

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

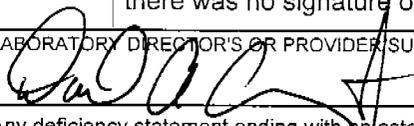
PRINTED: 02/21/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/01/2007
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NAME OF PROVIDER OR SUPPLIER INNOVATIVE LIFE SOULTIONS, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7416 BLAIR ROAD, NW WASHINGTON, DC 20012
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W 000	INITIAL COMMENTS A recertification survey was conducted from January 30, 2007 through February 1, 2007. The survey was initiated using the fundamental survey process. A random sample of two clients was selected from a residential population of four male clients with varying degrees of disabilities. The findings of the survey were based on observations at the residence and one day program. Also the findings were based on client and staff interviews in both the group home and day programs, as well as a review of habilitation and administrative records, to include the facility's unusual incident reports.	W 000		
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 observation and record review, the facility failed to ensure that all personnel making entries into client records signed each entry for one of the two clients in the sample. (Client #1) The findings include: 1. Review of Client #1's habilitation record on January 31, 2007 revealed an activities of daily living comprehensive assessment dated March 15, 2006, however there was no signature of the person completing the assessment. 2. Review of Client #1's habilitation record on January 31, 2007 revealed a Human Sexuality assessment dated March 15, 2006, however there was no signature of the person completing	W 114	ILS will ensure that staff is trained in appropriate documentation including: the importance of signatures and dates on all documents.	3/5/07

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE EXECUTIVE DIRECTOR	(X6) DATE 3/5/07
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date 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 114	Continued From page 1	W 114			
W 124	<p>483.420(a)(2) PROTECTION OF CLIENTS RIGHTS</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record verification, the facility failed to ensure the right of each client or their legal guardian to be informed of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and the right to refuse treatment for two of the two clients in the sample. (Client #1)</p> <p>The findings includes:</p> <p>The facility failed to ensure clients were informed of the risks and benefits of their psychotropic medications and behavior management plans.</p> <p>1. On January 30, 2007 at 5:45 PM, Client #1 was observed receiving Lithium Carb 300 mg and Risperdal 2.5 mg. The nurse indicated that the client received these medication for his maladaptive behaviors. During the record verification process, it was noted on the client's current physician order, that the above medications are prescribed for the management of his diagnosis of intermittent explosive disorder.</p> <p>On January 18, 2007, further review of Client #1's</p>	W 124	<p>1). The diagnosis of intermittent explosive disorder results in maladaptive behaviors.</p>	3/5/07	

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W 124	Continued From page 2 record failed to show evidence that written consent had been obtained for the use of the above medications. There was no evidence that the potential risks involved in using these medications, or the right to refuse these medications had been explained to the client or his legal guardian. Interview with the Qualified Mental Retardation Professional (QMRP) on January 31, 2007 indicated that Client #1 had obtained a legal guardian in November 2006, however a consent for restrictive measures was dated March 15, 2006, which was signed by the client, QMRP and Human Rights Committee (HRC) Chairperson. Additional, review of Client #1's habilitation records revealed a psychological assessment dated April 9, 2006. The assessment revealed that the client "is not competent to make independent decisions regarding health, medical and financial decisions. 2. On January 30, 2007 at 5:52 PM, Client #2 was observed receiving Lithium Carbonate 600 mg, and Thorazine 150 mg. The nurse indicated that the client received these medication for his maladaptive behaviors. During the record verification process, it was noted on the client's current physician order, that the above medications are prescribed for the management of maladaptive behaviors. On January 31, 2007, further review of Client #2's record failed to show evidence that written consent had been obtained for the use of the above medications. There was no evidence that the potential risks involved in using these medications, or the right to refuse these	W 124	ILS will ensure that all clients, family and Or guardians are informed of the risks and benefits of psychotropic medications. In the event that a client does not have Any family or guardian, ILS Human Rights Committee will ensure clients rights are Protected and all steps are taken to assist The client in obtaining family support or Legal guardianship. 2) A. ILS will ensure client's rights are respected by ensuring the family and legal guardians are consulted on matters that clients are not able to make decisions on. 2) B. ILS will ensure the informed consent for consumers psychotropic medications are signed by clients family and or legal guardians as well as discuss the risks involved with the use of the medication. See (W124A)	3/7/07 3/5/07 3/5/07 3/5/07 3/7/07

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W 140	Continued From page 4 February 1, 2007 for Client #1. The review of the bank statements from August 2006 through December 31, 2006 revealed a withdrawal on September 15, 2006 in the amount of \$450.00. There were receipts and/or redeposits totaling \$ 286.00. b. The financial record review was conducted on February 1, 2007 for Client #2. The review of the bank statements from August 2006 through December 31, 2006 revealed a withdrawal on September 15, 2006 in the amount of \$450.00. There were receipts and/or redeposits totaling \$ 284.00. Interview with the Qualified Mental Retardation Professional (QMRP) on February 1, 2006 revealed that she received \$120.00 for the clients spending mioney. Further interview with the office manager indicated that the QMRP had turned in the unspent money on September 25, 2006. Interview with the Officer Manager indicated that the money was placed into the office safe and forgot about the money. So when the QMRP requested Christmas money, the office manager made another bank withdrawl.	W 140	b). ILS will provide training for managers to ensure client funds are appropriately accounted for at all times. ILS will implement an ongoing auditing process to be completed by the Accounting department to ensure the appropriate documentation of client fund use.	3/5/07 3/5/07
W 237	483.440(c)(5)(iv) INDIVIDUAL PROGRAM PLAN Each written training program designed to implement the objectives in the individual program plan must specify the type of data and frequency of data collection necessary to be able to assess progress toward the desired objectives. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that physical therapy programs were designed to provide clear	W 237		

