

Rec'd 11/22/09

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 DEPARTMENT OF HEALTH
 HEALTH REGULATION ADMINISTRATION
 825 NORTH M STREET, N.W. 2ND FLOOR
 WASHINGTON, D.C. 20002
 A. BUILDING _____
 B. WING _____

PRINTED: 11/05/2009
 FORM APPROVED

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CRF-000762	(X2) DATE SURVEY COMPLETED 10/22/2009
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NAME OF PROVIDER OR SUPPLIER MIRIAM'S HOUSE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1300 FLORIDA AVENUE NW WASHINGTON, DC 20009
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DOOO	<p>Initial Comments</p> <p>A licensure survey was conducted from October 19, 2009 through October 20, 2009. The findings of the survey was based on observations of the Community Residential Facility (CRF), interviews with the administrative staff and residents, as well as a review of clinical and administrative records, including incident reports. A random sample of seven clients was selected from a resident population of fourteen residents with various medical disabilities.</p> <p>A thorough environmental inspection was completed and determined there were no significant deficiencies noted that would be life threatening to the residents and/or staff. There were no significant deficiencies noted, that would be life threatening to the residents and/or staff.</p>	DOOO	<p>The following plan is based upon these outlined items, per the 11/9/09 letter:</p> <p>a. Corrective Action b. Potential to affect others c. Measures/systemic changes d. Monitoring</p>	
D180	<p>3400. 2(c) General Provisions</p> <p>(c) The preparation of all reports and documents required by the Mayor;</p> <p>This CONDITION is not met as evidenced by: Based on interview and record review, the Community Residential Facility (CRF) failed to ensure annual evaluations had been completed for one (4) of the thirteen (13) employee records reviewed. (Employee #3, #5, #7 and #11)</p> <p>The findings include:</p> <p>On October 22, 2009, at approximately 11:05 a.m. a review of the CRF employee personnel records was completed. The findings revealed no annual evaluations had been completed for Employee #3, #5, #7, and #11.</p>	D180	<p>PLAN OF CORRECTION: 3400.2 Annual evaluations</p> <p>a. We conduct an annual evaluation in September and October, although this year the process is slower due to the ill health of the Executive Director. Employee # 3 was complete on 9/24; I assume the inspector simply missed it, have provided copy. All evals by 11/20/09</p> <p>b. No residents affected.</p> <p>c. Annual evaluation will begin during August instead of September in order to ensure all are complete by Sept. 30.</p> <p>d. Quality Improvement Plan is modified to require that all evaluations are complete by September 30 (see page 4 of Plan, attached).</p>	

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION BUILDING	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B. WING CRF-000782	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED A. 10/22 >/2009
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D 180	Continued From page 1	D180		
D430	<p>Interview with the CRF Director on October 22, 2009 at 1 1 :07 a.m. acknowledged that Employee #3, #5, #7 and #1 1 did not have an annual evaluation completed.</p> <p>3402. 2(b) Personnel</p> <p>(b) Plans for the orientation of all employees and for regularly scheduled staff meetings;</p> <p>This CONDITION is not met as evidenced by: Based on interview and record review, the</p> <p>Community Residential Facility (CRF) failed to provide evidence of orientation training for one (1) of the thirteen (13) employee records reviewed. (Staff #7)</p> <p>The finding includes:</p> <p>Interview with the Director on October 22, 2009, at approximately 1 1 :00 a.m. revealed that the facility had failed to ensure Employee #7 had received orientation training.</p> <p>The Director acknowledged at that time that Employee #7 had not recieved orientation training prior to employment as required.</p>	D430	<p>PLAN OF CORRECTION: 3402.2(B)</p> <p><u>NO CORRECTION NEEDED:</u> Upon our own review of this deficiency, we found the orientation form in the file. We assume that the Inspector simply missed it. Copy is attached.</p>	
D450	<p>3402.3 Personnel</p> <p>All persons employed in a community residence facility shall have a pre-employment medical examination by a licensed physician and shall be certified annually by the examining physician to be in good health and free of communicable diseases as defined in chapter 2 of this title.</p> <p>This CONDITION is not mat as evidenced by: Based on interview and record review, the</p>	D450		

