

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

PRINTED: 09/28/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G022	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/15/2011
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NAME OF PROVIDER OR SUPPLIER D C HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1028 8TH STREET NE WASHINGTON, DC 20002
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<p>W 000 INITIAL COMMENTS</p> <p>A recertification survey was conducted from 9/13/2011 through 9/15/2011. A sample of three clients was selected from a population of six men with various intellectual and developmental disabilities. This survey was initiated utilizing the fundamental survey process.</p> <p>The findings of the survey were based on observations and interviews with staff and clients in the home and at two day programs, as well as a review of client and administrative records, including incident reports.</p>	<p>W 000</p> <p style="text-align: right;"><i>Renewal 10/2/11</i></p> <p style="text-align: right;">Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002</p>
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<p>W 120 [Qualified mental retardation professional (QMRP) will be referred to as qualified intellectual disabilities professional (QIDP) within this report.] 483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES</p> <p>The facility must assure that outside services meet the needs of each client.</p> <p>This STANDARD is not met as evidenced by: <u>Based on observation, staff interview and record review, the facility failed to ensure outside services provided clients with the necessary supports and interventions to ensure their health and safety, for two of the three sampled clients. [Clients #1 and #2]</u></p>	<p>W 120</p>
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The findings include:

1. Observation on 9/13/2011, at 7:20 a.m., Client #1 was observed seated in the living room with his feet elevated, on a foot stool. A short time later, at 8:00 a.m., the client was observed seated

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Maurice Tubani, Dep. Director / D.C.H.C. TITLE: _____ (X6) DATE: 10/5/11

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.

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W 120 Continued From page 1
in a wooden chair with arm rests at the dining table. His breakfast plate was placed on an elevated tray.

Observations at the day program differed from the supports observed in the home earlier that day. For example, on 9/13/2011, at 11:30 a.m., revealed Client #1 was provided a Styrofoam plate, plastic spoon, and a red plastic tray to eat his meal. At the end of his meal, Client #1 got up from the table, walked over to a trash can in the cafeteria and dumped the plate, spoon, and napkin into the trash. He then returned to his seat and placed the tray on the table and then proceeded to wait until it was time to return to his classroom. Roughly 20 minutes later, he returned to his class room and was seated for approximately 5 - 7 minutes before he was taken down the hall where he was again seated to take part in his music therapy program. He sat another 15 - 18 minutes before this surveyor left the day program.

W 120 Q.I.D.P had conducted an in-service training at individual #1's Day Program on 09/02/11 & 09/16/11 on use of adaptive equipment to ensure that the day program follow protocols for use of adaptive equipment. Additionally, day program also conducted in-service training with their staff to ensure continued use of Adaptive equipment. Daily checklist has been developed by D.C.H.C for Day Program to ensure continued use of ordered Adaptive Equipment. Q.I.D.P will conduct weekly monitoring and observations @ Day Program and would continue monitoring on monthly basis. (Please see Attachment "A1-A10")

Record review on 9/15/2011, at 10:27 a.m., revealed Client #1's Medication Administration Record (MAR) and Physician's Order Sheets (POS) dated 9/2011 prescribed "Keep both legs elevated to hip level when seated." Additional record review on 9/15/2011, at 11:03 a.m., revealed Client #1's Protocol for Adaptive Equipment, dated 9/3/2010, recommends that during meals he should be provided a "Plate Elevator Aid, High Sided Plate ... With exceptions during: Night Time." Further record review revealed Client #1's Physical Therapy Assessment dated 8/31/2011, also recommended that he "Use an armchair at the dining room table ... to help with proper sitting posture."

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W 120 Contin. ed From page 2

W 120

With respect to these recommendations, the facility failed to ensure the day program consistently implemented the following:

- a. Elevate Client #1's feet to hip level whenever he's seated.
- b. Provide him with a high sided plate during meals.
- c. Provide him an armchair during meals.

At no time during the observation period at his day program were Client #1's legs ever observed being elevated. He was also not observed using a high sided plate for lunch, and he was not provided an armchair during his lunch period.

