

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

PRINTED: 11/28/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G119	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  11/14/2008
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NAME OF PROVIDER OR SUPPLIER  IDI	STREET ADDRESS, CITY, STATE, ZIP CODE 4515 EDSON PLACE, NE WASHINGTON, DC 20019
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W 000	<p><b>INITIAL COMMENTS</b></p> <p>A recertification survey was conducted from November 12, 2008 through November 14, 2008. The survey was initiated using the fundamental survey process. A random sample of four clients was selected from a population of six females and two males with various degrees of disabilities.</p> <p>The findings of this survey were based on observations at the group home, three day programs, interviews with the group home and day program staff, and review of clinical and administrative records to include the facility's unusual incident reports.</p>	W 000	<p><i>Recancel 12/18/08</i></p> <p>GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E. 2ND FLOOR WASHINGTON, D.C. 20002</p>	
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W 114	<p><b>483.410(c)(4) CLIENT RECORDS</b></p> <p>Any individual who makes an entry in a client's record must make it legibly, date it, and sign it.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure entries into the clients medical records were signed, for four of four clients in the sample. (Clients #1, #2, #3 and #4)</p> <p>The finding includes:</p> <p>Review of Client #1, #2, #3 and #4's records on November 12, 2008 at 3:30 PM revealed that a feeding protocol was developed to ensure safe feeding practices were employed at mealtimes. Further review of the protocols, however revealed that the person who developed the protocol failed to sign the document. This observation was brought to the attention of the</p>	W 114	<p>W114</p> <p>The QMRP will ensure that current meal protocols for clients #1, #2, #3 and #4 are signed. Further, QMRP will ensure that meal protocols are routinely signed prior to implementation.</p>	12/20/08
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE <i>[Signature]</i>	(X6) DATE <i>12/18/08</i>
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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 140	<p><b>483.420(b)(1)(i) CLIENT FINANCES</b></p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure a system had been implemented to maintain a complete accounting of clients personal funds for one of the four clients in the sample. (Client #3)</p> <p>The finding includes:</p> <p>A review of Client #3's financial record was conducted on November 13, 2008 at 3:50 PM. The bank statements were reviewed from December 2007 through September 2008. The record revealed a withdrawal of \$400.00 from the client's account on September 16, 2008. Review of the receipts for the aforementioned withdrawal totaled \$173.47.</p> <p>Interview with the House Manager (HM) on November 14, 2008 at approximately 9:30 AM revealed that the accounting office inadvertently keyed in \$400.00 instead of \$200.00. A written correspondence was received from the Provider's accounting office on November 14, 2008 at 10:15 AM that indicated \$200.00 would be deposited as soon as possible. Further review of Client #3's financial records revealed no evidence that the \$200.00 was deposited back into the client's account. The facility failed to</p>	W 140	<p><b>W140</b></p> <p>This Standard will be met as evidenced by:</p> <p>The funds have been deposited into client #3's account. The Home Manager is responsible for reconciling all records at the end of the month. QMRP will provide additional training for the Home Manager. QMRP will review financial records at least quarterly to further ensure compliance and to assure full and complete accounting of client's personal funds.</p>	11-17-08 ongoing

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W 140	Continued From page 2 ensure a complete accounting of Client #3's personal funds.	W 140		
W 156	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS</p> <p>The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to report the results of all investigations to the administrator, designated representative or to other officials in accordance with State Law within five working days of the incident, for three of the eight clients residing in the facility. (Clients #2, #5, and #8)</p> <p>The findings include:</p> <p>Review of the facility's incident and investigative reports on November 12, 2008, beginning at 8:15 AM revealed the following incidents and investigative reports:</p> <p>a. On September 12, 2008, staff discovered a bruise on Client #5's right lower arm, one centimeter in size.</p> <p>b. On August 23, 2008, Client #5 appeared in pain. Tylenol was given and there appeared to be no relief. The client was sent to the local emergency room where she was diagnosed with a bilateral rotator cuff tear.</p> <p>c. On April 9, 2008, Client #5 was sent home with a notice from day program that her right</p>	W 156	<p>W156</p> <p>The QMRP will review the incident investigations and submit to the administrator for review. In the future the QMRP will provide the administrator with the results of the investigation for review within five working days of the incident as required. Review of the investigative reports will be indicated by administrator's signature and date of review.</p>	11.17.08 ongoing

