> <p>Continued interview with the QMRP on January 9, 2009 at approximately 10:25 AM revealed that the facility did not complete an incident report because the day program completed one and forwarded it to all agencies. Further interview with the QMRP revealed that an internal investigation was not completed.</p> <p>Review of the facility's "Policy for Investigation of Serious Reportable" incidents conducted on January 8, 2009 at approximately 4:23 PM revealed an in-house investigation will be started by the Qualified Mental Retardation Professional (QMRP) and/or Quality Assurance (QA) within 12 hours of the occurrence.</p> <p>At the time of the survey, the facility failed to ensure its "Policy for Investigation of Serious Reportable" had been followed as outlined.</p>	W 149	<p>A formal incident report was done and filed from the day program since the incident happened at the day program. A nursing encounter form was sent home with the individual. Client # 2's guardian was notified but the formal incident report was not written to avoid redundant reporting. DCHC Program Manager and QMRP will ensure that any incident irrelevant to the location will be reported to all agencies as per the policy. An in-service training for the QMRP was done by the Program Manager and IM coordinator on 01/10/09 on how to "follow IM policy". [See Attachment 'A']</p>	
W 153	<p>483.420(c)(1)(2) STAFF TREATMENT OF CLIENTS</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as</p>	W 153		

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W 153	<p>Continued From page 3</p> <p>injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that all allegations of abuse were immediately reported to the administrator or to other officials in accordance with State law, for one of three clients included in the sample. (Clients #2)</p> <p>The finding includes:</p> <p>Interview with the facility's Qualified Mental Retardation Professional (QMRP) and review of the facility's incidents reports on January 7, 2009 at approximately 10:25 AM revealed there were no incident reports completed since April 2008.</p> <p>On January 8, 2009 at approximately 10:30 AM, review of Client #2's medical book revealed a physician's note dated March 13, 2008. According to the note, another client at the day program bit Client #2 on the left shoulder. The physician noted two (2) small healing spots (abrasions). Further record review revealed a "Nursing Encounter Form" signed by the day program's nurse on March 11, 2008. The form indicated that Client #2 was seen in the health office because another client came over to where the client was sitting and bit him on the left shoulder.</p> <p>Additional interview with the QMRP on January 9, 2009 at approximately 10:25 AM revealed that the facility did not complete an incident report.</p>	W 153	<p>A formal incident report was done and filed from the day program since the incident happened at the day program. A nursing encounter form was sent home with the individual. Client # 2's guardian was notified but the formal incident report was not written to avoid redundant reporting. DCHC Program Manager and QMRP will ensure that any incident irrelevant to the location will be reported to all agencies as per the policy. An in-service training for the QMRP was done by the Program Manager and IM coordinator on 01/10/09 on how to "follow IM policy". [See Attachment 'A']</p>	
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W 153	Continued From page 4 Further interview with the QMRP revealed that administrator was notified immediately of the incident. At the time of the survey however, the facility failed to provide evidence that the administrator and/or other officials were immediately notified of the aforementioned incident.	W 153		
W 154	483.420 d)(3) STAFF TREATMENT OF CLIENTS  The facility must have evidence that all alleged violations are thoroughly investigated.  This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to thoroughly investigate incident involving a human bites that for one of three clients included in the sample. (Client #2)  The finding includes:  Interview with the facility's Qualified Mental Retardation Professional (QMRP) and review of the facility's incidents reports on January 7, 2009 at approximately 10:25 AM revealed there were no incident reports completed since April 2008.  On January 8, 2009 at approximately 10:30 AM, review of Client #2's medical book revealed a physician's note dated March 13, 2008. According to the note, another client at the day program bit Client #2 on the left shoulder. The physician noted two (2) small healing spots (abrasions). Further record review revealed a "Nursing Encounter Form" signed by the day program's nurse on March 11, 2008. The form indicated that Client #2 was seen in the health office because another client came over to where	W 154	A formal incident report was done and filed from the day program since the incident happened at the day program. A nursing encounter form was sent home with the individual. Client # 2's guardian was notified but the formal incident report was not written to avoid redundant reporting. DCHC Program Manager and QMRP will ensure that any incident irrelevant to the location will be reported to all agencies as per the policy. An in-service training for the QMRP was done by the Program Manager and IM coordinator on 01/10/09 on how to "follow IM policy". [See Attachment 'A']	