Interview with the qualified intellectual disabilities professional (QIDP) on 9/15/2011, at 11:59 p.m., confirmed the day program should have ensured his feet were elevated when seated. The QIDP also confirmed the day program should have used a high sided plate during lunch and he was supposed to be provided a chair with arms during lunch.

2. In response to the infection control @ individual #2's 09/19/11

2. On 9/13/2011, Client #2 was observed holding a musical instrument while participating in music therapy at his day program, between 11:55 a.m. - 12:08 p.m. At 12:10 p.m., the client was observed holding a handrail as he walked down a hallway outside the music room. Client #2 was again observed manipulating a musical instrument from 12:11 p.m. - 12:48 p.m. When summoned by staff, at 12:48 p.m., the client walked to the lunch room, sat down and began eating his lunch. The client was not observed to wash his hands before lunch. Observations

Day Program, Q.I.D.P. conducted training on infection control on hand washing technique @ the individual's day program on 09/19/11. Day program case manager and nurse also conducted similar training. Daily hand washing documentation form is developed by D.C.H.C for Day Program daily documentation. Day Program will ensure individual #2 follows universal precautions. Q.I.D.P will conduct monthly monitoring.

(See Attachment B1 to B6)

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W 120 Contin Jed From page 3
during the meal revealed Client #2 held his spoon in the right hand and he used his left hand fingers to push food onto his spoon. On 9/15/2011, at 12:23 p.m., the QIDP replied "no" when asked whether she had inquired about staff in-service training on infection control at Client #2's day program. It should be noted that staff in the home were observed giving Client #2 a verbal reminder to wash his hands before his afternoon snack on 9/13/2011, at 5:15 p.m.

W 120

3. On 9/13/2011, at 12:32 p.m., observation of Client #3's lunch plate at his day program revealed that he received a serving of ground turkey, mashed potatoes, mixed vegetables and vanilla pudding. He also received two 4 oz. cartons of fat-free milk. At 1:20 p.m., the day program case manager presented a "Safe Swallow and Eating Guidelines" that indicated Client #3's lunch should be split "into two portions." When asked what that meant, the case manager stated that she was not sure and she would seek clarification. She further stated that the lunches were catered, as per the client's physician's orders. When interviewed on 9/14/2011, at 9:36 a.m., QIDP stated that the client should receive double portions. She further stated that staff were to present one serving first, and then present a second plate of equal portion size afterwards. On 9/13/2011, however, Client #3 was not observed to be offered a second plate.

3. A case conference and an In-Service was held @ The Day Program on 09/19/11 to clarify diet orders and eating protocol for individual #3. The case manager was provided explanation about portion size. Per eating protocol meals to be separated into 2 portions. Individual should be encouraged to swallow the food in his mouth and drink his liquids before receiving his next portion. This strategy is established to maintain safety with oral intake to prevent aspiration. On the day of the survey, catered lunch was provided in sectioned plates and portion size was per physicians diet order. Daily Documentation on implementation of eating protocol is followed. Form has been developed by D.C.H.C. to ensure eating protocol is followed. Q.I.D.P will continue monthly monitoring.
(See Attachment C1 to C5)

09/19/11

W 159 483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL

W 159

Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.

