

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

PRINTED: 02/05/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G134	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/16/2014
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NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES	STREET ADDRESS, CITY, STATE, ZIP CODE 4629 NH BURROUGHS AVE, NE WASHINGTON, DC 20019
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W 000	<p>INITIAL COMMENTS</p> <p>A recertification survey was conducted from January 14, 2014, through January 16, 2014. A sample of three clients was selected from a population of five individuals 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, and the review of records, including incident reports.</p> <p>Note: The below are abbreviations that may appear throughout the body of this report.</p> <p>Clinical Director (CD) Chief Operating Officer (COO) Director of Nursing (DON) Direct Support Professional (DSP) Emergency Room (ER) Facility Coordinator (FC) Group Home for Individuals with Intellectual Disabilities (GHIID) Human Rights Committee (HRC) Intermediate Care Facility (ICF) Incident Management Coordinator (IMC) Individual Support Plan (ISP) Individualized Program Plan (IPP) Interdisciplinary Team (IDT) Licensed Practical Nurse (LPN) Milligrams (mgs) Physical Therapist (PT) Primary Care Physician Qualified Intellectual Disabilities Professional (QIDP) Registered Nurse (RN)</p>	W 000	<p style="text-align: center;"><i>Received 2/14/14</i></p> <p style="text-align: center;">Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St, N.E. Washington, D.C. 20002</p>	
W 130	483.420(a)(7) PROTECTION OF CLIENTS	W 130		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE **QIDP** (X6) DATE **2-14-2014**

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 130	Continued From page 1 RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure privacy by closing the door during morning care for one of five clients in the facility. (Client #4) The finding includes: On January 14, 2014, at 6:05 a.m., Client #4 was observed in the bathroom with DSP #1. The bathroom door was open exposing Client #4's buttocks, arms, legs, chest, and genital area (nude). Additionally, Clients #1, #2, #5, and three staff were observed in the hallway while Client #4's body was exposed. Interview with DSP #1 on January 14, 2014, at 8:25 a.m., revealed Client #1 would not close the bathroom door when provided verbal assistance. When asked if he should provide verbal assistance for Client #4 to close the door, DSP #1 replied "No, I should have closed the door for Client #4's privacy because he will not do it." At the time of the survey, there was no evidence that the staff ensured privacy during hygiene.	W 130	The QDDP has retrained the staff member on privacy and dignity considerations...2-10-14 The QDDP and Home Manager will monitor ongoing compliance during structured observations to be conducted at minimum weekly by each (separately)....2-15-14		
W 159	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a	W 159			

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W 159	<p>Continued From page 2 qualified mental retardation professional.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility's QIDP failed to ensure that program goals and objectives were monitored and revised as needed for two of three clients in the sample. (Clients #1 and #2)</p> <p>The findings include;</p> <p>1. [Cross refer to 255] The QIDP failed to ensure program objectives were revised once a client achieved the established criteria, as evidence as below:</p> <p>a. Review of Client #1's records on January 15, 2014, at 4:27 p.m., revealed that the client had an ISP meeting on August 9, 2013. Review of the ISP document revealed the IDT met and agreed on specific goals and objectives that the client should participate in for the following year. Specifically, one goal recommended was designed to improve Client #1's ability to brush his teeth. According to review of the client's IPP on January 16, 2014, at 7:05 p.m., Client #1 has a current objective to brush all surfaces of his teeth (in the morning and in the evening) with 80% accuracy for six months.</p> <p>Interview was conducted with the QIDP on January 16, 2014, at 7:05 p.m., to ascertain information on how the program was being monitored. Further review of the record and continued discussion with the QIDP on January 16, 2014, at 7:35 p.m., revealed that the QIDP documented the client's level of achievement with</p>	W 159	<p>1. a. The tooth brushing objective for Client #1 will be revised by the new QDDP to reflect the current level of progress...2-15-14</p>		

