

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

PRINTED: 04/15/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G22B	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/10/2013
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NAME OF PROVIDER OR SUPPLIER DC HEALTH CARE:	STREET ADDRESS, CITY, STATE, ZIP CODE 6508 EASTERN AVE NE WASHINGTON, DC 20012
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(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
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W 000	INITIAL COMMENTS The facility operated by DC health care recertification survey was conducted from April 9, 2013 through April 10, 2013. A sample of three clients was selected from a population of five men with varying degrees of intellectual disabilities. This survey was initiated utilizing the fundamental process. The survey was based on observations in the home and one day program, interviews with staff at the home and at the day program, as well as a review of client and administrative record, including incidents reports. The facility operated by DC Health Care, Inc. is in compliance with the requirements of 42 CFR 483, Subpart 1, Requirements for Intermediate Care Facilities.	W 000		
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Received 4/25/13
Department of Health
Health Regulation & Licensing Administration
Intermediate Care Facilities Division
899 North Capitol St., N.E.
Washington, D.C. 20002

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Gonny Stephens</i>	TITLE <i>President</i>	(X6) DATE <i>4-25-13</i>
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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.

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G226	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/10/2013
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NAME OF PROVIDER OR SUPPLIER DC HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 6508 EASTERN AVE NE WASHINGTON, DC 20012
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1000	INITIAL COMMENTS	1000		
	<p>A licensure survey was conducted from April 9, 2013 through April 10, 2013. A sample of three residents was selected from a population of five men with varying degrees of intellectual disabilities.</p> <p>The findings of the survey were based on observations in the home and at one day program, interviews with staff at the home and at the day program, 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>			
1999	FINAL OBSERVATIONS	1999		
	<p>The following observations were made during the survey process. It is recommended that this area be reviewed and a determination be made regarding appropriate actions to prevent a potential non-compliant practices:</p> <p>1. Observation of the van on April 9, 2013 at 8:23 a.m., revealed a large torn area in the custom vinyl cover on the back of the third seat. The torn area was approximately 12 inches long and six inches wide, and permitted the foam underneath the vinyl to be exposed. A smaller hole was observed in the vinyl cover on the second seat.</p> <p>Interview with the residential director (RD-Staff #2) on April 9, 2013, at 8:28 a.m., revealed that the seats covers may have been damaged by Resident #4 when he exhibited his behaviors.</p> <p>On April 9, 2013, at 8:31 a.m., further observation</p>		<p>The van seats of the second and third row and the running board on the passenger side of the van was replaced on 04/12/13.</p> <p>On 04/10/13 an In-Service training was completed for QIDP and HM for the implementation of the van check. QIDP and HM will complete the checklist weekly for 30 days and then monthly. QIDP and HM will ensure that any future maintenance needs are immediately informed to the maintenance supervisor and taken care in a timely manner. Please see attachment [A] and A2].</p>	<p>04/12/13</p> <p>04/10/13</p>

Health Regulation & Licensing Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Erney Sh...

TITLE *President*

(X6) DATE
4-25-13

Health Regulation & Licensing Administration

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NAME OF PROVIDER OR SUPPLIER DC HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 6508 EASTERN AVE NE WASHINGTON, DC 20012	
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1999	Continued From page 1 of the van revealed that the running board installed on the passenger side was slanted downward, in section located near the rear tire. Interview with the maintenance supervisor on April 10, 2013, at 4:35 p.m., revealed that he was not aware of the aforementioned concerns and that they would be addressed. 2. The review of personnel records on April 10, 2013, at approximately 2:20 p.m., revealed the professional license for Consultant #1 (speech language pathologist) expired on February 28, 2013. The expired license will be referred to the health professional licensing board.	1999	The speech and language pathologist submitted license renewal to DOH on 12/11/12 with payment. To date the renewal has not been processed and is pending due to new regulations and the background checking process. DCHC has been in constant contact with speech and language pathologist for follow-up. As of 4/11/13 speech and language pathologist notes and assessments are being reviewed and counter-signed by Jamie R Tetty licensed speech and language therapist. Please see attachment [B1 and B2].