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W 159 Continued From page 4	<p>This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility's qualified intellectual disabilities professional (QIDP) failed to ensure the coordination of services to promote clients' health and safety, for three of the three sampled clients. [Clients #1, #2 and #3]</p> <p>The findings include:</p> <p>1. The QIDP failed to ensure outside services met the needs of each client. [See W120]</p> <p>2. The QIDP failed to coordinate Client #3's dietary services with the nutritionist to ensure that the client's diet orders reflected the client's needs, as follows:</p> <p>Client #3's physician's order sheets (POS), dated 9/1/2011, reflected the following diet orders "2500 kcal double portions, ground, regular with 2 snacks - arger snack in the evening. 8-10 glasses of fluids per day. Low cholesterol high fiber. Pru 1e juice 1-2 glasses in diet." When interviewed on 9/14/2011, at 9:36 a.m., the QIDP stated that the client should receive double portions. She said staff were to present one serving first, and then present a second plate of equal portion size afterwards. She further stated that the total daily calorie count should be 5000 kcals. The total daily calorie count, however, was not reflected in Client #3's nutritional assessment or physician's orders.</p>	W 159	<p>1. Q.I.D.P had conducted an in-service training at individual #1's Day Program on 09/02/11 & 09/16/11 on use of adaptive equipment to ensure that the day program follow protocols for use of adaptive equipment. Additionally, day program also conducted in-service training with their staff to ensure continued use of Adaptive equipment. Daily checklist has been developed by D.C.H.C for Day Program to ensure continued use of ordered Adaptive Equipment. Q.I.D.P will conduct weekly monitoring and observations @ Day Program and would continue monitoring on monthly basis. (Please see Attachment "A1 to A10")</p> <p>09/02/11 & 09/16/11</p>
W 391 483.460(r1)(2)(ii) DRUG LABELING	<p>The facility must remove from use drug</p>	W 391	<p>AMENDMENT</p> <p>After consulting with Nutritionist, the diet order for individuals #3 was clarified by the PCP today and was rewritten as follows :-</p> <p>Diet - 2000 cal double portion low cholesterol, high fiber ground diet with snack totaling to 1000 cal (divided during the day) Give 8-10 glasses of fluids/day. This order will be shared with Day Program. Nutritionist is scheduled to do an in-service training today (10/11/11) at the facility. Q.I.D.P and House Manager will follow up with same with other staff as well.</p> <p>09/09/11 10/11/11</p>

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W 391 Continued From page 5
containers with worn, illegible, or missing labels.

W 391

This STANDARD is not met as evidenced by:
Based on observation, staff interview, and record review, the facility failed to remove from use drug containers with worn, illegible labels for one of the six clients in the facility. [Client #3]

The finding includes:

On 9/13/2011, at approximately 7:30 a.m., the Licensed Practical Nurse (LPN) was observed removing a bottle of Multi-Delym Liquid from the medication cabinet. Further observation revealed the aforementioned medication bottle had a stained pharmacy label that was worn and illegible in places. During a face to face interview with the LPN on September 13, 2011, at approximately 7:40 a.m., it was acknowledged Client #3 was prescribed Multi-Delym Liquid 5 ml every day by mouth and that the aforementioned medication pharmacy label was illegible in places as a result of being stained by medication. Review of Client #3's September Medication Administration Record (MAR) and physician order sheet (POS) dated September, 2011, on 9/13/2011, at approximately 8:35 a.m. confirmed Client #3 was prescribed the aforementioned medication.

There was no observable evidence the facility ensured that all prescribed medications did not have worn and illegible pharmacy labels.

W 455 483.470(I)(1) INFECTION CONTROL

W 455

There must be an active program for the prevention, control, and investigation of infection

W 391 An In-service training was done with nurses on 09/20/11 for the following:
 - Refills should be called in a timely manner.
 - Liquid medication bottles should be kept very clean i.e keep labels clean/free of stains and legible. In case label is not legible, a replacement should be called in from pharmacy.
 - While dispensing medications follow infection control:
 - wash hands before starting med pass in the middle as needed. May use hand sanitizer or wipes to wash hands if contaminated.
 - Never touch cups on the top rim but hold from middle or bottom. If hand is soiled then clean hand. Use your own knowledge keeping infection control in mind.
 D.O.N. will monitor nurse during med pass times to avoid the above mentioned issue from re-happening.
 (Please see attachment E)

