PRINTED: 08/23/2008
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	09G094		08/07/08 08/07/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARECO 05	6934 9TH STREET, NW WASHINGTON, DC 20012

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS	W 000		
	A recertification survey was conducted from August 6, 2008 through August 7, 2008. The survey was initiated using the full survey process. A random sample of two clients was selected from a population of three male clients with moderate mental retardation and other various disabilities. The findings of the survey were based on observations at the group home and two day programs, interviews with clients and staff, and the review of clinical and administrative records including incident reports.		Received 9/2/08 GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002	
W 114	483.410(c)(4) CLIENT RECORDS Any individual who makes an entry in a client's record must make it legibly, date it, and sign it. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that all personnel making entries into the clients records were signed for one of the two clients included in the sample. (Client #1) The finding includes: The facility's Registered Nurse (RN) failed to sign Client #1's quarterly reviews. Interview with the facility's Licensed Practical Nurse (LPN) on August 6, 2008 at approximately 3:00 PM revealed that the RN completed quarterly nursing examinations. Review of the Client #1's medical record revealed two nursing quarterly reviews, completed on February 22, 2008 and May 22, 2008 that were not signed.	W 114	The QMRP will ensure that the RN Supervisor signs all nursing quarterly reviews. 10/2/08	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	DATE
Marsha H. Thompson	Director of Disability Svcs	9/2/08

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 120	483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that outside services met the needs of one of the two clients included in the sample. (Client #1) The finding includes: On August 6, 2008 at 8:20 PM, Client #1 was observed taking a brown bag lunch to his day program. Interview with the direct care staff indicated that the client was on a "special diet." Upon request, the direct care staff provided a diet plan for Client #1. The diet plan revealed a fluid restriction protocol. The protocol consisted of a 1500 cc fluid restriction. On August 6, 2008 at approximately 12:10 PM, Client #1 was observed having lunch and drinking a 16.9 ounce bottle of water. Interview with the Qualified Mental Retardation Professional (QMRP) and Licensed Practical Nurse (LPN) Coordinator on August 7, 2008 at approximately 10:00 AM revealed that the client was on a 1800 calorie, low sodium, fluid restriction diet. Review of the current physician orders revealed a diet order of 1800 calorie, low fat, low cholesterol, low sodium, low fiber, and a 1500 cc fluid restriction diet. The 1500 cc fluid restriction for Client #1 should be provided as follows:	W 120	The QMRP will train the day program staff on the client's fluid restrictions and monitor implementation.	10/2/08

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W 120	Continued From page 2 During breakfast, lunch and dinner, Client #1 should receive two, four ounces of liquids (8 ounces); During medication administration (three times per day), Client #1 should receive four ounces of water (12 ounces); and During snack time, Client #1 should receive four ounces of fluid. There was no evidence that the day program staff implemented Client #1's fluid restriction protocol as ordered.	W 120	
W 124	483.420(a)(2) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment. This STANDARD is not met as evidenced by: Based on observation, staff interview, and record review, the facility failed to establish a system that would ensure clients that were informed of their risks and benefits of their medication for two of the two clients in the sample. (Clients #1 and #2) The findings include: 1. During the entrance conference on August 6, 2008 at 8:30 AM, the House Manager revealed that Client #1 received psychotropic medications	W 124	1. The QMRP will ensure that the client's brother provides written, informed consent for any medical treatments recommended prior to such treatments being implemented. 10/2/08

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W 124	Continued From page 3 for behavioral management. At 4:40 PM, during the medication observation, Client #1 was observed receiving Buspar 10 mg and Risperdal 3 mg. Review of the client's current physician orders revealed that the client received Buspar three times per day, Risperdal twice a day, Atarax 100 mg and Xanax 3 mg at bedtime. Further record verification indicated that the medication was incorporated into the client Behavior Support Plan (BSP) dated June 7, 2008 to address targeted behaviors that included verbal and physical aggression, non-compliance, absconding, stuffing, loud talking and behaviorally motivated wetting. Interview with the QMRP on August 6, 2008 at approximately 10:00 AM revealed that Client #1's brother was very involved in his life but was not the client's legal guardian. Review of the client's psychological assessment at 1:21 PM revealed that the client did not have the ability to make decisions on his own behalf regarding habilitation planning, residential placement, finances, treatment and medical matters. There was a psychotropic medication consent in the client's record dated November 1, 2007. The consent idenitifed the following medications and dosages: - Xanax XR 3 mg QHs; - Buspar 5 mg BID; - Risperdal 1 mg QAM and 3 mg QPM; and - Atarax 100 mg QHs. There was no documented evidence that the client's brother was made aware of the increased psychotropic medication dosages.	W 124		