Health Regulation Administration

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D450	Continued From page 2 Community Residential Facility (CRF) failed to provide evidence of physical exam reports as require for two (2) of thirteen (13) employees. (Employees #4 and #8) The findings include: Review of personnel rescords on October 22, 2009, at approximately 1 1 :40 am revealed that employees #4 and #8 did not have current physical examination reports available for review. Interview with the Director on October 2009, at approximately 12:00 p.m. confirmed the findings.	D450	PLAN OF CORRECTION: 3402.3 Personnel – physical exams a. Employee #8 is resigning as of December 31, 2009. Employee #4 had completed her physical, we are awaiting results of TB test. b. No residents affected. c. Executive Director has created a chart for tracking annual health renewal per employee (attached). d. Chart posted on bulletin board above ED desk.	
D470	3402.5 Personnel Personnel records shall include each employee's name; address; sex; social security number; current professional license or registration number, if any; a resume of education, training, experience, and places of previous employment; and a current health certification. This CONDITION is not met as evidenced by: Based on interview and record review, the Community Residential Facility (CFR) failed to have documentation of a resume or application for one(1) of thirteen (13) employee records reviewed. (Employee #6) The findings include: An interview and record review with the facility Director on October 22, 2009, at approximately 11:50 a.m, revealed that the facility failed to have documented evidence of a resume or application for Employee #6.	D470	PLAN OF CORRECTION: 3402.5 Personnel; resumes a. Employee #6 resume has been created and is attached. b. No residents affected c. Resumes are required during hiring process. d. New Staff Orientation outline is modified to include resume, p.2 (attached).	

Health Regulation Administration

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D590	Continued From page 3	D590		
D590	<p>3403.10 Admission Policies</p> <p>Each resident who is on convalescent leave from a psychiatric hospital, or who has been determined to be mentally incompetent or in need of treatment under the 1964 Hospitalization of the Mentally Ill Act approved September 14, 1965 (79 Stat. 751; D.C. Code, § 21-501 shall have had a psychiatric examination not more than thirty (30) days prior to his or her admission.</p> <p>This CONDITION is not met as evidenced by: Based on interview and record review, the Community Residential Facility (CRF) failed to ensure a psychiatric examination prior to admission, for two of the seven residents (Residents #4 and #5) residing in the group home.</p> <p>The findings include:</p> <p>1 . Review of Resident # 4's medical record on October 20, 2009, at 2:46 p.m. revealed a "Medication List." The list included the following medications: Haldol injection, Depakote 500 mg, Abilify 15 mg, and Trazodone 100 mg. Continued review of the medical record revealed a nursing care plan not dated, with diagnoses of paranoid, history of suicide attempts, and bipolar-schizophrenia.</p> <p>Interview with the group home's Licensed Practical Nurse (LPN) on October 20, 2009, at 3:59 p.m. was conducted regarding if the resident had a psychiatric evaluation. According to the LPN, at the time of Resident #4's intake, she did not have a psychiatric evaluation. Although a psychiatrist prescribed the resident ' s medication at the time of the survey, there was no</p>	D590	<p>PLAN OF CORRECTION: 3403.10 re psychiatric evaluations prior to admission</p> <p>a. Resident #4 had a psych evaluation in a different file: it is attached to this document. Resident #5 was admitted on an emergency basis, per the Department of Health / HIV AIDS Administration's request in August 2009. The urgency of this request meant that we had no time to obtain the psychiatric evaluation. We will schedule the eval by December 15, 2009.</p> <p>b. We usually do not accept urgent and rushed admissions. If it does not mean leaving a woman homeless and on the street, we will ensure that even rushed admissions include a psych evaluation.</p>	

