PRINTED: 11/20/2012 FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		PLE CONSTRUCTION G	(X3) DATE S COMPLI	
		09G153	B. Wif	۱G		11/0	8/2012
	PROVIDER OR SUPPLIER			13	EET ADDRESS, CITY, STATE, ZIP CODE 329 LONGFELLOW STREET NW /ASHINGTON, DC 20011		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
W 000	INITIAL COMMEN	гѕ	w	000			
W 247	November 7, 2012 sample of two clien population of four nintellectual disabilitiutilizing the full surv. The findings of the observations in the programs, interview support staff, nursin well as a review of records, including in [Qualified mental re (QMRP) will be refedisabilities profession 483.440(c)(6)(vi) IN The individual progropportunities for clies elf-management. This STANDARD is Based on observation failed to ensure that opportunities for cholduring meals, for the facility. (Clients The finding includes On November 7, 20 direct support staff a place the clients sna	survey were based on home and at two day as with one client, direct ag and administrative staff, as client and administrative neident reports. tardation professional arred to as qualified intellectual and (QIDP) within this report.] DIVIDUAL PROGRAM PLAN arm plan must include ant choice and s not met as evidenced by: on and interview, the facility each client was provided bice and self-management are of four clients residing in #1, #2 and #4)	W 2	247	Department of He Health Regulation & Licensing Intermediate Care Facilitie 899 North Capitol St., Washington, D.C. 200	HOMENINE	0/12
	DIRECTOR'S OR PROVIDE	ER/SUPPLIER REPRESENTATIVE'S SIGN		: 1	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.

-	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	IULTIP LDING	LE CONSTRUCTION	(X3) DATE S COMPL	
		09G153	B. WI	۱G		11/	08/2012
COMP C		TEMENT OF DEFICIENCIES	ID	13	EET ADDRESS, CITY, STATE, ZIP CODE 29 LONGFELLOW STREET NW ASHINGTON, DC 20011 PROVIDER'S PLAN OF CORREC		(X5)
PREFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR W 247	ULD BE OPRIATE	COMPLETION
	cheddar popcorn ar approximately 3:45 Client #1's into their cups of water on the Clients #1 and #4 ar water independently feeding equipment. and cups to the sink snacks. At 3:52 p.m cup of water and he mouth as he drank of Client #2 ate his bar p.m., DSS1 was obsidinner by placing the and table mats on the #1 and #4 ate indep 6:40 p.m., Client #2 brought the food to during dinner. Clien pick up his cup of juindependently to his dinner time. At approximate was observed to tak the kitchen sink after linterview with the DS 7, 2012, at approximate with preparing the strevealed Clients #1, capable of choosing snacks. DSS1 stated the clients to particip Continue interview with the DSS1 stated the clients to particip Continue interview with the DSS1 stated the clients to particip Continue interview with the DSS1 stated the clients to particip Continue interview with the DSS1 stated the clients to particip Continue interview with the particip Continue interview with	nd bite size bananas. At p.m., DSS1 poured water for cups and #4's and placed the etable during snack time. It their snacks and drank their without the use of adaptive Staff took the clients napkins after the completion of their n., DSS2 picked up Client #2's lid the cup up to the client's the water during snack time. In an an independently. At 6:20 served to set the table prior to be table cloth, eating utensils ne dining table. Again, Client endently. At approximately scooped his food up and his mouth independently at #2 was also observed to ice, held the cup mouth and drank his juice at roximately 6:50 p.m., DSS2 e Client #1's and #2's plate to retheir dinner meal.	W:	247	 Staff have been train implementation of a treatment and Indivi Program Plans (IPPs all four clients in the facility, so as to prorindependence. Staff have also been trained on choice, di and respect, and self management. Once monthly, the facility's House Mar will observe staff du meals, active treatme and implementation IPPs to ensure that st supporting the client exercising independent through task particip and allowing provisi choices Staff will be trained quarterly by the facil Qualified Intellectual Disabilities Profession (QIDP) in implement of active treatment, provision of choices, promoting self- 	etive dual s) for mote gnity ager ring ent, of taff are s in ence ation, on of	11/28/12
	00ala 110la 1110 OW	cap willie difficulty the			management		11/28/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	·	09G153	B. WI	۱G _		11//	08/2012
NAME OF F	PROVIDER OR SUPPLIER			1	REET ADDRESS, CITY, STATE, ZIP CODE 1329 LONGFELLOW STREET NW WASHINGTON, DC 20011		50/2012
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 247	beverage. DSS2 st encouraged the clie water during snack At the time of the su	ated that she should have nt to hold his own cup of time. Irvey, the facility's staff failed tercise their independence	W 2	247			
W 249	As soon as the inter formulated a client's each client must rec treatment program of interventions and se and frequency to su	GRAM IMPLEMENTATION disciplinary team has individual program plan, evice a continuous active consisting of needed ervices in sufficient number poport the achievement of the in the individual program	W 2	249			
	Based on observation review, the facility fareceived continuous achievement of individual objectives identified	not met as evidenced by: on, interview and record iled to ensure that client's active treatment to support idual program plan (IPP) by the interdisciplinary team clients included in the					
	The finding includes						
		71. The facility failed to s self-medication programs,					
	 a. Observation of the administration on No 	e evening medication vember 7, 2012, at					

