

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

PRINTED: 10/11/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G188	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/27/2012
NAME OF PROVIDER OR SUPPLIER INNOVATIVE LIFE SOLUTIONS, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 3259 'O' ST, SE WASHINGTON, DC 20020	
(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 September 25, 2012 through September 27, 2012. A sample of three clients was selected from a population of six women with varying degrees of intellectual disabilities. This survey was initiated utilizing the fundamental survey process. The findings of the survey were based on observations in the home and two day programs, interviews with clients, one guardian, direct support staff, nursing and administrative staff, as well as a review of client and administrative records, including incident reports. [Qualified mental retardation professional (QMRP) will be referred to as qualified intellectual disabilities professional (QIDP) within this report.]	W 000	
W 252	483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure program documentation was consistently collected and accurate, for three of the three clients in the sample. (Clients #1, #2 and #3) The findings include: 1. The facility failed to ensure that the evening	W 252	<p><i>Received 10/23/12</i></p> <p>Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002</p>

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

TITLE

(X8) DATE

C. P. Mendola

Director of Quality Assurance

10/22/12

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 252	<p>Continued From page 1</p> <p>medication nurse (Staff #4) accurately documented Client #1's skills/ performance during the medication administration.</p> <p>a. Observation of the medication administration on September 25, 2012, at 5:05 p.m., revealed Client #1 punched her medication after the medication nurse handed it to her. The nurse then poured the client's water.</p> <p>On September 25, 2012, at 6:00 p.m., review of Client #1's medication administration records (MARs) revealed a data collection sheet on which medication nurses had been documenting the client's performance with a self-medication training program. Review of the data sheet revealed that the nurse documented that Client #1 had identified her medication with verbal prompts and that she had retrieved her own water independently. The documentation differed from what was observed during the medication administration process an hour earlier.</p> <p>b. On September 25, 2012, beginning at 5:06 p.m., Client #2 poured her water then punched her medications after the medication nurse (Staff #4) handed her the blister packs.</p> <p>On September 25, 2012, at 6:05 p.m., review of Client #2's MARs revealed a data collection sheet on which medication nurses had been documenting the client's performance with a self-medication training program. Review of the data sheet revealed that the nurse had documented that the client had identified her medications independently. Client #2, however, had not identified her medications during that evening's observations.</p>	W 252	<p>W 252</p> <p>Innovative Life Solutions will ensure that medication nurses will document the Individuals' skills/ performance during the medication administration consistently and accurately.</p> <p>RN Supervisor and QA will ensure compliance with policy during quarterly audit.</p> <p>See attachment #4 &5</p>

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W 252	<p>Continued From page 2</p> <p>c. On September 25, 2012, beginning at 5:38 p.m., Client #3 sanitized her hands after the medication nurse (Staff #4) made the request. When asked to punch her medications from the bubble packs, Client #3 refused. The nurse then punched the medications, poured the water, handed the medications and water to the client who then swallowed them. The process ended after the nurse applied eye drops to Client #3's eyes.</p> <p>On September 25, 2012, at 6:16 p.m., review of Client #3's MARs revealed a data collection sheet on which medication nurses had been documenting the client's performance with a self-medication training program. According to the data sheet, Client #3 had identified her medications with manual guidance, retrieved her water independently, and punched her medications with physical prompts. This, however, differed from what had been observed.</p> <p>On September 26, 2012, at approximately 5:30 p.m., the RN Supervisor (Staff #5) stated that she had just spoken with the medication nurse by telephone. The nurse (Staff #4) reportedly acknowledged that she did not ask clients to identify their medications and the clients had not volunteered the information independently, as she had written on the program data sheets.</p> <p>The facility failed to ensure that medication nurses consistently and accurately documented the clients' skills/ performance during the medication administration.</p> <p>2. On September 25, 2012, at approximately 5:45</p>	W 252		

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W 252	<p>Continued From page 3</p> <p>p.m., Client #3 looked at the surveyor, raised her middle finger in an obscene gesture and voiced the corresponding profanity. The house manager (Staff #2) told the client that what she had said was not nice and then took her for a walk.</p> <p>On September 26, 2012, at 3:54 p.m., review of Client #3's behavior support plan (BSP), dated June 14, 2012, revealed the client's target behaviors included physical aggression, self injury behavior, verbal aggression, property destruction, and hallucination. The client's behavior data sheets were reviewed a moment later (4:00 p.m.) and there was no evidence that the observed behavior (verbal aggression) had been documented, in accordance with her BSP.</p> <p>On September 27, 2012, at approximately 10:00 a.m., the qualified intellectual disabilities professional (Staff #1) stated that she had documented Client #3's verbal aggression after Staff #2 had informed her of the incident. However, after she examined the client's behavior records, Staff #1 acknowledged that there was no documentation regarding the aforementioned incident.</p>	W 252	<p>W 252</p> <p>Innovative Life Solutions will ensure that ILS staff will implement procedures to document the individuals' behavior data/ABC data upon occurrence of behavior consistently and accurately as outlined in the BSP.</p> <p>QDDP in-serviced all the DSP staff on behavior data collection on 10/15/12. However the Behavior Specialist will provide staff training on individual BSP's and documentation of behaviors on October 26th 2012.</p> <p>See attachment #6</p> <p>Behavior Specialist/QIDP will review the data monthly to ensure compliance in future.</p>
W 331	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide nursing services in accordance with each client's needs, for one of the six clients residing in the facility. (Client #5)</p>	W 331	