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W 159	<p>Continued From page 3</p> <p>his program objectives in monthly notes. Review of the monthly notes from March 2013 through December 2013 revealed the QIDP monitored the tooth brushing program, but documented that the goal required the client to achieve 50% accuracy at the verbal prompt level instead of 80% as recommended by the IDT. Specifically, according to the QIDP notes the client successfully completed the program objective independently above the required 50% and subsequent 80% (as of August 2013 ISP) verbal prompting level for the aforementioned ten month period (March 2013 through August 2013).</p> <p>The QIDP was further interviewed on January 16, 2014, at 7:35 p.m., to ascertain information about how the tooth brushing program was monitored and to find out why the program objective was continued at a level already attained by the client. The QIDP indicated that the monthly notes after August 2013 were documented in error; the accuracy level should have been noted as 80% instead of 50%. When queried further to determine why program was continued, the QIDP failed to provide an answer.</p> <p>At the time of the survey, the QIDP failed to ensure that Client #1's programs were monitored to make certain that the criteria for the objective was reflective of the client's current training needs.</p> <p>b. On January 16, 2014, at 3:15 p.m., review of Client #2's habilitation records revealed an ISP dated April 18, 2013. The ISP recommended that four of Client #2's IPP objectives implemented during the 2012 to 2013 ISP year, be revised for the upcoming year. Specifically, the ISP recommended that the IPP objectives be revised</p>	W 159	<p>b. The new QDDP will make the suggested revisions in all four objectives for Client #2; the revisions will reflect the current skill level and the assessed potential for improvement...2-15-14</p>	
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W 159	<p>Continued From page 4 as follows:</p> <p>(1) [Client #2] will strip the dirty linen from his bed every Saturday with HOH (hand over hand) assistance 75% of the time for six consecutive months. According to the ISP, the client met the criteria and the IDT recommended that the goal be revised for the upcoming year.</p> <p>(2) Given assistance from two staff, [Client #2] will walk in the community for a minimum of 20 minutes each time. According to the ISP, the client met the criteria and the IDT recommended that the goal be revised for the upcoming ISP year.</p> <p>(3) [Client #2] will improve his recreation skills. Client will participate in group activities weekly when verbally prompted 5/5 times. According to the ISP, the client met the criteria and the IDT recommended that the goal be continued for the upcoming ISP year.</p> <p>(4) [Client #2] will improve his daily living skills. Client will interact with peers and staff for 10 minutes in an activity 50% of the time. According to the ISP, the client met the criteria and the IDT recommended that the goal be revised for the upcoming ISP year.</p> <p>On January 16, 2014, at 3:51 p.m., review of Client #2's IPP dated April 18, 2013, revealed all four of the above identified IPP objectives continued to be implemented without the recommended revisions.</p> <p>Interview with the QIDP on January 16, 2014, at 5:22 p.m., confirmed that the revisions to Client #2's IPP as recommended by the IDT on April 18,</p>	W 159			

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W 159	<p>Continued From page 5 2013 had not been implemented.</p> <p>At the time of the survey, there was no evidence that the QIDP ensured revisions were made in Client #2's IPP as required.</p> <p>2. [Cross refer to 249] The QIDP failed to ensure recommended objectives were implemented as required.</p> <p>Review of Client #1's records on January 15, 2014, at 4:27 p.m., revealed the client had an ISP meeting on August 9, 2013. Review of the ISP document revealed the IDT met and agreed on specific goals and objectives that the client should participate in for the following year. Continued review of the record, revealed a document entitled, "IPP PROGRAMS." Review of the IPP document revealed that the program goals and objectives listed differed from those referenced in the client's ISP document.</p> <p>Interview was conducted with the QIDP on January 16, 2014, at 7:15 p.m., to obtain clarity on which document identified the goals and objectives the client was actively engaged in. According to the QIDP, the document entitled, "IPP PROGRAMS" accurately identified the client's current goals and objectives. Further review of the document revealed the client participated with twelve goals and objectives including the following:</p> <p>Given verbal prompts, [Client's name] will be able to tell time on his watch when asked with 100% accuracy for six consecutive months.</p> <p>Review of Client #1's program documentation revealed that staff had not documented any</p>	W 159	<p>2.</p> <p>The QDDP will ensure that implementation begins on the time telling objective for Client #1 by...3-1-14</p> <p>The QDDP will review new ISPs routinely to ensure they reflect the agreed upon IPP objectives to be implemented by the residential program and will inform the DDS Service Coordinator concerning needed additions, deletions or edits when such issues are discovered...2-20-14</p> <p>The QA team (QDDPs and QA Consultant) will review all program books at minimum quarterly to ensure that all programs recommended are running as prescribed with proper data collection...3-1-14</p> <p>The QDDP will review the program data weekly to ensure consistent data collection and appropriate program implementation...2-26-14</p> <p>A standard program development and implementation guide has been obtained to aid the QDDPs in developing sound measurable objectives, data collection systems and staff instructions. Although the guides will be used to improve the quality of the aforementioned considerations, all programs will be person-specific in terms of the strategies used and consistent with their existing skill levels and potential for growth...3-1-14</p>		

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W 159	Continued From page 6 information related to the client's participation with the aforementioned objective. At the time of the survey, the QIDP failed to ensure that Client #1's time telling program had been implemented after the IDT recommended it in August of 2013.	W 159			
W 249	483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure a program designed to teach a client to tell the time had been implemented, for one of three clients in the sample. (Client #1) The finding include: On January 15, 2014, at approximately 6:40 a.m., Client #1 was observed eating breakfast independently with a regular utensil and cup. After completing the meal, Client #1 cleared the table and assisted staff with washing the dishes and loading the dishwasher. At 4:50 p.m., with verbal prompting by staff, Client #1 was observed operating a hand held game controller by pushing the buttons with his right index finger.	W 249	The QDDP will ensure that implementation begins on the time telling objective for Client #1 by...3-1-14 The QDDP will review new ISPs routinely to ensure they reflect the agreed upon IPP objectives to be implemented by the residential program and will inform the DDS Service Coordinator concerning needed additions, deletions or edits when such issues are discovered...2-20-14		

