

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

PRINTED: 05/01/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G116	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/25/2013
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NAME OF PROVIDER OR SUPPLIER

MY OWN PLACE

STREET ADDRESS, CITY, STATE, ZIP CODE

121 TUCKERMAN ST, NE
WASHINGTON, DC 20011

(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

W 000

A recertification survey was conducted from April 24, 2013 through April 25, 2013. A sample of two clients was selected from a population of four males 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 one day program, interviews with two clients, 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 120 483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES

W 120

The facility must assure that outside services meet the needs of each client.

This STANDARD is not met as evidenced by:
Based on observation, interview and record review, the facility failed to ensure that outside services implemented each client's active treatment programs when the opportunity presented, for one of two clients in the sample. (Client #2)

The finding includes:

On April 24, 2013, observation of Client #2 at his day program revealed that he began eating lunch at 11:40 a.m. After he finished the meal, at 11:57

Received 5/13/13
Department of Health
Health Regulation & Licensing Administration
Intermediate Care Facilities Division
899 North Capitol St., N.E.
Washington, D.C. 20002

See response to W120 on page 2 of 6.

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

TITLE

(X6) DATE

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 a.m., the day program employee working with him (DP Staff #1) was observed clearing the client's plate, cups and utensils from the table and carried them to the kitchen. The client remained seated until DP Staff #1 returned and led him out of the room. On April 25, 2013, at 3:05 p.m., review of Client #2's Individual Support Plan, dated July 12, 2012, revealed the following training program: "Given verbal prompts, <client's name> will take his eating utensils to the kitchen sink after lunch on 70% of the trials." On April 25, 2013, at 5:40 p.m., interview with the qualified intellectual disabilities professional (Staff #1) revealed that she had observed Client #2 start lunch at his day program (date not specified). However, she reported having left the cafeteria before the client finished his meal. She further stated that a few years earlier, Client #2 had learned to clear his plate at home, and rarely required a reminder from residential staff to carry his place setting to the kitchen. There was no evidence that Client #2's day program staff consistently implemented his training program to clear away his eating utensils after he finished lunch.	W 120	W120 QIDP has spoken with Director of Programs at Metro Homes Day Program regarding the failure of day program to meet the needs of client #2 by staff failure to consistently implement Client #2 training program to clean away his eating utensils. QIDP, using the day program monitoring tool, will conduct periodic spot checks of the day program including observation during meal time to ensure compliance.	4/26/13 Ongoing	
W 247	483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observation and interview and record	W 247	See response to W247 I and II on page 3 of 6.		

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W 247	Continued From page 2 review, residential and day program staff failed to consistently promote opportunities client self-management at the end of each meal, for one of two clients in the sample. The findings include: I. [Cross-refer to W120] On April 24, 2013, Client #2 was observed finishing his lunch at 11:57 a.m. The day program employee (DP Staff #1) cleared the client's place setting while the client remained seated. II. On April 24, 2013, Client #2 finished eating his dinner in the home at 5:57 p.m. A direct support staff (Staff #4) was observed to clear the client's place setting to the kitchen without encouraging the client's participation. The aforementioned observations differed from an observation that was made previously, on April 24, 2013, at 7:11 a.m., when Client #2 carried his place setting from the breakfast table to the kitchen sink. On April 25, 2013, at 3:05 p.m., review of Client #2's Individual Support Plan, dated July 12, 2013, revealed a written training program whereby staff at the day program were to provide verbal prompts for the client to clear his utensils from the table to the kitchen sink. A short while later, at 5:40 p.m., the qualified intellectual disabilities professional (Staff #1) confirmed the formal training objective at the day program. According to Staff #1, staff in the home were trained to encourage all clients, including Client #2, to clear their place settings after every meal. Staff #1 further stated Client #2 was capable of clearing	W 247	W247 I & II QIDP has spoken with Director of Programs at Metro Homes Day Program regarding the failure of day program to afford client #2 choice and self - management as related to consistently implement Client #2 training program to clean away his eating utensils. QIDP will provide DSP additional training on the choice and self management for program individuals. QIDP, using the day program monitoring tool, will conduct periodic spot checks of the day program including observation during meal time to ensure compliance. Although staff affords Client's opportunities for choice and self -management, QIDP will conduct periodic spot checks at the residence during meal time to ensure compliance at home.	4/26/13 Ongoing	

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W 247	Continued From page 3 his own plate and only occasionally required a verbal prompt from staff to achieve this activity.	W 247			
W 368	483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that each client's medications were administered in accordance with physician's orders, for two of four clients residing in the facility. (Clients #1 and #3) The findings include: I. On April 24, 2013, at 6:47 p.m., a trained medication employee (TME, Staff #4) was observed administering one tablet Mirtazepine 30 milligrams (mg) and one tablet Risperidone 2 mg to Client #3. Review of the label on each blister pack revealed that the orders were for the medications to be administered "at bedtime." The client's medication administration record (MAR) for April 2013 reflected "at bedtime" and a designated administration time of 10:00 p.m. II. On April 24, 2013, at 6:59 p.m., Staff #4) was observed administering one tablet Citalopram (Celexa) 20 milligram (mg) and one tablet Haloperidol 20 mg to Client #1. The labels on the blister packs revealed the medications were to be administered "at bedtime." The client's MAR for April 2013 reflected "at bedtime" and a designated administration time of 10:00 p.m.	W 368	W368 1+11 RN will train all TMEs on medication policies and procedures including the administration of drugs in accordance with the physicians' orders. To ensure accurate administration of medication to all clients, the facility RN will continue to observe all TMEs. In addition, facility RN will conduct periodic spot checks during medication pass to ensure compliance.	5/7/13 Ongoing	