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W 124	Continued F orn page 4 2. Client #2 ras observed during the evening medication p ass on August 6, 2008 at 4:48 PM and was adr inistered Ativan 1 mg and Risperdal 1 mg. Revie of the client current physician's orders revea ed that the client was prescribed Ativan three imes per day and Risperdal twice a day. Intervis w with the medication nurse at approximate 5:00 PM revealed that the client was prescrib ed these medications for behavioral managemen . Further interview with the LPN revealed tha the medications were incorporated into Client #2 s BSP dated February 11, 2008, to address targ eted behaviors that included Verbal aggression, on-compliance, obsconding and behavioral w ett ng behaviors. Interview wit the QMRP on August 6, 2008 at 10:00 AM re ealed that Client #2's mother was involved in h s life but was not the client's legal guardians. F eview of the Client #2's, psychologica assessment dated July 7, 2007, revealed tha the client did not have the ability to make decisic ns on his behalf regarding habilitation p anning, residential placement, finances, tre tment and medical matters. There was no docu nented evidence that the facility informed Clie nt #2's mother of the health benefits and risks of t eatment associated with the use of his psychotro pic medications and corresponding BSP. 3. Review of the control substances medications on August 6, 2008 at 5:10 PM revealed two Ativan 2 mg ills in a blister package for Client #2. Record verifi ation revealed a current and continuing pr ysician's order dated May 29, 2008 which stated orazepam (Ativan) 2 mg (2 tab) take one tabl t now, if not calm in one hour,	W 124	2. See response to #1 above. 3. See response to # 1 above.	10/2/08 10/2/08

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W 124	Continued From page 5 repeat one time for anxiety. Interview with the designated nurse (LPN) on August 7, 2008 at approximately 10:00 AM revealed that the medication was only given after consulting with the Psychiatrist. Review of the medical records to include physician orders on the same day revealed that the medication was prescribed and given twice on March 25, 2008 and May 29, 2008 respectively. Interview with the QMRP and record verification revealed there was no documented evidence that the facility informed Client #2's mother of the health benefits and risks of treatment associated with the use of Ativan on an as need basis.	W 124		
W 140	483.420(b)(1)(i) CLIENT FINANCES The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. This STANDARD is not met as evidenced by: Based on interview and the record review, the facility failed to provide evidence that assured a system had been established that maintained a complete accounting of each clients' personal funds, for one of the two clients included in the sample. (Client #2) The finding includes: Interview with the Qualified Mental Retardation Professional (QMRP) and review of the facility's financial records on August 7, 2008, at approximately 11:00 AM revealed that the facility assisted Client #2 with maintaining his finances.	W 140	The QMRP will maintain receipts and other proofs that justify the client's expenditures from his community account.	10/2/08

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W 140	Continued From page 6 Continued interview and record review revealed that the client received Supplemental Security Income (SSI) in the amount of $70.00 monthly. Further review of the client's record revealed a withdrawal in the amount of $30.00 on April 3, 2008. At the time of the survey, the facility failed to provide evidence that justified the withdrawals from Client #2's personal account.	W 140		
W 192	483.430(e)(2) STAFF TRAINING PROGRAM For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs. This STANDARD is not met as evidenced by: Based on observation, staff interview and record verification, the facility failed to demonstrate competency in implementing clients water fluid restriction for one of the two clients included in the sample. (Client #1) The finding includes: On August 6, 2008 at 8:20 PM, Client #1 was observed taking a brown bag lunch to his day program. Interview with the direct care staff indicated that the client was on a "special diet." Upon request, the direct care staff provided a diet plan for Client #1. The diet plan revealed a fluid restriction protocol. The protocol consisted of a 1500 cc fluid restriction. On August 6, 2008 at approximately 12:10 PM, Client #1 was observed having lunch and drinking a 16.9 ounce bottle of water. Interview with the Qualified Mental Retardation Professional (QMRP) and Licensed Practical	W 192	See response to W 120 above.	10/2/08

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W 192	Continued From page 7 Nurse (LPN) Coordinator on August 7, 2008 at approximately 10:00 AM revealed that the client was on a 1800 calorie, low sodium, fluid restriction diet. Review of the current physician orders revealed a diet order of 1800 calorie, low fat, low cholesterol, low sodium, low fiber, and a 1500 cc fluid restriction diet. The 1500 cc fluid restriction for Client #1 should be provided as follows: During breakfast, lunch and dinner, Client #1 should receive two, four ounces of liquids (8 ounces); During medication administration (three times per day), Client #1 should receive four ounces of water (12 ounces); and During snack time, Client #1 should receive four ounces of fluid. There was no evidence that the day program staff implemented Client #1's fluid restriction protocol as ordered.	W 192		
W 227	483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on observation, client and staff, interview and record review, the facility failed to ensure that an objective was developed to address clients money management training need as identified in	W 227	The QMRP will develop and implement a money management program for the client.	10/2/08

