

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

PRINTED: 05/21/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G172	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/24/2014
NAME OF PROVIDER OR SUPPLIER D C HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 903 14TH STREET, SE 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 April 22, 2014 through April 24, 2014. A sample of three clients was selected from a population of six men with varying degrees of intellectual disabilities. This survey was conducted utilizing the fundamental survey process. The findings of the survey were based on observations, interviews and review of client and administrative records. Note: The below are abbreviations that may appear throughout the body of this report. Behavior Support Plan - BSP Direct Support Professional - DSP Group Home for Individuals with Intellectual Disabilities - GHIID House Manager - HM Intermediate Care Facility - ICF Program Assistant - PA Qualified Intellectual Disabilities Professional - QIDP	W 000	Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002 <i>B. Dugger</i> JUN -3-2014	
W 249	483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by:	W 249		

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

TITLE

(X6) DATE

Manjita Tiwari

Deputy Director / DCHC 5/29/14

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 4 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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NAME OF PROVIDER OR SUPPLIER D C HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 903 14TH STREET, SE WASHINGTON, DC 20018	
(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 249	<p>Continued From page 1</p> <p>Based on observation, interview and record review, facility staff failed to ensure each client's BSP was implemented consistently, for one of the three clients in the sample. (Client #3)</p> <p>The findings include:</p> <p>On April 22, 2014, at 8:21 p.m., Client #3 began shouting loudly while seated at the dinner table. The client repeatedly shouted the name of one of his direct support staff (DSP #1), yelling and cursing, saying that he was going to have DSP #1 fired and that he (the client) would get a BB gun and shoot DSP #1 in the face. The QIDP, who was standing next to the dining table at the time, asked the client to leave the room with another staff person and tell the staff what was bothering him. The client did as he was asked. The client returned approximately 4 minutes later and apologized to his peers for his behavioral outburst.</p> <p>Subsequent review of Client #3's behavioral and psychological records revealed the following deficient practices:</p> <p>(1) facility staff were not implementing a daily "report card" as recommended in the client's BSP, as follows:</p> <p>On April 23, 2014, beginning at 2:13 p.m., review of Client #3's psychological assessment, dated May 24, 2013, revealed he was diagnosed with Psychotic Disorder with hallucinations (in remission), Intermittent Explosive Disorder and Severe Intellectual Disabilities. The client received Seroquel 50 mg twice daily. Continued review of the assessment revealed the client had</p>	W 249	<p>The staff were retrained on Client #3's BSP by the psychologist on 05/29/14. Emphasis on staff implementation of BSP and the report card for weekday (230p-1030p) and weekend shift (7a-9p) was discussed. Also, the Do's and Dont's for Client #3's BSP and all the BSP's for individuals in the facility were emphasized. A short quiz was given to staff after the training to ensure knowledge and understanding of all BSP's by the staff. Q.I.D.P will review all data collected for each BSP on a daily basis for one month and then weekly and quarterly, effective 05/29/14. (See Attachment # A, B, C)</p>	05/29/14

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W 249	<p>Continued From page 2</p> <p>a "low frustration level... behavior is unpredictable and his mood is also unpredictable. <Client's name> will also make false allegations about staff. He will threaten to get them fired..."</p> <p>On April 23, 2014, beginning at 2:59 p.m., review of Client #3's BSP, dated May 24, 2013, revealed it addressed verbal aggression (defined as "yelling and cursing at staff...cursing directed to an individual"), physical aggression and making false allegations. The BSP included the following intervention strategy: "<Client #3's name> will meet with his primary counselor on the 2:30 to 10:30 pm shift (weekdays) to review the report card and how the program will work. The report card will have the following target behaviors: hands to self, talks to others politely, and respects others property. Every 2 hours, the (client's) primary counselor will review the report card with him. The counselor will ask <client's name> the following questions: Did you keep your hands to yourself? Did you talk politely to others? Did you respect others property?...The report card will be completed from 4:00 p.m. to 9 p.m. during the weekdays and from 7:00 a.m. to 9:00 p.m. on weekends." No report cards were observed in the client's record.</p> <p>On April 23, 2014, at 4:00 p.m., Client #3's primary counselor on the 2:30 to 10:30 pm. weekday shift (DSP #2) was asked about the daily report card. He confirmed that they did not implement a daily report card. When interviewed on April 24, 2014, at 1:52 p.m., the QIDP also stated that facility staff did not use a report card with Client #3; and,</p>	W 249		