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W 249	<p>Continued From page 7</p> <p>Review of Client #1's records on January 15, 2014, at 4:27 p.m., revealed the client had an ISP meeting on August 9, 2013. Review of the ISP document revealed the IDT met and agreed on specific goals and objectives that the client should participate in for the following year. Continued review of the record, revealed a document entitled, "IPP PROGRAMS". Review of the IPP document revealed that the program goals and objectives listed differed from those referenced in the client's ISP document.</p> <p>Interview was conducted with the QIDP on January 16, 2014, at 7:15 p.m., to obtain clarity on which document identified the goals and objectives the client was actively engaged in. According to the QIDP, the document entitled, "IPP PROGRAMS" accurately identified the client's current goals and objectives. Further review of the document revealed the client participated in twelve goals and objectives including the following objective:</p> <p>Given verbal prompts, [Client's name] will be able to tell time on his watch when asked with 100% accuracy for six consecutive months.</p> <p>Review of Client #1's program documentation record revealed that staff had not documented any information related to the client's participation with the objective for the month of January 2014. Additional interview with the QIDP on January 16, 2014, at 7:20 p.m., revealed that the program had not been initiated after being recommended in the August 2013 ISP meeting.</p> <p>At the time of the survey, the facility failed to ensure Client #1's program designed to teach him</p>	W 249		
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W 249	Continued From page 8	W 249			
W 255	<p>to tell time was implemented.</p> <p>483.440(f)(1)(i) PROGRAM MONITORING & 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 interview and record review, the facility failed to provide evidence that the QIDP reviewed and revised (1) a tooth brushing goal for Client #1, (2) a stripping bed, community walking, group activity participation, and peer interaction goals for Client #2, once the clients had successfully completed the objectives, for two of three clients in the sample. (Clients #1 and #2)</p> <p>The findings include:</p> <p>1. Review of Client #1's records on January 15, 2014, at 4:27 p.m., revealed the client had an ISP meeting on August 9, 2013. Review of the ISP document revealed the IDT met and agreed on specific goals and objectives the client should participate in for the following year. Specifically, one goal recommended was designed to improve Client #1's ability to brush his teeth. According to review of the Client #1's IPP on January 16, 2014, at 7:05 p.m., Client #1 has a current objective to brush all surfaces of his teeth (in the morning and in the evening) with 80% accuracy for six months.</p> <p>Interview was conducted with the QIDP on</p>	W 255	<p>a. The tooth brushing objective for Client #1 will be revised by the new QDDP to reflect the current level of progress...2-15-14</p> <p>The QA team (QDDPs and QA Consultant) will review all program books at minimum quarterly to ensure that all programs recommended are running as prescribed with proper data collection...3-1-14</p> <p>The QDDP will review the program data weekly to ensure consistent data collection and appropriate program implementation...2-26-14</p> <p>A standard program development and implementation guide has been obtained to aid the QDDPs in developing sound measurable objectives, data collection systems and staff instructions. Although the guides will be used to improve the quality of the aforementioned considerations, all programs will be person-specific in terms of the strategies used and consistent with their existing skill levels and potential for growth...3-1-14</p>		

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W 255	<p>Continued From page 9</p> <p>January 16, 2014, at 7:05 p.m., to ascertain information on how the program was being monitored. Further review of the record and continued discussion with the QIDP on January 16, 2014, at 7:35 p.m., revealed that the QIDP documented the client's level of achievement with his program objectives in monthly notes. Review of the monthly notes from March 2013 through December 2013 revealed the QIDP monitored the tooth brushing program but documented that the goal required the client to achieve 50% accuracy at the verbal prompt level. Specifically, the notes documented the following related to the client's achievement with the objective:</p> <p>March 2013 - The status of Client #1's success with the goal revealed that he accomplished the objective with 75% accuracy at the independent level.</p> <p>May 2013 - The status of Client #1's success with the goal revealed that he accomplished the objective with 67% accuracy at the independent level.</p> <p>June 2013 - The status of Client #1's success with the goal revealed that he accomplished the objective with 64% accuracy at the independent level.</p> <p>July 2013 - The status of Client #1's success with the goal revealed that he accomplished the objective with 64 % accuracy at the independent level.</p> <p>August 2013 - The status of Client #1's success with the goal revealed that he accomplished the objective with 64% accuracy at the independent level.</p>	W 255			