Health Regulation & Licensing Administration

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1180	<p>Continued From page 6</p> <p>but was accidentally left, un-served on the stove.</p> <p>3. The CIDP failed to coordinate Resident #3's dietary services with the nutritionist to ensure that the resident's diet orders reflected the resident's needs, as follows:</p> <p>Resident #3's physician's order sheets (POS), dated 9/14/2011, reflected the following diet orders "2500 kcal double portions, ground, regular with 2 snacks - larger snack in the evening. 8-10 glasses of fluids per day. Low cholesterol high fiber. Prune juice 1-2 glasses in diet." When interviewed on 9/14/2011, at 9:36 a.m., the QIDP stated that the resident should receive double portions. She said staff were to present one serving first, and then present a second plate of equal portion size afterwards. She further stated that the total daily calorie count should be 5000 kcals. The total daily calorie count, however, was not reflected in Resident #3's nutritional assessment or physician's orders.</p>	1180	<p>AMENDMENT</p> <p>3. After consulting with Nutritionist, the diet order for individual #3 was clarified by the PCP today and was rewritten as follows :-</p> <p>Diet - 2000 cal double portion low cholesterol, high fiber ground diet with snack totaling to 1000 cal (divided during the day) Give 8-10 glasses of fluids/day. This order will be shared with Day Program. Nutritionist is scheduled to do an in-service training today (10/11/11) at the facility. Q.I.D.P and House Manager will follow up with same with other staff as well.</p>	10/11/11
1261	<p>3512.2 RECORDKEEPING: GENERAL PROVISIONS</p> <p>Each record shall be kept in a centralized file and made available at all times for inspection and review by personnel of authorized regulatory agencies.</p> <p>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 records were available for inspection by personnel of the Department of Health, Health Regulation and Licensing Administration.</p> <p>The finding includes:</p>	1261		

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W 455 Continued From page 7
at the day program without having first washed his hands. Day program staff was not observed reminding him to wash his hands before the meal.

W 472 483.48(c)(2)(i) MEAL SERVICES
Food must be served in appropriate quantity.

This STANDARD is not met as evidenced by:
Based on observation, interview and record review, the facility failed to ensure that food portions were served in the appropriate quantity, for three of three clients in the sample. [Clients #1, #2 and #3]

The finding includes:

On 9/13/2011, at 6:45 p.m., observation of the dinner plates for Clients #1, #2 and #3 revealed that they received chicken, spinach and carrots. On 9/14/2011, at 9:56 a.m., review of the menus that were posted in the kitchen revealed that in addition to the chicken, spinach and carrots, the clients should have received a serving of brown rice and 2 dinner roll. No additional food was served before the meal ended on 9/13/2011, at approximately 7:30 p.m. When interviewed on 9/14/2011, at 3:22 p.m., the direct support staff who had prepared dinner the night before stated that the rice had been cooked but was accidentally left, un-served on the stove.

W 455
2. In response to the infection control @ individual #2's Day Program. Q.I.D.P conducted training on infection control on hand washing technique @ the individual's day program on 09/19/11.

W 472
Day program case manager and nurse also conducted similar training. Daily hand washing documentation form is developed by D.C.H.C for Day Program daily documentation. Day Program will ensure individual #2 follows universal precautions. Q.I.D.P will conduct monthly monitoring.
(See Attachment B1 to B)

An In-service training was done on 09/15/11 on the following: Diet Orders, following menu, and meal preparation as per menu. The staff was reprimanded and disciplinary action was taken for carelessness. Q.I.D.P and House Manager will monitor meal preparations from time to time.
(See Attachment F1 TO F3)

Health Regulation & Licensing Administration

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1 000	<p>INITIAL COMMENTS</p> <p>A licensure survey was conducted from 9/13/2011 through 9/15/2011. A sample of three residents was selected from a population of six men with various intellectual and developmental disabilities.</p> <p>The findings of the survey were based on observations and interviews with staff and residents in the home and at two day programs, 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>	1 000		
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1 047	<p>3502.5 MEAL SERVICE / DINING AREAS</p> <p>Each GHMRP shall be responsible for ensuring that meals, which are served away from the GHMRP, are suited to the dietary needs of residents as indicated in the Individual Habilitation Plan.</p>	1 047		
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	<p><u>This Statute is not met as evidenced by:</u> Based on observation, interview and record review, the facility failed to ensure that residents received meals at their day programs in accordance with their prescribed modified diets, for one of the three sampled residents. [Resident #3]</p> <p>The finding includes:</p> <p>On 9/13/2011, at 12:32 p.m., observation of Resident #3's lunch plate at his day program revealed that he received a serving of ground turkey, mashed potatoes, mixed vegetables and</p>			
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Health Regulation & Licensing Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Maurice... Deputy Director / D.C.H.C.* TITLE **Deputy Director / D.C.H.C.** (X8) DATE **10/5/11**