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W 154	Continued From page 5 the client was sitting and bit him on the left shoulder.  Interview with the QMRP on January 9, 2009 at approximately 10:25 AM revealed that the facility did not complete an incident report because the day program completed one and forwarded it to all agencies. Further interview with the QMRP revealed that an internal investigation was not completed.	W 154		
NW 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 interview and record review, the QMRP failed to ensure that each client's active treatment program was integrated, coordinated and monitored by the Qualified Mental Retardation Professional (QMRP).  The findings include:  1. The QMRP failed to ensure staff demonstrated competency in implementing Client #4's Behavior Support Plan. [See W193]  2. The QMRP failed to ensure that data was collected in the form and required frequency. [See W242]  3. The QMRP failed to ensure each client received continuous active treatment services. (See W249)	W 159	Please see answer to W193.  Please see answer to W252.  Please see answer to W249.	
W 193	483.430(e)(3) STAFF TRAINING PROGRAM	W 193		

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W 193	<p>Continued From page 6</p> <p>Staff must be able to demonstrate the skills and techniques necessary to administer interventions to manage the inappropriate behavior of clients.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record verification, the facility staff failed to demonstrate competency in the implementation of each client's Behavior Support Plan, for one of the six clients residing in the facility. (Client #4)</p> <p>The finding includes:</p> <p>On January 7, 2009, at 6:50 AM, Client #4 was observed tearing his t-shirt. Staff immediately instructed him to stop, which he did once the shirt was completely torn down the front. At 7:59 AM, Client #4 grabbed a plastic trash bag from a waste basket in the facility's office and began tearing it. A direct support staff person instructed him to stop, stop it but the client ignored the directive and continued tearing the bag. The staff then instructed Client #4 to place his hands on his head. The client complied immediately, released the bag and placed his hands on his head. At 9:30 AM, the Qualified Mental Retardation Professional (QMRP) confirmed that the tearing behavior was a longstanding targeted behavior in the client's Behavior Support Plan (BSP).</p> <p>On January 8, 2009, at 5:37 PM, review of Client #4's BSP dated February 13, 2008, revealed instructions on how staff should respond to the client during episodes of the tearing behaviors. The plan did not, however, include instructing the client to place his hands on his head.</p>	W 193	<p>An in-service training was done to retrain the staff on 01/24/09 and 01/25/09. Training included strategies, terminology and rules to follow BSP. Client # 4's BSP was discussed as mentioned in his program book. QMRP and Psychologist will do quarterly and as needed training to ensure proper implementation of BSP programs. All BSP program are reviewed and approved by DCHC / HRC. [See Attachment "B"]</p>	

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W 193	Continued From page 7 On January 9, 2009, at 9:17 AM, a follow-up interview with the QMRP confirmed that instructing Client #4 to place his hands on his head was not an approved strategy. If he ignored staff directives to stop tearing an item, staff were to instruct him to place his hands in his lap. This was verified through further review of the client's BSP on January 9, 2009. At 9:26 AM, review of staff in-service training records revealed that the staff person who was observed instructing the client to place his hands on his head had received training on the BSP on June 16, 2008. There was no evidence that the training had been effective.	W 193		
W-249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interview and record review, the facility failed to ensure Client #2 received continuous active treatment services.</p> <p>The finding includes:</p> <p>On January 7, 2009 beginning at 5:06 PM through 5:58 PM, Client #2 who was blind, was observed playing with an electronic game upstairs in Client #4's bedroom.</p> <p>Interview with the direct care staff at</p>	W 249		

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W 249	<p>Continued From page 8</p> <p>approximately 5:08 PM revealed Client #2's had program objectives that consisted of making simple purchases, identifying body parts, and using an AAC device that had recorded messages. Further interview with the direct care staff revealed that the device was to be used during his shift between 2:30 PM - 10:30 PM Monday through Friday. Interview with the facility's House Manager at 6:00 PM confirmed that Client #2 had a program that incorporated the use of an AAC device.</p> <p>Review of Client #2's Individual Program Plan (IPP) dated February 16, 2008 on January 8, 2009 at approximately 9:55 AM revealed a program that required the client to use an AAC device to express a message on 3 of 4 training for 3 consecutive months. (Document four (4) x week)</p> <p>Training Steps:</p> <ol style="list-style-type: none"> <li>1. Place the device in the client's lay.</li> <li>2. Place his fingers one of the three buttons. (One message should say, "I am going to the bathroom". The next message would say, "Thank you for the snack". The third message would say, "Would you dance with me please".</li> <li>3. Allow the client to fill where your hands are as you are placing his hands on the buttons.</li> <li>4. Work diligently with him to push the button at the right times.</li> </ol> <p>At the time of the survey, there was no evidence that staff implemented Client #2's program objective (using the AAC device) as required.</p>	W 249	<p>An in-service training was done on 01/16/09 to retrain staff on implementation of IPP objective, Active Treatment, staff duties, Data collection and Behavior support plans. QMRP will ensure proper implementation and documentation by providing quarterly &amp; as needed training and review with Direct Care Staff.</p> <p>[See Attachment "C"]</p>	
W 252	<p>483.440(e)(1) PROGRAM DOCUMENTATION</p> <p>Data relative to accomplishment of the criteria</p>	W 252		

