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

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

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING |  | (X3) DATE SURVEY<br>COMPLETED |  |  |
|---|--|--|--|--|-------------------------------|--|--|
| 09G153  |  | B. WING  |  | 10/18/2013   |                               |  |  |
| NAME OF PROVIDER OR SUPPLIER  COMP CARE I I         |  |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1329 LONGFELLOW STREET NW<br>WASHINGTON, DC 20011   |                               |  |  |
| (X4) ID<br>PREFIX<br>TAG                            | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   |  |  | PROVIDER'S PLAN OF CORRECTIO<br>(EACH CORRECTIVE ACTION SHOULD<br>CROSS-REFERENCED TO THE APPROP<br>DEFICIENCY)  | JLD BE COMPLÉTION             |  |  |
| W 000   | INITIAL COMMENTS   |  |  | 00   |                               |  |  |
|   | 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 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 24                                   | Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002 | a a                           |  |  |
| BORATORY  |  | R/SUPPLIER REPRESENTATIVE'S SIGN                   | NATURE,                                | TITLE  | (X6) DATE                     |  |  |

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.

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

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

| 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.  It was agreed that the use of the waste of the continued by:  Based on observation and interview, the facility in resulting a bib on refrain from putting a bib.  Staff have been advised to refrain from putting a bib on Resident #2 during meals.  The facility's House Manager (HM) who works on the day shift five days a week (1 lam-7pm) is charged with the responsibility in ensuring that program plans for all residents in the facility are implemented as specified.  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  | AND PLAN OF CORRECTION IDENTIFICATION N |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING |  |  | (X3) DATE SURVEY<br>COMPLETED                |
|--|---|--|---|--|--|--|--|
| SUMMARY STATE, IP CODE  (X4) ID PREFIX TAG  (X4) ID (EACH OFFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  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 and tilent #2 is day program observation which concluded at 11:35 a.m. On October 18, 2013 at 4:50 p.m., Client #2 was observed 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 conclothing 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, the QIDP repotent in come clothing during mealtimes, the QIDP repotent is come clothing during mealtimes to protect his clothing.  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.  We are the Cornesters www. WashINGTON, DC 20011  W 242  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 on Resident #2 furning a bib on R |   |  | 09G153  |  |  |  | 10/18/2013                                   |
| 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 4:40 p.m., interview with the QIDP revealed that Client #2 should wear a bib during mealtimes to protect his cothing. 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.  W 242  M 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.  Staff have been advised to refrain from putting a bib on Resident #2 during meals.  11/01/13  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.  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   |   |  |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE  1329 LONGFELLOW STREET NW |  |  |
| 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".  A true time of the survey, the facility failed to provide evidence that Client #2 was given an opportunity to learn how to protect his clothing.   | PREFIX                                  | FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL  |   | PREFI)   | <  | (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR   | BE COMPLETION                                |
| during mealtimes without the use of a bib.  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.  11/01/13   |   | This STANDARD is Based on observate failed to provide a country to the client 's dependent during mealtimes for sample. (Client #2)  The finding includes On October 17, 2011 Client #2 was observation of October 17, 2013 client continued to widay program observation October 17, 2013 client continued to widay program observation October 18, 2013 client #2 was observation on October 18, 2013 the QIDP revealed the bib during mealtimes When asked if there Client #2 to protect if mealtimes, the QIDP At the time of the surprovide evidence that opportunity to learn if | s not met as evidenced by: ion and interview, the facility lient with training to reduce ency on the use of a bib or one of the two clients in the  3. at approximately 8:05 a.m., ved wearing a bib while sitting g to leave for his day on at Client #2 's day program a, at 11:05 a.m., revealed the vear the bib throughout the ration which concluded at ber 18, 2013 at 4:50 p.m., ved walking from the dining ing room wearing the bib.  3 at 4:40 p.m., interview with hat Client #2 should wear a is to protect his clothing. was an attempt to teach his own clothing during or replied "No".  Trevey, the facility failed to at Client #2 was given an how to protect his clothing | W 2-   | 42   | W 242 A program goal has been purin place to support Resident #2 in using a paper towel to wipe his mouth during meals rather than using a bib.  Staff have been advised to refrain from putting a bib on Resident #2 during meals.  The facility's House Manage (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 resident in the facility are implemented as specified.  A case conference was held at Resident #2's day program of 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 in the facility are implemented and replaced with a newly developed program goal geared towards training. | 11/01/13 11/01/13 11/01/13 11/01/13 11/01/13 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD03-0127                          |  | (X2) MULTIPL<br>A. BUILDING: | (X3) DATE SURVEY<br>COMPLETED   |                 |
|---|--|------------------------------|---|-----------------|
|   |  | B. WING                      |   | 10/18/2013      |
| NAME OF PROVIDER OR SUF   |  |                              | STATE, ZIP CODE   |                 |
| COMP CARE II  |  | NGFELLOW S<br>GTON, DC 20    |   |                 |
| (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) |  | ID<br>PREFIX<br>TAG          | PROVIDER'S PLAN OF CORREC'<br>(EACH CORRECTIVE ACTION SHOI<br>CROSS-REFERENCED TO THE APPR<br>DEFICIENCY) | ULD BE COMPLETE |
| 1 000 INITIAL COM   | MENTS  | 1 000                        |   |                 |
| 17, 2013 thro<br>two residents  | urvey was conducted from October<br>ugh October 18, 2013. A sample of<br>was selected from a population of<br>th varying degrees of intellectual   |                              | <b>)</b>  |                 |
|   | of the survey were based on interview, and record review.  |                              |   |                 |
|   | low are abbreviations that may phout the body of this report.  |                              |   |                 |
| Program Man<br>Individual Sup<br>Behavior Sup<br>Qualified Intel<br>QIDP<br>Group Home<br>Disabilities - O                                | oport Plan - ISP port Plan - BSP lectual Disabilities Professional - for Individuals with Intellectual GHIID Program Plan-IPP Staff - DPS  |                              | 3   |                 |
| 1 090 3504.1 HOUS   | EKEEPING   | 1 090                        | *   |                 |
| maintained in<br>and sanitary n   | nd exterior of each GHMRP shall be<br>a safe, clean, orderly, attractive,<br>nanner and be free of<br>s of dirt, rubbish, and objectionable  |                              |   |                 |
| Based on obs<br>home for indiv<br>(GHIID) failed<br>room chairs w<br>for four of four   | s not met as evidenced by: ervation and interview, the group riduals with intellectual disabilities to ensure two out of six dining ere maintained in a safe manner, residents of the facility. (Residents |                              | = ×   |                 |
| ealth Regulation & Licensing ABORATORY BIRECTOR'S OR I  | Administration PROVIDER/SUPPLIER REPRESENTATIVE'S SIG  | GNATURE                      | Adm. Host.  | (X6) DATE       |