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION G	(X3) DATE COMP	SURVEY
		09G153	B. WIN	G_		11	/08/2012
NAME OF F	PROVIDER OR SUPPLIER			13	EET ADDRESS, CITY, STATE, ZIP CODE 329 LONGFELLOW STREET NW /ASHINGTON, DC 20011	-	
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	approximately 6:00 staff #2 (DSS2) was beverage on the dir medication administ practical nurse #1 (I medications into the bubble pack and ph medications to Clier observed to physical beverage to drink. Interview with the quiprofessional (QIDP) individual support pliconducted on Noverand 5:55 p.m. respected and 5:55 p.m. respected Trials per literation with DPS2 approximately 6:02 prepared Client #2's medication pass on with LPN1 who admin November 8, 2012, arevealed that Client was not implemented the facility failed to eithe opportunity to pasself-medication programmed 1. On November 7, 2 Client #2 was observation from the living room	p.m., revealed direct support sobserved to place Client #2's ing table prior to the tration. At 6:11 p.m., licensed PN1) was observed to punch medication cup from the ysically administered the at #2. LPN1 was also ally give the client his Halified intellectual disabilities and review of Client #2's an (dated July 7, 2012) was mber 8, 2012, at 2:46 p.m. ctively. According to the support plan, given physical will get a cup and fill it with to take his medications 60% remonth. On November 8, 2012, at 2:46 p.m., confirmed that she beverage prior to the November 7, 2012. Interview nistered the medications on at approximately 6:10 p.m., #2's self-medication program d. At the time of the survey, insure Client #2 was provided rticipate in his recommended	W 2	49	 W 249, 1 All Direct Support St (DSS) and Licensed Practical Nurse #1 (L have been re-trained implementation of se medication program a other active treatment pertaining to medicate administration for all clients in the facility. Once monthly, the facility's QIDP will observe medication program to ensure that nursing staff are adhered to program objectives spelled out in the IPP each client DSS and all medicating pass nurses will be transcent or semi-annually on implementation of semedication administration programs for all four clients in the facility 	PN1) on elf- and at goals tion four passes g and at the tering s as es for ton ained elf- cation r	11/28/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF F	PROVIDER OR SUPPLIER			13	EET ADDRESS, CITY, STATE, ZIP CODE 329 LONGFELLOW STREET NW /ASHINGTON, DC 20011		
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	and relax. The clies which was difficult to approximately 4:05 revealed Client #2 visimple verbal direct revealed the client visimple value of the continued to walk be client #2 was given bananas). At approximately taken to changed. At 6:25 p by DSS2 that it was On November 8, 20 Client #2's records reprogram plan (IPP) included a goal to endominate the communication skills program staff assist in picture exchange wants and needs surand TV for 3 out of 2 as measured by progreview of the IPP go place a picture on the or needs during the example, [client] it is and used the bathrodocumented and implemented and implemented well as well as the proximately 3:00 pregarding Client #2's	orompted the client to sit down int made a mumbling sound or understand. At p.m., interview with DSS1 was non-verbal but understood ions. Further interview was hungry and that's why he ack and forth to the kitchen. his snack (chopped eximately 4:10 p.m., Client #2 of his pants and was to the bathroom to be m., Client #2 was informed time to eat dinner. 12, at 2:56 p.m., review of revealed an individual dated July 7, 2012, that inhance functional s. The IPP stated that, "given ance, Client #2 will participate program to label four basic ch as eat, drink, bathroom, it trials offered 75% mastery gram documentation. Further all revealed that staff was to be board depicting basic want actual daily living activity. For time to eat, drink, watch TV om. The goal was to be olemented on every (HM) and DSS1 were	W2	249	W 249, 2 - All Direct Support St (DSS) have been training implementation of classification and the second program. Staff have a been trained on implementation of Individual Program F (IPPs) for all four clients. - The facility's QIDP wonce monthly observed during implementation IPPs so as to ensure the staff are correctly implementing the goad plans as specified for four clients. - The facility's QIDP wonce train staff semi-annual as needed on implementation of Individual Program P (IPPs) for all four clients.	ned on ient e also Plans ents in will e staff on of hat als or all will ally or	11/28/12

