

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/05/2014
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NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES	STREET ADDRESS, CITY, STATE, ZIP CODE 4288 1/2 SOUTHERN AVE, SE 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) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>A licensure survey was conducted from March 4, 2014 through March 5, 2014. A sample of two residents was selected from a population of one female and three 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>Department of Health, Health Regulation and Licensing Administration - DOH/HRLA Direct Support Professional - DSP Group Home for Individuals with Intellectual Disabilities - GHIID Intermediate Care Facility - ICF Licensed Practical Nurse - LPN Medication Administration Record - MAR Physician Order Sheet - POS Qualified Intellectual Disabilities Professional - QIDP Registered Nurse - RN Cardiopulmonary Resuscitation - CPR House Manager - HM</p>	R 000	<p>MAR 21 2014</p> <p><i>Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002</i></p>	
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:</p>	R 125	<p>R125</p> <p>Behavioral research Associates inc. acknowledges the importance of keeping all of the individuals being kept safe. . The Human Resources Department will complete all background checks for employees and consultant before any contact with the clients are ade3/30/2014.</p>	

Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Handwritten Signature] *[Handwritten Date: 03/20/2014]*

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R 125	<p>Continued From page 1</p> <p>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 years prior to the check, for one (1) of eleven (11) consultants . (Behavior Specialist #1)</p> <p>The finding includes:</p> <p>On March 5, 2014, at 2:34 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 March 5, 2014, at approximately 3:00 p.m., interview with the QIDP and HM revealed that a background check was not conducted for the behavior specialist.</p>	R 125		

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

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 FORM APPROVED
 OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G055	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2014
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W 000	<p>INITIAL COMMENTS</p> <p>A recertification survey was conducted from March 4, 2014 through March 5, 2014. A sample of two clients was selected from a population of one female and three 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>Note: The below are abbreviations that may appear throughout the body of this report.</p> <p>Department of Health, Health Regulation and Licensing Administration - DOH/HRLA Direct Support Professional - DSP Group Home for Individuals with Intellectual Disabilities - GHIID Intermediate Care Facility - ICF Licensed Practical Nurse - LPN Medication Administration Record - MAR Physician Order Sheet - POS Qualified Intellectual Disabilities Professional - QIDP Registered Nurse - RN Cardiopulmonary Resuscitation - CPR House Manager - HM</p>	W 000		
W 140	<p>483.420(b)(1)(i) CLIENT FINANCES</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>	W 140		

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<i>[Signature]</i>	QIDP	3-20-2014

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 140	<p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to evidence receipts that justified the withdrawals/expenditures from client's personal accounts, for one of two clients in the sample. (Client #2)</p> <p>The finding includes:</p> <p>Interview with the QIDP on March 4, 2014, at approximately 11:45 p.m., revealed that the facility assisted the clients with maintaining their finances. Continued interview and review of Client #1's bank statements on March 5, 2014, at 3:45 p.m., revealed the client received Supplemental Security Income (SSI) monthly.</p> <p>On March 5, 2014, beginning at 3:42 p.m., review of Client #2's financial records, revealed \$200.00 was withdrawn from the client's account on December 9, 2014. Further review revealed there were no receipts available to justify the withdrawal.</p> <p>Interview with the HM on March 5, 2014, at approximately 4:00 p.m., revealed she was not able to find the receipt to justify the withdrawal.</p> <p>At the time of the survey, the facility failed to provide a complete account of clients' personal funds.</p>	W 140	W140 Behavioral Research Associates inc understands the importance of maintaining the highest standards while being entrusted with client funds. The QIDP and QA manager will ensure that all client expenditures withdrawn from their personal accounts are immediately reconciled after each purchase and evidence of that purchase will be documented on an expense sheet and be place promptly place in each client's financial record and the QIDP will initial each expense sheet to ensure oversight is maintained. 3/10/2014	
W 368	<p>483.460(k)(1) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p>	W 368		