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W 156	<p>Continued From page 3 inner thigh was red.</p> <p>d. On October 1, 2008, a nurse discovered a bruise on Client #6's right hand and wrist.</p> <p>e. On August 5, 2008, the staff noticed that Client #2 had when her left leg was moved. X-ray results reflected that the client sustained a fractured left femur. It was not known at the time how the injury occurred.</p> <p>Interview was conducted with the Qualified Mental Retardation Professional (QMRP) on November 12, 2008 at 9:35 AM to ascertain information regarding the facility's incident management system. According to the QMRP, all investigative results were sent to the Administrator. Further review of the investigative report revealed that there was no documented evidence that the administrator had been notified of the results of the investigations.</p> <p>At the time of the survey, the facility failed to provide evidence that ensured the administrator or designee was notified of the results of the investigative reports within five working days as required.</p>	W 156	<p><b>W159</b> <b>This Standard will be met as evidenced by:</b></p> <p>1) QMRP provided Client #3's day program with an updated meal protocol dated August 21, 2008, two unbreakable teaspoons, and one bag of drinking straws on November 13, 2008 at approximately 10:00am. QMRP provided classroom staff and day program case manager with a training on the meal protocol</p>	
W 159	<p><b>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL</b></p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the Qualified Mental Retardation Professional (QMRP) coordinate each client's</p>	W 159		11.17.08 onqomey

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W 159	<p>Continued From page 4</p> <p>active treatment program for one of the four clients in the sample. (Client #3)</p> <p>The finding includes:</p> <p>The QMRP failed to provide Client #3's day program with his adaptive feeding protocol and equipment.</p> <p>On November 12, 2008 at 12:20 PM, Client #3 was observed having lunch at his day program. The client was observed feeding himself a pureed diet, using a divided plate and tablespoon. The client's plate was sliding around on the table while he was eating. The client was observed drinking during the meal and continuously coughing. The day program staff was observed removing food from the client's spoon. Interview with the day program staff at approximately 1:00 PM indicated that the client puts too much food on his spoon and requires verbal and physical assistance to remove the food.</p> <p>At 6:22 PM, during dinner observations, Client #3 was observed eating a pureed diet. The client used a divided plate, a plastic coated teaspoon and a straw to drink fluids. There were no feeding problems noted during the dinner meal.</p> <p>Review of Client #3's feeding protocol dated December 11, 2007 at the day program on November 12, 2008 at approximately 1:00 PM revealed the client required the following adaptive feeding equipment: a divided plate, and a plastic coated unbreakable teaspoon. Further interview with the day program staff indicated that the QMRP or home had not provided the day program with a plastic coated</p>	W 159	<p><i>W159 cont.</i></p> <p>and use of feeding equipment. Day Program RN provided training on meal protocol and use of adaptive equipment to day program staff on November 13, 2008 at approximately 11:20am. (see attachments A-1.1, A-1.2, A-1.3).</p> <p>QMRP will continue to conduct routine visits to the day program and address concerns as they arise. Documentation related to all day program visits will be maintained in the clients record.</p>	

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W 159	<p>Continued From page 5 unbreakable teaspoon.</p> <p>Interview with the QMRP on November 12, 2008 at approximately 4:00 PM indicated that a current feeding protocol and adaptive feeding equipment was sent to the day program. Review of Client #3's mealtime protocol dated August 21, 2008 revealed the client required the following adaptive feeding equipment: a divided plate, an unbreakable teaspoon and provide straws for beverage.</p> <p>There was no evidence that the QMRP provided Client #3's day program with the necessary adaptive feeding equipment.</p> <p>2. The facility's QMRP failed to ensure that an objective was developed to address a client's self medication training program need as identified by the interdisciplinary team (IDT) in the comprehensive assessment. [See W227]</p> <p>3. The facility's QMRP failed to ensure that data was collected in the form and required frequency. [See W252]</p> <p>4. The facility's QMRP failed to provide evidence that clients Individual Program Plan (IPP) were reviewed and revised once the client had successfully completed an objective. [See W255]</p>	W 159	<p>W159, continued...</p> <p>2) See W227</p> <p>3) See W252</p> <p>4) See W255</p>	11.21.08 mgm/ny
W 227	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN</p> <p>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.</p>	W 227		

