

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/22/2012
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NAME OF PROVIDER OR SUPPLIER NATIONAL CHILDREN'S CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1501 GALLATIN ST, NE WASHINGTON, DC 20017
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1000 INITIAL COMMENTS

1000

A licensure survey was conducted from February 21, 2012 through February 22, 2012. A sample of three residents was selected from a population of four men and 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.

Received 4/6/12

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

1206 3509.6 PERSONNEL POLICIES

1206

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 ensure that five of twelve direct care professionals (Staff #1, #6, #7, #8 and #10) and one of two consultants (Consultant #2) had current health certificates available for review.

The finding includes:

On February 21, 2012, beginning at approximately 2:30 p.m. review of the personnel records revealed the GHPID failed to have evidence of a current health certificate for Staff #1, #6, #7, #8, and #10 and Consultant #2.

The Group Home for Persons with Intellectual Disabilities and Human Resources Department will make every effort to maintain current and accurate records on all employees. To assist in this endeavor, each employee will be required to promptly submit any changes to the information that may affect your personnel records to the Human Resources Department and to notify their supervisor, as appropriate, of any such changes in a timely manner. The House Manager will work closely with HR department to assure all documents and updates are current. All employees will submit current Health Certificates by April 16, 2012.

Health Regulation & Licensing Administration

TITLE

(X6) DATE

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

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1206	Continued From page 1 During the exit conference on February 21, 2012, the Program Manager indicated he would check further to determine why there was no health certificates in the above employees personnel file.	1206	
1470	<p>3522.1 MEDICATIONS</p> <p>Drugs shall be administered as set forth in the User Of Trained Employees to Administer Medications to Persons of Mental Retardation or Other Developmental Disabilities Act of 1994, D.C. Code, sec. 21-1201 et seq.</p> <p>This Statute is not met as evidenced by: Based on observation, staff interview and record review, the group home for persons with intellectual disabilities (GHPID) failed to ensure that all drugs were administered as set forth in the User of Trained Employees to administer medications DC Code, sec. 21-1201 et seq. for six of the six residents residing in the facility. (Residents #1, #2, #3, #4, #5, and #6)</p> <p>The finding includes:</p> <p>During the entrance interview with Staff #1 on February 21, 2012, at approximately 12:08 p.m., it was revealed that one of the facility's staff was a Trained Medication Employee (TME). Interview with the TME (Staff #2) on February 21, 2012, at approximately 2:51 p.m. revealed that she usually administered medications at 6:00 p.m.</p> <p>A review of the personnel records on February 21, 2012, beginning at approximately 2:30 p.m. revealed Staff #2's TME's Certification expired October 31, 2011. Interview with Staff #2 and review of the Medication Administration Record</p>	1470	<p>NCC has removed the TME from the medication administration schedule and followed up with the board of nursing in regards to the TME renewal application.</p> <p>NCC uses a strict tracking system to assure all TME certifications are kept current. The Quality Assurance nurse keeps a list of all TME'S and their expiration dates. She meets with the nurse manager monthly to review the list to assure that all TME'S certifications are current. The Quality assurance nurse cross checks the certifications with the DC board of nursing TME data base. The Quality Assurance nurse sends out a 90 day notice of expiration dates and a 30 day notice of expiration dates. If the TME does not have a current certification within 30 days of the last renewal notice the TME is immediately removed from the medication administration schedule one week before the current certification expires until the certification is renewed.</p> <p style="text-align: right;">3/29/12</p>

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I 470	<p>Continued From page 2</p> <p>(MAR) revealed that the TME had continued to administer medications possessing an expired certification, up until the date of this survey. In addition a review of the January and February 2012's MARs on February 22, 2012, at approximately 5:30 p.m. revealed that the TME (Staff #2) had documented administering medications by signing her name and initialing the MARs for the aforementioned months.</p> <p>Observation of the administration of medication on February 21, 2012, beginning at approximately 6:23 p.m. revealed the facility's Registered Nurse (RN) administered the evening medications.</p> <p>At the time of the survey there was no documented evidence all drugs were being administered as set forth in the User Of Trained Employees to Administer Medications to Persons of Mental Retardation or Other Developmental Disabilities Act of 1994, set forth in D.C. Code, sec. 21-1201 et seq.</p>	I 470	<p>The Quality assurance nurse sends out renewal notices and complete the renewal application process with the TME. The delegating nurse assures that all monitoring and over site of the medication administration process is all ways in accordance with the DC board of nursing TME guidelines.</p> <p>The Quality Assurance Nurse will add a slot in the tracking tool to indicate the date the TME is removed from the medication administration schedule to assure the TME is not administering medication pass the certification date. The Quality Assurance Nurse will update the tracking tool with the date the TME certification is current.</p> <p>NCC will cont. to implement the Medication Administration Policy to ensure adequate safe and continuous management of medication is provided to all of the individuals at NCC.</p>
I 500	<p>3523.1 RESIDENT'S RIGHTS</p> <p>Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws.</p> <p>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 observe and protect residents' rights in accordance with Title 7, Chapter 13 of the D.C. Code (formerly called D.C. Law 2-137, D.C. Code, Title 6, Chapter 19) and other District</p>	I 500	