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W 368	<p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that a client received their Tegretol in accordance with physician's orders, for one of two clients in the sample. (Client #1)</p> <p>The finding includes:</p> <p>On March 4, 2014, beginning at 6:14 p.m., LPN #1 was observed preparing Client #1's medications. At 6:34 p.m., LPN #1 administered one Tegretol (100 mg) tablet to Client #1. At 7:12 p.m., review of the client's MAR's and POS's dated March 1, 2014, revealed an order to administer three Tegretol (300 mg) tablets twice a day.</p> <p>Interview with LPN #1 on March 5, 2014, at 4:15 p.m., confirmed that she administered one Tegretol tablet to Client #1. LPN #1 indicated that she thought the client was prescribed one Tegretol tablet twice a day.</p> <p>At the time of the survey, the facility failed to administer Client #1's Tegretol as prescribed.</p>	W 368	<p>W368</p> <p>Behavioral research Associates inc. acknowledges the importance of keeping all of the individuals safe from harm. The RN is responsible for overseeing the proper administration of medication as it relates to state and federal standards. The RN will monitor medication pass at least monthly and retrain as needed to ensure clients are receiving medication according to physician orders. The RN retained the LPN administering client #1's medication to prevent errors related to medication administration. 3/10/2014</p>	
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 a client received their Tegretol without error, for one of two clients in the sample. (Client #1)</p>	W 369		

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W 369	<p>Continued From page 3</p> <p>The finding includes:</p> <p>On March 4, 2014, beginning at 6:14 p.m., LPN #1 was observed preparing Client #1's medications. At 6:34 p.m., LPN #1 administered one Tegretol (100 mg) tablet to Client #1. At 7:12 p.m., review of the client's MAR's and POS's dated March 1, 2014, revealed an order to administer three Tegretol (300 mg) tablets twice a day.</p> <p>Interview with LPN #1 on March 5, 2014, at 4:15 p.m., confirmed that she administered one Tegretol tablet to Client #1. LPN #1 indicated that she thought the client was prescribed one Tegretol tablet twice a day.</p> <p>At the time of the survey, the facility failed to ensure all drugs were administered without error.</p>	W 369	<p>W369</p> <p>Behavioral research Associates inc. acknowledges the importance of keeping all of the individuals being kept safe from harm. The RN is responsible for overseeing the proper administration of medication as it relates to state and federal standards. The RN will monitor medication pass at least monthly and retrain as needed to ensure clients are receiving medication according to physician orders. The RN retained the LPN administering client #1's medication to prevent errors related to medication administration. 3/10/2014</p>	
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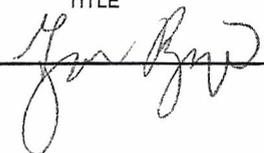
Health Regulation & Licensing Administration

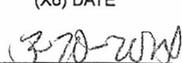
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I 000	<p>INITIAL COMMENTS</p> <p>A licensure survey was conducted from March 4, 2014 through March 5, 2014. A sample of two residents was selected from a population of one female and three males with varying degrees of intellectual disabilities.</p> <p>The findings of the survey were based on observations, interviews, review of residents and administrative records.</p> <p>Note: The below are abbreviations that may appear throughout the body of this report.</p> <p>Department of Health, Health Regulation and Licensing Administration - DOH/HRLA Direct Support Professional - DSP Group Home for Individuals with Intellectual Disabilities - GHIID Intermediate Care Facility - ICF Licensed Practical Nurse - LPN Medication Administration Record - MAR Physician Order Sheet - POS Qualified Intellectual Disabilities Professional - QIDP Registered Nurse - RN Cardiopulmonary Resuscitation - CPR House Manager - HM</p>	I 000		
I 189	<p>3508.7 ADMINISTRATIVE SUPPORT</p> <p>Each GHMRP shall maintain records of residents' funds received and disbursed.</p> <p>This Statute is not met as evidenced by: Based on staff interview and record review, the GHIID failed to evidence receipts that justified the withdrawals/expenditures from resident's personal accounts, for one of two residents included in the sample. (Resident #2)</p>	I 189		