Health Regulation & Licensing Administration

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1047	Continued From page 1 vanilla pudding. He also received two 4 oz. cartons of fat-free milk. At 1:20 p.m., the day program case manager presented a "Safe Swallow and Eating Guidelines" that indicated Resident #3's lunch should be split "into two portions." When asked what that meant, the case manager stated that she was not sure and she would seek clarification. She further stated that the lunches were catered, as per the resident's physician's orders. When interviewed on 9/14/2011, at 9:36 a.m., QIDP stated that the resident should receive double portions. She further stated that staff were to present one serving first, and then present a second plate of equal portion size afterwards. On 9/13/2011, however, Resident #3 was not observed to be offered a second plate.	1047	A case conference and an In-Service was held @ The Day Program on 09/19/11 to clarify diet orders and eating protocol for individual #3. The case manager was provided explanation about portion size/ per eating protocol meals to be separated into 2 portions individual should be encouraged to swallow the food in his mouth drink his liquids before receiving his next portion. This strategy is established to maintain safety with oral intake to prevent aspiration. On the day of the survey catered lunch was provided in sectioned plate and portion size was per physicians diet order. Daily Documentation on implementation of eating protocol is followed. Form has been developed by D.C.H.C to ensure eating protocol is followed. QIDP will continue monthly monitoring. (See Attachment C1-C5)	09/19/11
1090	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.	1090		
	This Statute is not met as evidenced by: Based on observation and staff interview, the Group Home for Persons with Intellectual Disabilities (GHPID) failed to ensure the facility's environment was maintained as required to ensure the health and safety of six of six residents. [Residents #1, #2, #3, #4, #5 and #6] The findings include: Observation and interview with the facility's house manager on 9/14/2011, beginning at 2:01 p.m., revealed the following deficient conditions:			