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I 500	Continued From page 3 laws that govern the care and rights of persons with mental retardation, for two residents included in the sample. (Residents #1 and #3) The findings include: (Chapter 13, § 7-1305.05.(h) 1. Section 7-1305.05 (g). [Formerly 6-1965] The facility failed to ensure the resident's right to receive prompt medical attention was provided, as evidenced below: Review of Resident #1's medical record on February 21, 2012 beginning at 12:12 p.m. revealed a dental consult dated August 25, 2011. An oral cancer screening was ordered for Resident #1. The consult revealed that the dentist recommended a biopsy of the resident's hard plate, to be conducted on his next visit scheduled for October 28, 2011. The dental consult dated October 28, 2011, revealed the resident had to be rescheduled for the biopsy, because the dentist had not received authorization from medicaid. In the interim, the dentist prescribed magic mouth wash and follow-up, in what appeared to look like two weeks. Interview with the nurse revealed she was not able to transcribe the consult to determine the dentist recommendations. On February 21, 2012 at approximately 5:18 p.m., the RN revealed that the resident did not return to the dentist until January 6, 2012, for the biopsy to be conducted. At the time of the survey, the facility failed to ensure Resident #1's right to receive prompt medical attention was provided.	I 500	Resident's Right's Failed to ensure the resident's right to receive prompt medical attention was provided as evidenced by a dental consult dated August 25, 2011 which ordered an oral cancer screening. The consult revealed that the dentist recommended a biopsy of the resident's hard plate to be conducted on his next visit scheduled for October 28, 2011. The dental consult dated October 28, 2011 revealed the resident had to be rescheduled for the biopsy because the dentist had not received authorization from Medicaid. In the interim, the dentist prescribed Magic mouth wash and follow up in what appeared to look like to two weeks. Interview with the nurse revealed she was not able to transcribe the consult to determine the dentist recommendations.	3/29/12

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1500	<p>Continued From page 4</p> <p>2. The facility failed to ensure the resident's right to be informed of medication (sedation) prescribed prior to a dental appointment.</p> <p>Review of the Medication Administration Record (MAR) on February 22, 2012, at approximately 9:32 a.m. revealed the resident had a physician's order dated February 9, 2012, for "Ativan 2 mg give one to two tablets as needed one hour before doctors visit." The February MAR revealed the resident was administered Ativan 2 mg on February 14, 2012.</p> <p>Interview with the Program Coordinator on February 21, 2012 at approximately 12:08 p.m., revealed Resident #3 had a guardian. Interview with the Program Coordinator on February 22, 2012 at 10:29 a.m., revealed the facility had medical consent, however, at the time of the survey, the consent form was not available for review.</p>	1500	<p>NCC provides quality and adequate health care services to all of the individual's at NCC. It is the Standard of function for the RN to manage the health care of the individual's. The RN is responsible for following up on all medical recommendations and placing all appt. in the medical appt. tracking tool. The RN failed to follow up as recommended and is no longer an employee at NCC. All new RN's will be trained on the appt. tracking tool use and data collection process.</p>

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R 124	4701.4 BACKGROUND CHECK REQUIREMENT	R 124		
	<p>The facility shall obtain a criminal background check from the Metropolitan Police Department, from the U.S. Department of Justice, or from a private agency.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the group home for person's with intellectual disabilities (GHPID) failed to ensure all direct care staff had obtained a criminal background check from either the Metropolitan Police Department, the U.S. Department of Justice, or from a private agency for one of twelve personnel files reviewed. (Staff #2).</p> <p>The finding includes:</p> <p>On February 21, 2012, at approximately 3:10 p.m., the the personnel files for all staff currently employed by the GHPID were requested for review.</p> <p>During the record review it was determined that there was no documentation to substantiate that a criminal background had been obtained for Staff #2.</p> <p>During the exit conference on February 21, 2012, the Program Manager indicated he would check further to determine why there was no criminal background check in the above employees personnel file.</p>		<p>The Group Home for Persons with Intellectual Disabilities and Human Resources Department will make every effort to maintain current and accurate records on all employees. To assist in this endeavor, each employee will be required to promptly submit any changes to the information that may affect your personnel records to the Human Resources Department and to notify their supervisor, as appropriate, of any such changes in a timely manner. The House Manager will work closely with HR department to assure all documents and updates are current. All employees will have current Background checks done by March 14, 2012.</p>	

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TITLE

(X6) DATE

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

STATE FORM

6599

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If continuation sheet 1 of 1