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W 255	<p>Continued From page 10</p> <p>September 2013 - The status of Client #1's success with the goal revealed that he accomplished the objective with 68% accuracy at the independent level.</p> <p>October 2013 - The status of Client #1's success with the goal revealed that he accomplished the objective with 68% accuracy at the independent level.</p> <p>November 2013 - The status of Client #1's success with the goal revealed that he accomplished the objective with 68% accuracy at the independent level.</p> <p>December 2013 - The status of Client #1's success with the goal revealed that he accomplished the objective with 68% accuracy at the independent level.</p> <p>It should be noted that the client successfully completed the program objective independently above the required 50% and the subsequent 80% (as of August 2013 ISP) at the verbal prompting level for the aforementioned ten month period (March 2013 through August 2013).</p> <p>The QIDP was further interviewed on January 16, 2014, at 7:35 p.m., to ascertain information about how the tooth brushing program was monitored and to find out why the program objective was continued at a level already attained by the client. The QIDP indicated that the monthly notes after the program revision in August 2013 were documented in error; the accuracy level should have been noted as 80%. When queried further to determine why program was continued, the QIDP failed to provide an answer.</p>	W 255			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G134	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/16/2014
NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES			STREET ADDRESS, CITY, STATE, ZIP CODE 4629 NH BURROUGHS AVE, NE WASHINGTON, DC 20019		
(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	
W 255	Continued From page 11 At the time of the survey, the facility failed to ensure a client's program objective had been revised once the client achieved the established objective. 2. On January 16, 2014, at 3:15 p.m., review of Client #2's habilitation records revealed an ISP dated April 18, 2013. The ISP recommended that four of Client #2's IPP objectives implemented during the 2012 to 2013 ISP year, be revised for the upcoming year. Specifically, the ISP recommended that the IPP objectives be revised as follows: a. [Client #2] will strip the dirty linen from his bed every Saturday with HOH (hand over hand) assistance 75% of the time for six consecutive months. According to the ISP, the client met the criteria and the IDT recommended that the goal be revised for the upcoming year. b. Given assistance from two staff, [Client #2] will walk in the community for a minimum of 20 minutes each time. According to the ISP, the client met the criteria and the IDT recommended that the goal be revised for the upcoming ISP year. c. [Client #2] will improve his recreation skills. Client will participate in group activities weekly when verbally prompted 5/5 times. According to the ISP, the client met the criteria and the IDT recommended that the goal be continued for the upcoming ISP year. d. [Client #2] will improve his daily living skills. Client will interact with peers and staff for 10 minutes in an activity 50% of the time. According	W 255	2. The QDDP will make the necessary revisions in the IPP objectives for Client #2 by...2-20-14 And ensure implementation by...3-1-14 The QA team (QDDPs and QA Consultant) will review all program books at minimum quarterly to ensure that all programs recommended are running as prescribed with proper data collection...3-1-14 The QDDP will review the program data weekly to ensure consistent data collection and appropriate program implementation...2-26-14		

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W 255	Continued From page 12 to the ISP, the client met the criteria and the IDT recommended that the goal be revised for the upcoming ISP year. On January 16, 2014, at 3:51 p.m., review of Client #2's IPP dated April 18, 2013, revealed all four of the above identified IPP objectives continued to be implemented without the recommended revisions. Interview with the QIDP on January 16, 2014, 5:22 p.m., confirmed that the revisions to Client #2's IPP recommended by the IDT for the April 18, 2013 to April 17, 2014 year had not been implemented. At the time of the survey, there was no evidence that the QIDP ensured revisions were made in Client #2's IPP as required.	W 255			
W 262	483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that a BSP was reviewed and approved by the specially constituted committee (i.e. Human Rights Committee) for one of three clients in the sample. (Client #1) The finding includes:	W 262	The HRC Chairperson will develop amended minutes that reflect the team review of the BSP for Client #1 by...2-20-14 The HRC minutes and outcomes will be reviewed routinely during bi-monthly Monday Management team meetings to ensure all required issues were addressed for each person supported...3-1-14 The Program Director will review all HRC signature sheets and minutes to ensure participation by the required team members and to review all of the meeting outcomes...3-1-14		

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W 262	Continued From page 13 On January 15, 2014 beginning at 7:28 a.m., Client #1 was observed in the kitchen with DSP #11. DSP#11 walked with Client #1 to the van where another staff escorted Client #1 to the day program. On January 15, 2014, at 9:02 a.m., the QIDP revealed Client #1 received one to one staffing 24 hours a day due to behavioral concerns as identified in his BSP. Interview with the QIDP on January 16, 2014, at 6:02 p.m., revealed the facility's HRC met to discuss Client #1's BSP dated August 9, 2013. When asked to provide evidence that the HRC approved Client #1's BSP, the QIDP provided a document labeled "HRC meeting minutes." When asked if there was a record of the signature sheet that reflected who was in attendance and the BSP's approval status, the QIDP could not provide the signature sheet. At the time of the survey, the facility failed to provide evidence that the HRC approved Client #1's BSP.	W 262			
W 371	483.460(k)(4) DRUG ADMINISTRATION The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise. This STANDARD is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to develop a self medication administration program for one of	W 371	The QDDP will collaborate with the RN to develop a self medication program for Client #1 that reflects their current skill level and potential for growth. The program will be developed and implementation will begin by...3-1-14		

