

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0035	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/03/2011
NAME OF PROVIDER OR SUPPLIER INDIVIDUAL DEVELOPMENT, INC.		STREET ADDRESS, CITY, STATE, ZIP CODE 431 53RD STREET, SE WASHINGTON, DC 20019		
(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
1000	<p>INITIAL COMMENTS</p> <p>On May 26, 2011, at approximately 9:35 a.m., the Department of Health, Health Regulation and Licensing Administration (HRLA) received an unusual incident report dated May 25, 2011, via facsimile. The incident report revealed that the director of residential services (DRS) received a phone call on May 25, 2011, at approximately 2:39 p.m., from an on-call staff, indicating that Staff #1 was sexually abusing Resident #1. The report documented that the alleged abuser, Staff #1, was rumored to have confessed to abusing the individual. Staff #2 reported that a staff person, whose name she could not remember, also heard Staff #1 moaning in a closed bathroom with Resident #1. Staff #2 further reported that when she worked in the facility three weeks prior to the alleged incident, she observed Staff #1 "touch" Resident #1's buttock during a transfer and repeatedly told her to "come on baby".</p> <p>On May 26, 2011, at approximately 2:45 p.m., a HRLA surveyor initiated an onsite investigation to verify compliance with the basic standards of practice and ICFD regulatory requirements in governing body and client protections due to the nature of this allegation.</p> <p>The findings of the investigation were based on interviews with direct care staff, nursing and administrative staff, and review of client, administrative, and personnel records, including an investigation report. As a result of the findings, a determination was made that the facility was in compliance with local licensure requirements.</p>	1000	<p>JUL - 5 2011 Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002</p>	

Health Regulation & Licensing Administration

Tiffany A. Smith Director of Residential Services

(X6) DATE

6/27/11

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

PRINTED: 06/15/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G123	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/03/2011
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W 000	<p>INITIAL COMMENTS</p> <p>On May 26, 2011, at approximately 9:35 a.m., the Department of Health, Health Regulation and Licensing Administration (HRLA) received an unusual incident report dated May 25, 2011, via facsimile. The incident report revealed that the director of residential services (DRS) received a phone call on May 25, 2011, at approximately 2:39 p.m., from an on-call staff, indicating that Staff #1 was sexually abusing Client #1. The report documented that the alleged abuser, Staff #1, was rumored to have confessed to abusing the individual. Staff #2 reported that a staff person, whose name she could not remember, also heard Staff #1 moaning in a closed bathroom with Client #1. Staff #2 further reported that when she worked in the facility three weeks prior to the alleged incident, she observed Staff #1 "touch" Client #1's buttock during a transfer and repeatedly told her to "come on baby".</p> <p>On May 26, 2011, at approximately 2:45 p.m., a HRLA surveyor initiated an onsite investigation to verify compliance with the basic standards of practice and ICFD regulatory requirements in governing body and client protections due to the nature of this allegation.</p> <p>The findings of the investigation were based on interviews with direct care staff, nursing and administrative staff, and review of client, administrative, and personnel records, including an investigation report. As a result of the findings, a determination was made that the facility was in compliance in the Condition of Participation requirements in Governing Body and Client Protections. However, standard level</p>	W 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE 6/27/11

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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W 000	Continued From page 1	W 000	W149	5/26/11
W 149	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to implement their written policies and procedures that prohibit mistreatment, neglect or abuse for, one of one client in the investigation. (Client #1) The finding includes: On May 26, 2011, at approximately 9:35 a.m., the Department of Health, Health Regulation and Licensing Administration (HRLA) received an unusual incident report dated May 25, 2011, via facsimile. The incident report revealed that the director of residential services (DRS) received a phone call on May 25, 2011, at approximately 2:39 p.m., from an on call staff, indicating that Staff #1 was sexually abusing Client #1. The report documented that the alleged abuser, Staff #1, was rumored to have confessed to abusing the individual. Staff #2 reported that a staff person, whose name she could not remember, also heard Staff #1 moaning in a closed bathroom with Client #1. Staff #2 further reported that when she worked in the facility three weeks prior to the alleged incident, she observed Staff #1 "touch" Client #1's buttock during a transfer and repeatedly told her to "come on baby".	W 149 This Standard will be met as evidenced by: 1. Staff #2 misrepresented her training status during the interview process. Review of Training Department record showed that she was trained on abuse and neglect and incident reporting on July 13, 2010. Refresher training was provided to staff #2 and all other staff in the home on 5/26/11. QDDP/RD/Training Department will ensure that on call staff training record is on file at the home site prior to being place on the schedule.	On-going	