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W 227	<p>Continued From page 6</p> <p><b>This STANDARD is not met as evidenced by:</b>                  Based on observation, staff interview and record review, the facility's Qualified Mental Retardation Professional (QMRF) failed to ensure that an objective was developed to address a client's self medication training program need as identified by the interdisciplinary team (IDT) in the comprehensive assessment, for one of the four clients in the sample. (Client #4)</p> <p>The finding includes:</p> <p>On November 12, 2007 at 6:05 PM, Client #4 was observed being administered her medications. The Licensed Practical Nurse (LPN) prepared the client's medications, placed them in applesauce, poured a cup of water and spoon fed the client her medication. The LPN was observed pouring the water into the client's mouth. Interview with the LPN indicated that the client does not participate in a self medication program. Review of the self medication assessment on October 13, 2008 at approximately 11:00 AM dated January 22, 2008 indicated that the client should be encouraged to pick up the medication cup from the table or from the nurse with each oral medication administered.</p> <p>Review of Client #4's Individual Program Plan (IPP) on October 13, 2008 at approximately 11:00 AM dated January 24, 2008 revealed no program goal or objective for the client to receive training in self medication.</p>	W 227	<p><b>This Standard will be met as evidenced by:</b></p> <p>W227</p> <p>Review of the Client #4's self medication assessment dated 1/22/08 (see attachment A-2) indicated that client was not approved for self medication program nor was it indicated by the IDT. QMRF will follow up with the RN to clarify the recommendation to encourage participation as an informal measure of involvement.</p>	11-17-08 09G119
W 252	<p>483.440(e)(1) PROGRAM DOCUMENTATION</p> <p>Data relative to accomplishment of the criteria specified in client individual program plan</p>	W 252	✓	

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W 252	<p>Continued From page 7</p> <p>objectives must be documented in measurable terms.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interview, and record review, the facility failed to ensure that data was collected in the form and required frequency, for one of the four clients in the sample. (Client #3)</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>On November 12, 2008 at 5:10 PM, the direct care staff was observed reading to Client #3. The client was observed pushing a button on the book with physical assistance from the direct care staff. Interview with the Qualified Mental Retardation Professional (QMRP) on November 13, 2008 at approximately 11:00 AM revealed that although the client was blind, he enjoyed auditory stimulation. Review of the client's Individual Program Plan (IPP) dated September 26, 2008 on November 13, 2008 at approximately 11:30 AM revealed an objective which stated, "[the client] will respond to staff request to activate a talking story book with 80% hand over hand assistance per session for six consecutive month by 3/09" Review of the data sheet on November 13, 2008 required that the objective should be documented on the previous day. However the data sheet failed to reflect the client's progress on November 12, 2008.</li> </ol> <p>There was no evidence that the data had been collected in accordance with the IPP for the client, which was necessary for a functional assessment of the client's progress.</p>	W 252	<p>W252</p> <p>This Standard will be met as evidenced by:</p> <p>The QMRP will ensure that staff are trained on documentation in accordance with Client #3's individual program plan.</p> <p>QMRP will monitor documentation on an ongoing basis to further assure compliance with this standard.</p>	12/12/08

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W 252	<p>Continued From page 8</p> <p>2. During dinner observations on November 12, 2008 at 6:20 PM, Client #13 was observed wiping his mouth with physical and hand over hand assistance from staff. Interview with the Qualified Mental Retardation Professional (QMRP) on November 13, 2008 at approximately 11:10 AM revealed that although the client was blind, he could assist with eating.</p> <p>Review of the client's IPP dated September 26, 2008 on November 13, 2008 at approximately 11:40 AM revealed an objective which stated, "Daily [the client] will wipe his mouth during PM mealtime using hand over hand assistance for six consecutive month by 3/09" Review of the data sheet on November 13, 2008 required that the objective should be documented on the previous day. However the data sheet failed to reflect the client's progress on November 12, 2008.</p> <p>There was no evidence that the data had been collected in accordance with the IPP for the client, which was necessary for a functional assessment of the client's progress.</p>	W 252		
W 255	<p>483.440(f)(1)(i) PROGRAM MONITORING &amp; CHANGE</p> <p>The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record</p>	W 255		

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W 255	<p>Continued From page 9</p> <p>review, the facility's Qualified Mental Retardation Professional (QMRP) failed to provide evidence that clients Individual Program Plan (IPP) were reviewed and revised once the client had successfully completed an objective, for two of the four clients included in the sample. (Clients #3 and #4)</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>On November 12, 2008 at 10:00 AM, during the entrance conference with the QMRP and House Manager revealed that Client #3 had a Behavior Support Plan (BSP) to address his maladaptive behaviors and received psychotropic medications.</li> </ol> <p>Observations of the medication administration on November 12, 2008 at 8:09 PM revealed that Client #3 received Haldol 2 mg. Interview with the Licensed Practical Nurse (LPN) indicated that the client received Haldol to address his behaviors. Record verification of the client's physician's orders on November 12, 2008 at 10:00 AM, confirmed that the client received the aforementioned medication for his behaviors. Further record review revealed the client's BSP dated August 19, 2008 indicated public masturbation and clothes stripping identified target behaviors. were included in the BSP. The objectives stated, "[the client] will decrease public masturbation and clothes stripping to zero incidents per month for twelve consecutive months."</p> <p>According to the Psychology Quarterly reviews and behaviorally data sheets from August 2007 through September 2008, the client had not displayed public masturbation and clothes</p>	W 255		