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W 252	<p>Continued From page 9 specified in client individual program plan objectives must be documented in measurable terms.</p> <p>This STANDARD is not met as evidenced by: Based on observation, staff interview, and record review, the facility failed to ensure that each client's Individual Program Plan (IPP) data was documented accurately, for three of the three clients included in the sample. (Client #3)</p> <p>The finding includes:</p> <p>The facility failed to ensure that data had been collected in accordance with Client #2's IPP.</p> <p>On January 7, 2009 beginning at 5:06 PM through 5:58 PM, Client #2 who was blind, was observed playing with an electronic game upstairs in Client #4's bedroom. Interview with the direct care staff at approximately 5:08 PM revealed Client #2 had program objectives that consisted of making simple purchases, identifying body parts, and using an AAC device that had recorded messages. Further interview with the direct care staff revealed that the device was to be used during his shift between 2:30 PM - 10:30 PM Monday through Friday. Interview with the facility's House Manager at 6:00 PM confirmed that Client #2 had a program that incorporated the use of an AAC device.</p> <p>Review of Client #2's Individual Program Plan (IPP) dated February 16, 2008 at approximately 9:55 AM on January 8, 2009 revealed a program that required the client to use an AAC device to express a message on 3 of 4 training for 3</p>	W 252	<p>An in-service training was done on 01/16/09 to retrain staff on implementation of IPP objective, Active Treatment, staff duties, Data collection and Behavior support plans. QMRP will ensure proper implementation and documentation by providing quarterly &amp; as needed training and review with Direct Care Staff.</p> <p>[See Attachment "C"]</p>	
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W 252	Continued From page 10 consecutive months. (Document four (4) x week) Review of the data collection sheets on the same day at approximately 11:28 AM revealed no documentation from January 1, 2009 through January 3, 2009. Interview with the Qualified Mental Retardation Professional (QMRP) and Quality Assurance (QA) personnel on January 8, 2009 at 12:09 PM acknowledged that the data had not been collected for the month of January 2009 in accordance with the IPP.	W 252		

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD03-0081</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/09/2009</b>
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NAME OF PROVIDER (OR SUPPLIER)  <b>D C HEALTH CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>426 "Q" STREET, NW WASHINGTON, DC 20001</b>
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1000	<p><b>INITIAL COMMENTS</b></p> <p>A licensure survey was conducted from January 7, 2009 through January 9, 2009. The survey was initiated using the fundamental survey process. A random sample of three clients was selected from a resident population of six males with various disabilities. In addition, a focused review was conducted of a fourth client's behavior support needs. The findings of the survey were based on observations, interview with one client, interviews with staff in the home and at two day programs, as well as a review of client and administrative records, including incident reports.</p>	1000		
1091	<p><b>3504.2 HOUSEKEEPING</b></p> <p>Housekeeping and maintenance equipment shall be well constructed, properly maintained and appropriate to the function for which it is to be used.</p> <p>This Statute is not met as evidenced by: Based on observations and interview, the GHMRP failed to maintain the interior and exterior of the GHMRP in a in a safe, clean, orderly, attractive, and sanitary manner.</p> <p>The finding includes:</p> <p>The environmental inspection of the GHMRP was conducted on January 8, 2009 at approximately 2:39 PM revealed. The inspection revealed the bathroom located on the second level had posed a potential hazard. Interview with the Quality Assurance person acknowledged that the bathroom entry needed immediate attention.</p>	1091	<p>Second level bathroom entry has one step to get into the bathroom. A small riser will be placed to avoid any potential hazard. Bathroom work will be completed by 02/15/09.</p>	
1374	<p><b>3519.5 EMERGENCIES</b></p>	1374		

