

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0040	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/25/2012
NAME OF PROVIDER OR SUPPLIER CARLS PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST, SE WASHINGTON, DC 20032	
(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
1 000	<p>INITIAL COMMENTS</p> <p>A licensure survey was conducted from January 24, 2012 through January 26, 2012. A sample of three residents was selected from a population of four men with various intellectual disabilities.</p> <p>The findings of the survey were based on observations and interviews with staff and residents, as well as a review of resident and administrative records, including incident reports.</p> <p>[Qualified mental retardation professional (QMRP) will be referred to as qualified intellectual disabilities professional (QIDP) within this report.]</p> <p>1 042 3502.2(b) MEAL SERVICE / DINING AREAS</p> <p>Modified diets shall be as follows:</p> <p>(b) Planned, prepared, and served by individuals who have received instruction from a dietitian; and...</p> <p>This Statute is not met as evidenced by: Based on interviews, as well as review of staff in-service training records, the facility failed to ensure that modified diets were planned, prepared, and served by individuals who had received instruction from a dietitian for three (3) residents included in the sample. (Residents #1, #2, and #3)</p> <p>The findings include:</p> <p>I. Observation on January 24, 2012, at approximately 5:20 p.m., revealed dinner was being prepared. According to the staff the residents had been prescribed 1800 calorie diets. The staff was preparing meatloaf, broccoli and brown rice for dinner. Observation of Residents</p>	1 000	<p>March 15, 2012</p> <p>1042 3502.2 Meal Service/Dining Areas</p> <p>Corrective Action: Carl's Place Nutritionist will provide staff training on portion sizes and meal preparation. Additionally, the Nutritionist will conduct monthly observation visits to ensure staff are preparing the meals in accordance with the menus and their diets. The Quality Assurance Coordinator will also conduct monitoring visits to ensure meals and portion sizes are in accordance with the residents diets.</p> <p>Resident #1 is on an exercise program that will assist him in reaching his ideal body weight. Additionally, the RN will work closely with the PCP and Nutritionist to ensure that Resident #1 excess weight over his ideal body weight does not have an adverse impact over his health. The Quality Assurance Coordinator will review the nutritional assessments monthly and will ensure that the Nutritionist monthly notes reflect updated information regarding weight loss and/or gain.</p>

Health Regulation & Licensing Administration

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

TITLE: *Karen Hutchinson, CEO* (X6) DATE: *2/17/2012*

STATE FORM

8899

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If continuation sheet 1 of 5

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I 042	Continued From page 1 #1, and #3's plates revealed large portions of meatloaf, broccoli and rice. The residents were also served grape juice and fruit cocktail for desert. a. Review of Resident #1's record on January 24, 2012, at approximately 11:15 a.m. revealed a nutritional assessment dated August 30, 2011, which described the resident's Ideal Body Weight (IBW) as 131-160 lbs and indicated that the resident weighed 200.8 lbs, 40.8 lbs above her IBW. Resident #1's record revealed that the resident's weight as of December 2011, was 205.4, 45 lbs above her IBW. b. Review of Resident #2's record on January 25, 2012, at approximately 10:05 a.m. revealed a nutritional assessment dated July 16, 2011, which described the resident's Desired Body Weight (DBW) as 136-156 lbs and indicated that the resident weighed 260 lbs, 104 lbs, above his desired body weight (DBW). Resident #2's record also revealed that as of December 2011 the resident's weight was 253.6, 97 lbs above his DBW. Interview with the Program Director (PD) on January 25, 2012, at approximately 3:48 p.m. revealed that he and the facility's Registered Nurse (RN) had conducted in-service training. The documented evidence provided regarding the training was a sign-in sheet dated June 4, 2011. According to the sign-in sheet, nutrition training was provided on the aforementioned date, however, there was no documented evidence that the staff had received instructions from a dietician. At the time of the survey, there was no	I 042	Resident #2 is on an exercise program that will assist him in reaching his ideal body weight. Additionally, the RN will work closely with the PCP and Nutritionist to ensure that Resident #1 excess weight over his ideal body weight does not have an adverse impact over his health. The Quality Assurance Coordinator will review the nutritional assessments monthly and will ensure that the Nutritionist monthly notes reflect updated information regarding weight loss and/or gain. In addition to the Nutritionist conducting staff training on portion sizes and meal planning, the Program Director will also participate in the training to ensure the outcome is consistent. The Quality Assurance Coordinator will oversee the training and ensure all of Carl's Place is consistently implementing the process.	March 15, 2012