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W 255	<p>Continued From page 10</p> <p>stripping. Interview with the QMRP on November 13, 2008 at 2:00 PM indicated that the BSP should have been revised to eliminate the targeted behaviors of public masturbation and clothes stripping.</p> <p>There was no evidence that the QMRP revised Client #3's behavior objectives once he met the established criteria.</p> <p>2. On November 12, 2008 at 6:25 PM, Client #4 was observed rinsing her dinner dishes in a dishpan of water and placing them in the dishwasher with little to no assistance from staff. Interview with the QMRP on November 13, 2008 at 2:00 PM indicated that the client does assist with meal clean up.</p> <p>Review of Client #4's IPP dated January 24, 2008 revealed a program objective which stated, "Given physical assistance, [the client] will washed her dishes after PM meal on 40% of the trials recorded per month for six consecutive months". Review of the data collection revealed the client met this objective, independently since August 2008 (three months).</p> <p>There was no evidence that the QMRP revised the toothbrushing program.</p> <p>3. Review of Client #3's IPP dated January 24, 2008 revealed a program objective which stated, "given two choices of outfits, [the client] will select what clothes to wear with hand over hand assistance for six consecutive month". Review of the QMRP monthly notes and data collection sheets on November 13, 2008 at 3:00 PM revealed the client achieved the program objective since July 2008 (four months).</p>	W 255	<p>W255</p> <p>This Standard will be met as evidenced by:</p> <ol style="list-style-type: none"> <li>1) The objective for client #3 has been changed to reflect his current targeted behaviors of SIB and aggression. QMRP will coordinate staff training and monitor his progress on a monthly/quarterly basis. Human Rights Committee will review and discuss/ approved updated BSP.</li> <li>2) The QMRP will continue to monitor programming and provide staff training at least quarterly. Review of record revealed that QMRP modified Client #3's program to verbal assistance in 8/08 for six consecutive months. While progress for 3 consecutive months indicated independence, data for 11/08 indicated "physical assistance".</li> </ol>	12.12.08 enqomaf
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G119	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  11/14/2008
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NAME OF PROVIDER OR SUPPLIER  IDI	STREET ADDRESS, CITY, STATE, ZIP CODE 4515 EDSON PLACE, NE WASHINGTON, DC 20019
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W 255	Continued From page 11	W 255	W255, Continued...	
W 369	<p>483.460(k)(2) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that the clients received all prescribed medications without error, for three of the four clients in the sample. (Clients #1, #2, and #3)</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Observation of the medication administration on November 12, 2008 at 8:09 PM, revealed Client #3 was administered Haldol, Dilantin and Dosate liquid. Comparison of the medication administration observation and the physician order dated October 1, 2008 on November 13, 2008 revealed that the client should have received the Dilantin and Dosate liquid at 7:00 PM, and Haldol at 10:00 PM.</li> <li>2. Observation of the medication administration on November 12, 2008 at 8:25 PM, revealed Client #2 was administered Trileptal U-D, Calcarb with Vit D, Coumadin, Topamax and Lactulose. Comparison of the medication administration observation and the physician order dated October 1, 2008 on November 13, 2008 revealed that the client should have received the Trileptal U-D at 5:00 PM, Coumadin at 6:00 PM and the Topamax and</li> </ol>	W 369	<p>3) The QMRP will continue to monitor programming and provide staff training at least quarterly. Review of record (QMRP notes and data sheets) revealed that QMRP modified Client #3's program to physical assistance in 8/08 for six consecutive months.</p> <p><b>W369</b> This Standard will be met as evidenced by:</p> <p>The nurse in question has been disciplined and re-trained on medication administration according to the physicians order.</p> <p>RN will monitor medication pass on a regular basis and address concerns as they arise.</p>	<p>11.17.08 mgm</p> <p>11.19.08 mgm</p>

