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

PRINTED: 12/21/2007
FORM APPROVED
OMB NO. 0938-0391

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		R 12/19/2007

NAME OF PROVIDER OR SUPPLIER: CARECO 05

STREET ADDRESS, CITY, STATE, ZIP CODE: 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 follow-up survey was conducted on December 18, 2007, to determine the facility's compliance with previous condition level deficiencies cited on September 28, 2007. The findings of this survey were based on observations, interviews with direct support and administrative staff and clients, and the review of records, including incident reports and administrative records. The survey findings determined that the facility was in compliance with the Condition of Participation in Client Protections.			
{W 212}	483.440(c)(3)(i) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must identify the presenting problems and disabilities and where possible, their causes. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure a comprehensive psychiatric assessment had been conducted for both of the two clients (out of three sampled clients) in the sample who were prescribed psychotropic medications for behavior management. (Clients #1 and #3) The findings include: The September 28, 2007 recertification survey had revealed that the QMRP failed to ensure comprehensive assessment of Clients #1 and #3's psychiatric conditions/ needs. On November 7, 2007, at 3:27 PM, the QMRP stated that neither client had received an updated psychiatric evaluation. The consulting psychiatrist reportedly was attending an out of town conference. She further indicated that a November 21, 2007	{W 212}	The QMRP will reschedule the psychiatric evaluation to occur ~~on~~ by 1/31/08	

RECEIVED DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 2007 JAN -3 A 10 18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Marsha H. Thompson
TITLE: Director of Disability Services
(X6) DATE: 1/2/2008

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 212}	Continued From page 1 meeting was scheduled with the psychiatrist to "review all individuals on psychotropic medications." It should be noted, however, that Client #1's interdisciplinary team was scheduled to meet before then, on November 16, 2007, to review an update his annual plan. ---------- Previously, the September 28, 2007 survey findings included: Based on interview and record review, the facility failed to ensure a comprehensive psychiatric assessment had been conducted for both of the two clients (out of three sampled clients) in the sample who were prescribed psychotropic medications for behavior management. (Clients #1 and #3) The finding includes: Interview with the Resident Director on September 25, 2007, at 2:33 PM, revealed that both Clients #1 and #3 received psychotropic medications to address maladaptive behaviors. This was verified through observation of the evening medication administration on September 25, 2007. Client #1's Annual Medical Evaluation, dated September 25, 2007, reflected a diagnosis of Intermittent Explosive Disorder (source and date of diagnosis not indicated). Interview with the Qualified Mental Retardation Professional (QMRP) and review of Clients #1's and #3's records on September 27, 2007 failed to provide evidence of a comprehensive psychiatric assessment that documented each client's Axis I diagnosis and justified the use of the prescribed	{W 212}		

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{W 212}	Continued From page 2 psychotropic medications. ********** Based on interview and record review, the facility failed to ensure a comprehensive psychiatric assessment had been conducted for two of the five client's which reside in the facility. [Client's #1 and #3) The findings include: Interveiw with the Qualified Mental Retardation Professional (QMRP) on December 18, 2007 at approximately 5:45 PM revealed that neither Client #1 and #3 had been assessed for by a Psychiatrist as detailed in the plan of correction date December 13, 2007. According to the nurse, both client's have been scheduled for an psychiatric assessment on December 29, 2007 with a private consultant located in Springfield, Virginia. This is a repeat deficiency.	{W 212}		
{W 225}	483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include, as applicable, vocational skills. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that clients received comprehensive vocational assessments as indicated, for one of the three clients in the sample. (Client #3) The findings include:	{W 225}	The QMRP will coordinate with the Day Program to ensure that a formal, documented vocational assessment is completed. The QMRP will request the Day Program to provide the Task Analysis, Situational Observation, Interest Inventory and Skill Inventory for the client to ensure that he is properly placed in opportunities for community-based employment.	1/11/08