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W 371	<p>Continued From page 14 three clients in the sample. (Client #1)</p> <p>The finding includes:</p> <p>On January 14, 2014, at approximately 6:40 a.m., Client #1 was observed eating breakfast independently with a regular utensil and cup. After completing the meal, Client #1 cleared the table and assisted staff with washing the dishes and loading the dishwasher. At 4:50 p.m., with verbal prompting by staff, Client #1 was observed operating a hand held game controller by pushing the buttons with his right index finger.</p> <p>On January 14, 2014, at 6:02 p.m., LPN #1 was observed punching Client #1's Naltraxone 50 mg into a medication cup. Continued observation at 7:01 p.m., revealed Client #1 was able to take the pill cup from the LPN, take his medications, and instruct the nurse to put the paper cup in the trash.</p> <p>Interview with RN #1 on January 16, 2014, at 6:34 p.m., revealed she could not determine if Client #1 was able to participate in a self medication administration program. Further interview revealed the self medication assessment conducted by the former nurse and the PCP was not discussed with the IDT.</p> <p>A follow-up interview with the QIDP on January 16, 2014, at 7:55 p.m., revealed she requested all of the individuals to be considered for a self medication administration program. When asked if Client #1 had been considered, the QIDP stated Client #1 would be the most appropriate candidate for a self medication administration program in the home.</p>	W 371			

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W 371	Continued From page 15 At the time of the survey, the facility failed to ensure a self medication administration program was developed when the ability to participate is demonstrated by the client.	W 371		

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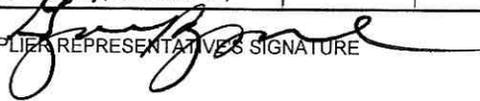
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1 000	<p>INITIAL COMMENTS</p> <p>A relicensure survey was conducted from January 14, 2014, through January 16, 2014. A sample of three residents was selected from a population of five individuals with varying degrees of intellectual disabilities.</p> <p>The findings of the survey were based on observations, interviews, and the review of records, including incident reports.</p> <p>Note: The below are abbreviations that may appear throughout the body of this report.</p> <p>Clinical Director (CD) Chief Operating Officer (COO) Director of Nursing (DON) Direct Support Professional (DSP) Emergency Room (ER) Facility Coordinator (FC) Group Home for Individuals with Intellectual Disabilities (GHIID) Human Rights Committee (HRC) Intermediate Care Facility (ICF) Incident Management Coordinator (IMC) Individual Support Plan (ISP) Individualized Program Plan (IPP) Interdisciplinary Team (IDT) Licensed Practical Nurse (LPN) Milligrams (mgs) Physical Therapist (PT) Primary Care Physician Qualified Intellectual Disabilities Professional (QIDP) Registered Nurse (RN)</p>	1 000		
1 090	<p>3504.1 HOUSEKEEPING</p> <p>The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive,</p>	1 090		

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



TITLE **QIDP**

(X6) DATE

2-14-2014

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I 090	<p>Continued From page 1</p> <p>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 environment in accordance with the needs of five of the five residents of the facility. (Residents #1, #2, #3, #4, and #5)</p> <p>The findings include:</p> <p>On January 16, 2014, beginning at 1:27 p.m., FC #1 accompanied the surveyor to conduct an inspection of the environment.</p> <p>The GHIID failed to ensure that the environment was maintained in a safe and sanitary manner, as evidenced below:</p> <p>1. Interview with QIDP #1 on January 14, 2014, at 9:22 a.m., revealed Resident #3 required a wheelchair for mobility. On January 16, 2014, at 1:30 p.m., observation of the ramp located at the left side of the building revealed that the metal floor had two holes in it. Closer observation of the floor revealed that one of the holes was approximately two inches long and one inch wide. The other hole was approximately one inch long and one half inch wide.</p> <p>Interview with FC #1 on January 16, 2014, at 1:32 p.m., revealed that Resident #3, requires a wheelchair for mobility and uses the ramp to access the home.</p> <p>2. On January 16, 2014, at 1:32 p.m., observation of the downspouts at the front of the ground level back porch revealed the downspout extenders</p>	I 090	<p>1. Ramp repaired...2-10-14</p> <p>2. Down sprouts replaced...2-10-14</p>	

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I 090	<p>Continued From page 2</p> <p>necessary to carry water away from the roof of the facility were missing.</p> <p>Interview with FC #1 on January 16, 2014, at 1:34 p.m., revealed the exit from the basement was located at the back porch. Direct interview with the maintenance staff on January 16, 2014, at 4:30 p.m., revealed that the downspout extenders required to carry water from the roof away from the facility were missing and should be replaced.</p> <p>3. On January 16, 2014, at 1:36 p.m., observation of the brick retaining wall located at the left front corner of the facility revealed a wide crack between the bricks, which was approximately one half inch wide. The left railing was noted to be attached to the retaining wall.</p> <p>The agency's director was present at the time of the observation, and was informed of the crack between the bricks of the retaining wall.</p> <p>4. On January 16, 2014, at 1:46 p.m., observation of the shower located in Resident #3's bedroom revealed mobility of the grab bar attached to the back wall when pressure was applied.</p> <p>Interview with the maintenance staff on January 16, 2014, at 4:30 p.m., confirmed that that the grab bar was not properly secured and in need of repair.</p> <p>5. On January 16, 2014, at 1:48 p.m., observation in the main bathroom located on the first floor, revealed mobility of the bathtub spout when pressure was applied.</p> <p>Interview with the maintenance staff on January 16, 2014, at 4:31 p.m., confirmed that the tub faucet was not tightly secured to the wall as</p>	I 090	<p>3. Retainer wall repaired...2-10-14</p> <p>4. Grab bar secured in place...2-10-14</p> <p>5. Bath tub sprout secured in place...2-10-14</p>	