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D590	Continued From page 4 documented evidence of a psychiatric evaluation. At the time of the survey, the group home failed to ensure Resident #4 had a psychiatric evaluation before being admitted to the facility. 2. Review of Resident # 5's medical record on October 20, 2009 at 2:46 p.m. revealed a "Medication List." The list included the following medications: Ambien 10 mg, Zyprexa 20 mg, and Celexa 20 mg. Continued review of the medical record failed to evidence a psychiatric diagnosis. On October 20, 2009, at 5:30 p.m., the Licensed Practical Nurse (LPN) was interviewed to ascertain information regarding if Resident #5 had a psychiatric evaluation prior to admission. The LPN stated the resident did not. At the time of the survey, Resident #5 did not have a psychiatric evaluation completed, prior to admission.	D590	c. The Health Care Team is creating an intake checklist, by December 15, 2009. d. The Health Care Team is creating a Quarterly Chart Review checklist, similar to that of the SSM; by December 15, 2009.	
D600	3403.11 Admission Policies The examining physician shall provide the community residence facility with a written report providing sufficient information on the resident's condition to enable the community residence facility to assist the resident toward rehabilitation, together with a record of any prescriptions, treatment orders, or special instructions for the management and protection of the resident. This CONDITION is not met as evidenced by: Based on interview and record review, the Community Residential Facility (CRF) failed to ensure physician and treatment orders was provided for one of the seven residents (Resident #5) residing in the group home.	D600	PLAN OF CORRECTION: 3403.11 physician treatment orders a. Our own review of this deficiency revealed that the list of medications was included in the admission packet, and was to be found in a different section of the resident chart. We have attached a copy to this document. b. Chart review indicated no other residents affected. c. We will no longer accept health certifications that "attach" this list. d. We have updated the Case Manager Checklist which we use during the intake/admissions process (attached). It now includes <i>Leave no blanks;</i> →	

Health Regulation Administration

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D600	Continued From page 5 The finding includes: Interview with the Social Service Manager (SSM) and review of Resident #5's "progress file" record on October 20, 2009 at 2:29 p.m., revealed on September 18, 2009, the resident was admitted into the facility. Continued review of the record revealed a health certificate dated September 1, 2009. Review of the health certificate revealed Resident #5 was able to self-medicate and the prescribed medications were attached. However further examination of the health certificate did not evidence any attachments. Review of the resident's medical record on October 20, 2009, at 2:46 p.m. revealed a "Medication List." The list included the following medications: Ambien 10 mg, Zyprexa 20 mg, Celexa 20 mg, and ibuprofen 800 mg. interview with the group home's Licensed Practical Nurse (LPN) on October 20, 2009 revealed that it was an emergency when Resident #5 was admitted. Additionally, the LPN indicated that when the resident was admitted, the aforementioned medications were bought with her. At the time of the survey, the examining physician failed to provide evidence of prescriptions for Ambien 10 mg, Zyprexa 20 mg, Celexa 20 mg, and Ibuprofen 800 mg. and to include any treatment orders.	D600	and Medications must be listed.	
D710	3404.2 Resident Status Policies The Residence Director shall communicate orally or in writing with each resident's sponsor, if any, at least every six (6) months regarding the general condition of the resident, any unusual incidents that may have occurred, any changes in	D710		

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D710	<p>Continued From page 6</p> <p>the resident's health status, and any changes in the care or services to be provided to the resident.</p> <p>This CONDITION is not met as evidenced by: Based on interview and record review, the Community Residential Facility (CRF) failed to document evidence of communication with family member/sponsors of any changes for one of the four residents (Resident #2) included in the sample.</p> <p>The finding includes:</p> <p>Interview with Resident #2 on October 19, 2009 at 4:12 p.m. revealed that she a surgery performed for a bowel obstruction in March 2009. According to record review, the surgery was performed March 6, 2009.</p> <p>interview with the Social Service Manager (SSM) and review of the resident's record on October 19, 2009, at 8:56 a.m. revealed that the resident's entry date was July 30, 2009. Continued interview with the SSM revealed that she was new in this position, and indicated that she was responsible for the resident's records and contacting their sponsor/ and or family member. According to the review of the resident's record she had a sponsor and her mother was an emergency contact. The SSM verified that she had not contacted Resident #2's sponsor or mother.</p> <p>At the time of the survey, there was no documented evidence of communication with the resident's mother or sponsor regarding her general health or the March 6, 2009 surgery.</p>	D710	<p>PLAN OF CORRECTION:</p> <p>3404.2 CRF-sponsor contacts</p> <p>a. SSM has completed all 13 sponsor contacts as of 11/20/09 (copies attached).</p> <p>b. SSM has created electronic file for 6-month contact schedule.</p> <p>c. Executive Director is revising the Incident Report (attached) to include requirement to contact CRF sponsor.</p> <p>d. The Quarterly File Review will ensure that the calls are made.</p>	