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		PLE CONSTRUCTION G	COMPL	
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NAME OF F	ROVIDER OR SUPPLIER			13	EET ADDRESS, CITY, STATE, ZIP CODE 129 LONGFELLOW STREET NW (ASHINGTON, DC 20011		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 371	surveyor presented to the HM (which was record). Moments I qualified intellectual (QIDP) via telephon program. According that the picture excl goal and that the malocated in Client #2' observed to go to C retrieve the picture of program. At the time of the suthat the facility imple communication skill on July 7, 2012. 483.460(k)(4) DRUCTHE system for drug that clients are taught medications if the indetermines that selfis an appropriate obdoes not specify oth. This STANDARD is Based on observation review, the facility fataught to administer	ture exchange program. The the objective for the program as located in Client #2's later, the HM called the disabilities professional are and inquired about the ground to the HM, the QIDP stated hange program was a formal aterials for the program were subsequently before the hold of the HM was lient #2's bedroom and exchange materials for the exchange materials for the livey, there was no evidence exchange materials for the exchange materials for the livey, there was no evidence exchange materials for the livey, there was no evidence exchange materials for the livey, there was no evidence exchange materials for the livey, and instration must assure that to administration must assure that to administration of medications jective, and if the physician erwise. In not met as evidenced by: I	W 2				

	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	(ULTIPI ILDING	LE CONSTRUCTION	COMPL	
		09G153	B. WI	۱G		11//	08/2012
NAME OF	PROVIDER OR SUPPLIER			132	EET ADDRESS, CITY, STATE, ZIP CODE 29 LONGFELLOW STREET NW ASHINGTON, DC 20011		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 440	administration on N approximately 6:00 staff #2 (DSS2) was beverage on the dir medication adminis licensed practical not opunch medication from the bubble pact the medications to observed to physical beverage to drink. Interview with the quantity professional (QIDP) individual support placenducted on Novel and 5:55 p.m. respected on Novel and 5:55 p.m. respected on the water when it is time of recorded trials perpared Client #2's medication pass on with LPN1 who adm November 8, 2012, revealed that Client was not implemented the facility failed to eather opportunity to paself-medication progues 483.470(i)(1) EVACUATION To province the facility failed to eather the self-medication progues 483.470(i)(1) EVACUATION The self-medication progues and the self-medication progues 483.470(i)(1) EVACUATION The self-medication progues and the self-medication progues 483.470(i)(1) EVACUATION The self-medication progues 483.470(i)(1)	ovember 7, 2012, at p.m., revealed direct support observed to place Client #2's ing table prior to the tration pass. At 6:11 p.m., arse #1 (LPN1) was observed as into the medication cup ob and physically administered client #2. LPN1 was also ally give the client his ualified intellectual disabilities and review of Client #2's an (dated July 7, 2012) was mber 8, 2012, at 2:46 p.m. octively. According to the support plan, given physical 2 will get a cup and fill it with the to take his medications 60% or month. on November 8, 2012, at 5.m., confirmed that she beverage prior to the November 7, 2012. Interview inistered the medications on at approximately 6:10 p.m., #2's self-medication program d. At the time of the survey, nsure Client #2 was provided ram. JATION DRILLS	W 4		W 371 - Please refer to W2	49, 1	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	ULTIPI LDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		09G153	B. WIN	IG		11/0	08/2012
NAME OF F	PROVIDER OR SUPPLIER		•	132	ET ADDRESS, CITY, STATE, ZIP CODE 29 LONGFELLOW STREET NW ASHINGTON, DC 20011		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
	This STANDARD is Based on interview failed to hold evacus shifts, for four of the facility. (Clients #1, The finding include: The facility failed to least four times (4) evidenced below: On November 7, 20 with the house man were four designate p.m. and 10:00 p.m. Friday and two desi 10:30 p.m. and 10:0 Saturday/Sunday. Review of the facility November 7, 2012, revealed that no drill weekend shifts (10:10:00 p.m 10:30 at through June 2012 at through December 2 at approximately 6:0 were reviewed again and the HM. After the drill records, they be drills were not conditionally from Jaine 2013 a.m.)	s not met as evidenced by: and record review, the facility ation drills quarterly on all four clients residing in the #2, #3 and #4)	W	140	W 440 - A new fire drill consider will be put in place specifying the free drills to be condustriated. - Staff will be train new calendar and documentation of conducted. - The facility's How Manager will, on monthly basis reversite drill records to that staff are conducted drills at least quareach shift of personal and the fire drills are conducted. - The facility's QID a quarterly basis of audit of the fire drive and the fire drive cords to ensure the facility is complying regulatory standary pertaining to fire of the fire drive conducted.	equency of cted per sed on the sed on the fire drills use a second territory for connel. OP will on conduct cill that the sing with eds	12/01/12 12/01/12 12/01/12