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I 090	<p>Continued From page 3 required.</p> <p>6. On January 16, 2014, at 1:50 p.m., observation in the laundry room revealed that the linoleum applied to the floor was rolled at the edges, and was also worn and torn. Carpet installed near the front of the washer and dryer was rolled upward at the edges. Additionally, the carpet and the linoleum were not secured to the floor where the two type of floor coverings met. These concerns prevented thorough cleaning of the floor.</p> <p>7. On January 16, 2014, at 1:55 p.m., a screw was observed missing from rubber gasket on the left side of the oven door. This caused the gasket to hang loosely from the area where the screw was missing.</p> <p>On January 16, 2014, at 4:30 p.m., interview with the maintenance staff at the facility confirmed that findings identified in items one through seven of this report were present and that the repairs were needed.</p>	I 090	<p>6. Carpet and linoleum issues addressed in the laundry room area...2-10-14</p> <p>7. Oven door gasket replaced...2-10-14</p> <p>The house manager will conduct an environmental survey weekly to detect such concerns using a BRA standard environmental audit tool. Findings will be submitted to the CEO for follow up and issues discovered will be tracked in the bi-monthly Monday Management team meetings...3-1-14</p> <p>3509.3</p>	
I 203	<p>3509.3 PERSONNEL POLICIES</p> <p>Each supervisor shall discuss the contents of job descriptions with each employee at the beginning employment and at least annually thereafter.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the group home for individuals with intellectual disabilities (GHIID) failed to verify that fourteen (14) of twenty (20) employees were provided the opportunity to annually review their written job descriptions as required by this section. (DSPs #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, and #14)</p>	I 203	<p>The new QDDP has reviewed job descriptions with all staff cited and they have signed new job descriptions subsequent to the reviews...2-10-14</p> <p>BRA has tracked this requirement but the tracking tool was integrated to include all employees for all homes. The tool will be revised to reflect location-by-location tracking consistent with the hire date and anniversary date for each employee so that each QDDP/Home Manager team can better track and proactively address this requirement...3-1-14</p>	

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I 203	<p>Continued From page 4</p> <p>The finding includes:</p> <p>During the entrance conference on January 14, 2013, at 9:30 a.m., the QIDP was notified of the records required to complete the survey process.</p> <p>Record review on January 16, 2014, beginning at 5:00 p.m., revealed no written verification that that the job descriptions were discussed with each employee at least annually, with DSPs #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #2, #13, and #14. At 5:20 p.m., QIDP #1 was informed of the annual job descriptions reviews that were not available and stated that she would follow-up with the administrative office.</p> <p>At the time of the survey exit on January 16, 2014, at 6:30 p.m., no additional job descriptions were provided by the administrative office for the aforementioned staff.</p>	I 203		
I 407	<p>3520.9 PROFESSION SERVICES: GENERAL PROVISIONS</p> <p>Each GHMRP shall obtain from each professional service provider a written report at least quarterly for services provided during the preceding quarter.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the GHIID failed to obtain a a written report from nursing services at least quarterly for two of three residents in the sample. (Residents #1 and #2).</p> <p>The finding includes:</p> <p>Record review during the survey revealed quarterly nursing assessments had not been</p>	I 407		

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I 407	<p>Continued From page 5</p> <p>completed at the required frequency as follows:</p> <p>a. On January 16, 2014, at 5:20 p.m., review of Resident #2's record revealed an annual nursing assessment dated March 20, 2013. Further record review revealed Resident #2's only quarterly assessment was dated September 5, 2013.</p> <p>b. On January 15, 2014, at 11:20 a.m., review of Resident #1's record revealed an annual nursing assessment dated August 9, 2013. Further record review revealed Resident#1 had no quarterly assessments.</p> <p>Interview with RN #1 on January 15, 2014, at 6:34 p.m., revealed quarterly nursing review has not been completed for some of the residents and that she was attempting to update them for all residents.</p> <p>At the time of the survey, the facility failed to ensure that each resident was received a complete physical assessments, (including a written reports of all nursing services) at least quarterly as required.</p>	I 407	<p>3520.9</p> <p>The new RN is in the process of catching up past due quarterly reviews and will complete the task for the individual supported at Nannie by...3-1-14.</p> <p>Thereafter, the QDDP will review the medical records monthly to ensure ongoing compliance and the QA Team (QDDPs, QA Consultant) will do the same audit at minimum quarterly for each person supported...3-1-14</p>	
I 420	<p>3521.1 HABILITATION AND TRAINING</p> <p>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.</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record review, the GHIID failed to ensure a program</p>	I 420		