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

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W 369	<p>Continued From page 12</p> <p>Carcarb with Vit D at 7:00 PM.</p> <p>3. Observation of the medication administration on November 12, 2008 at 7:48 PM revealed Client #1 was administered Primidone 250 mg. Comparison of the medication administration observation and the physician order dated October 1, 2008 on November 13, 2008 revealed that the client should have received the Primidone, three times per day (8:00 AM, 4:00 PM and 12:00 AM).</p> <p>On November 13, 2008 at approximately 10:30 AM, the Registered Nurse (RN) was informed when Client #1 received his medication. The RN confirmed that was considered a medication error, according to the facility's policy.</p>	W 369		
W 394	<p>483.480(n)(2) LABORATORY SERVICES</p> <p>If the laboratory chooses to refer specimens for testing to another laboratory, the referral laboratory must be certified in the appropriate specialties and subspecialties of service in accordance with the requirements of part 493 of this chapter.</p> <p>This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to obtain a Certificate of Waiver as required under the Clinical Laboratory Improvement Amendments of 1988 Act (CLIA) before administering finger stick tests for blood sugar glucose levels, for one of the four clients in the sample. (Client #3)</p> <p>The finding includes:</p> <p>Review of Client #3's medical record on</p>	W 394		

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

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FORM APPROVED  
OMB NO. 0938-0391

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W 394	<p>Continued From page 13</p> <p>November 12, 2008 at approximately 2:00 PM revealed a physician order (PO) dated November 3, 2008. The PO revealed an order to collect blood sugar once weekly via fingerstick for history of diabetes.</p> <p>On November 13, 2008, at approximately 2-25 PM, the facility's Registered Nurse (RN) was asked if the facility had obtained a Certificate of Waiver, as required under the CLIA. The RN indicated that she had completed the application, however, the form was completed incorrectly and was returned to the Provider. The RN indicated that she would resubmit the application. At the time of the survey, the facility did not have a CLIA Certificate of Waiver.</p>	W 394	<p>394</p> <p>This Standard will be met as evidenced by:</p> <p>Another application was submitted as indicated. The Certificate of Waiver has been received as required.</p>	11.26.08 orgomy
W 455	<p>483.470(i)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to implement infection control procedures to prevent communicable infectious diseases.</p> <p>The finding includes:</p> <p>On November 12, 2008 at 8:25 PM, the Qualified Mental Retardation Professional (QMRP) slipped on a puddle of liquid in Client #5's bedroom. At 8:28 PM, the evening shift leader was observed wiping the puddle of liquid on the floor with paper towels and no gloves on. Interview with the evening shift leader revealed that Client #5 urinated on the floor when her adult protective</p>	W 455		

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W 455	Continued From page 14 undergarment were removed. The direct care staff took the client to the bathroom for her shower. Further interview with the QMRP on November 13, 2008 at approximately 11:00 AM revealed that the staff had received training on infection control. Review of the staff in-service training book on November 13, 2008 at approximately 2:00 PM confirmed that staff had received infection control training on September 9, 2008. There was no evidence that staff cleaned the area in a manner that ensured infection control techniques were used.	W 455	W455 This Standard will be met as evidenced by:  The QMRP will ensure that staff are re-trained on infection control techniques.	11.26.08 onqomj
W 488	483.480(d)(4) DINING AREAS AND SERVICE  The facility must assure that each client eats in a manner consistent with his or her developmental level.  This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure that feeding protocols were implemented as written, for one of the four clients in the sample. (Client #2)  The finding includes:  During the dinner meal observations on November 12, 2008 at approximately 6:30 PM, Client #2 was observed being fed by staff. During the meal, Client #2's head leaned over to the her left side.  Review of Client #2's "Mealtime Protocol" dated June 16, 2008 on November 12, 2008 at 8:00 PM revealed that staff were to reposition her head upright when she leaned to the left. During the observation, the client's head leaned to the left and there was no intervention until the	W 488	W488 This Standard will be met as evidenced by:  The QMRP contacted the Physical Therapist who provided staff with training on November 18, 2008 (see attachment A-3) to assist with Client #2's positioning in her wheelchair at meal-time. QMRP and Nurses will continue to monitor meals to ensure intervention is reflective of techniques identified on meal protocol.	11.18.08 onqomj

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

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W 488	Continued From page 15 surveyor mentioned the observation to the Qualified Mental Retardation Professional (QMRP) at approximately 7:00 PM.	W 488		