Health Regulation & Licensing Administration (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING B. WING 11/08/2012 HFD03-0127 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1329 LONGFELLOW STREET NW COMP CARE II WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 1 000 INITIAL COMMENTS 1000 A licensure survey was conducted from November 7, 2012 through Novmeber 8, 2012. 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 in the home and at two programs. interviews with one client, direct support staff, nursing and administrative staff, as well as a review of resident and administrative records, including incident reports. [Qualified mental retardation professional (QMRP) will be referred to as qualified intellectual disabilities professional (QIDP) within this report.1 1 135 3505.5 FIRE SAFETY 1135 Each GHMRP shall conduct simulated fire drills in order to test the effectiveness of the plan at least four (4) times a year for each shift. This Statute is not met as evidenced by: Based on interview and record review, the group home for persons with intellectual disabilities (GHPID) failed to hold evacuation drills quarterly on all shifts, for four of four residents residing in the GHPID. (Residents #1, #2, #3 and #4) The finding includes: The GHPID failed to conduct simulated fire drills at least four times (4) a year for each shift, as evidenced below: On November 7, 2012, at 1:02 p.m., interview with the house manager (HM) revealed that there

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

If continuation sheet 1 of 8

(X6) DATE

TITLE

Health Regulation & Licensing Administration

Health Regulation & Licensing Administration (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 11/08/2012 HFD03-0127 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1329 LONGFELLOW STREET NW COMP CARE II WASHINGTON, DC 20011 PROVIDER'S PLAN OF CORRECTION (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 1 135 Continued From page 1 I 135 I 135 were four designated shifts (3:00 p.m. - 10:00 A new calendar will be put p.m. and 10:00 p.m. - 8:30 a.m.), Monday through in place specifying the Friday and two designated shifts (10:00 a.m. frequency of drills per shift 10:30 p.m. and 10:00 p.m. - 10:30 a.m.) for 12/01/12 Saturday/Sunday. Staff will be trained on the new calendar, and Review of the GHPID's fire drill records on documentation of fire drills 12/01/12 November 7, 2012, beginning at 1:05 p.m., conducted. revealed that no drills were held during the weekend shifts (10:00 a.m. - 10:30 p.m. and 10:00 p.m. - 10:30 a.m.) from January 2012 The facility's House through June 2012 and from October 2011 Manager will, on a through December 2011. On November 8, 2012, monthly basis review the at approximately 6:00 p.m. the fire drills records fire drill records to ensure were reviewed again at the request of the QIDP and the HM. After the second review of the fire that staff are conducting drill records, they both acknowledged that fire drills at least quarterly for 12/01/12 drills were not conducted during the weekend each shift of personnel. shifts (10:00 a.m. - 10:30 p.m. and 10:00 p.m. -10:30 a.m.) from January 2012 through June 2012 and from October 2011 through December The facility's OIDP will on 2011. a quarterly basis conduct audit of the fire drill 1206 3509.6 PERSONNEL POLICIES 1206 records to ensure that the facility is complying with Each employee, prior to employment and regulatory standards 12/01/12 annually thereafter, shall provide a physician 's pertaining to fire drills 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. This Statute is not met as evidenced by: Based on interview and record review, the group

home for persons with intellectual disabilities (GHPID) failed to ensure that all employees and