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I 420	<p>Continued From page 6</p> <p>designed to teach a resident to tell the time had been implemented, for one of three residents in the sample. (Resident #1)</p> <p>The finding include:</p> <p>On January 15, 2014, at approximately 6:40 a.m., Resident #1 was observed eating breakfast independently with a regular utensil and cup. After completing the meal, Resident #1 cleared the table and assisted staff with washing the dishes and loading the dishwasher. At 4:50 p.m., with verbal prompting by staff, Resident #1 was observed operating a hand held game controller by pushing the buttons with his right index finger.</p> <p>Review of Resident #1's records on January 15, 2014, at 4:27 p.m., revealed the resident had an ISP meeting on August 9, 2013. Review of the ISP document revealed the IDT met and agreed on specific goals and objectives that the resident should participate in for the following year. Continued review of the record, revealed a document entitled, "IPP PROGRAMS". Review of the IPP document revealed that the program goals and objectives listed differed from those referenced in the resident's ISP document.</p> <p>Interview was conducted with the QIDP on January 16, 2014, at 7:15 p.m., to obtain clarity on which document identified the goals and objectives the resident was actively engaged in. According to the QIDP, the document entitled, "IPP PROGRAMS" accurately identified the resident's current goals and objectives. Further review of the document revealed the resident participated in twelve goals and objectives including the following objective:</p> <p>Given verbal prompts, [Resident's name] will be</p>	I 420	<p>The QDDP will ensure that implementation begins on the time telling objective for Client #1 by...3-1-14</p> <p>The QDDP will review new ISPs routinely to ensure they reflect the agreed upon IPP objectives to be implemented by the residential program and will inform the DDS Service Coordinator concerning needed additions, deletions or edits when such issues are discovered...2-20-14</p>	

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NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES	STREET ADDRESS, CITY, STATE, ZIP CODE 4629 NH BURROUGHS AVE, NE WASHINGTON, DC 20019
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I 420	Continued From page 7 able to tell time on his watch when asked with 100% accuracy for six consecutive months. Review of Resident #1's program documentation record revealed that staff had not documented any information related to the resident's participation with the objective for the month of January 2014. Additional interview with the QIDP on January 16, 2014, at 7:20 p.m., revealed that the program had not been initiated after being recommended in the August 2013 ISP meeting. At the time of the survey, the facility failed to ensure Resident #1's program designed to teach him to tell time was implemented.	I 420		
I 424	3521.5(a) HABILITATION AND TRAINING Each GHMRP shall make modifications to the resident ' s program at least every six (6) months or when the client: (a) Has successfully completed an objective or objectives identified in the Individual Habilitation Plan; This Statute is not met as evidenced by: Based on interview and record review, the GHIID failed to provide evidence that the QIDP reviewed and revised (1) a tooth brushing goal for Resident #1, (2) a stripping bed, community walking, group activity participation, and peer interaction goals for Resident #2, once the residents had successfully completed the objectives, for two of three residents in the sample. (Residents #1 and #2) The findings include:	I 424		

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I 424	<p>Continued From page 8</p> <p>1. Review of Resident #1's records on January 15, 2014, at 4:27 p.m., revealed the resident had an ISP meeting on August 9, 2013. Review of the ISP document revealed the IDT met and agreed on specific goals and objectives the resident should participate in for the following year. Specifically, one goal recommended was designed to improve Resident #1's ability to brush his teeth. According to review of the Resident #1's IPP on January 16, 2014, at 7:05 p.m., Resident #1 has a current objective to brush all surfaces of his teeth (in the morning and in the evening) with 80% accuracy for six months.</p> <p>Interview was conducted with the QIDP on January 16, 2014, at 7:05 p.m., to ascertain information on how the program was being monitored. Further review of the record and continued discussion with the QIDP on January 16, 2014, at 7:35 p.m., revealed that the QIDP documented the resident's level of achievement with his program objectives in monthly notes. Review of the monthly notes from March 2013 through December 2013 revealed the QIDP monitored the tooth brushing program but documented that the goal required the resident to achieve 50% accuracy at the verbal prompt level. Specifically, the notes documented the following related to the resident's achievement with the objective:</p> <p>March 2013 - The status of Resident #1's success with the goal revealed that he accomplished the objective with 75% accuracy at the independent level.</p> <p>May 2013 - The status of Resident #1's success with the goal revealed that he accomplished the objective with 67% accuracy at the independent level.</p>	I 424	<p>1. a. The tooth brushing objective for Client #1 will be revised by the new QDDP to reflect the current level of progress...2-15-14</p>	

