

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

PRINTED: 05/23/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G203	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  C 04/26/2011
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NAME OF PROVIDER OR SUPPLIER  INDIVIDUAL DEVELOPMENT, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6010 DIX STREET, NE WASHINGTON, DC 20019
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(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
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W 000	<p><b>INITIAL COMMENTS</b></p> <p>On 4/14/2011, the Department of Health (DOH), Health Regulation and Licensing Administration (HRLA) was notified via e-mail of an anonymous complaint received by the Department of Disability Services detailing that the facility was without food, protective undergarments and that the staff was mismanaging clients' funds.</p> <p>Based on the allegations, on 4/26/2011, HRLA initiated an onsite investigation to determine the level of compliance with both the federal regulations and local laws. The results of the investigation determined the following:</p> <p><b>Allegation #1: The facility was without food.</b></p> <p><b>Conclusion:</b> This allegation was not substantiated.</p> <p><b>Allegation #2: The facility was without sufficient protective undergarments.</b></p> <p><b>Conclusion:</b> This allegation was not substantiated.</p> <p><b>Allegation #3: Staff was mismanaging clients' funds.</b></p> <p><b>Conclusion:</b> This allegation was substantiated. As a result of the investigative findings, the state agency determined that the facility was not in compliance with standard level requirements, as evidenced by deficiencies throughout this report. One out of the three allegations identified by the complainant were substantiated and two of the concerns were not substantiated.</p>	W 000	<p>Received 6/8/11 Department of Health Health Regulation &amp; Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002</p>	
W 140	483.420(b)(1)(i) CLIENT FINANCES	W 140		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i> Director of Residential Services	TITLE 6/4/11
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Any deficiency statement finding 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 discloseable 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 discloseable 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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NAME OF PROVIDER OR SUPPLIER  INDIVIDUAL DEVELOPMENT, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 6010 DIX STREET, NE WASHINGTON, DC 20019	
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W 140	Continued From page 1  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 staff interview and record review, the facility failed to ensure an accurate accounting of all clients' personal funds for three of three sampled clients. [Clients #1, #2 and #3]  The findings include:  Review of the financial records for Client #1, #2, and #3 on 4/26/11 beginning at 10:45 a.m. revealed the following:  Client #1 a. On 8/6/2010, \$457.23 was withdrawn; b. On 9/23/2010, \$500.00 was withdrawn; c. On 4/30/2010, \$200.00 was withdrawn; and d. On 1/12/2011, \$600.00 was withdrawn.  Client #2 a. On 2/23/2011, \$70.00 was withdrawn; b. On 10/19/2010, \$300.00 was withdrawn. The facility failed to account for the remaining balance of 143.53; and... c. On 9/23/2010, \$241.02 was withdrawn.  Client #3 a. On 12/10/2010, \$1000.00 was withdrawn; b. On 5/7/2010, \$1300.00 was withdrawn; c. On 5/13/2010, \$500.00 was withdrawn; There was \$103 that was unaccounted for at the	W 140  W 140	1. The money from Client #3's account that was withdrawn in 5/7/10 was spent in 6/10 not 6/11 as the report indicates. The QDDP who was assigned to the home at the time of the withdrawals is no longer employed at IDI. The RD that was assigned to the home at the time of the withdrawals has been reassigned. The QDDP currently assigned to the home will work with IDI's finance department to reconcile the Individual's accounts. If receipts cannot be located, IDI will replace the unaccounted for money in Client #2 and Client #3 accounts. IDI QDDP's and RD's will be retrained IDI's policy on managing Individual's funds.	6/17/11