Health Regulation & Licensing Administration (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 11/08/2012 HFD03-0127 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1329 LONGFELLOW STREET NW COMP CARE II WASHINGTON, DC 20011 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 1206 1 206 Continued From page 2 I 206 Staff #4 resigned from health care professionals had current health certificates on file, for 1 of 12 direct support staff. Comprehensive Care II. Up (Staff #4) to the date of resignation, Staff #4 failed to submit a The finding includes: current health certificate 11/15/12 On November 8, 2012, beginning at 4:18 p.m., review of the personnel records for all employees. The facility's Program including licensed professional health Coordinator (PC) will on a consultants, revealed Staff #4's health monthly basis review staff inventory/certificate had expired on October 3, records to ensure that 2012. At approximately 5:45 p.m., the qualified expired documents are intellectual disabilities professional (QIDP) who looked through the personnel records, confirmed updated within thirty days the aforementioned findings. No additional 12/01/12 of expiration. information was made available for review before the survey ended later that evening approximately Thirty days prior to 7:00 p.m. expiration of a 1 227 3510.5(d) STAFF TRAINING 1227 document/certification, a formal notice of reminder Each training program shall include, but not be will be sent to all staff limited to, the following: requesting to provide a current version of such (d) Emergency procedures including first aid. cardiopulmonary resuscitation (OPR), the document/certificate. Staff Heimlich maneuver, disaster plans and fire who fail to provide the evacuation plans: requested document will be 12/01/12 suspended. This Statute is not met as evidenced by: Based on interview and record review, the group home for persons with intellectual disabilities (GHPID) failed to have on file for review, current training in cardiopulmonary resuscitation (CPR) for two of twelve employees. (Employees #1 and #2) The finding includes:

WA1J11

Health Regulation & Licensing Administration (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING B. WING 11/08/2012 HFD03-0127 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1329 LONGFELLOW STREET NW COMP CARE II WASHINGTON, DC 20011 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 1227 Continued From page 3 1227 I 227 On November 8, 2012, beginning at 4:20 p.m., Employee #1 and review of the personnel records revealed that Employee #2 have Employee #1's CPR expired on (9/7/12) and 11/28/12 provided current CPR Employee #2's CPR expired on (10/29/12). At approximately 5:45 p.m., the qualified intellectual cards. disabilities professional (QIDP) who looked through the personnel records, confirmed the The facility's Program aforementioned findings. No additional Coordinator (PC) will on a information was made available for review before monthly basis review staff the survey ended later that evening approximately 7:00 p.m. records to ensure that expired documents are 1422 3521.3 HABILITATION AND TRAINING 1422 updated within thirty days 12/01/12 of expiration. Each GHMRP shall provide habilitation, training and assistance to residents in accordance with Thirty days prior to the resident 's Individual Habilitation Plan. expiration of a This Statute is not met as evidenced by: document/certification, the Based on observation, interview and record facility's PC will send a review, the group home for persons with formal notice of reminder intellectual disabilities (GHPID) failed to ensure to staff requesting to that resident's training objective was implemented in accordance with their individual support plan provide a current version (ISP), for one of the two residents included in the document/certificate. Staff sample. (Resident #2) who fail to provide the requested document will be The finding includes: 12/01/12 suspended. Based on observation, interview and record review, the GHPID failed to ensure that resident's received continuous active treatment to support achievement of individual program plan (IPP) objectives identified by the interdisciplinary team (IDT), for one of two residents included in the sample. (Resident #2) The finding includes: Cross refer to W371. The GHPID failed to