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Mumbatwan*

TITLE  
*Deputy Director / DCHC*

(X6) DATE  
*2/6/09*

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD03-0081	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  01/09/2009
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1374	<p>Continued From page 1</p> <p>After medical services have been secured, each GHMRP shall promptly notify the resident's guardian, his or her next of kin if the resident has no guardian, or the representative of the sponsoring agency of the resident's status as soon as possible, followed by written notice and documentation no later than forty-eight (48) hours after the incident.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that after medical services were secured, prompt notification of the resident's status would be made as soon as possible to the resident's guardian, his or her next of kin if the resident had no guardian, or the representative of the sponsoring agency, followed by written notice and documentation no later than forty-eight (48) hours after the incident, for one of the three residents (Resident #1) included in the sample.</p> <p>The finding include:</p> <p>On January 7, 2009 at approximately 9:40 AM during the entrance conference, interview with the Qualified Mental Retardation Professional (QMRP) revealed that Resident #2 had a court appointed guardian an involved family members.</p> <p>On January 8, 2009 at approximately 10:30 AM, review of Resident #2's medical book revealed a physician's note dated March 13, 2008. According to the note, a resident at the day program bit Resident #2 on the left shoulder. The physician noted two (2) small healing spots (abrasions).</p> <p>Interview with the QMRP on January 9, 2009 at approximately 10:25 AM revealed that the</p>	1374	<p>A formal incident report was done and filed from the day program since the incident happened at the day program. A nursing encounter form was sent home with the individual. Client # 2's guardian was notified but the formal incident report was not written to avoid redundant reporting. DCHC Program Manager and QMRP will ensure that any incident irrelevant to the location will be reported to all agencies as per the policy. An in-service training for the QMRP was done by the Program Manager and IM coordinator on 01/10/09 on how to "follow IM policy". [See Attachment 'A']</p>		

Health Regulation Administration

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NAME OF PROVIDER OR SUPPLIER  D C HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 428 "Q" STREET, NW WASHINGTON, DC 20001
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1374	<p>Continued From page 2</p> <p>notification to Resident #2's guardian was made following the incident. However, there was no documented evidence in the records that the guardian was notified of the March 11, 2008 bite incident.</p> <p>Note: A phone message was left on Resident #2's guardian telephone on January 9, 2009 to verify notification of the bite incident.</p>	1374		
1379	<p>3519.10 EMERGENCIES</p> <p>In addition to the reporting requirement in 3519.5, each GHRMP shall notify the Department of Health, Health Facilities Division of any other unusual incident or event which substantially interferes with a resident's health, welfare, living arrangement, well being or in any other way places the resident at risk. Such notification shall be made by telephone immediately and shall be followed up by written notification within twenty-four (24) hours or the next work day.</p> <p>This Statute is not met as evidenced by: The finding includes:</p> <p>Interview with the facility's Qualified Mental Retardation Professional (QMRP) and review of the GHRMP's incidents reports on January 7, 2009 at approximately 10:25 AM revealed there were no incidents since April 2008.</p> <p>On January 8, 2009 at approximately 10:30 AM, review of Resident #2's medical book revealed a physician's note dated March 13, 2008. According to the note, a client at the day program bit Resident #2 on the left shoulder. The physician noted two (2) small healing spots</p>	1379	<p>A formal incident report was done and filed from the day program since the incident happened at the day program. A nursing encounter form was sent home with the individual. Client # 2's guardian was notified but the formal incident report was not written to avoid redundant reporting. DCHC Program Manager and QMRP will ensure that any incident irrelevant to the location will be reported to all agencies as per the policy. An in-service training for the QMRP was done by the Program Manager and IM coordinator on 01/10/09 on how to "follow IM policy". [See Attachment 'A']</p>	

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I 379	Continued From page 3  (abrasions). Further record review revealed a "Nursing Encounter Form" signed by the day program's nurse on March 11, 2008. The form indicated that Resident #2 was seen in the health office because another resident came over to where the client was sitting and bit him on the left shoulder.  Interview with the QMRP on January 9, 2009 at approximately 10:25 AM revealed that the facility did not complete an unusual incident report and/or investigate the incident. Further interview with the QMRP revealed that the incident was not report to the Department of Health.	I 379		