

Received 6/2/09

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD13-9042	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/08/2009
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NAME OF PROVIDER OR SUPPLIER WARD & WARD	STREET ADDRESS, CITY, STATE, ZIP CODE 807 FERN PL, NW WASHINGTON, DC 20012
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1 000	INITIAL COMMENTS A licensure survey was conducted on April 8, 2009. A random sample of two residents was selected from a resident population of three males with various degrees of disabilities. The findings of this survey were based on observations at the group home, interviews with the direct care staff and the administrative staff, as well as a review of clinical and administrative records, including incident reports.	1 000		
1 043	3502.2(c) MEAL SERVICE / DINING AREAS Modified diets shall be as follows: (c) Reviewed at least quarterly by a dietitian. This Statute is not met as evidenced by: Based on interview and record review, the GMRP failed to ensure that the resident with a modified diet had been reviewed at least quarterly by the consulting dietitian for one of the two residents (Resident #2) included in the sample. The finding includes: Interview with the Qualified Mental Retardation Professional (QMRP) on April 8, 2008 at on 10:58 AM revealed Resident #2 received medical waiver services. Review of Resident #2's medical record on the aforementioned date at 12:41 PM revealed a Medicaid Waiver authorization for nutritional services. Review of the authorization revealed a recommendation for Resident #2 to be assessed by a nutritionist with services to start on June 29, 2008. It should be noted that there was no documented evidence of a quarterly review until December 17, 2008.	1 043	WARD & WARD has identified a new nutritionist, as the previous nutritionist was non-responsive. Nutritionist will perform an initial assessment, the quarterly updates and provide staff training annually or as indicated. Additionally the nursing staff will provide oversight and contact nutritionist	5/31/09

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

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1045	Continued From page 1 At the time of the survey, the GHMRP failed to show evidence that a dietitian or nutritionist had reviewed Resident #2's modified diet as recommended.	1045	<i>When updates are due, also ensure that the physician order, menu and nutrition consult are coordinated.</i>	5/31/09
1203	3509.3 PERSONNEL POLICIES Each supervisor shall discuss the contents of job descriptions with each employee at the beginning employment and at least annually thereafter. This Statute is not met as evidenced by: Based on record review, the GHMRP failed to ensure that each employee's job descriptions had been updated and reviewed for three of the seven records reviewed. The findings include: Review of the personnel records on April 8, 2009 revealed the GHMRP failed to provide evidence of a current job description for three direct care staff. This is a repeat deficiency.	1203		
1206	3509.6 PERSONNEL POLICIES Each employee, prior to employment and annually thereafter, shall provide a physician's certification that a health inventory has been performed and that the employee's health status would allow him or her to perform the required duties. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that each employee,	1206		

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I 043	Continued From page 1 At the time of the survey, the GHMRP failed to show evidence that a dietitian or nutritionist had reviewed Resident #2's modified diet as recommended.	1043	Provide oversight and contact _____ when the updates are due, also ensure that the physician order, menu and nutrition consult are coordinated.	5-31-09
I 203	3509.3 PERSONNEL POLICIES Each supervisor shall discuss the contents of job descriptions with each employee at the beginning employment and at least annually thereafter. This Statute is not met as evidenced by: Based on record review, the GHMRP failed to ensure that each employee's job descriptions had been updated and reviewed for three of the seven records reviewed. The findings include: Review of the personnel records on April 8, 2009 revealed the GHMRP failed to provide evidence of a current job description for three direct care staff. This is a repeat deficiency.	1203	1203. Please find attached signed job descriptions for the staff at 807. Additionally QMRP's will monitor staff folders quarterly to ensure all documents are current.	
I 206	3509.6 PERSONNEL POLICIES Each employee, prior to employment and annually thereafter, shall provide a physician's certification that a health inventory has been performed and that the employee's health status would allow him or her to perform the required duties. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that each employee,	1206	1206. Please find attached 4 current health certificates that were in staff's folders	

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1206	Continued From page 2 prior to employment and annually thereafter, provided evidence of a physician's certification that documented a health inventory had been performed and that the employee's health status would allow him or her to perform the required duties for six of the seven records reviewed. The findings include: Interview with the House Manager, (HM) on April 8, 2009, at 8:30 AM revealed the personnel records were kept at the main office. The HM ensured the surveyor that she would obtain the records requested and bring them back to the facility. At 6:21 PM, review of the personnel records revealed that the GHMRP failed to provide evidence that current health certificates were on file for six direct care staff. This is a repeat deficiency from the survey conducted on February 27, 2009. <i>2008</i> 	1206	1206 cont. and 3 memo's request- ing staff obtain health certificates within 15 days. Additionally QMRP's will monitor folders quarterly to ensure current certifications.	5/31/09
1261	3512.2 RECORDKEEPING: GENERAL PROVISIONS Each record shall be kept in a centralized file and made available at all times for inspection and review by personnel of authorized regulatory agencies. This Statute is not met as evidenced by: Based on interview and record review the GHMRP failed to ensure records were available for inspection at all times by personnel of authorized regulatory agencies. The findings include: 1. On April 8, 2009, at approximately 8:30 AM a request was made to review personnel records	1261	#1. Upon review of the personnel records all of the staff assigned to 807 fern folders were presented. The five nursing person- el folders are main- tained at the main	