Health Regulation & Licensing Administration

PRINTED: 09/26/2011
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0080	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/15/2011
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NAME OF PROVIDER OR SUPPLIER D C HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1026 8TH STREET NE WASHINGTON, DC 20002
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I 090	Continued From page 2 1. The ceiling fans in both Residents #2 and #3's bedrooms were inoperable. 2. The bathroom on the second floor: a. The toilet seat was extremely loose and can be moved from side to side. b. The exhaust fan was inoperable. c. The sink did not drain properly and water pooled in the sink when the faucet was turned on (water level continued to rise until the water was shut off).	I 090	1. The ceiling fans in both the rooms were fixed on 09/15/11 and 09/16/11. 2a. The toilet seat was properly secured on 09/16/11 b. The bathroom's exhaust fan was fixed on 09/16/11 c. The sink drain was unclogged on 09/16/11	09/16/11 09/16/11 09/16/11 09/16/11
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I 180	3508.1 ADMINISTRATIVE SUPPORT Each GHMRP shall provide adequate administrative support to efficiently meet the needs of the residents as required by their Habilitation plans. This Statute is not met as evidenced by: Based on observation, staff interview and record review, the group home for persons with intellectual disabilities (GHPIID) failed to ensure adequate administrative staff to effectively meet the residents' needs, for three of the three sampled residents. [Residents #1, #2 and #3]	I 180		
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	The findings include: 1. The qualified intellectual disabilities professional (QIDP) failed to ensure that outside services met the needs of each resident, as follows: a. Observation on 9/13/2011, at 7:20 a.m., Resident #1 was observed seated in the living			
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0060	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/15/2011
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I 180	Continued From page 3 room with his feet elevated, on a foot stool. A short time later, at 8:00 a.m., the resident was observed seated in a wooden chair with arm rests at the dining table. His breakfast plate was placed on an elevated tray. Observations at the day program differed from the supports observed in the home earlier that day. For example, on 9/13/2011, at 11:30 a.m., revealed Resident #1 was provided a Styrofoam plate, plastic spoon, and a red plastic tray to eat his meal. At the end of his meal, Resident #1 got up from the table, walked over to a trash can in the cafeteria and dumped the plate, spoon, and napkin into the trash. He then returned to his seat and placed the tray on the table and then proceeded to wait until it was time to return to his classroom. Roughly 20 minutes later, he returned to his class room and was seated for approximately 5 - 7 minutes before he was taken down the hall where he was again seated to take part in his music therapy program. He sat another 15 - 18 minutes before this surveyor left the day program. Record review on 9/15/2011, at 10:27 a.m., revealed Resident #1's Medication Administration Record (MAR) and Physician's Order Sheets (POS) dated 9/2011 prescribed "Keep both legs elevated to hip level when seated." Additional record review on 9/15/2011, at 11:03 a.m., revealed, Resident #1's Protocol for Adaptive Equipment, dated 9/3/2010, recommends that during meals he should be provided a "Plate Elevation Aid, High Sided Plate ... With exceptions during: Night Time." Further record review revealed Resident #1's Physical Therapy Assessment dated 8/31/2011, also recommended that he "use an armchair at the dining room table ... to help with proper sitting posture."	I 180 1-0	Q.I.D.P had conducted an in-service training at individual #1's Day Program on 09/02/11 & 09/16/11 on use of adaptive equipment to ensure that the day program follow protocols for use of adaptive equipment. Additionally, day program also conducted in-service training with their staff to ensure continued use of Adaptive Equipment. Daily checklist has been developed by D.C.H.C for Day Program to ensure continued use of ordered Adaptive Equipment. Q.I.D.P will conduct weekly monitoring and observations @ Day Program and would continue monitoring on monthly basis. (Please see Attachment "A1-A10")	09/02/11 & 09/16/11

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I 180	Continued From page 4 With respect to these recommendations, the facility failed to ensure the day program consistently implemented the following: 1) Elevate Resident #1's feet to hip level whenever he's seated. 2) Provide him with a high sided plate during meals. 3) Provide him an armchair during meals. At no time during the observation period at his day program were Resident #1's legs ever observed being elevated. He was also not observed using a high sided plate for lunch, and he was not provided an armchair during his lunch period. Interview with the QIDP on 9/15/2011, at 11:59 p.m., confirmed the day program should have ensured his feet were elevated when seated. The QIDP also confirmed the day program should have used a high sided plate during lunch and he was supposed to be provided a chair with arms during lunch.	I 180			
	b. On 9/15/2011, Resident #2 was observed holding a musical instrument while participating in music therapy at his day program, between 11:55 a.m. - 12:08 p.m. At 12:10 p.m., the resident was observed holding a handrail as he walked down a hallway outside the music room. Resident #2 was again observed manipulating a musical instrument from 12:11 p.m. - 12:48 p.m. When summoned by staff, at 12:48 p.m., the resident walked to the lunch room, sat down and began eating his lunch. The resident was not observed to wash his hands before lunch. Observations during the meal revealed Resident #2 held his spoon in the right hand and he used his left hand	1-b	In response to the infection control @ individual #2 Day Program Q.I.D.P conducted training on infection control on hand washing technique @ the individual's day program on 09/19/11. Day program case manager and nurse also conducted similar training. Daily hand washing documentation form is developed by D.C.H.C for Day Program daily documentation.	09/19/11	