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D1340	Continued From page 7	D1340		
D1340	<p>3411.3(b) Resident's Records</p> <p>(b) The resident's age and sex;</p> <p>This CONDITION is not met as evidenced by: Based on interview and record review, the Community Residential Facility (CRF) failed to include the age and gender of one of the four residents' (Resident #4) included in the sample.</p> <p>The finding includes:</p> <p>Review of Resident #4's "Progress File" on October 19, 2009, at 3:08 p.m. revealed a "Resident Emergency Information Sheet (REIS)." Review of the REIS revealed that the form was blank.</p> <p>Interview with the Social Service Manager (SSM) on October 19, 2009, at 3:28 p.m. revealed that Resident #4 was an emergency intake from another facility that had closed. Continued interview with the SSM revealed that she was new in this position, and was responsible for ensuring pertinent information was included in the resident's records.</p> <p>At the time of the survey, the group home failed to include Resident #4's date of birth and gender.</p>	D1340	<p>PLAN OF CORRECTION:</p> <p>3411.3(b and c) re resident date of birth, gender, and ss#.</p> <p>a. Our own review of this deficiency revealed that the resident's DOB, ss# and gender were readily available on other documents in the file.</p> <p>b. We are reducing the redundancy among forms so that no areas are left blank on redundant forms.</p> <p>c. SSM will update relevant form by November 30, 2009.</p> <p>d. The Quarterly File Review Checklist includes updating forms in the chart.</p>	
D1350	<p>3411.3(c) Resident's Records</p> <p>(c) The resident's social security number;</p> <p>This CONDITION is not met as evidenced by: Based on interview and record review, the Community Residential Facility (CRF) failed to include the social security number of one of the four resident's (Resident #4) included in the sample.</p>	D1350		

Health Regulation Administration

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D1350	Continued From page 8 The finding includes: Review of Resident #4's "Progress File" on October 19, 2009, at 3:08 p.m. revealed a "Resident Emergency Information Sheet (REIS)." Review of the REIS revealed that the form was blank. Interview with the Social Service Manager (SSM) on October 19, 2009, at 3:28 p.m. revealed that Resident #4 was an emergency intake from another facility that had closed. Continued interview with the SSM revealed that she was new in this position, and was responsible for ensuring pertinent information was included in the resident's records. At the time of the survey, the group home failed to include Resident #4's social security number.	D1350		
D1730	3416.4 Medication Storage and Disposal Medications of each resident shall be stored in their original containers and shall not be transferred to other containers.	D1730	PLAN OF CORRECTION: 3416.4 Medication in original containers a. ORIGINAL CONTAINERS: 1. By January 22, 2010, all Personal Care Aides employed at Miriam's House will have received the TME training; our nurses will be trained first, then they will train the Aides. This plan was created and agreed upon during a phone conference on December 10, 2009 with the following people: <i>[Handwritten signatures]</i> Miriam's House is to receive a provisional 45-day license, and plans to have made the needed changes by 1/22/10. Please note that the distribution of narcotics may still be an issue: we will stay in communication about this issue.	

This CONDITION is not met as evidenced by:
Based on observation, interview and record

review, the Community Residential Facility (CRF) failed to ensure that the resident's medications

for seven of the fourteen residents (Residents #1, #2, #3, #4, #5, #6, and #7) residing in the group home, was stored in their original containers.

The findings include:

Interview with the Personal Care Aid (PCA) on October 20, 2009, at approximately 8:30 a.m. revealed that some of the residents received their

b. All current residents who are able to self-medicate have received instructions from our RN (copies attached).

c. As residents arrive and as other residents become able to self-medicate, they will be trained also. See self-medication training forms attached.

d. The RN has requested blister packs from pharmacies that deliver regularly to Miriam's House, for residents whose limitations (blindness, illiteracy) prevent them from self-medicating. This is complicated by different pharmacies with different procedures, but we are working on it and will have it arranged by January 22, 2010.