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W 249	<p>Continued From page 3</p> <p>(2) staff interview revealed that facility staff sometimes used money to calm Client #3 when he showed early signs of agitation, which was contraindicated in BSP, as follows:</p> <p>Interview with DSP #1 on April 23, 2014, beginning at 1:36 p.m., revealed that he "sometimes" gave Client #3 a dollar (\$1) when the client showed signs of agitation. DSP #1 stated that giving him the money would "calm him down." The QIDP was present while DSP #1 was interviewed. The QIDP stated that he and other staff routinely offered Client #3 a \$1 because it made the client happy (and not as a result of the client's behavior). This was observed at 4:33 p.m., on April 22, 2014, when Client #3 entered the facility holding a \$1 bill. He and the PA indicated that she (PA #1) had just given the dollar bill to the client because she knew he likes receiving money.</p> <p>On April 24, 2014, beginning at 2:59 p.m., review of Client #3's BSP, dated May 24, 2013, revealed that staff working on the morning shift should review his behavior "report card" from the previous afternoon and evening. If he had behaved well ("at least 80% of his scores for the previous day were" good, then he would "receive 50 cents so he can purchase a soda. When the staff gives <client's name> the 50 cents, they should also provide social praise.."</p> <p>At the time of the survey, the facility failed to ensure that staff implemented Client #3's BSP, as written.</p>	W 249			

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0197	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/24/2014
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NAME OF PROVIDER OR SUPPLIER D C HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 903 14TH STREET, SE WASHINGTON, DC 20019
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1 000	<p>INITIAL COMMENTS</p> <p>A licensure survey was conducted from April 22, 2014 through April 24, 2014. A sample of three residents was selected from a population of six men with varying degrees of intellectual disabilities.</p> <p>The findings of the survey were based on observations, interviews and review of resident and administrative records.</p> <p>Note: The below are abbreviations that may appear throughout the body of this report.</p> <p>Behavior Support Plan - BSP Direct Support Professional - DSP Group Home for Individuals with Intellectual Disabilities - GHIID House Manager - HM Intermediate Care Facility - ICF Program Assistant - PA Qualified Intellectual Disabilities Professional - QIDP</p>	1 000		
1 090	<p>3504.1 HOUSEKEEPING</p> <p>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.</p> <p>This Statute is not met as evidenced by: Based on observation and interview, the GHIID failed to maintain the interior walls of the facility.</p> <p>The findings include:</p>	1 090		

Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Maura Tuman

Deputy Director / D-C-H-C **5/29/14**

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0137	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/24/2014
NAME OF PROVIDER OR SUPPLIER D C HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 903 14TH STREET, SE WASHINGTON, DC 20019		
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I 090	Continued From page 1 Observations during the inspection of the environment on April 24, 2014, beginning 11:43 a.m., revealed the following: 1. There was an excessive number of dark marks and scrapes on the walls and base boards in the dining room. 2. Similarly, there was an excessive number of dark marks and scrapes on the walls in the bedrooms used by Resident #2's, Resident #4's and Resident #5. 3. Water stains were observed on the wall paint at the top right and top left corners of a door that was used for emergency exit in Resident #4's bedroom. The QIDP, who was present during the inspection, confirmed the above findings. The QIDP stated that he would have the facility repainted while the residents were vacationing in Virginia Beach in June 2014.	I 090	Painting of the interior of the entire facility will be completed by June 30th 2014. In the future Q.I.D.P will ensure that maintenance to the facility will be completed in a timely manner.	06/30/14
I 422	3521.3 HABILITATION AND TRAINING Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident's Individual Habilitation Plan. This Statute is not met as evidenced by: Based on observation, interview and record review, facility staff failed to ensure each resident's BSP was implemented consistently, for one of the three residents in the sample. (Resident #3) The findings include:	I 422		