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W 331	<p>Continued From page 4</p> <p>The finding includes:</p> <p>On September 25, 2012, at 5:00 p.m., while the medication nurse (Staff #4) prepared to assist Client #5 with her medications, the client informed the nurse that her pinky toe was hurting. When the nurse failed to respond, the client repeated "my pinky toe hurts." The nurse said she would call the primary care physician (PCP). After Client #5 left her, the nurse proceeded to administer the other clients' medications and then left the facility, at approximately 6:00 p.m.</p> <p>On September 27, 2012, beginning at 9:00 a.m., review of Client #5's nursing notes failed to show evidence that the client had complained that her pinky toe was hurting two days earlier, on September 25, 2012.</p> <p>Interview with the licensed practical nurse coordinator (Staff #3) on September 27, 2012, at approximately 9:30 a.m., revealed that she was not aware of Client #5's complaint. Staff #3 further stated that the medication nurse was required to address the complaint and document her assessment in the client's medication administration record.</p> <p>During the Exit Conference on September 27, 2012, Staff #3 indicated that the medication nurse reportedly had assessed Client #5's toe that same evening and had telephoned the PCP. This, however, could not be verified in the record. There was no documented evidence that nursing services had addressed Client #5's complaint timely.</p>	W 331	<p>W 331</p> <p>Innovative Life Solutions will provide individuals with nursing Services to diagnose and evaluate the need and provide necessary treatment when it has been reported in accordance with Nursing Practices.</p> <p>RN supervisor has provided in-service training to the med pass nurse on nursing practices on 10/3/12. See attachment #7</p> <p>RN supervisor will ensure compliance with policy</p>
W 455	483.470(l)(1) INFECTION CONTROL	W 455	

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W 455	<p>Continued From page 5</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interview and record review, the facility failed to ensure proper infection control procedures were implemented, for one of the three clients in the sample. (Client #3)</p> <p>The finding includes:</p> <p>The evening medication administration was observed on September 25, 2012. At 5:38 p.m., the medication nurse (Staff #4) sanitized her hands before punching Client #3's medications from their respective blister packs. During the process, she touched the medication packs, the medication administration record and the table. At 5:40 p.m., the nurse touched the inside of Client #3's eye lid without first washing her hands. The nurse then applied eye drops to both eyes and the client left the room.</p> <p>When interviewed on September 25, 2012, at approximately 5:45 p.m., Staff #4 acknowledged that she was required to sanitize her hands before touching a client's eye lids.</p> <p>There was no evidence that proper infection control procedures were implemented consistently.</p>	W 455	<p>W 455 Innovative Life Solutions will in-service Nurses on Infection Control procedures and will ensure to continue to maintain proper procedures are implemented consistently.</p> <p>ILS Nursing will provide ongoing training on quarterly basis to ensure compliance.</p> <p>RN supervisor has provided in-service training on infection control on 10/3/12.</p> <p>See attachment #3</p> <p>Registered Nurse and the QIDP will monitor to ensure compliance in the future.</p>	

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I 000	<p>INITIAL COMMENTS</p> <p>A licensure survey was conducted from September 25, 2012 through September 27, 2012. A sample of three residents was selected from a population of six women with varying degrees of intellectual disabilities.</p> <p>The findings of the survey were based on observations in the home and at two day programs, interviews with residents, one guardian, direct support staff, nursing and administrative staff, 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>	I 000		
I 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 group home for persons with intellectual disabilities (GHPID) maintained the interior and exterior of the facility in a safe, clean, orderly, attractive, and sanitary manner, except for the following observations, for six of the six residents of the facility. (Residents #1, #2, #3, #4, #5 and #6)</p> <p>The findings include:</p> <p>1. During the inspection of the environment on</p>	I 090		