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D1730	<p>Continued From page 9</p> <p>medications in the morning. The PCA escorted the surveyor to the health room where the medications was stored and received their medications. Continued interview with the PCA and observation revealed Resident #1, #2, #3, #4, #5, #6, and #7's medications was stored in envelopes prepared beforehand, by the group home's registered nurse (RN). Further observation revealed these envelopes was placed inside plastic baskets, sitting on a counter in the group home's health room. Observation of the aforementioned envelopes revealed the resident's name, medications to be administered handwritten on the outside of the envelopes.</p> <p>At approximately 9:02 a.m. Resident #2 was observed in the health room. The PCA was observed handing the medication envelope to her. The resident poured the medications onto a napkin and took them independently. At approximately 9:11 a.m. Resident* 7 received a prepackaged envelope with her medications. The surveyor was unable to document the medications administered by Resident #2 and #7, because they were not in the original containers.</p> <p>At the time of the survey, the group home failed to ensure the residents' mediations was stored in their original containers and not transferred to envelopes for Residents #1, #2, #3, #4, #5, #6, and #7.</p>	D1730		
D3000	<p>3421.1 Housekeeping and Laundry Services</p> <p>The interior and exterior of each community residence facility shall be maintained in a safe, clean, orderly, attractive, and sanitary manner free from accumulations of dirt, rubbish, and objectionable odors.</p>	D3000		

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D3000	<p>Continued From page 10</p> <p>This CONDITION is not met as evidenced by: Based on observation and interview, the Community Residential Facility (CRF) failed to maintain the interior of the facility in a safe, clean, orderly, and attractive manner.</p> <p>The findings include:</p> <p>On October 22, 2009 an environmental inspection was completed noting the following environmental concerns:</p> <ol style="list-style-type: none"> 1. The residents ' food inside the kitchen refrigerator was not labeled. Several food items were not in the original packaging. 2. The kitchen trashcans had no lids. 3. The kitchen pots and pans evidenced excessive grease. 4. The kitchen cabinet doors were broken. 5. In front of the kitchen refrigerator were broken floor tiles. 6. The kitchen stove was dirty, with excess grease on the exterior. 7. The kitchen sterilizer unit was inoperable. 8. There was grease on the ceiling and on the ceiling vent 9. The dining room floor had dirt in several corners 10. Several dining room chairs were soiled 11. The ceramic tile located in resident room# 	D3000	<p>PLAN OF CORRECTION:</p> <p>3421.1 Maintaining facility in clean, attractive manner</p> <ol style="list-style-type: none"> 1. Corrected 11/16/09; un-labeled food discarded. Sign posted, "All food must be labeled and dated" 2. Corrected 11/10/09: lid found and replaced. 3. Corrected 11/17/09: greasy, dirty pots discarded. 4. Corrected 10/31/09: broken hinges replaced. 5. Replacement in progress 11.20.09 (Rec Room kitchen) 6. Stove is cleaned twice a day; after lunch and at night. Inspector viewed stove between breakfast and lunch. 7. Kitchen sterilizer is operable: we do not understand this as we have been using it every day, several times a day. 8. Corrected 11/16/09: Vent and ceiling cleaned with de-greaser. 9. Contractors (Without Equal) called for cleaning by December 15, 2009. 10. Contractors (Without Equal) called for cleaning by December 15, 2009. 	

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CRE-000762	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/22/2009
NAME OF PROVIDER OR SUPPLIER 1300 FLORIDA AVE NW MIRIAM'S HOUSE INC WASHINGTON, DC 20009		STREET ADDRESS, CITY, STATE, ZIP CODE		
(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) COMPLETE DATE
D3000	Continued From page 11 102, was broken. There was also food observed on the shelf, not stored in any type of a contained. 12. The trash chute located on the 1st, 2nd and 3rd floor, evidenced dirty doors. 13. On Hallway #1, #2 and #3, the carpets were soiled. 14. The rear stairway was dirty. At the time of the environmental inspection, the facility director acknowledge these deficiencies.	D3000	11. Floor tile (not ceramic) to be replaced by December 15, 2009 12. Corrected 11/19/09: Doors cleaned. 13. Contractors (Without Equal) called for cleaning by December 15, 2009 14. Corrected 11/16/09: cleaned Plan for Correction: a. Corrective actions noted above b. All residents affected equally. c. By Dec. 15, 2009, create a list for quarterly cleaning; also use large volunteer groups for deep cleaning such as windows, walls. d. Add quarterly cleaning to Quality Improvement Plan schedule and goals.	