Health Regulation & Licensing Administration

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I 422	<p>Continued From page 2</p> <p>On April 22, 2014, at 6:21 p.m., Resident #3 began shouting loudly while seated at the dinner table. The resident repeatedly shouted the name of one of his direct support staff (DSP #1), yelling and cursing, saying that he was going to have DSP #1 fired and that he (the resident) would get a BB gun and shoot DSP #1 in the face. The QIDP, who was standing next to the dining table at the time, asked Resident #3 to leave the room with another staff person and tell the staff what was bothering him. The resident did as he was asked. The resident returned approximately 4 minutes later and apologized to his peers for his behavioral outburst.</p> <p>Subsequent review of Resident #3's behavioral and psychological records revealed the following deficient practices:</p> <p>(1) facility staff were not implementing a daily "report card" as recommended in the resident's BSP, as follows:</p> <p>On April 24, 2014, beginning at 2:13 p.m., review of Resident #3's psychological assessment, dated May 24, 2013, revealed he was diagnosed with Psychotic Disorder with hallucinations (in remission), Intermittent Explosive Disorder and Severe Intellectual Disabilities. The resident received Seroquel 50 mg twice daily. Continued review of the assessment revealed the Resident had a "low frustration level... behavior is unpredictable and his mood is also unpredictable. <Resident's name> will also make false allegations about staff. He will threaten to get them fired..."</p> <p>On April 24, 2014, beginning at 2:59 p.m., review of Resident #3's BSP, dated May 24, 2013,</p>	I 422	<p>The staff were retrained on Client #3's BSP by the psychologist, on 05/29/14. Emphasis on staff implementation of BSP and the report card for weekday (230p-1030p) and weekend shift (7a-9p) was discussed. Also, the Do's and Dont's for Client #3's BSP and all the BSP's for individuals in the facility were emphasized. A short quiz was given to staff after the training to ensure knowledge and understanding of all BSP's by the staff. Q.I.D.P will review all data collected for each BSP on a daily basis for one month and then weekly and quarterly, effective 05/29/14. (See Attachment # A, B, C)</p>	05/29/14

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NAME OF PROVIDER OR SUPPLIER
D C HEALTH CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
**903 14TH STREET, SE
WASHINGTON, DC 20019**

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1422	<p>Continued From page 3</p> <p>revealed it addressed verbal aggression (defined as "yelling and cursing at staff...cursing directed to an individual"), physical aggression and making false allegations. The BSP included the following intervention strategy: "<Resident #3's name> will meet with his primary counselor on the 2:30 to 10:30 pm shift (weekdays) to review the report card and how the program will work. The report card will have the following target behaviors: hands to self, talks to others politely, and respects others property. Every 2 hours, the (resident's) primary counselor will review the report card with him. The counselor will ask <resident's name> the following questions: Did you keep your hands to yourself? Did you talk politely to others? Did you respect others property?...The report card will be completed from 4:00 p.m. to 9 p.m. during the weekdays and from 7:00 a.m. to 9:00 p.m. on weekends."</p> <p>On April 24, 2014, at 4:00 p.m., Resident #3's primary counselor on the 2:30 to 10:30 pm weekday shift (DSP #2) was asked about the daily report card. He indicated that they did not implement a daily report card. When interviewed on April 24, 2014, at 1:52 p.m., the QIDP also stated that facility staff did not use a report card with Resident #3; and,</p> <p>(2) staff interview revealed that facility staff sometimes used money to calm Resident #3 when he showed early signs of agitation, which was contraindicated in BSP, as follows:</p> <p>Interview with DSP #1 on April 23, 2014, beginning at 1:36 p.m., revealed that he "sometimes" gave Resident #3 a dollar (\$1) when the resident showed signs of agitation. DSP #1 stated that giving him the money would</p>	1422		

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I 422	<p>Continued From page 4</p> <p>"calm him down." The QIDP was present while DSP #1 was interviewed. The QIDP stated that he and other staff routinely offered Resident #3 a \$1 because it made the resident happy (and not as a result of the Resident's behavior). This was observed at 4:33 p.m., on April 22, 2014, when Resident #3 entered the facility holding a \$1 bill. He and the PA indicated that she (PA #1) had just given the dollar bill to the resident because she knew he likes receiving money.</p> <p>On April 24, 2014, beginning at 2:59 p.m., review of Resident #3's BSP, dated May 24, 2013, revealed that staff working on the morning shift should review his behavior "report card" from the previous afternoon and evening. If he had behaved well ("at least 80% of his scores for the previous day were" good, then he would "receive 50 cents so he can purchase a soda. When the staff gives <resident's name> the 50 cents, they should also provide social praise..."</p> <p>At the time of the survey, the facility failed to ensure that staff implemented Resident #3's BSP, as written.</p>	I 422		