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

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I 189	<p>Continued From page 1</p> <p>The finding includes:</p> <p>Interview with the QIDP on March 4, 2014, at approximately 11:45 p.m., revealed that the facility assisted the residents with maintaining their finances. Continued interview and review of Resident #1's bank statements on March 5, 2014, at 3:45 p.m., revealed the client received Supplemental Security Income (SSI) monthly.</p> <p>On March 5, 2014, beginning at 3:42 p.m., review of Resident #2's financial records, revealed \$200.00 was withdrawn from the Resident's account on December 9, 2014. Further review revealed there were no receipts available to justify the withdrawal.</p> <p>Interview with the HM on March 5, 2014, at approximately 4:00 p.m., revealed she was not able to find the receipt to justify the withdrawal.</p> <p>At the time of the survey, the facility failed to provide a complete account of Residents' personal funds.</p>	I 189	<p>1i189</p> <p>Behavioral Research Associates inc understands the importance of maintaining the highest standards while being entrusted with client funds. The QIDP and QA manager will ensure that all client expenditures withdrawn from their personal accounts are immediately reconciled after each purchase and evidence of that purchase will be documented on an expense sheet and be place promptly place in each client's financial record and the QIDP will initial each expense sheet to ensure oversight is maintained. 3/10/2014</p>	
I 206	<p>3509.6 PERSONNEL POLICIES</p> <p>Each employee, prior to employment and annually thereafter, shall provide a physician ' s certification that a health inventory has been performed and that the employee ' s health status would allow him or her to perform the required duties.</p> <p>This Statute is not met as evidenced by:</p>	I 206	<p>The QA team (QDDPs and QA Consultant) will review all staff personnel records at least quarterly to ensure that all health certificates are current and in each employee record. QA team will begin to send notices to all employees 60 days prior to their Health Certificate expiring. 3/30/2014.</p>	

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I 206	<p>Continued From page 2</p> <p>Based on interview and record review, the GHIID failed to ensure that all employees had current health certificates on file, for one of sixteen DSP (DSP #1), and one of one QIDP.</p> <p>The finding includes:</p> <p>On March 4, 2014, beginning at 4:36 p.m., review of the personnel records for all employees revealed the following:</p> <ol style="list-style-type: none"> 1. There was no evidence of a physician's health inventory/certificate for DSP #1. 2. There was no evidence of a physician's health inventory/certificate for the QIDP. <p>When queried about the missing physician's health inventories on March 5, 2014, at 3:30 p.m., the QIDP indicated that she would obtain the documents. At the completion of the survey however, the missing documents were not presented for review.</p>	I 206		
I 227	<p>3510.5(d) STAFF TRAINING</p> <p>Each training program shall include, but not be limited to, the following:</p> <p>(d) Emergency procedures including first aid, cardiopulmonary resuscitation (OPR), the Heimlich maneuver, disaster plans and fire evacuation plans;</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the GHIID failed to have on file for review, evidence of current training in cardiopulmonary resuscitation</p>	I 227		

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I 227	<p>Continued From page 3</p> <p>(CPR) and/or first aid for one of sixteen DSPs, one of seven LPNs and one of three RNs. (DSP #2, LPN #1 and RN #1)</p> <p>The finding includes:</p> <ol style="list-style-type: none"> 1. Review of the personnel records on March 5, 2014, beginning at 4:36 p.m., revealed the GHIID failed to have available for review a current CPR certification for LPN #1, RN #1 and DSP #1. 2. Review of the personnel records on March 5, 2014, beginning at 4:36 p.m., revealed the GHIID failed to have available for review a current first aid certification for DSP #2 <p>When queried about the expired CPR and first aid cards on March 5, 2014, at 3:00 p.m., the QIDP and HM indicated that they would obtain a current CPR and first aid card for LPN #1, RN #1 and DSP #1. At the completion of the survey however, the missing documents were not presented for review.</p>	I 227	<p>1227</p> <p>Behavioral research Associates inc. acknowledges the importance of keeping all of the individuals being kept safe. . The QA team (QDDPs and QA Consultant) will review all staff training records at least quarterly to ensure that all first aid/CPR certifications are current and in each employee record. QA team will begin to send notices to all employees 60 days prior to their certification expiring. 3/30/2014.</p>	
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>	I 379		

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I 379	<p>Continued From page 4</p> <p>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 incidents that presented a risk to resident's health and safety were reported immediately and 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 March 4, 2014, at approximately 11:45 a.m., interview with the QIDP revealed that Resident #2 had a legal guardian, who served as his healthcare decision maker.</p> <p>On March 5, 2014, at 9:21 a.m., review of Resident #2's medical records revealed a hospital discharge form dated August 18, 2013. The discharge form indicated that Resident #2 was treated in the emergency room for diarrhea. Review of the incident report book on March 4, 2014, beginning at 12:33 p.m., failed to reveal a report for the aforementioned incident. Furthermore, there was no evidence the incident had been reported to DOH/HRLA.</p> <p>On March 5, 2014, at 3:20 p.m., interview with the QIDP revealed that an incident report was completed and sent to DOH/HRLA. Further interview revealed that she was unable to locate the report.</p> <p>At the time of the survey, the GHIID failed to notify DOH/HRLA of the aforementioned incident.</p>	I 379	<p>I379</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 individual's 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 24 hour time frame.3/30/2014</p>	