

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

PRINTED: 11/07/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G153	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/18/2013
NAME OF PROVIDER OR SUPPLIER COMP CARE II			STREET ADDRESS, CITY, STATE, ZIP CODE 1329 LONGFELLOW STREET NW WASHINGTON, DC 20011	
(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 000	INITIAL COMMENTS A recertification survey was conducted from October 17, 2013 through October 18, 2013. A sample of two clients was selected from a population of four males with varying degrees of intellectual disabilities. This survey was initiated utilizing the fundamental survey process. The findings of the survey were based on observations, interview, and record review. Note: The below are abbreviations that may appear throughout the body of this report. Direct Support Professional - DSP Program Manager-PM Individual Support Plan - ISP Behavior Support Plan - BSP Qualified Intellectual Disabilities Professional - QIDP Group Home for Individuals with Intellectual Disabilities - GHIID Individualized Program Plan-IPP Day Program Staff - DPS House Manager - HM	W 000		
W 242	483.440(c)(6)(iii) INDIVIDUAL PROGRAM PLAN The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.	W 242		

Received 11/15/13
Department of Health
Health Regulation & Licensing Administration
Intermediate Care Facilities Division
899 North Capitol St., N.E.
Washington, D.C. 20002

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *John Moulton* TITLE *Adm. Asst.* (X6) DATE *11/15/13*

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 242	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide a client with training to reduce the client's dependency on the use of a bib during mealtimes for one of the two clients in the sample. (Client #2) The finding includes: On October 17, 2013, at approximately 8:05 a.m., Client #2 was observed wearing a bib while sitting in living room waiting to leave for his day program. Observation at Client #2's day program on October 17, 2013, at 11:05 a.m., revealed the client continued to wear the bib throughout the day program observation which concluded at 11:35 a.m. On October 18, 2013 at 4:50 p.m., Client #2 was observed walking from the dining room table to the living room wearing the bib. On October 18, 2013 at 4:40 p.m., interview with the QIDP revealed that Client #2 should wear a bib during mealtimes to protect his clothing. When asked if there was an attempt to teach Client #2 to protect his own clothing during mealtimes, the QIDP replied "No". At the time of the survey, the facility failed to provide evidence that Client #2 was given an opportunity to learn how to protect his clothing during mealtimes without the use of a bib.	W 242	<p>W 242 A program goal has been put in place to support Resident #2 in using a paper towel to wipe his mouth during meals, rather than using a bib.</p> <p>Staff have been advised to refrain from putting a bib on Resident #2 during meals.</p> <p>The facility's House Manager (HM) who works on the day shift five days a week (11am-7pm) is charged with the responsibility in ensuring that program plans for all residents in the facility are implemented as specified.</p> <p>A case conference was held at Resident #2's day program on November 12, 2013 to address the subject of the bib. It was agreed that the use of the bib be discontinued and replaced with a newly developed program goal geared towards training Resident#2 in wiping his mouth during and after meals, rather use of the bib.</p>	<p>11/01/13</p> <p>11/01/13</p> <p>11/01/13</p> <p>11/01/13</p>	

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0127	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/18/2013
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

COMP CARE I I

1329 LONGFELLOW STREET NW
WASHINGTON, DC 20011

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I 000	INITIAL COMMENTS A licensure survey was conducted from October 17, 2013 through October 18, 2013. A sample of two residents was selected from a population of four males with varying degrees of intellectual disabilities. The findings of the survey were based on observations, interview, and record review. Note: The below are abbreviations that may appear throughout the body of this report. Direct Support Professional - DSP Program Manager-PM Individual Support Plan - ISP Behavior Support Plan - BSP Qualified Intellectual Disabilities Professional - QIDP Group Home for Individuals with Intellectual Disabilities - GHIID Individualized Program Plan-IPP Day Program Staff - DPS House Manager - HM	I 000		
I 090	3504.1 HOUSEKEEPING 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. This Statute is not met as evidenced by: Based on observation and interview, the group home for individuals with intellectual disabilities (GHIID) failed to ensure two out of six dining room chairs were maintained in a safe manner, for four of four residents of the facility. (Residents	I 090		

Health Regulation & Licensing Administration

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

Jana Markin

TITLE

Adm. Asst.

(X6) DATE

11/15/13

STATE FORM

6899

P49Y11

If continuation sheet 1 of 3

Health Regulation & Licensing Administration

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I 090	Continued From page 1 #1, #2, #3 and #4) The findings include: Observation during the inspection of the environment on October 18, 2013, beginning at beginning at 2:12 p.m., revealed the following: 1. Two of the six dining room chairs had seats that were not secured to the chair at the rear, which posed a potential safety hazard. 2. The fire extinguisher glass located on the second level of the facility was observed to be broken. The house manager (HM) who was present during the inspection confirmed the above findings. The HM stated she would address the findings with maintenance.	I 090	I 090 - (1) The two dining room chairs have been repaired. - (2) The fire extinguisher has been replaced with a new one. The facility's maintenance division will conduct monthly internal and external environment audits to ensure that all regulatory guidelines pertaining to the environment are adhered to.	10/21/13	10/31/13
I 420	3521.1 HABILITATION AND TRAINING Each GHMRP shall provide habilitation and training to its residents to enable them to acquire and maintain those life skills needed to cope more effectively with the demands of their environments and to achieve their optimum levels of physical, mental and social functioning. This Statute is not met as evidenced by: Based on observation, interview, the facility failed to provide a resident with training to reduce the resident's dependency in the use of a bib during mealtimes for one of the two Residents in the	I 420			

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I 420	Continued From page 2 sample. (Resident #2) The finding includes: On October 17, 2013, at approximately 8:05 a.m., Resident #2 was observed wearing a bib while sitting in living room waiting to leave for his day program. Observation at Resident #2 's day program on October 17, 2013, at 11:05 a.m., revealed the resident continued to wear the bib throughout the day program observation which concluded at 11:35 a.m. On October 18, 2013 at 4:50 p.m., Resident #2 was observed walking from the dining room table to the living room wearing the bib. On October 18, 2013 at 4:40 p.m., interview with the QIDP revealed that Resident #2 should wear a bib during mealtimes to protect his clothing. When asked if there was an attempt to teach Resident #2 to protect his own clothing during mealtimes, the QIDP replied " No . At the time of the survey, the facility failed to provide evidence that Resident #2 was given an opportunity to learn how to protect his clothing during mealtimes without the use of a bib.	I 420	<p>I 420 A program goal has been put in place to support Resident #2 in using a paper towel to wipe his mouth during meals, rather than using a bib.</p> <p>Staff have been advised to refrain from putting a bib on Resident #2 during meals.</p> <p>The facility's House Manager (HM) who works on the day shift five days a week (11am-7pm) is charged with the responsibility in ensuring that program plans for all residents in the facility are implemented as specified.</p> <p>A case conference was held at Resident #2's day program on November 12, 2013 to address the subject of the bib. It was agreed that the use of the bib be discontinued and replaced with a newly developed program goal geared towards training Resident#2 in wiping his mouth during and after meals, rather use of the bib.</p>	<p>11/01/13</p> <p>11/01/13</p> <p>11/01/13</p> <p>11/01/13</p>