STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G152	A. BUILDING _____ B. WING _____	07/18/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMP CARE I I	1000 NEWTON STREET 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 000	INITIAL COMMENTS A recertification survey was conducted from July 17, 2013 through July 19, 2013. A sample of two clients was selected from a population of two females with varying degrees of intellectual disabilities. This survey was initiated utilizing the fundamental survey process. The findings of the survey were based on observations in the home and at two day programs, interviews with direct support staff, nursing and administrative staff, as well as a review of client and administrative records, including incident reports. [Qualified mental retardation professional (QMRP) will be referred to as qualified intellectual disabilities professional (QIDP) within this report.]	W 000	Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002	
W 189	483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure staff was effectively trained to manage the provisions outlined in the medication policies and procedures for one of the two clients in the sample. (Client #1) The finding includes: On July 17, 2013, at 7:31 p.m., Client #1's Ibuprofen fell on the floor as licensed practical	W 189	**W 189** - Licensed Practical Nurse #1 (LPN #1), Trained Medication Employees (TMEs), and other LPNs of the facility have been trained on the facility's policy and procedure regarding medication disposal. The training focused on adhering to physician's orders, how to dispose of medication, communication with the Registered Nurse (RN) and primary care physician to inform them of disposed medication.	08/07/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Adrian Mathews | TITLE: Adm. Asst. | (X6) DATE: 8/9/13

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G152	A. BUILDING _____ B. WING _____	07/18/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMP CARE I I	1000 NEWTON STREET 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 189	Continued From page 1 nurse (LPN) #1 administered the client's medications. LPN #1 punched another Ibuprofen from the bubble pack, but it fell as he attempted to administer the medication. At 7:33 p.m., Client #1 received her Ibuprofen after LPN #1 punched another one from the bubble pack. Interview with LPN #1 at 7:35 p.m., revealed that when a medication falls to the floor, the nurse is required to put the medication in a red box and lock it in the medication cabinet. However, a red box was not available, therefore LPN #1 place the medication on a shelf in the medication cabinet. On July 18, 2013, at approximately 3:00 p.m., review of the medication policies and procedures revealed LPN #1 was required to call Registered Nurse #1 when a medication needed to be disposed. On July 18, 2013, at approximately 3:30 p.m., interview with Registered Nurse #1 revealed that LPN #1 did not inform her of the need to dispose of medications, therefore the primary care physician was not notified. Further interview indicated that she would retrain LPN #1. Review of the training records on July 18, 2013, at 1:00 p.m., failed to evidence that LPN #1 was trained on what to do when a medication needed to be disposed. At the time of survey, the facility failed to ensure that all LPN's communicated with the registered nurse in accordance with the medication policies and procedures.	W 189	**W 189 Cont.** - The facility's RN will on a quarterly basis train the nursing staff and Trained Medication Employees (TMEs) on issues pertaining to medication administration, documentation, communication, adhering to medication orders, and other nursing domains related to the LPNs and TMEs.	**08/07/13**
W 247	483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN The individual program plan must include opportunities for client choice and	W 247		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G152	A. BUILDING _____ B. WING _____	07/18/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMP CARE I I	1000 NEWTON STREET 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 247	Continued From page 2 self-management. This STANDARD is not met as evidenced by: Based on observation, record review and interview, facility staff failed to consistently encourage clients to eat independently, for one of two clients in the sample. (Client #1) The finding includes: During dinner observations on July 17, 2013, at 5:21 p.m., Client #1 took her plate to the dining room table. At 5:22 p.m., Staff #2 began to spoon feed Client #1 with a regular teaspoon. At 5:26 p.m., Staff #1 took the teaspoon from staff #2 and began to spoon feed Client #1. At 5:27 p.m., Client #1 consumed her beverage independently. By contrast, observation at the day program on July 18, 