

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

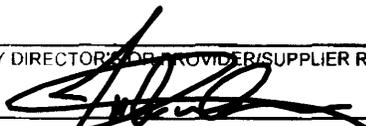
PRINTED: 06/29/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G216	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/13/2012
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NAME OF PROVIDER OR SUPPLIER METRO HOMES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 929 55TH STREET, NE WASHINGTON, DC 20019
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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 A recertification survey was conducted from June 11, 2012 through June 13, 2012. A sample of three clients was selected from a population of three men and two women with various degrees intellectual disabilities. This survey was initiated utilizing the fundamental survey process. The findings of the survey were based on observations in the home and at two day programs, interviews with direct support staff, administrative staff and one client, 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	The following constitutes the facility's response to the findings of the Department of Health and does not constitute an admission of guilt or agreement of the facts alleged or conclusions set forth on the summary statement of deficiencies. This plan of correction was prepared as required by the provisions of the Health and Safety Code, 42 CFR and constitutes the facility's written credible plan of correction to address citations W436 and W455 respectively.	
W 436	483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure necessary adaptive equipment was maintained in good repair, for three of the five clients residing in the facility. (Clients #2, #3 and #4) The findings include:	W 436		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE **COMPLIANCE OFFICER** (X6) DATE **7/9/2012**

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 436	<p>Continued From page 1</p> <p>The facility failed to ensure clients adaptive equipment was maintained in good repair, as evidence below:</p> <ol style="list-style-type: none"> On June 11, 2012, at 4:36 p.m., observations of Client #2's wheelchair revealed the left armrest was torn which exposed the yellow cushion. Further observations revealed there were four (4) small holes observed in the centered of Client #2's wheelchair where a head rest appeared to be attached. <p>Interview with the house manager (HM) and the qualified intellectual disabilities professional (QIDP) on June 11, 2012, at approximately 7:20 p.m., revealed they both were aware that Client #2's armrest was in need of repair. When asked about the 4 small holes located in the back of the client's wheelchair, the HM/QIDP replied by saying, "the holes were for Client #2's headrest". Moments later, the HM retrieved Client #2's headrest from the basement area and indicated that the head rest was inoperable. The QIDP then stated that she would contact the vendor to have the armrest and head rest repaired.</p> <ol style="list-style-type: none"> On June 11, 2012, at 4:36 p.m., observations of Client #3's wheelchair revealed the left armrest was torn which exposed the yellow cushion. Part of the armrest was also observed detached from the wheelchair frame. At approximately 5:24 p.m., Client #3 left armrest was covered heavily in black duck tape. At approximately 6:30 p.m., Client #3's left anti-tipper roller was observed to be missing. <p>Interview with the HM on June 11, 2012, at</p>	W 436	<p>In response to Citation 483.470.g.2 (W436), Metro Homes has implemented the following corrective actions:</p> <ol style="list-style-type: none"> Client #2's armrest and headrest were repaired on 7/9/12 a technician at Advanced Medical Services (AMS). Client #3's left armrest was replaced on 6/13/12 Client # 4's left foot strap was repaired on 6/13/12 <p>In addition, Metro Homes has ensured these corrective actions address the needs of any other clients as follows:</p> <p>The facility arranged to have a wheelchair technician from Advanced Medical Services provide monthly assessments of all wheelchairs that are currently being used by all residents to ensure their health and safety. 8/1/2012 [01/14/12]</p> <p>The Residential Coordinator (RC) is now tasked to check all wheelchairs and other adaptive equipment on a weekly basis and will report any problems to the Qualified Intellectual Disability Professional (QIDP) promptly. The QIDP will be the point person to contact the AMS technician and document the repair order(s) in the client's records. The QIDP will also conduct weekly follow-up (s) on the repair order(s) to ensure all repairs are completed in a timely manner. [7/13/2012]</p> <p>On 7/2/2012, the facility's staff was retrained on how to monitor and inspect all adaptive equipment and report any repairs and/or needs to the Residential Coordinator as soon as they are identified. In addition an adaptive equipment log has been developed and will be checked on a weekly basis by the RC and the QIDP to ensure timely repairs. [7/13/2012]</p>