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1261	<p>Continued From page 3</p> <p>for all employees and consultants employed by the GHMRP. Review of the personnel records on the aforementioned date revealed records were not available for two direct care staff and five of the facility's nursing staff.</p> <p>Interview with the House Manager, (HM) at approximately 6:30 PM was conducted to verify that personnel records was requested for the facility's nursing staff. At the time of the survey, the GHMRP failed to provide evidence of personnel records for their nursing staff and two direct care staff</p> <p>2. Observation on April 8, 2009, at 8:14 AM revealed Resident #1 walking with an unsteady gait. Continued observation revealed a direct care staff walking in front of the resident holding both of his hands and escorting him to the facility's van. Interview conducted with the direct care staff revealed he had been trained to escort the resident walking in front of him to ensure his safety.</p> <p>Interview with the facility's Qualified Mental Retardation Professional (QMRP) on April 8, 2009, at 10:20 AM revealed Resident #1 received medical waiver services. Continued interview with the QMRP and review of the resident's habilitation record on the aforementioned date revealed a medical waiver authorization. Review of the authorization revealed a recommendation for Resident #1 to be assessed by a physical therapy with a start date of September 17, 2008.</p> <p>At 10:45 AM, the QMRP was overheard talking to someone, via telephone inquiring if a physical</p>	1261	<p>Physical Therapist Came to 807 on 5-13-09 to perform a P.T. assessment. Additionally in the future the QMRP will f/u with the DDS Service Coordinator monthly on any outstanding assessments or recommendations</p>	5/13/09

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I 261	Continued From page 4 therapy assessment had been completed for Resident #1. According to the QMRP, he was talking to the resident's Service Coordinator (SC) who informed him that the assessment was completed in 2008, (date unknown) with recommendations to include stretching exercises and for Resident #1 to use a walker. It should be noted that the QMRP proceeded to scan the resident's record for the physical therapy assessment, however, at 11:44 AM, the QMRP verified that there was no evidence of a physical therapy assessment. At the time of the survey, Resident #1's physical therapy assessment was not available for review. 3. Observation on April 8, 2009, at 8:14 AM revealed Resident #2 sitting at the dining room table eating his breakfast. The resident was observed to be obese. Resident #2's medical record was reviewed on the aforementioned date at 12:41 PM. Review of the resident's medical record on the aforementioned date revealed a medicaid waiver authorization. Review of the authorization revealed a recommendation for Resident #2 to be assessed by a nutritionist with a start date of June 29, 2008. Further review of the record revealed no evidence of a nutritional assessment. Interview with one of the facility's Licensed Practical Nurse (LPN) was conducted to ascertain information regarding the nutrition assessment for Resident #2. According to the nurse, the resident's records had been purged, and she would check the purged records for the assessment. At 4:43 PM, the LPN indicated that she was unable to find the assessment. At the time of the survey, Resident #2's nutritional	I 261		

1261 #3 - See Tag # 1043. 5/31/09

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1281	Continued From page 6 assessment was not available for review.	1281		
1401	<p>3520.3 PROFESSION SERVICES: GENERAL PROVISIONS</p> <p>Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to provide professional services that included both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident, for two of two residents (Residents #1 and #2) included in the sample.</p> <p>The findings include:</p> <ol style="list-style-type: none"> [Cross Refer to 0410] The GHMRP failed to ensure that Resident #1 was assessed by a physical therapist as recommended in his medical waiver authorization. Review of the waiver document revealed services was scheduled to start on September 17, 2008. [Cross Refer to 0410] The GHMRP failed to ensure that Resident #2's nutritional assessment had been completed as recommended in his in his medical waiver authorization for services to start on June 29, 2008. Interview with the Qualified Mental Retardation Professional (QMRP) on April 8, 2009, at 10:56 	1401	<p>#3 Please find attached Quarterly progress report from Speech and Language Pathologist dated 3/09. Additionally, Pathologist signs the sign-in book upon entering the facility for his sessions.</p>	5/15/09

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I 401	Continued From page 6 AM revealed Resident #2 received medicaid waiver services. Review of the resident's habilitation record on the aforementioned date revealed a medicaid waiver authorization for speech/hearing/language for four hours initially and four hours to follow. At the time of the survey, there was no documented evidence that Resident #2 had been initially evaluated by a speech therapist.	I 401		
I 404	3520.6 PROFESSION SERVICES: GENERAL PROVISIONS Each professional service provider shall assist, as appropriate, each other person who is working with a resident in the GHMRP so that relevant professional instructions can be implemented through-out the resident ' s programs and daily activities. This Statute is not met as evidenced by: Based on staff interview and record review, the GHMRP failed to ensure that all staff working with residents received relevant professional instructions to ensure correct implementation for appropriate nutrition interventions for one of the three residents (Resident #2) included in the sample. The finding includes: Observation on April 8, 2009, at 8:14 AM revealed Resident #2 sitting at the dinning room table eating his breakfast. The resident was observed to be obese. Interview with the direct care staff on April 8, 2009, at 2:20 PM revealed a dietician was in the facility approximately two weeks ago, however, the staff acknowledged that training was not	I 404	See Tag # 1043.	5/31/09