2013, beginning at 12:20 p.m., revealed Client #1 was eating her lunch with a build up handle spoon as day program staff #1 verbally prompted her. At 12:31 p.m., Client #1 stopped feeding herself, therefore day program #1 began to spoon feed her with hand over hand assistance. On July 18, 2013, at 11:40 a.m., review of Client #1's occupational therapy assessment dated June 28, 2013, revealed "Staff to continue to encourage [Client #1] to participate in eating/feeding herself during meals. If she does not show interest in feeding herself, staff will use hand-over-hand assistance in supporting [Client #1] during meals." Continued review revealed Client #1 uses a teaspoon to eat her meals. On July 18, 2013, at approximately 4:30 p.m., interview with Staff #2 revealed that Client #1	W 247	**W 247** - Staff have been trained on how to adequately support Client #1 during meals, adhering to Client #1's mealtime protocol, and implementation of Individual Program Plan (IPP) as specified. - The facility's House Manager (HM) will on a weekly basis observe staff during meals and active treatment implementation to ensure that staff are adhering to Client #1's mealtime guidelines, following the diet orders for Clients #1 and #2, and implementation of IPP goals.	**08/07/13** **08/13/13**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G152	A. BUILDING _____ B. WING _____	07/18/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMP CARE I I	1000 NEWTON STREET 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 247	Continued From page 3 should be provided the opportunity to feed herself. Further interview revealed that going forward, she would provide Client #1 with the opportunity to feed herself. At the time of the survey, facility staff failed to allow clients to exercise their independence.	W 247		
W 362	483.460(j)(1) DRUG REGIMEN REVIEW A pharmacist with input from the interdisciplinary team must review the drug regimen of each client at least quarterly. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that each client's medication regimen was reviewed by the pharmacist quarterly, for two of two clients included in the sample. (Clients #1 and #2) The findings include: 1. Observations of the medication administration on July 17, 2013, at 7:31 p.m., revealed Client #1 received Ferrous Sulfate, Lorazepam, Mirtazapine, Gabapentin, Keppra, Ibuprofen and Lactulose. Review of Client #1's medical record on July 18, 2013, at 2:30 p.m., revealed there was no pharmacy review between December 12, 2012 through May 27, 2013 (5 months). 2. Medication administration observation on July 17, 2013, at 7:47 p.m., revealed Client #2 received Lovastatin and Singulair. Review of Client #2's medical record on July 18, 2013, at 3:04 p.m., revealed there was no pharmacy review between December 12, 2012 through May	W 362	**W 362** - A pharmacy review schedule will be in put in place by the nurse coordinator and the pharmacist. **08/15/13** - The facility's nurse coordinator will be responsible to ensure that the pharmacist is notified on a timely basis of review dates, and keeping up with the quarterly schedule. **08/15/13**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G152	A. BUILDING _____ B. WING _____	07/18/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMP CARE I I	1000 NEWTON STREET 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 362	Continued From page 4 27, 2013 (5 months). Interview with Licensed Practical Nurse #2 on July 17, 2013, at approximately 3:15 p.m., revealed the pharmacist is required to review the clients drug regimen every quarter. Further interview revealed that she was not aware that the clients drug regimen was not reviewed quarterly by a pharmacist. At the time of the survey, the facility failed to provide evidence that a pharmacist conducted quarterly reviews as required.	W 362		
W 368	483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the licensed practical nurse (LPN) failed to ensure that each client's prescribed drugs were administered in compliance with physician's orders, for one of two clients residing in the facility. (Client #2) The finding includes: On July 17, 2013, at 7:41 p.m., LPN #1 mixed Ketoconazole shampoo in a pale of water. At 7:42 p.m., LPN #1 placed Client #2's feet in the pale. When asked, LPN #1 stated that he was soaking the client's feet because she has a foot fungus. At 7:55 p.m., (13 minutes later) LPN #1 took Client #2's feet out of the pale and dried them with a towel before placing the client's feet back in her	W 368	**W 368** - Licensed Practical Nurse #1 (LPN #1), Trained Medication Employees (TMEs), and other LPNs of the facility have been trained on adhering to physician's orders, following the guidelines to medication administration, and implementing orders as outlined. - The facility's RN will on a quarterly basis in-service nurses and TMEs on the guidelines to medication administration.	