Health Regulation & Licensing Administration

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		(X2) MULT A. BUILDII B. WING		(X3) DATE SURVEY COMPLETED	
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COMPC	ARE I I			STON, DC 2	STREET NW 20011		
(X4) ID PREFIX TAG			ID PREFIX TAG	TION ULD BE ROPRIATE	(X5) COMPLETE DATE		
	implement Resident programs, as detail a. Observation of the administration on Napproximately 6:00 staff #2 (DSS2) was #2's beverage on the medication administration administration administration administration administration administration medication from the bubble pact the medications to the medications of the medication programs assistance, Resider with water when it is 60% of recorded trial interview with DPS2 approximately 6:02 prepared Resident #medication pass on with LPN1 who adm November 8, 2012, revealed that Reside program was not im survey, the GHPID for the same details and the control of the control o	t #2's self-medication ed below: he evening medication ovember 7, 2012, at p.m., revealed direct is observed to place Fine dining table prior to tration pass. At 6:11 turse #1 (LPN1) was one into the medication ck and physically admitted and review of Resident #2. LPN1 was placed in the lectual distribution and review of Resident #2. LPN1 was placed in the lectual distribution and review of Resident #2. LPN1 was placed in the lectual distribution and review of Resident #2. LPN1 was placed in the lectual distribution and review of Resident #2. LPN1 was placed in the lectual distribution and review of Resident #2 will get a cup and the state of the lectual distribution and the lectual distribution and review of Resident #2 will get a cup and the lectual distribution and the lectual distribution and review of Resident #2 will get a cup and the lectual distribution and the lectual distribution and review of Resident #2 will get a cup and the lectual distribution and review of Resident #2 will get a cup and the lectual distribution and review of Resident #2 will get a cup and the lectual distribution and review of Resident #2 will get a cup and the lectual distribution and review of Resident #2 will get a cup and the lectual distribution and review of Resident #2 will get a cup and the lectual distribution and review of Resident #2 will get a cup and the lectual distribution and review of Resident #2 will get a cup and the lectual distribution and review of Resident #2 will get a cup and the lectual distribution and review of Resident #2 will get a cup and the lectual distribution and review of Resident #2 will get a cup and the lectual distribution and review of Resident #2 will get a cup and the lectual distribution and review of Resident #2 will get a cup and the lectual distribution and review of Resident #2 will get a cup and the lectual distribution and review of Resident #2 will get a cup and the lectual distribution and review of Resident #2 will get a cup and the lectual distribution and review of Resident	support Resident to the p.m., observed n cup ninistered vas also his sabilities ent #2's 12) was 5 p.m. o the physical d fill it dications 12, at she o the Interview tions on 0 p.m., on me of the dent #2	1422	- All Direct Support (DSS) and Licensed Practical Nurse #1 (have been re-trained implementation of smedication program other active treatmed pertaining to medicate administration for a clients in the facility. - Once monthly, the facility's QIDP will observe medication for both the morning evening to ensure the nursing staff are adhed to program objective spelled out in the IPI each client. - DSS and all medicate pass nurses will be to semi-annually on implementation of semedication administration administration in the facility.	l (LPN1) d on self- n and ent goals ation ll four y. passes g and at the hering es as Ps for ion rained elf- ration r	11/28/12

2. On November 7, 2012, beginning at 3:32 p.m.,

Health F	regulation & Licensin	ig Administration					
AND PLAN OF CORRECTION			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
NAME OF 5	200/4050 00 011001150	111 500-0127	STREET AD	DDESS CITY	STATE, ZIP CODE	1 11/	OO/LO IL
	PROVIDER OR SUPPLIER		1329 LON	IGFELLOW	STREET NW		
COMPC	AREII		WASHING	STON, DC 2	20011		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	CY MUST BE PRECEDED BY FULL PREFIX (EACH			PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
1 422	Continued From pa	ge 5		1 422	I 422, 2		
	Resident #2 was obtoom the living room support staff #1 (DS Resident #2, verbal down and relax. The sound which was diapproximately 4:05 revealed Resident #2 understood simple interview revealed to that's why he continute kitchen. Client (chopped bananas) Resident #2 was obtoom was immediately tall changed. At 6:25 pt by DSS2 that it was on November 8, 20 Resident #2's recomprogram plan (IPP) included a goal to ecommunication skill program staff assist participate in picture four basic wants and bathroom, and TV for mastery as measure documentation. Fur revealed that staff we board depicting basic actual daily living activities in the to eat, drink in the support of the su	oserved to walk back a area to the kitchen. 5S1) who was assignly prompted the reside resident made a nifficult to understand. p.m., interview with 1½2 was non-verbal beverbal directions. Further resident was hundred to walk back an 1½2 was given his snat. At approximately 40 served to wet his paken to the bathroom. The interview as in time to eat dinner. The interview of the interview of the IPP stated the ance, Resident #2 was and needs such as eat, or 3 out of 4 trials offed by program ther review of the IPP was to place a picture ic want or needs duritivity. For example, k, watch TV and use I was to be document.	Direct ned to dent to sit numbling At DSS1 ut orther gry and d forth to ock 10 p.m., nts and to be formed iew of dual hat at, "given ill to label drink, ered 75% P goal on the ing the [resident] d the		- All Direct Support States (DSS) have been training implementation of classification. Staff have a been trained on implementation of Individual Program F (IPPs) for all four clients implementation. - The facility's QIDP once monthly observed during implementation. IPPs so as to ensure the staff are correctly implementing the good plans as specified for four clients. - The facility's QIDP of train staff semi-annual as needed of the implementation of Individual Program F (IPPs) for all four clients.	ned on ient e also Plans ents in will e staff on of that als or all will ally or Plans	11/28/12
	The house manager interviewed on Nove approximately 3:00	(HM) and DSS1 we	ormation				