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W 368	Continued From page 4 On April 24, 2013, at approximately 7:15 p.m., Staff #4 and the facility's registered nurse (Staff #3) were interviewed together. They confirmed that the aforementioned medications were to be administered at bedtime. Staff #3 stated that she would instruct all staff to monitor the clients closely and provide added support during the next few hours, given that the aforementioned medications were likely to have a sedative effect. It should be noted that Client #1 had returned home from hospital 4 days earlier; he was recuperating from major surgery. Client #3, who was legally blind, had an altered gait and used a rolling walker when ambulating.	W 368	See response to W368 on page 4 of 6.		
W 440	483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to hold evacuation drills quarterly on all shifts, for four of the four clients residing in the facility. The finding includes: On April 24, 2013, beginning at 12:49 p.m., review of the facility's fire drill records revealed that the most recent drill documented for the 2:30 p.m. - 11:00 p.m. shift had been held September 17, 2012. At 1:11 p.m., the qualified intellectual disabilities professional (QIDP, Staff #1) stated that all shifts were expected to hold an evacuation drill monthly, and she presented	W 440	W440 QIDP/Program Manager will provide training to DSP on quarterly evacuation drills on each shift. In addition, QIDP/Program Manager will conduct periodic reviews of fire evacuation to ensure compliance.	5/7/13 Ongoing	

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W 440	Continued From page 5 schedules for 2012 and 2013 for verification. She reviewed the drill reports and confirmed that 7 months had passed since the evening shift had conducted a fire drill. Staff #1 then acknowledged that management had not identified the lapse in evening drills prior to this survey.	W 440	See response to W440 on page 5 of 6.		

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I 000	INITIAL COMMENTS A licensure survey was conducted from April 24, 2013 through April 25, 2013. A sample of two residents was selected from a population of four males with varying degrees of intellectual disabilities. The findings of the survey were based on observations in the home and one day program, interviews with two residents, direct support staff, nursing and administrative staff, 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.]	I 000			
I 090	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. This Statute is not met as evidenced by: Based on observation and interview, the group home for individuals with intellectual disabilities (GHID) maintained the interior of the facility in a safe, clean, orderly, attractive, and sanitary manner, with the exception of the following two concerns, for four of the four residents of the facility. (Residents #1, #2, #3 and #4) The findings include: I. Observations during the inspection of the environment on April 25, 2013, at 4:22 p.m.,	I 090	See Response to I 090 on page 2 of 3.		

Health Regulation & Licensing Administration

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

TITLE

(X6) DATE

STATE FORM

6329

2MSH11

If continuation sheet 1 of 3

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1090	Continued From page 1 revealed an exhaust fan, located on a wall to the left of an exterior door in the kitchen, was inoperable. II. At 4.49 p.m., observations in the bathroom located in the central hallway revealed the paint on the walls was worn or otherwise damaged. Similar damage was noted to the paint on the trim around the nearby bedroom doors. The qualified intellectual disabilities professional (Staff #1), who was present during the inspection, confirmed the above findings. Staff #1 stated that she would make maintenance aware of the concerns immediately.	1090	1090 QIDP/Program Manager will have the exhaust fan located on a wall to the left of an exterior door in the kitchen repaired/replaced. QIDP/Program Manager will perform monthly QA of the outside and inside of the residence to identify repair needs and make the prompt repairs as necessary. W QIDP/Program Manager will have bathroom located in the central hallway painted/repainted as well as having the trim around the nearby bedroom doors painted/repainted. QIDP/Program Manager will perform monthly QA of the outside and inside of the residence to identify repair needs and make the prompt repairs as necessary.	5/30/13 Ongoing	
1096	3504.7 HOUSEKEEPING No poisonous or hazardous agent shall be stored in a food preparation, storage or serving area. This Statute is not met as evidenced by: Based on observation and staff interview, the group home for individuals with intellectual disabilities (GHIID) failed to ensure that hazardous agents were not stored in the food preparation area, for four of the four residents of the facility. (Residents #1, #2, #3 and #4) The finding includes: Observations during the inspection of the environment on April 25, 2013, at 4:23 p.m., revealed a large bottle of Cascade dish washing liquid being stored openly in an unlocked kitchen cabinet, beneath the kitchen sink. The qualified intellectual disabilities professional (Staff #1), who was present during the inspection, confirmed the finding.	1096	1096 QIDP/Program Manager will have a lock installed under the kitchen sink to ensure that hazardous agents are not stored in the food preparation area. QIDP/Program Manager will perform monthly QA monitoring for appropriate storage of hazardous agents that could pose a health and safety risk to the individuals. Additionally staff will receive training on appropriate storage of cleaning agents, chemicals and such.	5/30/13 Ongoing	

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STATE FORM

5893

2MSH11

If continuation sheet 2 of 3

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