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD03-0036	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  11/14/2008
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I 000	<p><b>INITIAL COMMENTS</b></p> <p>A licensure survey was conducted from November 12, 2008 through November 14, 2008. The survey was initiated using the fundamental survey process. A random sample of four residents was selected from a population of six females and two males with various degrees of disabilities.</p> <p>The findings of this survey were based on observations at the group home, three day programs, interviews with the group home and day program staff, and review of clinical and administrative records to include the facility's unusual incident reports.</p>	I 000		
I 135	<p><b>3505.5 FIRE SAFETY</b></p> <p>Each GHMRP shall conduct simulated fire drills in order to test the effectiveness of the plan at least four (4) times a year for each shift.</p> <p>This Statute is not met as evidenced by: Based on interview and the review of fire drill reports, the GHMRP failed to provide evidence that evacuation drills were held at least quarterly for each shift of personnel.</p> <p>The finding includes:</p> <p>Interview with the house manager on November 12, 2008 revealed that the GHMRP had three shifts of duty, 6:00 AM - 2:30 PM, 2:00 PM - 10:30 PM and 10:00 PM - 8:30 AM. Review of the GHMRP's fire drill logs on the same day at 3:00 p.m. revealed that drills were not consistently conducted by the weekend shifts of personnel as evidenced below:</p>	I 135	<p>1135</p> <p>This Statute will be met as evidenced by:</p> <p>QMRP will provide staff and Home Manager with training on Fire Safety drills and required expectations. GHMRP requires that a Fire drills to be conducted monthly on each shift in order to meet the standard of four drills per year on each shift.</p> <p>QMRP will audit fire drill records at least quarterly to further ensure compliance with his standard.</p>	11-21-08 <i>[Signature]</i>

Health Regulation Administration  
*[Signature]*  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE  
*[Signature]*

(X6) DATE  
11/28/08

Health Regulation Administration

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I 135	Continued From page 1  January through March 2008 there were no documented weekend evening shift drills documented;  April through June 2008 there were no weekend night shift drills documented; and  July through September 2008 there were no weekend evening and night shift drills documented.	I 135		
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 record review the GHMRP failed to maintained each resident's funds received and disbursed for one of the four residents in the sample. (Resident #3)  The finding includes:  A review of Resident #3's financial record was conducted on November 13, 2008 at 3:50 PM. The bank statements were reviewed from December 2007 through September 2008. The record revealed a withdrawal of \$400.00 from the resident's account on September 16, 2008. Review of the receipts for the aforementioned withdrawal totaled \$173.47.  Interview with the House Manager (HM) on November 14, 2008 at approximately 9:30 AM revealed that the Provider's accounting office inadvertently keyed in \$400.00 instead of \$200.00. A written correspondence was received from the accounting office on November 14,	I 189	3508.7 This Statute will be met as evidenced by:  Reference response to Federal Deficiency Report W140.	11-17-08 mgj

Health Regulation Administration

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I 189	Continued From page 2  2008 at 10:15 AM that indicated \$200.00 would be deposited as soon as possible. Further review of Resident #3's financial records revealed no evidence that the \$200.00 was deposited back into the resident's account. The facility failed to ensure a complete accounting of Resident #3's personal funds.	I 169		
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 provided to each staff in the area of Human Development.  The finding includes:  Review of the training records on November 14, 2008 revealed that the GHMRP failed to provide training in Human Development.	I 225	1225 3510.5(b)  This Statute will be met as evidenced by:  All staff are provided training on Human development through the life cycle (birth to death) at the time of hire.  QMRP will train staff on Human Development through the life cycle.	12-4-08 mgj
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:	I 229		

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD03-0036	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  11/14/2008
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1229	<p>Continued From page 3</p> <p>Based on observation, staff interviews and record verification, the facility staff failed to demonstrate competency in the implementation of the prescribed diet, for two of four residents in the sample. (Residents #2 and #3)</p> <p>The findings include:</p> <p>1. During the dinner meal observations on November 12, 2008 at approximately 6:30 PM, Resident #2 was observed being fed by staff. During the meal, Resident #2's head leaned over to the her left side.</p> <p>Review of Resident #2's "Mealtime Protocol" dated June 16, 2008 on November 12, 2008 at 8:00 PM revealed that staff were to reposition her head upright when she leaned to the left. During the observation, the resident's head leaned to the left and there was no intervention until the surveyor mentioned the observation to the Qualified Mental Retardation Professional (QMRP) at approximately 7:00 PM.</p> <p>2. The QMRP failed to provide Client #3's day program with his adaptive feeding protocol and equipment.</p> <p>On November 12, 2008 at 12:20 PM, Client #3 was observed having lunch at his day program. The client was observed feeding himself a pureed diet, using a divided plate and tablespoon. The client's plate was sliding around on the table while he was eating. The client was observed drinking during the meal and continuously coughing. The day program staff was observed removing food from the client's spoon. Interview with the day program staff at approximately 1:00 PM indicated that the client</p>	1229			