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Health Regulation & Licensing Administration

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1422	program. They bot aware that the resident materials for the program to the survivors of the program to the professional (QIDP) about the program. QIDP stated that the was a formal goal aprogram were located. The HM was observed that the program and retrieved materials for the professional for the professional program were located. The HM was observed that the GHPID improgram were solved to the substitution of the substitut	th indicated that they dent had a picture expeyor presented the outhe HM (which was lowed) intellectual disabilities. According to the HM in a picture exchange pland that the materials ted in Resident #2's beyed to go to Resident we the picture exchange pland that the materials ted in Resident #2's beyed to go to Resident would be picture exchange pland. The picture exchange pland that the materials that the picture exchange pland that the picture exchange and the picture exchange and the picture exchange and the picture exchange and the picture and the picture exchange and the picture and the picture exchange and the picture exchange and the picture exchange and the picture exchange and the picture and the picture exchange and the picture and the picture exchange and the picture excha	schange objective ocated in the HM es inquired M, the program is for the bedroom. In #2's inge evidence #2's inmended	1 422			
	GHMRP shall include be limited to, the following the limited to th	I training of residents de, when appropriate, llowing areas: uding skills related to istration of medication of prosthetic and orthoghealth care, and safe met as evidenced by: on, interview and recolome for Persons with des (GHPID) failed to eaught to administer the of the two residents sident #2)	s by the e, but not o nutrition, in, first otic ety); cord th ensure heir	1 436			

Health Regulation & Licensing Administration (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING B. WING 11/08/2012 HFD03-0127 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1329 LONGFELLOW STREET NW COMP CARE !! WASHINGTON, DC 20011 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 1436 1436 Continued From page 7 I 436 All Direct Support Staff Observation of the evening medication (DSS) and Licensed administration on November 7, 2012, at Practical Nurse #1 (LPN1) approximately 6:00 p.m., revealed direct support have been re-trained on staff #2 (DSS2) was observed to place Resident #2's beverage on the dining table prior to the implementation of selfmedication administration. At 6:11 p.m., licensed medication program and practical nurse #1 (LPN1) was observed to punch other active treatment goals medications into the medication cup from the pertaining to medication bubble pack and physically administered the administration for all four medications to Resident #2. LPN1 was also observed to physically give the resident his clients in the facility. 11/28/12 beverage to drink. Interview with the qualified intellectual disabilities Once monthly, the professional (QIDP) and review of Resident #2's individual support plan (dated July 7, 2012) was facility's QIDP will conducted on November 8, 2012, at 2:46 p.m. observe medication passes and 5:55 p.m. respectively. According to the for both the morning and QIDP and individual support plan, given physical evening to ensure that the assistance, Resident #2 will get a cup and fill it nursing staff are adhering with water when it is time to take his medications 60% of recorded trials per month. to program objectives as spelled out in the IPPs for 11/28/12 Interview with DPS2 on November 8, 2012, at each client approximately 6:02 p.m., confirmed that she prepared Resident #2's beverage prior to the DSS and all medication medication pass on November 7, 2012. Interview with LPN1 who administered the medications on pass nurses will be trained November 8, 2012, at approximately 6:10 p.m., semi-annually on revealed that Resident #2's self-medication implementation of selfprogram was not implemented. At the time of the medication administration survey, the GHPID failed to ensure Resident #2 programs for all four was provided the opportunity to participate in his recommended self-medication program. clients in the facility 11/28/12

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