Karen Hutchinson, CEO
2/17/2012

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I 042	Continued From page 2 documented evidence that the direct care staff had been trained or given instructions by a dietician.	I 042		March 1, 2012
I 206	3509.6 PERSONNEL POLICIES Each employee, prior to employment and annually thereafter, shall provide a physician ' s 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 all employees and health care professionals had current health certificates, for 2 of 8 employees and 3 consultants (LPN, Nutritionist and Quality Assurance). The finding includes: On January 24, 2012, beginning at approximately 11:30 a.m., review of the personnel records revealed the GHPID failed to have evidence of current health certificates for Staff #2 RN, and #7), the LPN, Nutritionist and Quality Assurance staff. On January 24, 2012 at approximately 3:45 p.m. interview with the House Administrator, Program Director and the Quality Assurance staff confirmed the aforementioned health certificates were unavailable for review.	I 206	1206 3509.06 Personnel Policies Staff #2 has a current Health Certificate at the time of the review dated 9/15/11. Staff including the LPN, Nutritionist and Quality Assurance Coordinator health certificates were not documented on the correct Government forms. The Carl's Place QA Coordinator and Administrative Coordinator will ensure health certificates are updated through their monthly monitoring and record reviews.	

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I 379	Continued From page 3	I 379		
I 379	3519.10 EMERGENCIES	I 379		February 25, 2012
	<p>In addition to the reporting requirement in 3519.5, each GHMRP shall notify the Department of Health, Health Facilities Division of any other unusual incident or event which substantially interferes with a resident's health, welfare, living arrangement, well being or in any other way places the resident at risk. Such notification shall be made by telephone immediately and shall be followed up by written notification within twenty-four (24) hours or the next work day.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the group home for persons with individual disabilities (GHPID) failed to ensure unusual incidents that interfered substantially with a resident's health were reported immediately to the Department of Health, Health Regulations Licensing Administration (DOH/HRLA), for one of the three residents included in the sample. (Resident #1)</p> <p>The finding includes:</p> <p>Review of the GHPID's incident report log on January 24, 2012, beginning at approximately 9:10 a.m. revealed no documented evidence of any incident reports, however review of Resident #1's medical record on January 24, 2011, at approximately 10:37 a.m. revealed a primary care physician (PCP) medical consult report dated August 31, 2011. The consult revealed Resident #1 was referred to her PCP after complaining of right wrist pain. The PCP recommended the resident be taken to the emergency room.</p> <p>Interview on the same day with the Registered</p>		<p>1379 3519 10 Emergencies</p> <p>Staff will be re-trained on Incident Reporting. The Nurse will ensure all medical appointments and recommendations are followed up accordingly. In the event it is recommended that residents are referred to the emergency room for follow up, staff will complete an Incident Report as a Reportable incident. The Quality Assurance Coordinator will ensure all incidents are properly documented. Additionally, the PCP, Nurse and QA Coordinator will ensure the residents are receiving the healthcare as recommended by their PCP and identified in their Health Management Care Plans.</p>	

Karen Hutchinson, COO
2/17/2012

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R 125 4701.5 BACKGROUND CHECK REQUIREMENT

The criminal background check shall disclose the criminal history of the prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check.

This Statute is not met as evidenced by: Based on the interview and record review, the group for persons with intellectual disabilities (GHPID) failed to ensure criminal background checks for the previous seven (7) years, in all jurisdictions where staff had worked or resided within the seven (7) years prior to the check, for one of seven consultant staff. (Staff 7).

The finding includes:

Interview with the quality assurance (QA) staff, program director, (PD) and the program administrator (PA) and review of the personnel files on January 24, 2012, beginning at 10:00 a.m., revealed the GHPID failed to provide evidence of criminal background checks that disclosed a seven year listing of all jurisdictions where staff # 7 worked and/or resided prior to the date of hire.

There was no evidence that a background check had been conducted for Staff #7.

At approximately 3:45 p.m., on January 24, 2012, the surveyor reviewed the finding with the QA, PD and PA and they acknowledged that a criminal background check had not been conducted in all jurisdictions where Staff # 7 had lived and/or worked within the past seven years.

R 125

March 1, 2012

R 125 4701.5 Background Check Requirement

Staff #7 will have a criminal background check that is conducted in all jurisdictions. The Carl's Place QA Coordinator and Administrative Coordinator will ensure criminal background checks are conducted as part of the hiring procedures. Additionally the QA Coordinator and Administrative Coordinator will ensure all personnel records are updated through their monthly monitoring and record reviews.

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If continuation sheet 1 of 1