

Regulation & Licensing Administration STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTON		(X1) PROVIDERS/SUPPLIER/CLIA IDENTIFICATION NUMBER HDF12-0051	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2012
NAME OF PROVIDER OR SUPPLIER HEALTH CARE RESOURCES			STREET ADDRESS, CITY, STATE, ZIP CODE 2608 RITTENHOUSE ST., NW WASHINGTON, DC 20015	
(X4) ID PREFIX TAX	SUMMARY STATEMENT OF DECIFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
1000	INITIAL COMMENTS A licensure survey was conducted May 16, 2012 through May 17, 2012. A sample of two residents was selected from a population of two women with various intellectual disabilities. 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. [Qualified mental retardation professional (QMRP) will be referred to as qualified intellectual disabilities professional (QIDP) within this report.]	1000	Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002	
1043	3502.2(c) MEAL SERVICE / DINING AREAS Modified diets shall be as follows: (c) Reviewed at least quarterly by a dietitian. 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 that the resident's modified diet was reviewed at least quarterly by the consulting dietitian for one of the two residents included in the sample. (Resident #1).	1043	GHPID will ensure that all residents' modified diets will be reviewed at least quarterly by the consulting Dietitian. Resident #1's modified diet has been reviewed by a new consulting dietitian on 05/29/12 and a new evaluation/assessment is being prepared. The QA, QIDP will henceforth monitor all modified diets of every individual under the care of GHPID (HCR) on a monthly basis to ensure that the modified diets are reviewed at least quarterly by the Consulting Dietitian.	07/16/12
Health Regulation & Licensing Administration			TITLE: President	(X6) DATE 06/23/12
PROVIDER REPRESENTATIVE'S SIGNATURE: Ena James, President (Health Care Resources, Inc.)		6899 350P11	If continuation sheet 1 of 7	
STATE FORM				

Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTON

(X1) PROVIDERS/SUPPLIER/CLIA
IDENTIFICATION NUMBER

HDF12-0051

(X2) MULTIPLE CONSTRUCTION

A. BUILDING _____
B. WING _____

(X3) DATE SURVEY
COMPLETED

05/17/2012

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HEALTH CARE RESOURCES

2608 RITTENHOUSE ST., NW
WASHINGTON, DC 20015

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DEFICIENCY)

(X5)
COMPLETE
DATE

1206

The finding includes:

Review of Resident #1's medical record on May 16, 2012, at approximately 11:45 a.m. revealed the most recent Nutritional Evaluation was dated September 24, 2011. The evaluation revealed a diet order for 1800 calorie, low fat, low sodium diet, to include an ideal weight range of 110-145 pounds. The evaluation further indicated that at the time of assessment Resident #1 weighed 173 pounds. As of April 2012, the resident was 40 pounds over his ideal body weight.

At the time of the survey, the GHPID failed to ensure Resident #1's modified diet was reviewed at least quarterly as required.

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 provide evidence that all employees had current health certificates, for two of the ten staff, (Staff #5 and #8).

The finding includes:

On May 16, 2012, at approximately, 9:50 a.m., review of the personnel records failed to

1206

Physician's Health Certification. GHPID (HCR) will ensure that there is a Physician's Certification and that health inventory has been performed on all employees.

On 06/19/12 such certifications have been completed for staff #5 and #8.

GHPID (HCR) personnel will henceforth conduct a monthly audit of the personnel files and records of all staff to ensure that health certifications are met on timely basis.