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W 227	Continued From page 8 the comprehensive assessment for one of the two clients included in the sample. (Client #1) The finding includes: On August 6, 2008 at 7:45 AM, Client #1 informed the surveyor that he performed janitorial task at his day program and received a payroll check. Later on the same day, at 4:00 PM, Client #1 was observed taking a dollar from his pocket, and indicated that his cousin gave him the money. Interview with the Qualified Mental Retardation Professional (QMRP) on August 7, 2008 at approximately 3:00 PM revealed that Client #1 received a stipend check from his day program. Further interview with the QMRP indicated that the check is taken to the corporate office and deposited by the company's finance department. Review of the money skills assessment dated November 27, 2007 indicated that the client would benefit from money management training (purchasing program). The client's IPs, reviewed on August 7, 2008 did not reflect a "purchasing program" objective.	W 227		
W 249	483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.	W 249		

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W 249	Continued From page 9 This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that as soon as the interdisciplinary team formulated client's individual program plan, each client received continuous active treatment services, in sufficient number and frequency to support the achievement of the objectives identified in the Individual Program Plan (IPP), for two of the two clients in the facility. (Clients #1 and #2) The findings include: 1. The facility failed to ensure clients participated in their self-medication administration training programs fas evidenced below: During the medication administration observation on August 6, 2008 at 4:40 PM, the medication nurse was observed to punch Client #1's medication from the blister package, pour the water, give the medication cup and water to the client. The medication nurse was overheard identifing the medications (Buspar) asking the client what was the medication used. The client replied, "for my behaviors." The client was observed to independently consumer the medication. Interview with the medication nurse indicated that the client participated in a self medication program to name his medication. Interview with the Licensed Practical Nurse (LPN) Coordinator on August 7, 2008 indicated that Client #1 participates in a self medication program, to name the vitamin pill, three times per week. Review of the client's Individual Program Plan (IPP), however revealed an objective which stated, "[the client] will participate in medication administration by completing the steps necessary to take his medication." The training steps were	W 249	1. The QMRP will ensure that the medication nurses, LPN Coordinator and RN Supervisor are made aware of and trained on correct implementation of the client's self-medication program.	10/2/08

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W 249	Continued From page 10 as followed: - client aware of the time for medication pass; - washes hands thoroughly - client gets cup of water; - identifies own medication; - removes correct dosage from container; and - placed medication in mouth. There was no evidence that the medication nurse provided training to the Client #1 that addressed the objective 2. During the dinner observation on August 6, 2008 at approximately 6:00 PM, Client #2 was observed with dentures on. Interview with the staff on August 6, 2008 at approximately 4:22 PM revealed that the client had a program to take care of his dentures. Review of Client #2's IPP on August 7, 2008 at 11:45AM revealed a program for the client to complete the steps necessary in maintain his dentures. The program was implemented five days per week and according to the house manager was to be documented five days per week. Review of the August 2008 data collection sheet revealed that program data had not been collected from August 2-6, 2008. The house manager acknowledged the lack of documentation. 2Based on observation, staff interview, and record review the facility failed to ensure that program data had been collected in accordance with the Individual Program Plan (IPP) for one of the two clients in the sample. (Client #2) The finding includes: 1. During the dinner observation on August 6,	W 249	2. See response to #1 above. The QMRF will review the data at least weekly to ensure that data is properly collected on the IPP. 1. See response to #2 above.	10/2/08 10/2/08

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W 249	Continued From page 11 2008 at approximately 6:00 PM, Client #2 was observed wearing dentures on. Interview with the staff on August 6, 2008 at approximately 4:22 PM revealed that the client had a program to take care of his dentures. Review of Client #2's IPP on August 7, 2008 at 11:45AM revealed a program for the client to complete steps in caring for the dentures. The program was implemented five days per week and according to the house manager was to be documented five days per week. Review of the August 2008 data collection sheet revealed that program data had not been collected from August 2-6, 2008. The house manager acknowledged the lack of documentation. 2. Client #2 was observed during the evening medication pass on August 6, 2008 at 4:48 PM. The nurse prepared the client's medication for administration by pouring the liquid medication in the cup, removing the pills from the blister pack, crushing the pills and mixing the pills in apple sauce. The nurse then spoon fed the medication to the client. Review of the self-medication program however, revealed that the follwing step for which the client should have followed: 1. Get water and go to nurse; 2. Ask nurse for medication; 3. Give name of medication; 4. Repeat question; 5. Take medication, and 6. Drink water. At no time during the medication pass observation did the client implement steps 1 through 4 of this program. 3. The facility failed to implement Client #1's new	W 249	2. The QMRP will ensure that the medication nurses implement the self-medication IPP as written. 10/2/08 3. The QMRP will ensure that staff are trained and implement the meal preparation IPP as written. 10/2/08	