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD03-0036	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  11/14/2008
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1229	<p>Continued From page 4</p> <p>puts too much food on his spoon and requires verbal and physical assistance to remove the food.</p> <p>At 6:22 PM, during dinner observations, Client #3 was observed eating a pureed diet. The client used a divided plate, a plastic coated teaspoon and a straw to drink fluids. There were no feeding problems noted during the dinner meal.</p> <p>Review of Client #3's feeding protocol dated December 11, 2007 at the day program on November 12, 2008 at approximately 1:00 PM revealed the client required the following adaptive feeding equipment: a divided plate, and a plastic coated unbreakable teaspoon. Further interview with the day program staff indicated that the QMRP or home had not provided the day program with a plastic coated unbreakable teaspoon.</p> <p>Interview with the QMRP on November 12, 2008 at approximately 4:00 PM indicated that a current feeding protocol and adaptive feeding equipment was sent to the day program. Review of Client #3's mealtime protocol dated August 21, 2008 revealed the client required the following adaptive feeding equipment: a divided plate, an unbreakable teaspoon and provide straws for beverage.</p> <p>There was no evidence that QMRP provided Client #3's day program with the necessary adaptive feeding equipment.</p> <p>3. Review of the training records on November 14, 2008 revealed that the GHMRP failed to provide training in the area of nutrition.</p>	1229	<p>1229 3510.5(f)</p> <p>This Statute will be met as evidenced by:</p> <p>Reference response to Federal Deficiency report W140.</p>	11-17-08 ongoing

Health Regulation Administration

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I 379	Continued From page 5	I 379			
I 379	<p>3519.10 EMERGENCIES</p> <p>In addition to the reporting requirement in 3519.5, each GHMRP shall notify the Department of Health, Health Facilities Division of any other unusual incident or event which substantially interferes with a resident's health, welfare, living arrangement, well being or in any other way places the resident at risk. Such notification shall be made by telephone immediately and shall be followed up by written notification within twenty-four (24) hours or the next work day.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that injuries of unknown origin are reported to the facility's administrator and government agencies as required by DC Regulation [22 DCMR Chapter 35 Section 3919.10].</p> <p>The findings include:</p> <p>Review of the facility's incident reports on November 12, 2008 at 8:15 AM revealed the following incidents of unknown origin:</p> <p>On August 23, 2008, Resident #5 appeared in pain. Tylenol was given and there appeared to be no relief. The resident was sent to the local emergency room where she was diagnosed with a bilateral rotator cuff tear.</p> <p>Interview was conducted with the Qualified Mental Retardation Professional (QMRP) on November 12, 2008 at 9:35 AM to ascertain</p>	I 379	<p>1379</p> <p>The GHMRP notified the state agency of the incident report that involved Client #5 on August 23, 2008 as indicated on the incident report. However there was not fax verification report attached. The GHMRP will ensure that fax verification reports are attached to incident reports to show evidence of notification to state agencies.</p>	<p>11.17.08 on opinion</p>	

Health Regulation Administration

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1379	Continued From page 6  information regarding the facility's incident management system. According to the QMRP, all incidents were to be reported to the state agency. Further review of the incident report, however, revealed that there was no documented evidence that indicated the state agency had been notified. At the time of the survey, the facility failed to provide evidence that ensured that the state agency was notified of the incident of unknown origin.	1379		
1420	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 four residents included in the investigation. (Resident #4)  The finding includes:  On November 12, 2007 at 6:05 PM, Resident #4 was observed being administered her medications. The Licensed Practical Nurse (LPN) prepared the residents medications, placed them in applesauce, poured a cup of water and spoon fed the her the medication. The LPN was observed pouring the water into the	1420	1420 3521.1 This Standard will be met as evidenced by:  Reference response Reference response to W227.	11.17.08 ongoing

