

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

PRINTED: 03/04/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G118	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/20/2014
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NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES	STREET ADDRESS, CITY, STATE, ZIP CODE 5051 LEE 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>INITIAL COMMENTS</p> <p>A recertification survey was conducted from February 19, 2014 through February 20, 2014. A sample of two clients was selected from a population of four males with varying degrees of intellectual disabilities. This survey was conducted utilizing the fundamental survey process.</p> <p>The findings of the survey were based on observations, interviews, review of client and administrative records.</p> <p>The facility is in compliance with the requirements of 42 CFR 483, Subpart 1, Requirements for Intermediate Care Facilities. No deficiencies were cited.</p> <p>Note: The below are abbreviations that may appear throughout the body of this report.</p> <p>Emergency Room - ER Day Program Case Manager - DPCM Department of Health, Health Regulation and Licensing Administration - DOH/HRLA Group Home for Individuals with Intellectual Disabilities - GHIID Qualified Intellectual Disabilities Professional - QIDP House Manager - HM Incident Management Coordinator - IMC</p>	W 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE <i>[Title]</i>	(X6) DATE <i>03/13/2014</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.

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0079	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/20/2014
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I 000	<p>INITIAL COMMENTS</p> <p>A licensure survey was conducted from February 19, 2014 through February 20, 2014. A sample of two residents was selected from a population of four males with varying degrees of intellectual disabilities.</p> <p>The findings of the survey were based on observations, interviews and review of client and administrative records.</p> <p>Note: The below are abbreviations that may appear throughout the body of this report.</p> <p>Emergency Room - ER Day Program Case Manager - DPCM Department of Health, Health Regulation and Licensing Administration - DOH/HLRA Group Home for Individuals with Intellectual Disabilities - GHIID Qualified Intellectual Disabilities Professional - QIDP House Manager - HM Incident Management Coordinator - IMC</p>	I 000		
I 090	<p>3504.1 HOUSEKEEPING</p> <p>The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors.</p> <p>This Statute is not met as evidenced by: Based on observation and interview, the GHIID failed to maintain the interior and exterior of the facility in a safe, clean, orderly, attractive, and sanitary manner, for four of the four residents of the facility. (Residents #1, #2, #3 and #4)</p>	I 090		

Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE **QIDP** (X6) DATE **3/13/2014**

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Health Regulation & Licensing Administration

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I 090	Continued From page 1 The findings include: Observation during the inspection of the environment on February 20, 2014, beginning 1:00 p.m., revealed the following: 1. There were no observed window blinds, window curtains and/or window shades located in two of the two bathrooms used by the residents. 2. There was observed mold located in the corners the bathtubs located in two of the two bathrooms used by the residents. The HM and QIDP, who were present during the inspection, confirmed the above findings. The HM stated he would address the findings with maintenance.	I 090		
I 379	3519.10 EMERGENCIES 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. This Statute is not met as evidenced by: Based on interview and review of resident records, including incident reports and investigations, the GHIID failed to ensure that all	I 379	1090 3519 1. Window blinds were purchased for Both bathrooms located in the facility. In the future, the QDDP and H/M will Ensure that there are blinds in both Bathrooms at all times.....03/14/14 2. A Certified Mold Remediator (CMR) Was called out to inspect on 03/07/2014 And there was no visible signs of any Dangerous mold. The QDDP and H/M Trained direct support staff on proper Cleaning techniques of the bathroom. In The future the H/M and Asst. H/M will inspect the bathrooms daily for any possible signs of mold and mildew...03/14/14	

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I 379	<p>Continued From page 2</p> <p>incidents that presented a risk to resident's health and safety were reported in writing to DOH/HRLA, for one of the two residents in the sample. (Resident #2)</p> <p>The finding includes:</p> <p>During the entrance conference on February 19, 2014, at approximately 9:20 a.m., interview with the QIDP revealed that Resident #2 had a legal guardian, who served as his healthcare decision maker. At 10:50 a.m., continued interview with the QIDP revealed that Resident #2 was taken to the ER on November 4, 2013, after the resident's finger was injured at the day program. A couple minutes later, the QIDP presented a hospital discharge form to the surveyor that confirmed that Resident #2 did sustain an abrasion to the right ring finger. However, review of the incident report books on February 19, 2014, beginning at 9:50 a.m., revealed that an incident report had not been generated by the GHIID for Resident #2's injury to the right ring finger.</p> <p>On February 20, 2014, at 1:00 p.m., an interview was conducted with the DPCM, via telephone. According to the DPCM, Resident #2's "right ring finger" was caught in the door while the resident was leaving the bathroom. Further interview with the DPCM revealed that first aid was applied to Resident #2's finger, but the resident's finger continued to bleed. Resident #2 was then taken to the ER for further evaluation.</p> <p>On February 19, 2014, at 10:57 a.m., interview with the QIDP and the IMC, confirmed that DOH/HRLA was not notified verbally or in writing of the resident's ER visit regarding the injury to resident's right ring finger.</p>	I 379	<p>1379 3519.10</p> <p>Behavioral Research Associates, Inc. acknowledges the importance of keeping all of the individuals safe at all times. The Incident Management Coordinator (IMC) is responsible. For ensuring that All unusual incidents that Present a risk to the individuals health and safety Are reported to the Department of Health, Health Facility Division(DOH/HRLA). The IMC Supervisor Will re-inservice the IMC on the incident reporting Protocol to include State and Federal regulations Regarding incident reporting. In the future, the IMC Will review all unusual incidents on the MCIS system daily to address timely notification of all incidents to DOH/HRLA within a twenty-four hour (24) time frame. Such notification should be made by telephone or in written form. The IMC Supervisor will provide oversight to ensure compliance.....03/14/2014</p>	
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I 379	Continued From page 3 At the time of the survey, the GHIID failed to notify DOH/HRLA of the aforementioned incident.	I 379		
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R 000	<p>INITIAL COMMENTS</p> <p>A licensure survey was conducted from February 19, 2014 through February 20, 2014. A sample of two residents was selected from a population of four males with varying degrees of intellectual disabilities.</p> <p>The findings of the survey were based on observations, interviews and review of client and administrative records.</p> <p>Note: The below are abbreviations that may appear throughout the body of this report.</p> <p>Emergency Room - ER Day Program Case Manager - DPCM Department of Health, Health Regulation and Licensing Administration - DOH/HRLA Group Home for Individuals with Intellectual Disabilities - GHIID Qualified Intellectual Disabilities Professional - QIDP House Manager - HM Incident Management Coordinator - IMC</p>	R 000		
R 125	<p>4701.5 BACKGROUND CHECK REQUIREMENT</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: Based on interview and record review, the facility failed to ensure criminal background checks were conducted for all jurisdictions in which the employee had worked or resided within the 7</p>	R 125		

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R 125	<p>Continued From page 1</p> <p>years prior to the check, for one (1) of eleven (11) consultants . (Behavior Specialist #1)</p> <p>The finding includes:</p> <p>On February 19, 2014, beginning at 3:00 p.m., review of the personnel records revealed that a background check was not obtained for Behavior Specialist #1. According to the records, the employee's date of hire was on July 26, 2012.</p> <p>On February 19, 2014, at approximately 4:00 p.m., interview with the QIDP revealed that a background check was not conducted for the behavior specialist.</p>	R 125	<p>R125 6701.5</p> <p>A background check was done for the Behavioral Specialist with the Department of Health Criminal Background Check. In the future Behavioral Research will ensure that anyone who does not have a license has the necessary background check completed before working for the company....03/14/2014</p>	