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W 249	Continued From page 12 program as recommended by the Interdisciplinary Team (IDT) and addressed in the client's Individual Support Plan (ISP) meeting. During evening observation on August 6, 2007, staff was observed to prepare and provide Client #1's snack and dinner. At 4:45 PM, Client #1 went on a community walk for 25 minutes. At 6:00 PM, the client received his dinner plate. At 6:35 PM, staff was observed to put the dishes in the dishwasher wipe the counter tops and stove, taking out the trash and relining the trash can. Review of the IPP dated December 12, 2007, revealed a program objective that stated, "Given verbal prompts, [the client] will plan and prepare a simple meal for six consecutive months." Review of the program collection of data the program had not been implement since the client's ISP meeting.	W 249		
W 262	483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on interview and record verification, the facility failed to ensure that restrictive measures had been approved by the Human Rights Committee (HRC) for two of two clients in the sample. (Clients #1 and #2) The findings include:	W 262	The QMRP will ensure that the HRC reviews the client's BSP and medications to control behaviors. 10/2/08	

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W 262	Continued From page 13 The facility failed to ensure that Client #1's Behavior Management Plan (BMP) and psychotropic medications were reviewed, and approved by the HRC. During the entrance conference on August 6, 2008 at 8:30 AM, the House Manager revealed that Client #1 received psychotropic medications for behavioral management. At 4:40 PM, during the medication observation, Client #1 was observed receiving Buspar 10 mg and Risperdal 3 mg. Review of the client's current physician orders revealed that the client received Buspar three times per day, Risperdal twice a day, Atarax 100 mg and Xanax 3 mg at bedtime. Interview and the record review revealed the client had a behavior management plan (BMP) to address his targeted behaviors. Review of the BSP dated June 7, 2008 confirmed that the client has a current BMP to address his maladaptive behaviors of verbal and phyiscal aggression, non-compliance, absconding, stuffing his pockets, loud talking while inside and beahviorally motivated writing. The review of the HRC minutes on August 6 and 7, 2008, revealed that the HRC did not review the BMP's medications to control behavior.	W 262		
W 263	483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The commitee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure that each	W 263	The QMRP will ensure that the client's medical decision-maker provides written informed consent prior to implementation of recommended restrictive treatments designed to control behavior.	10/2/08

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W 263	Continued From page 14 client's behavior intervention technique, including the use of behavior modification drugs was conducted with the written informed consent of the client, parents (if the client is a minor) or legal guardian for one of the two clients in the sample. (Client #2) The finding includes: The facility failed to obtain informed consent prior to the use of restrictive measures as described in #2's Behavior Support Plan. [See W124]	W 263		
W 295	483.450(d)(1)(ii) PHYSICAL RESTRAINTS The facility may employ physical restraint only as an integral part of an individual program plan that is intended to lead to less restrictive means of managing and eliminating the behavior for which the restraint is applied. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that physical restraint was not used unless it was a part of the individual program plan (IPP)/Behavior Support Plan (BSP) for one of the two clients in the sample. (Client #2) The finding includes: Client #2 was observed during the evening medication pass on August 6, 2008 at 4:48 PM and was administered Ativan 1 mg and Risperdal 1 mg. Review of the client current physician's orders revealed that the client was prescribed Ativan three times per day and Risperdal twice a day. Interview with the medication nurse at approximately 5:00 PM revealed that the client	W 295	The QMRP will provide the Behavior Specialist with all data describing the client's maladaptive behavior to ensure that the BSP and related IPPs appropriately describe all interventions needed. 10/2/08	

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W 295	Continued From page 15 was prescribed these medications for behavioral management. Further interview with the LPN revealed that the medications were incorporated into Client #2's BSP dated February 11, 2008 to address targeted behaviors that included verbal aggression, non-compliance, absconding and behavioral withdrawing behaviors. Review of Client #2's record revealed that the client had exhibited the following incident of physical aggression toward staff; On June 7, 2008 the client was attempting to leave the house. His behavior was described as kicking and attempting to bite. The staff indicated that " . . .attempting verbal intervention while physically preventing the client from leaving." Review of the clients behavior support plan failed to evidence any physical interventions to control the clients inappropriate behaviors. Interview with the Qualified Mental retardation Professional and House manager acknowledged that physically preventing the client to leave the facility or to redirect him when he is physically aggressive is not incorporated in his BSP.	W 295		
W 312	483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that the use of	W 312	See response to W295 above.	10/2/08