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I 404	<p>Continued From page 7</p> <p>documented. Continued interview with the staff and review of the facility's menus revealed Resident #2 was on a 1500 kcal diet. The staff revealed the resident experiences hunger after he eats and wants to make a sandwich. According to the staff, the dietician instructed them (two staff on duty) to give the resident two slices of bread instead of one, and to give him a glass of water and a glass of milk so that he would be filled. The staff indicated that the dietician commented that Resident #2 needs to be on a 2000 kcal diet, but she had to talk to the nursing staff first.</p> <p>Review of the resident's medical record on April 8, 2009, revealed a physician's order dated April 2009. According to the physician's order, Resident #2 had been prescribed a 1800 kcal diet with a start date of July 26, 2006. Continued review of the resident's medical record revealed a monthly vital signs and weight sheet for 2009. The weights documented for January 2009 revealed the resident weighed 156 pounds, in February 2009, 167 pounds and in March 2009 174 pounds. A nutritional quarterly dated December 17, 2008 revealed the emphasis for the need for Resident #2 to follow a "1800 kcal diet pattern and to monitor his activities so that he does not get extra food items." The nutritionist indicated that she would monitor his weight, labs, intake and make appropriate nutrition intervention recommendations.</p> <p>At the time of survey, the facility failed to ensure that the nutritionist assisted staff with instructions to follow Resident #2's prescribed diet and/or recommendations to make necessary changes to meet Resident #2's dietary needs.</p>	I 404			

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I 410	Continued From page 8	I 410		
I 410	<p>3520.11 PROFESSION SERVICES: GENERAL PROVISIONS</p> <p>Each GHMRP shall ensure that when another agency assumes responsibility for services to a resident, a summary of the appropriate record is forwarded to that agency.</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record review the GHMRP failed to ensure the initial physical therapy assessment and the initial nutritional assessment was forwarded to the residence for two of the two residents (Residents #1 and #2) included in the sample respectively.</p> <p>The findings include:</p> <p>1. Observation on April 8, 2009, at 8:14 AM revealed Resident #1 walking with an unsteady gait. Continued observation revealed a direct care staff walking in front of the resident holding both of his hands and escorting him to the facility's van. Interview conducted with the direct care staff revealed he had been trained to escort the resident walking in front of him to ensure his safety.</p> <p>Interview with the facility's Qualified Mental Retardation Professional (QMRP) on April 8, 2009, at 10:20 AM revealed Resident #1 received medicaid waiver services. Continued interview with the QMRP and review of the resident's habilitation record on the aforementioned date revealed a medicaid waiver authorization. Review of the authorization revealed a recommendation for Resident #1 to be assessed by a physical therapy with a start date of September 17, 2008.</p>	I 410 #1	See Tag #1261 #2.	5/13/09

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I 410	<p>Continued From page 9</p> <p>At 10:45 AM, the QMRP was overheard talking to someone, via telephone inquiring if a physical therapy assessment had been completed for Resident #1. According to the QMRP, he was talking to the resident's Service Coordinator (SC) who informed him that the assessment was completed in 2008, (date unknown) with recommendations to include stretching exercises and for Resident #1 to use a walker. It should be noted that the QMRP proceeded to scan the resident's record for the physical therapy assessment, however, at 11:44 AM, the QMRP verified that there was no evidence of a physical therapy assessment.</p> <p>At the time of the survey, there was no documented evidence of the summary of a physical therapy assessment for Resident #1.</p> <p>2. Observation on April 8, 2009, at 8:14 AM revealed Resident #2 sitting at the dining room table eating his breakfast. The resident was observed to be obese. Resident #2's medical record was reviewed on the aforementioned date at 12:41 PM. Review of the resident's medical record on the aforementioned date revealed a medicaid waiver authorization. Review of the authorization revealed a recommendation for Resident #2 to be assessed by a nutritionist with a start date of June 29, 2008. Further review of the record revealed no evidence of a nutritional assessment.</p> <p>Interview with one of the facility's Licensed Practical Nurse (LPN) was conducted to ascertain information regarding the nutrition assessment for Resident #2. According to the nurse, the resident's records had been purged, and she would check the purged records for the assessment. At 4:43 PM, the LPN indicated that</p>	I 410	<p>See Tag # 1043.</p>	<p>to 5/31/09</p>

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I 410	Continued From page 10 she was unable to find the assessment. At the time of the survey, there was no documented evidence of a nutritional assessment summary for Resident #2.	I 410			