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I 424	<p>Continued From page 9</p> <p>June 2013 - The status of Resident #1's success with the goal revealed that he accomplished the objective with 64% accuracy at the independent level.</p> <p>July 2013 - The status of Resident #1's success with the goal revealed that he accomplished the objective with 64 % accuracy at the independent level.</p> <p>August 2013 - The status of Resident #1's success with the goal revealed that he accomplished the objective with 64% accuracy at the independent level.</p> <p>September 2013 - The status of Resident #1's success with the goal revealed that he accomplished the objective with 68% accuracy at the independent level.</p> <p>October 2013 - The status of Resident #1's success with the goal revealed that he accomplished the objective with 68% accuracy at the independent level.</p> <p>November 2013 - The status of Resident #1's success with the goal revealed that he accomplished the objective with 68% accuracy at the independent level.</p> <p>December 2013 - The status of Resident #1's success with the goal revealed that he accomplished the objective with 68% accuracy at the independent level.</p> <p>It should be noted that the resident successfully completed the program objective independently above the required 50% and the subsequent 80% (as of August 2013 ISP) at the verbal prompting</p>	I 424		

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I 424	<p>Continued From page 10</p> <p>level for the aforementioned ten month period (March 2013 through August 2013).</p> <p>The QIDP was further interviewed on January 16, 2014, at 7:35 p.m., to ascertain information about how the tooth brushing program was monitored and to find out why the program objective was continued at a level already attained by the resident. The QIDP indicated that the monthly notes after the program revision in August 2013 were documented in error; the accuracy level should have been noted as 80%. When queried further to determine why program was continued, the QIDP failed to provide an answer.</p> <p>At the time of the survey, the facility failed to ensure a resident's program objective had been revised once the resident achieved the established objective.</p> <p>2. On January 16, 2014, at 3:15 p.m., review of Resident #2's habilitation records revealed an ISP dated April 18, 2013. The ISP recommended that four of Resident #2's IPP objectives implemented during the 2012 to 2013 ISP year, be revised for the upcoming year. Specifically, the ISP recommended that the IPP objectives be revised as follows:</p> <p>a. [Resident #2] will strip the dirty linen from his bed every Saturday with HOH (hand over hand) assistance 75% of the time for six consecutive months. According to the ISP, the resident met the criteria and the IDT recommended that the goal be revised for the upcoming year.</p> <p>b. Given assistance from two staff, [Resident #2] will walk in the community for a minimum of 20 minutes each time. According to the ISP, the resident met the criteria and the IDT</p>	I 424		

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I 424	<p>Continued From page 11</p> <p>recommended that the goal be revised for the upcoming ISP year.</p> <p>c. [Resident #2] will improve his recreation skills. Resident will participate in group activities weekly when verbally prompted 5/5 times. According to the ISP, the resident met the criteria and the IDT recommended that the goal be continued for the upcoming ISP year.</p> <p>d. [Resident #2] will improve his daily living skills. Resident will interact with peers and staff for 10 minutes in an activity 50% of the time. According to the ISP, the resident met the criteria and the IDT recommended that the goal be revised for the upcoming ISP year.</p> <p>On January 16, 2014, at 3:51 p.m., review of Resident #2's IPP dated April 18, 2013, revealed all four of the above identified IPP objectives continued to be implemented without the recommended revisions.</p> <p>Interview with the QIDP on January 16, 2014, 5:22 p.m., confirmed that the revisions to Resident #2's IPP recommended by the IDT for the April 18, 2013 to April 17, 2014 year had not been implemented.</p> <p>At the time of the survey, there was no evidence that the QIDP ensured revisions were made in Resident #2's IPP as required.</p>	I 424		
I 500	<p>3523.1 RESIDENT'S RIGHTS</p> <p>Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal</p>	I 500		

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I 500	<p>Continued From page 12</p> <p>laws.</p> <p>This Statute is not met as evidenced by: Based on observations, interviews and record review, the group home for individuals with intellectual disabilities (GHIID) failed to observe and protect residents' rights in accordance with Title 7, Chapter 13 of the D.C. Code (formerly called D.C. Law 2-137, D.C. Code, Title 6, Chapter 19) and federal regulations 42 CFR 483 Sub-Part 1 (for Intermediate Care Facilities for Individuals with Intellectual Disabilities), one of five Customers in the facility. (Resident #4)</p> <p>The findings include:</p> <p>[483.460(a)(7)] The GHIID failed to ensure privacy during personal hygiene activities (e.g., toileting, bathing, dressing,) and during medical/nursing treatments that require the exposure of one's body. (Resident #4)</p> <p>On January 14, 2014, at 6:05 a.m., Resident #4 was observed in the bathroom with DSP #1. The bathroom door was open exposing Resident #4's buttocks, arms, legs, chest, and genital area (nude). Additionally, Residents #1, #2, #5, and three staff were observed in the hallway while Resident #4's body was exposed.</p> <p>Interview with DSP #1 on January 14, 2014, at 8:25 a.m., revealed Resident #1 would not close the bathroom door when provided verbal assistance. When asked if he should provide verbal assistance for Resident #4 to close the door, DSP #1 replied "No, I should have closed the door for Resident #4's privacy because he will not do it."</p>	I 500	<p>The QDDP has retrained the staff member on privacy and dignity considerations...2-10-14 The QDDP and Home Manager will monitor ongoing compliance during structured observations to be conducted at minimum weekly by each (separately)...2-15-14</p>	

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I 500	Continued From page 13 At the time of the survey, there was no evidence that the staff ensured privacy during hygiene.	I 500		