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W 312	Continued From page 16 behavior modification medications were incorporated in the Individual Program Plan (IPP) for one of the two clients in the sample. (Client #2) The finding includes: Review of the control substances medications on August 6, 2008 at 5:10 PM revealed two Ativan 2 mg pills in a blister package for Client #2. Record verification revealed a current physician's order dated May 29, 2008 for Lorazepam (Ativan) 2 mg (2 tab) take one tablet now, if not calm in one hour, repeat one time for anxiety. Interview with the designated nurse (LPN) on August 7, 2008 at approximately 10:00 AM revealed that the medication was only given by her after consulting with the Psychiatrist. Review of the Physician Orders on the same day revealed that the medication was prescribed twice, March 25, 2008 and May 29, 2008 respectively. Interview with the QMRP indicated the client had a behavior support plan which addressed verbal aggression, non-compliance, absconding and behavioral writing. The BSP did not address the use of ativan to manage the client's anxiety. Review of Client #2's record failed to evidence that the use of this medication was incorporated in his IPP/Behavior Support Plan.	W 312		
W 331	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.	W 331	The RN Supervisor will ensure that the facility has physicians orders before medications are administered.	10/2/08

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W 331	Continued From page 17 This STANDARD is not met as evidenced by: Based on interview and record review, the facility's nurse failed to have a physician's order (PO's) for a medication prior to administering it for one of the two clients in the sample. (Client #2) The findings includes: Review of Client #2's medical record on August 7, 2008 at approximately 12:30 AM revealed an entry on the July 2008 medication administration record for Cipro 250 mg; however, there was no corresponding PO's for the medication in the record. Interview with the nurse on August 7, 2008 at approximately 10:30 AM revealed that the Urologist's office called the order for the medication to the pharmacy. When the medication arrived at the facility, the medication was administered. When asked if the Primary Care Physician (PCP) was made aware of the medication being recommended by the urologist, she indicated that the PCP had been made aware however she acknowledged that she failed to obtain an order to administer it prior to initiating the medication	W 331		
W 385	483.460(l)(3) DRUG STORAGE AND RECORDKEEPING The facility must maintain records of the receipt and disposition of all controlled drugs. This STANDARD is not met as evidenced by: Based on observation, staff interview, and record verification, the facility failed to maintain records of the receipt and disposition of all controlled drugs for one of the two clients included in the facility. (Client #2)	W 385	The Director of Disability Services will ensure that a system for receipt and disposition of all controlled medications is produced; that nursing staff are trained on the system; and that the system is consistently implemented. 10/2/08	

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W 385	Continued Fr m page 18 The finding ir cludes: The facility fa ed to provide evidence of the receipt and d sposition of Ativan 2 mg tablets prescribed fo Client #2. An inspectior of the medication cabinet on August 6, 20(8 at 5:00 PM, revealed a blister package that contained two tablets. The blister package labe , identified the medication to be Ativan 2 mg, 2 tablets, belonging to Client #2. Interview with Licensed Practical Nurse (LPN) indicated tha the medication was prescribed to manage the client's diagnosis of intermittent explosive bel avior. According to the LPN and verified by th record review, the client was to receive this medication when he was agitated. The physicial 's order indicated that the client was to receive ". . . one (1) tablet now, if not calm in one (1) hour repeat one (1) time." The medical record reflect ed that the client received the Ativan twice March 5, 2008 and May 29, 2008 respectively. Interview with the RN and the review of records failed to evid nce a record of the receipt of the Ativan that w s located in the medication cabinet, nor was there a system for the receipt and disposition of all controlled drugs.	W 385		
W 440	483.470(i)(1) EVACUATION DRILLS The facility m ust hold evacuation drills at least quarterly for each shift of personnel. This STAND RD is not met as evidenced by: Based on int rview and record review, the facility failed to hold evacuation drills at least quarterly for each shifl of personnel.	W 440	The QMRP will ensure that all fire drills take place per regulations; the QMRP will ensure that fire drills are properly documented.	10/2/08

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W 440	Continued From page 19 The findings include: Interview with the Qualified Mental Retardation Professional and review of the staff pattern on August 6, 2008 at approximately 2:00 PM revealed the following schedule staffing pattern: Sunday - Saturday 7:00 AM - 3:00 PM; 3:00 PM -11:00 PM; and 11:00 PM - 7:00 AM. Further interview with the QMRP revealed that the staff was required to conduct one drill per month on each shift. Review of the fire drill log book revealed that the facility failed to hold evacuation drills at least quarterly for each shift as evidenced below: a. The last fire drill for the 7:00 AM - 3:00 PM shift was March 5, 2008; b. The last fire drill for the 3:00 PM - 11:00 PM shift was January, 2008; c. The last fire drill for the 11:00 PM - 7:00 AM shift was March 30 2008. The Qualified Mental Retardation Professional acknowledged no quarterly fire drills.	W 440		