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

TITLE *Director of Quality Assurance*
 (X6) DATE *10/22/12*

Health Regulation & Licensing Administration

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I 090	Continued From page 1 September 27, 2012, at 9:30 a.m., the supportive structure or materials beneath a cushion on a loveseat located in front of the living room fire place were broken or missing. The cushion therefore, sagged significantly if/when sat upon. Similarly, the left arm rest of the other loveseat in the living room was broken and/or missing its internal, supportive materials. The arm rest therefore, was observed to have a significant depression and did not provide support if/when someone placed their arm on it. 2. On September 27, 2012, at 9:40 a.m., the vinyl surface was cracked and/or peeling off of the front doors of three cabinets located above the kitchen stove. 3. On September 27, 2012, at 9:55 a.m., the bottom drawer of the chest of drawers used by Resident #6 was observed to be off track and did not open properly. Similarly, at 10:10 a.m., the bottom drawer of Resident #2's night stand was off track and did not open properly.	I 090	<p>I090 Innovative Life Solutions will continue to ensure the interior and exterior of the facility are maintained in a safe, clean, and orderly manner.</p> <p>On 9/18/12, the night stand and the chest dresser were repaired. On 9/27/12 Partial kitchen cabinet doors and two love seats were replaced.</p> <p>QIDP and the Facility Coordinator will conduct monthly environmental audit within the residential facility and identify issues to prevent reoccurrence. In service training was completed on 10/15/12.</p> <p>See attachment #1</p>	
I 379	3519.10 EMERGENCIES 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. This Statute is not met as evidenced by:	I 379		

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I 379	<p>Continued From page 2</p> <p>Based on interview and record review, the group home for persons with intellectual disabilities (GHPID) failed to ensure that all incidents that present a risk to residents' health and well-being were reported through written notification to the Department of Health, Health Regulation and Licensing Administration (DOH/HRLA), for four of the six residents of the facility. (Residents #2, #3, #4 and #5)</p> <p>The findings include:</p> <p>The GHPID failed to submit written notification of three incidents involving emergency room (ER) visits or peer-on-peer abuse in accordance with this regulation, as follows:</p> <p>1. On September 25, 2012, at approximately 9:48 a.m., the qualified intellectual disabilities professional (QIDP - Staff #1) stated that Resident #4 was taken to a hospital ER a few months earlier after complaining of chest pains, and that the incident had been reported. However, a pre-survey review of incidents reported to DOH/HRLA since the previous survey had not shown any ER visits.</p> <p>Review of unusual incident reports (UIR's) and investigation reports in the facility on September 25, 2012, beginning at 1:45 p.m., confirmed that Resident #4 was taken to an ER on April 17, 2012, at 4:15 p.m. However, continued review of the facility's documentation revealed no evidence that written notification was sent to DOH/HRLA.</p> <p>2. The review of incident reports and investigations on September 25, 2012, beginning at 1:45 p.m., also revealed two incidents involving resident-on-resident physical assault. According to one investigation report, Resident #2 hit</p>	I 379	<p>I 379</p> <p>ILS will ensure that all DOH 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>ILS hired new IMC on October 1, 2012 and the IMC will ensure to follow the incident reporting policy and procedures as mandated.</p> <p>See attachment #2</p>

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I 379	Continued From page 3 Resident #4 in the head twice on March 29, 2012. Another investigation report documented that on June 4, 2012, Resident #3 sustained scratches to her neck and upper chest during an altercation with two peers (Residents #2 and #5). The facility had documented verbal notifications on the same day. There was no evidence, however, that written notifications had followed. During the Exit Conference held on September 27, 2012, the facility's Director of Quality Assurance (Staff #5) acknowledged that the two incidents were reported by telephone but that the facility had not submitted written notification afterwards.	I 379		
I 401	3520.3 PROFESSION SERVICES: GENERAL PROVISIONS Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident. This Statute is not met as evidenced by: Based on observation, staff interviews and record review, the group home for persons with intellectual disabilities(GHPID) failed to ensure professional services met the residents' needs, for one of the six residents of the facility. (Resident #5) The finding includes: On September 25, 2012, at 5:00 p.m., while the medication nurse (Staff #4) prepared to assist Resident #5 with her medications, the resident informed the nurse that her pinky toe was hurting.	I 401		

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I 401	<p>Continued From page 4</p> <p>When the nurse failed to respond, the resident repeated "my pinky toe hurts." The nurse said she would call the primary care physician (PCP). After Resident #5 left her, the nurse proceeded to administer the other residents' medications and then left the facility, at approximately 6:00 p.m.</p> <p>On September 27, 2012, beginning at 9:00 a.m., review of Resident #5's nursing notes failed to show evidence that the resident had complained that her pinky toe was hurting two days earlier, on September 25, 2012.</p> <p>Interview with the licensed practical nurse coordinator (Staff #3) on September 27, 2012, at approximately 9:30 a.m., revealed that she was not aware of Resident #5's complaint. Staff #3 further stated that the medication nurse was required to address the complaint and document her assessment in the resident's medication administration record.</p> <p>During the Exit Conference on September 27, 2012, Staff #3 indicated that the medication nurse reportedly had assessed Resident #5's toe that same evening and had telephoned the PCP. This, however, could not be verified in the record. There was no documented evidence that nursing services had addressed Resident #5's complaint timely.</p>	I 401	<p>I 401</p> <p>Innovative Life Solutions will continue to ensure that nurses to implement the best Nursing practices consistently and maintain professionalism at all times. ILS Registered Nurse has provided training to all the LPN's (Med Pass nurses) on 10/03/12 on ensuring compliance with medication administration, implementation and documentation. See attachment #7</p> <p>In future the medication administration will be observed by the RN on a monthly basis to ensure the accuracy of the med pass administration.</p>