07/10/12

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1379	<p>show evidence of a current physician's health inventory for Staff #5 and #8, who provides direct care services to Residents #1 and #2.</p> <p>At approximately 4:20 p.m., on the same day, interview with the qualified intellectual disabilities professional confirmed that there was no evidence of health inventories performed by a physician for the aforementioned personnel.</p> <p>3519.10 EMERGENCIES</p> <p>In addition to the reporting requirement in 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 two residents included in the sample. (Resident #1).</p> <p>The finding includes:</p> <p>On May 16, 2012, at approximately 9:25 a.m. a review of the GHPID's incident report log revealed no documented evidence of any incident reports, however, review of Resident #1's medical record on May 16, 2012, beginning at approximately 9:30 a.m. revealed three (3) unusual incidents documented that required medical intervention as evidenced below:</p>	1379	<p>HCR acknowledges the importance of keeping all of her individuals safe at all times. HCR will re in-service all staff on incident reporting protocol on 6/26/2012; additionally, HCR has developed an incident tracking spreadsheet on 6/21/2012 to track all incidents on a weekly basis. HCR management team will review all incidents weekly to address timely notification of all incidents to DOH within 24 hrs time frame. HCR QA team will review all incidents recommendations on a monthly basis to ensure compliance.</p>	
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1420	<p>1. On September 22, 2011, Resident #1 fell when she was walking to get her medication. She was transported to the emergency room (ER) and was treated for a contusion to her buttocks.</p> <p>2. On February 25, 2012, Resident #1 sustained a lip injury, after reporting she fell out of bed during the night.</p> <p>3. On March 13, 2012, Resident #1 was transported to ER after found on the floor by staff by her bed. She was treated for a closed head injury and released.</p> <p>At the time of the survey, the GHPID failed to ensure the Department of Health, Health Regulations and Licensing Administration Division (DOH/HRLA) was notified of the incidents involving Resident #1 within twenty-four hours as required.</p> <p>3521.1 HABILITATION AND TRAINING</p> <p>Each GHMRP shall provide habilitation and training to its residents to enable them to acquire and maintain those life skills needed to cope more effectively with the demands of their environments and to achieve their optimum levels of physical, mental and social functioning.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the GHPID1 failed to provide habilitation and training to its residents to enable them to</p>	1420	<p>HCR acknowledges the importance of keeping all of her individuals safe at all times. HCR will re in-service all staff on incident reporting protocol on 6/26/2012; additionally, HCR has developed an incident tracking spreadsheet on 6/21/2012 to track all incidents on a weekly basis. HCR management team will review all incidents weekly to address timely notification of all incidents to DOH within 24 hrs time frame. HCR QA team will review all incidents recommendations on a monthly basis to ensure compliance.</p>	6/21/12
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	<p>acquire and maintain those life skills needed to cope more effectively with the demands of their environments and to achieve their optimum levels of physical, mental and social functioning for one of two residents in the survey (Resident #1).</p> <p>The finding includes:</p> <p>Review of Resident #1's medical record and the facility's internal investigative reports on May 16, 2012, beginning at 9:30 a.m. revealed three (3) documented incidents of falls, which resulted in injury as evidenced below:</p> <p>A. On September 22, 2011, Resident #1 fell when she was walking to get her medication. She was transported to the emergency room (ER); and was treated for a contusion to her buttocks.</p> <p>B. On February 25, 2012, Resident #1 sustained a lip injury, after reporting she fell out of bed during the night.</p> <p>Based on the findings of the internal investigation of the above incident, the resident was recommended for a neurologist appointment to rule out any medical problems. It should be noted that the resident has a history of seizures and is prescribed Topiramate 300 mg to control seizure activity. Additionally, the resident was recommended for a walking protocol; however, there was neither evidence of a physical therapy assessment nor a walking protocol.</p>		<p>HCR acknowledges the importance of keeping all of her individual safe at all times, HCR Physical Therapist will re-evaluate #1 on 6/23/2012 to determine #1's current level of supports at home and when in bed at night; HCR Physical Therapist will re-inservice all staff on 7/12/2012 on #1's newly revised walking protocol; HCR QA team will review all Internal Investigations recommendations within 24 hrs of completion to ensure that internal investigations recommendations are addressed as recommended;. Additionally, the QA team will conduct monthly review of all investigations recommendations to ensure compliance.</p>	
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	<p>C. On March 13, 2012, Resident #1 was transported to the ER after found on the floor by staff by her bed. She was treated for a closed head injury and released. The internal investigation revealed that the resident "rolled and fell out of bed."</p> <p>Based on the findings of the internal investigation of the above incident, the facility recommended close supervision during the overnight hours. Interviews with the administrative staff revealed that a direct care staff is required to sit outside of the resident's room to ensure her safety at night. It was also recommended that a physical therapy assessment be conducted to determine if additional supports were needed while the resident was in bed. There was no evidence that an assessment had been conducted to determine the resident's needs while in bed.</p> <p>Additionally, the resident was again recommended for a neurologist appointment to rule out any medical problems. There was no evidence that the recommendation had been addressed.</p> <p>D. Review of Resident #1's physical therapy assessment, dated March 17, 2012, revealed that the resident had "a history of falling while ambulating at night.</p>		<p>The recommendation for medical appointment with a neurologist has been addressed as evidenced by medical consult papers. Same is available for inspection and a copy can be made available.</p> <p>HCR acknowledges the importance of keeping all of her individual safe at all times, HCR Physical Therapist will re-evaluate #1 on 6/23/2012 to determine #1's current level of supports at home and when in bed at night; HCR Physical Therapist will re-inservice all staff on 7/12/2012 on #1's newly revised walking protocol; HCR QA team will review all Internal Investigations recommendations within 24 hrs of completion to ensure that internal investigations recommendations are addressed as recommended;. Additionally, the QA team will conduct monthly review of all investigations recommendations to ensure compliance.</p> <p>07/12/12</p>

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	The assessment determined that after "prolong positioning such as sitting or lying in bed, either her legs become weak or her joints become stiff that she has difficulties with sit to stand and ambulation. "Based on the physical therapist assessment, the following program areas were designed: Bed mobility activities; Activities in standing; and Gait belt use			
	It should be noted that interview with the QIDP on May 16, 2012 revealed that a gait belt had not been purchased and the exercise programs was not implemented.			