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{W 225}	Continued From page 3 The September 28, 2007 recertification survey had revealed that the QMRP failed to ensure a comprehensive vocational assessment for Client #2. On November 7, 2007, at approximately 7:15 AM, Client #3 told this surveyor that he was not going to day program that day; he was "going shopping" instead. At 7:37 AM, while seated in the nurse's office, Client #3 stated "I want another job." Minutes later, the client sat at the dining room table and began eating breakfast. At approximately 7:46 PM, he repeated the comment "I want another job." Then at 7:49 AM, he said "I want a new job." At 3:30 PM, the Qualified Mental Retardation Professional (QMRP) was asked about Client #3's day placement. She said his vocational program had "moved him" to another location two days per week. On Tuesdays and Wednesdays, he was performing janitorial duties at a community gym. She and the Resident Director both said the client had not complained to them about wanting a new job. However, the QMRP acknowledged that Client #3 had not received a comprehensive vocational assessment. Record review confirmed this and indicated that he had been in the "Work Activity Program" (vocational) since at least 1999. There was no evidence that the facility had sought a comprehensive vocational assessment, describing the client's current interests, strengths and needs. [Note: In follow-up to the last survey, the QMRP stated that Client #2's interdisciplinary team was scheduled to meet November 15, 2007 for a case conference to discuss his day placement.]	{W 225}		

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{W 225}	Continued From page 4 Previously, the September 28, 2007 survey findings included: Based on observation, interview and record review, the facility failed to ensure that clients received comprehensive vocational assessments as indicated, for one of the three clients in the sample. (Client #2) The findings include: On September 27, 2007, at approximately 8:15 AM, the Resident Director (RD) stated that Client #2 performed volunteer work in the dining area of a nursing home. The RD indicated that he had just been informed by Client #2's job coach that the client had done so well during the "trial period" that the nursing home wanted him to continue there on a permanent basis. The job coach reportedly planned to inform the client's government case worker of his work performance and recommend that he remain at that location. Client #2 was observed at his day placement on September 27, 2007, beginning at 9:57 AM. The client placed eating utensils in individual plastic bags. He did so without any assistance from his job coach or his peers. His job coach stated that he and three other volunteers with disabilities placed the eating utensils, along with napkins and ice water, at the residents' place settings before lunch. The coach described the client as "one of my best workers." According to the coach, Client #2 had been volunteering there for approximately 1 month, "preparing him for employment." She stated that the client was "well-mannered and polite."	{W 225}		

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{W 225}	Continued From page 5	{W 225}		

The job coach indicated that Client #2's trial period was scheduled to end in 3 months (December), however, she would "try to get him to stay because he is very good." He and his peers did not earn a stipend or receive a wage for their work. They volunteered at this work site Monday-Friday, between 9:00 AM - 2:00 PM.

At 10:16 AM, Client #2 approached the job coach and asked "I'm going to make more money, right?" After the client walked away, the coach acknowledged that money meant something to him. She said that while he was already motivated, she thought that he "would be even more motivated if he got a check in hand." At the time, there was only one paid staff in the dining area, the nursing home's dining room supervisor. This was verified a few minutes later through interview with the supervisor. She was the sole paid employee. She also confirmed that Client #2 "enjoys his work and is doing well."

At approximately 10:30 AM, the coach indicated that to date, she had not met either the Qualified Mental Retardation Professional (QMRP) or RD; neither individual had visited the current setting. When asked about Client #2's strengths, the coach said she "he catches on very well... can perform most tasks after one demonstration... is independent in silver ware, wiping tables, pretty much everything." However, she described the client as distractible. When asked if he was currently employable, she responded "yes."

Later that day, the RD and QMRP were asked about Client #2's day placement. At 5:24 PM, the RD confirmed that he had not observed the client performing work tasks at the current location. At

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{W 225}	Continued From page 6 approximately 5:29 PM, the QMRP also acknowledged that she had not visited the current work site. She did, however, report having received a telephone call from the job coach on the previous day. The coach reported that the client was "doing well." She confirmed that while the other clients were leaving the work site in December, they wanted "to keep him" at the nursing home and a case conference was planned for within the coming month (October) to discuss the proposal. When asked about a vocational assessment, the QMRP stated that she did not know whether an assessment had been performed. On September 28, 2007, beginning at 9:53 AM, review of Client #2's record failed to show evidence that he had received a comprehensive vocational assessment to determine his interests, skills and training needs. There was, however, an annual report (dated April 30, 2007) that was prepared by the client's current day program. The report indicated that while he was a "very hard worker," he required "verbal prompts throughout the day to remain on task." The day program plan for the coming year included a recommendation to "explore community based employment opportunities" by exposing the client to "at least 2 community-based employment opportunities per quarter." It should be noted that further interviews with Client #2 and residential staff confirmed that money was important to the client and that he enjoyed making purchases. According to the RD, the client was responsible for purchasing batteries for such items as his TV remote control. At the time of the survey, there was no evidence that Client #2's interdisciplinary team had a	{W 225}		