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R 000	INITIAL COMMENTS A licensure survey was conducted from August 6, 2008 through August 7, 2008. The survey was initiated using the full survey process. A random sample of two residents was selected from a population of three male residents with moderate mental retardation and various other disabilities. The findings of the survey were based on observation at the group home and two day programs, interviews with residents and staff, and the review of clinical and administrative records including incident reports.	R 000		
R 125	4701.5 BACKGROUND CHECK REQUIREMENT The criminal background check shall disclose the criminal history of the prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check. This Statute is not met as evidenced by: Based on the review of records, the GHMRP failed to ensure criminal background checks disclosed the criminal history of any prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check. The finding includes: Review of the personnel files on August 7, 2008 revealed the GHMRP failed to provide evidence of criminal background checks for one direct care staff (Staff #3).	R 125	The HR Director will ensure that criminal background checks are completed for facility staff per regulations.	10/2/08

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Director of Disability Svcs — (X6) DATE: 9/2/08

STATE FORM 9899 D3GF11 If continuation sheet

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I 000	INITIAL COMMENTS A licensure survey was conducted from August 6, 2008 through August 7, 2008. The survey was initiated using the full survey process. A random sample of two residents was selected from a population of three male residents with moderate mental retardation and various other disabilities. The findings of the survey were based on observations at the group home and two day programs, interviews with residents and staff, and the review of clinical and administrative records including incident reports.	I 000		
I 189	3508.7 ADMINISTRATIVE SUPPORT Each GHMRP shall maintain records of residents' funds received and disbursed. This Statute is not met as evidenced by: Based on interview and the record review, the GHMRP failed to provide evidence that assured a system had been established that maintained a complete accounting of each clients' personal funds, for one of the two residents included in the sample. (Resident #2) The finding includes: Interview with the Qualified Mental Retardation Professional (QMRP) and review of the GHMRP's financial records on August 7, 2008, at approximately 11:00 AM revealed that theGHMRP assisted Resident #2 with maintaining his finances. Continued interview and record review revealed that the client received Supplemental Security Income (SSI) in the amount of $70.00 monthly. Further review of the client's record revealed a withdrawal in the amount of $300.00 on April 3, 2008. At the time of	I 189	See response to federal deficiency W140	10/2/08

Health Regulation Administration

Marsha H. Thompson

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Director of Disability Svcs — (X6) DATE: 9/2/08

STATE FORM 6899 D3GF11 If continuation sheet

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I 189	Continued From page 1 the survey, the facility failed to provide evidence that justified the withdrawals from Resident #2's personal account.	I 189		
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 interviews and record review, the facility failed to ensure that four (4) of its consultant staff provided copies of current health inventories as required by State regulations pertaining to health (22 DCMR Chapter 35, Section 3509.6) The finding includes: The State regulatory agency conducted a review of personnel records on August 7, 2008, at which time there was no evidence that two direct care staff (Staff #1 and #2), the Primary Care Physician and Pharmacist and two Licensed Practical Nurses had current health certificates on file.	I 206	The HR Director will ensure that all personnel employed in the facility have current health certificates per regulation.	10/2/08
I 224	3510.5(a) STAFF TRAINING Each training program shall include, but not be limited to, the following:	I 224	The Director of Disability Services will ensure that staff are trained in an overview of mental retardation.	10/2/08

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I 224	Continued From page 2 (a) Overview of mental retardation including, but not limited to definition, causes of mental retardation, associated health implications, and frequently used medications, the history of care of individuals with mental retardation, and daily living skills; This Statute is not met as evidenced by: Based on record review, the GHMRP failed to include training in overveiw of mental retardation to each staff. The finding includes: Review of the training records on August 7, 2008, revealed that the GHMRP failed to provide training in overview of mental retardation.	I 224		
I 225	3510.5(b) STAFF TRAINING Each training program shall include, but not be limited to, the following: (b) Human development through the life cycle (birth to death); This Statute is not met as evidenced by: Based on record review, the GHMRP failed to ensure training was provide to each staff. The finding includes: Review of the training records on August 7, 2008 revealed that the GHMRP failed to provide training in Human Development.	I 225	The Director of Disability Services will ensure that staff are trained in Human Development.	10/2/08
I 227	3510.5(d) STAFF TRAINING Each training program shall include, but not be	I 227	The RN Supervisor will ensure that staff are trained in infection control.	10/2/08