08/07/13 08/07/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G152	A. BUILDING _____ B. WING _____	07/18/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMP CARE I I	1000 NEWTON STREET 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 368	Continued From page 5 slippers. On July 17, 2013, at 8:25 p.m., review of the client's physician's order sheets (POS) and medication administration record (MAR) dated July 1, 2013, revealed an order to soak Client #2's feet with Ketoconazole shampoo for 20 minutes once a day. Continued review revealed that the MAR was signed for July 17, 2013, indicating that the client's feet was soaking with Ketoconazole shampoo for 20 minutes. During an interview with LPN #1 on July 17, 2013, at approximately 8:30 p.m., LPN #1 stated he soaked Client #2's feet for 20 minutes.. At the time of survey, the facility LPN failed to soak Client #2's feet with Ketoconazole shampoo for 20 minutes as prescribed.	W 368		
W 369	483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the licensed practical nurse (LPN) failed to ensure that each client medications were administered as prescribed, for one of two clients in the facility. (Client #1) The finding includes: On July 17, 2013, at 7:41 p.m., LPN #1 mixed Ketoconazole shampoo in a pale of water. At 7:42 p.m., LPN #1 placed Client #2's feet in the pale.	W 369		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G152	A. BUILDING _____ B. WING _____	07/18/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMP CARE I I	1000 NEWTON STREET 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 369	Continued From page 6 When asked, LPN #1 stated that he was soaking the client's feet because she has foot fungus. At 7:55 p.m., (13 minutes later) LPN #1 took Client #2's feet out of the pale and dried them with a towel before placing the client's feet back in her slippers. On July 17, 2013, at 8:25 p.m., review of the client's physician's order sheets (POS) and medication administration review (MAR) dated July 1, 2013, revealed an order to soak Client #2's feet with Ketoconazole shampoo for 20 minutes once a day. Continued review revealed that the MAR was signed for July 17, 2013, indicating that the client's feet was soaking with Ketoconazole shampoo for 20 minutes. During an interview with LPN #1 on July 17, 2013, at approximately 8:30 p.m., LPN #1 stated he soaked Client #2 feet for 20 minutes.. At the time of survey, the facility LPN failed to soak Client #2's feet with Ketoconazole shampoo for 20 minutes as prescribed.	W 369	**W 369** - Licensed Practical Nurse #1 (LPN #1), Trained Medication Employees (TMEs), and other LPNs of the facility have been trained on adhering to physician's orders, following the guidelines to medication administration, and implementing orders as outlined. - The facility's RN will on a quarterly basis in-service nurses and TMEs on the guidelines to medication administration.	08/07/13 08/07/13

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HFD03-0128	A. BUILDING: _____ B. WING _____	07/18/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMP CARE I I	1000 NEWTON STREET 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) COMPLETE DATE
I 000	INITIAL COMMENTS A licensure survey was conducted from July 17, 2013 through July 18, 2013. A sample of two residents was selected from a population of two females with varying degrees of intellectual disabilities. The findings of the survey were based on observations in the home and two day programs, interviews with 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.]	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) maintained the interior and exterior of the facility in a safe, clean, orderly, attractive, and sanitary manner, except for the following observations, for two of the two residents residing in the facility. (Residents #1 and #2) The findings include: Observation during the inspection of the environment on July 18, 2013, beginning at 4:57	I 090	**I 090** - Resident #1's closest door knob has been replaced. **07/18/13** - The microwave has been replaced. **07/20/13** - The maintenance division of the facility will on a monthly basis conduct interior and exterior environmental inspections to ensure compliance with State and Federal guidelines. **08/07/13**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HFD03-0128	A. BUILDING: _____ B. WING _____	07/18/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMP CARE I I	1000 NEWTON STREET 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) COMPLETE DATE
I 090	Continued From page 1 p.m., revealed the following: 1. Resident #1's closet door knob was broken. 2. The interior of the microwave was peeling. The house manager (HM #1) who was present during the environmental inspection, stated she would address the aforementioned concerns.	I 090		