PRINTED: 11/28/2008  
 FORM APPROVED

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD03-0038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  11/14/2008
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NAME OF PROVIDER OR SUPPLIER  (DI)	STREET ADDRESS, CITY, STATE, ZIP CODE 4515 EDSON PLACE, NE WASHINGTON, DC 20019
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1420	<p>Continued From page 7</p> <p>resident's mouth. Interview with the LPN indicated that the resident does not participate in a self medication program. Review of the self medication assessment on October 13, 2008 at approximately 11:00 AM dated January 22, 2008 indicated that the resident should be encouraged to pick up the medication cup from the table or from the nurse with each oral medication administered.</p> <p>Review of Resident #4's Individual Program Plan (IPP) on October 13, 2008 at approximately 11:00 AM dated January 24, 2008 revealed no program goal or objective for the resident to receive training in self medication.</p>	1420		
1423	<p><b>3521.4 HABILITATION AND TRAINING</b></p> <p>Each GHMRP shall monitor and review each resident's Individual Habilitation Plan on an ongoing basis to ensure participation of the resident and appropriate GHMRP staff in revision of such Plans whenever necessary. The schedule for the reviews shall be documented within each IHP.</p> <p>This Statute is not met as evidenced by: Based on Interview and record review, the GHMRP failed to ensure each resident's Individual Habilitation Plan had been monitored to make certain each resident participated and the plans were revised as needed, for one of the four residents in the sample. (Resident #3)</p> <p>The findings include:</p> <p>1. On November 12, 2008 at 5:10 PM, the direct care staff was observed reading to Resident #3.</p>	1423	<p><b>1423</b>  <b>3521.4</b>  <b>This Statute will be met as evidenced by:</b></p> <p><b>Reference response to W159, W252, W255</b></p>	<p>12/4/08                  ongoing</p>

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD03-0036	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  11/14/2008
NAME OF PROVIDER OR SUPPLIER  IDI		STREET ADDRESS, CITY, STATE, ZIP CODE 4515 EDSON PLACE, NE WASHINGTON, DC 20019		
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1423	<p>Continued From page 8</p> <p>The resident was observed pushing a button on the book with physical assistance from the direct care staff. Interview with the Qualified Mental Retardation Professional (QMRP) on November 13, 2008 at approximately 11:00 AM revealed that although the client was blind, he enjoyed auditory stimulation. Review of the resident's Individual Program Plan (IPP) dated September 26, 2008 on November 13, 2008 at approximately 11:30 AM revealed an objective which stated, "[the resident] will respond to staff request to activate a talking story book with 60% hand over hand assistance per session for six consecutive month by 3/09" Review of the data sheet on November 13, 2008 required that the objective should be documented on the previous day. However the data sheet failed to reflect the resident's progress on November 12, 2008.</p> <p>There was no evidence that the data had been collected in accordance with the IPP for the resident, which was necessary for a functional assessment of the resident's progress.</p> <p>2. During dinner observations on November 12, 2008 at 6:20 PM, Resident #3 was observed wiping his mouth with physical and hand over hand assistance from staff. Interview with the Qualified Mental Retardation Professional (QMRP) on November 13, 2008 at approximately 11:10 AM revealed that although the resident was blind, he could assist with eating.</p> <p>Review of the Resident #3's IPP dated September 26, 2008 on November 13, 2008 at approximately 11:40 AM revealed an objective which stated, "Daily [the resident] will wipe his mouth during PM mealtime using hand over hand assistance for six consecutive month by</p>	1423		

Health Regulation Administration

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I 423	<p>Continued From page 9</p> <p>3/09* Review of the data sheet on November 13, 2008 failed to reflect the resident's progress on November 12, 2008.</p> <p>There was no evidence that the data had been collected in accordance with the IPP for the resident, which was necessary for a functional assessment of the resident's progress.</p>	I 423		

Health Regulation Administration

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R 000	<p><b>INITIAL COMMENTS</b></p> <p>A licensure survey was conducted from November 12, 2008 through November 14, 2008. The survey was initiated using the fundamental survey process. A random sample of four residents was selected from a population of six females and two males with various degrees of disabilities.</p> <p>The findings of this survey were based on observations at the group home, three day programs, interviews with the group home and day program staff, and review of clinical and administrative records to include the facility's unusual incident reports.</p>	R 000		
R 125	<p><b>4701.6 BACKGROUND CHECK REQUIREMENT</b></p> <p>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.</p> <p>This Statute is not met as evidenced by:</p>	R 125	<ul style="list-style-type: none"> <li>* Human Resource Department conducts background checks for all prospective applicants.</li> <li>* Applications require that the applicant list employment history to include jurisdictions.</li> <li>* Background checks are reviewed to determine eligibility for employment.</li> </ul>	11.17.08

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE HES	(X6) DATE 11.17.08
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