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180	Continued From page 5 fingers to push food onto his spoon. On 9/15/2011, at 12:23 p.m., the QIDP replied "no" when asked whether she had inquired about staff in-service training on infection control at Resident #2's day program. It should be noted that staff in the home were observed giving Resident #2 a verbal reminder to wash his hands before his afternoon snack on 9/13/2011, at 5:15 p.m. c. [See 1047] On 9/13/2011, at 12:32 p.m., observation of Resident #3's lunch plate at his day program revealed that he received a serving of ground turkey, mashed potatoes, mixed vegetables and vanilla pudding. He also received two 4 oz. cartons of fat-free milk. When interviewed on 9/14/2011, at 9:36 a.m., QIDP stated that the resident should receive double portions. She further stated that staff were to present one serving first, and then present a second plate of equal portion size afterwards. On 9/13/2011, however, Resident #3 was not observed to be offered a second plate. 2. The QIDP failed to ensure that staff in the home served foods in accordance with the prescribed menus, as follows: On 9/13/2011, at 6:45 p.m., observation of the dinner plates for Residents #1, #2 and #3 revealed that they received chicken, spinach and carrots. On 9/14/2011, at 9:56 a.m., review of the menus that were posted in the kitchen revealed that in addition to the chicken, spinach and carrots, the residents should have received a serving of brown rice and a dinner roll. No additional food was served before the meal ended on 9/13/2011, at approximately 7:30 p.m. When interviewed on 9/14/2011, at 3:22 p.m., the direct support staff who had prepared dinner the night before stated that the rice had been cooked	180	1-C. A case conference and an In-Service was held @ The Day Program on 09/19/11 to clarify diet orders and eating protocol for individual #3. The case manager was provided explanation about portion size per eating protocol meals to be separated into 2 portions. Individual should be encouraged to swallow the food in his mouth and drink his liquids before receiving his next portion. This strategy is established to maintain safety with oral intake to prevent aspiration. On the day of the survey, catered lunch was provided in sectioned plate and portion size was per physicians diet order. Daily documentation on implementation of eating protocol is followed. Form has been developed by D.C.H.C to ensure eating protocol is followed. Q.I.D.P will continue monthly monitoring. (Attachment C1-C4)
		2.	An In-service training was done on 09/15/11 on the following: Diet Orders, following menu, and meal preparation as per menu. The staff was reprimanded and disciplinary action was taken for carelessness. Q.I.D.P and House Manager will monitor meal preparations from time to time. (See Attachment F1 TO F3) 09/15/11

Health Regulation & Licensing Administration

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1180	<p>Continued From page 6</p> <p>but was accidentally left, un-served on the stove.</p> <p>3. The QIDP failed to coordinate Resident #3's dietary services with the nutritionist to ensure that the resident's diet orders reflected the resident's needs, as follows:</p> <p>Resident #3's physician's order sheets (POS), dated 9/1/2011, reflected the following diet orders "2500 kcal double portions, ground, regular with 2 snacks - larger snack in the evening, 8-10 glasses of fluids per day. Low cholesterol high fiber. Prune juice 1-2 glasses in diet." When interviewed on 9/14/2011, at 9:36 a.m., the QIDP stated that the resident should receive double portions. She said staff were to present one serving first, and then present a second plate of equal portion size afterwards. She further stated that the total daily calorie count should be 5000 kcals. The total daily calorie count, however, was not reflected in Resident #3's nutritional assessment or physician's orders.</p>	1180	<p>3. 2500 kcal double portion is equal to 5000 kcal which means individual is given double portion of all food (of 2000 kcal which equals 4000 kcal except fluid.) Also given 8oz of yogurt and 8oz of milk shake which is 250 kcal each, which equals 500 kcal for breakfast and dinner. Total caloric consumed by individual equals to 5000 caloric (i.e 4000 from food and 1000 from yogurt and milk shake). Staff was in-serviced by the nutritionist on 09/19/11 for above. Q.I.D.P and House Manager will continue to follow monitoring on a daily and weekly basis.</p> <p>(Please see Attachment D1 to D6)</p>	09/09/11
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1261	<p>3512.2 RECORDKEEPING: GENERAL PROVISIONS</p> <p>Each record shall be kept in a centralized file and made available at all times for inspection and review by personnel of authorized regulatory agencies.</p> <p>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 records were available for inspection by personnel of the Department of Health, Health Regulation and Licensing Administration.</p> <p>The finding includes:</p>	1261	
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Health Regulation & Licensing Administration