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W 140	Continued From page 2 time of the survey. d. On 9/23/2010, \$241.02 was withdrawn; and e. On 9/23/2010, \$500.00 was withdrawn.  Interview with the Qualified Intellectual Disability Professional (QIDP) on 4/26/2011 at 1:07 p.m. confirmed the money withdrawn from Client #3's accounts on 5/7/2010 should have been spent within two weeks of the withdrawal, but was not spent until 6/2011. The QIDP also confirmed that the missing receipts were not available on site for Clients #1, #2 and #3 at the time of the survey. The QIDP further indicated she would work to correct the documentation gaps and secure the missing receipts to ensure accurate record keeping.	W 140			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD03-0207	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 04/26/2011
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NAME OF PROVIDER OR SUPPLIER  INDIVIDUAL DEVELOPMENT, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6010 DIX STREET, NE WASHINGTON, DC 20019
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1000	<p><b>INITIAL COMMENTS</b></p> <p>On 4/14/2011, the Department of Health (DOH), Health Regulation and Licensing Administration (HRLA) was notified via email of an anonymous complaint received by the Department of Disability Services detailing that the facility was without food, protective undergarments and that the staff was mismanaging residents' funds.</p> <p>Based on the allegations, on 4/25/2011, HRLA initiated an onsite investigation to determine the level of complaint with both the federal regulations and local laws. The results of the investigation determined the following:</p> <p><b>Allegation #1: The facility was without food.</b></p> <p><b>Conclusion:</b> This allegation was not substantiated.</p> <p><b>Allegation #2: The facility was without sufficient protective undergarments.</b></p> <p><b>Conclusion:</b> This allegation was not substantiated.</p> <p><b>Allegation #3: Staff was mismanaging residents' funds.</b></p> <p><b>Conclusion:</b> This allegation was substantiated.</p> <p>As a result of the investigative findings, the state agency determined that the facility was not in compliance with local licensure requirements, as evidenced by deficiencies throughout this report. One out of the three allegations identified by the complainant were substantiated and two of the concerns were not substantiated.</p>	1000		
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Health Regulation & Licensing Administration  
*[Signature]* Director of Residential Services  
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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I 189	Continued From page 1	I 189		
I 189	3608.7 ADMINISTRATIVE SUPPORT  Each GHMRP shall maintain records of residents' funds received and disbursed.  This Statute is not met as evidenced by: Based on staff interview and record review, the group home for persons with intellectual disabilities (GHPID) failed to ensure an accurate accounting of all residents' personal funds for three of three sampled residents. [Residents #1, #2 and #3]  The findings include:  Review of the financial records for Resident #1, #2, and #3 on 4/26/11 beginning at 10:45 am. revealed the following:  Resident #1  a. On 8/6/2010, \$457.23 was withdrawn; b. On 9/23/2010, \$500.00 was withdrawn; c. On 4/30/2010, \$200.00 was withdrawn; and d. On 1/12/2011, \$600.00 was withdrawn.  Resident #2  a. On 2/23/2011, \$70.00 was withdrawn; b. On 10/19/2010, \$300.00 was withdrawn. The facility was able to provide documenting that justified 156.47 of pending however the remaining balance of 143.53 could not be accounted for; and c. On 9/23/2010, \$241.02 was withdrawn.  Resident #3  a. On 12/10/2010, \$1000.00 was withdrawn; b. On 5/7/2010, \$1300.00 was withdrawn;	I 189	0/17/11	
			The money from Client #3's account that was withdrawn in 5/7/10 was spent in 6/10 not 6/11 as the report indicates. The QDDP who was assigned to the home at the time of the withdrawals is no longer employed at IDI. The RD that was assigned to the home at the time of the withdrawals has been reassigned. The QDDP currently assigned to the home will work with IDI's finance department to reconcile the Individual's accounts. If receipts cannot be located, IDI will replace the unaccounted for money in Client #2 and Client #3 accounts. IDI QDDP's and RD's will be retrained IDI's policy on managing Individual's funds.	

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I 189	Continued From page 2  c. On 5/13/2010, \$500.00 was withdrawn; There was \$103 that was unaccounted for at the time of the survey. d. On 9/23/2010, \$241.02 was withdrawn; and e. On 9/23/2010, \$500.00 was withdrawn.  Interview with the Qualified Intellectual Disability Professional (QIDP) on 4/26/2011 at 1:07 p.m. confirmed the money withdrawn from Resident #3's accounts on 5/7/2010 should have been spent within two weeks of the withdrawal, but was not spent until 5/2011. The QIDP also confirmed that the missing receipts were not available on site for residents #1, #2 and #3 at the time of the survey. The QIDP further indicated she would work to correct the documentation gaps and secure the missing receipts to ensure accurate record keeping.	I 189		