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I 227	Continued From page 3 limited to, the following: (c) Infection control for staff and residents; This Statute is not met as evidenced by:	I 227		
I 229	3510.5(f) STAFF TRAINING Each training program shall include, but not be limited to, the following: (f) Specialty areas related to the GHMRP and the residents to be served including, but not limited to, behavior management, sexuality, nutrition, recreation, total communications, and assistive technologies This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that all staff were trained and competent to provide assistance in accordance with the Individual Support Plan (ISP), for one of the four residents in the sample. (Resident #1) The finding includes: On August 6, 2008 at 8:20 PM, Client #1 was observed taking a brown bag lunch to his day program. Interview with the direct care staff indicated that the client was on a "special diet." Upon request, the direct care staff provided a diet plan for Client #1. The diet plan revealed a fluid restriction protocol. The protocol consisted of a 1500 cc fluid restriction. On August 6, 2008 at approximately 12:10 PM, Client #1 was observed having lunch and drinking	I 229	See response to federal deficiency W102.	10/2/08

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0145	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/07/2008
NAME OF PROVIDER OR SUPPLIER CARECO 05	STREET ADDRESS, CITY, STATE, ZIP CODE 6934 9TH STREET, NW WASHINGTON, DC 20012		

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I 229	Continued From page 4 a 16.9 ounce bottle of water. Interview with the Qualified Mental Retardation Professional (QMRP) and Licensed Practical Nurse (LPN) Coordinator on August 7, 2008 at approximately 10:00 AM revealed that the client was on a 1800 calorie, low sodium, fluid restriction diet. Review of the current physician orders revealed a diet order of 1800 calorie, low fat, low cholesterol, low sodium, low fiber, and a 1500 cc fluid restriction diet. The 1500 cc fluid restriction for Client #1 should be provided as follows: During breakfast, lunch and dinner, Client #1 should receive two, four ounces of liquids (8 ounces); During medication administration (three times per day), Client #1 should receive four ounces of water (12 ounces); and During snack time, Client #1 should receive four ounces of fluid. There was no evidence that the day program staff implemented Client #1's fluid restriction protocol as ordered.	I 229		
I 291	3514.2 RESIDENT RECORDS Each record shall be kept current, dated, and signed by each individual who makes an entry. This Statute is not met as evidenced by: Based on record review the GHMRP failed to ensure each residents records were signed by the individual completing the assessment for one of the two residents in the the sample. (Resident	I 291	See response to federal deficiency W111.	10/2/08

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I 291	Continued From page 5 #1) The finding includes: The facility's Registered Nurse (RN) failed to sign Resident #1's quarterly reviews. Interview with the facility's Licensed Practical Nurse (LPN) on August 6, 2008 at at approximately 3:00 PM revealed that the RN completed quarterly nursing exams. Review of the Resident #1's medical record revealed two nursing quarterly reviews were completed on February 22, 2008 and May 22, 2008. The quarterly reviews however were not signed to indicated who had completed the quarterly reviews.	I 291		
I 420	3521.1 HABILITATION AND TRAINING Each GHMRP shall provide habilitation and training to its residents to enable them to acquire and maintain those life skills needed to cope more effectively with the demands of their environments and to achieve their optimum levels of physical, mental and social functioning. This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to provide habilitation and training to its residents that would enable them to acquire and maintain life skills needed to cope with their environments and achieve optimum levels of physical, mental and social functioning for one of the two reisdents in the sample. (Resident #2) The findings include: On August 6, 2008 at 7:45 AM, Client #1	I 420	See response to federal deficiency W227.	10/2/08

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I 420	Continued From page 6 informed the surveyor that he performed janitorial task at his day program and received a payroll check. Later on the same day, at 4:00 PM, Client #1 was observed taking a dollar from his pocket, and indicated that his cousin gave him the money. Interview with the Qualified Mental Retardation Professional (QMRP) on August 7, 2008 at approximately 3:00 PM revealed that Client #1 received a stipend check from his day program. Further interview with the QMRP indicated that the check is taken to the corporate office and deposited by the company's finance department. Review of the money skills assessment dated November 27, 2007 indicated that the client would benefit from money management training (purchasing program). The client's IPPs, reviewed on August 7, 2008 did not reflect a "purchasing program" objective.	I 420		
I 422	3521.3 HABILITATION AND TRAINING Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident's Individual Habilitation Plan. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to provide training and assistance to residents in accordance with the their Individual Habilitation Plans for one of the two residents included in the sample. (Residents #1 and #2) The findings include: 1. The facility failed to ensure clients participated in their self-medication administration training	I 422	See response to federal deficiency W249.	10/2/08