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 and record review, the group home for individuals with intellectual disabilities (GHIID))failed to ensure 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, for one of two residents in the sample. (Resident #1) The finding includes: During dinner observations on July 17, 2013, at 5:21 p.m., Resident#1 took her plate to the dining room table. At 5:22 p.m., Staff #2 began to spoon feed Resident #1 with a regular teaspoon. At 5:26 p.m., Staff #1 took the teaspoon from staff #2 and began to spoon feed Resident#1. At 5:27 p.m.,	I 420	**I 420** - Staff have been trained on how to adequately support Client #1 during meals, adhering to Client #1's mealtime protocol, and implementation of Individual Program Plan (IPP) as specified. **08/07/13** - The facility's House Manager (HM) will on a weekly basis observe staff during meals and active treatment implementation to ensure that staff are adhering to Client #1's mealtime guidelines, following the diet orders for Clients #1 and #2, and implementation of IPP goals. **08/13/13**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HFD03-0128	A. BUILDING: _____ B. WING _____	07/18/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMP CARE I I	1000 NEWTON STREET 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) COMPLETE DATE
I 420	Continued From page 2 Resident #1 consumed her beverage independently. By contrast, observation at the day program on July 18, 2013, beginning at 12:20 p.m., revealed Resident #1 was eating her lunch with a build up handle spoon as day program staff #1 verbally prompted her. At 12:31 p.m., Resident #1 stopped feeding herself, therefore day program #1 began to spoon feed her with hand over hand assistance. On July 18, 2013, at 11:40 a.m., review of Resident #1's occupational therapy assessment dated June 28, 2013, revealed "Staff to continue to encourage [Resident #1] to participate in eating/feeding herself during meals. If she does not show interest in feeding herself, staff will use hand-over-hand assistance in supporting [Resident #1] during meals." Continued review revealed Resident #1 uses a teaspoon to eat her meals. On July 18, 2013, at approximately 4:30 p.m., interview with Staff #2 revealed that Resident #1 should be provided the opportunity to feed herself. Further interview revealed that going forward; she would provide Resident #1 with the opportunity to feed herself. At the time of the survey, facility staff failed to allow clients to exercise their independence.	I 420		
I 473	3522.4 MEDICATIONS The Residence Director shall report any irregularities in the resident ' s drug regimens to the prescribing physician. This Statute is not met as evidenced by: Based on observation, interview and record	I 473		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HFD03-0128	A. BUILDING: _____ B. WING _____	07/18/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMP CARE I I	1000 NEWTON STREET 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) COMPLETE DATE
I 473	Continued From page 3 review, the group home for individuals with intellectual disabilities (GHIID) failed to ensure that each resident received medications as prescribed, for one of two residents in the facility. (Resident #) The finding includes: On July 17, 2013, at 7:41 p.m., Licensed Practical Nurse (LPN) #1 mixed Ketoconazole shampoo in a pale of water. At 7:42 p.m., LPN #1 placed Client #2's feet in the pale. When asked, LPN #1 stated that he was soaking the client's feet because she has foot fungus. At 7:55 p.m., (13 minutes later) LPN #1 took Client #2's feet out of the pale and dried them with a towel before placing the client's feet back in her slippers. On July 17, 2013, at 8:25 p.m., review of the client's physician's order sheets (POS) and medication administration record (MAR) dated July 1, 2013, revealed an order to soak Client #2's feet with Ketoconazole shampoo for 20 minutes once a day. Continued review revealed that the MAR was signed for July 17, 2013, indicating that the client's feet was soaking with Ketoconazole shampoo for 20 minutes. During an interview with LPN #1, on July 17, 2013, at approximately 8:30 p.m., LPN #1 stated he soaked Client #2's feet for 20 minutes.. At the time of survey, the facility failed to soak Client #2's feet with Ketoconazole shampoo for 20 minutes as prescribed.	I 473	**I 473** - Licensed Practical Nurse #1 (LPN #1), Trained Medication Employees (TMEs), and other LPNs of the facility have been trained on adhering to physician's orders, following the guidelines to medication administration, and implementing orders as outlined. **08/07/13** - The facility's RN will on a quarterly basis in-service nurses and TMEs on the guidelines to medication administration. **08/07/13**	