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I 261	Continued From page 7 On 9/13/2011, at 10:30 a.m., the qualified intellectual disabilities professional (QIDP) agreed to make available for review the records of all personnel, including licensed health professionals. On 9/14/2011, beginning at 11:56 a.m., review of the records presented by the facility's human resources director (HRD) revealed no record maintained for the consulting pharmacist. The HRD stated that the pharmacist had declined to furnish a physician's certification of a health inventory (i.e. health certificate). The facility reportedly had entered into a written agreement with the pharmacy. The written agreement, however, was not made available for review before the survey ended the following day at 12:40 p.m. With no record available for review, surveyors were unable to verify that the facility had a written agreement with the pharmacy, that the pharmacist had a current license to practice in the District of Columbia or that the pharmacist had a health certificate that was signed by a physician	I 261	D.C.H.C has an agreement with Neighbor care pharmacy to provide all pharmacy needs. D.C.H.C has contacted Neighbor care pharmacy on 10/05/11 to obtain the cited information by 10/30/11 which will be forwarded to D.O.H for review. (Please see attachment "G")	10/05/11
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I 484	3522.11 MEDICATIONS	I 484		
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	Each GHMRP shall promptly destroy prescribed medication that is discontinued by the physician or has reached the expiration date, or has a worn, illegible, or missing label. This Statute is not met as evidenced by: Based on observation, staff interview, and record review, the facility failed to remove from use drug containers with worn, illegible labels for one of the six clients in the facility. (Client #3) The findings include:			
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Health Regulation & Licensing Administration

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1484	Continued From page 8 On 9/13/2011, at approximately 7:30 a.m., the Licensed Practical Nurse (LPN) was observed removing a bottle of Multi-Delym Liquid from the medication cabinet. Further observation revealed the aforementioned medication bottle had a stained pharmacy label that was worn and illegible in places. During a face to face interview with the LPN on September 13, 2011, at approximately 7:40 a.m., it was acknowledged Resident #3 was prescribed Multi-Delym Liquid 5 ml every day by mouth and that the aforementioned medication pharmacy label was illegible in places as a result of being stained by medication. Review of Resident #3's September Medication Administration Record (MAR) and physician order sheet (POS) dated September, 2011, on 9/13/2011, at approximately 8:35 a.m. confirmed Resident #3 was prescribed the aforementioned medication. There was no observable evidence the facility ensured that all prescribed medications did not have worn and illegible pharmacy labels.	1484	An In-service training was done with nurses on 09/20/11 for the following: - Refills should be called in a timely manner. - Liquid medication bottles should be kept very clean i.e keep labels clean/free of stains and legible. In care label is not legible, a replacement should be called in from pharmacy. - While dispensing medications follow infection control: - wash hands before starting med pass and in the middle as needed. May use hand sanitizer or wipes to wash hands if contaminated. - Never touch cups on the top rim but hold from middle or bottom. If hand is soiled then clean hand if or wrong place then dispose cup. Use your own knowledge keeping infection control in mind. D.O.N. will monitor nurse during med pass times to avoid the above mentioned issue from re-happening. (Please see attachment E)	09/20/11

September 23, 2011

Mr. Raymond Marke
Case Manager
Wholistic Day Services

Mr. Marke:

In order to provide consistent and copacetic service to Mr. Wheeler, I request you to have the Adaptive Equipment Checklist Form for Mr. Wheeler to be filled up by your staff **DAILY**. This Checklist will ensure continued use and effectiveness of Adaptive Devices. I would be doing a weekly monitoring for the coming four weeks and then continue to check on monthly basis. Hope you and your staff would cooperate in this matter.

Thanks



Sadhna Dubey
QIDP
DC Health Care, Inc.