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I 422	Continued From page 7 programs fa evidenced below: During the medication administration observation on August 6, 2008 at 4:40 PM, the medication nurse was observed to punch Client #1's medication from the blister package, pour the water, give the medication cup and water to the client. The medication nurse was overheard identifing the medications (Buspar) asking the client what was the medication used. The client replied, "for my behaviors." The client was observed to independently consumer the medication. Interview with the medication nurse indicated that the client participated in a self medication program to name his medication. Interview with the Licensed Practical Nurse (LPN) Coordinator on August 7, 2008 indicated that Client #1 participates in a self medication program, to name the vitamin pill, three times per week. Review of the client's Individual Program Plan (IPP), however revealed an objective which stated, "[the client] will participate in medication administration by completing the steps necessary to take his medication." The training steps were as followed: - client aware of the time for medication pass; - washes hands thoroughly - client gets cup of water; - identifies own medication; - removes correct dosage from container; and - placed medication in mouth. There was no evidence that the medication nurse provided training to the Client #1 that addressed the objective 2. During the dinner observation on August 6, 2008 at approximately 6:00 PM, Client #2 was observed with dentures on. Interview with the	I 422		

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I 422	Continued From page 8 staff on August 6, 2008 at approximately 4:22 PM revealed that the client had a program to take care of his dentures. Review of Client #2's IPP on August 7, 2008 at 11:45AM revealed a program for the client to complete the steps necessary in maintain his dentures. The program was implemented five days per week and according to the house manager was to be documented five days per week. Review of the August 2008 data collection sheet revealed that program data had not been collected from August 2-6, 2008. The house manager acknowledged the lack of documentation. 2Based on observation, staff interview, and record review, the facility failed to ensure that program data had been collected in accordance with the Individual Program Plan (IPP) for one of the two clients in the sample. (Client #2) The finding includes: 1. During the dinner observation on August 6, 2008 at approximately 6:00 PM, Client #2 was observed wearing dentures on. Interview with the staff on August 6, 2008 at approximately 4:22 PM revealed that the client had a program to take care of his dentures. Review of Client #2's IPP on August 7 2008 at 11:45AM revealed a program for the client to complete steps in caring for the dentures. The program was implemented five days per week and according to the house manager was to be documented five days per week. Review of the August 2008 data collection sheet revealed that program data had not been collected from August 2-6, 2008. The house manager acknowledged the lack of documentation 2. Client #2 was observed during the evening	I 422		

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I 422	Continued From page 9 medication pass on August 6, 2008 at 4:48 PM. The nurse prepared the client's medication for administration by pouring the liquid medication in the cup, removing the pills from the blister pack, crushing the pills and mixing the pills in apple sauce. The nurse then spoon fed the medication to the client. Review of the self-medication program however, revealed that the follwing step for which the client should have followed: 1. Get water and go to nurse; 2. Ask nurse for medication; 3. Give name of medication; 4. Repeat question; 5. Take medication, and 6. Drink water. At no time during the medication pass observation did the client implement steps 1 through 4 of his program. 3. The facility failed to implement Client #1's new program as recommended by the Interdisciplinary Team (IDT) and addressed in the client's Individual Support Plan (ISP) meeting. During evening observation on August 6, 2007, staff was observed to prepare and provide Client #1's snack and dinner. At 4:45 PM, Client #1 went on a community walk for 25 minutes. At 6:00 PM, the client received his dinner plate. At 6:35 PM, staff was observed to put the dishes in the dishwasher, wipe the counter tops and stove, taking out the trash and relining the trash can. Review of the IPP dated December 12, 2007, revealed a program objective that stated, "Given verbal prompts, [the client] will plan and prepare a simple meal for six consecutive months." Review of the program collection of data the program had	I 422		

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I 422	Continued From page 10 not been implement since the client's ISP meeting.	I 422		
I 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 observation, interview and record review, the GHMRP failed to ensure each resident's rights were observed and protected in accordance with Federal Laws. The findings include: 1. The GHMRP failed to establish a system that would ensure residents that were informed of their risks and benefits of their medication. (See Federal Deficiency Report Citations W124 and W263) 2. The GHMRP failed to provide evidence that assured a system had been established that maintained a complete accounting of each resident's personal funds. (See Federal Deficiency Report Citation W140) 3. The GHMRP failed to ensure that as soon as the interdisciplinary team formulated client's individual program plan, each client received continuous active treatment services, in sufficient number and frequency to support the achievement of the objectives identified in the Individual Program Plan. (See Federal Deficieincy Report Citation W249)	I 500	1. See responses to federal deficiencies W124 and W263. 2. See response to federal deficiency W 140. 3. See response to federal deficiency W 249.	10/2/08 10/2/08 10/2/08

Health Regulation Administration
STATE FORM 6899 D3GF11 If continuation sheet

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I 500	Continued From page 11 4. The GHMRF failed to ensure that restrictive measures had been approved by the Human Rights Committee. (See Federal Deficiency Report Citation W262)	I 500	4. See response to federal deficiency W262. 10/2/08