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W 436	<p>Continued From page 2</p> <p>approximately 6:40 p.m., revealed that he placed duck tape on Client #3's wheelchair to prevent any scrapes or scratches from occurring. Interview with the QIDP on June 11, 2012, at approximately 7:15 p.m., revealed she was aware that Client #3's wheelchair was in need of repairs.</p> <p>Review of Client #3's individual support plan (ISP) on June 13, 2012, at approximately 11:45 a.m., revealed the last repairs made to the client's wheelchair was documented on March 17, 2010. Further review revealed there was no documented evidence that Client #3's wheelchair armrest and left anti-tippers had been repaired.</p> <p>3. Observation conducted on June 11, 2012, at 5:07 p.m., revealed Client #4's left foot strap was broken. Continued observations revealed the client's left foot would not remain on the left footrest while propelling around the facility throughout the survey process.</p> <p>Interview with the HM on June 12, 2012, at approximately 2:30 p.m., revealed that he could not recall how long Client #4's foot strap had been inoperable. The HM stated that he would fix the left foot strap on the client's wheelchair. Interview with the QIDP on June 12, 2012, at approximately 4:00 p.m., revealed that the vendor was scheduled to come to the facility to address the Client #4's adaptive equipment needs. The QIDP also added that the vendor would address all other adaptive equipments needs on the clients on June 13, 2012.</p> <p>At the time of the survey, the facility failed to ensure that Clients #2, #3 and #4's adaptive equipment were maintained in good repair.</p>	W 436		

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W 436	Continued From page 3	W 436		
W 455	<p>483.470(l)(1) INFECTION CONTROL</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 observation and interview, the facility failed to provide an active program for the prevention and control of infection and communicable diseases, for one of the three clients included in the sample. (Client #2)</p> <p>The finding includes:</p> <p>The facility's trained medication employee (TME) staff failed to ensure proper infection control procedures were used prior to administering Client #2's prescribed eye drops, as evidenced below:</p> <p>On June 11, 2012, at beginning at 5:37 p.m., the TME was observed to wash her hands with soap and water prior to administering medications. The TME then opened the medication cabinet using the combination lock, retrieved Client #2's twelve (12) medications, touched the medication administration record (MAR), punched the 12 medication pills from the blister pack into the medication cup, crushed medications and mixed the medications in applesauce and administered the medications the client. At 5:45 p.m., the TME administered the client her nebulizer treatment. A few minutes later, the TME was then observed to administer one eye drops to both eyes of Client</p>	W 455	<p>In response to Citation 483.470.1.1 (W455), Metro Homes has implemented the following corrective actions:</p> <p>The Trained Medication Employee (TME) was provided training on OSHA/infection control measures on 06/11/2012 by the facility's RN to ensure the health and safety of Client #2. The TME will now utilize protective hand wear as an infection control measure when administering Client #2's eye drops.</p> <p>[6/11/2012]</p> <p>In addition, Metro Homes has ensured the corrective action addresses the needs of any other clients as follows:</p> <p>At the present time, Client #2 is the only individual who receives medication via eye drops in this facility. Despite this being the only person, the nursing team will continue to monitor the TME to ensure that the OSHA training that was provided on 6/11/2012 was effective.</p> <p>[7/1/2012]</p> <p>The Registered Nurse (RN) will no longer provide quarterly oversight of medication administrations, but will now conduct them on a monthly basis to ensure that all infection control measures are being implemented by the TMEs across all clients. In addition, the facility's Licensed Practical Nurse (LPN) will also provide random checks during the month to further ensure that the training the TME received remains effective.</p> <p>[7/1/2012]</p> <p>Both the RNs and the LPNs will conduct random checks throughout each month to ensure continued compliance over the next three months or until the nursing team considers the TMEs have a mastered their training. On the spot training/refresher course(s) will be provided if either the RN or the LPN observes any problems with the TME's implementation of OSHA measures.</p> <p>[7/1/2012]</p>	

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W 455	Continued From page 4 #2 with her bare hands. The TME did not wash her hands and/or place gloves on her hands prior to administering the client's eye drops. Interview with the TME on June 11, 2012, at 7:25 p.m., confirmed that she that she did not wash her hands or place gloves on prior to administering Client #2's prescribed eye drops. Further interview revealed that she should have put on gloves and/or washed her hands.	W 455	

Health Regulation & Licensing Administration

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1 000	<p>INITIAL COMMENTS</p> <p>A licensure survey was conducted from June 11, 2012 through June 13, 2012. A sample of three residents was selected from a population of three men and two women with various degrees intellectual disabilities.</p> <p>The findings of the survey were based on observations in the home and at two day program, interviews with direct support staff, administrative staff and one resident, 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>	1 000	

Health Regulation & Licensing Administration

TITLE

(X6) DATE

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