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{W 225}	Continued From page 7 comprehensive vocational assessment, describing the client's current interests, strengths and needs, available for discussion at the upcoming case conference. It was proposed to keep the client placed in a volunteer position with no opportunity for advancement to a paid position of employment. It should be further noted that on September 28, 2007, at 4:51 PM, Client #2 enthusiastically declared to that he had received a paycheck that day. Payment was for "contract work" that he had performed during a recent period he spent working at a sheltered workshop, and not at the volunteer work site. ********** Based on observation, interview and record review, the facility failed to ensure that clients received comprehensive vocational assessments as indicated, for one of the three clients in the sample. (Client #2) The finding includes: On December 18, 2007 at approximately 5:30 PM, interview with the QMRP and the Residential Director revealed that the facility has not been successful in getting a vocation assessment completed for Client #2. According to the QMRP, the DDS Case Manager had scheduled an assessment for November 13, 2007; however, the QMRP commented that she was contacted by the DDS Case Manager to cancel the appointment for Client #2. Reportedly, the QMRP informed the surveyor that she had spoken with the case mananger on Decemebr 12, 2007. At	{W 225}		

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{W 225}	Continued From page 8 the time of the conversation the QMRP was informed by the DDS Case Manager that the appointment date and time would be forthcoming. The Case Manager stated that she would call the QMRP soon. This is a repeat deficiency.	{W 225}		

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{I 000}	INITIAL COMMENTS A follow-up licensure survey was conducted on December 18, 2007 to determine the facility's compliance with previous deficiencies cited on September 28, 2007. The findings of this survey were based on observations, interviews with direct support and administrative staff and clients, and the review of records, including incident reports and administrative records.	{I 000}		
{I 223}	3510.4 STAFF TRAINING Each training program agenda and record of staff participation shall be maintained in the GHMRP and available for review by regulatory agencies. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that agendas were maintained in the group home and made available for review. The September 28, 2007 licensure survey had revealed no evidence of agendas for eight staff in-service training sessions. The GHMRP submitted a written Plan of Correction, signed October 25, 2007, in which the provider wrote: "The QMRP will provide copies of the standard agendas that were used for for trainings," with a completion date of November 2, 2007. Staff in-service training records were reviewed in the GHMRP on November 7, 2007, beginning at 9:56 AM. There was a staff signature sheet for training conducted by the QMRP and the RD on October 20, 2007 on the topics "Staff Supervision" and "Documentation." There was no corresponding agenda, however, available for review. At approximately 4:56 PM, the QMRP and RD acknowledged that there was no agenda	{I 223}	The QMRP will provide agendas used for training in Fire Safety, Cooking Safety, Electrical Safety; Sexuality; ISPs/Active Treatment; Rights of Persons with MR/DD Most Integrated Setting; Role of the Professional Counselor; Ethics in the Workplace; Securing Medical and Dental Care; and Sign Language.	1/2/08

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{I 223}	Continued From page 1 available to verify the information that had been conveyed. In addition, the QMRP did not offer documentation or copies of "the standard agendas" for trainings cited in the previous survey. ********** Previously, the September 28, 2007 survey findings included: On September 26, 2007, beginning at 3:24 PM, review of the GHMRP's staff in-service training records revealed that there were no agendas available for training sessions that were indicated by staff signature sheets. For example, there were no agendas or handouts to indicate the subject matter discussed at the following: - September 6, 2007 "Fire Safety, Cooking Safety, Electrical Safety;" - July 23, 2007 and August 11, 2007 "Sexuality;" - August 8, 2007 "ISPs/Active Treatment;" - July 19, 2007 "Rights of Persons with MR/DD Most Integrated Setting;" - August 8, 12 and 13, 2007 "Role of The Professional Counselor;" and other recent training on such topics as "Ethics in The Workplace," "Securing Medical and Dental Care" and "Sign Language." For the most part, the only agendas available for review were those that were brought by DDS personnel when they presented training on DDS	{I 223}		

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{I 223}	Continued From page 2 policies. ********** On December 18, 2007, beginning at 5:50 PM, review of the GHMRP's staff in-service training records revealed that there were no agendas available for the trainings listed in the Novemebr 11, 2007 follow up visit. According to the plan of correction dated Decemebr 13, 2007, these training agendas were to have been secure from the DDS trainig coordinator. for the agency's in-service record.	{I 223}		