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W 237	<p>Continued From page 5</p> <p>instructions on how to measure clients performance for one of two clients in the sample. (Client #2)</p> <p>The findings include:</p> <p>The facility failed to ensure that the data collection system for Client #2's physical therapy objective provided information necessary to assess progress toward the objective.</p> <p>1. Observations on January 30, 2007 revealed the staff performing range of motion exercises to Client #2's shoulder. Record review revealed a short term objective, the client will tolerate passive range of motion to bilateral upper extremities for 15 repetitions at the shoulder on 80% of the trials recorded per month for three consecutive months.</p> <p>The corresponding documentation key revealed the following information:</p> <ul style="list-style-type: none"> - I for independent; - VP for verbal prompt; - G for gestural prompt; - R for refused; - + for tolerated; and - - for not tolerated <p>The data collection for the months of November, December 2006 and January 2007 revealed either VP, G or R. Interview with the QMRP indicated that staff should document either VP, G or R. The client can perform the exercises with some assistance. Interview with the Executive Director indicated that when a client receives range of motion exercises, the staff perform the exercises. Documentation is generally tolerated</p>	W 237	<p>ILS will ensure that staff is trained in appropriate documentation including: the importance of signatures and dates on all documents.</p>	3/5/07	

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W 237	Continued From page 6 or not tolerated. 2. Observations on January 30, 2007 revealed the staff performing range of motion exercises to Client #2's neck. Record review revealed a short term objective, the client will tolerate extension and lateral passive range of motion to the neck daily for three consecutive months on 80% of the trials. The corresponding documentation key revealed the following information: - I for independent; - VP for verbal prompt; - G for gestural prompt; - R for refused; - + for tolerated; and - - for not tolerated The data collection for the months of November, December 2006 and January 2007 revealed either VP, G or R. Interview with the QMRP indicated that staff should document either VP, G or R. The client can perform the exercises with some assistance. Interview with the Executive Director indicated that when a client receives range of motion exercises, the staff perform the exercises. Documentation is generally tolerated or not tolerated. There was no evidence that the program was designed to provide clear guidance to staff on documentation..	W 237	ILS will ensure that staff is trained on P.T program documentation as well as modification of data collection sheet to consistent with the required documentation.	3/5/07	
W 263	483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed	W 263			

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W 263	Continued From page 7 consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that programs, which incorporate restrictive techniques, were conducted only with the written informed consent of the client or legal guardian for two of the two clients in the sample. (Clients #1 and #2) The finding includes: There was no evidence that the HRC had informed consent for the use of the behavior support plans that included the use of psychotropic medicatons. [See W124]	W 263	See (W124A) See (W124B)	3/5/07
W 331	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Client #1's dermatology Based on interview and record review, the facility failed to provide each client with nursing services in accordance with their needs for four of the four clients residing in the facility. (Clients #1, #2, #3 and #4) The findings include: 1. The facility's nurse failed to ensure timely medical follow up for Client #1's dermatology consult.	W 331	1). Although it was recommended a follow up be conducted in two months, however the doctor did not have any appointments available within that time period. The client was scheduled and seen at the first available appointment.	

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W 331	Continued From page 8 Review of Client #1's the medical record on January 31, 2007 revealed that the client had a dermatology consult on October 31, 2006. At that time it was recommended that the client return in two months. 2. The facility's nurse failed to ensure that the health status was reviewed by the Registered Nurse (RN) on a quarterly or more frequent basis. [See W336] 3. The facility's nurse failed to ensure that medications identified as controlled substances were secured under double lock. [See W381] 4. The facility's nurse failed to maintain records of the receipt and disposition of controlled drugs. [See W385]	W 331	2). ILS RN's will review the health status of all consumers a minimum of Quarterly, or more. The nursing assessment was completed and signed, however there was an oversight in completing a checklist on the assessments. 3). The lock on the box was broken on 2/1/07. A new lock box was purchased, the same day prior to the surveyor leaving. 4). ILS made several attempts to maintain records through the pharmacy, however after the pharmacy would not provide the documentation. ILS developed its own form to be implemented on 2/1/07.	3/5/07
W 336	483.460(c)(3)(iii) NURSING SERVICES Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that the health status was reviewed by the Registered Nurse (RN) on a quarterly or more frequent basis for one of the two clients in the sample (Client #1) The finding includes: Interview with the facility's Licensed Practical Nurse (LPN) on January 30, 2007 revealed that the facility's Registered Nurse (RN) completes	W 336	See (W331#2)	3/7/07

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W 336	Continued From page 9 quarterly nursing exams. Review of Client #1's medical record revealed an annual nursing assessment dated April 10, 2006. There was a quarterly nursing review dated January 5, 2007, however the review of the body systems was incomplete.	W 336	See (W331#2)	3/5/07
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 controlled drugs for one of the two clients in the sample. (Client #2) The finding includes: The facility failed to provide evidence of the disposition of the Thorazine a Scheduled Drug prescribed for Client #2. During the medication pass observation on January 30, 2007 at 5:52 PM, Client #2 was observed being administered Thorazine 150 mg. Interview with the medication nurse indicated the Thorazine was a controlled medication. Further interview with the Nursing Coordinator confirmed that the Thorazine was a controlled medication. When asked how the facility account for the receipt and disposition of controlled substances, the Nursing Coordinator indicated that the pharmacist does not send a control disposition form.	W 385	See (W331#4)	3/5/07