STATE FORM

P49Y11

PRINTED: 11/07/2013 FORM APPROVED

| Health Regulation & Licensing Administration |  |   |   |  |                               |
|--|--|---|---|--|-------------------------------|
|  |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  | (X2) MULTIPLE CONSTRUCTION A. BUILDING: |  | (X3) DATE SURVEY<br>COMPLETED |
|  | HFD03-0127   |   | B. WING                                 |  | 10/18/2013                    |
| PREFIX (EACH DEFICIENCY)                     |  | 1329 LOI  |   | STATE, ZIP CODE  STREET NW  20011  PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)  | LD BE COMPLETE                |
| 1 420  | environment on Oct beginning at 2:12 p.  1. Two of the six dir that were not secure which posed a poter  2. The fire extinguis second level of the fibroken.  The house manager during the inspection findings. The HM st findings with mainter  3521.1 HABILITATION  Each GHMRP shall praining to its resident and maintain those limore effectively with environments and to of physical, mental at This Statute is not make a seed on observation to provide a resident resident's depender | the inspection of the ober 18, 2013, beginning at m., revealed the following: ning room chairs had seats ed to the chair at the rear, nitial safety hazard.  The glass located on the acility was observed to be  (HM) who was present a confirmed the above tated she would address the nance.  ON AND TRAINING  Provide habilitation and the to enable them to acquire fe skills needed to cope the demands of their achieve their optimum levels and social functioning. | 1 420                                   | - (1) The two dining room chairs have be repaired.  - (2) The fire extinguisher has bee replaced with a new one.  The facility's maintenance division will conduct month internal and external environment audits to ensure that all regulatory guidelines pertaining to the environment are adhered to. | 10/21/13 In 10/31/13 Idy e    |

| Health F  | Regulation & Licensin  | g Administration  |   |   |  |  |
|---|--|---|---|---|--|--|
|   |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  | (X2) MULTIPLE CONSTRUCTION A. BUILDING:   |   | (X3) DATE SURVEY<br>COMPLETED                    |  |
|   | HFD03-0127   |   | B. WING   |   | 10/18/2013                                       |  |
| NAME OF PROVIDER OR SUPPLIER  COMP CARE I I   |  | 1329 LON<br>WASHING   | NGFELLOW S  |   |  |  |
| (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) |  | ID<br>PREFIX<br>TAG   | (EACH CORRECTIVE ACTION SHOULD E<br>CROSS-REFERENCED TO THE APPROPRI<br>DEFICIENCY) |   |  |  |
|   | Resident #2 was obsitting in living room program. Observation program on October revealed the resident throughout the day proceed throughout the day proceed throughout the day proceed to p.m., Resident from the dining room wearing the bib.  On October 18, 201: the QIDP revealed the dibb during mealtime When asked if there Resident #2 to protee mealtimes, the QIDP At the time of the surprovide evidence the opportunity to learn the program of the proceed to the provide th | 3, at approximately 8:05 a.m., served wearing a bib while waiting to leave for his day on at Resident #2 's day 17, 2013, at 11:05 a.m., at continued to wear the bib program observation which a.m. On October 18, 2013 at #2 was observed walking a table to the living room  3 at 4:40 p.m., interview with that Resident #2 should wear es to protect his clothing. was an attempt to teach cot his own clothing during | 1420  | A program goal has been purin place to support Resident #2 in using a paper towel to wipe his mouth during meals rather than using a bib.  Staff have been advised to refrain from putting a bib on Resident #2 during meals.  The facility's House Manage (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 resident in the facility are implemented as specified.  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. | 11/01/13  11/01/13  11/01/13  11/01/13  11/01/13 |  |