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W 149	<p>Continued From page 2</p> <p>Interview with the Qualified Intellectual Disabilities Professional (QIDP) on May 26, 2011, at 3:45 p.m., and the house manager (HM) on May 31, 2011, at 10:32 a.m., revealed that they were not made aware of Staff #2's allegation made against Staff #1 approximately four weeks ago. Further interview indicated that the staff was required to report and write an incident report for all allegations abuse, neglect, and mistreatment.</p> <p>Interview with Staff #2 on June 3, 2011, at 12:05 p.m., revealed that she was an on-call staff for the entire agency. Further interview revealed that approximately four (4) weeks ago, she observed Staff #1 place one hand on Client #1's buttock and one hand on her waist during a transfer. Staff #2 stated that she felt this transfer was inappropriate. When asked if she had reported this inappropriate behavior to anyone, she replied "no".</p> <p>Review of the facility's incident management policy on June 3, 2011, at approximately 12:35 p.m., revealed any person who witnesses, discovers or is informed of a Serious Reportable Incident (SRI), must immediately verbally report the incident to their immediate supervisor/manager on duty. Further review of the policy revealed that an SRI is identified as psychological and/or verbal abuse, physical abuse, sexual abuse, mistreatment, exploitation, and neglect.</p> <p>At the time of the investigation, there was no evidence the facility's staff implemented its established policy on mistreatment, neglect and abuse to ensure all clients were safe from harm.</p>	W 149	

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W 156	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS</p> <p>The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure a required investigation of an allegations of sexual abuse was reviewed by the administrator within five working days, for one of one client in the investigation (Client #1)</p> <p>The finding includes:</p> <p>Cross Refer to W149. On May 26, 2011, at approximately 9:35 a.m., the Department of Health, Health Regulation and Licensing Administration (HRLA) received an unusual incident report dated May 25, 2011. The report documented an allegation of abuse involving Client #1 that occurred approximately four weeks prior to HRLA being notified.</p> <p>Review of the corresponding investigative report dated June 2, 2011, revealed that the investigation was initiated on May 25, 2011, and the results were submitted to the administrator on June 2, 2011. However, as of June 3, 2011, at approximately 12:45 p.m., the administrator had not reviewed the results of the investigation.</p> <p>On June 3, 2011, at approximately 11:00 a.m., a telephone interview was conducted with the facility incident management coordinator (IMC). The IMC indicated that the administrator had not</p>	W 156	<p>W156</p> <p>Interview with DRS indicated that IDI Incident Management Coordinator did not provide timely summary of investigation. The Incident Management Coordinator will receive a refresher training on timely submission of investigation summaries. COO/DRS will conduct routine monitoring of incidents record to ensure incident manager follow policy as outlined</p> <p>7/1/11 On-going</p>

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W 156	Continued From page 4 reviewed and signed off on the results of the investigation.	W 156		
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 interview, and record review, the Qualified Intellectual Disabilities Professional (QIDP) failed to monitor, integrate, and coordinate the health and safety needs, for one of one client in the investigation. (Client #1) The findings include: Cross Refer to W189. The QIDP failed to ensure that Staff #2 received effective training that included implementation of the incident management policy.	W 159	W159 This Standard will be met as evidenced by: Cross Reference W149	5/26/11 On-going
W 189	483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that each employee was provided with effective training that enabled the employee to perform his or her duties effectively, efficiently, and competently for one of one client in the investigation. (Client #1)	W 189	W189 This Standard will be met as evidenced by: Cross Reference W149 QDDP/RD/Incident Manager will continue to conduct routine staff training to ensure compliance with incident management policies and procedures.	5/26/11 On-going

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W 189	Continued From page 5 The findings include: Cross Refer to W149: The Qualified Intellectual Disabilities professional (QIDP) failed to ensure that Staff #2 received effective training that included implementation of the incident management policy (IMP). Interview with Staff #2 on June 3, 2011, at approximately 12:10 p.m., revealed she had not received any training at the facility on the facility's IMP prior to the training on May 26, 2011.	W 189			