Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED 07/05/2013
NAME OF PROVIDER OR SUPPLIER CAPITAL CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 2820 HARTFORD STREET, SE WASHINGTON, DC 20020	

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1000	INITIAL COMMENTS A licensure survey was conducted on July 3, 2013 through July 5, 2013. A random sample of three residents was selected from a resident population of four females and two males with varying degrees of intellectual disabilities. The survey findings was based on observations in the home, interviews with administrative management, nursing and direct care staff, and the 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.]	1000		
1432	3521.7(c) HABILITATION AND TRAINING The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas: (c) Personal hygiene (including washing, bathing, shampooing, brushing teeth, and menstrual care); This Statute is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure each resident's individual program plan (IPP) included training in activities of personal hygiene, for one of the three residents included in the sample. (Resident #3) The finding includes: Observations throughout the survey on July 2, 2013 through July 5, 2013 revealed Resident #3 continued exhibiting self-stimulating behavior of sticking her fingers in her mouth, touching hair,	1432	Capital Care trained staff on Infectious Disease Control and Standard Pre-Cautions which includes hand washing on May 20, 2013 (see attachment 1a and 1b). However; Capital Care has re-trained all staff on personal hygiene on August 5, 2013(see attachment 2) and will ensure that personal hygiene is part of the Resident # 3's Individual Program Plan. A case conference to discuss the addition has been scheduled for August 12, 2013. Once the team agrees, the ISP will be amended.	8/5/2013

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1432	Continued From page 1 and then putting fingers back in mouth as evidenced below: On July 2, 2013, beginning at 5:10 p.m., Resident #3 was observed to stick her fingers in her hair and then stick them in her mouth. The resident was observed to remove the table cloth from the facility's table after placing her fingers in her mouth. The direct care staff was not observed to prompt the resident to wash her hands. At 5:12 p.m., Resident #3 was observed to stick her fingers in her hair and then in her mouth S imultaneously. Although the staff attempted to verbally prompt the resident to take her fingers out of her mouth, the resident was overheard to say no. At 5:25 p.m., Resident #3 was observed lying her head on the facility's dining room table and she continued to stick her fingers in her mouth. The resident was also observed with saliva running out of her mouth on the facility's table. Upon completion of her dinner at 6:25 p.m., Resident #3 was observed to start sticking her fingers in her mouth again. At 6:28 p.m., Resident #3 was verbally prompted to wash her hands, however, the resident refused. Interview with the qualified intellectual developmental professional (QIDP) on July 2, 2013, at 7:00 p.m. revealed Resident #3's IPP did not include a program objective for hand washing. Review of Resident #3's habilitation record on July 5, 2013, revealed an Individual Support Plan (ISP) dated February 5, 2013. The resident's ISP verified that the resident did not have an IPP for	1432	Capital Care trained staff on Standard pre-cautions which includes hand washing on May 20, 2013 (see attachment 1a&1b). Capital Care has re-train staff on the importance of hand washing on August 5, 2013, (see attachment 2). Capital Care will ensure that personal hygiene is part of the Resident # 3's Individual Program Plan. The goal will be for Resident # 3 to wash her hands before and after each meal. A case conference to discuss the addition has been scheduled for August 12, 2013. Once the team agrees, the ISP will be amended to include a hand washing goal.	8/5/2013 8/5/13

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1432	Continued From page 2 Hand washing	1432		
1451	3521.8(b) HABILITATAION AND TRAINING Each GHMRP shall ensure that training programs for residents do the following: (b) Provide for direct or consulting services from those professionally qualified persons necessary to assist the staff in conducting training; This Statute is not met as evidenced by: Based on observation, staff interview and record review, the group home for persons with intellectual disabilities (GHIID) failed to ensure staff training was provided to assist a resident with eating/drinking and the use of adaptive equipment (sippy cup) for one of three residents included in the sample. (Resident #1) The finding includes: 1. During the lunch mealtime observations on July 2, 2013, at 11:55 a.m. Resident #1 was observed to be provided with a sippy cup for her milk. One of the facility's direct care staff (Staff #1) was observed to hold the sippy cup above the resident's mouth and pour the milk in her mouth. Interview with Staff #1 on July 2, 2013, at approximately 12:00 noon was conducted to ascertain information regarding Resident #1's functional abilities. The interview with the staff revealed the resident was capable of feeding herself with some assistance and she was able to hold her sippy cup with hand over hand assistance. Another observation on July 2, 2013, at 6:21 p.m. revealed Staff #2 provided Resident #1 with her	1451	Capital Care ensured that all staffs were trained on the proper use of adaptive equipment, covered by the speech training; under mealtime protocol which includes all adaptive equipment's used during meals on June 12, 2013 (see attachment 3). However, Capital Care has ensure that all staff were re-trained on the proper use of adaptive equipment (sippy cup) and how to properly assist resident # 1 with eating and drinking more independently on August 5, 2013(see attachment 4).	8/5/13

Health Regulation & Licensing Administration

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1451	Continued From page 3 sippy cup and she drank her milk independently using minimal assistance. Additionally, Resident #1 was also observed to eat independently using minimal assistance. Another observation on July 3, 2013, at 12;35 p.m. revealed Staff #1 was feeding Resident #1 her lunch. At 1:00 p.m., the staff offered Resident #1 a cup milk using her sippy cup. It should be noted that Staff #1 was observed to place the spout of the sippy cup in the resident's mouth, and the milk was observed running down her chin. Interview with the qualified intellectual developmental professional (QIDP) on July 3, 2013, at 1:07 p.m. revealed staff training was provided on May 17, 2013. Review of the sign-in sheet and agenda, however, revealed the training was in the areas of health management care plan (HMCP), infectious disease, medication side effects, fall/aspiration precautions, and hip surgery precautions. Review of the resident's habilitation record on July 5, 2013, at 2:08 p.m. revealed the resident's feeding techniques was assessed by the occupational therapist (0T) on May 21, 2013. The OT assessment revealed Resident #1 would benefit from a double handle cup. Further review of records on June 3, 2013, at 1:15 p.m. revealed additional training areas dated June 20, 2013, however, those areas did not include Resident #1's adaptive equipment (sippy cup/double handle cup). At the time of the survey, the GHIID failed to provide evidence that OT, PT, or any other professional services addressing Resident	1451	Capital Care ensured that all staffs were trained on the proper use of adaptive equipment, covered by the speech training; under mealtime protocol which includes all adaptive equipment's used during meals on June 12, 2013 (see attachment 3). However, Capital Care has ensure that all staff were re-trained on the proper use of adaptive equipment (sippy cup) and how to properly assist resident # 1 with eating and drinking more independently on August 5, 2013(see attachment 4). It is worthy to note that resident #1 moved to Capital Care with a double handle sippy cup on May 17, 2013, which all staff were trained on May 17th, 2013 using the HCMP and retrained by the speech on June 12th, 2013 (See attachment 1a and 3). Capital Care ensured that all staffs were trained on all aspect of resident # 1's feeding techniques and adaptive equipment. PT, Speech, Nutrition, nurse's and QDIP's trainings were all provide to the inspector. Speech	8/5/13 8/5/13

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1451	Continued From page 4 #1's feeding techniques and/or adaptive equipment had been offered to staff.	1451	trained on mealtime protocols, which includes all aspects of the meal, including all adaptive equipment's used during that time on June 12th, 2013 (see attachment 3). Physical therapy training was completed on June 3rd, 2013 (see attachment 5) as well as Nutrition training completed on May 26th, 2013 (see attachment 6). Capital Care has ensured that all staff were re-trained on the proper use of adaptive equipment (sippy cup) and feeding techniques on August 5, 2013(see attachment 4).	8/5/13
1479	3522.6(e) MEDICATIONS The record for a resident' s prescribed controlled substances shall include the following: (e) Each time the controlled substance is to be taken or administered. This Statute is not met as evidenced by: Based on interview and record review, the group home for individuals with intellectual disabilities (GHIID) failed to transcribe the resident's controlled substances as ordered, for one of three resident's included in the sample. , (Resident #1) The finding includes: During the entrance interview with the qualified intellectual disabilities professional (QIDP) on July 3, 2013, at 9:49 am. revealed Resident #1 was admitted to the facility on May 17, 2013. Review of Resident #1's medical record on July 4, 2013, at 9:35 a.m., revealed an admitting physician's order dated May 17, 2013. Review of the physician's order revealed the resident was prescribed Phenobarbital 64.8 mg twice daily for seizure disorder, Review of Resident #1's "controlled medication utilization record" on July 5, 2013, at 11:30 a.m. revealed the resident was administered Phenobarbital 60 mg, 1 tab every evening at 8:00 p.m. for fourteen days (May 17, 2013 through May 31, 2013), instead of twice daily as ordered.	1479	There was a transcription error on the 'Controlled medication utilization record' that showed Resident #1 was receiving Phenobarbital 64.8mg once daily instead of twice daily for 15 days. This was corrected and Resident #1 received Phenobarbital twice daily as ordered. The PCP was notified and the Phenobarbital blood level was checked on May 31, 2013 result 25.0mcg/ml which is within normal range (normal range 15.0-40.0mcg/ml). Please see attached the lab result for the Phenobarbital level.	8/5/13

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1479	Continued From page 5 At the time of the survey, the GHIID's nursing staff failed to ensure Resident #1 was administered Phenobarbital 64.8 mg as ordered twice a day, instead of once every evening.	1479	Going forward, Capital Care will ensure that the RN will make daily visits for review for 4 consecutive days after a resident who is medically involving is newly admitted. The RN will then ensure at least weekly visits for the next 4 weeks that follow. Capital Care ensured that all nurses were trained on crosschecking medication with physician orders before administration on August 5, 2013 (see attachment 7).	8/5/13